

BLOCK

LOT

QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 131 VAN 21st RP B16 LOTS

2. Name of Owner in Fee: FRANK FAYNEILL Tel. (934) 240-3636
Address 23 N SAILOR'S QUAY DR BRICK 08722
street municipality zip code

3. Ownership in fee: Public ☐ Private ☐

4. Principal Contractor: ATLANTIC TELEPHONE Tel. (934) 240-3636
Address 23 N SAILOR'S QUAY DR BRICK, NJ
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Tel. (_____) _____
Address _____ Contact _____
FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
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	\$		
10. Subtotal	\$		
11. Cert. of Occupancy	\$		
12. Other	\$		
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)

II. PROPOSED WORK

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

Est. Cost

Plans
Ready byDate
Rec'dRejection
DateApproval
DateRe-
viewerResubmission Dates
Approval

Rejection

Re-
viewer

TOTAL COSTS

OPTIONAL (for office use only)

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/06/2009
Control Number C-05-134298
Permit Number 05-1486
Permit Issue Date 05/05/2005
Certificate Number 05-1486

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Block: 1149 Lot: 1 Qual: _____
Owner in Fee: BRICKTOWN PLAZA ASSOCIATES
Owner Address: 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone: _____
Contractor ATLANTIC TELEPHONE
Address 1959 VERMONT AVE TOMS RIVER NJ 08753-
Telephone: 732/240-3636 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 14-9360215

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: COMMUNICATION POINTS

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

Fee: \$0.00

Check Number: _____

Collected By: _____



CONSTRUCTION PERMIT

Date Issued 05/05/2005
Control # C-05-134298
Permit # 05-1486

IDENTIFICATION Block: 1149 Lot: 1 Qualifier _____
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Contractor ATLANTIC TELEPHONE
Address 1959 VERMONT AVE TOMS RIVER NJ 08753-
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ Telephone: 732/240-3636
11530 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. 14-9360215

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:

COMMUNICATION POINTS

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 \$500

Construction Official _____

05/05/2005
Date

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	\$0
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$41
Check No.	7838
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.

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.



ELECTRICAL 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 1149 Lot 1 Qualification Code

Work Site Location: 135-167 VAN ZILE RD.

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ

Tel. _____

Contractor: ATLANTIC TELEPHONE

Address 1959 VERMONT AVE TOMS RIVER NJ

Tel. 732/240-3636

Fax: _____

Lic No. _____

Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed B _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan
☐ Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Electrical Plans Approved

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-In-Card Date Issued _____

Final Cut-In-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

QTY. SIZE

ITEMS

FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors - Fract. HP

Emergency & Exit Lights

Communication Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

\$35

Pool Permit/with UV Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptical

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Recepticle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

Date Received 04/22/2005
Date Issued 12/31/1899
Control # C-05-134298
Permit # 05-1466



ELECTRICAL 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 _____ Lot _____ Qualification Code _____
Work Site Location BRICK PLAZA SHOPPING CENTER
131 VAN ZILE RD, DEPT. N.J.
Owner in Fee FRANK PANOLLI
Address BRICK N.J.
Tel (202) 240-3636 FAX (201) 258-8391
Contractor ATLAS INC. TELEPHONE
Address BRICK N.J. SAULERS DR. DR.
Tel (202) 240-3636 FAX (201) 258-8391
Contractor License No. _____
Federal Emp. No. 022/005/4135/00
B. ELECTRICAL CHARACTERISTICS
Use Group _____ Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Required			Type:	Failure	Approval
Joint Plan Review Required:			Rough		
☐ Building ☐ Plumbing			Barrier-Free		
☐ Fire ☐ Elevator			Trench		
☐ Elec. Plans Approved			Temp. Serv.		
Date: _____			Constr. Serv.		
Approved by: _____			TCO		
			Other		
			Service		
			Final		
			Barrier-Free		
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued		
☐ CO ☐ CCO ☐ CA			Final Cut-In-Card Date Issued		
Date: _____			Annual Pool Inspection		
Approved by: _____			Date of Grounding and Bonding Certification		

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature _____

☐ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant
D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
KW Oven/Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/Receptacle	
KW Dishwasher	
HP Garbage Disposal	
KW Central A/C Unit	
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/4 HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

FEE (Office Use Only)

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	

Constituent Contact Report

Constituent Contact Report

[illegible]

Initialed: _____

Date: _____

Initialed: _____

Date: _____

- Zoning permit updates:
