



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1930 Rt. 88
2. Name of Owner in Fee: Excel Trust Tel. (845) 623-4950
Address 19 N. Middletown Rd. Mount N.Y. 10954
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: J.V.C. Corp Tel. (973) 825-1852
Address P.O. Box 345 McRae N.Y. 10954
License No. OR, if new home, Builder Reg. No. 022245 Exp. Date OCT 31 02
Federal Employee No. 22-2789804 FAX: ()
5. Architect or Engineer N/A Tel. ()
Address _____
6. Responsible Person in Charge of Work Jim Valtita
Tel. (973) 825-1852 FAX (973) 875-9805

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>35</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
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	\$ <u>35</u>		

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. ☒ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

Est. Cost

Plans
Rec'd by

Date
Rec'd

Rejection
Date

Approval
Date

Re-
viewer

Resubmission Dates
Approval

Rejection

Re-
viewer

TOTAL COSTS

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: X B

3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

*Clinton Clean Out
former China Key buffet*

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

James V Vallila (Vallila)

Address

P.O. Box 345 Mendon N.J. 07428

Telephone

(973) 827-1852

Signature

James V Vallila

- 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 _____	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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMITS

Date Issued 06/15/2001
Control #
Permit # 01-2134

IDENTIFICATION Block 1149 Lot 5.01

Deal

Work Site Location 1930 ROUTE 98 FORMER CHINA KEN
INTERIOR CLEAN OUT
Owner in Fee NEW PLAN REALTY/FAHRRD BANK
Address 19 H. MIDDLTON RD
GARRET, NY 10954-
Telephone (845)623-9750

Contractor JVC CONSTRUCTION
Address PO BOX 345
MS HTE. NJ 02841-
Telephone (973)827-1852
Lic. No. or Bdr. Reg. No.
Federal Emp. No. 22-2783003

Is hereby granted permission to perform the following work:
☐ BUILDING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter B only)

DESCRIPTION OF WORK:
INTERIOR CLEAN OUT - ONLY REMOVE FLOORING TILE AND CARPETS.
DIRECT REPLACE BROKEN WINDOW

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 *[Signature]* 06/15/2001

U.C.C. #170 (rev. 3/96)

Date

PAYMENTS (Office Use Only)	
Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	2075
Cash	
Collected By	LRT

#2134
BUILDING
CHECK
CHANGE

\$35.00
\$35.00
\$0.00
\$0.00

06/15/01 2:04PM 0000004451
XX02 SERV.002

TO: **CONTRACT** **UCC NEW JERSEY** **Date Received 06/15/2001**
401 CHANDLERS BRIDGE RD **BUILDING** **Date Issued 06/15/2001**
DIVISION OF INSPECTIONS **SUBCODE** **Control #**
TECHNICAL SECTION **Permit # 01-2134**

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
 Block 1149 Lot 5.01 Parcel
 Work Site Location 1930 ROUTE 88 FORMER CHINA KIN
INTERIOR CLEAN OUT

Owner in Fee NEW PLAN REALTY/PANRAPD BANK
 Address 19 N. MIDDLETON RD
MANHET, NY 10954-
 Tele. (845) 623-4950
 Contractor JVC CONSTRUCTION
 Address PO BOX 345
MS AFEF, NJ 02241-
 Tele. (973) 827-1852 Fax ()
 Lic. No. of Bldgs. Reg. No.
 Federal Emp. No. 22-2789804

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Req.			Type				
☐ All			Footings				
☐ Footings			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			BarrierFree				
Joint Plan Review Required:			Insulation				
☐ Elect ☐ Plumb ☐ Fire			Finishes				
SUBCODE APPROVAL ☐ Elev			Energy				
☐ CD ☐ CCO ☐ CA			Mechanical				
Date: <u> </u>			TCO				
Approved By: <u> </u>			Other				
			Final				
			BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U Est. Cost of Bldg. Work:

Constr. Class Present Proposed 1. New Bldg. \$

No. of Stories 0 2. Alteration \$ 500

Height of Structure 0 Ft. 3. Total (1+2) \$ 500

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Industrialized Building: ☐ State Approved

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.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR CLEAN OUT - ONLY REMOVE FLOORING TILE AND CARPETS.
DIRECT REPLACE BROKEN WINDOW

TYPE OF WORK

	FEE (Office Use Only)
☐ New Building	\$ <u> </u>
☐ Addition	\$ <u> </u>
☒ Alteration	\$ <u> </u>
☐ Roofing	\$ <u> </u>
☐ Siding	\$ <u> </u>
☐ Fence	\$ <u> </u>
☐ Sign	\$ <u> </u>
☐ Pool	\$ <u> </u>
☐ Asbestos Abatement Subchapter 8	\$ <u> </u>
☐ Lead Haz. Abatement NJAC 5:17	\$ <u> </u>
☒ Other <u>INTERIOR CLEAN</u>	\$ <u>35</u>
Other	\$ <u> </u>
☐ Demolition	\$ <u> </u>

Administrative Surcharge \$

Minimum Fee \$

TOTAL FEE \$ 35

Collected by: **DCA Training Fee** \$

100
401
DIVISION OF INSPECTIONS

CCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/15/2001
Date Issued 06/15/2001
Control #
Permit # 01-2134

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

Block 1149 Lot 5.01 Sublot
Work Site Location 1930 ROUTE 98 FORMER CHINA KIN

INTERIOR CLEAN OUT

Owner in Fee NEW PLAN REALTY/PANRAPA BANK

Address 19 N. MIDDLETON RD

HANUET, NY 10954-

Tele. (845) 623-4950

Contractor JVC CONSTRUCTION

Address PO BOX 345

MS 45EE, NJ 02261-

Tele. (773) 827-1852 Fax ()

Lic. No. of Bldgs. Reg. No.

Federal Eqp. No. 22-2737804

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	U
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.		

Est. Cost of Bldg. Work:

1. New Bldg.	0
2. Alteration	500
3. Total (1+2)	500

Industrialized Building:

☐ State Approved

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

INTERIOR CLEAN OUT - ONLY REMOVE FLOORING TILE AND CARPETS.
DIRECT REPLACE BROKEN WINDOW

TYPE OF WORK

☐ New Building		FEE (Office Use Only)
☐ Addition		
☒ Alteration		
☐ Roofing		
☐ Siding		
☐ Fence	0	Height (exceeds 6')
☐ Sign	0	Sq. Ft.
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement HANC 5:17		
☒ Other INTERIOR CLEAN		
Other		
☐ Demolition		

Paid ☐ Check \$	Administrative Surcharge	\$
Collected by:	Minimum Fee	\$
	TOTAL FEE	35
	DCA Training Fee	0

Applicable to Ordinance 728-92

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

TOWNSHIP OF BRICK

X 100 Laurel Square
Work Site Address Block Lot

Excel Realty Trust
Owner's Name, Address, Phone

J.V.C. Const P.O. Box 345 M. Lee N. Jordan
Contractor's Name, Address, Phone 973-827-1852

Construction Describe type (Single-family home, etc.)

Demolition Same.
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material Carpet, tile
Glass

Name, address and phone of party responsible for removal of debris:
Same as above. Waste management

Size of dumpster: 30 Yd.

Destination of discarded debris: Ocean Co. Landfill

Hauler's DEP Permit No.: Waste Management

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

X Jan V. C. Const Jan V. C. Const 6/15/01
Printed/Typed Name Signature Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

Township of Brick

Counter Form
(PLEASE PRINT)

X Site Location: 102 Laurel Sq Vane.
 Block: _____ Lot: _____
 Owner's Name: New Excel Realty Trust
 Owner's Mailing Address: 19 N. Middletown Rd.
Nanuet N.Y. 10954
 Phone: (845) 623-4950

BUILDING

Contractor: X J.V.C. Const
 Address: P.O. Box 345 Brick Rd
Nanuet N.Y.
 Phone#: 973-827-1852
 Lis # 022241
 Federal Emp # or SSN 22-2789804

Technical Data

Description of Work:

X Interior Clean out
 Removing carpet,
 tile + broken window.
 Direct replace of
 broken window.
 Power wash floor.

Type of Work

____ New Building ____ Siding
 ____ Addition ____ Fence
 ____ Alteration ____ Pool
 ____ Roofing ____ Demolition
 ____ Asbestos Abatement ____ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
 No of Stories: _____
 Height of Structure: _____
 Area of the largest floor: _____
 Area of New Building: _____
 Volume of Structure: _____
 Total Land Disturbed: _____
 Cost of Alteration: _____
 Cost of New Building: _____

Total Cost of Building Work \$500.

Signature: X J. V. C.
 Please Print Name: James V. Vellita

ELECTRICAL

Contractor: _____
 Address: _____
 Phone#: _____
 Lis #: _____
 Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____
Pool	_____
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: _____

Signature: _____
 Please Print Name: _____

CONTRACTOR'S SEAL