

BLOCK

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AUG 17 1995

DIV. OF INSPECTION

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



# CONSTRUCTION PERMIT APPLICATION

ADDRESS (SITE)

133 VAN ZILE

PERMIT NO.

209895

## I. IDENTIFICATION

1. Proposed Work-site at: 133 VAN ZILE
2. Name of Owner in Fee: FIRST FIDELITY BANK Tel. ( )
- Address 133 VAN ZILE ST BRICK TOWNSHIP
- street municipality zip code
3. Ownership in Fee: Public \_\_\_\_\_ Private X
4. Principal Contractor: WADE-RAY CONSTRUCTION Tel. (908) 597-1700
- Address 168 DEBUS LN MONMOUTH JCT N.J 08853
- License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_
- Federal Emp. No. \_\_\_\_\_ Social Security No. \_\_\_\_\_
5. Architect or Engineer \_\_\_\_\_ Tel. ( )
- Address \_\_\_\_\_
6. Responsible Person in Charge of Work \_\_\_\_\_ Tel. ( )

## V. FEE SUMMARY (for office use only)

|                                   |                 | Update | Update |
|-----------------------------------|-----------------|--------|--------|
| 1. Building                       | \$ <u>130 -</u> |        |        |
| 2. Electrical                     |                 |        |        |
| 3. Plumbing                       |                 |        |        |
| 4. Fire Protection                |                 |        |        |
| 5. Elevator Devices               |                 |        |        |
| 6. Subtotal                       | \$ <u>130 -</u> |        |        |
| 7. Less 20% for State Plan Review |                 |        |        |
| 8. Subtotal                       | \$              |        |        |
| 9. DCA Training Fee               | <u>8 -</u>      |        |        |
| 10. Subtotal                      | \$              |        |        |
| 11. Cert. of Occupancy            | <u>20 -</u>     |        |        |
| 12. Other                         |                 |        |        |
| 13. TOTAL                         | \$ <u>158 -</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 \_\_\_\_\_ sq. ft.
- no \_\_\_\_\_
11. Max. Live Load \_\_\_\_\_
12. Max. Occupancy Load \_\_\_\_\_

(office use only)

## II. PROPOSED WORK

1. ☐ Minor work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition
- TOTAL COSTS

Est. Cost

10,000.

Exterior Brick & Interior Wall Repairs

## OPTIONAL (for office use only)

| Plans Rec'd By | Date Rec'd     | Rejection Date | Approval Date  | Re-viewer | Resubmission Approval | Dates Rejection | Re-viewer |
|----------------|----------------|----------------|----------------|-----------|-----------------------|-----------------|-----------|
| <u>SA</u>      | <u>8/17/95</u> |                | <u>8/17/95</u> | <u>SA</u> | <u>8/28/95</u>        |                 | <u>WS</u> |
|                |                |                |                |           |                       |                 |           |
|                |                |                |                |           |                       |                 |           |
|                |                |                |                |           |                       |                 |           |
|                |                |                |                |           |                       |                 |           |
|                |                |                |                |           |                       |                 |           |
|                |                |                |                |           |                       |                 |           |
|                |                |                |                |           |                       |                 |           |
|                |                |                |                |           |                       |                 |           |
|                |                |                |                |           |                       |                 |           |

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. ☐ Refrigeration Systems
4. ☐ Cross-Connections/Backflow Preventers
5. ☐ Sprinklers
6. ☐ Smoke Control Systems in Open Wells
7. ☐ 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 10413677

## 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 New Jersey 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 William T. Tain

Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(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 |          |
| <input type="checkbox"/> Zoning Officer                         |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Planning Board                         |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Fire Department                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |

**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 |
|--------------------------------------------------------------|-------------|--------------|---------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy  | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Temporary Certificate of Compliance | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy  | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Compliance           | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Occupancy            | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Approval             | No. _____   | _____        | _____         | _____        |



# CONSTRUCTION PERMIT

Date Issued  
Control #  
Permit #

8-18-95

2098-95

IDENTIFICATION Block 1149 Lot 4

Work Site Location 133 VAN ZILE

Contractor WANE-RAY CONSTRUCTION

Owner in Fee FIRST FIDELITY BANK

Address 2098-#

Address 133 VAN ZILE RD

Tele. ( ) BLOCK 0.00

BRICK NT

Lic. No. or Bldrs. Reg. No. 1147 #

Tele. ( )

Exp. Date 0.00

Federal Emp. No. 4 #

or Social Security No. BUILDING 130.00

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER  
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

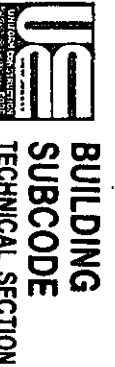
*Interior & Exterior Repair of  
damaged wall*

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 \$ 10,000-

*Arthur*  
CONSTRUCTION OFFICIAL

| PAYMENTS (Office Use Only) |               |        |
|----------------------------|---------------|--------|
| Building                   | <u>130 -</u>  | 0.00   |
| Plumbing                   | <u>TOTAL</u>  | 130.00 |
| Electrical                 | <u>CHECK</u>  | 130.00 |
| Fire Protection            | <u>CASH</u>   | 0.00   |
| Other                      | <u>CHANGE</u> | 0.00   |
| Other                      |               |        |
| DCA Training Fee           | <u>NO. 8</u>  | 08:10  |
| Cert. of Occ.              | <u>20 -</u>   |        |
| Other                      |               |        |
| Total                      | <u>158 -</u>  |        |
| Check No.                  | <u>7093</u>   |        |
| Cash                       |               |        |
| Collected By:              | <u>VOP</u>    |        |



Date Received 8-18-95  
Date Issued  
Control #  
Permit # 2078-95

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

Block 1149 Lot 4  
Work Site Location 133 New Zile St

Owner in Fee First Fiorecity Bank  
Address

Telephone [REDACTED]  
Contractor CODE - CITY CONSTRUCTION

Address 168 DEANE LN. NOUNGUTH ST N.S. 08853  
Tele. (203) 391-2900

Lic. No. or Bldgs. Reg. No.  
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW  
☒ No Plans Req. *5/1/95* Initial *5/1/95*  
☐ All  
☐ Footing  
☐ Foundation  
☐ Frame  
☐ Other  
Joint Plan Review Required:  
☐ Elec. ☐ Plumb. ☐ Fire  
SUBCODE APPROVAL  
☐ CO ☐ CC ☐ CA  
Date: 8-28-95  
Approved By: *[Signature]*

INSPECTIONS  
Type: Footing  
Failure: REPAIR  
Dates (Month/Day): 8-28-95  
Approval: *[Signature]*  
Initial

Finishes:  
Insulation  
Energy  
Mechanical  
TCO  
Other  
Final

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:  
1. New Bldg. \$  
2. Alteration \$  
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPAIR:  
BRICK EXTERIOR DOOR-BEARING  
3"x4" STUDS-REATCH TO PLATE  
1/2" SHEET ROCK  
3/8" Plywood Sheathing  
4 wide x 8 high

(Office Use Only)  
FEE

TYPE OF WORK:  
☐ New Building  
☐ Addition  
☐ Alteration  
☐ Roofing  
☐ Siding  
☐ Fence  
☐ Sign  
☐ Pool  
☐ Asbestos Abatement  
☐ Other  
☐ Other  
☐ Demolition

Height (6' or over)  
Sq. Ft.

Administrative Surcharge \$  
Minimum Fee \$  
DCA TRAINING FEE \$  
TOTAL FEE \$

**WADE RAY & ASSOCIATES CONSTRUCTION INC.**

TOWNSHIP  
BRICK TOWNSHIP

7093

7093  
08/17/95

PERMIT 08/17/95 150.00

150.00

\*\*\*\*\*\$150.00