BLOCK 552 LOT 18819 QUALIFICATION CODE _____ ADDRESS (SITE) 2545 Old Hooversville PERMIT NO. 04-5028

Left msg 9-29-04

CONSTRUCTION PERMIT APPLICATION

C27-25

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

I. IDENTIFICATION

1. Proposed Work Site at: 2545 OLD HOOVER AVE
2. Name of Owner in Fee: PATRICK BOTTAZZI [redacted]
   Address 2545 Old Hoover Ave (street) (municipality) (zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: SELF Te [redacted]
   Address S/A
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer BARCO & ASSOC. Tel. (732) 477-7751
   Address 92 MANTOLOKING Rd Contact PAUL
6. Responsible Person in Charge once Work has Begun PATRICK BOTTAZZI
   Tel. (732) 477-1230 FAX: (___) _____

Const. of Small Addn for HCP Bathroom. See Permit #03-4921

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	40	
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		1	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other		41	
13.	TOTAL	$		

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

ADDITIONAL (for office use only)

		Est. Cost	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					9/20/04	KG			
3.	☐ Addition									
4.	☐ a. Repair									
	☑ b. Alteration	900.-								
	☐ 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									

WORK DONE ON PERMIT # 04-5028 9/29/04

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

2 1/4 FOLD

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/30/2004
Control #
Permit # 04-5028

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 552 Lot 18 Qual

Work Site Location 2545 OLD HOOPER AVE
CONSTRUCT 3 WALLS
Owner in Fee BOTTAZZI
Address SAME
BRICK, NJ
Telephone ( )

Contractor BOTTAZZI
Address 2545 OLD HOOPER AVENUE
BRICK, NJ 08723-
Telephone (732)477-1230
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
CONSTRUCTION OF 3 WALLS FOR BATHROOM
REFERENCE PERMIT #03-4921

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 $ 1,000

Construction Official

11/30/2004
Date

PAYMENTS (Office Use Only)

Building	40
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	41
Check No.	
Cash	X
Collected By	JB

11/30/04 3:21PM 00155884488
**06 SERV.006
BUILDING 045028
DCA $1.00
SUBTOTAL $41.00
CASH $41.00
CHANGE $0.00

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

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.

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/24/2004
Date Issued 11/30/04
Control # ~~C27-25~~
Permit # 04-5028

1 Plan Set Only

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

Block 552 Lot 18 Qual
Work Site Location 2545 OLD HOOPER AVE
CONSTRUCT 3 WALLS
Owner in Fee BOTTAZZI
Address SAME
BRICK, NJ
Tele.( )
Contractor BOTTAZZI
Address 2545 OLD HOOPER AVENUE
BRICK, NJ 08723-
Tele.(732)477-1230 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

CONSTRUCTION OF 3 WALLS FOR BATHROOM
REFERENCE PERMIT #03-4921

Must Have Tactile Simage

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9/28/04	PM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	40
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present U 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.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2) $ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 40
DCA State Permit Fee	$ 1

U.C.C. F110 (rev. 3/96)

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 2545 OLD HOOPER AVE (RED LION)
Block: 552 Lot:
Owner's Name: PATRICK BOTTAZZI
Owner's Mailing Address: 2545 OLD HOOPER AVE

Phone [redacted]

Contractor: Owner.
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

CONST. A HANDICAPPED BATHROOM IN REST. AS PER SUBMITTED plans (2 walls / existing interior wall)

Type of Work

___New Building	___Siding
___Addition	___Fence
X Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories: /
Height of Structure: /
Area of the largest floor: /
Area of New Structure: 6x8 HCP. Rest Room
Volume of New Structure:
Total Land Disturbed: /

Cost of Alteration: $ 900.-

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building 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 Patrick L. Bottazzi

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 (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

update 03-4921

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 2545 OLD Hooper Ave. (RED LION)
Block: 552 Lot: 18+19
Owner's Name: BOTTAZZI
Owner's Mailing Address: 2545 OLD Hooper Ave BRICK

Phone: ([redacted]

BUILDING

Contractor: HA owner
Address: Wife
Phone#: only
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Construction of 3 walls for bathroom

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: $1,000-

Signature:

Please Print Name: Patrick Bottazzi

ELECTRICAL

Contractor: Dickson Electric,
Address: 347 Drum Pt Rd. Brick NJ
Phone#: 732-920-6441.
Lis #: 8392.
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	1
Receptacles	1 GFI
Switches	1
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	3

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:	1 Exhaust Fan/Heat unit Bath Rm.	

Estimated Cost of Electrical Work: 800.00.

Signature:

Please Print Name: James C Dickson.

CONTRACTOR'S SEAL