



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1587 W. Princeton Ave

2. Name of Owner in Fee: Robert Soumski
Address Same as Above
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Shore Home Improvement Tel. (732) 721 6368
Address 122 N Broadway S. Amboy NJ
License No. OR, if new home, Builder Reg. No. 030657 Exp. Date 10/31/02
Federal Employee No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Tel. (_____) _____
Address _____

6. Responsible Person in Charge of Work Thomas Letch
Tel. (732) 721 6368 FAX (732) 721 5389

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$	<u>1A</u>	
2. Electrical		<u>35</u>	
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

- (office use only)
- Number of Stories _____
 - Height of Structure _____ ft.
 - Area — Largest Floor _____ sq. ft.
 - New Building Area _____ sq. ft.
 - Volume of New Structure _____ cu. ft.
 - Construction Classification _____
 - Total Land Area Disturbed _____ sq. ft.
 - Flood Hazard Zone _____
 - Base Flood Elevation _____ ft.
 - Wetlands yes _____
no _____
 - Max. Live Load _____
 - Max. Occupancy Load _____

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
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									
TOTAL COSTS									

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 | 5. ☐ Cross-Connections/Backflow Preventers |
| 2. ☐ High Pressure Boilers | 6. ☐ Hazardous Uses/Places of Assembly |
| 3. ☐ Pressure Vessels | 7. ☐ Sprinklers |
| 4. ☐ Refrigeration Systems | 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:

3. Change in Use Group, Indicate Former:

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 Shore Home Improvement
Address 122 N Broadway
So Amboy NJ
Telephone (732) 721 6368
Signature [Signature]

- 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 _____	
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 CHANDLER BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 04/10/2002
Control #
Permit # 01-059844
Permit Issued 04/17/2001

UDC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block B19 Lot 12 Eual _____
Work Site Location 1587 WEST PRINCETON AVE
Owner in Fee SQUINISI, ROBERT
Address SAME
Telephone BRICK, NJ 08729-
Contractor HOME Q M H E R
Address _____
Telephone ()
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. NO-

Is hereby granted permission to perform the following work:
[] BUILDING [] LEAD HAZARDO ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER _____
(Subchapter D only)

DESCRIPTION OF WORK:
RE ROOF OVER EXISTING CONTRACTOR DID NOT FINISH JOB, WORKMEN PUTTING ON
ANOTHER LAYER. UPDATE AS PER DAN NEWMAN.

Estimated Cost of Work \$ 450
Construction Official *[Signature]* 04/10/2002

U.C.C. F190 (REV. 3/96)

Date

PAYMENTS (Office Use Only)
Building 35
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
OCA Training Fee 0
Cert. of Occupancy 0
Other
Total 35
Check No. 2174
Cash
Collected By MJP

06/10/02 01:20 PM 00000000743
40958 BUILDING
CHECK \$450.00
\$450.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

000000#2906
8:46AM 7/01
\$84.00
\$2.00
\$86.00
\$86.00
\$0.00

Date Issued 04/17/2001
Control #
Permit # 01-0998

IDENTIFICATION Block 819 Lot 12 Qual _____

Work Site Location 1587 WEST PRINCETON AVE

Owner In Fee SOWINSKI, ROBERT

Address SAME

Telephone BRICK, NJ 08724-

Contractor SHORE HOME IMPROVEMENT

Address 122 NORTH BROADWAY

Telephone SOUTH AMBOY, NJ 03065-1

Lic. No. or Bldgs. Reg. No.

Federal Exp. No.

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

REROOF/DEBRIS

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 \$ 2,950

Construction Official

04/17/2001
Date

PAYMENTS (Office Use Only)

Building	84
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Total	86
Check No.	2201
Cash	
Collected By	DC

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/10/2002
Date Issued 04/10/2002
Control #
Permit # 01-0998+A

ROOF SHINGLES
D225 OR 3462 ONLY
SIX NAILS EACH

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

Block 819 Lot 12 Qual
Work Site Location 1587 WEST PRINCETON AVE
REROOF/DEBRIS

Owner in Fee SOMINSKI, ROBERT
Address SAME
BRICK, NJ 08724-

Tel
Cor
Address

Tele. () Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure
☐ All			Footings	Failure Approval
☐ Footings			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: 5-17-02			TCO	
Approved By: [Signature]			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed R-3	Est. Cost of Bldg. Work:
Const. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0	0	2. Alteration \$ 450
Height of Structure	0 Ft.	0 Ft.	3. Total (1+2) \$ 450
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.	
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.	Industrialized Building:
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.	☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.	☐ HUD

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

RE ROOF OVER EXISTING CONTRACTOR DID NOT FINISH JOB, HOMEOWNER PUTTING ON ANOTHER LAYER. UPDATE AS PER DAN NEWMAN.

NO DUMP REQUEST.
NEEDED TO FINALIZE ORIGINAL CONTRACT ON JOB.

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

Administrative Surcharge	Minimum Fee	TOTAL FEE
Paid ☐ Check #		
Collected by: DCA Training Fee		

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UDC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/10/2002
Date Issued 04/10/2002
Control #
Permit # 01-099804

A. IDENTIFICATION-APPLICANT, COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG RD; 1-800-272-1000

Block 819 Lot 12 Sublot
Work Site Location 1387 WEST PRINCETON AVE
RENOV/DECRIS

Owner in Fee SONIUSKI, ROBERT

Address SAME

BRICK, NJ 08724-

Tele. ()

Contractor

Address

Tele. () Fax ()

Lic. No. or Dirs. Reg. No.

Federal Emp. No. NO-

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-3	Ent. Cost of Bldg. Works
Const. Class	Present	Proposed		1. New Bldg. \$ 0
No. of Stories	0	0		2. Alteration \$ 450
Height of Structure	0 Ft.	0 Ft.		3. Total (1+2) \$ 450
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.		
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.		Industrialized Buildings
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.		☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.		☐ HUD

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

RE ROOF OVER EXISTING CONTRACTOR DID NOT FINISH JOB, HOMEOWNER PUTTING ON ANOTHER LAYER. UPDATE AS PER DAN KENYAN.

TYPE OF WORK	FILE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	0
☐ Alteration	16
☐ Roofing	0
☐ Siding	0
☐ Fence	0
☐ Sign	0
☐ Pool	0
☐ Asbestos Abatement Subchapter B	0
☐ Lead Haz. Abatement HJAC 3117	0
☐ Other	0
☐ Demolition	0

PAID (Check #)	Administrative Surcharge	Minibus Fee	TOTAL FEE
Collected by:	0	19	35
OCA Training Fee	0	0	0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UTC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/10/2002
Date Issued 04/10/2002
Control #
Permit # 01-099344

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

Block 019 Lot 12 Sublot
Work Site Location 1587 WEST PRINCETON AVE
REWORK/REPAIRS

Owner in Fee SUMINSKI, ROBERT

Address SAME

BRICK, NJ 08724-

Tele. _____

Contractor _____

Address _____

Tele. (____) _____ Fax (____) _____

Lic. No. or Bldgs. Reg. No. _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footings	
☐ Footings			Foundation	
☐ 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	Est. Cost of Bldg. Work
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories	0	0	2. Alteration \$ _____
Height of Structure	0 Ft.	0 Ft.	3. Total (1+2) \$ _____
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.	
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.	Industrialized Buildings
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.	☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.	☐ HUD

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**

RE ROOF OVER EXISTING CONTRACTOR DID NOT FINISH JOB, HOMEOWNER PUTTING ON ANOTHER LAYER. UPDATE AS PER DCA MEMPHIS.

TYPE OF WORK

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ _____
☐ Addition	\$ _____
☐ Alteration	\$ _____
☐ Roofing	\$ _____
☐ Siding	\$ _____
☐ Fence	\$ _____
☐ Sign	\$ _____
☐ Pool	\$ _____
☐ Asbestos Abatement Subchapter 8	\$ _____
☐ Lead Haz. Abatement NJAC 5:17	\$ _____
☐ Other	\$ _____
Other	\$ _____
☐ Demolition	\$ _____

PAID BY	AMOUNT
Paid ☐ Check # _____	\$ _____
Collected by: _____	\$ _____
Administrative Surcharge	\$ _____
Minicopy Fee	\$ _____
TOTAL FEE	\$ _____
DCA Training Fee	\$ _____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/17/2001
Date Issued 04/17/2001
Control #
Permit # 01-0998

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

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.

Owner in Fee SOWINSKI, ROBERT
Address SAME
RPTV N1 08724-

Signature

Contractor SHORE HOME IMPROVEMENT
Address 122 NORTH BROADWAY
SOUTH AMBOY, NJ 03065-1

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Tele: (732) 721-6368 Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No.

REEROE/DEBRIS

JOB-SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

TYPE OF WORK

FEE (Office Use Only)

☐ No Plans Req. ☐ All ☐ Footing ☐ Foundation ☐ Frame ☐ Other

☐ New Building ☐ Addition ☒ Alteration

Joint Plan Review Required: ☐ Elect ☐ Plumb ☐ Fire ☐ Elev

☐ Fence ☐ Sign ☐ Pool

Subcode Approval ☐ CO ☐ CCO ☐ CA

☐ Asbestos Abatement Subchapter 8 ☐ Lead Haz. Abatement NJAC 5:17

Date: 5-17-02

☐ Other

Approved By: [Signature]

☐ Demolition

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3

Constr. Class Present Proposed

Est. Cost of Bldg. Work:

No. of Stories 0

1. New Bldg. \$ 0

Height of Structure 0 Ft.

2. Alteration \$ 2,950

Area Largest Floor 0 Sq. Ft.

3. Total (1+2) \$ 2,950

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

Industrialized Building:

Administrative Surcharge \$ 0

Minimum Fee \$ 0

PAID [X] Check # 2201

TOTAL FEE \$ 84

Collected by: DC

DCA Training Fee \$ 2

5/14

DIVISION OF INSPECTION
AND CHAMBERS OF COMMERCE
TOWNSHIP OF KENT

Need ladder, Ridge vent added after Roof was done owner had problems with contractor and

Soft wood section was replaced at first incorrectly Contractor went thru spot & house ceiling Jk

No ladder

5-23- ~~where~~ where roof meets dormer wall - step flashing & J channel are bent - Told ~~contractor~~ owner we will contact roofer to return - Homeowner wants Judy to do re-inspection Jk

~~Owner~~ Owner will contact Manufacturer or Contr. ref. to holes in shingles and shall cut shingles Jk

TECHNICAL SECTION
2003/06/01
BUILDING
NCC MEA Jk

2003/06/01
Date issued 08/11/2001
Date received 04/11/2001

Plum

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/17/2001
Date Issued 04/17/2001
Control #
Permit # 01-0998

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

Block 819 Lot 12
Bolt Site Location 1587 WEST PRINCETON AVE

REEROOF/DEBRIS

Owner in Fee SOVINSKI, ROBERT

Address SAME

BRICK, NJ 08724-

Tele

Contractor SHORE HOME IMPROVEMENT

Address 122 NORTH BROADWAY

SOUTH AMBOY, NJ 07065-1

Tele. (732) 221-6368

Lic. No. or Bldg. 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

REEROOF/DEBRIS

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial

INSPECTIONS

Dates (Month/Day)

☐ No Plans Req.

☐ All

☐ Footings

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

BarrierFree

Final

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

B. BUILDING CHARACTERISTICS
Use Group Present Proposed R-3
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 \$ 2,950
3. Total (1+2) \$ 2,950

Industrialized Buildings:
☐ State Approved

Administrative Surcharge
Paid (X) Check # 2201
Collected by: DC

Minimum Fee
TOTAL FEE
DCA Training Fee

TYPE OF WORK
☐ New Building
☐ Addition
☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

☐ Other

☐ Other

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FEE (Office Use Only)

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Applicable to Ordinance 728-92

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

TOWNSHIP OF BRICK

1587 W Princeton Ave

Work Site Address

819

Block

12

Lot

Robert Sowinski 1587 W Princeton Ave Brick

Owner's Name, Address, Phone

Shore Home Improvement

Contractor's Name, Address, Phone

Construction Single Family Home Roofing

Describe type (Single -family home, etc.)

Demolition Tero existing roof + replace

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

Describe type and estimated quantity of material 15 Sq 3 Tabs 25 yr Shingle

Name, address and phone of party responsible for removal of debris:

Madison Disposal

Size of dumpster: 20 yd

Destination of discarded debris: middlesex County landfill

Hauler's DEP Permit No.: 10718

**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.

Thomas Lutch

Printed/Typed Name

Signature

4/16/01 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)

2201

Site Location: 1587 W Princeton Ave Brick Town No

Block: 817 Lot: 10

Owner's Name: Robert Sowinski

Owner's Mailing Address: Same as above

Phone: ([REDACTED])

BUILDING

Contractor: Shore Home Improvement

Address: 122 N Broadway

South Amboy NJ

Phone#: 732 721 6368

Lis # 030651

Federal Emp # or SSN _____

Technical Data

Description of Work:

Tear + Replace existing roof
including ice + water shield, 15.15
felt + 25yr 3Tab Shingle

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: 2950.00

Signature: [Signature]

Please Print Name Thomas Letch

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

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____

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

Technical Data

Fixtures	Quantity
Water Closets _____	
Urinals/Bidets _____	
Bath Tub _____	
Lavatory _____	
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 _____	
Water Cooled A/C or Refrig. Unit _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Other: _____	

Estimated Cost of Plumbing Work _____

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
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:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Fire Work _____

Signature: _____

Print Name: _____

Township of Brick

Counter Form
(PLEASE PRINT)

Update

01-0998-4A

re-roof over

Site Location: 1587 W. Princeton Ave.
Block: 819 Lot: 12
Owner's Name: Sowinski
Owner's Mailing Address: same
Phone: ()

BUILDING

Contractor: H/O
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

re-roof over existing

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 Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: \$

Cost of New Building: \$

Total Cost of New Building Work: \$ 450.00

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: [Signature]
Please Print Name

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

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____

Phone #: _____
Lic #: _____
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: _____
Address: _____

Phone #: _____
Lic #: _____
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: _____