

783 93

APR 26 1993



CONSTRUCTION PERMIT APPLICATION

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

1. Proposed Work-site at: 1587 W. Princeton Ave

2. Name of Owner in Fee: Robert Sowinski [REDACTED]

Address 1587 W. Princeton Ave Brick NJ 08724

street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Self Tel. (____) _____

Address _____

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. (____) _____

1. Building	\$	7	-		
2. Electrical					
3. Plumbing					
4. Fire Protection					
5. Other					
6. Subtotal	\$	7	-		
7. Less 20% for State Plan Review		1	-		
8. Subtotal	\$				
9. DCA Training Fee		1	-		
10. Subtotal	\$				
11. Cert. of Occupancy		20	-		
12. Other					
13. TOTAL	\$	29	-		

1. Number of Stories	_____	
2. Height of Structure	_____	ft.
3. Area—Largest Floor	_____	sq. ft.
4. Building Area—All Floors	_____	sq. ft.
5. Volume of Structure	768	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 _____	sq. ft.
11. Fire Grading	_____	
12. Max. Live Load	_____	
13. Max. Occupancy Load	_____	

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. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

Est. Cost

550.00

[illegible]

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

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 _____

1. State Specific Use:

2. Use Group:
3. Change In Use Group, Indicate Former:

LDS BR 10208549

20h

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

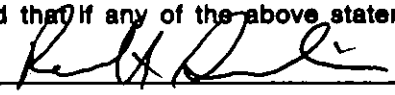
I further certify that I will perform the following work:

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 4-26-93

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 _____

Address _____

Telephone (_____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☒ Other <i>zoning</i>	<i>JK</i>	<i>4/24/95</i>	<i>Shue</i>						
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____

11:33
1:00

00130902

00130902

02103212



CONSTRUCTION PERMIT

Date Issued

Control #

Permit # 783-93

5/3/93

IDENTIFICATION Block

9

Lot

12

Work Site Location

1587 W. Princeton

Contractor

Self

Owner in Fee

R. Gonsky

Address

Address

Tele. ()

Tele. ()

Lic. No. or Bids. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING

☐ PLUMBING

☐ OTHER

☐ ELECTRICAL

☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Shed

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 \$

550

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

783##

Building

DECK

0.00

Plumbing

019 #

0.00

Electrical

LOT

0.00

Fire Protection

12 #

0.00

Other

1 BUILDING

7.00

Other

PLAN RM

1.00

DCA Training Fee

PLAN RM

1.00

Cert. of Occ.

PLAN RM

1.00

Other

20 #

20.00

Total

TOTAL

29.00

Check No.

CASH

0.00

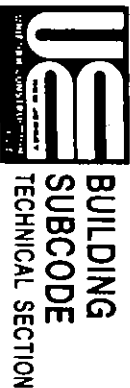
Cash

CASH

0.00

Collected By:

11



Date Received
Date Issued
Control #
Permit #

5/3/93
783-93

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
Work Site Location 1587 W. Princeton Ave

Owner in Fee Robert Sawinski
Address 1587 W. Princeton Ave
Brick NJ 08724

Tele. [REDACTED]

Contractor SELF
Address _____

Tele. () _____

Lic. No. or Bids. Reg. No. _____

Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Alteration \$ _____
Height of Structure			3. Total (1+2) \$ _____
Area—Largest Floor			Sq. Ft. _____
Total Bldg. Area/All Floors			Sq. Ft. _____
Volume of Structure			Cu. Ft. _____
Total Land Area Disturbed			Sq. Ft. _____

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

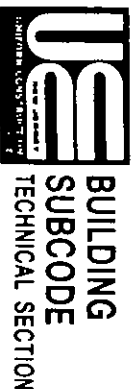
8' x 12' x 8' ~~4'~~ 4'
1768 ✓

TYPE OF WORK:

☐ New Building	
☐ Addition	
☐ Alteration	
☐ Roofing	
☐ Sliding	
☐ Other	
☐ Demolition	
☐ Miscellaneous	
☐ Fence	Height _____
☐ Sign	Sq. Ft. _____
☐ Pool	
☐ Elevator	
☐ Asbestos Abatement	
☐ Other	

(Office Use Only)
FEE

Paid ☐ Check # _____	Administrative Surcharge \$ _____
Collected by: _____	Minimum Fee \$ _____
	TOTAL FEE \$ _____



Date Received
Date Issued
Control #
Permit #

5/3/93
7833-93

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
Work Site Location 1587 W. Princeton Ave

Owner in Fee Robert Seculinski
Address 1587 W. Princeton Ave
Princeton, N.J. 08724

Tele. [REDACTED]

Contractor 2415
Address [REDACTED]

Tele. [REDACTED]

Lic. No. or Bids. Reg. No. [REDACTED]

Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Req.			Type:				
☐ All			Footings				
☐ Footings			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes:				
☐ Elec. ☐ Plumb. ☐ Fire			Energy				
SUBCODE APPROVAL			Mechanical				
☐ CO ☐ CCO ☐ CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

[Signature]

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

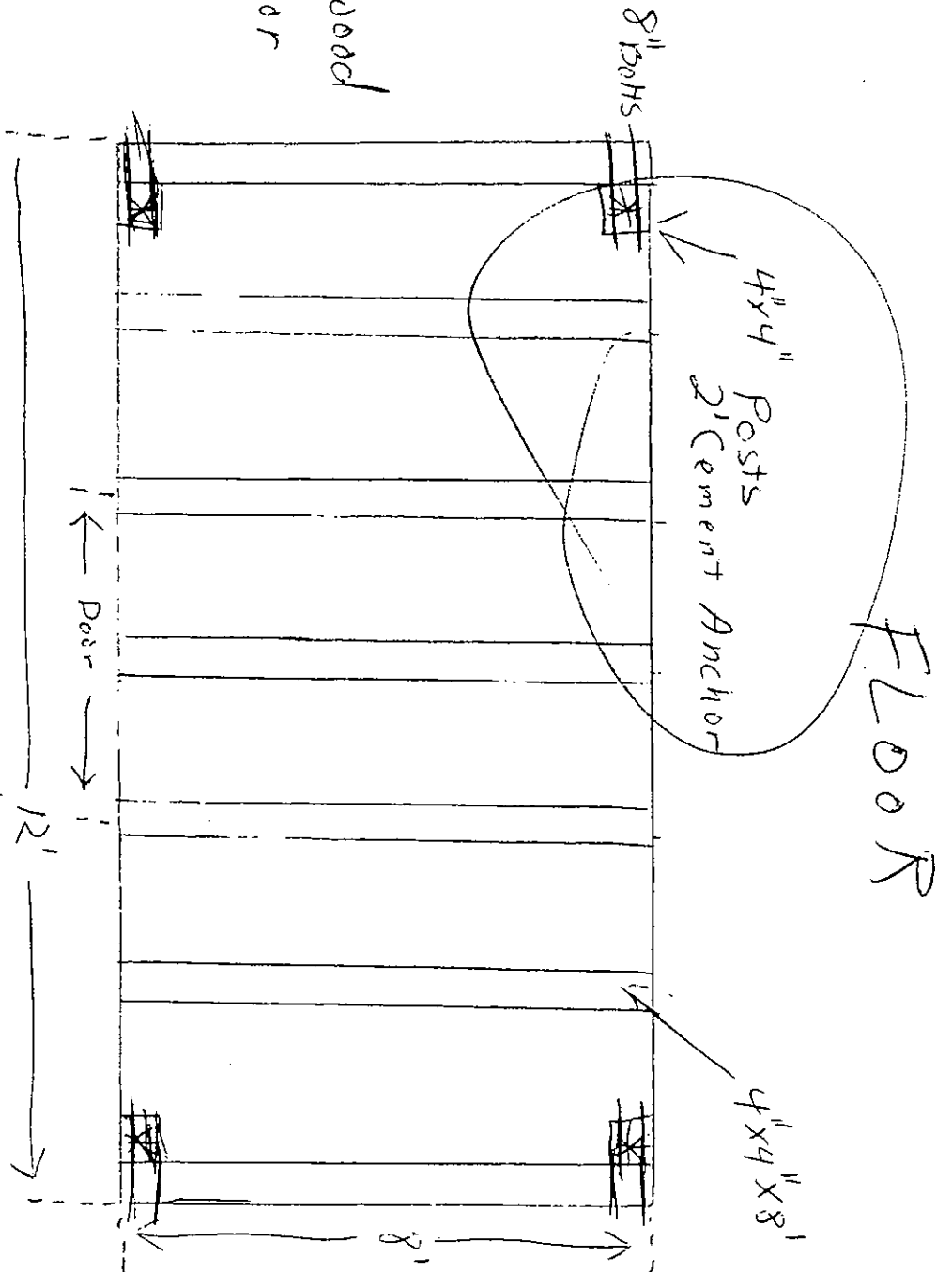
547ED
6 x 12 x 8
768

TYPE OF WORK:

☐ New Building	(Office Use Only)
☐ Addition	FEE
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Other	
☐ Demolition	
☐ Miscellaneous	
☐ Fence	Height
☐ Sign	Sq. Ft.
☐ Pool	
☐ Elevator	
☐ Asbestos Abatement	
☐ Other	

Paid ☐ Check # _____	Administrative Surcharge \$ _____
Collected by: _____	Minimum Fee \$ _____
	TOTAL FEE \$ _____

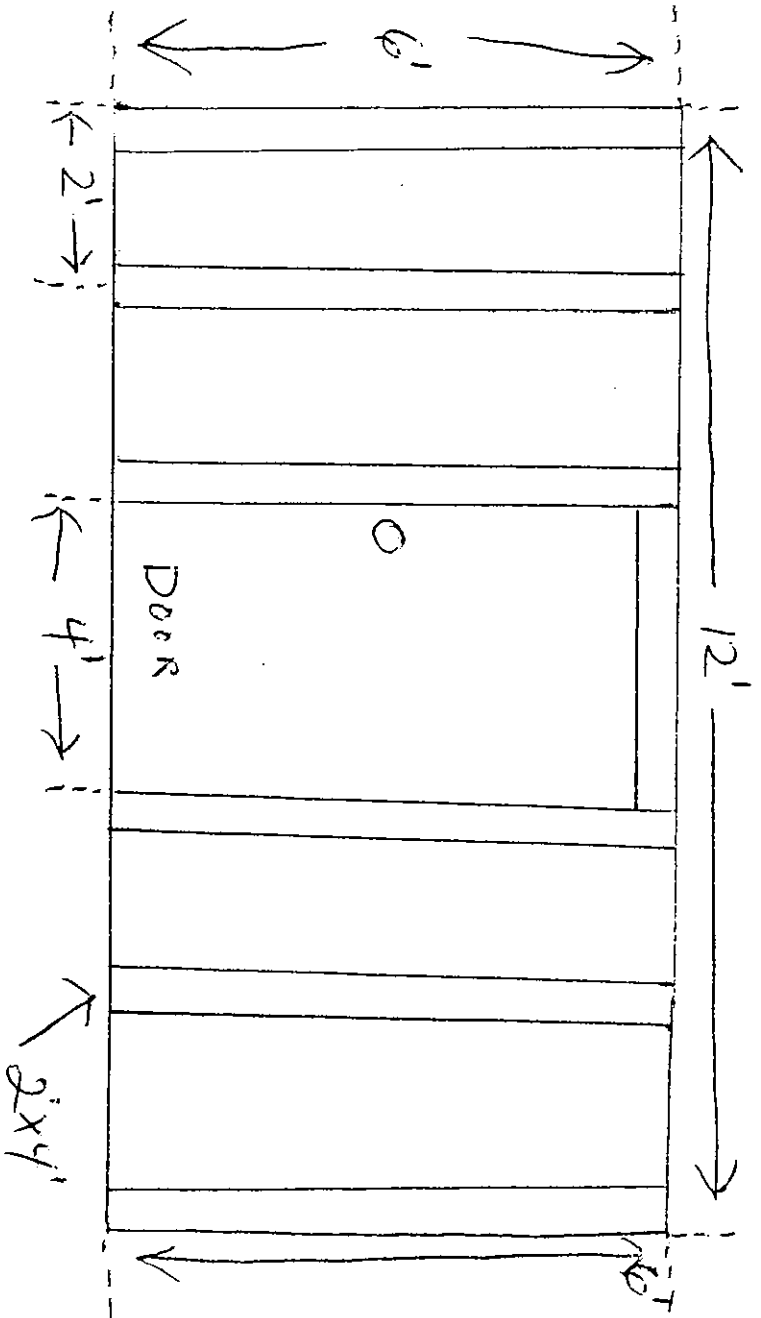
3/4" Plywood
Floor



Robert Sowinski
1587 West Princeton Ave
Brick NJ 08724
Tel # 458-7321



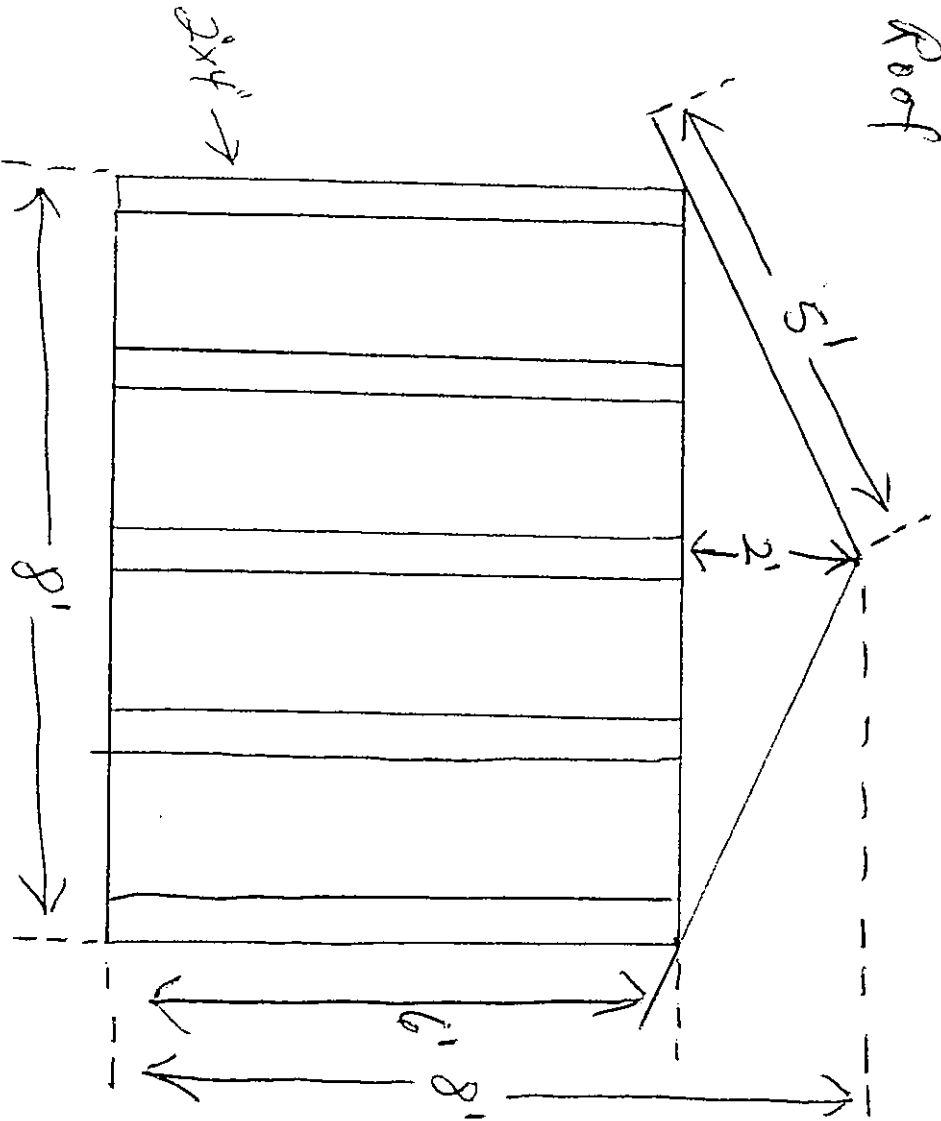
Front



Side

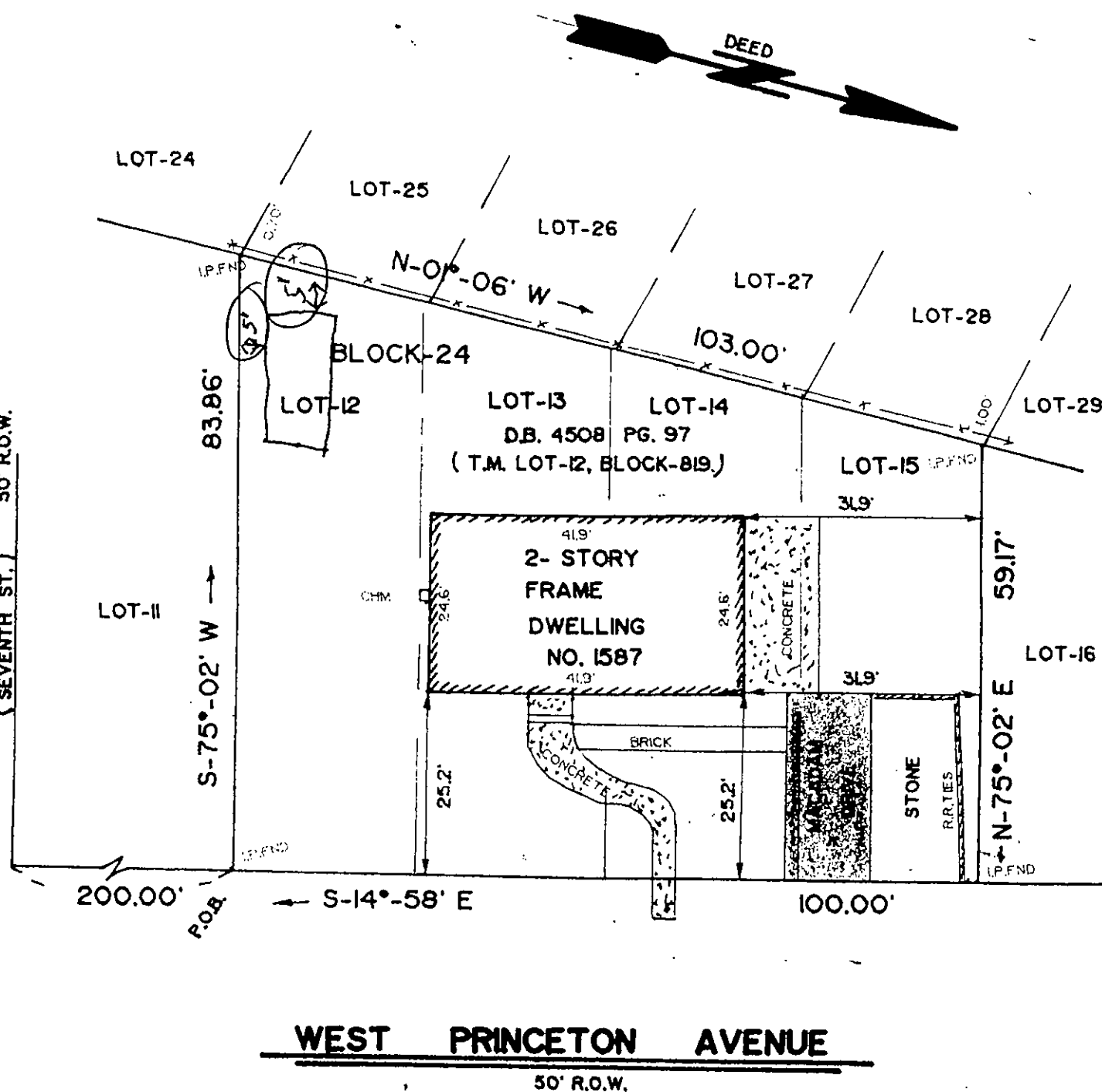
Shingle Roof

$\frac{5}{8}$ " Plywood
Walls
Roof



LARSON STREET

(SEVENTH ST.) 50' R.O.W.



Property known as Lots-12, 13, 14 & 15, Block-24 as shown on a map entitled "Laurelton Park" & filed in the Ocean County clerk's office on September 25, 1929 as Map No. A-328, a/k/a Lot-12, Block-819 on the Brick Township Tax Map

This survey is certified to:
Robert Sowinski & Anna Sowinski
h/w;
Fleet National Bank, its
successors and its assigns;
Baker Abstract Co.;
Roth & Roth, P.A.

4/26/93 Sean King
Shed

Robert S. YURO L.S. #19463

SURVEY OF PROPERTY
prepared for

ROBERT SOWINSKI

&

ANNA SOWINSKI, h/w

situated in

BRICK TOWNSHIP

OCEAN COUNTY, N. J.

prepared by

ROBERT S. YURO ASSOCIATES INC.

Professional Land Surveyors

382 Hulse's Corner Rd., Howell Twp., N.J.

367-0447

dated: NOVEMBER 27, 1991

scale: 1" = 20'
File No. Y-12659