

BLOCK 830 LOT 13 QUALIFICATION CODE 09-002865 ADDRESS (SITE) _____ PERMIT NO. 09-1724



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at 1644 W. PRINCETON AV BRICK NJ 08724

2. Name of Owner in Fee: DANIEL D. VETTERMAN

Tel. [REDACTED] e-mail [REDACTED]

Address 1644 W. PRINCETON BRICK 08724
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

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

Address _____ e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. _____ FAX: (____) _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun _____

Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

1. Building	\$ <u>50</u>	Update	Update
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>50</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)

OPTIONAL (for office use only)

III. PROPOSED WORK	Est. Cost	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. ☐ a. Repair									
☐ b. Alteration									
☐ 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									

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: All Units Income-restricted
- 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

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

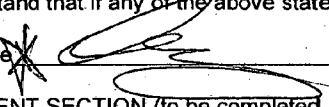
I further certify that I will perform the following work:

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 6-15-07

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. 5:23-2.15(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.



CONSTRUCTION PERMIT

Date Issued 6/15/2007
Control # C-07-002865
Permit # 07-1724

IDENTIFICATION Block: 830 Lot: 13 Qualifier _____
Work Site Location: 1644 W. PRINCETON AVE. Brick Township, NJ Contractor LETT-BROWN, DANIEL D & JOHNSON, K
Address 1644 W PRINCETON AVE BRICK NJ 08724
Owner in Fee LETT-BROWN, DANIEL D & JOHNSON, K
Address 1644 W PRINCETON AVE BRICK NJ 08724 Telephone: _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

NEW ROOF

Note: If construction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$500

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$50
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$51
Check No.	
Cash	\$51
Credit	\$0
Collected By	Inspection Account

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Applicable to Ordinance 720-92

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

TOWNSHIP OF BRICK

Debris Form

Work Site Address: 1644 W. PRINCETON BRICK NJ 08724

Block: 830 Lot: 13

Contractor: HOMEOWNER

Contractor's Address: _____

Type of Construction (minor, new home): NEW ROOF

Type of Debris (shingles, siding, wood, etc.): SHINGLES WOOD

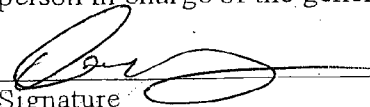
Party responsible for removal: _____

Dumpster size: 24 FEET

Destination of debris: _____

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

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


Signature

6-15-07
Date

DANIEL D. LETT-BROWN
Print Name



2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received	Control #	Date Issued	Permit #
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BUILDING SUBCODE TECHNICAL SECTION



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

Block 830 Lot 15 Qualification Code _____

Work Site Location 1644 W. PINELEAF AV

Owner in Fee MANUEL D. LOTI-BROWN

Address 1644 W. PINELEAF AV

ROBIN AT 08724

Contractor HOMESCHOOL

Address _____

Tel. () _____ FAX () _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footings				
☐ Footing			Footings Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Finishes -Base Layer				
			Finishes -Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

Joint Plan Review Required: ☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 11/30/07

Approved by: [Signature]

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ <u>1500</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

Date Received
Control #

Date Issued
Permit #

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

Roof
Flea

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

\$	

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

50

1

57



**BUILDING SUBCODE
TECHNICAL SECTION**



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

Block 830 Lot 13 Qualification Code _____
Work Site Location 1644 W. PLUMLETON AV

Owner in Fee MANUEL G. LETHBRIDGE
Address 1644 W. PLUMLETON

Contractor HOMESCHOOL
Address _____

Tel () _____ FAX () _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type:	Failure	Approval	Initial
☐	No Plans Required						
☐	All			Footings			
☐	Footings			Footings Bonding			
☐	Foundation			Foundation			
☐	Frame			Slab			
☐	Other			Frame			
Joint Plan Review Required:				Truss Sys./Bracing			
☐ Elec. ☐ Plumb: ☐ Fire ☐ Elevator				Barrier-Free			
				Insulation			
				Finishes -Base Layer			
				Finishes -Final			
SUBCODE APPROVAL				Energy			
☐	CO	☐	CCO	☐	CA		
Date: _____				Mechanical			
Approved by: _____				TCO			
				Other			
				Final			
				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ <u>1500</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

Roof Tear

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$	

Administrative Surcharge \$ 50
Minimum Fee \$ 1
State Permit Surcharge Fee \$ 5
TOTAL FEE \$ 55

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
2 Pink = Office Copy
3 Pink = Applicant Copy
4 Gold = Applicant Copy



BUILDING SUBCODE TECHNICAL SECTION



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

Block 830 Lot 13 Qualification Code _____
Work Site Location 1644

Owner in Fee _____
Address _____

Tel. _____
Contractor _____
Address _____

Tel. () _____ FAX () _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required								
☐ All				Footings				
☐ Footings				Footings Bonding				
☐ Foundation				Foundation				
☐ Frame				Slab				
☐ Other				Frame				
				Truss Sys./Bracing				
				Barrier-Free				
				Insulation				
				Finishes -Base Layer				
				Finishes -Final				
				Energy				
				Mechanical				
				TCO				
				Other				
				Final				
				Barrier-Free				

Joint Plan Review Required: ☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____ Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ <u>1500</u>
Area - Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

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DESCRIPTION OF WORK

Roof Tear

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
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- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ 50
Minimum Fee \$ 1
State Permit Surcharge Fee \$ 57
TOTAL FEE \$ 107

U.C.C. F110
(rev. 07/03)

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07-1724.11
6-15-07