

BLOCK 821 LOT 19 QUALIFICATION CODE _____ ADDRESS (SITE) 1595 Jordan St PERMIT NO. 08-3559



CONSTRUCTION PERMIT APPLICATION

OF 083093

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

I. IDENTIFICATION

1. Proposed Work Site at: 1595 Jordan St

2. Name of Owner in Fee: Stamilton Park Baptist Church

Tel. (734) 458-5544 e-mail _____

Address 1595 Jordan St Buck 08923

3. Ownership in Fee: _____ Public _____ Private _____ Municipality _____ Zip code _____

4. Principal Contractor: Church of Christ Tel. (_____) e-mail _____

Address _____ e-mail _____

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Contact _____ e-mail _____

Address _____ Tel. (_____) FAX: (_____)

6. Responsible Person in Charge once Work has Begun Brent Davis

Tel. (232) 232-4742 FAX: (_____)

IIa. PROPOSED WORK

☒ Minor Work ☐ New Building

☐ Repair ☒ Alteration

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement

☐ Addition ☐ Renovation ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

☒ Building

☐ Electrical

☐ Plumbing

☐ Fire Protection

☐ Elevator

TOTAL COST \$900

III. PLAN REVIEW (optional)

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- | | | | |
|--|---|---|---|
| 1. ☐ Partial Releases | 1. ☐ Elevators/Escalators/Lifts/ | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells |
| 2. ☐ Prototype Processing | 2. ☐ Dumbwaiters/Moving Walks | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks |
| | 3. ☐ High Pressure Boilers | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs |
| | 3. ☐ Pressure Vessels | 7. ☐ Sprinklers | 11. ☐ LPGas Tanks |

V. FEE SUMMARY (for office use only)			
1. Building	\$ <u>12</u>	Update	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ <u>4</u>		
8. Subtotal			
9. State Permit Surcharge Fee	\$		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>76</u>		

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. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	HUD	
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands	yes <u>X</u>	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed:

3. Change in Use Group, Indicate Present:

4. No. of dwelling units: Total Units Income restricted

Gained, Sale

Gained, Rental

Lost, Sale

Lost, Rental

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: Church

2. Use Group, Proposed:

3. Change in Use Group, Indicate Present:

C. MIXED USE - List secondary use(s):

D. Construct. Classification: Present

Proposed

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.ix:

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 A. Brent C. Garry

Date

10/28/08

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.

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
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. _____	_____	_____	_____

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

Initialed:

Date: _____

☐ **Zoning Application approved**

Initialed:

Date:

□ Zoning permit updates:



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 821 Lot 19 Qualification Code _____
Work Site Location 1595 Larsen St.

Owner in Fee: Lanawellton Park Baptist Church
Tel. (232) 458-5544 e-mail _____

Address 1595 Larsen St. Brick, NJ 08723
street municipality zip code

Contractor: David Jones Tel. () _____
Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	
☒ No Plans Required	<u>11/30/08</u>	<u>[Signature]</u>	
☐ All			
☐ Footings/Foundations			
☐ Structural/Framework			
☐ Exterior			
☐ Interior			
Joint Plan Review Required:			
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator
SUBCODE APPROVAL for PERMIT			
Date:			
Approved by:			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO	☐ CCO	☐ CA	
Date:			
Approved by:			

B. BUILDING CHARACTERISTICS			
Use Group	Present	Proposed	
No. of Stories	<u>1</u>		
Height of Structure	_____ ft.		
Area — Largest Floor	_____ sq. ft.		
New Bldg. Area/All Floors	_____ sq. ft.		
Volume of New Structure	_____ cu. ft.		
Max. Live Load	_____		
Max. Occupancy Load	_____		
Constr. Class Present		Proposed	
If Industrialized Building:		State Approved	HUD
Est. Cost of Bldg. Work:			
1. New Bldg.		\$	_____
2. Rehabilitation		\$	<u>3000.00</u>
3. Total (1 + 2)		\$	<u>3000.00</u>

U.C.C. F110
(rev. 10/07)

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.

Brent Barry
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 2 12'x8' non-load bearing walls and replace with 1 12'x8 wall creating 2 rooms out of 3. Also closing up a door. The wall will be made of 2"x4", 16" on center and finished with 1/2" sheetrock.

TYPE OF WORK:

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

FEE (Office Use Only)
\$ _____

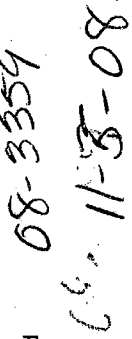
COMMERCIAL

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

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

08-3359
11-3-08

Date Received
Control #
Date Issued
Permit #



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 821 Lot 19 Qualification Code _____
Work Site Location 1595 Larsen St

Owner in Fee: Lawrence Park Baptist Church
Tel. (732) 458-5544 e-mail

Tel. (732) 458-5544 e-mail _____
Address 1595 Lansen St Brick, NJ 08723
street municipality zip code

Contractor: David M. Fox Tel. ()
Address David M. Fox e-mail

Contractor License No. or Builder Registration No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
	No Plans Required			Type:	Failure	Failure	Approval
☒	All	11-3-08	101	Footing			
☒	Footings/Foundation			Footings Bonding			
☒	Structural/Framework			Foundation			
☒	Exterior			Slab			
☒	Interior			Frame			
				Truss Sys./Bracing			

Joint Plan Review Required: _____ Barrier-Free _____
☐ Elec. ☐ Plumb. ☒ Fire ☐ Elevator _____ Insulation _____
 SUBCODE APPROVAL for PERMIT _____ Finishes -Base Layer _____
 Date: _____ Finishes -Final _____

Approved by: _____	Energy	_____
SUBCODE APPROVAL for CERTIFICATE	Mechanical	_____
[] CO [] CCO [] CA	TCO	_____
Date: _____	Other	_____
Approved by: _____	Final	_____
	Barrier-Free	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories 1

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ 3000.00

3. Total (1 + 2) \$ 3000.00

U.C.C. F110

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 Brent Davis

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 2 12' x 8' non-load bearing walls and replace with 1 12' x 8' wall creating 2 rooms out of 3. Also closing up a door. The wall will be made of 2" x 4", 16" on center and finished with $\frac{1}{2}$ " sheetrock.

TYPE OF WORK:

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

FEE (Office Use Only)

[illegible]

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office 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 821 Lot 19 Qualification Code _____

Work Site Location 1595 Laramie St.

Owner in Fee: Lanumilton Park Baptist Church

Tel. (212) 458-5544 e-mail _____

Address 1595 Laramie St. Brook, NJ 08723

street municipality zip code

Contractor: (11) 1595 Laramie St. Tel. () e-mail _____

Address _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)		PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Initial	Type	Failure	Approval	Initial	
☒ No Plans Required	<u>11-30-08</u>	<u>11</u>	Footing				
☐ All			Footing Bonding				
☐ Footings/Foundations			Foundation				
☐ Structural/Framework			Slab				
☐ Exterior			Frame				
☐ Interior			Truss Sys./Bracing				
☐ Barrier-Free			Barrier-Free				
Joint Plan Review Required:							
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator				
SUBCODE APPROVAL for PERMIT							
Date:							
Approved by:							
SUBCODE APPROVAL for CERTIFICATE							
☐ CO	☐ CCO	☐ CA					
Date:							
Approved by:							
Barrier-Free							

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories	<u>1</u>				
Height of Structure	_____ ft.				
Area — Largest Floor	_____ sq. ft.				
New Bldg. Area/All Floors	_____ sq. ft.				
Volume of New Structure	_____ cu. ft.				
Max. Live Load	_____				
Max. Occupancy Load	_____				

Est. Cost of Bldg. Work:

	New Bldg.	Rehabilitation	Total (1+2)
1. New Bldg.	\$ _____	\$ <u>3000.00</u>	\$ <u>3000.00</u>
2. Rehabilitation	\$ _____	\$ <u>3000.00</u>	\$ <u>3000.00</u>
3. Total (1+2)	\$ _____	\$ <u>3000.00</u>	\$ <u>3000.00</u>

U.C.C. F110 (rev. 12/07)

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.

Brent Harvey
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 2 12'x8' non-load bearing walls and replace with 1 12'x8' wall creating a room out of 3. Also closing up a door. The wall will be made of 2x4, 16" on center and finished with 1/2" sheetrock.

TYPE OF WORK:

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

FEE (Office Use Only)

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

08-3359
11-3-08



CONSTRUCTION PERMIT

Date Issued 11/5/2008
Control # C-08-005093
Permit # 08-3359

IDENTIFICATION Block: 821 Lot: 19 Qualifier _____
Work Site Location: 1595 LARSEN ST. Brick Township, NJ Contractor LAURELTON PARK BAPTIST CHURCH INC
Address 1595 LARSEN STREET BRICK NJ 08723
Owner in Fee LAURELTON PARK BAPTIST CHURCH INC
1595 LARSEN STREET BRICK NJ 08723 Telephone: (732) 458-5544
Telephone: (732) 458-5544 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:

ALTERATION - -COMMERCIAL REMOVE 2 12X8 NON-LOAD BEARING WALLS & REPLACE W/
1-12X8 WALL CREATING 2 ROOMS OUT OF 3. SEE BLDG TECH FOR MORE DETAILS.

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 \$3,000

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	\$72
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$76
Check No.	1532
Cash	\$0
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.