

BLOCK 211-11 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 22 WEST GRANADA DR PERMIT NO. 16-2445



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 22 WEST GRANADA DR BRICK NJ

2. Name of Owner in Fee: BRYAN ALDIA

Tel. [REDACTED] e-mail [REDACTED]

Address 18 MARINER'S BEND BRIELLE NJ 08730

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: COASTAL ELECTRIC Tel. (732) 920-3532

Address 17 SEVILLE DR. BRICK NJ 08723 e-mail _____

License No. OR, if new home, Builder Reg. No. 4558 Exp. Date 3/18

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

Federal Emp. ID No. 223459212 FAX: (732) 920-7659

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun BRYAN ALDIA

Tel. [REDACTED] FAX: () _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>175</u>	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$ <u>1-</u>	
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>176-</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 _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
250.00	CW	6/30/16		7/8/16	RE			

TOTAL COST

III. PLAN REVIEW (optional)

DO YOU WANT:

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present

Proposed _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/26/2016
Control Number C-16-003157
Permit Number 16-2445
Permit Issue Date 7/15/2016
Certificate Number 16-2445

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 22 W. GRANADA DR. Brick Township, NJ Block: 211.11 Lot: 11 Qual: _____
Owner In Fee: ALOIA, BRYAN A
Owner Address: 18 MARINER'S BEND BRIELLE NJ 08730
Telephone: [REDACTED]
Contractor COASTAL ELECTRIC LLC
Address 17 SEVILLE DR BRICK NJ 08723-
Telephone: 732/9203532 Fax: _____
License Number or Builders Registration Number: 4558 Federal Emp. Number: 92-03532

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SERVICE

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate: This certificate has an expiration date of:

Conditions to be met:

Construction Official

Date Printed: 7/26/2016

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

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(f)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 _____ 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. 5:23-2.15(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 BRYAN ALONIA

Address 10 MARWERS BEJO BRIDGE NJ 08722

Telephone [REDACTED]

Signature [Signature]

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



ELECTRICAL 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 211.11 Lot 11 Qualification Code _____

Work Site Location 22 WEST GRANADA DRIVE

BRICK NJ 08723

Owner in Fee: RYAN ALDIA

Tel. _____ e-mail _____

Address 18 MARINER'S BEND, BRIELLE NJ 08730

Contractor: COASTAL ELECTRIC LLC Tel. (732) 920-3532

Address 17 SEVILLER DR e-mail _____
BRICK, NJ 08723

Contractor License No. 4558 Exp. Date 3/18

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

Federal Emp. ID No. 223459212 FAX: (732) 920 7659

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other

Building Occupied as TEMP POLE Utility Co. WIC# 335621006

Est. Cost of Elec. Work \$ 250

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Rough	_____	_____	_____
[] Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____
[] Electric Plans Approved		Temp. Serv.	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____
Date: _____		Final	_____	_____	_____
Approved by: _____		Barrier-Free	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	_____
[] CO [] CCO		Final Cut-in-Card Date Issued	_____	_____	_____
Date: <u>7/26/16</u>		Annual Pool Inspection	_____	_____	_____
Approved by: <u>pe</u>		Date of Grounding and Bonding Certification	_____	_____	_____

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Thomas Hendrixsen

Print name here: THOMAS HENDRIXSEN

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: TEMP POLE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>2</u>		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$ _____
		Pool Permit/with UW Lights	_____
		Storable Pool/Spa/Hot Tub	_____
		KW Elec. Range/Receptacle	_____
		KW Oven/Surface Unit	_____
		KW Elec. Water Heater	_____
		KW Elec. Dryer/Receptacle	_____
		KW Dishwasher	_____
		HP Garbage Disposal	_____
		KW Central A/C Unit	_____
		HP/KW Space Heater/Air Handler	_____
		KW Baseboard Heat	_____
		HP Motors 1/+ HP	_____
		KW Transformer/Generator	_____
		AMP Service	_____
		AMP Subpanels	_____
		AMP Motor Control Center	_____
		KW Elec. Sign/Outline Light	_____
		<u>TEMP POLE</u>	_____

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

Brick Township
Building Department (732) 262-1030



DRIVER # 335621006

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 22 W. GRANADA DR.

UTILITY CO _____

Brick Township, NJ

BLK 211.11

LOT 11

OWNER ALOJA, BRYANA

OCCUPANT ALOJA, BRYANA

"Installation in the above premises has been inspected and
is in accordance with N.E.C. and DCA requirements."

☒ FINAL

☐ TEMPORARY

This approval void after ____ days

DESCRIPTION OF SERVICE 100 amp construction service

INSTALLED BY COASTAL ELECTRIC LLC

LICENSE NO 4558

DATE 07/25/2016

PERMIT # 16-2445

INSPECTOR Thomas Olson

☐ FAXED IN 07/25/2016

Lic. No: 5151

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR



CONSTRUCTION PERMIT

Date Issued 7/15/16
Control # C-16-003157
Permit # 16-2445

IDENTIFICATION Block: 211.11 Lot: 11 Qualifier _____
Work Site Location: 22 W. GRANADA DR. Brick Township, NJ Contractor: COASTAL ELECTRIC LLC
Address: 17 SEVILLE DR. BRICK NJ 08723
Owner in Fee: ALOIA BRYAN A Telephone: 732/9203532
18 MARINER'S BEND BRIELLE NJ 08730 Lic. No. or Bldrs. Reg. No. 4558 4558
Telephone: _____ Federal Employee No. 92-03532

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:

SERVICE

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 \$250

D Newman
Construction Official

7/15/16
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$175
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$176
Check No.	
Cash	\$0
Credit	\$0
Collected By	<u>Matt Togni</u>

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.

Date/Time: Jul.25. 2016 2:54PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
5262 Memory TX	918889149140	P. 1	OK	

Reason for error
 E.1) Hangup or line fail
 E.2) No answer
 E.3) Exceeded max. E-mail size

E.2) Busy
 E.4) No facsimile connection
 E.6) Destination does not support IP-Fax

Black Township
 Public Department (732) 252-1000
 MUNICIPALITY: BKS, TOWNSHIP

LOCATION: 22 IN. GROUND OR

BLACK TOWNSHIP, NJ **BLK 25131** **LOT 11**

CANOE ALONG BRTON A **OUTCROP ALONG BRTON A**

UTILITY CO.

CUT-IN-CARD

DESCRIPTION OF SERVICE: 100 AMP OVERHEAD SERVICE

INSTALLER BY: CORDELL ELECTRIC LLC **LICENSE NO. 5608**

DATE: 02/28/2016 **PERMIT # 162948** **INSPECTION: Thomas Loran**

PAID IN: 02/28/2016 **LC No: 3161**

Translation in the above cut-in card has been inspected and is in accordance with N.E.C. and OSHA requirements.

U.S. Fire Phone: 1-800-345-7477 E-mail: 311@usfire.com