

BLOCK 835 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 1676 West Princeton Ave PERMIT NO. 08-0242



CONSTRUCTION PERMIT APPLICATION

08-000287

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

I. IDENTIFICATION

1. Proposed Work Site at: 1676 WEST PRINCETON AVE

2. Name of Owner in Fee: Mr + Mrs Brian Gallagher

Tel. [REDACTED] e-mail _____

Address 1676 WEST PRINCETON AVE street municipality zip code

3. Ownership in Fee: Public _____ Private ☒

4. Principal Contractor: E.J.S Home Improvements Tel. (732) 840-4994

Address 1679 WEST PRINCETON AVE BRICK e-mail _____

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 3VH01350300

Federal Emp. ID No. [REDACTED] FAX: (732) 840-4994

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun Edward J. Serafin Jr

Tel. (732) 840-4994 FAX: () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>192</u>		
2. Electrical	\$ <u>45</u>		
3. Plumbing	\$ <u>45</u>		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ <u>15</u>		
8. Subtotal			
9. State Permit Surcharge Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>337</u>		

VI. BUILDING/SITE CHARACTERISTICS

- 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 _____

(office use only)

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
<u>8,000</u>	<u>SC</u>	<u>1/22/08</u>				<u>5-19-08</u>		
<u>2,000</u>				<u>1-30-08</u>	<u>WJ</u>	<u>5-16-08</u>		
<u>1,000</u>				<u>1-25-08</u>	<u>WJ</u>	<u>5-19-08</u>		
<u>200</u>				<u>1-24-08</u>	<u>WJ</u>	<u>5-16-08</u>		

TOTAL COSTS 11,200.00

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use:
- Use Group:
- 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 (primary use)

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

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

III. PLAN REVIEW (optional)

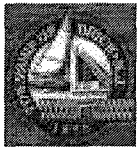
DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

left message
called 1/30/08



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/19/2008
Control Number C-08-000287
Permit Number 08-0242
Permit Issue Date 02/01/2008
Certificate Number 08-0242

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1676 W. PRINCETON AVE. Brick Township, Block: 835 Lot: 11 Qual: _____
NJ
Owner in Fee: GALLAGHER, BRIAN & APRIL
Owner Address: 1676 W. PRINCETON AVE BRICK NJ 08724
Telephone: () _____
Contractor E J S HOME IMPROVEMENTS
Address 1679 WEST PRINCETON AVE. BRICK NJ
Telephone: (732) 840-4944 Fax: _____
License Number or Builders Registration Number: 13VH01350300 Federal Emp. Number: _____

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: KITCHEN RENOVATION KITCHEN RENOVATION; GUT EXISTING KITCHEN DOWN TO 2X4 WALL STUDS & 2X8 CEILING BEAMS; INSTALL NEW SUBFLOOR, NEW 1/2" DRYWALL OVER WALL & CEILING SURFACES. REINSTGALL NEW TILE TO FLOOR & NEW CABINETRY.

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

Fee: \$0.00

Check Number: _____

Collected By: _____



CONSTRUCTION PERMIT

Date Issued 02/01/2008
Control # C-08-000287
Permit # 08-0242

IDENTIFICATION Block: 835 Lot: 11 Qualifier _____
Work Site Location: 1676 W. PRINCETON AVE. Brick Township, NJ Contractor E.J.S HOME IMPROVEMENTS
Address 1679 WEST PRINCETON AVE. BRICK NJ
Owner in Fee GALLAGHER, BRIAN & APRIL
1676 W. PRINCETON AVE. BRICK NJ 08724 Telephone: (732) 840-4944
Lic. No. or Bldrs. Reg. No. 13VH01350300
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:

KITCHEN RENOVATION KITCHEN RENOVATION; GUT EXISTING KITCHEN DOWN TO 2X4
WALL STUDS & 2X8 CEILING BEAMS; INSTALL NEW SUBFLOOR, NEW 1/2" DRYWALL OVER
WALL & CEILING SURFACES. REINSTGALL NEW TILE TO FLOOR & NEW CABINERY.

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 \$11,200

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	\$192
Electrical	\$45
Plumbing	\$40
Fire Protection	\$45
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$15
CO Fee	
Other	\$0
Total	\$337
Check No.	1418
Cash	\$0
Credit	\$0
Collected By	Allison Peltier

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.



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 835 Lot 11 Qualification Code _____

Work Site Location 16714 WEST PRINCESS AVE BUCKEY.

Owner in Fee NEATHES BRIAN COLLAPHER
Address 16714 WEST PRINCESS AVE BUCKEY.

Tel () _____

Contractor ERIC G. LARSEN/ETIET Cont Inc.
Address 451 Northampton Blvd
T.N. N.J. 08157

Tel (732) 505-1436 FAX (732) 505-9111

Contractor License No. 11350
Federal Emp. No. 22-37906204

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type: _____	Approval _____
Joint Plan Review Required:			Rough _____	Initial _____
☐ Building ☐ Plumbing			Barrier-Free _____	
☐ Fire ☐ Elevator			Trench _____	
☒ Elec. Plans Approved			Temp. Serv. _____	
Date: <u>13008</u>			Constr. Serv. _____	
Approved by: <u>MM</u>			TCO _____	
			Other _____	
			Service _____	
			Final _____	
			Barrier-Free _____	
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued _____	
☐ CO ☐ CCA			Final Cut-in-Card Date Issued _____	
Date: <u>51607</u>			Annual Pool Inspection _____	
Approved by: <u>MM</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's Signature/Contractor's Seal and Signature _____

☒ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY SIZE

15

10

6

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 AC Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FIRE PROTECTION 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 835 Lot 11 Qualification Code _____
Work Site Location 1676 WEST RIVERDALE AVE

Owner in Fee Mrs. Mrs. Brown Gallopes
Address 1676 WEST RIVERDALE AVE BRICK NJ

Tel. [REDACTED]
Contractor IMPROVEMENTS
Address 1676 WEST RIVERDALE AVE BRICK NJ

Tel (732) 840-4994 FAX (732) 840-4994

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing

Const. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System: _____

Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

[] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank: _____

Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____

[] No Plans Required _____

Joint Plan Review Required: _____

[] Building [] Plumbing _____

[] Electric [] Elevator _____

[] Fire Plans Approved _____

Date: 1-24-08 _____

Approved by: [Signature] _____

SUBCODE APPROVAL _____

[] CO [] CO2 _____

Date: 1-16-08 _____

Approved by: [Signature] _____



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. _____
Applicant's Signature/Contractor's Signature

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: GAS RANGE

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110V Interconnected _____

[] CO Detectors/110V _____

Alarm Devices (i.e., smoke, heat, pull, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fired Appliances [] Gas or [] Oil _____

Fireplace Venting/Metal Chimney _____

Other _____

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



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

08-02-02

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

D. TECHNICAL SITE DATA (List of all fixtures.)

Block 835 Lot 11 Qualification Code _____
Work Site Location 1676 West Riverston Ave. Beck NJ.

Owner in Fee Merritts Brown Collected
Address 1676 West Riverston Ave. Beck NJ.

Tel [REDACTED]
Contractor PHI WOODS

Address 940 EASTMAN DR. FORKED RIVER NJ.
Tel (609) 709 6994 FAX ()

Contractor License No. 106337
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present 4" Proposed _____
Building Sewer Size 21" Public Sewer X Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Joint Plan Review Required:	Rough				
☐ Building ☐ Electric	Water				
☐ Fire ☐ Elevator	Sewer				
☐ Plumbing Plans Approved	Fixtures				
Date: <u>1-23-07</u>	Gas Equipment				
Approved by: <u>[Signature]</u>	Gas Piping				
SUBCODE APPROVAL	LP Gas Tank				
☐ CO ☐ CCO <u>1-1-CA</u>	Fuel Oil Piping				
Date: <u>5-19-08</u>	Solar				
Approved by: <u>[Signature]</u>	TCO				

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's Signature/Contractor's Seal and Signature
[X] Licensed Plumbing Contractor [] Exempt Applicant

FEE (Office Use Only)

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

Water Closet
Urinal/Bidet
Bath Tub
Lavatory
Shower
Floor Drain
Sink
Dishwasher
Drinking Fountain
Washing Machine
Hose Bibb
Water Heater
Fuel Oil Piping
Gas Piping
LP Gas Tank
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor/Separator
Backflow Preventer
Greasetrap
Sewer Connection
Water Service Connection
Stacks EXISTING
Other _____
Other _____

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE

(REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITY OF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.

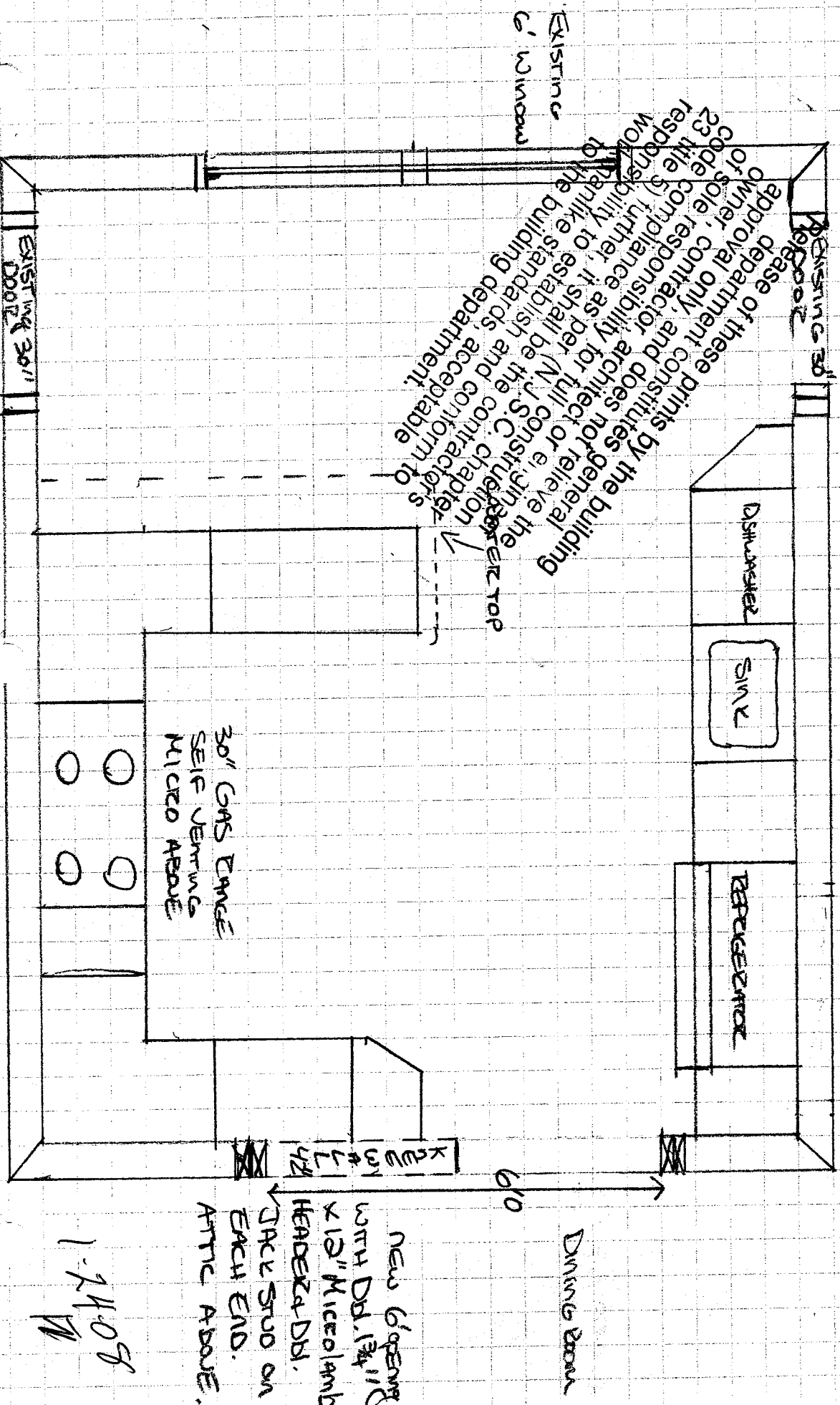
*****PLEASE READ AND SIGN*****

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: THOMAS T. SEGAL JR.
SIGNATURE: [Signature] DATE: 1-21-08
BLOCK: 835 LOT: 11 ADDRESS: 1676 WEST PRINCETON AVE

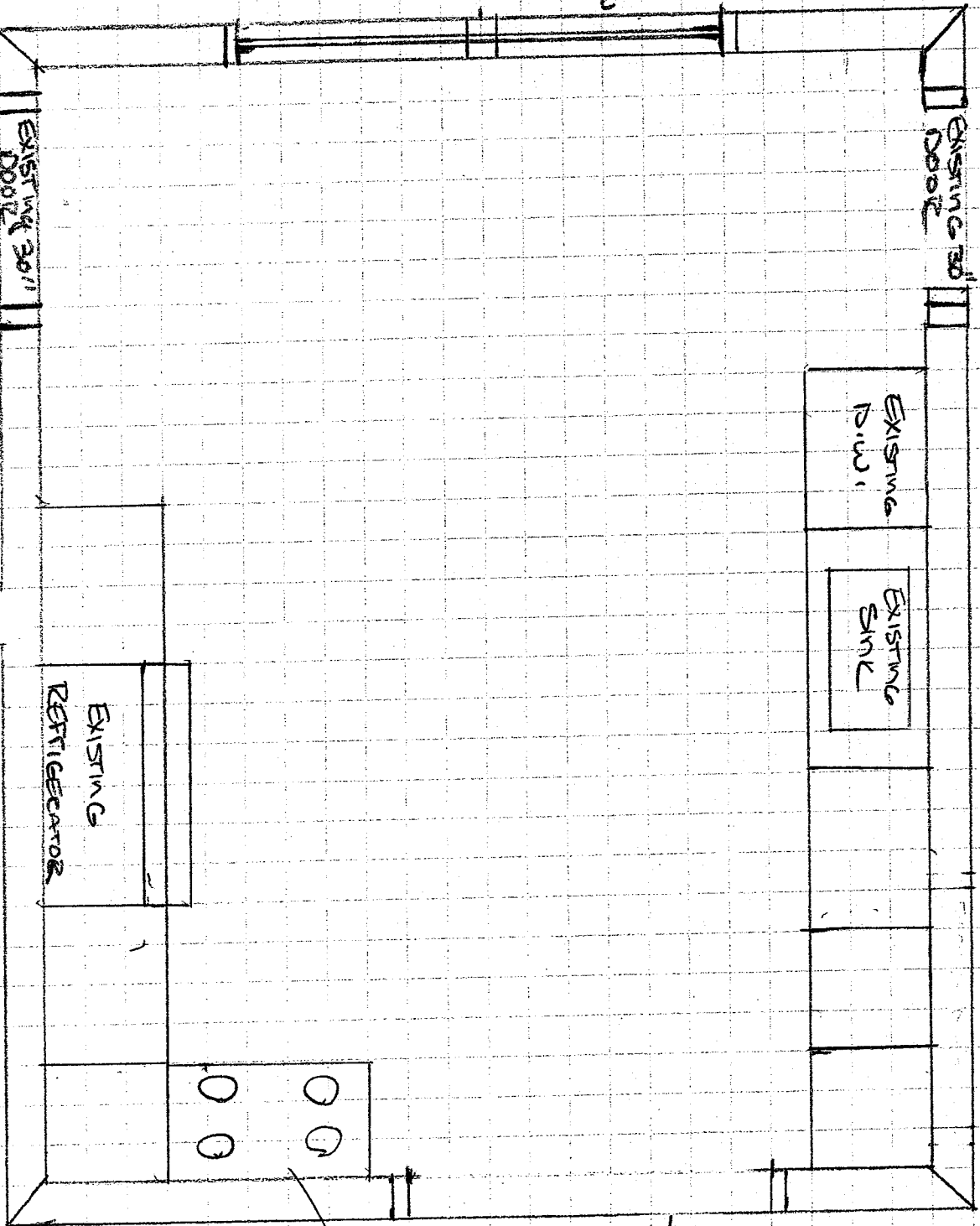
Proposed Kitchen Layout
 Drawn by: Brian M. Hager

Laundry Room



Larder Room

Existing Kitchen Layout
Drawn by Brian McKeown



Existing 48" opening
to Dining Room

Existing Gas
Range

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: 1676 WEST PRINCETON AVE

Block: 835 Lot: 11

Contractor: E.J.S. HOME IMPROVEMENTS

Contractor's Address: 1679 WEST PRINCETON AVE BRICK

Type of Construction (minor, new home): KITCHEN RENOVATION

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

Party responsible for removal: JASON ROMANTZAS CONTRACTING

Dumpster size: 20 yard

Destination of debris: CREAM COUNTRY LANDFILL

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.

Edward J. Serafin Jr
Signature

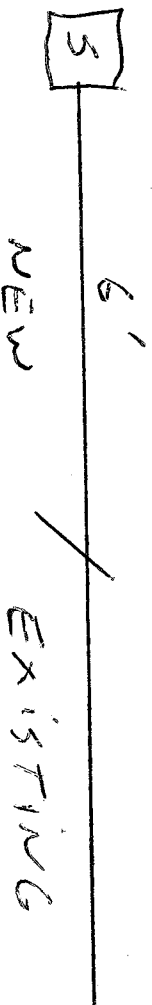
1-21-08
Date

EDWARD J. SERAFIN JR
Print Name

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
DIVISION OF CONSUMER AFFAIRS
HAS REGISTERED
EJS Home Improvements
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
VALID 12/06/2007 TO 12/31/2008
Signature

13VH01350300
ACTING DIRECTOR



MOVE EXISTING GAS LINE FROM STOVE

Redding

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Stephen C. Acropolis, Mayor



Department of Engineering

Date: 1-21-08

PLOT PLAN EXEMPT FORM

Block: 835 Lot: 11

Property Address: 1676 WEST PRINCETON AVE

Brian Gallagher
(name)

of 1676 WEST PRINCETON AVE
(address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Brian Gallagher
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments:



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 Brian K. Gallagher Date 1-21-08

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 Edward J. Sedafm Jr

Address 1679 WEST PRINCETON AVE BRICK N.J. - 08724

Telephone (732) 840-0693 (cell) 732 691-5505

Signature Edward J. Sedafm Jr

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