

BLOCK 1091 LOT 5 QUALIF /CODE _____ ADDRESS (SITE) 250 Old Sguan Road PERMIT NO. 09-0594



CONSTRUCTION PERMIT APPLICATION

009-000887

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

I. IDENTIFICATION

1. Proposed Work Site at: 250 Old Sguan
2. Name of Owner in Fee: St. Dominics Church Tel. (732) 8401410
Address: 250 Old Sguan Road BRICK 08724
street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Wilcox Roofing LLC Tel. 732 542-3070
Address 17A Lake Drive
Oceanport NJ 07757
License No. OR, if new home, Builder Reg. No. 13-VH00113900 Exp. Date 12/09
Federal Employee No. 22-3730350 Fax ()
5. Architect or Engineer _____ Tel. ()
Address _____
6. Responsible Person in Charge of Work Dent Wilcox
Tel. (732) 542-3070 Fax ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>50</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ <u>60</u>		
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>110</u>		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____ ft.
2. Height of Structure _____ sq. ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ cu. ft.
5. Volume of New Structure _____ sq. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK	OPTIONAL (for office use only)							
	Est. Cost	Plans Rec'd by	Date Rec'd by	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval Rejection	Reviewer
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	<u>357200-</u>							

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 _____

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. 5:32-2.15(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 Wilcox Roofing LLC

Address 17 A Calce Drive

Oceanport NJ 07757

Telephone (732) 542-3070

Signature Donna B West

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/18/2009
Control Number C-09-000887
Permit Number 09-0594
Permit Issue Date 4/2/2009
Certificate Number 09-0594

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 250 OLD SQUAN RD. Brick Township, NJ Block: 1091 Lot: 5 Qual: _____
Owner in Fee: ST DOMINICS R C CHURCH
Owner Address: 250 OLD SQUAN RD. BRICK NJ 08724
Telephone: (732) 840-1410
Contractor WILCOX ROOFING LLC
Address 17A LAKE DRIVE OCEAN PORT NJ 07757
Telephone: (732) 542-3070 Fax: _____
License Number or Builders Registration Number: 13VH00113900 Federal Emp. Number: 13VH00113900

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: NEW ROOF TEAR OFF RE-ROOF MODIFIED BITUMEN

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: 5/18/2009

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



CONSTRUCTION PERMIT

Date Issued 04/02/2009
Control # C-09-000887
Permit # 09-0594

IDENTIFICATION Block: 1091 Lot: 5 Qualifier _____
Work Site Location: 250 OLD SQUAN RD. Brick Township, NJ Contractor WILCOX ROOFING LLC
Address 17A LAKE DRIVE OCEAN PORT NJ 07757
Owner in Fee ST DOMINICS R C CHURCH
250 OLD SQUAN RD. BRICK NJ 08724 Telephone: (732) 542-3070
Telephone: (732) 840-1410 Lic. No. or Bldrs. Reg. No. 13VH00113900
Federal Employee No. 13VH00113900

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 TEAR OFF RE-ROOF MODIFIED BITUMEN

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 \$35,000

[Signature]
Construction Official

4-2-09
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	\$60
CO Fee	
Other	\$0
Total	\$110
Check No.	4742
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.



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

04-02-09
09-0594

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

Block 801 Lot 3 Qualification Code _____
Work Site Location 250 Old Swan

Owner in Fee St. Dominic's Church School (North Building)
Address 250 Old Swan Road
BRICK NJ 088724

Tel. (840) 1410
Contractor Wilcox Roofing LLC
Address 174 Lake Drive
Oceanport NJ 07857

Tel. (732) 542-3070 FAX (732) 542-3070
Contractor License No. or Builder Registration No. 13A0113800
Federal Emp. No. 22-3730350

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Required		Type:				
☐ All		Footing				
☐ Footing		Footing 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				

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>35000 -</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 Donna Breat

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

lean off re roof
modified buttmen

TYPE OF WORK:

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

Height (exceeds 6')
Sq. Ft.

FEE (Office Use Only)
\$

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

UCC/F-110 (REV. 7/03)
Professional Printing
(856) 468-7933

1. White-Inspector copy
2. Canary-Applicant copy
3. Pink-Office copy
4. White Tag- Office copy



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

11-2-13
17-514

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

Block 111 Work Site Location 250 Old Swan Qualification Code 111
Owner in Fee St. Dominic's Church School (North Building)
Address 250 Old Swan Road
Tel. 849 1410
Contractor Witko Roofing LLC
Address 114 Lake Drive
Tel. 132 543-3070
Contractor License No. 22-5130318 Federal Emp. No. 13-VTD0113300

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Const. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area - Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ 35000
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

KORNA GIBER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tea off re roof
modified b-lumen

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ 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 \$ _____

UCC/F-110 (REV. 7/03)

Professional Printing

(856) 468-7933

1. White-Inspector copy
2. Canary-Applicant copy
3. Pink-Office copy
4. White Tag- Office copy

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Wilcox Roofing LLC
Gilbert Wilcox
P O Box 57
Oceanport NJ 07757-0057

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED:
Wilcox Roofing LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/07/2008 TO 12/31/2009
VALID
SIGNATURE

13VH00113900

11/07/2008 TO 12/31/2009
VALID

13VH00113900

LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Wilcox Roofing LLC

EXPIRATION DATE 2009

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 00113900 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

PRINT YOUR NEW MAILING ADDRESS BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY I
DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of
business.

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: 250 Old Squan Road
Block: 1091 Lot: 5
Contractor: Wilcox Roofing LLC
Contractor's Address: 174 Lake Dr. Oceanport NJ 07757
Type of Construction (minor, new home): Roof
Type of Debris (shingles, siding, wood, etc.): EPDM Rubber
Party responsible for removal: Wilcox Roofing LLC
Dumpster size: dump truck - self hauling
Destination of debris: MAZZA Tinton Falls

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.

Donna B West
Signature

4-2-09
Date

Donna B West
Print Name