



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: St. Dominics R.C. Church 250 Old Squan Rd
2. Name of Owner in Fee: Father Brady Tel. (732) 840 1410
Address 250 Old Squan Rd street municipality zip code
3. Ownership in Fee: Public Church Private _____
4. Principal Contractor: _____ Tel. (____) _____
Address _____
License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
Address _____
6. Responsible Person in Charge of Work _____
Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing	<u>55</u>		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for, State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>55</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)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☒ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. B
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

Est. Cost

Plans Rec'd by

Date Rec'd

Retention Date

Approval Date

Re-viewer

Resubmission Dates

Approval

Rejection

Re-viewer

TOTAL COSTS

500

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Form

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

Heinrich Spindler

Date

7/8/01

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

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	Other
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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 06/15/2001
Control #
Permit # 01-2108

IDENTIFICATION Block 1091 Lot 5 Eual

Work Site Location 250 OLD SQUAN RD
PLUMBING
Owner in Fee ST DOMINIC R.C. CHURCH
Address SAME
BRICK, NJ 08723-
Telephone (732)840-1410
Contractor RICHARD R HARNER
Address 362 ESSEX DRIVE
BRICK, NJ 08723-
Telephone (732)920-7429
Lic. No. or Bldgs. Reg. No. 10840
Federal Emp. No. 22-3521578

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 9 only)

DESCRIPTION OF WORK:
ROSE B1B/PRESSURE VACUUM BREAKER

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 \$ 500

Richard R Harnes
Construction Official
06/15/2001
U.C.C. #170 (rev. 3/92)

Date

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 55
Fire Protection 0
Elevator Devices 0
Other 0
DCA Training Fee 0
Cof. of Occupancy 0
Other 0
Total 55
Check No. 8217
Cash
Collected By ERP

06/15/01 9:44AM 000000H4629
#012108
PLUMBING
CHECK
\$55.00
\$55.00
X007 SERV.007

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 06/15/2001
Control #
Permit # 01-2108

IDENTIFICATION Block 1091 Lot 3

Work Site Location 250 OLD GROUND RD

Plumbing

Owner in Fee 21 CONCRETE & C. CHURCH

Address 348

BRICK, NJ 08723

Telephone (732)840-1810

Contractor RICHARD P. HARRIS

Address 348 EOSEY DRIVE

BRICK, NJ 08723

Telephone (732)723-7420

Lic. No. or Dirs. Reg. No. 10840

Federal Emp. No. 22-3521970

To hereby granted permission to perform the following work:

- ☐ BUILDING ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter 9 only)

DESCRIPTION OF WORK:

HOSE BID/PRESSURE VACUUM BREAKER

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	55
Fire Protection	0
Elevator Devices	0
Other	
DEA Training Fee	0
Cost of Occupancy	0
Other	
Total	55
Check No.	8817
Cash	
Collected By	ERP

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 \$ 500

Richard P. Harris
Construction Official
06/15/2001

U.S.C. F173 (rev. 3/78)

Date

06/15/01 9:44AM 00000004629
#012108
PLUMBING
CHECK \$55.00
SERV.007

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/08/2001
Date Issued 6/15/01
Control # 01-2108
Permit #

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 1091 Lot 5 Sublot
Work Site Location 250 OLD SQUARE RD

PLUMBING

Owner in Fee ST DOMINIC'S R.C. CHURCH
Address SAME

BRICK, NJ 08723-

Tele. (332) 920-7420 Fax ()

Contractor RICHARD R. HARDER

Address 362 ESSEX DRIVE

BRICK, NJ 08723-

Tele. (332) 920-7420

Lic. No. or Altrs. Reg. No. 10840

Federal Emp. No. 22-3521578

B. PLUMBING CHARACTERISTICS

Use Group Present A-4 Proposed A-4
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved

INSPECTIONS

Dates (Month/Day)
Type Failure Failure Approval Initial

Slab
Rough
Water
Sewer

Date: 6/14/01
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Approved By: [Signature]
Date: [Signature]

Fixtures
Gas Equip.
Gas Piping
Solar
TCO

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

0

Urinal / Bidet

0

Bath Tub

0

Lavatory

0

Shower

0

Floor Drain

0

Sink

0

Dishwasher

0

Drinking Fountain

0

Washing Machine

0

Hose Bib

20

Water Heater

0

Fuel Oil Piping

0

Gas Piping

0

Steam Boiler

0

Hot Water Boiler

0

Sewer Pump

0

Interceptor / Separator

0

Backflow Preventer

0

Grease Trap

0

Sewer Connection

0

Water Service Connection

0

Stacks

0

Other PRESS BRAKER

35

Other

0

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.

Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$ 55
Paid [] Check \$
Collected by: DCA Training Fee \$ 0

Signature/Contractor Seal [] Exempt Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/08/2001
Date Issued 6/15/01
Contract # C11-41
Permit # 01-2108

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

Block 1091 Lot 5 Sublot
Work Site Location 250 OLD SQUARE RD

PLUMBING

Owner in fee ST DOMINIC'S R.C. CHURCH
Address SAME

BRICK, NJ 08723-

Tele. (732) 920-7420 Fax ()

Contractor RICHARD R. HARPER

Address 362 ESSEX DRIVE

BRICK, NJ 08723-

Tele. (732) 920-7420

Lic. No. or Bldgs. Reg. No. 10840

Federal Emp. No. 22-3521378

B. PLUMBING CHARACTERISTICS

Use Group Present A-4 Proposed A-4

Building Sewer Size [] Public Sewer [] Private Septic

Water Sewer Size [] Public Water [] Private Well

Estimated Cost of Plumbing Work \$ 500

308 SUMMARY (Office Use Only)

PLAN REVIEW [] No Plans Required [] Plans Required

Joint Plan Review Required: []

[] Bidg [] Eject [] Fire [] Elevator

[] Plumb. Plans Approved []

Date: 6/14/01

Approved By: [Signature]

SUBCODE APPROVAL [] CO [] CCO [] CA

Approved By: [Signature]

Date: []

TCO []

TCO []

TCO []

TCO []

TCO []

TCO []

TCO []

TCO []

TCO []

TCO []

D. TECHNICAL SITE DATA (List all fixtures.)

NO. FIXTURE/EQUIPMENT FEE (Office Use Only)

Water Closet 0

Urinal / Bidet 0

Bath Tub 0

Lavatory 0

Shower 0

Floor Drain 0

Sink 0

Dishwasher 0

Drinking Fountain 0

Washing Machine 0

Hose Bib 20

Water Heater 0

Fuel Oil Piping 0

Gas Piping 0

Steam Boiler 0

Hot Water Boiler 0

Sewer Pump 0

Interceptor / Separator 0

Backflow Preventer 0

Greasetrap 0

Sewer Connection 0

Water Service Connection 0

Stacks 0

Other PRESS BREAKS 35

Other 0

Paid [] Check \$ Administrative Surcharge \$ 0
Collected by: \$ Minimum Fee \$ 0
TOTAL FEE \$ 55
OCA Training Fee \$ 0

C. CERTIFICATION IN LIEU OF DATA
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.

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: RICHMAR Plumbing & Htg
Address: 362 Essex Drive
BRICK N.J.
Phone #: 732-920-7420
Lis #: 10840
Federal Emp # or SSN 223521518

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity:
Water Closets	_____
Urinals/Bidets	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	<u>2</u> <u>First five hydrants 1 behind</u>
Gas Piping	<u>each back stop on baseball fields</u>
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	<u>Pressure Vacuum Breaker</u>
Greasetrap	_____
Water Cooled A/C or Refrig. Unit	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Other:	_____

Technical Data
Description of Work:

Heating Type: Gas Oil Electric Solar
Heating System is New Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____
Smoke Detectors	_____
Heat Detectors	_____
Total	_____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

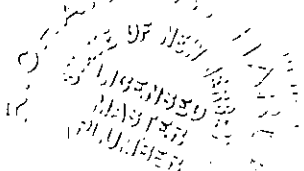
Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Plumbing Work \$500.00

Signature: Richard R. Harper
Please Print Name: RICHARD R. HARPER

CONTRACTOR'S SEAL



Estimated Cost of Fire Work _____

Signature: _____
Print Name: _____

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: _____
Block: _____ Lot: _____
Owner's Name: _____
Owner's Mailing Address: _____
Phone: (____) _____

BUILDING

Contractor: _____
Address: _____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work: _____

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____
Cost of Alteration: _____
Cost of New Building: _____
Total Cost of Building Work: _____
Signature: _____
Please Print Name _____

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit -Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: _____

Signature: _____
Please Print Name _____

CONTRACTOR'S SEAL