



CONSTRUCTION PERMIT APPLICATION

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
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	\$		

I. IDENTIFICATION

- Proposed Work Site at: 1673 W. PRINCETON AVE
- Name of Owner in Fee: PHILIP FARINA
Address 1673 W. PRINCETON AVE, BRICK 08401
street municipality zip code
- Ownership in Fee: Public ☐ Private ☒
- Principal Contractor: TRI-STATE LAND CONSERV Tel. (732) 255-5266
Address 182 OAK HILL DRIVE
License No. OR, if new home, Builder Reg. No. NI DEP US 00651 Exp. Date 1/31/03
Federal Employee No. 22-3215629 FAX: (732) 255-0070
Tel. (732) 255-5266
- Architect or Engineer: LARRY HILL
Address _____
Tel. (732) 255-5266 FAX (732) 255-0070
- Responsible Person in Charge of Work: LARRY HILL
Tel. (732) 255-5266 FAX (732) 255-0070

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)

II. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☒ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

Est. Cost

Plans Rec'd by

Date Rec'd

Rejection Date

Approval Date

Re-viewer

Resubmission Dates

Approval

Rejection

Re-viewer

TOTAL COSTS

III. DO YOU WANT: (optional)

- ☐ 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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☐ One-Family (R-3) BOCA
- ☐ 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 Former:

called 4/23/01

Demolish 1-290 Gal. No 2 F.O. UST

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 TRI-STATE LAND CONSERVATION, INC
Address 10 OAK HILL DRIVE
TOMS RIVER, NJ 08755
Telephone (732) 255-5266
Signature Burruce J. Hill

- 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 _____

Building _____ Energy _____ Other _____

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 04/26/2001
Control #
Permit # 01-1145

IDENTIFICATION Block 836 Lot 36

Qual

Work Site Location 1673 WEST PRINCETON AVE

TANK REMOVAL

Contractor TRI-STATE LAND CONS

Address 18 OAK HILL DRIVE

Owner in Fee FARINA, PHILIP

Address SAME

10005 RIVER, NJ 08753-

Telephone (908) 255-5266

Telephone BRICK, NJ

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3215629

Is hereby granted permission to perform the following work:

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

ACTUAL JOB COST \$695.00

REMOVE ONE 290 GALLON #2 OIL TANK

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 \$ 600

Construction Official

04/26/2001
Date

U.C.C. FTM (rev. 3/96)

\$66.00
\$66.00
\$66.00
\$0.00

1:40PM 000000H3162
XX01 SERV.001

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	66
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	66
Check No.	10881
Cash	
Collected By	DC

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

DCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/19/2001
Date Issued 04/19/01
Control # C20-63
Permit # 01-1145

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-477-1000

Block 836 Lot 36
Work Site Location 1673 WEST PRINCETON AVE

TANK REMOVAL

Owner in Fee FARINA, PHILIP

Address SAME

Phone NO

Telephone NO

Contractor TRI-STATE LAND CONS

Address 18 OAK HILL DRIVE

TOWNS RIVER, NJ 08751-

Telephone (908) 255-3266

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-3215629

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed U

Constr Class Present Proposed

Heating Systems [] New [] Existing [] HVAC

Type: [] Gas [] Oil [] Electric [] Solar

[] Other

Location:

Total Est Cost of Fire Prot Work \$ 600

JOB-SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Plumb [] Elevator

[] Fire Plans Approved

Date: 4-20-01

Approved By: DB

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS

Type

Alarm Sys

Suppr Test

Standpipe

Fire Pump

PreEng Sys

Mechanical

Smoke Ctl

TCO

Final

Other

Dates (Month/Day)

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: [] Flammable Liquid [] Combust Liquid

[] LPG [] LNG Capacity 0 Fuel

Alarm Systems [] L10V Interconnected NUMBER

[] System

Alarm Devices (smoke, heat, pulls, water/flow) 0

Supervisory Devices (tamper, low/high air) 0

Signalling Devices (horn/strobes, bells) 0

Other Devices 0

TOTAL 0

Suppression Systems

Fire Pump 0 GPM Type

Dry Pipe/Alarm Valves 0

Pre-action Valves 0

Sprinkler Heads (Dry and Wet) 0

Standpipes 0

Pre-Engineered Systems

Wet Chemical 0

Dry Chemical 0

CO2 Suppression 0

Foam Suppression 0

Helon Suppression 0

Other 0

Kitchen Hood Exhaust System

Smoke Control System 0

Gas [] or Oil [] Fired Appliances 0

Other TANK REMOVAL 66

Other 0

FEE (Office Use Only)

Call for
user's
instructions

Administrative Surcharge \$ 0

Minimum Fee \$ 0

Collected by: TOTAL FEE \$ 66

DCA Training Fee \$ 0

(See back)

Signature

5-17-01

- above ^{ground} tank not yet cleaned & cut.

- no contractor on site.

6-5-01

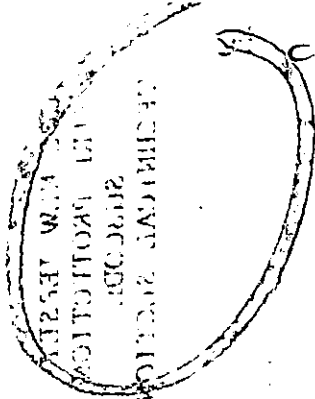
- holes in tank

- need DIB #

- sledge/tank removal receipts

- remediation report

- closure report



6-17-01
Contract # 000-00
Date received
Date received 6/17/01

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/19/2004
Date Issued 04/20/04
Control # C20-63
Permit # 01-1145

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

Block 836 Lot 36 Qual
Work Site Location 1673 WEST PRINCETON AVE
TANK REMOVAL

Owner in Fee FARINA, PHILIP
Address SAME
BRICK, NJ
Tel. [redacted] Fax [redacted]
Contractor TRI-STATE LAND CONS
Address 18 OAK HILL DRIVE
TOMS RIVER, NJ 08753-
Tel. (908) 255-5266
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-3215629

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed U
Constr Class Present Proposed
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Electric [] Solar
[] Other
Location:
Total Est Cost of Fire Prot Work \$ 600

JOB SUMMARY (Office Use Only)
PLAN REVIEW
No Plans Required
Joint Plans Review Required:

INSPECTIONS
Type Failure Failure Approval Initial
Alarm Sys
Suppr Test
Standpipe
Fire Pump
PreEng Sys
Mechanical
Smoke Ctl
TCO
Final
Other

Date: 4-20-04
Approved By: [signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date:
Approved By:
Other

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks
Type: [] Flammable Liquid [] Combust Liquid
[] LPG [] LNG Capacity 0 Fuel
Alarm Systems [] 110v Interconnected NUMBER

Alarm Devices (smoke, heat, pulls, water/flow) 0
Supervisory Devices (tamper, low/high air) 0
Signalling Devices (horn/strobes, bells) 0
Other Devices 0
TOTAL 0

Suppression Systems
Fire Pump 0 GPM Type
Dry Pipe/Alarm Valves 0
Pre-action Valves 0
Sprinkler Heads (Dry and Wet) 0
Standpipes 0
Pre-Engineered Systems
Wet Chemical 0
Dry Chemical 0
CO2 Suppression 0
Foam Suppression 0
Halon Suppression 0
Other 0

Kitchen Hood Exhaust System 0
Smoke Control System 0
Gas [] or Oil [] Fired Appliances 0
Other TANK REMOVAL 66
Other 0

Administrative Surcharge \$ 0
Paid [] Check \$ Minimum Fee \$ 0
Collected by: TOTAL FEE \$ 66
DCA Training Fee \$ 0

FEE (Office Use Only)

Call for
ins. section

TANK ABATEMENT OR
ASBESTOS ABATEMENT NOTIFICATION

Date: 4/19/01

Project: FARINA RESIDENCE

Street: 1673 W. PRINCETON AVE

Town: BRICK

Contractor: TRISTATE LAND CONSERVATION License No. NI DEP US 00651

Address: 18 OAK HILL DRIVE

A.S.C.M.: _____ License No. _____

Address: _____

OSHA AIR MONITOR: _____

Address: _____

BUILDING OWNER: PHILIP FARINA

Street: 1673 W. PRINCETON AVE

Town: BRICK

Phone: _____

County: OCEAN Zip _____

Engineer/Architect: _____

Street: _____

Town: _____

Phone: _____ County: _____ Zip: _____

Waste Hauler: (D.I.) TONK'S WASTE OIL license No. _____

Address: _____

Land Fill: (TANK) BRICK RECYCLING

Town: _____

Job Size: (Circle one) Minor _____ Small ☒ Large _____

Quantity of Waste Generated:
(All applicable)

Cu. Yds _____
Linear Footage: _____
Square Footage: _____

Proposed Start Date: 4/30/01 Proposed Finish Date: 4/30/01

Cost of work: \$ 695

Construction permit number: _____ Date issued: _____

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1673 W Princeton
 Block: 836 Lot: 36
 Owner's Name: Farina
 Owner's Mailing Address: 1673 W Princeton Avenue
 Phone: [REDACTED]

BUILDING

Contractor: TRI-STATE LAND CONSTRUCTION
 Address: 18 OAK HILL DRIVE
TOMS RIVER NJ 08753
 Phone#: 732-255-5200
 Lis #: NJ DEP US 00651
 Federal Emp # or SSN: 22-3215679

Technical Data

Description of Work:

Remove 1-240 Gal
No. Fuel Oil Underground
Storage Tank

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: 695

Cost of New Building:

Total Cost of Building Work: 695

Signature: Lawrence J. Hill

Please Print Name Lawrence J. Hill

ELECTRICAL

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

Technical Data

Item	Quantity
Lighting Fixtures	<u> </u>
Receptacles	<u> </u>
Switches	<u> </u>
Detectors	<u> </u>
Light Poles	<u> </u>
Motors w/ Fract. HP	<u> </u>
Emergency & Exit Lights	<u> </u>
Communication Points	<u> </u>
Alarm Devices/FAC Panel	<u> </u>
Total	<u> </u>
Pool	<u> </u>
Spa/Hot Tub/Storable Pool	<u> </u>
Electric Range	<u> </u> KW
Oven/Surface Unit	<u> </u> KW
Electric Water Heater	<u> </u> KW
Electric Dryer	<u> </u> KW
Dishwasher	<u> </u> KW
Garbage Disposal	<u> </u> HP
A/C Unit - Central Air	<u> </u> KW
Space Heater/Air Handler	<u> </u> KW
Baseboard Heating	<u> </u> KW
Motors 1+ HP	<u> </u> KW
Transformer/Generator	<u> </u> KW
Light Stander	<u> </u> AMP
Service	<u> </u> AMP
Subpanel	<u> </u> AMP
Motor Control Center	<u> </u> AMP
Sign/Outline Light	<u> </u> KW
Furnace	<u> </u>
Steam Boiler	<u> </u>
Other:	<u> </u>

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
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:	_____

Estimated Cost of Plumbing Work _____

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: TRI-STATE LAND CONSERVATION
Address: 18 OAK HILL DRIVE
TRANS RIVER, NJ 08753
Phone #: 732-255-5746
Lis #: NJ DEP US00651
Federal Emp # or SSN 22-3215629

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 Fire Work 695

Signature: Lawrence J. Hill

Print Name: Lawrence J. Hill