

BLOCK

LOT

QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.



CONSTRUCTION PERMIT APPLICATION

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

C-17-004103

I. IDENTIFICATION

1. Proposed Work Site at: 1684 West Princeton Avenue, Brick, NJ 08724

2. Name of Owner in Fee: David Caravella
 Tel. [REDACTED] e-mail [REDACTED]
 Address 1684 West Princeton Avenue Brick 08724
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒ municipality

4. Principal Contractor: Russo Seamless Gutter LLC Tel. (732) 751-8870
 Address 5100 Rt 33/34 e-mail estimates@russogutter.c
Farmingdale, New Jersey 07727

License No. OR, if new home, Builder Reg. No. 13VH000268100 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223786542 FAX: (732) 751-8872

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun Steve Rossics
 Tel. (732) 751-8870 FAX: (732) 751-8872

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>250</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>18</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>268</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. 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 _____

(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

TOTAL COST \$0

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: Select Group

3. Change in Use Group, Indicate Present: Select Group

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: Select Group Select Group

3. Change in Use Group, Indicate Present _____

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
☐ 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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/5/2017
Control Number C-17-004103
Permit Number 17-3080
Permit Issue Date 9/15/2017
Certificate Number 17-3080

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1684 W. PRINCETON AVE. Brick Township, NJ Block: 835 Lot: 1 Qual: _____
Owner in Fee: CARAVELLA, DAVID
Owner Address: 1684 W. PRINCETON AVE BRICK NJ 08724
Telephone: [REDACTED]
Contractor: RUSSO SEAMLESS GUTTERS LLC
Address: 5100 ROUTE 33 & 34 FARMINGDALE NJ 07719-
Telephone: (732) 751-8870 Fax: _____
License Number or Builders Registration Number: 13VH00268100 Federal Emp. Number: 22-3786542

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: ROOFING

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: _____

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

(X) Check if contractor.

Agent Name Russo Seamless Gutter LLC

Address 5100 Rt 33/34 Farmingdale, New Jersey 07727

Telephone (732) 751-8870

Signature _____

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

- IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



BUILDING 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 1 Qualification Code _____

Work Site Location 1684 West Princeton Avenue
Brick, New Jersey 08724

Owner in Fee: David Caravella

Tel. [redacted] e-mail [redacted]

Address 1684 West Princeton Avenue Brick 08724

Contractor: Russo Seamless Gutter LLC street municipality zip code
Address 5100 Rt 33/34 Tel. (732) 751-8870

Farmingdale, New Jersey 07727 e-mail estimates@russogutter.com

Contractor License No. or Builder Registration No. 13VH000268100 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223786542 FAX: (732) 751-8872

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date _____

INSPECTIONS

Dates (Month/Day)

☐ No Plans Required

Date _____

Type: _____

Failure

Failure

Approval

Initial

☐ All

Date _____

Footings

Footings

Bonding

Foundation

Slab

☐ Structural/Framework

Date _____

Frame

Truss Sys./Bracing

Barrier-Free

Insulation

Finishes - Base Layer

☐ Exterior

Date _____

Finishes - Final

Energy

Mechanical

TCO

☐ Interior

Date _____

Barrier-Free

Insulation

Finishes - Base Layer

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

Date _____

Finishes - Final

Energy

Mechanical

TCO

☐ Subcode Approval for PERMIT

Date _____

Barrier-Free

Insulation

Finishes - Base Layer

☐ Subcode Approval for CERTIFICATE

Date _____

Barrier-Free

Insulation

Finishes - Base Layer

☐ CO ☐ CCO ☒ CA

Date: 09/29/17

Other

Final

Barrier-Free

Approved by: KEK

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

☐ Subcode Approval for PERMIT

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

☐ Subcode Approval for CERTIFICATE

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

☐ CO ☐ CCO ☒ CA

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

Approved by: KEK

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

☐ Subcode Approval for PERMIT

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

☐ Subcode Approval for CERTIFICATE

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

☐ CO ☐ CCO ☒ CA

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

Approved by: KEK

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

☐ Subcode Approval for PERMIT

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

☐ Subcode Approval for CERTIFICATE

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

☐ CO ☐ CCO ☒ CA

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

Approved by: KEK

Date: 09/29/17

Barrier-Free

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Barrier-Free

Insulation

Finishes - Base Layer

☐ CO ☐ CCO ☒ CA

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

Approved by: KEK

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

☐ Subcode Approval for PERMIT

Date: 09/29/17

Barrier-Free

Insulation

Finishes - Base Layer

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.

Sign here: Kathy Santiago

Print name here: Kathy Santiago

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roofing

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____

☐ Sign _____ Sq. Ft. _____

☐ Pool

☐ Retaining Wall _____ Sq. Ft. _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received
Control #

09/15/17

Date Issued
Permit #

17-3080

1684 West Princeton Ave.

MAZZA
SCRAP METAL & RECYCLINGDavid
CARAVELLA

Mazza & Sons, Inc.

3230 Shafto Rd
Tinton Falls, NJ 07753
(732) 922-9292
FACILITY ID# 195599
DEP Facility: 1336001136In Ticket: 391654
Date: 9/18/2017
Time: 09:21:27 - 09:28:07Customer: 0000610001/Russo Seamless
Truck: XJ451U
Truck Type: TRUCK/Truck

Comment: 20 yd

Gross: 24800 LB In Scale 3
Tara: 16120 LB Out Scale 5
Net: 8680 LB
Tons: 4.34

Materials & Services

Origin: 1315/Farmingdale Bor.
Material: CD/C & D
Quantity: 4.34 Ton
Rate: \$105.00/TON
Amount: \$ 455.70Host Fee: \$ 4.34
Recycling Tax: \$ 13.02
Total Taxes/Fees: \$ 17.36
Total Amount: \$ 473.06In Operator: MAZZADEMO\SCALE3
Out Operator: MAZZADEMO\SCALE5Driver
Signature:

1684 West Princeton

MAZZA
SCRAP METAL & RECYCLING

Mazza & Sons, Inc.

3230 Shafto Rd.
Tinton Falls, NJ 07753
(732) 922-9292
FACILITY ID# 195599
DEP Facility: 1336001136In Ticket: 391616
Date: 9/18/2017
Time: 08:27:13 - 08:37:47Customer: 0000610001/Russo Seamless
Truck: XJ451U
Truck Type: TRUCK/Truck

Comment: 13 YDS

Gross: 15340 LB In Scale 2
Tara: 11440 LB Out Scale 5
Net: 3900 LB
Tons: 1.95

Materials & Services

Origin: 1315/Farmingdale Bor.
Material: CD/C & D
Quantity: 1.95 Ton
Rate: \$105.00/TON
Amount: \$ 204.75Host Fee: \$ 1.95
Recycling Tax: \$ 5.85
Total Taxes/Fees: \$ 7.80
Total Amount: \$ 212.55In Operator: MAZZADEMO\SCALE2
Out Operator: MAZZADEMO\SCALE5Driver
Signature:

17.3080
835 1



CONSTRUCTION PERMIT

Date Issued 9/15/17
Control # C-17-004103
Permit # 17-3080

IDENTIFICATION Block: 835 Lot: 1 Qualifier _____
Work Site Location: 1684 W. PRINCETON AVE. Brick Township, NJ Contractor RUSSO SEAMLESS GUTTERS LLC
Address 5100 ROUTE 33 & 34 FARMINGDALE NJ 07719
Owner in Fee CARAVELLA, DAVID
1684 W. PRINCETON AVE BRICK NJ 08724 Telephone: (732) 751-8870
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH00268100 13VH00268100
Federal Employee No. 22-378892

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:

ROOFING

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 \$9,645

Daniel F Newman
Construction Official

9/14/17
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	\$250
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$18
CO Fee	
Other	\$0
Total	\$268
Check No.	<u>14198</u>
Cash	\$0
Credit	\$0
Collected By	

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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- 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.

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

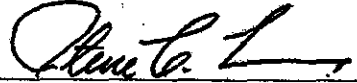
RUSSO SEAMLESS GUTTERS LLC
Sal Russo / Steve Rossics
5100 Highway 33 & 34
Farmingdale NJ 07727

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

02/15/2017 TO 03/31/2018
VALID

13VH00268100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder



DIRECTOR

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1684 West Princeton Ave.

BLOCK: 835 LOT: /

CONTRACTOR: Russo Seamless Gutter LLC.

CONTRACTOR'S ADDRESS: 5100 Rt. 33/34, Farmingdale

Type of Construction (minor, new home): Roof

Type of Debris (shingles, siding, wood, etc.): Shingles & wood

Party responsible for removal: Russo Seamless Gutter

Dumpster Size: 20 yard

Destination of Debris: Mazza

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Kathy Santiago
Signature

09/13/17
Date

Kathy Santiago
Print Name