



CONSTRUCTION PERMIT APPLICATION

TOWNSHIP OF BRICK

I. IDENTIFICATION

☒ Proposed Work at: 248 Drum Pt.
☒ Owner Name: WAYNE OSBORN Tel. ()
 Address 248 DRUMBINT RD
☒ Principal Contractor: OWNER Tel. (201) 477-9572
 Address _____
 Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
 4. Architect or Engineer: _____ Tel. ()
 Address _____
 5. Responsible Person in Charge of Work _____ Tel. ()

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☒ Other: SIDING

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST <u>\$ 1500</u>	

C. DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____
 2. ☐ Multi-Family (R-2) HMD Reg. No.: _____
 3. ☐ Two Family (R-3b)
 4. ☐ One-Family (R-3a)
- If other than new construction, enter no. of dwelling units:
- Before Construction: _____
- After Construction: _____
- Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmarys (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10109844

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
 B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE

Wayne Olson

DATE

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

TEL. ()

ADDRESS

SIGNATURE

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date Receiver	Approval Date	Reviewer	Comments
☐	BUILDING Footings/Foundations Framing Architectural Other _____	7/13-88 [Signature]			
☐	PLUMBING				
☐	ELECTRICAL				
☐	FIRE PROTECTION				
☐	OTHER _____				

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	_____

IV. ON-GOING INSPECTIONS

On-going Inspections Required
(See Page 1, II.D.)

Date Posted to
Log and Ticker

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 15.00
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER _____	_____
SUBTOTAL	\$ 15.00
- LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 35.00
DATE 7/13-88 Collected By [Signature]	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____
OTHER _____	_____	_____
OTHER _____	_____	_____
- LESS: Refunds _____	_____	(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED		\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	\$ _____

TOWNSHIP OF BRICK



PERMIT NO.	1931
DATE ISSUED	2-13-88
REVISION DATE	
Block	646 for 50
Subdivision	

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only		When changing contractors, notify this office	
Owner <u>Wayne Osborn</u>	Contractor <u>OWNER</u>		
Address <u>248 Laurel Point Rd</u>	Address _____		
<u>BRICK TOWN</u>			
Tel. () _____	Tel. () _____		
Work Site Address _____	Lic. No. _____		
	Federal Emp. No. _____		

CERTIFICATION IN LIEU OF OATH:	
(Complete for Minor Work and Small Job Only)	
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AGENT SIGNATURE _____	

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK Give detail description including materials used, dimensions, etc.		TYPE OF WORK:		Fee Basis		Fee	
☒ See Plans 		☐ New Building ☐ Addition ☐ Alteration/Renovation ☐ Roofing ☐ Siding ☐ Other _____ ☐ Demolition ☐ Miscellaneous ☐ Fence ☐ Sign ☐ Pool ☒ Elevator ☐ Other _____					
SUBTOTAL		\$		\$			
Minimum Building Fee (if applicable)		\$		\$			
Total Building Fee (Greater of Minimum or Subtotal)		\$		\$			

C. BUILDING CHARACTERISTICS

USE GROUP: _____	Present _____	Proposed _____
No. of Stories _____	Total Building Area—All Floors _____	Sq. Ft. _____
Height of Structure _____ Ft.	Volume of Structure _____	Cu. Ft. _____
Area—Largest Floor _____ Sq. Ft.	Total Land Area Disturbed _____	Sq. Ft. _____
Estimated Cost of Building Work _____		

D. COMMENTS

☐ Partial Releases
 ☐ Prototype Processing

TOWNSHIP OF BRICK



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 1931
 DATE ISSUED 2/13/88
 REVISION DATE _____
 Block 646 Lot 50
 Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner Wm. J. O'Scanne Contractor CONNER
 Address 245 Deerpark Rd Address _____
 Tel. () _____ Tel. () _____
 Work Site Address _____ Federal Emp. No. _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 Give detail description including materials used, dimensions, etc.

Anders Vengis

☐ See Plans

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☒ Other _____

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area-All Floors _____ Sq. Ft.
 Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
 Area-Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
 Estimated Cost of Building Work \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

CERTIFICATION IN LIEU OF OATH:
 (Complete for Minor Work and Small Job Only)
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 AGENT SIGNATURE _____

Fee Basis \$ Fee \$

Minimum Building Fee (if applicable) \$
 Total Building Fee (Greater of Minimum or Subtotal) \$

SUBTOTAL \$

PLAN REVIEW AND INSPECTION – BUILDING

DATE _____

JOB CONDITION/COMMENTS[illegible]

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

Date	Initials
7-13-88	KW
☒ No Plans Required	
☐ All	
☐ Footing/Foundation	
☐ Frame	
☐ Architectural	
☐ Other _____	

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates		Approval Date
☐ Footing/Foundation			
☐ Slab			
☐ Frame			
☐ Architectural			
☐ Insulation			
☐ Finishes			
☐ Energy			
☐ Mechanical			
☐ TCO			
☐ Other _____			