BLOCK ~~6602~~ 664 LOT ~~8.01~~ 1 ADDRESS (SITE) 730 Lynnwood Ave. PERMIT NO. 68391

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. *Proposed Work-site at:* 730 Lynnwood Ave.
2. Name of Owner in Fee: Visitation Church Tel. (201) 477-0028
   Address 730 Lynnwood Ave. (street) Brick Town (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Milano Brothers Builders Tel. (201) 920-3159
   Address 321 Mantoloking RD.
   License No. OR, if new home, Builder Reg. No. 09762 Exp. Date 7/31/91
   Federal Emp. No. 22-2616942 Social Security No. _____
5. Architect or Engineer David B. Hartdorn Tel. (201) 899-1608
   Address 92 Bridge Ave. P.O. Box 361 Bayhead 08742
6. Responsible Person In Charge of Work Steven Milano Tel. (201) 920-3159

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 37.50		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$ 37.50		
7. Less 20% for State Plan Review	5.-		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20.-		
12. Other			
13. TOTAL	$ 62.50		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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 ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	5000.00
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☑ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	5000.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			5/3/91				
					9-12-91		

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

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 Former:

U.C.C. Form F-100A

LDS BR 10109897

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 New Jersey 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.

X ( ) Check if contractor.

Agent Name Milano Brothers Builders

Address 321 Mantoloking Rd.
Brick Town

Telephone (201) 920 3159

Signature S. Milano Date 5/3/91

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 5/7/91
Control #
Permit # 683-91

IDENTIFICATION Block 664 Lot 8 01

Work Site Location 730 Lynnwood Ave Contractor Milano Bros.

Address

Owner in Fee Visitation Church

Address Same

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No.

Tele. ( )

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

~~[illegible]~~ Alteration

PAYMENTS (Office Use Only)

Building	37.50	662 #	
Plumbing		LOT	
Electrical		8 #	
Fire Protection		BUILDING	37.50
Other	MR 5	PLUMBING	5.00
Other		C / O	20.00
DCA Training Fee		TOTAL	62.50
Cert. of Occ.	20	CHECK	62.50
Other		CHANGE	0.00
Total	62.50		
Check No.	05/07/91 NO. 5	0018A005	1:31
Cash			
Collected By			

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 $ 5000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

R/W + FINAL Renovation Basement

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 1043

Brick

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

Block 662 Lot 8.01
Work Site Location (Mantoloking Rd) 230 Lynnewood Ave. BRick
Owner in Fee Visitation church Rectory
Address SAME
Tele. ( )
Contractor A Surf Electric
Address 574 Mantoloking Rd BRick
Tele. (908) 477-5979
Lic. No. 9516
Federal Emp. No. 22-2769907 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other Renovation
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 3000.00/xx

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 9-12-91
Approved by: BKrolewski

INSPECTIONS: Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Rough			6-13-91	1427
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	8-14-91 #24		9-12-91	[illegible]

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 9/12/91
Line Dept. PP.

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.

Signature-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Fixtures (1)	
30		Receptacles (2)	
10		Switches (3)	
60		Total 1 + 2 + 3	53
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
2	3 TON	A/C Unit	6
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
1	GAS	Central heat: oil, gas or elec.	1
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

'91 JUN 12 AM 2 40

Administrative Surcharge $
Paid [✓] Check # 3215 Minimum Fee $
Collected by: TOTAL FEE $ 60.—

RF

U.C.C. Form F-120A

1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

(1) 2 Recps left sect of sink were operating properly

(2) Need proper clearance for toilet in closet

(3) Seams 4" sq in ceiling large room

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # OCT 22 96 0 0 9 6 1 1
Permit #

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

Block 666 Lot 1
Work Site Location 730 LYNNWOOD AVE (RECTORY) BRICK
Owner in Fee THE CHURCH OF THE VISITATION
Address 730 LYNNWOOD AVE
BRICK N.J. 08723
Tele. (___) 477-0025
Contractor BAY ELECTRIC INC.
Address 582 ALLEN RD.
BRICK, N.J. 08723
Tele. (___) 262-2000
Lic. No. 5830
Federal Emp. No. _____ or Social Security No: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as RECTORY Utility Co. _____
Est. Cost of Elec. Work $ 15,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 961015
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

BAY ELECTRIC INC. LICENSED [illegible]

[signature]
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
60		Fixtures (1)	
30		Receptacles (2)	
20		Switches (3)	
110		Total 1 + 2 + 3	55
___	___ Kw	Range	___
___	___ Kw	Oven(s)	___
___	___ Kw	Surface Unit	___
___	___ hp	Dishwasher	___
___	___ hp	Garbage Disposal	___
___	___ Kw	Dryer	___
2	___ Kw	A/C Unit	14
___		Burglar Alarms	___
___		Intercoms Panels	___
___		Smoke Detectors	___
___	___ hp	Whirlpool/spa	___
___		Pool Bonding	___
___	___ hp	Pool Filter Motor	___
___		Pool Lights	___
___	___ Kw	Water Heater(s)	___
2	___ Kw	Central heat: oil, (gas) or elec.	___
___	___ Kw	Baseboard Heat Units	___
___		Thermostats	___
___	___ hp	Heat Pump	___
___	___ hp	Pump(s)	___
1	100 Amp	Motor Control Center/Sub Panels	35
___		Signs	___
___	___	Light Standards	___
___	___ hp	Motors—Fractional H.P.	___
___	___ hp	Motors—All Others	___
___	___ Kw	Transformers	___
___	___ Kw	Generators	___
___	___ Amp	Service Entrance	___
5	___	Other SMOKE SYSTEM 1 A/C COND.	7

	Administrative Surcharge	$ ___
Paid [X] Check # 1005	Minimum Fee	$ 111-
RF	DCA Training Fee	$ 12
Collected by: _____	TOTAL FEE	$ 123-

U.C.C. Form F-120B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

pd by owner

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/7/91
Date Issued
Control #
Permit # 683-91

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

Block 662 664 Lot 8.01
Work Site Location 730 Lynnwood Ave. Brick Town
Owner in Fee Visitation Church
Address 730 Lynnwood Ave. Brick N.J. 08723
Tele. (201) 477-0028
Contractor Milano Brothers Builders
Address 321 Mantoloking Rd Brick N.J. 08723
Tele. (201) 920-3159
Lic. No. or Bldrs. Reg. No. 09762
Federal Emp. No. 22-2616942 or Social Security No.

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
Alteration (See plan)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[X] All	5/13/91	JK	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence Height
  - [ ] Sign Sq. Ft.
  - [ ] Pool
  - [ ] Elevator
  - [ ] Asbestos Abatement
  - [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 5000.00
3. Total (1+2) $ 5000.00

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

DAVID B. HARTDORN, A.I.A.
Architect & Planner

May 2, 1991

Brick Township Building Dept.
Chambersbridge Road
Brick, N.J.
08723

RE: Visitation Church
730 Lynwood Ave.
Brick, N.J.

To Whom it may concern,

This certification letter is with reguards to conversations with your department and Steve Milano of Milano Builders and a floor plan sketch provided by their office. The sketch pertains to some minor interior alteration consisting of the removal and relocation of walls indicated on the sketch. I visited the site on May 1, 1991 to observe the structural integrity of the area as well as any potential code compliance conditions. The wall is a non-bearing wall and all codes will be adhered to. The new proposed wall shall be of 2"x4" construction with 1/2" gyp. bd. both sides with the door to be relocated. All finishes shall be patched and finished to match existing.

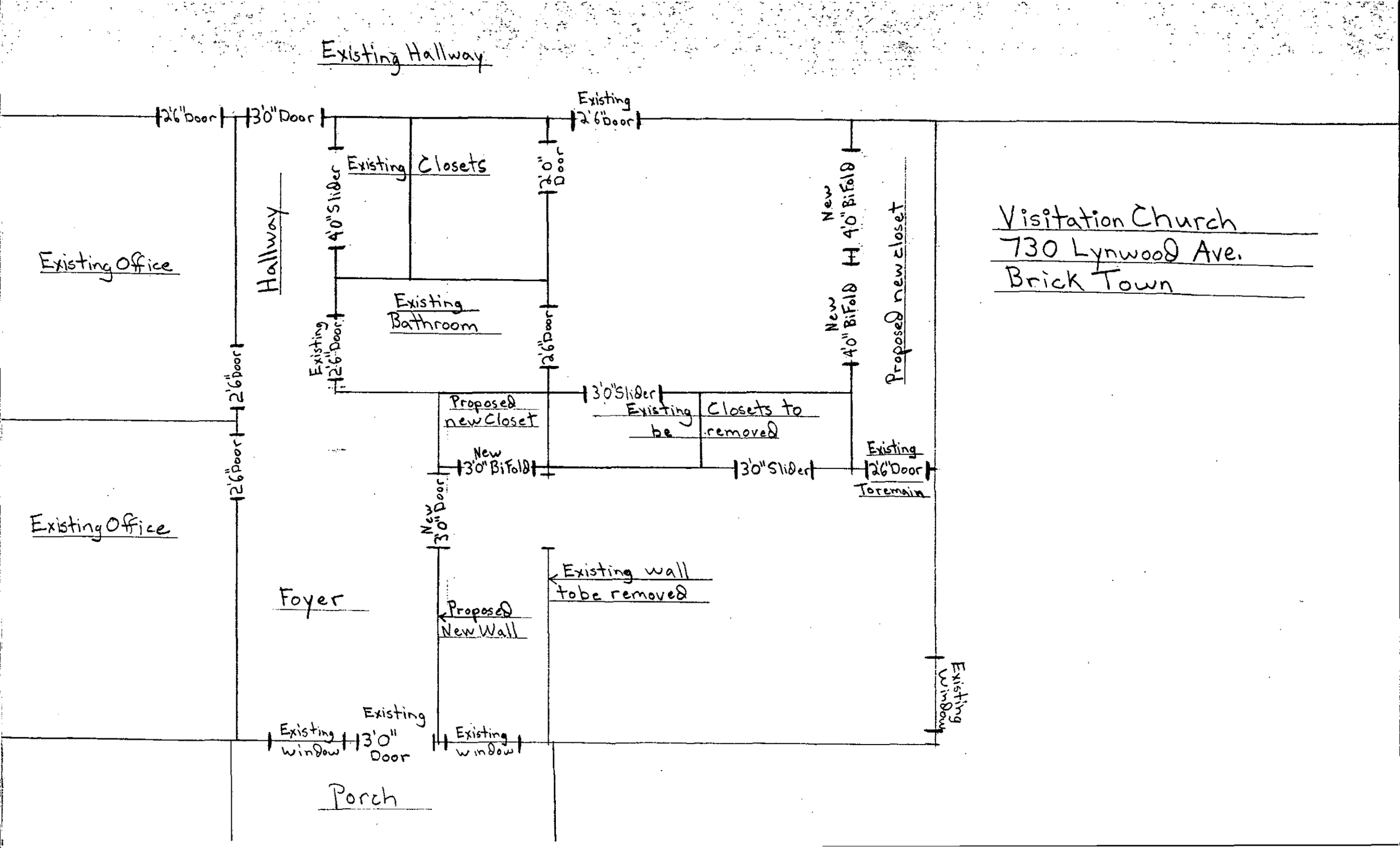
Should your office require any additional information please contact my office.

DBH/llh

Sincerly,

David B. Hartdorn, A.I.A.

(201) 899-1608 • 92 Bridge Avenue • P.O. Box 361, Bay Head, N.J. 08742


Existing Hallway
2'6" Door
3'0" Door
Existing 2'6" Door
Existing Closets
4'0" Slider
2'0" Door
New 4'0" BiFold
Proposed new closet
Visitation Church
730 Lynwood Ave.
Brick Town
Existing Office
Hallway
Existing Bathroom
Existing 2'6" Door
2'6" Door
New 4'0" BiFold
2'6" Door
3'0" Slider
Proposed new Closet
Existing Closets to be removed
New 3'0" BiFold
3'0" Slider
Existing 2'6" Door to remain
Existing Office
New 3'0" Door
Existing wall to be removed
Foyer
Proposed New Wall
Existing Window
Existing 3'0" Door
Existing Window
Existing Window
Porch