



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1683 Laurelton St.

2. Name of Owner in Fee: Johansen Tel. () _____

Address acche street municipality zip code

3. Ownership in Fee: Public _____ Private ☒

4. Principal Contractor: Cardinal Roofing Tel. () 458-9222

Address P.O. Box 333 Brick - NJ

License No. OR, if new home, Bulder Reg. No. _____ Exp. Date _____

Federal Employee No. 21-074-2690 FAX: () _____

5. Architect or Engineer _____ Tel. () _____

Address _____

6. Responsible Person in Charge of Work Bill Johnson

Tel. () 458-9222 FAX () _____

ten off with Re-roof

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>48. -</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ _____		
7. Less 20% for State Plan Review			
8. Subtotal	\$ <u>1. -</u>		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>49. -</u>		

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	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	<u>1500.00</u>								

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:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ 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 _____ 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 Cardinal Roofing
Address P.O. Box 333
Brick NJ
Telephone () 458-9222
Signature William Flynn

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

0010
2887**
BLOCK 842 # 0.00
LOT 8 # 0.00
BUILDING 48.00
D.C.A. 1.00
TOTAL 49.00
CHECK 49.00
CHANGE 0.00
0016A005 10:43

Date Issued 08/02/99
Control #
Permit # 99-2887

IDENTIFICATION Block 842 Lot 8 Qual 08/02/99 NO. 5

Work Site Location 1683 LAURELTON ST
REMOVE & REPLACE ROOF
Owner In Fee JOHANSEN
Address SAME
Telephone BRICK, NJ 08724-
Contractor CARDINAL ROOFING & SIDING
Address 1108 INDUSTRIAL PARKWAY
Telephone BRICK, NJ 90845-8922
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0742690

I am 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:
REMOVE & REPLACE ROOF

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 \$ 1,500

Construction Official *William J. C. / JEC*
Date 08/02/99
D.C.C. #176 (rev. 3/96)

PAYMENTS (Office Use Only)
Building 48
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
ICA Training Fee 1
Cert. of Occupancy 0
Other
Total 49
Check No. 2384
Cash
Collected By LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/02/99
Date Issued 08/02/99
Control #
Permit # 99-2887

A. IDENTIFICATION APPLICANT; COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1800

Block 842 Lot 8 Parcel
Work Site Location 1683 LARELTON ST
REMOVE & REPLACE ROOF

Owner in Fee JOHANSEN

Address SAME

BRICK, NJ 08724-

Telephone

Contractor CARDINAL ROOFING & SIDING

Address 1108 INDUSTRIAL PARKWAY

BRICK, NJ 90845-8922

Telephone

Lic. No. of Bldgs. Reg. No.

Federal Emp. No. 21-0742690

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

REMOVE & REPLACE ROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Effect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

Other

Final

Barrier Free

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3

Const. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Dates (Month/Day)

Failure Failure Approval Initial

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Other

☐ Demolition

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 1,500

3. Total (1+2) \$ 1,500

Industrialized Building:

☐ State Approved

☐ HUD

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

U.C.C. F110 (rev. 3/96)

Site Location: 1683 Laurelton St.
Block: 842 Lot: 8
Owner: J. E. Johansen
Address: 1683 Laurelton St.
State: NJ Zip: 08723 Phone: ()
SS #: Proximity Mapping owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING
CONTRACTOR: Cardinal Roofing
ADDRESS: P.O. Box 333
Brick NJ
PHONE: 458-9222
I.C.N.
I.C. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 21-074-2690
TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Tear off with 6- Roof

TYPE OF WORK
☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☒ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS
USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature: William Flynn

Estimated Cost of Building Work:
New Building (1): \$
Alteration (2): \$
TOTAL (1+2): \$ 1,500.00
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:
Date:

ELECTRICAL
CONTRACTOR:
ADDRESS:
PHONE:
LIC. # EXP. DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)
DESCRIPTION QTY SIZE
ITEMS
Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors - Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices / E.A.C. Panel

TOTAL NUMBERS
Pool Permit w/UV Lights
Storable Pool/Spa/Hot Tub
KW Elec. Range / Receptacle KW
KW Oven / Surface Unit KW
KW Elec. Water Heater KW
KW Elec. Dryer / Receptacle KW
KW Dishwasher KW
HP Garbage Disposal HP
KW Central A/C Unit KW
HP/KW Space Heater/Air Handler HP/KW
KW Baseboard Heat KW
HP Motors 1/+ HP HP
KW Transformer/Generator KW
AMP Service AMP
AMP Subpanels AMP
AMP Motor Control Center AMP
AMP Elec. Sign/Outline Light KW
Other
Other
Other
Other

Estimated Cost of Electrical Work: \$
Signature (print name):
Estimated Cost of Electrical Work: \$
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

COUNTER FORM
PLEASE PRINT

PLUMBING

CONTRACTOR:

ADDRESS:

PHONE:

LIC #:

LIC EXPIRATION DATE:

FEDERAL EMPL # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO. FIXTURE/EQUIPMENT

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Gas Piping

Fuel Oil Piping

Water Heater

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Water Cooled AC or Refrig. Unit

Sewer Connection

Septic (Disposal System) Closure

Water Service Connection

Gas Service Connection

Active Solar System

Vent Through Roof

Other

Estimated Cost of Plumbing Work: \$

Signature:

Owner ☐

Contractor ☐

SUBCODE APPROVAL:

PLANS:

Required ☐

Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE

CONTRACTOR:

ADDRESS:

PHONE:

LIC #:

EXP. DATE:

FEDERAL EMPL # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Heating Sys: ☐ New ☐ Existing

Location of Furnace / Boiler

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks Capacity: Fuel:

Combustible Liquid Storage Tanks Capacity: Fuel:

L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION

NUMBER

Wet Sprinkler Heads

Dry Sprinkler Heads

Total

Smoke Detectors

Heat Detectors

Total

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

Co2 Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

Other

Other

Estimated Cost of Fire Protection Work: \$

Signature:

Owner ☐

Contractor ☐

SUBCODE APPROVAL:

PLANS:

Required ☐

Approved ☐

Approved by:

Applicable to Ordinance 728-92

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

1683 Laurelton St. 842 8
Work Site Address Block Lot

Johansen 1683 Laurelton St. [REDACTED]
Owner's Name, Address, Phone

Cardinal Roofing P.O. Box 333 Brick n J
Contractor's Name, Address, Phone

Construction Describe type (Single -family home, etc.)

Demolition Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 22 sq asphalt shingles

Name, address and phone of party responsible for removal of debris:
Cardinal Roofing P.O. Box 333 Brick n J

Size of dumpster: 12 yd back truck

Destination of discarded debris: O.C. Landfill

Hauler's DEP Permit No.: "Fleet"

****Note:** Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin 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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

WILLIAM GLYNN William Glynn 8/2/99
Printed/Typed Name Signature Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSU

Recycling tonnage receipts attached?

Certified tipping receipts attached?

****Note:** Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant