BLOCK 848 LOT 17 ADDRESS (SITE) 1729 N. Princeton Ave PERMIT NO. 2507-96

RECEIVED
SEP 27 1996
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1729 N. Princeton Ave
2. Name of Owner in Fee: Robert Amoroso [redacted]
   Address Same (street) (municipality) (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Bray Gen Cont Tel. (___) 477-1866
   Address 284 Heritage DR Brce
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No [redacted]
5. Architect or Engineer ____
   Address ____
6. Responsible Person in Charge of Work Bruce Bray Sr Tel. (___) 477-1866

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	60 -		
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		2 -		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	62 - cash		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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. 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. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

New Roof / Removing 2 Layers

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☑ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	1600 -

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
CAS					10/30/96		CAS

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:

LDS BR 10103505

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.

(✓ Check if contractor.

Agent Name Bray Gen Cont

Address 289 Heritage Dr
Buck

Telephone ( ) 477-1866

Signature Bruce W. Bray Sr Date 9/27/96

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

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 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.				

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

Date Issued 9-27-96
Control #
Permit # 2507-96

IDENTIFICATION Block 848 Lot 17

Work Site Location 1729 W. Princeton Ave Brick N.J.

Owner in Fee Robert Hunsinger.

Address [redacted]

Tele. [redacted]

Contractor Bray General Contractors.

Address 264 Heritage Dr. Brick NJ

Tele. (908) 477-1866

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

Federal Emp. No. _____

or Social Security No. [redacted]

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

New Roof / Removing 2 Layers

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 $ 11000 —

Ray Konkowski
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	60 —
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	2 —
Cert. of Occ.	
Other	
Total	62 —
Check No.	4566
Cash	
Collected By:	K Sull

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9-27-96
Date Issued
Control #
Permit # 2507-96

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

Block 648 Lot 17
Work Site Location 1729 1728 W. Princeton Ave
Brick
Owner in Fee Robert AREAMA
Address S [redacted]
Tele. ( )
Contractor BRMy Gen Cont
Address 289 Heritage Dr
Brick
Tele. ( ) 477-1866
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

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.

Bruce W. Bury Sr
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tear off old Roof - (2 LAYERS)
Weather Watch Snow + Ice
Tar Paper
New 25 yr Roof 3-TAB
Debris - Manchester Dump own P/U TRUCK Hauling

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [✓] CA		
Date: 10-30-96		
Approved By:		

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final 10/29/96			10/30/96	

per attached

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 1600 —

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
[✓] Roofing
[ ] Siding
[ ] Fence Height (6' or over)
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$

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

U.C.C. Form F-110B

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

OCEAN COUNTY LANDFILL
LAKEHURST NJ 08733

FACILITY ID No. 15188
Ticket #: 000052338
Date: 09/27/96

1-20-96
2501-96

Customer :CASH
CASH

Gross	7060 lb	Scale	01 14:31
Tare	5420 lb	Scale	02 15:30
Net	1640 lb		
	0.8200 tn		

Dep.#: CASH1   Plate #:   3 CU YDS

%of Load	Material		Location	Price/Unit	Total
100.00	132	BULKY - DEMO WOOD	BRICK TWP	$69.380 tn	56.89

Total $ 56.89

Current Account Balance: $

DRIVER
Weight Master: LM

REMARKS: XP-30CL

(2 LAYERS)

...ner of record

OWNER ... APPLICANT

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

Energy
Mechanical
TCO
Other
Final

[ ] ... (6' or over)
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 1600

Paid [ ] Check # ______
Collected by: ______

Administrative Surcharge $
Minimum Fee $
DCA TRAINING FEE $
TOTAL FEE $

84817

permit # 2507-96

1729 W- Princeton ave

[?]EAN COUNTY LANDFILL
LAKEHURST NJ 08733

FACILITY ID No. 1518B
Ticket #: 000051757
Date : 09/26/96

Customer :CASH
CASH

Gross	8720 lb	Scale	01 07:34
- Tare	5720 lb	Scale	02 08:18
Net	3000 lb		
	1.5000 tn		

Dep.#: CASH   Plate #:   3 CU YDS

%of Load	Material	Location	Price/Unit	Total
100.00 132	BULKY - DEMO WOOD	BRICK TWP	$69.380 tn	104.07

Current Account Balance: $ Total $ 104.07

DRIVER [signature]
Weight Master: 85

REMARKS: LNJ730

[ ] Elec [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

Energy
Mechanical
TCO
Other
Final

[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other

...mer of record

6' or over)

(Office

$

1-27-96
2501-96
(2 Layers)
+ Ice
3-Tabs
own
Patrick Hall

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

1729 W. Bricetown Ave — 848 Block — 17 Lot
Work Site Address

Robert Aureima [redacted]
Owner's Name, Address, Phone

Bray Gen. Cont.
Contractor's Name, Address, Phone

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

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

Describe type and estimated quantity of material 8 Sq

Name, address and phone of party responsible for removal of debris:
Bray Gen. Cont.

Size of dumpster: P/u Truck

Destination of discarded debris: Manchester Dumps

Hauler's DEP Permit No.:

**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.

Bruce W. Bray Sr. — Bruce W. Bray Sr. — 9/27/96
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

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

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