



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 125 CHAMBERSBRIDGE RD
2. Name of Owner in Fee: MARIA KOS Tel. [REDACTED]
Address 2320 CORAL LEAF RD, TOMS RIVER NJ. 08755
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: perme Tel. () _____
Address _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: () _____
5. Architect or Engineer _____ Tel. () _____
Address _____
6. Responsible Person in Charge of Work MARIA KOS
Tel. [REDACTED] FAX () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>35.-</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection	<u>35.-</u>		
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>1.-</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	<u>41.-</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1 existing
2. Height of Structure STD HEIGHT FOR 1 story 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 _____
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

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

Est. Cost

Plans Rec'd by

Date Rec'd

Rejection Date

Approval Date

Re-viewer

Resubmission Dates Approval Rejection

Re-viewer

OPTIONAL (for office use only)

9/14/00

9-14-00 DB

TOTAL COSTS

2000

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? NO

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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: OFFICE

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

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 Marie KOS (Marie KOS) Date 9/14/00

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 _____

Address _____

Telephone (_____) _____

Signature _____

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 _____	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. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 09/15/2000
Control #
Permit # 00-3723

IDENTIFICATION Block 702.07 Lot 9 Qual

Work Site Location 125 CHAMBERS BRIDGE RD

TENANT FIT UP

Owner in Fee KOS, MARIA

Address 2320 CORAL LEAF RD

TOWNSHIP DISTRICT NJ 08755-

Telephone

Contractor MARIA KOS
Address 2320 CORAL LEAF RD
TOWNSHIP DISTRICT NJ 08755-

Telephone

Lic. No. OF BUILD. REG. NO.

Federal Emp. No.

Is 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:

TENANT FIT UP

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 \$ 1,100.

Construction Official

O.C.C. 1170 (rev. 3/96)

09/15/2000
Date

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	71
Check No.	1702
Cash	
Collected By	LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

POC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/14/2000
Date Issued 9/15/00
Control # C14-907
Permit # 00-3723

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

Block 702.07 Lot 9 Qual
Work Site Location 125 CHAMBERS BRIDGE RD
TENANT FIT UP
Owner in Fee KOS. MARIA
Address 2320 CORAL LEAF RD
TOMS RIVER NJ 08735-
Tel. [REDACTED] Fax ()
Contractor MARIA AVS
Address 2320 CORAL LEAF RD
TOMS RIVER, NJ 08735-
Tel. [REDACTED]
Lic. No. or Bldgs. Reg. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Constr Class Present Proposed
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Elect [] Solar
[] Other
Location:
Total Est Cost of Fire Prot Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
Type Alarm Sys
Suppr Test
Standpipe
Fire Pump
PreEng Sys
Mechanical
Smoke Ctl
TCO
Final
Other

[] Bldg [] Elect
[] Plumb [] Elevator
[] Fire Plans Approved
Date: 9-14-00
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date:
Approved By:

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.

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks
Type: [] Flammable Liquid [] Combust Liquid
[] LPG [] LNG Capacity 0 Fuel
Alarm Systems [] 110v Interconnected NUMBER
[] System

Alarm Devices(smoke,heat,pulls,water/flow) 0
Supervisory Devices (tamper,low/high air) 0
Signalling Devices (horn/strobes, bells) 0
Other Devices 0
TOTAL 0

Suppression Systems
Fire Pump 0 GPM Type 0
Dry Pipe/Alarm Valves 0
Pre-action Valves 0
Sprinkler Heads (Dry and Wet) 0
Standpipes 0
Pre-Engineered Systems 0
Wet Chemical 0
Dry Chemical 0
CO2 Suppression 0
Foam Suppression 0
Halon Suppression 0
Other 0

Kitchen Hood Exhaust System 0
Smoke Control System 0
Gas [] or Oil [] Fired Appliances 0
Other EMERGENCY/EXIT 35
Other 0

Paid [] Check \$ Administrative Surcharge \$
Minimum Fee \$
Collected by: TOTAL FEE \$ 35
PCA Training Fee \$

FEE (Office Use Only)

Need as built
drawings for
file. previously
work done permit
correct permit

will verify
properly
in fire inspection

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 702.07 LOT 9

BLOCK 702.01 LOT 9
PROPERTY ADDRESS (number and street) 125 Chambers bridge Rd.

NAME OF PROPERTY OWNER MARIA KOS

PERSONAL NAME OF APPLICANT MARIA KDS

BUSINESS NAME OF APPLICANT COON LAKE B (T)

BUSINESS NAME OF APPLICANT _____
MAILING ADDRESS OF APPLICANT 2320 CORAL LEAF Rd, Tom's River, N.J.
08755

TELEPHONE NUMBER OF APPLICANT

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot
☐ Single-family dwelling
☐ Multi-family dwelling
☒ Commercial (please describe) Beauty Shop & Apartment

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot
☐ Single-family dwelling
☐ Multi-family dwelling
☒ Commercial (please describe) OFFICE "FOR ENTIRE BLD'G"

PROPOSED CONSTRUCTION (please describe, specifically additions)

PROPOSED CONSTRUCTION (please describe, ~~attach plans, etc.~~)

Change of USE from Beauty Shop to Apartment

All dimensions: _____ Width _____ Length _____ Height

All dimensions: _____ Width _____ Length _____ Height

All dimensions: _____ Width _____ Length _____ Height

Deck or Garage: Attached Detached Height

Fence: _____ Style _____ Material _____ Height _____

CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) copies of the property survey map containing:
 - ☐ All existing and proposed structures
 - ☐ All dimensions of the lot and structures
 - ☐ All setbacks from the structures to the property lines
 - ☐ All adjacent streets and waterways
- ☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

John (Mike) Koss Date 9/14/00

Signature of applicant Maria Kos (Maria Kos) Date 9/14/00
Reviewed by Zoning Officer _____ Date _____ () Approved () Rejected

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 125 CHAMBERS BRIDGE Rd.
Block: 702.07 Lot: 9
Owner's Name: MARIA KOS
Owner's Mailing Address: 2320 CORAL LEAF RD., TOMS RIVER NJ. 08755

Phone: [REDACTED]

CHANGE OF USE FROM BEAUTY SHOP & APT.
TO OFFICE

BUILDING

ELECTRICAL

Contractor: [REDACTED]
Address: [REDACTED]
Phone#: [REDACTED]
Lis #: [REDACTED]
Federal Emp # or SSN: [REDACTED]

Contractor: [REDACTED]
Address: [REDACTED]
Phone#: [REDACTED]
Lis #: [REDACTED]
Federal Emp # or SSN: [REDACTED]

Technical Data

Description of Work:

Tenant Set-up

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	

Type of Work

☐ New Building	☐ Siding
☐ Addition	☐ Fence
☐ Alteration	☐ Pool
☐ Roofing	☐ Demolition
☐ Asbestos Abatement	☐ Sign <u> </u> sq ft

Building Characteristics

*Use Group Present: R-2 Proposed:
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:
Cost of Alteration:

Cost of New Building:

Total Cost of Building Work: 2,000

Signature: Maria Kos

Please Print Name MARIA KOS

Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit - Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets _____	
Urinals/Bidets _____	
Bath Tub _____	
Lavatory _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Water Cooled A/C or Refrig. Unit _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Other: _____	

Estimated Cost of Plumbing Work _____

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: X *same* _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____	capacity _____	fuel _____
Combustible Storage Tanks _____	capacity _____	fuel _____
LPG Storage Tanks _____	capacity _____	fuel _____

Item	Quantity
Wet Sprinkler Heads _____	
Dry Sprinkler Heads _____	
Total _____	

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Fire Work X *10.00* _____

Signature: X *maria kos* _____

Print Name: X *MARIA KOS* _____