

98-2479



CONSTRUCTION PERMIT APPLICATION

Mail in

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

I. IDENTIFICATION

1. IDENTIFICATION
1. Proposed Work-site at: 125 Chambersbridge Rd
2. Name of Owner in Fee: KOS Tel. [REDACTED]
- Address 125 Chambersbridge Rd 08724
- Ownership in Fee: Public ☐ Private ☒
4. Principal Contractor: COASTAL SERVICE CO. + SON Tel. 908 864-9720
- Address 181 BROOK HARBOR LANE TOMS RIVER NJ 08753
- License No. OR, if new home, Builder Reg. No. 1809 Exp. Date 6-99
- Federal Emp. No. 223334114 Social Security No. [REDACTED]
5. Architect or Engineer [REDACTED] Tel. [REDACTED]
- Address [REDACTED]
6. Responsible Person in Charge of Work DOUG CONBOY Tel. 908 864-9720

II. PROPOSED WORK

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**

TOTAL COSTS

Est. Cost**OPTIONAL (for office use only)**[illegible]

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. ☐ Refrigeration Systems
4. ☐ Cross-Connections/Backflow
Preventers
5. ☐ Sprinklers
6. ☐ Smoke Control Systems in Open Wells
7. ☐ Underground Storage Tanks

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

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 10503521

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 COASTAL SERVICE CO. & SON

Address 181 BROOK HARBOR Lane
TOMS RIVER NJ 08753

Telephone (908) 864-9720

Signature [Signature] Date 7-18-98

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 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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

0004
2479*#
BLOCK 702 # 0.00
LOT 9 # 0.00
PLUMBING 35.00
TOTAL 35.00
CHECK 35.00
CHANGE 0.00
0015A005 09:29

IDENTIFICATION Block 702.07 Lot 9 Qual

Work Site Location 125 CHAMBERS BRIDGE RD

Owner in Fee KOS HHH

Address SAME BRICK, NJ 08723-

Telephone

Contractor COASTAL, SER CO
Address 181 BROOK HARBOR LN
TOMS RIVER, NJ 08753-

Telephone (908)864-9720

Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3334114

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:
REPL HHH

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 \$ 485

Construction Official *[Signature]*

07/22/98
Date

U.C.C. #170 (REV. 3/96)

Date Issued 07/22/98
Control #
Permit # 98-2479

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 35
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 0
Cert. of Occupancy 0
Other
Total 35
Check No. 2056
Cash
Collected By TL



Date Received
Date Issued
Control #
Permit #

7/22/98
98-2479

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 703, 07 Lot 9

Work Site Location 125 Chamberbridge Rd

Owner in Fee KOS

Address 125 Chamberbridge Rd

Tele. () [REDACTED]

Contractor COASTAL SERVICE CO. A SON

Address 181 BROOK HARBOR LANE

Address TOWNS RIVER NJ 08753

Tele. (908) 864-4720

Lic. No. 1809

Federal Emp. No. 223334114 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Estimated Cost of Plumbing Work \$ 485.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW: ☒ No Plans Required

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec.

☐ Fire ☐ Elevator

☐ Plumb. Plans Approved

Date: 7-21-98

Approved by: [Signature]

SUBCODE APPROVAL: _____

☐ CO ☐ CCO ☐ CA

Approved By: _____

Date: _____

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]
Signature—Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO. _____ FEE (Office Use Only)

_____ Fixture/Equipment

_____ Water Closet

_____ Urinal/Bidet

_____ Bath Tub

_____ Lavatory

_____ Shower

_____ Floor Drain

_____ Sink

_____ Dishwasher

_____ Drinking Fountain

_____ Washing Machine

_____ Hose Bibb

_____ Water Heater

_____ Fuel Oil Piping

_____ Gas Piping

_____ Steam Boiler

_____ Hot Water Boiler

_____ Sewer Pump

_____ Interceptor/Separator

_____ Backflow Preventer

_____ Greasetrap

_____ Water Cooled A/C

_____ or Refrigeration Unit

_____ Sewer Connection

_____ Water Service Connection

_____ Active Solar System.

_____ Other

Paid ☐ Check # _____ Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ _____