

BLOCK 848 LOT 31 QUALIFICATION CODE _____ ADDRESS (SITE) 1711 Tilford Blvd PERMIT NO. 16-2959



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Back full Pool-1711 tilford Blvd, Brick

2. Name of Owner in Fee: Maximino Varela

Tel. [REDACTED] e-mail _____

Address 1711 Tilford Blvd Brick 08724

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Owner Tel. [REDACTED]

Address 1711 Tilford Blvd Brick e-mail _____

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun _____

Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

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

DING/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. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

(office use only)

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES
(Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☐ Electrical									
☒ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____

Gained, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

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/Standpipes

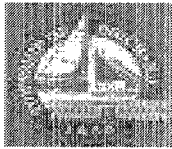
8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/22/2016
Control Number C-16-004033
Permit Number 16-2959
Permit Issue Date 8/22/2016
Certificate Number 16-2959

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1711 TILFORD BLVD Brick Township, NJ 08724 Block: 848 Lot: 31 Qual: _____
Owner in Fee: VARELA, MAXIMINO
Owner Address: 1603 FORGE POND RD BRICK NJ 08724
Telephone: [REDACTED]
Contractor: VARELA, MAXIMINO
Address: 1603 FORGE POND RD BRICK NJ 08724
Telephone: [REDACTED] Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: POOL DEMOLITION

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of: _____

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

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(f)1.ix:

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 Maximino Varela

Date 8-22-16

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. 5:23-2.15(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.



BUILDING SUBCODE TECHNICAL SECTION



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

Block 848 Lot 31 Qualification Code _____
Work Site Location 1711 Telford Blvd.

Owner in Fee: Maximino Varela

Tel. _____ e-mail _____

Address 1711 Telford Blvd Brick 08724

Contractor: Maximino Varela Tel. _____ e-mail _____
Address 1711 Telford Blvd

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required								
☐ All								
☐ Footings/Foundations								
☐ Structural/Framework								
☐ Exterior								
☐ Interior								
Joint Plan Review Required:								
☐ Elec. ☐ Plumb. ☐ Fire. ☐ Elevator								
SUBCODE APPROVAL for PERMIT								
Date:								
Approved by:								
SUBCODE APPROVAL for CERTIFICATE								
☐ CO ☐ CCO ☐ CA								
Date:								
Approved by:								

B. BUILDING CHARACTERISTICS

Use Group Present	Proposed	Constr. Class Present	Proposed
No. of Stories		If Industrialized Building:	
Height of Structure		State Approved	HUD
Area — Largest Floor		sq. ft.	
New Bldg. Area/All Floors		sq. ft.	
Volume of New Structure		cu. ft.	
Max. Live Load		1. New Bldg.	\$ 3000
Max. Occupancy Load		2. Rehabilitation	\$
		3. Total (1 + 2)	\$

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.

Sign here: Maximino Varela

Print name here: Maximino Varela

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Back Full pool

inground pool

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☒ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	

OCEAN COUNTY RECYCLING CENTER, INC.

1497 LAKEWOOD ROAD (RT. 9)

TOMS RIVER, NJ 08755

NJDEP# CBG040002,

Hours of Operation

Monday thru Friday 7:00 am - 5:00 pm

Saturday **call for hours**

Invoice No :557418

Date :10/25/16

Phone :(732)244-1716

Fax :(732)244-4411

Customer: 2997880

Black Contracting - COD

Truck :	XAMH62	BLACK CONTRACTING	Gross :	56760	lb	Scale 1	In	11:22 am
Location:	1508	TOMS RIVER TOWNSHIP	Tare :	22840	lb	STORED	Out	11:22 am
			Net :	33920	lb			

Weigh Master: DP

Remarks: CCAproved:859415

Material \$ 135.68

Delivery \$ 0.00

Misc \$ 0.00

Tax \$ 0.00

Total \$ 135.68

Credit Card# 0444

MATERIAL ID	QTY	UNIT-\$	MATERIAL DESCRIPTION	TAX-\$	TOTAL-\$
00064	16.96 tn	\$8.00	CONCRETE/DIRT		\$135.68
					\$135.68

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:



OCEAN COUNTY RECYCLING CENTER, INC.

1497 LAKEWOOD ROAD (RT. 9)

TOMS RIVER, NJ 08755

NJDEP# CBG040002,

Hours of Operation

Monday thru Friday 7:00 am - 5:00 pm

Saturday **call for hours**

Invoice No :557391

Date :10/25/16

Phone :(732)244-1716

Fax :(732)244-4411

Customer: 2997880

Black Contracting - COD

Truck :	XAMH62	BLACK CONTRACTING	Gross :	52020	lb	Scale 1	In	9:50 am
Location:	1508	TOMS RIVER TOWNSHIP	Tare :	22840	lb	STORED	Out	9:50 am
			Net :	29180	lb			

Weigh Master: DP

Remarks: CCAproved:781998

Material \$	116.72
Delivery \$	0.00
Misc \$	0.00
Tax \$	0.00

Total \$ 116.72

Credit Card# 0444

MATERIAL ID	QTY	UNIT-\$	MATERIAL DESCRIPTION	TAX-\$	TOTAL-\$
00064	14.59 tn	\$8.00	CONCRETE/DIRT		\$116.72
					\$116.72

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:





CONSTRUCTION PERMIT

Date Issued 08/22/2016
Control # C-16-004033
Permit # 16-2959

IDENTIFICATION Block: 848 Lot: 31 Qualifier _____
Work Site Location: 1711 TILFORD BLVD Brick Township, NJ 08724 Contractor: VARELA MAXIMINO
Address: 1603 FORGE POND RD BRICK NJ 08724
Owner in Fee: VARELA MAXIMINO Telephone: _____
1603 FORGE POND RD BRICK NJ 08724 Lic. No. or Blrs. Reg. No. _____
Telephone: _____ Federal Employee No. _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☒ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

POOL DEMOLITION

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 \$3,000

Construction Official [Signature]

Date 8/22/16

PAYMENTS (Office Use Only)

Building	\$150
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$150
Check No.	
Cash	\$150
Credit	\$0
Collected By	Lauren Helmstetter

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

- The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
- Foundations and all walls up to grade level prior to back filling.
- All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are life suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

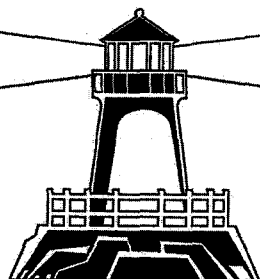
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

08/22/16 3:00 PM 00135843086
*07 SERV 007
BUILDING \$150.00
TOTAL \$150.00
CASH \$150.00
CHANGE \$0.00



Beacon Metal Co. Inc.

215 Throckmorton Street
Freehold, NJ 07728
(732) 462-0543

6075 Main Street
South Amboy, NJ 08879
(732) 727-2300

"Cash buyers of all types of Scrap Metal"

12/25/2015 451 LAB. 4.50V	Slip #: 54 PAYMENT: CASH	2243 BUYER: EN 70
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	Material:	Price Per lb.:	Gross:	Tare:	Net:	Amount:
12/25/2015	LT IRON	.2200			1.780	53.42
Hours: Monday thru Friday – 8:00 am to 5:00 pm Saturday – 8:00 am to 2:00 pm						53.40
CLOSED FOR LUNCH 12:15 – 12:45 pm						
Total▶						

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1711 Tilford Blvd, Brick, NJ 08724

BLOCK: 848 **LOT:** 31

CONTRACTOR: Maximino Varela.

CONTRACTOR'S ADDRESS: 1711 Tilford Blvd Brick, NJ. 08724

Type of Construction(minor, new home): Back full Pool

Type of Debris (shingles, siding, wood, etc.): _____

Party responsible for removal: Maximino Varela.

Dumpster Size: 20 tons.

Destination of Debris: Mazza.

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

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

Maximino Varela
Signature

8 / 22 / 16
Date

Maximino Varela
Print Name