

Called 9/9
6/22/97 BLOCK

DIV. OF INSPECTION



CONSTRUCTION PERMIT APPLICATION

PERMIT NO. 1606-94

1. Proposed Work-site at: 1010 College

2. Name of Owner in Fee: RICHARD DISBROW Tel. [REDACTED]

Address 1618 EDGE ST BRICK NJ 08723
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: SAME Tel. (____) _____

Address SAME

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

Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer _____ Tel. (____) _____

Address _____

6. Responsible Person _____ Tel. (____) _____
In Charge of 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. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

Est. Cost

[illegible]

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

1. ☐ Elevators/Éscalators/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

1. Building
2. Electrical
3. Plumbing
4. Fire Protection
5. Other _____
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

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of 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. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

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 _____

1. State Specific Use:

2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10110526

20K

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 _____

Address _____

Telephone (_____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

COMMENTS

IMPORTANT
A.H.B.T. - EXEMPT

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL	
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date
☐ 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.								
☒ Other <i>Zoning</i>	<i>SK</i>	<i>6/30/94</i>	<i>Free</i>					
☐								
☐								

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 EXPIRED

☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. _____	_____
☐ Certificate of Approval	No. _____	_____
☐ None	No. _____	_____



CONSTRUCTION PERMIT

Date Issued 6-24-94
Control #
Permit # 1606-94

IDENTIFICATION Block 828 Lot 4

Work Site Location 1618 Edge St.

Contractor Self

Owner in Fee Richard Diskrow
Address Same

Address _____

Tele. (____) _____

Tele. (____) _____

Lic. No. or Bldrs. Reg. No. _____ Exp. Date 1995-11

Federal Emp. No. _____

or Social Security No. _____

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

fence

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 \$ 800.-

A. D. Caserio
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		0.00
Building <u>8-</u>	<u>4</u> #	
Plumbing	BUILDING	8.00
Electrical	D.C.A.	1.00
Fire Protection	C / O	30.00
Other	TOTAL	39.00
Other	CASH	39.00
DCA Training Fee <u>1-</u>	CHANGE	0.00
Cert. to Comm. <u>2005</u>	<u>0018A005</u>	3:10
Other		
Total <u>29-</u>		
Check No.		
Cash		
Collected By:		



Date Received
Date Issued 6-24-94
Control #
Permit # 1606-94

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

Block 888 Lot 4
Work Site Location 1618 Edge St
Owner in Fee RICHARD DISBEN
Address 1618 EDGE ST BRICK
Tele. ()
Contractor SHMC
Address CHAGE
Tele. ()
U.C. No. or Bids. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.	6/21/94	SH	Type:	Failure	Approval
☐ All			Footings		
☐ Footings			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
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.
Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☒ Other FENCE
- ☒ Demolition
- ☒ Miscellaneous
- ☒ Fence 6 Height _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Elevator
- ☐ Asbestos Abatement
- ☐ Other _____

(Office Use Only)

FEE

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



Date Received
Date Issued 6-24-94
Control #
Permit # 1606-94

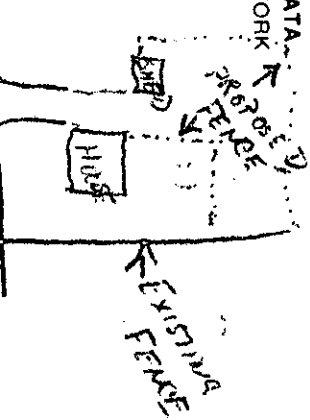
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Block 888 Lot 4
Work Site Location 1618 Edge
Owner in Fee RICHARD DISBROW
Address 1418 EDGE ST BRICK
Tele. ()
Contractor SHMC
Address SHMC
Tele. ()
L.C. No. or Bids. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

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 [Signature]

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK



(Office Use Only)
FEE \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Req.	6/24/94		Footling		
☐ All			Foundation		
☐ Footling			Slab		
☐ Foundation			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:			Other:		
Approved By:			Final:		

B. BUILDING CHARACTERISTICS

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

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

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

