BLOCK 852 LOT 2 ADDRESS (SITE) 1740 WEST PRINCETON AVE PERMIT NO. 2929-94

RECEIVED
OCT 12 1994
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1 Proposed Work-site at: 1740 WEST PRINCETON AVE, BRICK, NJ.

2 Name of Owner in Fee: GR LIMITED Tel. [redacted]

Address 61 WEST MAIN ST (street) FREEHOLD (municipality) [redacted] (zip code)

3 Ownership in Fee: Public _____ Private ✓

4 Principal Contractor: VAN NOTE ROOFING Tel. (908) 9207663

Address 570 ADAMSTON RD BRKK NJ

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

Federal Emp No _____ Social Security [redacted]

5 Architect or Engineer N/A Tel. (____) _____

Address _____

6. Responsible Person In Charge of Work Robert VanNote Tel. (908) 920-7663

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 190		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
Less 20% for State Plan Review			
Subtotal	$		
DCA Training Fee	8		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 218		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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	

II. PROPOSED WORK

Remove + Replace Roof

	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 ☐ Asbestos Abatement	
10 ☐ Demolition	
TOTAL COSTS	10400

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

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:

U.C.C. Form L 1990A

LDS BR 10110511

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 VAN NOTE ROOFING

Address 570 ADAMSTOWN RD

BRICK NJ

Telephone (908) 920-7663

Signature [signature] Date 10/12/94

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL 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								
☐								
☐								

COMMENTS

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 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			

PAYMENTS (Office Use Only) 2 #

Building	150 — BUILDING
Plumbing	D.C.A.
Electrical	C / O
Fire Protection	TOTAL
Other	CHECK
Other	CHANGE
DCA Training Fee	
Cert. of Occ.	
Other 10/12/94	NO. 5
Total	
Check No.	
Cash	
Collected By:	

is hereby granted permission to perform the following work:
( ) BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
Remove & Replace

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 $ 10,000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

CONSTRUCTION PERMIT

Date Issued 10/12/94
Control #
Permit # 2929-94

IDENTIFICATION Block 852 Lot 2

Work Site Location 1740 W. Princeton Ave

Owner in Fee G.B Ltd

Address 6 W. Main St Freehold

Tele. ( )

Contractor Von Note Roofing

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date 2929#

Federal Emp. No. BLOCK 852 # 0.00

or Social Security No. LOT 2 # 0.00

is hereby granted permission to perform the following work:

[C] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Remove + Replace

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 $ 10,400

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)

Building	90
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	20
Other	
Total	21
Check No.	# 3629
Cash	
Collected By:	

BUILDING 10.00
D.C.A. 8.00
C / O 0.00
TOTAL 28.00
CHECK 28.00
CHANGE 0.00

10/12/94 NO. 5 0010A005 11:22

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/12/94
Date Issued
Control #
Permit # 2-92-9-94

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

Block 852 Lot 2
Work Site Location 1740 WEST PRINCETON AVE
BRICK NJ
Owner in Fee GB LIMITED
Address 63 WEST MAIN ST
FREEHOLD NJ
Tele. [redacted]
Contractor VAN NOTE ROOFING
Address 570 ADAMSTON RD
BRICK NJ
Tele. (908) 920 7663
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove + Replace roof.

JOB SUMMARY (Office Use Only)

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[ ] Siding
[ ] Fence _____ Height (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 2
Height of Structure 20 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: 10,400.00
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/12/94
Date Issued
Control #
Permit # 2929-94

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

Block 852 Lot 2
Work Site Location 1740 WEST PRINCETON AVE
BRICK NJ
Owner in Fee GB LIMITED
Address 103 WEST MAIN ST
FRENCH TT
Tele [redacted]
Contractor VAN NOTE ROOFING
Address 570 AMMOSTON RD
BRICK NJ
Tele. (908) 920 2663
Lic. No. or Bldrs. Reg. No. [redacted]
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove + Replace roof

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:		
Approved By:		

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[ ] Siding
[ ] Fence _____ Height (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 2
Height of Structure 20 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: 10,400.00
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

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

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

TOWNSHIP OF BRICK

1740 WEST PRINCETON AVE — 852 (Block) — 2 (Lot)
Work Site Address

GB LIMITED 63 WEST MAIN ST FREEHOLD, NJ. [redacted]
Owner's Name, Address, Phone

VAN NOTE ROOFING 570 ADAMSTON RD BRICK, NJ
Contractor's Name, Address, Phone

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

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

Describe type and estimated quantity of material ROOF SHINGLES 7,000 S.F.

Name, address and phone of party responsible for removal of debris:

VAN NOTE ROOFING 570 ADAMSTON RD BRICK NJ

Size of dumpster: 30yD

Destination of discarded debris: LERTA

Hauler's DEP Permit No.: 100164

**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.

Robert Van Note — Signature — 10/12/94 (Date)
Printed/Typed Name

****

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

ORDINANCE 728-92

ORDINANCE OF THE TOWNSHIP OF BRICK, COUNTY OF OCEAN, STATE OF NEW JERSEY AMENDING AND SUPPLEMENTING CHAPTER 121 ENTITLED "CONSTRUCTION CODES, UNIFORM" TO ADD SECTION 121-3 "BUILDERS RESPONSIBILITY".

BE IT ORDAINED by the Township Council of the Township of Brick, County of Ocean, State of New Jersey, as follows:

SECTION 1. Section 121-3 of the Brick Township Code is hereby enacted as follows:

121-3. Builders Responsibility.

A. Prior to any permit being issued for construction of any kind, the person or entity applying for the permit shall, as a prerequisite to the issuance of that permit, provide the Construction Official with written documentation setting forth the person's or entity's proposal to dispose of all construction debris resulting from the construction for which the permit is being issued.

B. Prior to the issuance of a Certificate of Occupancy, the person or entity performing the construction shall provide the Construction Official with written documentation setting forth that the person or entity has complied with the proposal to dispose all of the construction debris.

SECTION 2. All Ordinances or parts of Ordinances inconsistent herewith are repealed.

SECTION 3. If any section, subsection, sentence, clause, phrase or portion of this Ordinance is for any reason held invalid or unconstitutional by a Court of competent jurisdiction, such portion shall be deemed a separate, distinct and independent provision, and such holding shall not affect the validity of the remaining portions hereof.

SECTION 4. This Ordinance shall take effect in the manner as prescribed by law.

PASSED: January 28, 1992

ADOPTED: February 25, 1992

SIGNED: _____
MAYOR

_____
PRESIDENT OF THE COUNCIL

ATTEST: _____
MUNICIPAL CLERK