RECEIVED

MAR [illegible] REC'D

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

BUILDING

I. IDENTIFICATION

1. Proposed Work at: 120 Walter Road Brick
2. Owner Name: Allen A DAgostino Tel. (201) 840 3984
   Address 120 Walter Road Brick
3. Principal Contractor: Self Tel. ( )
   Address Same
   Lic. No. or Builder Reg. No. -0- Federal Emp. No.
4. Architect or Engineer: -0- Tel. ( )
   Address
5. Responsible Person in Charge of Work Same as Above Tel. ( )

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☒ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other K	
	TOTAL COST	$ 1500

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☒ One-Family (R–3a)

If new construction, enter no. of dwelling units

If other than new construction, enter no. of dwelling units:

Before Construction: 1

After Construction: 1

Net Gain (or loss): -0-

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use:

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☒	☐	(Gas)
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 1 1/2
15. Height of Structure 18 Ft.
16. Area–Largest Floor Sq. Ft.
17. Bldg. Area–All Fls. Sq. Ft.
18. Volume of Structure Cu. Ft.
19. Total Land Area Disturbed Sq. Ft.

LDS BR 10515736

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☑ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE 2/24/84

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 8 1170-5 LOT NO. 8 1 SUBDIVISION _____ PERMIT NO. 550

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	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. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO.

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	3/2/88		3-5-88		
	Footings/Foundations					
	Framing					
	Architectural					
	Other zone			3/4/88	JC	
☐	PLUMBING					
☐	ELECTRICAL					
☑	FIRE PROTECTION			3/8/88	JE	as noted on plans
☐	OTHER engr			/ /	RV/A	

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	✓ BUILDING		10-28-88 RC	
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			
	ELECTRICAL			
	✓ FIRE PROTECTION		10-28-88 JE	
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired	
☐ Temporary Certificate of Occupancy Date Expired	
☐ Certificate of Occupancy No.	
☐ Certificate of Continued Occupancy No.	
☑ Certificate of Approval No. 350	10/28/88
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	22.18
PLUMBING	
ELECTRICAL	
FIRE PROTECTION	15.00
OTHER	
SUBTOTAL	$ 37.18
– LESS: 20% of subtotal (when plan review performed by state agency).	(3.72)
D.C.A. TRAINING FEE .0006 x 3168	= 1.90
CERTIFICATE OF OCCUPANCY	20.00
OTHER	
OTHER	
TOTAL COLLECTED WHEN PERMIT ISSUED	62.80
DATE 3-8-88 Collected By Pabo	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$
COLLECTED AFTER PERMIT (VB)	
TOTAL	$

TOWNSHIP OF BRICK

CERTIFICATE

CERT. NO. 350
DATE ISSUED 10-28-88
Block 1170-5 Lot 1
Subdivision

IDENTIFICATION

Owner Allen A. D'Agostino
Address 120 Walter Road
Brick, NJ
Tel. ( )

Agent same
Address
Tel. ( )
Lic. No.
Federal Emp. No.

Work Site Address 120 Walter Road

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other

Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

Raise roof to make room for storage only

USE GROUP R-3 FIRE GRADING 1 hour

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE addition for storage

FINAL COST OF CONSTRUCTION: $ 1,500.

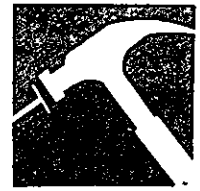
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE



PERMIT NO. 350
DATE ISSUED 3-8-88
REVISION DATE
Block 4170-5 Lot 1
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner X Allen A D'Agostino
Address 120 Walter Road
Brick, N.J. 08723

Contractor A
Address SAME

Tel. ( ) Tel. ( )

Work Site Address Lic. No.

Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Allen A D'Agostino
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

X Raise Roof - 1/2 of Length -
Wood Rafters - 2x6 -
Ridge Beam 2x-8

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☑ Alteration/Renovation
  - ☑ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
	100.00	
	400.00	
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 500.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 350
DATE ISSUED 3-8-88
REVISION DATE

Block 4170-5 Lot 9 1
Subdivision

A. IDENTIFICATION

APPLICANT -- *Complete unshaded areas only* — When changing contractors, notify this office

Owner Allen A D'Agostino
Address 120 Watter Rd
Brick, NJ. 08723
Tel. (201) 840 3984
Work Site Address Same

Contractor —
Address Same
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Allen A D'Agostino
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised -- Method:
Water Supply -- Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work : $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

Smoke detectors $ 75
Egress Windows $
$

Subtotal $ 0
Minimum Fire Protection Fee (If Applicable) $ 0
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 15

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems -- Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank -Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140(8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

UNIFORM CONSTRUCTION CODE — NEW JERSEY

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 350
DATE ISSUED 3-8-88
REVISION DATE
Block 1170.5 Lot 1
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner [illegible]
Address [illegible]
[illegible]
Tel. ( ) [illegible]
Work Site Address [illegible]

Contractor
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $
FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☒ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $
$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $
FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $
$

B5. OTHER

[illegible] $ 15
[illegible] $
$

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 15

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 3/8/86
Approved By: [signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 10/28/88
Inspected By: [signature]

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☒ Smoke Test				10/28/88
☐ TCO				
☒ Other final				10/28/88
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)


30'x40'6"
2x4
12" x 2
4'6
3.0
2x8
SIDE
Bedroom
4'6
3.0
Smoke Detectors Interconnected With in 10' of Bedrooms
1 Egress Window each Bedroom.
BACK
3/8/88
RAFTERS - 2x6
Ridge - 2x8
plate - 2x8
FRAME - 2x4
WINDOW HEADER - 2x12 - DOUBLE
SECOND FLOOR 2x8
3'
7'
8'
SIDE

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000; ext. 262

CHECK LIST

RE: Block 1170 - 5 Lot 1 Address 120 Walter Rd.

Please be advised that your application for a construction permit for the subject property has beenrejected due to defieiencies in the following areas:

Administrative plot plan required to show streets

Zoning _____

Engineering _____

Building _____

Plumbing _____

Electric _____

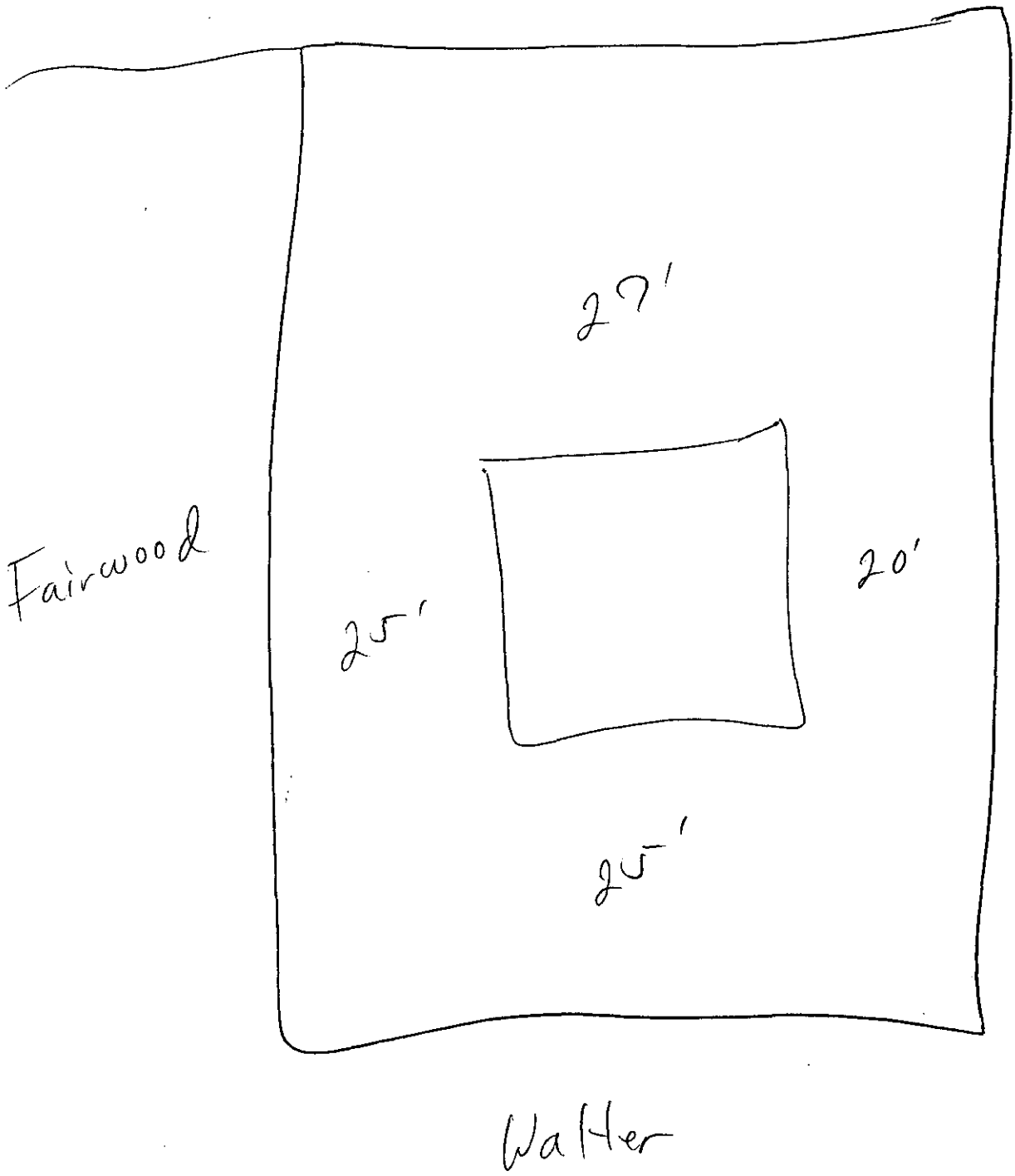
Fire _____

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

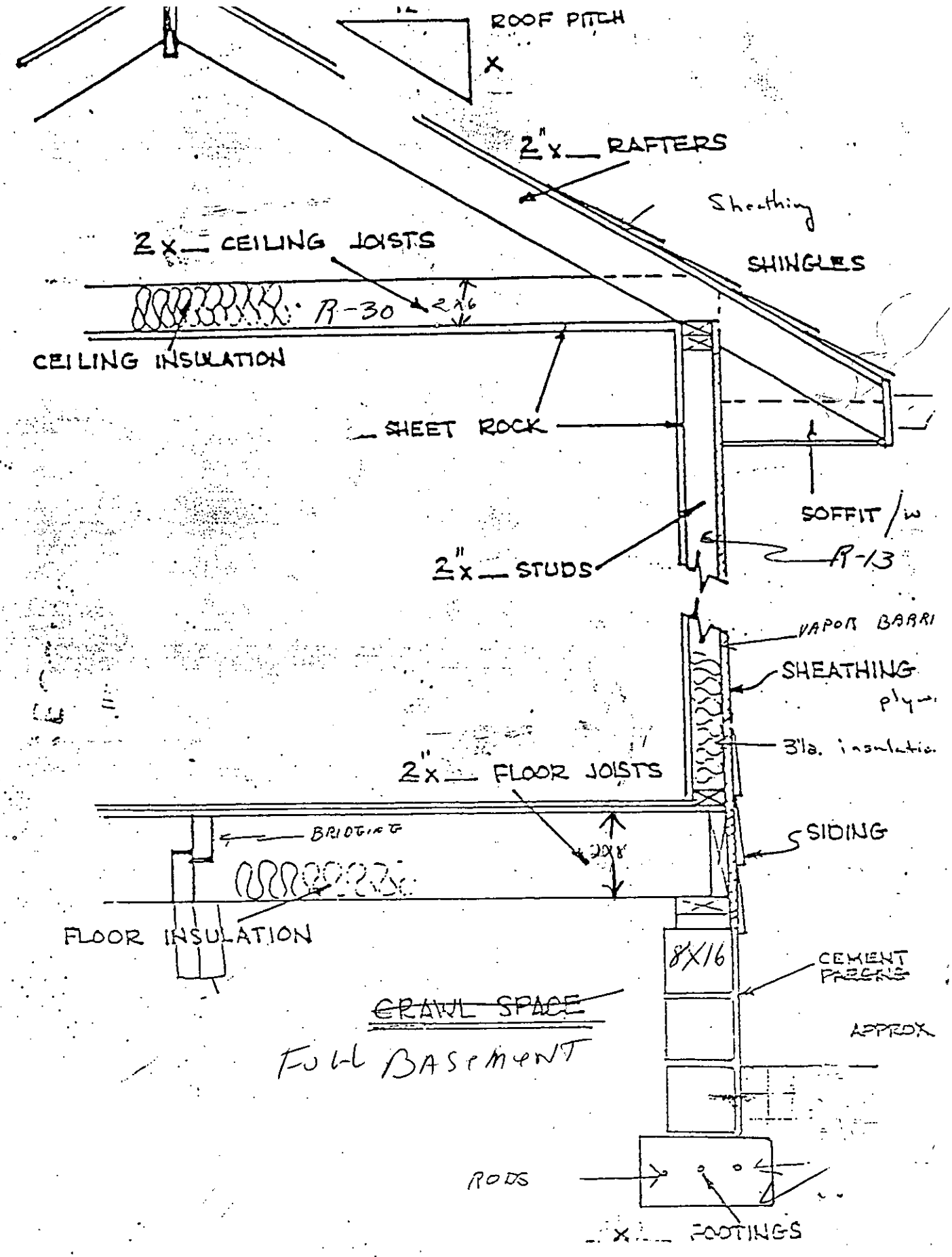
There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

Arthur J. Cierzo,
Construction Official

Date 3-2-88



Approved
3/4/88



TYP. WALL SECTION

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		3/8/88	
Fire			
Energy			
Electrical