



CONSTRUCTION PERMIT APPLICATION

AUG 19 1988
DIV. OF INSPECTION

OWNSHIP OF BRICK

I. IDENTIFICATION

1. Proposed Work at: 144 WALTER RD., BRICK, NJ

2. Owner Name: ENRICO & LINDA STEFANELLI Tel. (201) 458-2194

Address: AS ABOVE

3. Principal Contractor: DURA-PLEX Tel. (201) 458-4061

Address: RT. 88, BRICK, NJ

Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

4. Architect or Engineer: _____ Tel. (____) _____

Address: _____

5. Responsible Person in Charge of Work: _____ Tel. (____) _____

II. PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																
1. ☐ Minor Work (Single Trade) 2. ☐ Small Job (\$5,000 and no Prior Approvals) <i>Complete only II.B., III and IV.A. and Page 2</i> 3. ☐ New Building 4. ☐ Addition 5. ☐ Alteration 6. ☐ Repair, Replacement 7. ☐ Demolition 8. ☒ Other: <u>Siding</u>	<table border="1"> <thead> <tr> <th>Permit/Category</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td>1. ☐ Building/Structural</td> <td>\$ _____</td> </tr> <tr> <td>2. ☐ Plumbing</td> <td>_____</td> </tr> <tr> <td>3. ☐ Electrical</td> <td>_____</td> </tr> <tr> <td>4. ☐ Fire Protection</td> <td>_____</td> </tr> <tr> <td>5. ☐ Other _____</td> <td>_____</td> </tr> <tr> <td>6. ☐ Other _____</td> <td>_____</td> </tr> <tr> <td colspan="2">TOTAL COST \$ <u>4,500</u></td> </tr> </tbody> </table>	Permit/Category	Estimated	1. ☐ Building/Structural	\$ _____	2. ☐ Plumbing	_____	3. ☐ Electrical	_____	4. ☐ Fire Protection	_____	5. ☐ Other _____	_____	6. ☐ Other _____	_____	TOTAL COST \$ <u>4,500</u>		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
Permit/Category	Estimated																	
1. ☐ Building/Structural	\$ _____																	
2. ☐ Plumbing	_____																	
3. ☐ Electrical	_____																	
4. ☐ Fire Protection	_____																	
5. ☐ Other _____	_____																	
6. ☐ Other _____	_____																	
TOTAL COST \$ <u>4,500</u>																		
C. DO YOU WANT: 1. ☐ Partial Releases 2. ☐ Prototype Processing																		

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL	B. NON-RESIDENTIAL
1. ☐ Hotels (R-1) 2. ☐ Multi-Family (R-2) HMD Reg. No.: _____ 3. ☐ Two Family (R-3b) 4. ☐ One-Family (R-3a)	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)
If new construction, enter no. of dwelling units: _____ If other than new construction, enter no. of dwelling units: _____ Before Construction: _____ After Construction: _____ Net Gain (or loss): _____	16. ☐ Institutional Detention Center (I-1) 17. ☐ Hospitals, Infirmarys (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	B. HEATING FUEL	C. TYPE OF SEWAGE DISPOSAL	D. TYPE OF WATER SUPPLY	E. BUILDING CHARACTERISTICS																								
1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.) 2. ☐ Public (State, County or Local Govt.)	<table border="1"> <thead> <tr> <th>Principal</th> <th>Secondary</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>3. ☐</td> <td>☐</td> <td>Gas</td> </tr> <tr> <td>4. ☐</td> <td>☐</td> <td>Oil</td> </tr> <tr> <td>5. ☐</td> <td>☐</td> <td>Electric</td> </tr> <tr> <td>6. ☐</td> <td>☐</td> <td>Solid (Wood, Coal, Etc.)</td> </tr> <tr> <td>7. ☐</td> <td>☐</td> <td>Propane</td> </tr> <tr> <td>8. ☐</td> <td>☐</td> <td>Solar</td> </tr> <tr> <td>9. ☐</td> <td>☐</td> <td>Other _____</td> </tr> </tbody> </table>	Principal	Secondary	Type	3. ☐	☐	Gas	4. ☐	☐	Oil	5. ☐	☐	Electric	6. ☐	☐	Solid (Wood, Coal, Etc.)	7. ☐	☐	Propane	8. ☐	☐	Solar	9. ☐	☐	Other _____	10. ☐ Public or Private Company 11. ☐ Private (Septic Tank, Etc.)	12. ☐ Public or Private Company 13. ☐ Private (Well, Etc.)	14. No. of Stories _____ 15. Height of Structure _____ 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.
Principal	Secondary	Type																										
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9. ☐	☐	Other _____																										

LDS BR 10515746

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

Linda A. McFarrell

DATE

8-19-88

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

23/4

PRIOR APPROVALS CHECKLIST

[illegible]

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

EDITION OF CODE

EDITION OF CODE

☐ Flood Hazard

- ☐ As Built
Elevation
Certification
- ☐ Other

ÄPPROVÄLS

LOCAL

COUNTY

REGIONAL

STATE

COMMENTS

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	Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING		6-19-88	1/24
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	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. _____	_____
☐ 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	\$ 37.5
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER	_____
SUBTOTAL	\$ _____
- LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	20.00
OTHER	_____
OTHER	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 57.5
DATE 8/19/88	Collected By _____

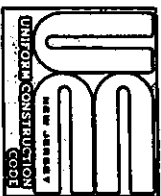
B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

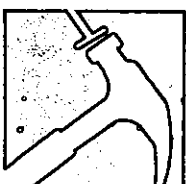
C. TOTAL CONSTRUCTION FEES COLLECTED

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

TOWNSHIP OF BRICK



**BUILDING
SUBCODE
TECHNICAL SECTION**



PERMIT NO. 2314
 DATE ISSUED 8-29-88
 REVISION DATE _____
 Block 170-5 Lot 6
 Subdivision _____

A. IDENTIFICATION

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

Owner ENRIKO + LINDA STEFANELLO Contractor DURA-PLEX

Address 144 WATER ROAD Address RT. 88

Tel. (201) 458-2194 Tel. (201) BRICKNS 08724

Work Site Address AS ABOVE Lic. No. 458-4061

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.

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 Give detail description including materials used, dimensions, etc.

Single Building

☐ See Plans

TYPE OF WORK:	Fee Basis	Fee
☐ New Building		
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other _____		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other _____		
SUBTOTAL	\$	
Minimum Building Fee (if applicable)	\$	
Total Building Fee (Greater of Minimum or Subtotal)	\$	

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.

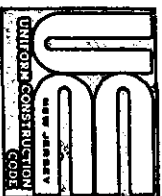
Area--Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ _____

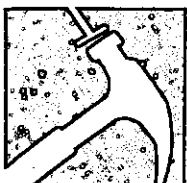
D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 4414
 DATE ISSUED 8-19-14
 REVISION DATE _____
 Block 1770-5 Lot 6
 Subdivision _____

A. IDENTIFICATION

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

Owner ENRICO + LINDBA STEFANELLI Contractor BARA - PLEX
 Address 144 WATER ROAD Address RT. 88
 Tel. (301) 458-2194 Tel. (301) 458-0393
 Work Site Address AS ABOVE 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.
 AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 Give detail description including materials used, dimensions, etc.

Kenny Building

TYPE OF WORK:

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

Fee Basis

Fee

SUBTOTAL

Minimum Building Fee (if applicable)
 Total Building Fee (Greater of Minimum or Subtotal)

☐ See Plans

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

JOB CONDITION/COMMENTS[illegible]

Maximum Occupancy Load:

INSPECTIONS

	Date	Initials
☒ No Plans Required	8-10-44	W
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

☐ CO ☐ CCO ☐ CA

Date: 6-19-88

Inspected By: WA

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				