

BLOCK 1170.06 LOT 2
RECEIVED
MAY 14 1999



CONSTRUCTION PERMIT APPLICATION

QUALIFICATION CODE _____

ADDRESS (SITE) _____

PERMIT NO. 99-1588

DIV. Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 157 John St Brick
2. Name of Owner in Fee: CATHERINE DESANTIS Tel. (732) 785-1855
Address 157 John St BRICK NJ 08724
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Whitman Construction Tel. (732) 295-0875
Address 517 PASSAIC AVE SPRING LAKE 08730
License No. OR, if new home, Builder Reg. No. 223558985 Exp. Date _____
Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
Address _____
6. Responsible Person in Charge of Work JOE SAVI
Tel. (732) (210-7971) FAX (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>135</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$ <u>4</u>		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>139</u>		

VI. BUILDING/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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>AS</u>							

TOTAL COSTS

5000

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:

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

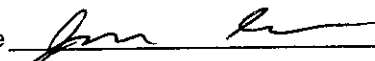
I further certify that I will perform the following work:

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)

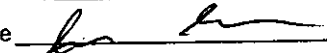
I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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 Whitman Const
Address 157 John St 517 Passaic Ave
Spring Lake NJ 08730
Telephone (732) 295-0875
Signature 

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 05/14/99
Control #
Permit # 99-1588

IDENTIFICATION Block 1170.06 Lot 2

Work Site Location 157 JOHN ST

VINYL SIDING

Owner in Fee DESANTIS K

Address

SAVE

Telephone BRICK, NJ 08724-
(732)785-1855

Contractor WHITMAN CONST CO
Address 517 PASSAIC AVE
SPRING LAKE, NJ 07772

Telephone ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3558985

Is hereby granted permission to perform the following work:

☒ BUILDING

☐ PLUMBING

☐ LEAD HAZARD ABATEMENT

☐ ELECTRICAL

☐ FIRE PROTECTION

☐ DEMOLITION

☐ ELEVATOR DEVICES

☐ ASBESTOS ABATEMENT

☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

VINYL SIDING

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 \$ 5,000

Construction Official

05/14/99
Date

U.C.C. F170 (rev. 3/95)

PAYMENTS (Office Use Only)

Building 135

Electrical 0

Plumbing 0

Fire Protection 0

Elevator Devices 0

Other

DCA Training Fee 4

Cert. of Occupancy 0

Other 1

Total 140

Check No. 133

Cash

Collected By AJP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/14/99
Date Issued 05/14/99
Control 0
Permit 0 99-1588

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

Block 1170.06 Lot 2 Qual
Work Site Location 157 JOHN ST
VINYL SIDING

Owner in Fee DESANTIS K
Address SAME
BRICK, NJ 08724-

Tele. (732) 785-1835
Contractor WHITMAN CONST CO
Address 517 PASSAIC AVE
SPRING LAKE, NJ 07772-

Tele. () Fax ()
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. 22-3558985

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial

☐ No Plans Req. Type
☐ All Footing
☐ Footing Foundation
☐ Foundation Slab
☐ Frame Frame
☐ Other BarrierFree

Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SUBCODE APPROVAL ☐ Elev
☐ CO ☐ CCO ☐ CA
Date: TCO
Approved By: Other
Final
BarrierFree

INSPECTIONS
Type Failure Dates (Month/Day) Initial

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 5,000
3. Total (1+2) \$ 5,000

Industrialized Building:
☐ State Approved
☐ HUD

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

VINYL SIDING

TYPE OF WORK

☐ New Building
☐ Addition
☒ Alteration

☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool

Height (exceeds 6')
Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Demolition

Administrative Surcharge
Minimum Fee
TOTAL FEE
DCA Training Fee

Administrative Surcharge
Minimum Fee
TOTAL FEE
DCA Training Fee

Administrative Surcharge
Minimum Fee
TOTAL FEE
DCA Training Fee

Administrative Surcharge
Minimum Fee
TOTAL FEE
DCA Training Fee

TOWNSHIP OF BRICK
 Chambers Bridge Road
 Brick, New Jersey 08723
 : 732-262-1027

Site Location:	157 John St BRICK NJ 08724		Date Rec'd.:
Block:	1170.06	Box: 2	Date Issued:
Owner in Fee:	Catherine DeSantis		Control #:
Address:	157 John St BRICK NJ 08724		Permit #:
State:	Zip:	Phone: ()	
SS #:	Provide only if Applicant is owner		

PLUMBING SUBCODE		BUILDING SUBCODE	
CONTRACTOR:		CONTRACTOR: <u>Whitman Const</u>	
ADDRESS:		ADDRESS: <u>517 Passaic Ave</u> <u>Spring Lake</u>	
PHONE:		PHONE: <u>295-0875</u>	
C.#:		LIC.#: <u>223558985</u>	
LIC. EXPIRATION DATE:		LIC. EXPIRATION DATE:	
FEDERAL EMP. # (or S.S. #):		FEDERAL EMP. # (or S.S. #):	
TECHNICAL SITE DATA (LIST ALL FIXTURES)		TECHNICAL SITE DATA	
NO.	FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:	
	Water Closet	<u>Vinyl Siding on House</u>	
	Urinal / Bidet		
	Bath Tub		
	Lavatory		
	Shower		
	Floor Drain		
	Sink		
	Dishwasher		
	Drinking Fountain		
	Washing Machine		
	Hose Bibb		
	Gas Piping		
	Fuel Oil Piping		
	Water Heater		
	Steam Boiler		
	Hot Water Boiler		
	Sewer Pump		
	Interceptor / Separator		
	Backflow Preventer		
	Greasetrap		
	Water Cooled AC or Refrig. Unit		
	Sewer Connection		
	Septic (Disposal System) Closure		
	Water Service Connection		
	Gas Service Connection		
	Active Solar System		
	Vent Through Roof		
	Other		
Estimated Cost of Plumbing Work: \$		TYPE OF WORK	
Signature:		☐ New Building ☐ Addition ☐ Alteration ☒ Roofing ☒ Siding ☐ Other: ☐ Other:	
Owner ☐ Contractor ☐		☐ Fence: Height (6' or More) ☐ Sign: Sq. Ft. ☐ Pool (In Ground) ☐ Pool (Above Ground) ☐ Asbestos Abatement ☐ Demolition	
IBCODE APPROVAL:		BUILDING CHARACTERISTICS	
ANS: Required ☐ Approved ☐		USE GROUP Present: Proposed:	
Approved by:		CONSTR. CLASS Present: Proposed:	
Date:		No. of Stories:	
CONTRACTOR AFFIX SEAL:		Height of Structure:	
		Area - Largest Floor:	
		New Building Area / All Floors:	
		Volume of Structure: Total Land Disturbed:	
		Signature: <u>[Signature]</u>	
		Estimated Cost of Building Work: <u>\$ 5,000.00</u>	
		New Building (1): \$	
		Alteration (2): \$	
		TOTAL (1+2): \$ <u>5,000.00</u>	
		SUBCODE APPROVAL:	
		PLANS: Required ☐ Approved ☐	
		Approved by:	