

BLOCK 170.6 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 171 John St., Brick PERMIT NO. 04 1381



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION		
1. Proposed Work Site at:	<u>171 John St., Brick</u>	
2. Name of Owner in Fee:	<u>Jeff Makowski</u> Tel. <u>(732) 267-0216</u>	
Address	<u>171 John St., Brick, NJ 08724</u>	
street	municipality	zip code
3. Ownership in Fee:	Public ☒ Private ☐	
4. Principal Contractor:	<u>Debra - Alex, Inc.</u> Tel. <u>(732) 458-4061</u>	
Address	<u>681 Rt. 88 W., Brick, NJ 08724</u>	
License No. OR, if new home, Builder Reg. No.		Exp. Date
Federal Employee No.	<u>22-3082296</u>	FAX: <u>(732) 458-5019</u>
5. Architect or Engineer		Tel. ()
Address		Contact
6. Responsible Person in Charge once Work has Begun		
Tel. ()		FAX: ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>110</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge	\$ <u>5</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>115</u>		

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

(office use only)

Vinyl Siding

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
							Approval	Rejection	
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	<u>4000.00</u>								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:
- No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

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 Dura-Plex, Inc.
Address 1681 Rt. 88 W.
Brick, NJ 08724
Telephone (732) 458-4061
Signature James Meccadente

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/15/2010
Control Number _____
Permit Number 04-1381
Permit Issue Date 04/22/2004
Certificate Number 04-1381

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 171 JOHN ST SIDING, NJ Block: 1170.06 Lot: 6 Qual: _____
Owner in Fee: MAKOWSKI
Owner Address: SAME BRICK NJ 08724-
Telephone: 732/267-0216
Contractor MAKOWSKI
Address SAME BRICK NJ 08724-
Telephone: 732/267-0216 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: _____

Certificate Comments: _____

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
CONSTRUCTION
PERMITS

Date Issued 04/22/2004
Control #
Permit # 04-1381

IDENTIFICATION Block 1170.06 Lot 6

Work Site Location 111 JOHN ST
SIGNING

Owner in Fee HAKONSKI
Address SAME
BRICK, NJ 08724-
Telephone (732)287-0216

Contractor DUSA PLEX INC
Address 1681 RT 88 W
BRICK, NJ 08724-
Telephone (732)458-4061
Lic. No. or Bidr. Reg. No.
Federal Emp. No. 22-3082236

Is hereby granted permission to perform the following work:

☐ BUILDING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☐ REMEDIATION
☐ ELEVATOR DEVICES	☐ OTHER

DESCRIPTION OF WORK:
VINYL SIDING
(Subcontract a only)

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 \$ 1,000

Construction official
04/22/2004

H.C.O. 5170 (rev. 3/88) NJ HCCARD 5.204

Date

PAYMENTS (Office Use Only)

Building	110
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
OCA State Permit Fee	5
Cert. of Occupancy	0
Other	0
Total	115
Check No.	9829
Cash	
Collected By	ERP

04/22/04 3:11PM 00000048581
#041381
BUILDING
DCA
CHECK \$115.00
\$110.00
\$5.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/22/2004
Date Issued 04/22/2004
Control #
Permit # 04-1381

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

Block 117D.06 Lot 6 Qual
Work Site Location 171 JOHN ST
SIDING

Owner in Fee MAKOWSKI
Address SAME

BRICK, NJ 08724-

Tele. (732) 267-0216

Contractor DURA PLEX INC

Address 1681 RT 88 W

BRICK, NJ 08724-

Tele. (732) 458-4061 Fax (732) 458-5019

lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3082296

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO

Date: 04/16/04

Approved By: [Signature]

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5

Const. 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 \$ 4,000

3. Total (1+2) \$ 4,000

Industrialized Building:

☐ State Approved

☐ HUD

FEE (Office Use Only)

\$ 0

\$ 0

\$ 110

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 110

DCA State Permit Fee \$ 5

3E
NJ MCCLARY S-24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

900 NEW JERSEY
BUILDINGS
SUBCODE
TECHNICAL SECTION
Date Received 04/22/2004
Date Issued 04/22/2004
Control #
Permit # 04-1381

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

Block 1120.00 Lot 6 Q981
Work site location 171 JOHN ST
SIDING

Owner In Fee: MAKOWSKI
Address SAME
BRICK, NJ 08724

Tele: (732) 281-0210

Contractor: NARA PLEY INC

Address: 1681 RT 88 N

BRICK, NJ 08724

Tele: (732) 450-4061 Fax: (732) 450-5010

U.S. No. of Bldgs. Reg. No.

Federal Emp. No. 22-3082298

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

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial

INSPECTIONS
Type Failure Failure Approval Initial

TYPE OF WORK

FEE (Office Use Only)

☐ No Plans Req.
☐ All
☐ Footing
☐ Foundation
☐ Frame
☐ Other
Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SURCODE APPROVAL ☐ Elev
☐ CO ☐ CCO ☐ CA
Date:
Approved By:

Barrierfree
Insulation
Finishes
Energy
Mechanical
TCO
Other
Final
Barrierfree

☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Demolition

2. BUILDING CHARACTERISTICS

New Ground Present Proposed 2.5

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 \$ 4,000

3. Total (1+2) \$ 4,000

Industrialized Building:

☐ State Approved

☐ HRD

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA State Permit Fee

U.C.C. F110 (rev. 3/96)

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 171 John St., Brick
 Block: 1170.6 Lot: 6
 Owner's Name: JEFF Makowski
 Owner's Mailing Address: 171 John St.
Brick, NJ 08724
 Phone: (732) 267-0216

BUILDING

Contractor: Dura-Plex, Inc.
 Address: 1581 Rt. 88 W.
Brick, NJ 08724
 Phone#: 732-458-4061
 Lis # _____
 Federal Emp # or SSN 22-3082296

Technical Data

Description of Work:

Vinyl Siding

Type of Work

☐ New Building ☒ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
 No of Stories: _____
 Height of Structure: _____
 Area of the largest floor: _____
 Area of New Building: _____
 Volume of Structure: _____
 Total Land Disturbed: _____
 Cost of Alteration: _____
 Cost of New Building: _____

Total Cost of Building Work: 4000.00

Signature: James Mercadante

Please Print Name James Mercadante

ELECTRICAL

Contractor: _____
 Address: _____
 Phone#: _____
 Lis #: _____
 Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool _____
 Spa/Hot Tub/Storable Pool _____
 Electric Range _____ K
 Oven/Surface Unit _____ KV
 Electric Water Heater _____ K
 Electric Dryer _____ K
 Dishwasher _____ K
 Garbage Disposal _____ F
 A/C Unit - Central Air _____ K
 Space Heater/Air Handler _____ K
 Baseboard Heating _____ K
 Motors 1+ HP _____
 Transformer/Generator _____ K
 Light Stander _____ AM
 Service _____ AM
 Subpanel _____ AM
 Motor Control Center _____ AM
 Sign/Outline Light _____ K
 Furnace _____
 Steam Boiler _____
 Other: _____

Estimated Cost of Electrical Work: _____

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets _____	
Urinals/Bidets _____	
Bath Tub _____	
Lavatory _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Water Cooled A/C or Refrig. Unit _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Other: _____	

Estimated Cost of Plumbing Work _____
Signature: _____
Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: ___ Gas ___ Oil ___ Electric ___ Solar
Heating System is ___ New ___ Existing
Location of Furnace/Boiler: _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads _____	
Dry Sprinkler Heads _____	
Total _____	

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Fire Work _____
Signature: _____
Print Name: _____