



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 160 John Street
 2. Name of Owner in Fee: Bobu Dixon Tel. [REDACTED]
 Address 160 John Street B-1C NJ 08723
street municipality zip code
 3. Ownership in fee: Public _____ Private X
 4. Principal Contractor: Whitman Construction LLC Tel. (____)
 Address 2511 Lakewood Rd (Route 88)
 License No. OR, if new home, Building Permit No. 08742 Exp. Date _____
 Federal Employee No. 732-295-0875 732-295-0259
 5. Architect or Engineer: 22-3558885 Tel. (____)
 Address _____ Contact _____
 6. Responsible Person in Charge once Work has Begun
 Tel. (____) FAX: (____)

le-roof

V. FEE SUMMARY (for office use only)

		50	Update	Update
1. Building	\$			
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	\$			
7. Less 20% for State Plan Review				
8. Subtotal	\$	3		
9. State Permit Fee Surcharge	\$			
10. Subtotal	\$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	\$	53		

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)

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 Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☒ b. Alteration	2000.00								
☐ 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	2000.00								

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 Whitman Construction LLC
2511 Lakewood Rd (Route 88)
Point Pleasant NJ 08742
732-295-0875 732-295-9259
Address 22-3558985

Telephone _____
Signature Melvin White

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 02/12/2008
Control Number _____
Permit Number 04-3391
Permit Issue Date 08/10/2004
Certificate Number 04-3391

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 160 JOHN STREET REROOF, NJ Block: 1170.07 Lot: 3 Qual: _____
Owner in Fee: PICTON
Owner Address: SAME BRICK NJ 08724-
Telephone: _____
Contractor PICTON
Address SAME BRICK NJ 08724-
Telephone: _____ Fax: _____
License Number _____ 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 NJAC5:17 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: _____

401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/10/2004
Date Issued 08/10/2004
Control #
Permit # 04-3391

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

Block 1170.07 Lot 3 Parcel
Work Site Location 160 JOHN STREET
REEROOF

Owner in Fee PICTON
Address SOME
BRICK, NJ 08724-

Tel. [REDACTED]
Contractor WHITMAN CONST CO
Address 2511 LAKEWOOD RD
PT PLEASANT, NJ 08742-

Tele. (732) 295-0875 Fax ()
Lic. No. or Bldg's. Reg. No.
Federal Emp. No. 22-3558985

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footings	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Barrierfree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CDD ☐ CA			Mechanical	
Date: 1-31-08			TOO	
Approved By: [Signature]			Other	
			Final	
			Barrierfree	

B. BUILDING CHARACTERISTICS

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.

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

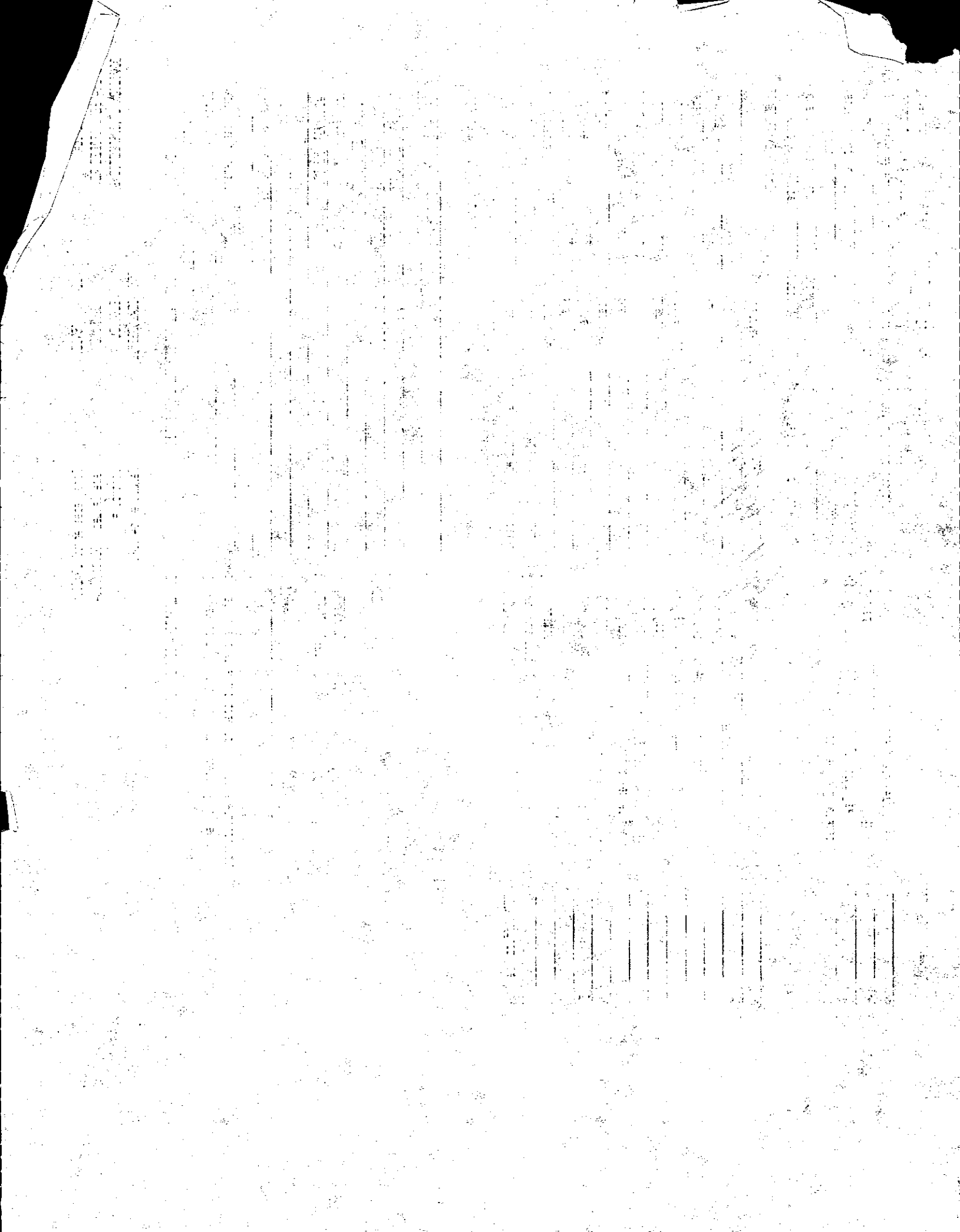
REEROOF

TYPE OF WORK

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence 0 Height (exceeds 6')
☐ Sign 0 Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement N.J.A.C. 5:17
☐ Other
Other
☐ Demolition

FEE (Office Use Only)

Paid ☐ Check #
Collected by: [REDACTED]
Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$
DCA State Permit Fee \$
U.C.C. F110 (rev. 3/95)



TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
CONSTRUCTION
PERMITS

Date Issued 08/10/2004
Control #
Permit # 04-3391

IDENTIFICATION Block 1170.07 Lot 3 (see)

Work Site Location 160 JOHN STREET
PERMIT
Owner in Fee FICTON
Address SAME
BRICK, NJ 08724-
Telephone
Contractor WITHMAN CONST CO
Address 2511 LAVERGNE RD
PT PLEASANT, NJ 08742-
Telephone (732) 255-0875
Lic. No. or Bldg. Reg. No.
Federal Emp. No. 23-358985

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:
RENOVE

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 \$ 2,000

Construction Official

08/10/2004

U.C.C. F170 (rev. 3/95) NJ UDAMS 5.24E

PAYMENTS (Office Use Only)

Building 50
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 3
Cert. of Occupancy 0
Other
Total 53
Check No. 23031
Cash
Collected By MFR

08/10/04 10:47AM 001558#1814
XX02 SERV.002

#3391
BUILDING \$50.00
DCA \$3.00
CHECK \$53.00

UNITED STATES
DEPARTMENT OF
THE ARMY

OFFICE OF THE
CHIEF OF STAFF
WASHINGTON, D. C.

MEMORANDUM FOR THE CHIEF OF STAFF
SUBJECT: [Illegible]

1. [Illegible]
2. [Illegible]
3. [Illegible]
4. [Illegible]
5. [Illegible]
6. [Illegible]
7. [Illegible]
8. [Illegible]
9. [Illegible]
10. [Illegible]

Very truly yours,
[Signature]

RECEIVED
JAN 10 1964

OFFICE OF THE
CHIEF OF STAFF
WASHINGTON, D. C.

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 160 John Street
Block: 1170.07 Lot: 3
Owner's Name: Bob Picton
Owner's Mailing Address: 160 John Street
Brick 11508723
Pho: [REDACTED]

BUILDING

ELECTRICAL

Contractor: Whitman Construction LLC
Address: 2511 Lakewood Rd (Route 88)
Point Pleasant NJ 08742
732-295-0875 732-295-9259
Phone#: 22-3558985
Lis #
Federal Emp # or SSN

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Re-Roo f

Technical Data

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

Type of Work

☐ New Building	☐ Siding
☐ Addition	☐ Fence
☒ Alteration	☐ Pool
☒ Roofing	☐ Demolition
☐ Asbestos Abatement	Sign <u> </u> sq ft
☐ Fireplace wd/gas	

Building Characteristics

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

Cost of Alteration: \$ 2000.00

Cost of New Building: \$

Cost of Site Work \$

Total Cost of New Building Work: \$ 2000.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Melissa Whitman
Please Print Name: Melissa Whitman

Pool (Receptacles, Switches, Lights, Motor 1HP)	<u> </u>
Spa/Hot Tub/Storable Pool	<u> </u>
Electric Range	<u> </u> KW
Oven/Surface Unit	<u> </u> KW
Electric Water Heater	<u> </u> KW
Electric Dryer	<u> </u> KW
Dishwasher	<u> </u> KW
Garbage Disposal	<u> </u> HP
A/C Unit -Central Air	<u> </u> KW
Space Heater/Air Handler	<u> </u> KW
Baseboard Heating	<u> </u> KW
Motors 1+ HP	<u> </u>
Transformer/Generator	<u> </u> KW
Light Stander	<u> </u> AMP
Service	<u> </u> AMP
Subpanel	<u> </u> AMP
Motor Control Center	<u> </u> AMP
Sign/Outline Light	<u> </u> KW
Furnace	<u> </u>
Steam Boiler	<u> </u>
Other:	<u> </u>

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

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 (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR Sink)	_____
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	_____
Air Conditioner (Condensate Drain)	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Pool Heater	_____
Other:	_____

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

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:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____