



NJ
NEW JERSEY
ECONOMIC DEVELOPMENT
2013

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work Site at: 164 Walter Rd.
2. Name of Owner in Fee: Joseph Vandeweyer Tel. (732) 458-0602
Address 164 Walter Rd Brick 08724
street municipality zip code
3. Ownership in Fee: Public _____ Private X _____
4. Principal Contractor: _____ Tel. (_____) _____
Address _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
Tel. (_____) _____ FAX: (_____) _____

1.	Building	\$		
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			
10.	Subtotal	\$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	\$		

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 _____

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

OPTIONAL (for office use only)[illegible]

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

10. ☐ Swimming Pools, Spas and Hot Tubs

A. RESIDENTIAL

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

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 Michael Vandewerdt

Date 4/16/04

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 _____

Address _____

Telephone (_____) _____

Signature _____

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 04-1284
Permit Issue Date 04/16/2004
Certificate Number 04-1284

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 164 WALTER RD ROOF, NJ Block: 1170.08 Lot: 4 Qual: _____
Owner in Fee: VANDEVENDER, J.
Owner Address: SAME BRICK NJ 08724-
Telephone: _____
Contractor: VANDEVENDER, J.
Address: SAME BRICK NJ 08724-
Telephone: _____ 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 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: _____

NU UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/16/2004
Date Issued 04/16/2004
Control #
Permit # 04-1284

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

Block 1170.08 Lot 4 Qual
Work Site Location 164 MILLER RD
ROOF

Owner in Fee VANDEVENDER, J.
Address SAME
BRICK, NJ 08724-
Tele. () Fax ()
Contractor
Address

Lic. No. of Bldrs. Reg. No.
Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-5
Constr. Class	<u>Present</u>	<u>Proposed</u>	<u>0</u>
No. of Stories	<u>0</u>	<u>0</u>	<u>0</u>
Height of Structure	<u>0</u>	<u>0</u>	<u>0</u>
Area Largest Floor	<u>0</u>	<u>0</u>	<u>0</u>
New Bldg. Area/All Floors	<u>0</u>	<u>0</u>	<u>0</u>
Volume of New Structure	<u>0</u>	<u>0</u>	<u>0</u>
Total Land Area Disturbed	<u>0</u>	<u>0</u>	<u>0</u>

Est. Cost of Bldg. Work:

- New Bldg. \$ 0
- Alteration \$ 1,100
- Total (1+2) \$ 1,100

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

ROOF

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	<u>0</u>
☐ Addition	<u>0</u>
☒ Alteration	<u>38</u>
☐ Roofing	<u>0</u>
☐ Siding	<u>0</u>
☐ Fence	<u>0</u>
☐ Sign	<u>0</u>
☐ Pool	<u>0</u>
☐ Asbestos Abatement Subchapter 8	<u>0</u>
☐ Lead Haz. Abatement NJAC 5:17	<u>0</u>
☐ Other	<u>0</u>
Other	<u>0</u>
☐ Demolition	<u>0</u>

Paid ☒ Check # 351 Administrative Surcharge \$ 0
Collected by: DC Minimum Fee \$ 0
TOTAL FEE \$ 38
DCA State Permit Fee \$ 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 04/16/2004
Control #
Permit # 04-1284

IDENTIFICATION Block 1170.08 Lot 4 Qual

Work Site Location 164 WALTER RD

Contractor HOMEOWNER
Address

Owner in Fee VANDEVEENDER, J.
Address SAME
BRICK, NJ 08724-

Telephone ()

Telephone ()

Lic. No. or Bids. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

- [X] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
ROOF

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 \$ 1,100

Construction Official
04/16/2004
Date

U.C.C. F170 (rev. 3/96) NJ ECCARS 5.24E

PAYMENTS (Office Use Only)
Building 38
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 1
Cert. of Occupancy 0
Other
Total 39
Check No. 351
Cash
Collected By DC

04/16/2004 2:30PM 000000#8434
DCA BUILDING
CHECK TOTAL
CHANGE
this permit is void.

\$39.00
\$39.00
\$1.00
\$38.00
\$0.00

XX01 SERV.001

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The *Agrobacterium* strains were incubated with the plant explants for 24 h. The explants were then cultured on the selective medium. The number of transformed explants was counted. The results are shown as the mean $\pm$ SD of three independent experiments. The *Agrobacterium* strains were: (a) *Agrobacterium* strain 1, (b) *Agrobacterium* strain 2, (c) *Agrobacterium* strain 3, (d) *Agrobacterium* strain 4, (e) *Agrobacterium* strain 5, (f) *Agrobacterium* strain 6, (g) *Agrobacterium* strain 7, (h) *Agrobacterium* strain 8, (i) *Agrobacterium* strain 9, (j) *Agrobacterium* strain 10, (k) *Agrobacterium* strain 11, (l) *Agrobacterium* strain 12, (m) *Agrobacterium* strain 13, (n) *Agrobacterium* strain 14, (o) *Agrobacterium* strain 15, (p) *Agrobacterium* strain 16, (q) *Agrobacterium* strain 17, (r) *Agrobacterium* strain 18, (s) *Agrobacterium* strain 19, (t) *Agrobacterium* strain 20, (u) *Agrobacterium* strain 21, (v) *Agrobacterium* strain 22, (w) *Agrobacterium* strain 23, (x) *Agrobacterium* strain 24, (y) *Agrobacterium* strain 25, (z) *Agrobacterium* strain 26, (aa) *Agrobacterium* strain 27, (ab) *Agrobacterium* strain 28, (ac) *Agrobacterium* strain 29, (ad) *Agrobacterium* strain 30, (ae) *Agrobacterium* strain 31, (af) *Agrobacterium* strain 32, (ag) *Agrobacterium* strain 33, (ah) *Agrobacterium* strain 34, (ai) *Agrobacterium* strain 35, (aj) *Agrobacterium* strain 36, (ak) *Agrobacterium* strain 37, (al) *Agrobacterium* strain 38, (am) *Agrobacterium* strain 39, (an) *Agrobacterium* strain 40, (ao) *Agrobacterium* strain 41, (ap) *Agrobacterium* strain 42, (aq) *Agrobacterium* strain 43, (ar) *Agrobacterium* strain 44, (as) *Agrobacterium* strain 45, (at) *Agrobacterium* strain 46, (au) *Agrobacterium* strain 47, (av) *Agrobacterium* strain 48, (aw) *Agrobacterium* strain 49, (ax) *Agrobacterium* strain 50, (ay) *Agrobacterium* strain 51, (az) *Agrobacterium* strain 52, (ba) *Agrobacterium* strain 53, (bb) *Agrobacterium* strain 54, (bc) *Agrobacterium* strain 55, (bd) *Agrobacterium* strain 56, (be) *Agrobacterium* strain 57, (bf) *Agrobacterium* strain 58, (bg) *Agrobacterium* strain 59, (bh) *Agrobacterium* strain 60, (bi) *Agrobacterium* strain 61, (bj) *Agrobacterium* strain 62, (bk) *Agrobacterium* strain 63, (bl) *Agrobacterium* strain 64, (bm) *Agrobacterium* strain 65, (bn) *Agrobacterium* strain 66, (bo) *Agrobacterium* strain 67, (bp) *Agrobacterium* strain 68, (bq) *Agrobacterium* strain 69, (br) *Agrobacterium* strain 70, (bs) *Agrobacterium* strain 71, (bt) *Agrobacterium* strain 72, (bu) *Agrobacterium* strain 73, (bv) *Agrobacterium* strain 74, (bw) *Agrobacterium* strain 75, (bx) *Agrobacterium* strain 76, (by) *Agrobacterium* strain 77, (bz) *Agrobacterium* strain 78, (ca) *Agrobacterium* strain 79, (cb) *Agrobacterium* strain 80, (cc) *Agrobacterium* strain 81, (cd) *Agrobacterium* strain 82, (ce) *Agrobacterium* strain 83, (cf) *Agrobacterium* strain 84, (cg) *Agrobacterium* strain 85, (ch) *Agrobacterium* strain 86, (ci) *Agrobacterium* strain 87, (cj) *Agrobacterium* strain 88, (ck) *Agrobacterium* strain 89, (cl) *Agrobacterium* strain 90, (cm) *Agrobacterium* strain 91, (cn) *Agrobacterium* strain 92, (co) *Agrobacterium* strain 93, (cp) *Agrobacterium* strain 94, (cq) *Agrobacterium* strain 95, (cr) *Agrobacterium* strain 96, (cs) *Agrobacterium* strain 97, (ct) *Agrobacterium* strain 98, (cu) *Agrobacterium* strain 99, (cv) *Agrobacterium* strain 100, (cw) *Agrobacterium* strain 101, (cx) *Agrobacterium* strain 102, (cy) *Agrobacterium* strain 103, (cz) *Agrobacterium* strain 104, (da) *Agrobacterium* strain 105, (db) *Agrobacterium* strain 106, (dc) *Agrobacterium* strain 107, (dd) *Agrobacterium* strain 108, (de) *Agrobacterium* strain 109, (df) *Agrobacterium* strain 110, (dg) *Agrobacterium* strain 111, (dh) *Agrobacterium* strain 112, (di) *Agrobacterium* strain 113, (dj) *Agrobacterium* strain 114, (dk) *Agrobacterium* strain 115, (dl) *Agrobacterium* strain 116, (dm) *Agrobacterium* strain 117, (dn) *Agrobacterium* strain 118, (do) *Agrobacterium* strain 119, (dp) *Agrobacterium* strain 120, (dq) *Agrobacterium* strain 121, (dr) *Agrobacterium* strain 122, (ds) *Agrobacterium* strain 123, (dt) *Agrobacterium* strain 124, (du) *Agrobacterium* strain 125, (dv) *Agrobacterium* strain 126, (dw) *Agrobacterium* strain 127, (dx) *Agrobacterium* strain 128, (dy) *Agrobacterium* strain 129, (dz) *Agrobacterium* strain 130, (ea) *Agrobacterium* strain 131, (eb) *Agrobacterium* strain 132, (ec) *Agrobacterium* strain 133, (ed) *Agrobacterium* strain 134, (ee) *Agrobacterium* strain 135, (ef) *Agrobacterium* strain 136, (eg) *Agrobacterium* strain 137, (eh) *Agrobacterium* strain 138, (ei) *Agrobacterium* strain 139, (ej) *Agrobacterium* strain 140, (ek) *Agrobacterium* strain 141, (el) *Agrobacterium* strain 142, (em) *Agrobacterium* strain 143, (en) *Agrobacterium* strain 144, (eo) *Agrobacterium* strain 145, (ep) *Agrobacterium* strain 146, (eq) *Agrobacterium* strain 147, (er) *Agrobacterium* strain 148, (es) *Agrobacterium* strain 149, (et) *Agrobacterium* strain 150, (eu) *Agrobacterium* strain 151, (ev) *Agrobacterium* strain 152, (ew) *Agrobacterium* strain 153, (ex) *Agrobacterium* strain 154, (ey) *Agrobacterium* strain 155, (ez) *Agrobacterium* strain 156, (fa) *Agrobacterium* strain 157, (fb) *Agrobacterium* strain 158, (fc) *Agrobacterium* strain 159, (fd) *Agrobacterium* strain 160, (fe) *Agrobacterium* strain 161, (ff) *Agrobacterium* strain 162, (fg) *Agrobacterium* strain 163, (fh) *Agrobacterium* strain 164, (fi) *Agrobacterium* strain 165, (fj) *Agrobacterium* strain 166, (fk) *Agrobacterium* strain 167, (fl) *Agrobacterium* strain 168, (fm) *Agrobacterium* strain 169, (fn) *Agrobacterium* strain 170, (fo) *Agrobacterium* strain 171, (fp) *Agrobacterium* strain 172, (fq) *Agrobacterium* strain 173, (fr) *Agrobacterium* strain 174, (fs) *Agrobacterium* strain 175, (ft) *Agrobacterium* strain 176, (fu) *Agrobacterium* strain 177, (fv) *Agrobacterium* strain 178, (fw) *Agrobacterium* strain 179, (fx) *Agrobacterium* strain 180, (fy) *Agrobacterium* strain 181, (fz) *Agrobacterium* strain 182, (ga) *Agrobacterium* strain 183, (gb) *Agrobacterium* strain 184, (gc) *Agrobacterium* strain 185, (gd) *Agrobacterium* strain 186, (ge) *Agrobacterium* strain 187, (gf) *Agrobacterium* strain 188, (gg) *Agrobacterium* strain 189, (gh) *Agrobacterium* strain 190, (gi) *Agrobacterium* strain 191, (gj) *Agrobacterium* strain 192, (gk) *Agrobacterium* strain 193, (gl) *Agrobacterium* strain 194, (gm) *Agrobacterium* strain 195, (gn) *Agrobacterium* strain 196, (go) *Agrobacterium* strain 197, (gp) *Agrobacterium* strain 198, (gq) *Agrobacterium* strain 199, (gr) *Agrobacterium* strain 200, (gs) *Agrobacterium* strain 201, (gt) *Agrobacterium* strain 202, (gu) *Agrobacterium* strain 203, (gv) *Agrobacterium* strain 204, (gw) *Agrobacterium* strain 205, (gx) *Agrobacterium* strain 206, (gy) *Agrobacterium* strain 207, (gz) *Agrobacterium* strain 208, (ha) *Agrobacterium* strain 209, (hb) *Agrobacterium* strain 210, (hc) *Agrobacterium* strain 211, (hd) *Agrobacterium* strain 212, (he) *Agrobacterium* strain 213, (hf) *Agrobacterium* strain 214, (hg) *Agrobacterium*

[illegible][illegible][illegible]

10. 1954

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 164 Walter Rd, Brick

Block: 1170-08 Lot: 4

Contractor: Fidel Salas

Contractor's Address: _____

Type of Construction (minor, new home): Re-Roof

Type of Debris (shingles, siding, wood, etc.): shingles

Party responsible for removal: Fidel Salas

Dumpster size: _____

Destination of debris: Big + Little

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Michele Vandevender
Signature

4/16/04
Date

Michele Vandevender
Print Name

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: _____

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: 164 Walter Rd
Block: 1170.08 Lot: 4
Owner's Name: Joseph Lee Vandewender
Owner's Mailing Address: 164 Walter Rd, Brick NJ 08724
Phone: (732) 458-0602

BUILDING

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

Technical Data

Description of Work:

Type of Work

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

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: 1
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Cost of Site Work \$ _____

Total Cost of New Building Work: \$ 3200

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: Michele Vandewender
Please Print Name Michele Vandewender

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

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