



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 202 George Rd

2. Name of Owner in Fee: SHERYL FEISLER Tel. (732-) 458-7473
 Address 202 George Rd Brick
street municipality zip code

3. Ownership in Fee: Public _____ Private ☒

4. Principal Contractor: J.D.J. PETERSEN Tel. (732-) 267-2563
 Address 513 LEONARD AV. BRICKWOOD
 License No. OR, if new home, Builder Reg. No. 08613 Exp. Date 2002
 Federal Employee No. _____ FAX: (_____) _____
 5. Architect or Engineer _____ Tel. (_____) _____
 Address _____
 6. Responsible Person in Charge of Work JOHN PETERSEN
 Tel. (_____) 267 2563 FAX (_____) _____

Re Roof

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>91</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>3</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>94</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)

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)						
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Re-viewer
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								
TOTAL COSTS	<u>\$ 3250</u>							

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 | 5. ☐ Cross-Connections/Backflow Preventers |
| 2. ☐ High Pressure Boilers | 6. ☐ Hazardous Uses/Places of Assembly |
| 3. ☐ Pressure Vessels | 7. ☐ Sprinklers |
| 4. ☐ Refrigeration Systems | 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:

LDS BR 10300153

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

Address

Telephone

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 _____	Other _____
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 BRICE
901 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/29/2001
Control #
Permit # 01-1773

UNC 100+ JENSEN
CONSTRUCTION
PERMIT

REGISTRATION No. 123456789

Project Location	1000 10000000	Contractor	J. S. JENSEN
Owner	1000 10000000	Address	513 LEONARD AVE
Address	1000 10000000	City	1000 10000000
Telephone	1000 10000000	Telephone	1000 10000000
Telephone	1000 10000000	City	1000 10000000
Telephone	1000 10000000	City	1000 10000000

It is hereby granted permission to perform the following work:
1) BUILDING 1) PLUMBING 1) LEAD BASED ASBESTOS
1) ELECTRICAL 1) TREE REMOVAL 1) REMEDIATION
1) ELEVATOR SERVICES 1) ADDITIONAL ASBESTOS 1) PAINT
1) REMEDIATION 1) PAINT

DESCRIPTION OF WORK:

1000 10000000

NOTE: If construction is not completed within 90 days of date of issuance,
the construction permit for a period of six months, this permit is void.

Estimated cost of work: 3,332

J. S. Jensen
Contractor Signature
05/29/2001

Date

PERMITS (Office Use Only)

Building	01
Electrical	0
Plumbing	0
Tree Removal	0
Elevator Services	0
Other	0
PCA Training Fee	3
Cert. of Occupancy	0
Other	0
Total	3332
Check No.	3332
Cash	0
Collected By	ERP

05/29/01 8:56AM 00000004075
#011773
BUILDING
DCA
CHECK
\$91.00
\$3.00
\$94.00

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIS NO: 1-800-272-1000
Block 1205.01 Lot 20 Dual
Work Site Location 202 GEORGES RD
RE ROOF

Owner in Fee GEISLER, SHERYL
Address SAME
BRICK, NJ 08723-

Tele. (732) 714-8762
Contractor J.D.S. PETERSEN
Address 513 LEONARD AVE
BEACHWOOD, NJ

Tele. (732) 267-2563 Fax ()
Lic. No. of Bldgs. Reg. No.
Federal Emp. No.

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

RE ROOF

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial
[] No Plans Req. Type Failure Failure Approval Initial
[] All Footing
[] Footing Foundation
[] Foundation Slab
[] Frame Frame
[] Other BarrierFree
Joint Plan Review Required: Insulation
[] Elect [] Plumb [] Fire Finishes
SUBCODE APPROVAL [] Elev Energy
[] CO [] CCQ [] ME Mechanical
Date: 3-9-04 TCD
Approved by: [Signature] Other
Final [Signature] BarrierFree

TYPE OF WORK

FEE (Office Use Only)

[] New Building
[] Addition
[X] Alteration
[] Roofing
[] Siding
[] Fence 0 Height (exceeds 6')
[] Sign 0 Sq. Ft.
[] Pool
[] Asbestos Abatement Subchapter B
[] Lead Haz. Abatement NJAC 5:17
[] Other
Other
[] Demolition

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.
Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 3,250
3. Total (1+2) \$ 3,250
Industrialized Building:
[] State Approved
[] HUD

Paid [] Check # Administrative Surcharge \$
Collected by: Minimum Fee \$
TOTAL FEE \$ 91
DCA Training Fee \$ 3

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

202 George Rd. 1205.01 20
Work Site Address Block Lot

Sheryle L. Geisler
Owner's Name, Address, Phone

JDS Petersen
Contractor's Name, Address, Phone

Re-Roof
Construction Describe type (Single family home, etc.)

Demolition Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material

Name, address and phone of party responsible for removal of debris:

Size of dumpster: 9

Destination of discarded debris: Ocean County Land Fill

Hauler's DEP Permit No.: 11363

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

JDS Petersen Signature Date 5-29-01
Printed/Typed Name

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISS:

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

- DISTRIBUTION LIST:
1.. Original to Code Enforcement Officer
2.. Construction Code Office
3. Applicant

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 202 George E Rd
 Block: 1205-01 Lot: 20
 Owner's Name: Sheryl L. Geisler
 Owner's Mailing Address: 202 George Rd.
Brick Town
 Phone: () 458-7473

BUILDING

Contractor: JDS Peterson
 Address: 313 Leonard Ave
Beachwood
 Phone#: 267-2563
 Lis # _____
 Federal Emp # or SSN _____

Technical Data

Description of Work:

Re-roof

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: \$3250

Total Cost of Building Work: _____

Signature: [Signature]

Please Print Name _____

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	_____ 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: _____

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: _____