BLOCK 1205.03 LOT [redacted] 1 QUALIFICATION CODE VIOLATION ADDRESS (SITE) 214 Chard Pl. PERMIT NO. 14-0259

CONSTRUCTION PERMIT APPLICATION

C13-006902

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

I. IDENTIFICATION

1. Proposed Work Site at: 214 Chard Place
2. Name of Owner in Fee: Tamera Partington - Dinklage
   Tel. 732 814-9294 e-mail
   Address SAME (street) (municipality) (zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: SAME Tel.
   Address e-mail
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. FAX:
5. Architect or Engineer Contact ✓
   Address e-mail
   Tel. FAX:
6. Responsible Person in Charge once Work has Begun Tammy
   Tel. 814-9294 FAX:

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved HUD
9. Total Land Area Disturbed sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ft.
12. Wetlands yes no

VIOLATION

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☑ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

VIOLATION

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		✓	12-18-13						
☐ Electrical									
☑ Plumbing					12-19-13	2			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):
D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/20/2014
Control Number C-13-006902
Permit Number 14-0259
Permit Issue Date 02/04/2014
Certificate Number 14-0259

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 214 CHARD PL. Brick Township, NJ Block: 1205.03 Lot: 1 Qual:

Owner in Fee: PARTINGTON-DINKLAGE, TAMERA

Owner Address: 214 CHARD PL BRICK NJ 08724

Telephone: (732) 814-9294

Contractor PARTINGTON-DINKLAGE, TAMERA

Address 214 CHARD PL BRICK NJ 08724

Telephone: (732) 814-9294 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: PLUMBING ALTERATIONS ...CORRECT WASTE ON EXISTING PLUMBLING

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:

Date Printed: 08/20/2014

U.C.C. F260 (rev. 08/05)

Brick Township

401 Chambersbridge Rd
Brick, NJ 08723

(732) 262-1030

Receipt

Payment Date 8/20/2014

Transaction # PMT-14-06531

Receipt #

Issued To Tamera Partington-Dinklage

Description
Violation #12-00326
214 Chard Pl.
Brick, NJ 08724

Date Printed 8/20/2014

Check Number 1230

Cash	$0.00
Check	$250.00
Charge	$0.00
Total Paid	$250.00

BRICK
TOWNSHIP
OCEAN COUNTY NJ

08/20/14 11:46AM
001558W5009 XX06
SERV.006

#06531
PENALTY $250.00

CHEC $250.00

THANK YOU!

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 11/29/2012
Violation #: V-12-00326

IDENTIFICATION

Work Site Location: 214 CHARD PL, Brick Township, NJ
Block: 1205.03 Lot: 1 Qualification Code: _____
Owner in Fee: PARTINGTON-DINKLAGE, TAMERA
Owner Address: 214 CHARD PL BRICK NJ 08724
Agent/Contractor: _____
Address: _____

To: [X] Owner [ ] Other:
[ ] Agent/Contractor

ACTION

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

[X] On 11/28/2012, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [X] failed to obtain a construction permit; or [ ] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 12/6/2012 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Date: 11-29-12
Construction Official

U.C.C. F212 equiv (rev. 4/2003)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 214 CHARD PL. Brick Township, NJ
Block: 1205.03
Lot: 1
Owner: PARTINGTON-DINKLAGE, TAMERA
Owner Address: 214 CHARD PL BRICK NJ 08724
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode: Administrative
Issuing Officer: Kevin Batzel Telephone:
Issue Date: 11/29/2012
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: Following an investigation, it is found that you have failed to get the required permit for the following work: bathroom relocation.

Certified Mail Number: 7011 2970 0002 5222 1290

Enforcement Details

Inspection Date: 11/28/2012
Notice Date: 11/29/2012
Compliance Date: 12/6/2012
Compliance Inspection Date:
Compliance Summary: The owner or the owner's agent must submit an application for review by the compliance date. Additionally, the work must be inspected, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

(LS)

INVESTIGATION REPORT

DATE: 11/27/12 INVESTIGATION #: A

BLOCK: 1205.03 LOT: 1 SUB-DIVISION: _____

STREET & NO.: 214 Chard Place

OWNER'S NAME: Tamera Partin

NATURE OF THE COMPLAINT: Neighbor called in with a complaint that resident/Owner has 2nd floor bath w/o perm. & Permit 05-2490 - New Roof only - Please Confirm Given to MV - (732-746-8778 - Casandra Prezenkop)

DATE OF INVESTIGATION: 11-28-12 INSPECTOR: MV

CONDITION FOUND: Bathroom was relocated - w/o permits -

INITIAL ACTION TAKEN: V-12-00326 to BE MAILED OUT CERT & Reg Mail (LS)

FOLLOW-UP/ DATE: _____ ACTION TAKEN: Packet Incomplete/called Owner

FOLLOW-UP/ DATE: _____ ACTION TAKEN: _____

FOLLOW-UP/ DATE: _____ ACTION TAKEN: _____

RESOLUTION/ DATE: _____ OUTCOME: _____

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 11/29/2012
Violation #: V-12-00326

IDENTIFICATION

Work Site Location: 214 CHARD PL. Brick Township, NJ
Block: 1205.03 Lot: 1 Qualification Code: _____
Owner in Fee: PARTINGTON-DINKLAGE, TAMERA
Owner Address: 214 CHARD PL BRICK NJ 08724
Agent/Contractor: _____
Address: _____

To: [X] Owner [ ] Other:
[ ] Agent/Contractor

ACTION

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PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Date: 11-29-12
Construction Official

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 214 CHARD PL. Brick Township, NJ
Block: 1205.03
Lot: 1
Owner: PARTINGTON-DINKLAGE, TAMERA
Owner Address: 214 CHARD PL BRICK NJ 08724
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode: Administrative
Issuing Officer: Kevin Batzel Telephone:
Issue Date: 11/29/2012
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Inspection Date: 11/28/2012
Notice Date: 11/29/2012
Compliance Date: 12/6/2012
Compliance Inspection Date:
Compliance Summary: The owner or the owner's agent must submit an application for review by the compliance date. Additionally, the work must be inspected, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

214 CHARD PLACE

DON,
DID ON SITE INSPECTION BEFORE PLAN REVIEW.

MRS. DINKLACK AND FRIEND INSTALLED BATHROOM W/OUT PERMITS

(1) - MUST REMOVE ALL SHEETROCK -
(A) NO VENTS - W/C - LAV - TUB.
(B) - S - TRAPS - TUB - LAV.
(C) - BUILDING DRAIN NOT CONNECTED TO SEWER
(D) - NEED'S LICENSED PLUMBING CONTRACTOR.
(2) - ELECTRIC — ?

COMING TO SEE YOU ON - 12/10/12

311 ACCESS BRICK TOWNSHIP

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 2/4/14

Date Issued / Permit # 14-025-9

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

Block 1205.03 Lot [redacted]31 Qualification Code ____

Work Site Location 214 Chard Pl., Brick, NJ 08724

Owner in Fee: Tamera Partington - Dinklage

Tel. (732) 814-9294 e-mail ____

Address Same

Contractor: Michael P DiRosa (street) Path (municipality) Tel. (732) 477-7785 (zip code)

Address 418 Crestview Terr e-mail ____

Contractor License No. 10023 Exp. Date 6/30/15

Home Improvement Co[redacted] Reason (if applicable): ____

Federal Emp. ID No. [redacted] FAX: (____) ____

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ____

Building Sewer Size 4" Public Sewer ✓ Private Septic ____

Water Service Size 3/4" Public Water ✓ Private Well ____

Est. Cost of Plumbing Work $ 1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:____ Approved by: ____

[ ] Plumbing Plans Approved

Date:____ Approved by: ____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-19-13

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 8-1-14

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			8-1-14	[signature]

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: [signature]

Print name here: Mike P DiRosa

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: correct waste Plumbing on Existing Bathroom

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ ____
____	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
____	Shower	
____	Floor Drain	
____	Sink	
____	Dishwasher	
____	Drinking Fountain	
____	Washing Machine	
____	Hose Bibb	
____	Water Heater	
____	Fuel Oil Piping	
____	Gas Piping	
____	LPGas Tank	
____	Steam Boiler	
____	Hot Water Boiler	
____	Sewer Pump	
____	Interceptor/Separator	
____	Backflow Preventer	
____	Greasetrap	
____	Sewer Connection	
____	Water Service Connection	
____	Stacks ____	
2	Other AAV VENT VALVE	

Administrative Surcharge $ ____

Minimum Fee $ ____

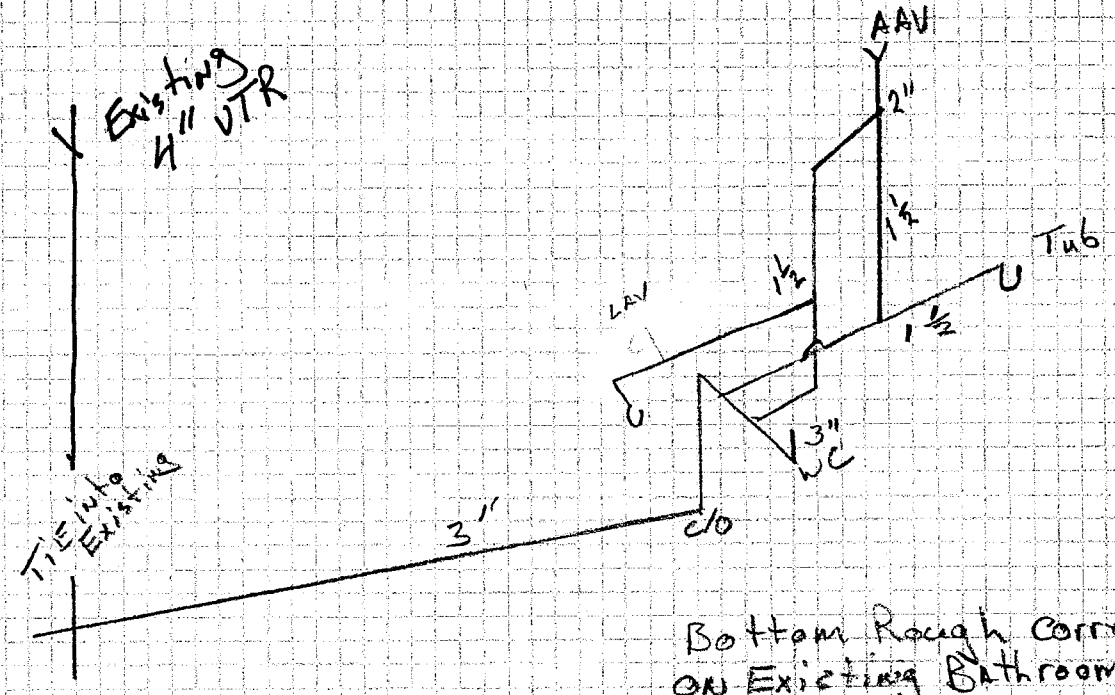
State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

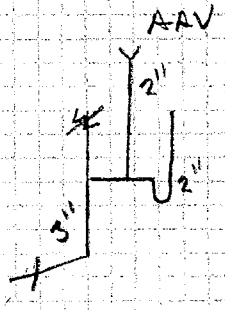
U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Job # 214 Chard Pl. Brick Name Tammy Partington Dinklage Date ___/___/___

Plumber:
Mike DiRosa
732-477-7785



Bottom Rough Correction
on Existing Bathroom with no VTR
Add AAV value



Add AAV
To Existing wash not vented
in Basement.

Comments:

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode	JD	12-19-13
Fire Subcode		
Electrical Subcode		
Planning/Zoning		
Permit Released		
Construction Official		

12:30 B Called [illegible]

CONSTRUCTION PERMIT

Date Issued 2/4/14
Control # C-13-006902
Permit # 14-0259

IDENTIFICATION Block: 1205.03 Lot: 1 Qualifier
Work Site Location: 214 CHARD PL Brick Township, NJ

Contractor PARTINGTON-DINKLAGE, TAMERA
Address 214 CHARD PL BRICK NJ 08724
Telephone: (732) 814-9294
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Owner in Fee PARTINGTON-DINKLAGE, TAMERA
214 CHARD PL BRICK NJ 08724

Telephone: (732) 814-9294

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

PLUMBING ALTERATIONS ...CORRECT WASTE ON EXISTING PLUMBLING

Note: If constuction 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 $1,500

Daniel J. Newman Jr — Construction Official   12/19/13 — Date

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$50
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$53
Check No.	
Cash	CASH $0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

02/04/14 [illegible] 00155809894
#0257 SERV.007
$50.00
DCA $3.00
[illegible] $53.00
$53.00
CHANGE $0.00

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

7011 2970 0002 5222 1290

U[illegible]ostal Service™

C[illegible]IFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

V-12-00326

Sent To: Tamera Partington-[illegible]

Street, Apt. No.; or PO Box No. 214 Chard Place

City, State, ZIP+4: Brick NJ 08724

PS Form 3800, August 2006 — See Reverse for Instructions

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1205.03 Lot 1, Qualification Code _____

Work Site Location 214 CHARD PLACE
BRICK, N.J. 08724

Owner in Fee: MS. TAMERA PARTINGTON DINKLAGE

Tel. (732) 814-9294 e-mail _____

Address SAME
street municipality zip code

Contractor: MYSELF Tel. (_____)

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____)

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 0

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	150.—
1	Lavatory	0
1	Shower	25.—
1	Floor Drain	5.—
1	Sink	50.—
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
1	Other Relocate Bathroom	

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO _____				
Final				
_____				

(LS)

INVESTIGATION REPORT

DATE: 11/27/12 INVESTIGATION #: A

BLOCK: 1205.03 LOT: 1 SUB-DIVISION:

STREET & NO.: 214 Chard Place

OWNER'S NAME: Tamera Partin

NATURE OF THE COMPLAINT: Neighbor called in with a complaint that resident/Owner has 2nd Floor Bath w/o perm. & Permit 05-2490 - New Roof Only - Please Confirm Given to MV - (732-746-8778 - Casandra Prezenkop)

DATE OF INVESTIGATION: 11-28-12 INSPECTOR: MV

CONDITION FOUND: Bathroom was relocated - w/o permits -

INITIAL ACTION TAKEN: V-12-00326 to BE MAILED OUT CERT & Reg Mail (LS)

FOLLOW-UP/ DATE: ACTION TAKEN:

FOLLOW-UP/ DATE: ACTION TAKEN:

FOLLOW-UP/ DATE: ACTION TAKEN:

RESOLUTION/ DATE: OUTCOME:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1205.03 Lot 1 Qualification Code ____

Work Site Location 214 CHARD Pl. BRICK

Owner in Fee: Tamera Pertington Dinklage

Tel. (732) 814 9294 e-mail ____

Address 214 CHARD Pl. (street) Brick (municipality) 08724 (zip code)

Contractor: Myself Tel. ( ) ____

Address ____ e-mail ____

Contractor License No. or Builder Registration No. ____ Exp. Date ____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____

Federal Emp. ID No. ____ FAX: ( ) ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: ____
Approved by: ____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ ft.
Area — Largest Floor ____ sq. ft.
New Bldg. Area/All Floors ____ sq. ft.
Volume of New Structure ____ cu. ft.
Max. Live Load ____
Max. Occupancy Load ____

Constr. Class Present ____ Proposed ____
If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Rehabilitation $ ____
3. Total (1+ 2) $ 250

U.C.C. F110
(rev. 11/09)

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.

Sign here: ____

Print name here: Tamera P Dinklage

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Sheet Rock/Insulation of closet that was converted to a bath.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other Relocate Bathroom
[ ] Demolition

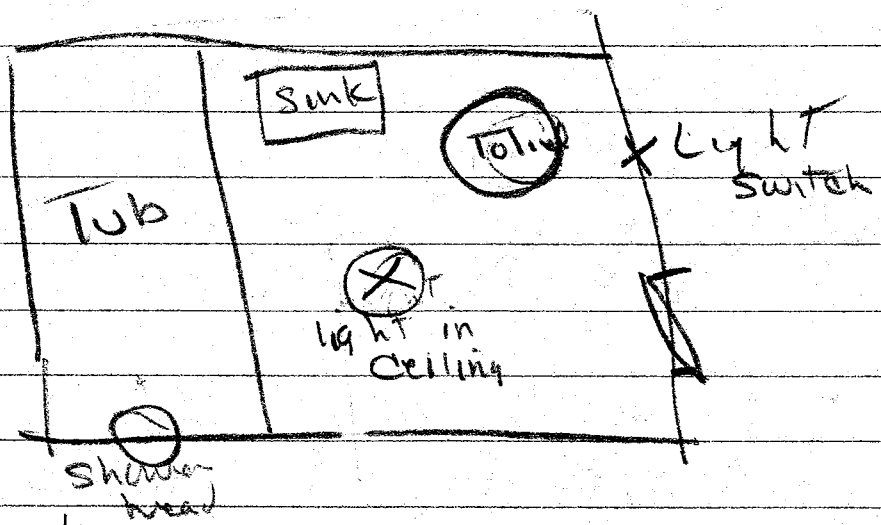
FEE (Office Use Only)
$ ____

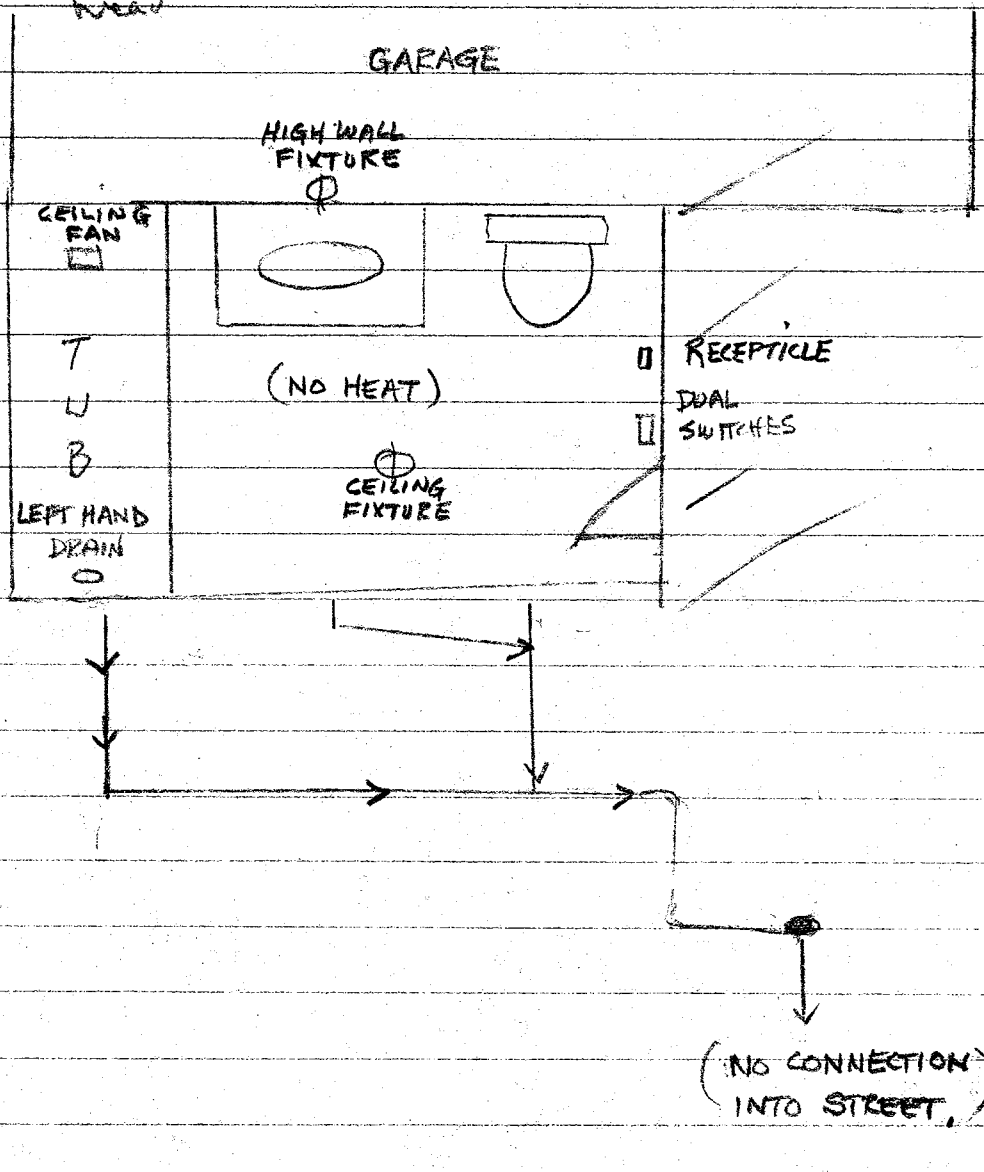
Administrative Surcharge $ ____
Minimum Fee $ ____
State Permit Surcharge Fee $ ____
TOTAL FEE $ ____

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

214 CHARD PL.
BRICK, 08724

Bathroom





TOWNSHIP OF BRICK
Debris form

Work Site Address: 214 CHARD PL.

Block: 1205.03 Lot: 1

Contractor: Myself

Contractor's Address: —

Type of Construction (minor, new home): Relocate Bathroom

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

Party responsible for removal: —

Dumpster size: —

Destination of debris: —

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.

Signature

12.4.12
Date

Tamesa P. D[illegible]
Print Name

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(f)1.ix:

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.

X Signature _____ Date 12-16-13

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. 5:23-2.15(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.