



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 213 Georges RD

2. Name of Owner in Fee: VERVANA Tel. ()

Address 213 Georges RD Black zip code

3. Ownership in Fee: Public Private ☒

4. Principal Contractor: Robert Dempsey Tel. ()

Address 152 B Overlook CT

License No. OR, if new home Builder Reg. No. Exp. Date

Federal Employee No. FAX: ()

5. Architect or Engineer Tel. ()

Address

6. Responsible Person in Charge of Work Robert Dempsey

Tel. () FAX ()

Re Roof

V. FEE SUMMARY (for office use only)

1. Building	\$ <u>113</u>	Update	Update
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$ <u>3</u>		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>116</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories		(office use only)
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		

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 Rejection	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>4400</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 10300156

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 Robert D. Wilson Date 5/23/01

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 Robert D. Wilson

Address 152 D Overlook Ct

Woburn MA 01801

Telephone (781) 750-4272

Signature Robert D. Wilson

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 _____

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 BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

IDENTIFICATION Block 1205.05 Lot 20 Qual

Work Site Location 213 GEORGES RD
Owner in Fee VERVERCA
Address SAME
BRICK, NJ 08724-
Telephone ()

Contractor R DONALDSON
Address 132 B OVERLOOK CT
HOODBRIDGE, NJ
Telephone ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [REDACTED]

05/23/01 10:32AM 000000H3929
**04 SERV.004

NEW JERSEY
CONSTRUCTION
PERMIT

\$113.00
\$3.00
\$116.00
\$120.00
\$4.00

Date Issued 05/23/2001
Control #
Permit # 01-1678

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:
REROOF

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 \$ 4,100

Construction official *[Signature]* 05/23/2001
Date
U.C.C. #110 (rev. 3/96)

PAYMENTS (Office Use Only)
Building 113
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 3
Cert. of Occupancy 0
Other
Total 116
Check No.
Cash X
Collected By TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/23/2001
Date Issued 05/23/2001
Control #
Permit # 01-1678

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

Block 1205.05 Lot 20 Quad
Work Site Location 213 GEORGE RD

BR007

Owner in Fee VERVERCA

Address SAME

BRICK, NJ 08724-

Tele. ()

Contractor R DONALDSON

Address 132 B OVERLOOK CT

MOOREBRIDGE, NJ

Tele. () Fax ()

Lic. No. or Bids. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

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

INSPECTIONS
Type
Failure Failure Approval Initial
Footing
Foundation
Slab
Frame
BarrierFree
Insulation
Finishes
Energy
Mechanical
TCO
Other
Final
BarrierFree

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

FEE (Office Use Only)
\$
0
0
113
0
0
0
0
0
0
0
0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 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 \$ 4,100
3. Total (1+2) \$ 4,100

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

BR007

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

Date Received 05/23/2001
Date Issued 05/23/2001
Control #
Permit # 01-1678

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Federal Exp. No.,

Approved by: _____

Total Land Area Disturbed _____ 0 sq.

OLIVER
WIND

1. *What is the purpose of this study?*

Other _____

1000

10

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/23/2001
Date Issued 05/23/2001
Control #
Permit # 01-1678

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

Block 1205.05 Lot 20 Qual
Work Site location 213 GEORGES RD
REEROOF

Owner in Fee VERVERCA
Address SAME
BRICK, NJ 08724-

Tele. ()
Contractor R DONALDSON
Address 132 B OVERLOOK CT
WOODBRIDGE, NJ

Tele. () Fax ()
Lic. No. or Bldg. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
☐ No Plans Req.
☐ All
☐ Footing
☐ Foundation
☐ Slab
☐ Frame
☐ Other
Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SUBCODE APPROVAL ☐ Elev
☐ CO ☐ CCU ☐ CA
Date: 3/2/04
Approved By: [Signature]
Other
Final
BarrierFree

Dates (Month/Day)

Failure Approval Initial
3/9/04

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

TPPS 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 NJAC 5:17
☐ Other
Other
Demolition

FEK (Office Use Only)

0
0
113
0
0
0
0
0
0
0
0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 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 \$ 4,100
3. Total (1+2) \$ 4,100

Industrialized Building:

☐ State Approved
☐ HUD

Paid ☐ Check #
Collected by: Administrative Surcharge
Minimum Fee
TOTAL FEE
DCA Training Fee

\$ 0
\$ 0
\$ 113
\$ 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

213 GEORGES RD 1205.05 20
Work Site Address Block Lot

MARYANNE VERUCA
Owner's Name, Address, Phone

ROBERT DONALDSON 1520 OVERLOOK CT [REDACTED]
Contractor's Name, Address, Phone

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

Demolition TEAR OFF 2 LAYERS
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 259

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

BRIDGE DISPOSAL OLD JUPITER NT

Size of dumpster: 20 YD

Destination of discarded debris: NEWARK

Hauler's DEP Permit No.:

**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.

ROBERT DONALDSON [Signature] 5/23/01
Printed/Typed Name Signature Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

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: 217 Greenway RD
Block: _____ Lot: _____
Owner's Name: VanValk
Owner's Mailing Address: 217 Greenway RD
BRICK TWP NJ
Phone: (____) _____

BUILDING

Contractor: Robert Pinella
Address: 1324 Johnson CT
Woodbridge NJ
Phone#: 800-4472
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

*TEAM OFF
2 LAUNDS*

Type of Work

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

Building Characteristics

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

Total Cost of Building Work: 4100.00

Signature: [Signature]
Please Print Name: Robert Pinella

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

FIRE

Contractor: _____
Address: _____

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

Contractor: _____
Address: _____

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

Technical Data

Features	Quantity
Water Closets	_____
Toilets/Bidets	_____
Sink with Tub	_____
Bathroom	_____
Shower	_____
Door Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Water Bib	_____
Gas Piping	_____
Hot 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	_____
Pump Pump	_____
Other:	_____

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

CONTRACTOR'S SEAL

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: _____

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

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

Item	Quantity
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: _____