

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/23/2018
Control Number C-17-004050
Permit Number 17-3704
Permit Issue Date 11/06/2017
Certificate Number 17-3704

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 203 GEORGES RD Brick Township, NJ Block: 1205.05 Lot: 5 Qual: _____
Owner in Fee: NASTA, SANDRA
Owner Address: 203 GEORGES RD BRICK NJ 08723
Telephone: _____
Contractor BUILT RITE WINDOW CORP, INC
Address 1490 ROUTE 37 EAST TOMS RIVER NJ 08753-
Telephone: (732) 270-4433 Fax: (732) 270-0188
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-2675606

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: SUNROOM ADDITION

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**

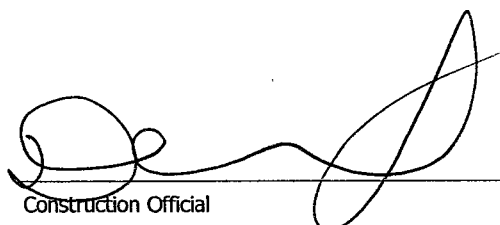
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **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

Date Printed: 05/23/2018

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

Fee: \$30.00

Check Number: 127

Collected By: Nichol Ponsi

Page 1

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.

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. 5:23-2.15(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 BUILT FLITE WINDOWS

Address 1591 Rt. 37W Toms River, NJ

Telephone (732) 970-4433

Signature [Signature]

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



BUILDING SUBCODE TECHNICAL SECTION



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

Block 1205105 of 5 Qualification Code
Work Site Location 203 Georges Rd. Brick, NJ

Owner in Fee: LHSTH

Tel: [redacted] e-mail: [redacted]

Address 203 Georges Rd. Brick NJ 08724

Contractor: Built-Lite Windows Municipality Tel. 732 272-4433 Zip Code 08724

Address 1591 Rt 37W. Parsippany, NJ 07054 e-mail: [redacted]

Contractor License No. or Builder Registration No. 13446022300 Exp. Date 03/18

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): [redacted]

Federal Emp. ID No. 222671666 FAX: 732 972-0188

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Required 10-12-12

☒ All 10-12-12

☐ Footings/Foundations

☐ Structural/Framework

☐ Exterior

☐ Interior

Joint Plan Review Required:

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT 10/12/12

Date: 10/12/12

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO 10/12/12

Date: 10/12/12

Approved by: [signature]

TCO

Mechanical

Energy

Other

Barrier-Free

Barrier-Free

Barrier-Free

Barrier-Free

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Barrier-Free

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Dates (Month/Day)

Failure Failure Approval Initial

Failure Failure Approval Initial

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C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Ken D. H. B. 2000

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

3-Season Room on

Leased Platform

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Retaining Wall

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement N/A/C 5:17

☐ Radon Remediation

☐ Other

☐ Demolition

FEE (Office Use Only)

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Date Received

Control #

Date Issued

Permit #

11/6/17
17-3704

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



ELECTRICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THE OFFICE. CALL (908) 272-1000.

Block 120318 Lot 203 Georges Rd. Qualification Code 08724

Work Site Location 203 Georges Rd. Newark, NJ 08724

Owner In Fee: 118512

Tel: [redacted] e-mail: [redacted]

Address 203 Georges Rd. Newark, NJ 08724

Contractor: Gianni Electric LLC Municipality Newark Tel. (908) 910-9942

Address 411 Walnut St Exp. Date 3/2018

Contractor License No. 9916 Federal Emp. ID No. 20-2768177 FAX: (732) 415-7783

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present [redacted] Proposed [redacted]

☐ Pole/Pad # [redacted] ☐ Temporary ☐ Other [redacted]

Building Occupied as [redacted] Utility Co. [redacted]

Est. Cost of Elec. Work \$ 810.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial-Under-slab Utilities Approved

Date: 10/4/16 Approved by: PSC

Joint Plan Review Required: [redacted]

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/24/17

Approved by: [Signature]

INSPECTIONS

Type: 2-21-18 Failure Approved Initial [Signature]

Rough Barrier-Free

Trench Temp. Serv.

Constr. Serv. TCO

Other Service

Final Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of owner or licensed contractor) and I have read and understand the rules and regulations of the Electrical Subcode and I agree to comply with them.

Applicant sign/Contractor sign and seal here:

Print name here: [Signature]

Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr. ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

APR SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UVW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

11/16/17
3704

Date Issued
Permit #

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

* 1-3-18 AM - need to protect ~~from~~ freezing
* 2-31-18 PM - Aling Creek Station at 5:45 PM



(B)
Tech.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK
PERMIT # 14-00380

BLOCK: 1205.05 LOT: 5 ADDRESS: 203 Georges St. Buckhead

IDENTIFICATION:

1. WORK SITE ADDRESS: 203 Georges St. Buckhead
2. NAME OF OWNER IN FEE: WATF
ADDRESS: 203 Georges St. PHONE #: [REDACTED]
Buckhead, N.J. FAX #: ()
3. PRINCIPAL CONTRACTOR: Built. Life Window
ADDRESS: 1191 Mt. 370 PHONE # 772 270-4433
Toms River, NJ FAX # 732 270-2158
4. ARCHITECT OR ENGINEER: _____
ADDRESS: _____ PHONE: # ()
5. RESPONSIBLE PERSON FOR WORK: Ken
ADDRESS: 1222 Steplacher St. TRL, NJ
PHONE #: 732-600-1638 FAX #: () E-MAIL: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL
☒ OTHER San Room

LENGTH: _____ WIDTH: _____ HEIGHT: _____

FEE SUMMARY:
APPLICATION FEE: \$ _____
REVIEW FEE: \$ _____
INSPECTION FEE: \$ _____
OTHER: \$ _____
BOND(S): \$ _____
TOTAL: \$ _____

SPECIAL CONDITIONS:
OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER: _____
APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: 9/28/17 DATE REJECTED: _____ DATE APPROVED: 9/28/17 INITIALS: US

RECEIVING CLERK [Signature]
DATE REC'D 9/11/17

ZONING PERMIT APPLICATION

PERMIT # 72-17-01360
DATE ISSUED 11/16/17

BLOCK: 1205105 LOT: 5 QUALIFIER: _____ SITE ADDRESS: 203 Georgetown Buckport

IDENTIFICATION:

1. NAME OF OWNER IN FEE: WATTS
COMPLETE ADDRESS: 203 Georgetown Buckport
PHONE: [REDACTED] EMAIL: [REDACTED]

2. NAME OF APPLICANT: Built-Lite Windows
APPLICANT ADDRESS: 159164 37th - Toms River NJ

PHONE # 732-270-4433 EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: Ken
PHONE # 732-600-1638 FAX # 732-270-0188

4. SIGNATURE OF APPLICANT: [Signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 75-
OTHER: \$ _____
TOTAL: \$ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: ✓
COMMERCIAL: _____
EXISTING USE: STED
PROPOSED USE: STED

BOARD APPROVAL: _____ PB _____ ZB _____
RESOLUTION #: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION ✓ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: 99' (IF APPLICABLE)

OTHER _____

DESCRIPTION: 3-lean beam on raised deck platform

ZONING REVIEW:

DATE REVIEWED: 9-15-17 DATE DENIED: _____ DATE APPROVED: 9-15-17 INTLS: 2 (SEE BACK PAGE)

ZONING

DATE REVIEWED: 9/16/17 DATE DENIED: — DATE APPROVED: 9/18/17 INTLS: see

125

OFFICE USE ONLY

**IMPORTANT
A.H.B.T. - MANDATORY FEE - RESIDENTIAL**

[illegible]

Additions Residential

Certificate requirements

[print](#)
[reset defaults](#)
[check all](#)
[complete](#)

Additions**Final Construction Inspections**

Approved Final Building Inspection

[comment](#)☒☐

Approved Final Electrical Inspection

[comment](#)☒☐

Approved Final Plumbing Inspection

[comment](#)☐☒

Approved Final Fire Inspection

[comment](#)☐☒

Approved Final Mechanical Inspection

[comment](#)☐☒**Additional information and Prior Approvals**

Final Affordable Housing Fee

[comment](#)☒☐**sent to AH with jacket 4/19/18 MFF Final AH Due \$8 - L/M with Built Rite Windows on 5/1/18****MFF Paid 5/22/18 CW**

BTMUA Compliance (732) 458-7000 (If Applicable)

[comment](#)☐☒

Final Engineering Approval (If in a Flood Zone 2 Final As-Built Surveys and 2 Final Elevation Certificates)

[comment](#)☐☒

CO Application

[comment](#)☒☐

All Updates Have Been Approved

[comment](#)☒☐This checklist has been given to: [\(edit\)](#)

Community Development and Land Use

401 Chambers Bridge Rd.

Brick NJ 08723

(732) 262-1336



Receipt

Payment Date 05/22/2018

Transaction # PMT-18-04710

Receipt #

Issued To S. NASTA

Description FINAL AFFORDABLE HOUSING
BLOCK 1205.05 LOT 5
203 GEORGES ROAD

Date Printed 05/22/2018
Check Number 2179

Cash	\$0.00
Check	\$8.00
Charge	\$0.00
Total Paid	\$8.00



APPLICATION FOR CERTIFICATE

Date Received 09/07/2017
Date Permit Issued 11/06/2017
Control # C-17-004050
Permit # 17-3704
Date Issued

IDENTIFICATION

Block 1205.05 Lot 5 Qualifier _____
Work Site Location 203 GEORGES RD Brick Township, NJ Contractor BUILT RITE WINDOW CORP, INC
Owner in Fee NASTA, SANDRA Address 1490 ROUTE 37 EAST TOMS RIVER NJ 08753-
203 GEORGES RD BRICK NJ 08723 Telephone (732) 270-4433
Telephone _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 22-2675606

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ R-5 _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 15350

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Addition SUNROOM ADDITION

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: Sandra Nasta
Owner/Agent

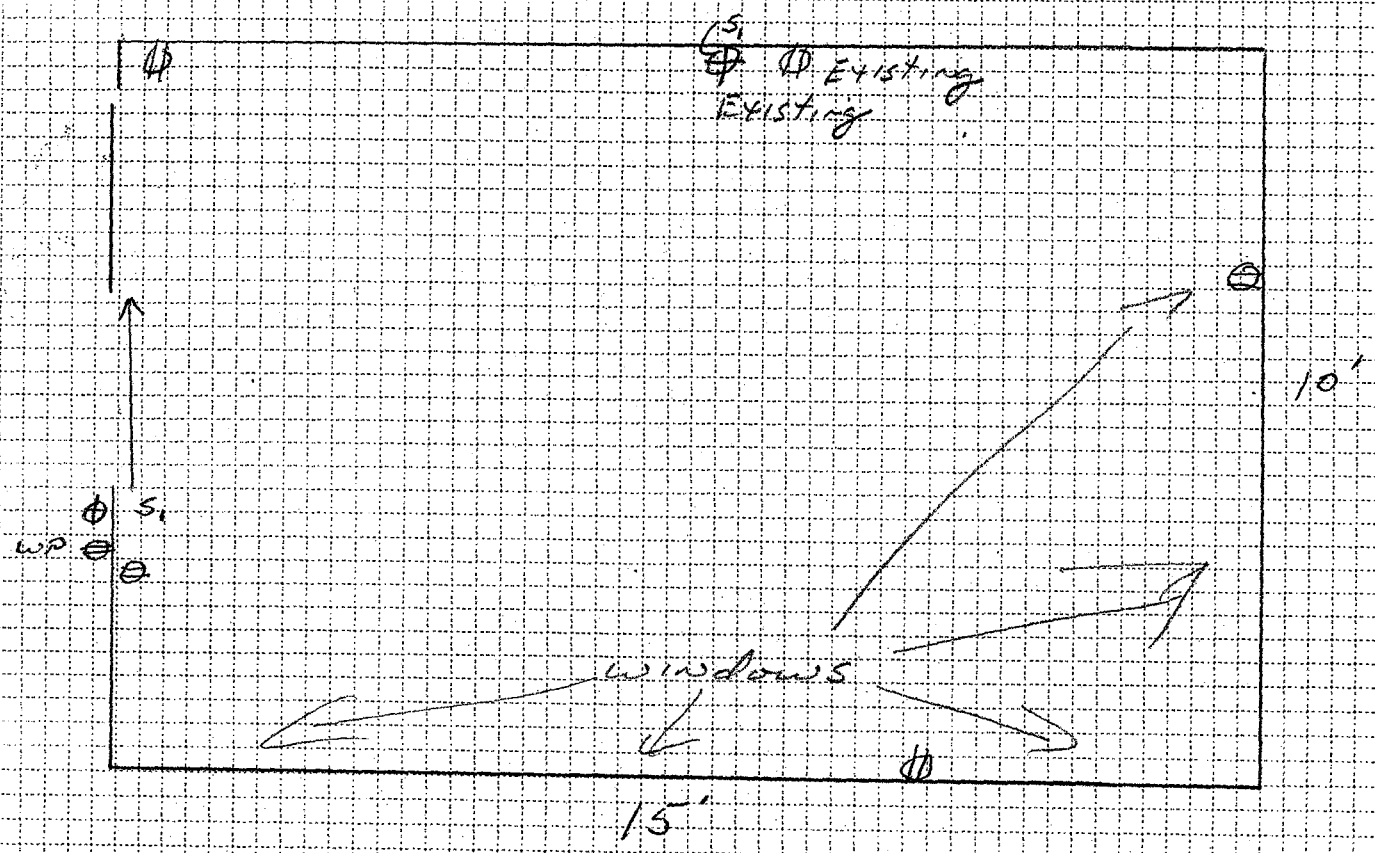
- ☐ OWNER
☐ AGENT

17-3704

GIACINTI ELECTRIC LLC
 908-910-9942
 Cell: 732-575-5441
 Fax: 732-415-7783
 Toms River, NJ
 www.giacintielelectric.com

NAME: MASTA
 CLIENT: Block #1205.05 Lot #5
 PROJECT: 203 GEORGES RD Brick
 DATE: 8-3-17 SCALE: 1/4" PAGE: 1 OF 1

WIRING OF NEW Patio Room WITH: WIRE mold, outlets
 AS PER CODE ON NEW 15 AMP ARC Fault CIRCUIT
 & Room GFCI Protected



TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode	ARC	10/17/17
Plan Reviewer	SP	10/15/17
Plans Released		
Construction Official		

[Signature]



Council on Affordable Housing (COAH) Fee

Block: 1205.05 Lot: 5 203 GEORGES RD

General **Fees** Payments

General

Date: 09/19/2017

Application Type: Residential

Application Number: ZA-17-01190

Values

Sq. Ft.:

41

Cost / Sq. Ft.:

150

Estimated Assessed Value:

6150

Actual / Assessed Value:

3,800

Equalized Value:

Land Value:

☐ Use Cost / Sq. Ft. for Calculation☒ Use % of Assessed Value for Calculation

Contributions

Initial % Due:

0.5

% Required:

1

Estimated Contribution Fee:

61.5

Actual Contribution Fee:

0

☒ Use Estimated Fee for Payment Due☐ Use Actual Fee for Payment Due

Notes

Prelim Fees Due \$30.00

Final Due \$8

OK

Cancel

Community Development and Land Use

401 Chambers Bridge Rd.

Brick NJ 08723

(732) 262-1336



Receipt

Payment Date 11/6/2017

Transaction # PMT-17-76064

Receipt #

Issued To RONALD DAMBROSIO

Description PRELIMINARY AFFORDABLE HOUSING
BLOCK 1205.05 LOT 5
203 GEORGES RD

Date Printed 11/6/2017

Check Number 128

Cash \$0.00

Check \$30.00

Charge \$0.00

Total Paid \$30.00



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

11/6/17
C-17-004050

17-3704

IDENTIFICATION Block: 1205.05 Lot: 5 Qualifier _____
Work Site Location: 203 GEORGES RD Brick Township, NJ Contractor: BUILT RITE WINDOW CORP. INC
Owner in Fee: NASTA, SANDRA Address: 1490 ROUTE 37 EAST TOMS RIVER NJ 08753
203 GEORGES RD BRICK NJ 08723 Telephone: (732) 270-4433
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH00722500 13VH00722500
Federal Employee No. 22-2675608

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:

SUNROOM ADDITION

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 \$15,350

D. Newman
Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$150
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	\$30.00
Other	\$0
Total	\$334
Check No.	<u>137</u>
Cash	\$0
Credit	\$0
Collected By	

+75
409

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.

BUILDING \$150.00
ELECTRICAL \$150.00
DCA \$4.00
C/O \$30.00
DCA \$75.00
CHECK \$409.00



APPLICATION FOR CERTIFICATE

Date Received 09/07/2017
Date Permit Issued 11/06/2017
Control # C-17-004050
Permit # 17-3704
Date Issued

IDENTIFICATION

Block 1205.05 Lot 5 Qualifier _____
Work Site Location 203 GEORGES RD Brick Township, NJ Contractor BUILT RITE WINDOW CORP. INC
Owner in Fee NASTA, SANDRA Address 1490 ROUTE 37 EAST TOMS RIVER NJ 08753-
203 GEORGES RD BRICK NJ 08723 Telephone (732) 270-4433
Telephone _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 22-2675606

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ R-5 _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 15350

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Addition SUNROOM ADDITION

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____

Owner/Agent

- ☐ OWNER
☐ AGENT

TOWNSHIP OF BRICK

ADDRESS: 203 Georges Rd.

CONSTRUCTION PERMIT FEES:

BUILDING \$ 150

ELECTRIC \$ 150

PLUMBING \$ _____

FIRE \$ _____

STATE PERMIT FEE \$ 4

CERTIFICATE OF OCCUPANCY \$ 30

PROTOTYPE PROCESSING
(LESS 25%) \$ _____

STATE PLAN REVIEW (LESS
25%) \$ _____

SUBTOTAL \$ _____

PRIOR APPROVAL FEES:

ZONING \$ 75 -

ENGINEERING \$ 0 -

SUBTOTAL \$ 75

TOTAL PERMIT FEE: \$ 409

PLEASE NOTE PAYMENT FOR PERMITS AND AFFORDABLE HOUSING ARE SEPARATE.

AFFORDABLE HOUSING FEES:

PRELIMINARY \$ 30

CALLER'S NAME CW DATE 10/16/17

SPOKE TO Ron (HOMEOWNER/CONTRACTOR)



401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Application Number:	ZA-17-01190
Application Date:	9/14/2017
Project Number:	
Permit Number:	
Fee:	\$75.00

Zoning Permit

Worksite **203 GEORGES RD**
Location: **Brick Township, NJ 08723**

Block:	1205.05
Lot:	5
Qualifier:	
Zone:	R-7.5

Owner: **NASTA, SANDRA**
Address: **203 GEORGES RD**
BRICK, NJ 08723

Applicant: **BUILT RITE WINDOW CORP, INC**
Address: **1490 ROUTE 37 EAST**
TOMS RIVER, NJ 08753-

Application Approved Date: 9/15/2017

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential

Nonconforming Use is: _____

Work Description:

Addition, Sunroom - 3-Season Sunroom on raised deck platform

The sunroom must be setback at least 25' from the front property line, 6'/15' combined on the side property line, and 15' from the rear property line.

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

- ☒ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer

9/15/2017

Date

Sean Kinnevy, Zoning Officer

9/18/17

Date

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

BUILT-RITE WINDOW CORPORATION, INC.
Ronald D'Ambrosio
1591 Route 37 West
Toms River NJ 08755

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
BUILT-RITE WINDOW CORPORATION, INC.
Home Improvement Contractor

02/02/2017 TO 03/31/2018
VALID

13VH00722500
LICENSE/REGISTRATION/CERTIFICATION #


DIRECTOR

Signature of Licensee/Registrant/Certificate Holder

PLEASE DETACH
IF YOUR LICENSE/REGISTRATION
CERTIFICATE ID CARD
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH

BUILT-RITE WINDOW CORPORATION, INC.

EXPIRATION DATE 2018

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 00722500 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL
THE DIVISION OF CONSUMER AFFAIRS TO SEND
CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed
within reasonable proximity of your original license/registration/certificate at your principal office or place

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 203 Georges Rd Brook, NJ

BLOCK: 1205.05 LOT: 5

CONTRACTOR: BUILT-RITE WINDOWS

CONTRACTOR'S ADDRESS: 1591 Pt. 37W. Toms River, NJ

Type of Construction (minor, new home): 3 SEASON ROOM ON PLATFORM

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

Party responsible for removal: BUILT RITE WINDOWS -

Dumpster Size: 30 YARD

Destination of Debris: 1591 Pt. 37W. Toms River, NJ

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

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."



Signature

9, 117

Date

Ron D Ambrosio

Print Name