BLOCK 1205.05 LOT 01 QUALIFICATION CODE _____ ADDRESS (SITE) 201 Georges Rd PERMIT NO. 05-1829

CONSTRUCTION PERMIT APPLICATION

05-135150

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

I. IDENTIFICATION

1. Proposed Work Site at: 201 Georges Rd
2. Name of Owner in Fee: Michael Cairns Tel [redacted]
   Address 201 Georges Rd (street) Brick (municipality) [redacted] (zip code)
3. Ownership in fee: Public _____ Private X
4. Principal Contractor: Michael Battiglia Tel (732) 244-3052
   Address 555 Clifton ave Toms River NJ
   License No. OR, if new home, Builder Reg. No. 10501 Exp. Date _____
   Federal Employee No. [redacted] FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Michael Battiglia
   Tel. (___) _____ FAX: (___) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	50	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$	1	
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other		51	
13.	TOTAL	$		

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.	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	

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		CJS	5/20						
3. ☐ Addition									
4. ☐ a. Repair									
☒ b. Alteration	1600								
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical					5/20/05	WE			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10625055

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 5-20-05

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			
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. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

Date Issued 05/20/2005
Control # C-05-135150
Permit # 05-1829

IDENTIFICATION Block: 1205.05 Lot: 1 Qualifier
Work Site Location: 201 GEORGES RD Brick Township, NJ
Owner in Fee CARRIG, MICHAEL
Address 201 GEORGES RD BRICK NJ 08724
Telephone:

Contractor CARRIG, MICHAEL
Address 201 GEORGES RD BRICK NJ 08724
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
SERVICE

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,000

D. Alleman & Ass 05/20/2005
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$50
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$51
Check No.	174
Cash	$0
Credit	$0
Collected By	Allison Peltier

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 05/20/2005
Date Issued 12/31/1899
Control # C-05-135150
Permit # 05-1889

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 1 Qualification Code

Work Site Location: 201 GEORGES RD

Owner in Fee: CARRIG, MICHAEL

Address 201 GEORGES RD BRICK NJ

Tel.

Contractor: MICHAEL BATTAGLIO ELECTRIC

Address 555 CLIFTON AVE TOMS RIVER NJ

Tel. 732/244-352 Fax.

Lic No. 10821

Federal Employee N [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
0		TOTAL NUMBERS	$0
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
0	0	HP/KW Space Heater/Air	$0
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
1	150	AMP Service	$50
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0
		Administrative Surcharge	$0
		Minimum Fee	$0
		State Permit Surcharge Fee	$1
		TOTAL FEE	$51

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☒ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date: 5/20/05
Approved by: WM

SUBCODE APPROVAL
☐ CO ☐ CCO ☒ CA

Date: 5-26-05
Approved by: WM

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			5/26/05 WM	
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PERMIT REQUEST FORM

Date Received: _____

[Office use Only] [Please Print]

Control Number: _____

Enter all pertinent information.Be specific and descriptive .Do not omit important entries.such as telephone Numbers.Fed ID numbers etc.

COMPLETE ALL APPLICABLE INFORMATION .WHEN CHANGING CONTRACTORS.NOTIFY THIS OFFICE.

Block : _____ Lot : _____ Agent : _____

Work Site Location: _____ Address : _____

Owner In Fee : _____

Address : _____ Telephone : _____ Fax : _____

LicenseNo : _____ Fed Id Number: _____

Telephone : _____ Is this a rental property ? [ ]-Yes [ ] - No Number of Tenants:_____

BUILDING SECTION

Description Of Work:

[ ] New Building [ ] Sign _____Sq.Ft

[ ] Addition [ ] Pool

[ ] Alteration [ ] Asbestos Abatement Subchapter 8

[ ] Roofing [ ] Lead hazard Abatement N.J.A.C 5:17

[ ] Siding [ ] Demolition

[ ] Fence [ ] Other

Ht _____ (Exceeds 6')

Contractor _____

Address _____

_____

Phone _____

Lic. No. _____ Fed. Emp. No. _____

Est Cost Of Bldg.Work:

1. New Bldg $_____ 3. Demolition $_____

2. Alteration $_____ 4. Total(1+2+3) $_____

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

X

_____

(Signature)

Office Use Only

Plan Review Date Initial

[ ] No Plans Reqd _____

[ ] All _____

[ ] Footing _____

[ ] Foundation _____

[ ] Frame _____

[ ] Other _____

Joint Plan review Required:

[ ] Elec [ ] Plumb [ ] Fire

Cubic Ft: _____

Square Ft: _____

% Land Distributed _____

PLUMBING SECTION

Description Of Work:

No.	Fixture/Equipmt	No.	Fixture/Equipmt
_____	Water Closet	_____	Gas Piping
_____	Urinal/Bidet	_____	Steam Boiler
_____	Bath Tub	_____	Hot water Boiler
_____	Lavatory	_____	Sewer Pump
_____	Shower	_____	Interceptor/Separator
_____	Floor Drain	_____	Back flow Preventor
_____	Sink	_____	Greasetrap
_____	Dishwasher	_____	Sewer Connection
_____	Drinking Fountain	_____	Water Service Connection
_____	Washing Machine	_____	Stacks
_____	Hose Bibb	_____	Other _____
_____	Water Heater	_____	Other _____
_____	Fuel Oil Piping	_____	Other _____

Contractor _____

Address _____

_____

Phone _____

Lic. No. _____ Fed. Emp. No. _____

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

X

_____

Applicant's Signature/Contractor's Seal and Signature

Estimated Cost of Plumbing Work:

$ _____

Office Use Only

Joint Plan Review Required: [ ] No Plans Required

[ ] Building [ ] Electric [ ] Plumbing Plans Approved

[ ] Fire [ ] Elevator

Date: _____ Approved By:_____

FIRE PROTECTION SECTION

Description Of Work:

Storage Tanks :

Type: [ ] Flamm.Liquid [ ] Comb Liquid

[ ] LPG [ ] LNG

Alarm Systems [ ] 110v Interconnected [ ] System

_____Alarm Devices (i.e, smoke,heat,pulls,waterflow)

_____Supervisory Devices (i.e. tampers,low/high air)

_____Signaling Devices (i.e, horn,strobes,bells)

_____Other Devices _____

Suppression Systems [ ] Fire Pump [ ] GPM Type

_____ Dry Pipe/Alarm Valves

_____ Pre-action Valves

_____ Sprinkler Heads(Dry and Wet)

_____Standpipes

Pre-engineered Systems

_____ Wet Chemical

_____ Dry Chemical

_____ C02 Suppression

_____ Foam Suppression

_____ Halon Suppression

_____Other_____

____Kitchen Hood Exh Sys

____Smoke Control System

___ Gas [ ] or Oil [ ] Fired Appl.

Estimated Cost Of Fire Protection Work : $ _____

Contractor _____

Address _____

_____

Phone _____

Lic. No._____ Fed. Emp. No._____

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

X _____

Applicant's Signature/Contractor's Seal and Signature

Office Use Only [ ] No Plans Required

Joint Plan Review Required: [ ] Fire Plans Approved

[ ] Building [ ] Plumbing Date: _____

[ ] Electric [ ] Fire Approved By:_____

ELECTRICAL SECTION

Description Of Work: Changed service due to sparks at old head

QTY.	SIZE	ITEMS	QTY.	SIZE	ITEMS
_____		Lighting Fixtures	____	_____	KW Elec.Water Heater
_____		Receptacles	____	_____	KW Dryer/Receptacle
_____		Switches	____	_____	KW Dishwasher
_____		Detectors	____	_____	HP Garbage Disposal
_____		Light Poles	____	_____	KW Central A/c Unit
_____		Motors-Fract.HP	____	_____	HP/KW Space Htr/Air Handler
_____		Emergency & Exit Lights	____	_____	KW Base Board Heat
_____		Communication Points	____	_____	HP Motors 1/+ HP
_____		Alarm Devices F.A.C Panel	____	_____	KW Transformer/Generator
_____		Other _____	1	150	AMP Service
_____		TOTAL NUMBERS	____	_____	AMP SubPanels
_____		Pool Permit/w Uw Lights	____	_____	AMP Motor Control Center
_____		Storable Pool/Spa/Hot Tub	____	_____	KW Elec Sign/Outline Light
_____		KW Elec.Range /Receptacle	_____		Other _____
_____		KW Oven/Surface Unit	_____		Other _____

Contractor Michael Battaglia Electric

Address 555 Clifton Ave

Toms River NJ 08753

Phone 732 244-3052

Lic. No. 10821 Fed. Emp. No. 52620492

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

X Dennis Hudson

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec Contractor [ ] Exempt Applicant

Office Use Only [ ] No Plans Required

Joint Plan Review Required: [ ] Electric Plans Approved

[ ] Building [ ] Electric

[ ] Fire [ ] Plumbing

Date : _____ Approved By:_____

Estimated Cost Of Electric Work : $ 1000.00