



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION	
1. Proposed Work Site at:	<u>1614 W. Princeton Ave Brick N.J. 08724</u>
2. Name of Owner in Fee:	<u>Carol Brezzi</u> Tel. <u>[REDACTED]</u>
Address	<u>1614 W. Princeton Ave Brick, N.J. 08724</u>
3. Ownership in Fee:	Public _____ Private <u>X</u>
4. Principal Contractor:	<u>Carlin Roofing & Const.</u> Tel. <u>(732) 458-5619</u>
Address	<u>63 BURNETT AVERN RD. BRICK, N.J. 08724</u>
License No. OR, if new home, Builder Reg. No.	_____ Exp. Date _____
Federal Employee No.	<u>S.S. [REDACTED]</u> FAX: (_____) _____
5. Architect or Engineer	_____ Tel. (_____) _____
Address	_____
6. Responsible Person in Charge of Work	<u>Philip S Carlin Sr.</u>
Tel.	<u>(732) 458-5619</u> FAX (_____) _____

Refer over

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>55</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>1</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>56</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☒ Minor Work	<u>1800.00</u>								
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>1800</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
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

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 10102467

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name Carlin Roofing & Const.
Address 63 BURN TAVEN RD.
BRICK.
Telephone (732) 458-5619
Signature Philip J. Carlin Jr.

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
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

Date Issued 07/19/2002
Control #
Permit # 02-2710

NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 827 Lot 15.01

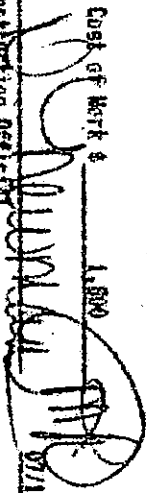
Work Site Location 1414 W. PRINCETON AVENUE
RE ROOF OVER
Owner in Fee 89221, CAROL
Address 1414 W. PRINCETON AVENUE
BRICK, NJ 08723-
Telephone ()
Contractor CARLIN ROOFING AND CARET
Address 43 HURON TAYLOR RD.
BRICK, NJ 08723-
Telephone ()
Lic. No. or Bldg. Reg. No.
Federal Emp. No. 14-4587003

Is hereby granted permission to perform the following work:
(X) BUILDING () LEAD HAZARD ABATEMENT
() ELECTRICAL () FIRE PROTECTION () DEMOLITION
() ELEVATOR DEVICES () ASBESTOS ABATEMENT () OTHER
(Subchapter B only)

DESCRIPTION OF WORK:
RE ROOF OVER

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 \$ 1,890

Construction Official  07/19/2002

U.C.C. F170 (rev. 3/96)

Date

PAYMENTS (Office Use Only)
Building 39
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
OCA Training Fee 1
Cert. of Occupancy 0
Other
Total 36
Check No. 2972
Cash
Collected By MUR

82713 BUILDING \$55.00
OCA \$1.00
CHECK \$56.00

07-10-02 12:52PM 00000063427
%02 SERV.002

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/19/2002
Date Issued 07/19/2002
Control #
Permit # 02-2713

ROOF SHINGLES
D225 OR 3462 ONLY
SIX NAILS EACH

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

Block 827 Lot 15.01 Qual
Work Site Location 1614 M. PRINCETON AVENUE

RE ROOF OVER

Owner in Fee SREZZI, CAROL
Address 1614 M. PRINCETON AVENUE
BRICK, NJ 08723-

Tele. ()
Contractor CARLIN ROOFING AND CONST
Address 63 BURN TAVERN RD.
BRICK, NJ 08723-

Tele. () Fax ()
Lic. No. of Bldgs. Rem. No.
Federal Emp. No.

RE ROOF OVER

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
RE ROOF OVER

C. CERTIFICATION IN LIEU OF DATA
I hereby certify that I am the agent of owner
of record and am authorized to make this application.

Signature

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

INSPECTIONS

Dates (Month/Day)

☐ No Plans Req.

Type

Failure Failure Approval Initial

☐ All

Footings

☐ Footing

Foundation

☐ Foundation

Slab

☐ Frame

Frame

☐ Other

BarrierFree

Joint Plan Review Required:

Insulation

☐ Elect ☐ Plumb ☐ Fire

Finishes

☐ SUBCODE APPROVAL ☐ Elev

Energy

☐ CO ☐ CCD ☐ CA

Mechanical

TCD

Other

Approved By:

Final

BarrierFree

BarrierFree

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3

Est. Cost of Bldg. Work:

Constr. Class Present Proposed

1. New Bldg. \$ 0

No. of Stories 0

2. Alteration \$ 1,800

Height of Structure 0 ft.

3. Total (1+2) \$ 1,800

Area Largest Floor 0 Sq. Ft.

Industrialized Building:

New Bldg. Area/All Floors 0 Sq. Ft.

☐ State Approved

Volume of New Structure 0 Cu. Ft.

☐ HUD

Total Land Area Disturbed 0 Sq. Ft.

FEE (Office Use Only)

\$ 0

\$ 0

\$ 55

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: 1614 W. Princeton Ave Brick N.J. 08724
Block: 827 Lot: 1501
Owner's Name: Carol Brezzi
Owner's Mailing Address: 1614 W. Princeton Ave
Brick, NJ, 08724
Phone: [REDACTED]

BUILDING

Contractor: Carlin Roofing + Const.
Address: 63 Burnt Tavern Rd.
Brick N.J. 08724
Phone#: 732-458-5619
Lis # _____
Federal Emp # or SSN [REDACTED]

Technical Data

Description of Work: ReRoof
Over First Layer with
New GAF Timberline 30 Year
Shingle.

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 Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: \$ 1800.00

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ _____

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

Signature: Philip J. Carlin Jr.

Please Print Name Philip J. Carlin Jr.

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 (Receptacles, Switches, Lights, Motor 1HP) _____

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: _____

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

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

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR Sink)	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Air Conditioner (Condensate Drain)	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Pool Heater	_____
Other:	_____

Estimated Cost of Plumbing Work _____

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

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: _____

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

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

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____