

527

BLOCK 527

LOT 1,2,3,4,12,13,14

C9-52

QUALIFICATION CODE

ADDRESS (SITE) 981 MIDVALE AVE

PERMIT NO. 99-4550



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 981 MIDVALE AVE

2. Name of Owner in Fee: BOYCE SAMUEL Tel. [REDACTED]

Address 981 MIDVALE AVE BRICK 08723

street municipality zip code

3. Ownership in Fee: Public Private X

4. Principal Contractor: BAY ELECTRIC AVE Tel. (732) 262-2000

Address 582 ALLEN RD BRICK N.J.

License No. OR, if new home, Builder Reg. No. 5830 Exp. Date _____

Federal Employee No. 222-340-134/100 FAX: (_____) _____

5. Architect or Engineer _____ Tel. (_____) _____

Address _____

6. Responsible Person in Charge of Work SALVATORE VICARI

Tel. (_____) 262-2000 FAX (_____) _____

Electrical work

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	11185 \$		
2. Electrical	115		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	2		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ 117-		

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 _____

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		IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?							

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:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

2. ☐ Prototype Processing

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 BAY ELECTRIC INC.

Address 582 ALLEN RD

BRICK N.J.

Telephone (732) 262-2000

Signature Salvatore J. Vicari

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

UCC NEW JERSEY
CONSTRUCTION
PERMIT

0002
994550**

BLOCK	0.00
527 #	
LOT	0.00
L1.3.11.14 #	
BUILDING	115.00
D.C.A.	2.00
TOTAL	117.00
CHECK	117.00
CHANGE	0.00

12/09/99 NO. 5 0076A005 10:12

Date Issued 12/09/99
Control #
Permit # 99-4550

IDENTIFICATION Block 527 Lot 1 Qual

Work Site Location 981 MIDVALE AVE
ELECTRICAL WORK

Contractor BAY ELECTRIC INC
Address 582 ALLEN RD
BRICK, NJ

Owner in Fee SAMUEL, JOYCE
Address SAME
BRICK, NJ 08723-

Telephone (732)262-2000
Lic. No. or Bldrs. Reg. No. 5830

Telephone [REDACTED]

Federal Emp. No. 22-2340134

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:
INTERIOR WORK

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 \$ 2,070

Construction Official [Signature]

12/09/99
Date

N.J.C. #170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	115
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	117
Check No.	11135
Cash	
Collected By	MP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/09/99
Date Issued 12-9-99
Control # C9-52
Permit # 99-4550

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1080

Block 527 Lot 1 Qual

Work Site Location 981 MIDVALE AVE

ELECTRICAL WORK

Owner in Fee SAMUEL JOYCE

Address SAME

BRICK, NJ 08723

Tele () Fax ()

Contractor BAY ELECTRIC INC

Address 582 ALDEN RD

BRICK, NJ

Tele (732) 262-2000

lic. No. or Bldgs. Reg. No. 5830

Federal Emp. No. 22-2340134

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3

[] Pole/Pad [] Temporary [] Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 2,070

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bidg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 12-9-99

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] ECO

Date: 1-30-00

Approved By: [Signature]

INSPECTIONS

Type Failure Failure Approval Initial

Rough

Temp Serv

Const Serv

TCO

Other

Service

Final

Temp. Cut-in-Card Date Issued 1/3/00

Final Cut-in-Card Date Issued 1/3/00

D. TECHNICAL SITE DATA

NO. SIZE

0

5

0

0

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FRB (Office Use Only)

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 UV Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Over/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other

Other

Administrative Surcharge \$

Minimum Fee \$

TOTAL FRB \$

DCA Training Fee \$

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
101 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: <u>981 MIDVALE AVE</u>	Date Rec'd: _____
Block: <u>527</u>	Lot: <u>1,2,3,11,12,13,14</u>
Owner in Fee: <u>JOYE SAMUEL</u>	Date Issued: _____
Address: <u>SAME</u>	Control #: _____
State: _____	Permit #: _____
Zip: _____	Phone: _____
SS #: _____	Provide only if applicable: _____

PLUMBING SUBCODE		BUILDING SUBCODE	
CONTRACTOR:		CONTRACTOR:	
ADDRESS:		ADDRESS:	
PHONE:		PHONE:	
LIC #:		LIC #:	
LIC EXPIRATION DATE:		LIC EXPIRATION DATE:	
FEDERAL EMP. # (or S.S. #):		FEDERAL EMP. # (or S.S. #):	
TECHNICAL SITE DATA (LIST ALL FIXTURES)		TECHNICAL SITE DATA	
NO.	FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:	
_____	Water Closet	TYPE OF WORK ☐ New Building ☐ Addition ☐ Alteration ☐ Roofing ☐ Siding ☐ Other: ☐ Other: BUILDING CHARACTERISTICS USE GROUP _____ Present: _____ Proposed: _____ CONSTR. CLASS _____ Present: _____ Proposed: _____ No. of Stories: _____ Height of Structure: _____ Area - Largest Floor: _____ New Building Area / All Floors: _____ Volume of Structure: _____ Total Land Disturbed: _____	
_____	Urinal / Bidet		
_____	Bath Tub		
_____	Lavatory		
_____	Shower		
_____	Floor Drain		
_____	Sink		
_____	Dishwasher		
_____	Drinking Fountain		
_____	Washing Machine		
_____	Hose Bibb		
_____	Gas Piping		
_____	Fuel Oil Piping		
_____	Water Heater		
_____	Steam Boiler		
_____	Hot Water Boiler		
_____	Sewer Pump		
_____	Interceptor / Separator		
_____	Backflow Preventer		
_____	Greasetrap		
_____	Water Cooled AC or Refrig. Unit		
_____	Sewer Connection		
_____	Septic (Disposal System) Closure		
_____	Water Service Connection		
_____	Gas Service Connection		
_____	Active Solar System		
_____	Vent Through Roof		
_____	Other		
Estimated Cost of Plumbing Work: \$ _____		Signature: _____	
Signature: _____		Signature: _____	
Owner ☐ Contractor ☐		Estimated Cost of Building Work: _____	
SUBCODE APPROVAL:		New Building (1): \$ _____	
PLANS: Required ☐ Approved ☐		Alteration (2): \$ _____	
Approved by: _____		TOTAL (1+2): \$ _____	
Date: _____		SUBCODE APPROVAL:	
CONTRACTOR AFFIX SEAL:		PLANS: Required ☐ Approved ☐	
		Approved by: _____	
		Date: _____	

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE			FIRE SUBCODE		
CONTRACTOR: BAY ELECTRIC INC			CONTRACTOR:		
ADDRESS: 582 ALLEN RD			ADDRESS:		
PHONE: [REDACTED]			PHONE:		
LIC #: 5830 EXP DATE:			LIC #: EXP DATE:		
FEDERAL EMPL #: (or S.S. #):			FEDERAL EMPL #: (or S.S. #):		
222-340-134/000					
TECHNICAL DATA (LIST ALL FIXTURES)			TECHNICAL DATA (DESCRIPTION OF WORK)		
DESCRIPTION	QTY	SIZE			
ITEMS					
Lighting Fixtures					
Receptacles	5				
Switches					
Detectors					
Light Poles			Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar		
Motors - Fract. HP			Heating Sys: ☐ New ☐ Existing		
Emergency & Exit Lights			Location of Furnace / Boiler		
Communications Points					
Alarm Devices/E.A.C. Panel					
TOTAL NUMBERS					
Pool Permit w/UW Lights			Water Supply Source		
Storable Pool/Spa/Hot Tub			Method of Valve Supervision		
KW Elec. Range / Receptacle	12	KW	Local Alarm Supervision		
KW Oven / Surface Unit		KW	Central Supervision		
KW Elec. Water Heater		KW	Proprietary Supervision		
KW Elec. Dryer / Receptacle		KW			
KW Dishwasher	1	KW	Flammable Liquid Storage Tanks Capacity: Fuel		
HP Garbage Disposal		HP	Combustible Liquid Storage Tanks Capacity: Fuel		
KW Central A/C Unit		KW	L.G.P. Storage Tanks Capacity: Fuel		
HP/KW Space Heater/Air Handler		HP/KW			
KW Baseboard Heat		KW	DESCRIPTION		
HP Motors 1/+ HP		HP	NUMBER		
KW Transformer/Generator		KW	Wet Sprinkler Heads		
AMP Service	150 AM	AMP	Dry Sprinkler Heads		
AMP Subpanels		AMP	Total		
AMP Motor Control Center		AMP	Smoke Detectors		
AMP Elec. Sign/Outline Light		KW	Heat Detectors		
Other			Total		
Other			Stand Pipes		
Other			Kitchen Hood Exhaust Systems		
Other			Pre-Engineered Systems		
Estimated Cost of Electrical Work: \$ 2070.00			Co2 Suppression		
Signature (print name): SALVATORE S. VICARI			Halon Suppression		
Estimated Cost of Electrical Work: \$			Foam Suppression		
Signature (print name): Salvatore S. Vicari			Dry Chemical		
Owner ☐ Contractor ☒			Wet Chemical		
SUBCODE APPROVAL:					
PLANS: Required ☐ Approved ☐			Gas or Oil Fired Appliance		
Approved by: [Signature]			Other		
Date: 12-9-95			Other		
Fishes in outlets			Estimated Cost of Fire Protection Work: \$		
CONTRACTOR AFFIX SEAL:			Signature:		
			Owner ☐ Contractor ☐		
			SUBCODE APPROVAL:		
			PLANS: Required ☐ Approved ☐		
			Approved by:		
			Date:		