



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: Joyce E Samuel Te [redacted]
- Address 981 Midvale Ave Blacktown NJ 08723
street municipality zip code
3. Ownership in Fee: Public _____ Private IX
4. Principal Contractor: T Roll Construction Tel. (609) 294 0113
- Address 47 Atlantis Blvd Little Egg Harbor NJ 08087
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Employee No. [redacted] FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
- Address _____
6. Responsible Person in Charge of Work Ted Rolfe
- Tel. (609) 294 3886 FAX (_____) _____

V. FEE SUMMARY (for office use only)

- | | \$ | Update | Update |
|--------------------------------------|-----|--------|--------|
| 1. Building | 150 | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | | | |
| 7. Less 20% for
State Plan Review | | | |
| 8. Subtotal | 4 | | |
| 9. DCA Training Fee | | | |
| 10. Subtotal | | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | 139 | | |

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

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

Est_Cost

5,000

OPTIONAL (for office use only)

Plans

Date _____

Rejection

Approval

Re-

Result

Session Dates

Re

/vii.

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)

- ☐ Partial Releases
- ☐ 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

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 Ted Rolle

Address 47 Atlantis Blvd Little Egg Harbor NJ 08087

Telephone (609) 294 3886

Signature Ted Rolle

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)

☐ Temporary Certificate of Occupancy

No. _____

DATE ISSUED _____

DATE EXPIRED _____

DATE REISSUED _____

DATE EXPIRED _____

☐ 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

NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 08/02/2002
Control #
Permit # 02-2921

IDENTIFICATION Block 327 Lot 1

Work Site Location 991 MIDVALE AVE
SIDING OVER/DIRECT WINDOW

Owner in Fee SAME
Address SAME
BIRTH: MI 08783

Telephone

Contractor I. KOLL CONSTRUCTION
Address 47 ATLANTIS BLVD.
LITTLE EGG HARBOR, NJ 08027
Telephone (609)294-0113
Lic. No. of Blt's
Federal Exp. No.

In hereby granted permission to perform the following work:

(X) BUILDING () PLUMBING () LEAD HAZARD ABATEMENT
() ELECTRICAL () FIRE PROTECTION () DEMOLITION
() ELEVATOR DEVICES () ASBESTOS ABATEMENT () OTHER
Rechapter 5 only

DESCRIPTION OF WORK:
RESINE OVER / DIRECT REPLACE WINDOWS

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 \$ 5,000

Construction Official
08/02/2002

U.C.C. §170 (rev. 3/93)

Date

PAYMENTS (Office Use Only)

Building 122
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
OCB Training Fee 4
Cert. of Occupancy 0
Other
Total 139
Check No. 265
Cash
Collected By: MJS

08/02/2002 08:00:00
002 STEV.002
4,135.00
44.00
4,179.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/02/2002
Date Issued 08/02/2002
Control #
Permit # 02-2921

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

Block 527

Lot 1 Qual

Work Site Location 981 MIDVALE AVE

SIDING OVER/DIRECT WINDOW

Owner in Fee SAMUEL, JOYCE

Address SAME

BRICK, NJ 08723-

Tele

Contractor T. ROLL CONSTRUCTION

Address 47 ATLANTIS BLVD.

LITTLE EGG HARBOR, NJ 08087-

Tele (609)294-0113

Fax ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No.

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 ☐ CDD ☐ MPA			Mechanical	
Date: 11-14-02			TCO	
Approved By: <i>[Signature]</i>			Other	
			Final	
			BarrierFree	

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$
☐ Addition	\$
☒ Alteration	135
☐ Roofing	\$
☐ Siding	\$
☐ Fence	Height (exceeds 6')
☐ Sign	Sq. Ft.
☐ Pool	\$
☐ Asbestos Abatement Subchapter 8	\$
☐ Lead Haz. Abatement NJAC 5:17	\$
☐ Other	\$
Other	\$
☐ Demolition	\$

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

D. TECHNICAL SITE DATA

RESIDE OVER / DIRECT REPLACE WINDOWS

B. BUILDING CHARACTERISTICS	Est. Cost of Bldg. Work:
Use Group Present Proposed R-3	1. New Bldg. \$
Constr. Class Present Proposed	2. Alteration \$ 5,000
No. of Stories 0	3. Total (1+2) \$ 5,000
Height of Structure 0 Ft.	
Area Largest Floor 0 Sq. Ft.	
New Bldg. Area/All Floors 0 Sq. Ft.	Industrialized Building:
Volume of New Structure 0 Cu. Ft.	☐ State Approved
Total Land Area Disturbed 0 Sq. Ft.	☐ HUD

Administrative Surcharge	Minimum Fee	TOTAL FEE
Paid ☐ Check #	\$	135
Collected by: DCA Training Fee	\$	4

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 981 Midvale Ave Bricktown NJ 08723
Block: 527 Lot: 01
Owner's Name: JOYCE E Samuel
Owner's Mailing Address: 981 Midvale Ave Bricktown NJ 08723

Photo

BUILDING

Contractor: T Rolfe
Address: 47 Atlantis Blvd
Phone#: 609 294 0113
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

*Siding over
no change of
replacement
windows*

Type of Work

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

Building Characteristics

Use Group Present: Residential 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: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ 5,000--

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: Theodore W Rolfe

Please Print Name Theodore W Rolfe

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 _____ F
Oven/Surface Unit _____ K
Electric Water Heater _____ K
Electric Dryer _____ K
Dishwasher _____ K
Garbage Disposal _____
A/C Unit - Central Air _____ K
Space Heater/Air Handler _____ F
Baseboard Heating _____ K
Motors 1+ HP _____
Transformer/Generator _____ K
Light Stander _____ AM
Service _____ AM
Subpanel _____ AM
Motor Control Center _____ AM
Sign/Outline Light _____ K
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 #: _____
#: _____
Federal Emp # or SSN _____

Contractor: _____
Address: _____

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

Technical Data

Features	Quantity
Water Closets (Toilet) _____	
Urinals/Bidets _____	
Shower Tub (w/or w/out shower head) _____	
Sink _____	
Water Supply (BR Sink) _____	
Water _____	
Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Ice Bib _____	
Gas Piping _____	
Hot Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Water Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Teasetrap _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Water Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Water Pump _____	
Water 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: _____