

BLOCK

527

LOT

QUALIFICATION CODE

ADDRESS (SITE)

981 midvale Ave.

PERMIT NO.

04-4990



CONSTRUCTION PERMIT APPLICATION

Applicant 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: Steve Van Pelt Tel. (7) [REDACTED]
- Address 981 midvale Ave. Brick 08723
- street municipality zip code
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: Sean Tonkavich Tel. (908) 418 6212
- Address 1210 Cox Cro Rd. T.R. NJ. 08755
- License No. OR, if new home, Builder Reg. No. NJD980650261 Exp. Date _____
- Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
- Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
- Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
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	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☒ Minor Work	350	☒	11/19/04					
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair ☐ b. Alteration ☐ c. Renovation ☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/19/2004
Date Issued 11/29/04
Control # C22-04
Permit # 04-4990

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

Block 527 Lot 1 Quail
Work Site Location 981 MIDVALE AVE
TANK REMOVAL
Owner in Fee VAN PELT, STEVE
Address SAME
BRICK, NJ 08723-
Tel [REDACTED]
Contractor SEAN TOMKOVICH
Address 1341 10TH AVE
TOMS RIVER, NJ 08733-
Tele. (908) 418-6212
Lic. No. or Bldgs. Reg. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Elect [] Solar
[] Other
Location:
Total Est Cost of Fire Prot Work \$ 350

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Plumb [] Elevator
[] Fire Plans Approved
Date: 11-3-04
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date:
Approved By:

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: [] Flammable Liquid [] Combust Liquid
[] LPG [] LNG Capacity 0 Fuel
Alarm Systems [] 110r Interconnected NUMBER

Alarm Devices (smoke, heat, pulls, water/flow) 0
Supervisory Devices (tamper, low/high air) 0
Signalling Devices (horn/strobes, bells) 0
Other Devices 0
TOTAL 0

Suppression Systems

Fire Pump 0 GPM Type
Dry Pipe/Alarm Valves 0
Pre-action Valves 0
Sprinkler Heads (Dry and Wet) 0
Standpipes 0
Pre-Engineered Systems
Wet Chemical 0
Dry Chemical 0
CO2 Suppression 0
Foam Suppression 0
Halon Suppression 0
Other 0

Kitchen Hood Exhaust System 0
Smoke Control System 0
Gas [] or Oil [] Fired Appliances 0
Other TANK REMOVAL 66
Other 0

FEE (Office Use Only)

Paid [] Check # Administrative Surcharge \$
Collected by: Minimum Fee \$
TOTAL FEE \$
DCA State Permit Fee \$

Jean Tonkavich

1210 Cox Cro rd.

TR NJ. 08755

cell 908 418-6212

NJ D980650261

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

Mark the following applicable boxes:

- 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.

- 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.3. () Electrical C.4. () Plumbing

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

U C C F100-2 (rev 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
CONSTRUCTION
PERMITS

Date Issued 11/29/2004
Control #
Permit # 04-4790

IDENTIFICATION Block 527 Lot 1

Nearest Site Location 981 MI/PALE AVE

TANK REMOVAL

Owner In Fee VAN PELT, STEVE

Address SAME

GRINE RT 60032

Telephone

[Redacted]

Contractor

SEAN TONKOVICH

Address 1541 12TH AVE

TONS, NEW, NJ 08752

Telephone (201) 812-2312

Lic. No. or Bidtr. Reg. No.

Federal Emp. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ELEVATOR ABATEMENT
- ☐ OTHER

(Subtract 3 only)

DESCRIPTION OF WORK:

TANK REMOVAL

PAYMENTS (Notice Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
DMA State Permit Fee	0
Cost of Occupancy	0
Other	0
Total	0
Check No.	
Cash	0
Collected By	AMB

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: \$250

Signature
Construction Official
11/29/2004

Date

U.S.E. F170 (Rev. 3/98) NJ 00285 5,245

11/29/04 9:23AM 001558#4429

XX01 SERV.001

#4990

FIRE

XXXTOTAL

CASH

CHANGE

11/29/04 9:23AM 001558#4429

XXXTOTAL

\$66.00

\$66.00

\$500.00

\$204.00

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: 11/18/04

PROJECT: Tank removal

STREET: 981 Midvale Ave.

CONTRACTOR: Sean Tonkavich LICENSE NO. NJ.D 980650261

ADDRESS: 1210 Cox Cr. rd. T.R. NJ. 08755

A.S.C.M.: _____ LICENSE NO. _____

MAILING ADDRESS: _____

OSHA AIR MONITOR: _____

ADDRESS: _____

BUILDING OWNER: _____

MAILING ADDRESS: _____

PHONE: _____

ENGINEER/ARCHITECT: _____

MAILING ADDRESS: _____

PHONE: _____

WASTE HAULER: _____ LICENSE NO.: _____

LAND FILL: _____

TOWN: _____

JOB SIZE: (circle one) MINOR _____ SMALL _____ LARGE _____

QUANTITY OF WASTE GENERATED: _____ CU YARDS _____

LINEAR FOOTAGE: _____

SQUARE FOOTGAE: _____

PROPOSED START DATE: _____ PROPOSED FINISH DATE: _____

COST OF WORK: \$ 350⁰⁰

CONSTRUCTION PERMIT # _____ DATE: _____

Counter Form
PLEASE PRINT

PLUMBING

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 _____ No. of outlets _____	
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Air Conditioner (Condensate Drain) _____ Tons _____	
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
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

FIRE

Contractor: Jean Tonkavich
Address: 1210 Cox Crd Rd.
Tr. NJ. 08755
Phone #: 908 418 6212
Lis #: _____
Federal Emp # or SSN _____

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: _____

Tank Removal ☒
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 _____
CO Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System Commercial _____

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 1350⁰⁰

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: Steve Van Pelt

Print Name: Steve Van Pelt