

BLOCK 852 LOT 4 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) \_\_\_\_\_ PERMIT NO. 06-1723



# CONSTRUCTION PERMIT APPLICATION

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

06-102052

## I. IDENTIFICATION

1. Proposed Work Site at: 1759 RT 88  
2. Name of Owner in Fee: LAURENCE PLAZA LLC Tel. (732) 892 4441  
Address 315-321 HAWTHORNE AVE PO BOX 1802 PT. PLEASANT NJ 08742  
street municipality zip code  
3. Ownership in fee: Public \_\_\_\_\_ Private ☒  
4. Principal Contractor: PHAROS CONTRACTING Tel. (732) 892 4441  
Address 315-321 HAWTHORNE AVE PO BOX 1802 PT. PLEASANT NJ 08742  
License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Federal Employee No. 22-3402045 FAX: (732) 892 4449  
5. Architect or Engineer: HEINER BERMAN LEWIS Tel. (215) 922 7066  
Address 2115-12th Philadelphia PA 19107 Contact \_\_\_\_\_  
6. Responsible Person in Charge once Work has Begun JOHN GAZONAS  
Tel. (732) 892 4441 FAX: (732) 892 4449

demolition of demising wall

## V. FEE SUMMARY (for office use only)

|                                   |                | Update | Update |
|-----------------------------------|----------------|--------|--------|
| 1. Building                       | \$ <u>48</u>   |        |        |
| 2. Electrical                     |                |        |        |
| 3. Plumbing                       |                |        |        |
| 4. Fire Protection                |                |        |        |
| 5. Elevator Devices               |                |        |        |
| 6. Subtotal                       | \$ <u>3</u>    |        |        |
| 7. Less 20% for State Plan Review |                |        |        |
| 8. Subtotal                       | \$             |        |        |
| 9. State Permit Fee Surcharge     | \$             |        |        |
| 10. Subtotal                      | \$             |        |        |
| 11. Cert. of Occupancy            |                |        |        |
| 12. Other                         |                |        |        |
| 13. TOTAL                         | \$ <u>(51)</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    | Plans Rec'd by | Date Rec'd     | Rejection Date | Approval Date  | Re-viewer     | Resubmission Dates Approval | Rejection | Re-viewer |
|-----------------------------------------------------|--------------|----------------|----------------|----------------|----------------|---------------|-----------------------------|-----------|-----------|
| 1. <input checked="" type="checkbox"/> Minor Work   | <u>2,000</u> | <u>5/22/06</u> | <u>5/22/06</u> |                | <u>5-30-06</u> | <u>6/1/06</u> |                             |           |           |
| 2. <input type="checkbox"/> New Building            |              |                |                |                |                |               |                             |           |           |
| 3. <input type="checkbox"/> Addition                |              |                |                |                |                |               |                             |           |           |
| 4. <input type="checkbox"/> a. Repair               |              |                |                |                |                |               |                             |           |           |
| <input type="checkbox"/> b. Alteration              |              |                |                |                |                |               |                             |           |           |
| <input type="checkbox"/> c. Renovation              |              |                |                |                |                |               |                             |           |           |
| <input type="checkbox"/> d. Reconstruction          |              |                |                |                |                |               |                             |           |           |
| 5. <input type="checkbox"/> Fire Protection         |              |                |                |                |                |               |                             |           |           |
| 6. <input type="checkbox"/> Plumbing                |              |                |                |                |                |               |                             |           |           |
| 7. <input type="checkbox"/> Electrical              |              |                |                |                |                |               |                             |           |           |
| 8. <input type="checkbox"/> Elevator Devices        |              |                |                |                |                |               |                             |           |           |
| 9. <input type="checkbox"/> Asbestos Abat. Subch. 8 |              |                |                |                |                |               |                             |           |           |
| 10. <input type="checkbox"/> Lead Hazard Abatement  |              |                |                |                |                |               |                             |           |           |
| 11. <input type="checkbox"/> Demolition             |              |                |                |                |                |               |                             |           |           |
| TOTAL COSTS                                         | <u>2,000</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  
10. ☐ Swimming Pools, Spas and Hot Tubs

## 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:



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 01/23/2009  
Control Number C-06-102052  
Permit Number 06-1723  
Permit Issue Date 05/31/2006  
Certificate Number 06-1723

## Certificate

Construction Code Division  
(Certificate of Approval)

### Identification

Work Site Location: 1759 ROUTE 88 Brick Township, NJ Block: 852 Lot: 4 Qual: \_\_\_\_\_  
Owner in Fee: LAURELTON PLAZA OFFICES, LLC  
Owner Address: PO BOX 1802 PT PLEASANT BEACH NJ 08742  
Telephone: (732) 892-4441  
Contractor: LAURELTON PLAZA OFFICES, LLC  
Address: PO BOX 1802 PT PLEASANT BEACH NJ 08742  
Telephone: (732) 892-4441 Fax: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_ Federal Emp. Number: \_\_\_\_\_

Home Warranty Number: \_\_\_\_\_

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: \_\_\_\_\_

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: INTERIOR ALTERATION(S) DEMOLITION OF DEMISING WALL

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

**Conditions to be met:**

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work  
☐ Partial or limited time period (    years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work  
☐ Partial or limited time period (    years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

**Conditions to be met:**

Construction Official

Fee: \$0.00

Check Number: \_\_\_\_\_

Collected By: \_\_\_\_\_

# 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

Address

Telephone

Signature

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



# BUILDING SUBCODE TECHNICAL SECTION



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

Block 852 Lot 4 Qualification Code 1759 RT 88

Work Site Location 1759 RT 88

Owner in Fee LAURENCE PIPARALLI

Address 345-331 HAZENBORN AVE. PO BOX 1802

City PIERCEBURGH NJ 08742

Tel. (732) 892 4441

Contractor PHAROS CONTRACTING

Address PO BOX 1802

City PIERCEBURGH NJ 08742

Tel. (732) 892 4441

Fax (732) 892 4449

Contractor License No. or Builder Registration No. 22 3402045

Federal Emp. No. 22 3402045

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                    | Date    | Initial | INSPECTIONS           | Failure | Dates (Month/Day) | Approval | Initial |
|--------------------------------------------------------------------------------------------------------------------------------|---------|---------|-----------------------|---------|-------------------|----------|---------|
| <input checked="" type="checkbox"/> No Plans Required                                                                          | 5-30-06 | EL      | Type:                 |         |                   |          |         |
| <input type="checkbox"/> All                                                                                                   |         |         | Footings              |         |                   |          |         |
| <input type="checkbox"/> Footing                                                                                               |         |         | Foundation            |         |                   |          |         |
| <input type="checkbox"/> Foundation                                                                                            |         |         | Slab                  |         |                   |          |         |
| <input type="checkbox"/> Frame                                                                                                 |         |         | Truss Sys./Bracing    |         |                   |          |         |
| <input type="checkbox"/> Other                                                                                                 |         |         | Barrier-Free          |         |                   |          |         |
| Joint Plan Review Required:                                                                                                    |         |         | Insulation            |         |                   |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |         |         | Finishes - Base Layer |         |                   |          |         |
| SUBCODE APPROVAL                                                                                                               |         |         | Finishes - Final      |         |                   |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           |         |         | Energy                |         |                   |          |         |
| Date: <u>6-1-06</u>                                                                                                            |         |         | Mechanical            |         |                   |          |         |
| Approved by: <u>EL</u>                                                                                                         |         |         | TCO                   |         |                   |          |         |
|                                                                                                                                |         |         | Other                 |         |                   |          |         |
|                                                                                                                                |         |         | Barrier-Free          |         |                   |          |         |

## B. BUILDING CHARACTERISTICS

| Use Group                 | Present | Proposed | Est. Cost of Bldg. Work: |
|---------------------------|---------|----------|--------------------------|
| Constr. Class             |         |          | 1. New Bldg. \$          |
| No. of Stories            |         |          | 2. Rehabilitation \$     |
| Height of Structure       |         |          | 3. Total (1+2) \$        |
| Area — Largest Floor      |         |          |                          |
| New Bldg. Area/All Floors |         |          |                          |
| Volume of New Structure   |         |          |                          |
| Total Land Area Disturbed |         |          |                          |

## C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

## D. TECHNICAL SITE DATA

| DESCRIPTION OF WORK                |
|------------------------------------|
| <u>Demolition of Demising Wall</u> |
| <u>See Tenant Fitout Permit</u>    |
| <u>EMAC Realty</u>                 |

## TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☒ Demolition

## FEE (Office Use Only)

|                               |  |
|-------------------------------|--|
| Administrative Surcharge \$   |  |
| Minimum Fee \$                |  |
| State Permit Surcharge Fee \$ |  |
| TOTAL FEE \$                  |  |

Date Received 5/31/06  
Control # 06-1723  
Date Issued  
Permit #



# CONSTRUCTION PERMIT

Date Issued 5/31/2006  
Control # C-06-102052  
Permit # 06-1723

IDENTIFICATION Block: 852 Lot: 4 Qualifier \_\_\_\_\_  
Work Site Location: 1759 ROUTE 88 Brick Township, NJ Contractor LAURELTON PLAZA OFFICES, LLC  
Address PO BOX 1802 PT PLEASANT BEACH NJ 08742  
Owner in Fee LAURELTON PLAZA OFFICES, LLC  
Address PO BOX 1802 PT PLEASANT BEACH NJ 08742 Telephone: (732) 892-4441  
Telephone: (732) 892-4441 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:

INTERIOR ALTERATION(S) DEMOLITION OF DEMISING WALL

**Note: If construction 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 \$2,000

Construction Official \_\_\_\_\_ Date 5/31/2006

U.C.C. F170  
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |                    |
|------------------|--------------------|
| Building         | \$48               |
| Electrical       | \$0                |
| Plumbing         | \$0                |
| Fire Protection  | \$0                |
| Elevator Devices | \$0                |
| Other            | \$0.00             |
| DCA Training Fee | \$3                |
| CO Fee           |                    |
| Other            | \$0                |
| Total            | \$51               |
| Check No.        | 10726              |
| Cash             | \$0                |
| Credit           | \$0                |
| Collected By     | Inspection Account |

## 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.

If you do not understand any of this information, please ask.

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued

**TOWNSHIP OF BRICK**

**Debris Form**

Work Site Address: 1759 Rt 88

Block: 842 Lot: 4

Contractor: Pharos Court

Contractor's Address: 315-321 Hawthorn Ave Point Pleasant

Type of Construction (minor, new home): Demo WALL

Type of Debris (shingles, siding, wood, etc.): \_\_\_\_\_

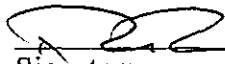
Party responsible for removal: MAZZAVIO DISPOSAL

Dumpster size: 20 yard

Destination of debris: \_\_\_\_\_

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

  
Signature

5/23  
Date

Robert Ryer  
Print Name



May 22, 2006

Township of Brick  
Department of Building  
401 Chambers Bridge Road  
Brick, NJ 08723

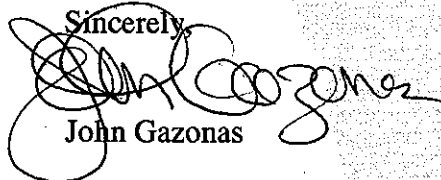
RE: GMAC Realty  
1759 Route 88  
Block 852 Lot 4

To Whom It May Concern:

Please be advised that we will be performing interior demolition at the above referenced site and all waste (approximately 20 cubic yards) of debris will be hauled by Marzario Disposal.

I trust this correspondence is in order. Should you have any questions, please contact me at your earliest convenience.

Sincerely,



John Gazonas

GENERAL CONTRACTORS

P.O BOX 1802 • 315-321 HAWTHORNE AVENUE • POINT PLEASANT BEACH, NEW JERSEY 08742 • PHONE: (732) 892-4441 • FAX: (732) 892-4449