



CONSTRUCTION PERMIT APPLICATION

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>35</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$ <u>1</u>		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>36</u>		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	
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	

I. IDENTIFICATION

1. Proposed Work Site at: 1596 HARVARD AVENUE BRICK, NJ 08724
 2. Name of Owner in Fee: ANNA CONNELL Tel. _____
 Address 1596 HARVARD AVENUE, BRICK, NJ 08724
street municipality zip code
 3. Ownership in Fee: Public _____ Private _____
 4. Principal Contractor: SADY L. DELGADO Tel. (732) 433-1464
 Address 226 PRINCETON AVENUE
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. _____ FAX: (732) 892-9257
 5. Architect or Engineer _____ Tel. () _____
 Address _____
 6. Responsible Person in Charge of Work SADY L. DELGADO
 Tel. (732) 433-1464 FAX () _____

Roof

II. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☒ Addition
- ☐ Alteration
- ☐ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

Est. Cost

950.00

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>ASD</u>	<u>7/2/13</u>				<u>7-18-13</u>	

TOTAL COSTS

950.00

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☐ One-Family (R-3) BOCA
- ☐ 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:

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 SADY L. DELGADO
Address 224 PRINCETON AVENUE
BRICK, NJ 08724
Telephone (732) 455-1464
Signature [Signature]

- 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

Date Issued 07/02/2003
Control #
Permit # 03-2928

IDENTIFICATION	Block 822	Lot 29	Qual
Work Site Location	1596 HARVARD AVE NEW ROOF		
Owner in Fee	CONNELL, ANNA		
Address	SAHE BRICK, NJ 08724-		
Telephone	[REDACTED]		
Contractor	SADY L DELGADO		
Address	226 PRINCETON AVE BRICK, NJ 08724-		
Telephone	(732) 433-1464		
Lic. No. of Bldrs.	Reg. No.		
Federal Emp. No.	[REDACTED]		

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:
REMOVE AND REPLACE RESIDENTIAL ROOF SHINGLES-2 LAYERS

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 \$ 950

Construction Official [Signature] 07/02/2003
Date

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	999
Cash	
Collected By	AJP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/02/2003
Date Issued 07/02/2003
Control #
Permit # 03-2928

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

Block 822 Lot 29 Qual
Work Site Location 1596 HARVARD AVE
NEW ROOF

Owner in Fee CONNELL, ANNA
Address SAME
BRICK, NJ 08724-

Tele [REDACTED]
Contractor SADY L DELGADO
Address 226 PRINCETON AVE
BRICK, NJ 08724-

Tele (732) 433-1464 Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [REDACTED]

JOBS SUMMARY (Office Use Only)
PLAN REVIEW Date Initial

INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.	Failure Failure Approval Initial
☐ All	
☐ Footing	
☐ Foundation	
☐ Slab	
☐ Frame	
☐ Other	
Joint Plan Review Required:	
☐ Elect ☐ Plumb ☐ Fire	
SUBCODE APPROVAL ☐ Elev	
☐ CO ☐ CCO ☐ CA	
Date: 2-21-03	
Approved By: [Signature]	

B. BUILDING CHARACTERISTICS

Use Group Present R-3	Proposed R-3
Constr. Class Present	Proposed
No. of Stories 0	1. New Bldg. \$ 0
Height of Structure 0 Ft.	2. Alteration \$ 950
Area Largest floor 0 Sq. Ft.	3. Total (1+2) \$ 950
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

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

REMOVE AND REPLACE RESIDENTIAL ROOF SHINGLES-2 LAYERS

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence 0	Height (exceeds 6')
☐ Sign 0	Sq. Ft.
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
Other	
☐ Demolition	

Paid [X] Check # 999	Administrative Surcharge	\$ 0
Collected by: AUP	Minimum Fee	\$ 2
	TOTAL FEE	\$ 35
	DCA State Permit fee	\$ 1

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: 1596 HARVARD AVENUE, BRICK, NJ 08724

Block: _____ Lot: _____

Contractor: SADY L. DELGADO

Contractor's Address: 226 PRINCETON AVENUE, BRICK, NJ 08724

Type of Construction (minor, new home): _____

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

Party responsible for removal: BIG-N-LITTLE

Dumpster size: 15 yd

Destination of debris: OCEAN COUNTY LANDFILL

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.

Sady L. Delgado
Signature

7-2-03
Date

SADY L. DELGADO
Print Name

822/29 03-2928

1596 Harvard Ave

#152

OCEAN COUNTY LANDFILL
LAKEHURST NJ 08733

FACILITY ID No. 15188
Ticket #: 000684823

Date : 07/10/03

#108

Customer : BIG10
BIG AND LITTLE ENTERPRISE
P.O. BOX 4343
165 ROYAL DRIVE
BRICKTOWN NJ 08723

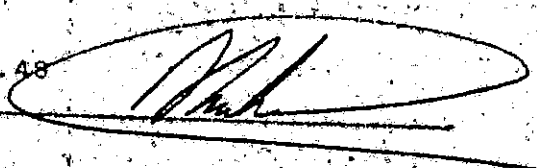
Gross 25140 lb Scale 1 09:29
Tare 18280 lb Scale 2 09:47
Net 6860 lb
3.4300 tn

Dep. #: 15855AB Plate #: X-8339P

ROLLOFF 15 CU YDS

tof Load Material		Location	Price/Unit	Total
132	BULKY - DEMO WOOD	BRICK TWP	63.47/tn	217.7

Current Account Balance: \$ 4521.48
DRIVER



Total \$ 217.7

Weigh Master: LKM

REMARKS:

Closure & Contingency:	\$0.50/tn	Environmental Escrow- Type 10:	\$14.92/tn
Solid Waste Service :	\$1.20/tn	-Types 13, 22, 28, 25:	\$23.19/tn
Closure Escrow :	\$1.00/tn	Post Closure Fund :	\$0.62/tn
O.C. Health Dept. :	\$0.29/tn	Host Community Fund :	\$4.50/tn

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1596 HARVARD AVENUE
Block: 822 Lot: 29
Owner's Name: ANNA CONNELL
Owner's Mailing Address: 1596 HARVARD AVENUE
BRICK, NJ 08724
Phone: [REDACTED]

BUILDING

Contractor: SADY L. DELGADO
Address: 226 PRINCETON AVENUE
BRICK, NJ 08724
Phone#: 732 455-1404
Lis # [REDACTED]
Federal Emp # or SSN [REDACTED]

Technical Data

Description of Work:

REMOVE & REPLACE
RESIDENTIAL ROOF
SHINGLES.

Type of Work

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

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: \$ _____
Cost of New Building: \$ _____
Cost of Site Work \$ _____

Total Cost of New Building Work: \$ #050.00

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: Sady L. Delgado
Please Print Name SADY L DELGADO

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

Technical Data

Description of Work:

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:	_____

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: _____

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