

BLOCK

LOT

QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1680 Tilford Blvd

2. Name of Owner in Fee: Kyle Attardo
Tel. [REDACTED] e-mail [REDACTED]
Address 1680 Tilford Blvd Brick
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒ Coastal & Son, LLC
Address 1106 Verdant Rd. Tel. (732) 573-0027
e-mail coastalplumbing@verizon.net
Toms River, N.J. 08753

License No. OR, if new home, Builder Reg. No. 12533 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01647800

Federal Emp. ID No. 22-3795085 FAX: (732) 573-1149

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun: Doug Conboy
Tel. (732) 573-0027 FAX: (732) 732-573-1149

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 Surcharge Fee	\$	
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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands "yes" _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

TOTAL COST

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
200	AWB			9/8/16	PJC			
519		9-22-16		9-6-16	AWB			

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale _____
- Gained, Rental _____
- Lost, Sale _____
- Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____

Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

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
11. ☐ LPGas Tanks



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/21/2016
Control Number C-16-004266
Permit Number 16-3621
Permit Issue Date 10/18/2016
Certificate Number 16-3621

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1680 TILFORD BLVD Brick Township, NJ Block: 836 Lot: 1 Qual: _____
Owner in Fee: MARINUCCI, SHARON
Owner Address: 1680 TILFORD BLVD BRICK NJ 08724
Telephone: [REDACTED]
Contractor Coastal & Son, LLC
Address 1106 Verdant Road Toms River NJ 08753
Telephone: (732) 573-0027 Fax: (732) 573-1149
License Number or Builders Registration Number: 36B101253300 Federal Emp. Number: 22-3795085
13VH01647800

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Construction Classification: _____

Maximum Live Load: 0

Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - RESIDENTIAL ...REPLACE ELECTRIC HWH

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

Date Printed: 12/21/2016

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

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(f)1.ix:

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. 5:23-2.15(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.

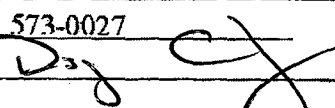
(✓) Check if contractor.

Agent Name Doug Conboy

Address 1106 Verdant Rd.

Toms River, N.J. 08753

Telephone (732) 573-0027

Signature 

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



ELECTRICAL 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 836

Work Site Location 1080 Tilden Blvd

Qualification Code (1680)

Owner in Fee: Attached

Tel. [redacted]

Address 1080 Tilden Blvd

Contractor: R.J.R. ELECTRIC COMPANY

Address 875 LYNNWOOD AVENUE

BRICK, NEW JERSEY 08723

Contractor License No. LIC# 11207 ID# 22-3812754 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ()

Use Group Present Proposed

Building Occupied as [] Temporary [] Other

Est. Cost of Elec. Work \$ 200 Utility Co.

B. ELECTRICAL CHARACTERISTICS

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial -Underslab Utilities Approved

☐ Electric Plans Approved

☐ Joint Plan Review Required

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL PERMIT

Date: 9/16/16

Approved by: [Signature]

INSPECTIONS

Type:

☐ Rough

☐ Barrier-Free

☐ Trench

☐ Temp. Serv.

☐ Constr. Serv.

☐ TCO

☐ Other WHL

Service Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Rodolph Resanilla

Licensed Elec. Contractor ☒ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.

SIZE

ITEMS

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 UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central/A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



CONSTRUCTION PERMIT

Date Issued 10/18/16
Control # C-16-004266
Permit # 16-3621

IDENTIFICATION Block: 836 Lot: 1 Qualifier _____
Work Site Location: 1680 TILFORD BLVD Brick Township, NJ Contractor Coastal & Son, LLC
Address 1106 Verdant Road Toms River NJ 08753
Owner in Fee MARINUCCI, SHARON
1680 TILFORD BLVD BRICK NJ 08724 Telephone: (732) 573-0027 / (732) 433-1751
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH01647800 36B101253300
Federal Employee No. 22-3795085

I am 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:

ALTERATION - RESIDENTIAL ... REPLACE ELECTRIC HWH

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 \$685

[Signature]
Construction Official

10/17/16
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

PAYMENTS (Office Use Only)	
Building	\$0
Electrical	\$150
Plumbing	\$150
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$301
Check No.	579
Cash	10/18/16 12:12PM 0015584452 \$0
Credit	KXD3 SERV.000
Collected	43621 CW
ELECTRIC	\$150.00
PLUMBING	\$150.00
DCA	\$1.00
CHECK	\$301.00

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.



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

10/18/16
16-3621

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

Block 036 Lot 1
Work Site Location 1680 Tilted Blvd
Owner in Fee Martinez
Address 1680 Tilted Blvd
Tele () 1680 Tilted Blvd
Contractor COASTAL & SON, LLC
Address 1106 VERDANT RD.
TOMS RIVER, NJ 08753
Tele. OFFICE 732-573-0027 FAX: 732-573-1149
Lic. No. 12533
Federal Emp. No. 22-3785085 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 485.- DIRECT REPLACEMENT

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS			
Joint Plan Review Required:		Type:	Failure	Dates (Month/Day)	Initial
☐	No Plans Required	Slab			
☐	Bldg. Etc.	Rough			
☐	Fire Elevator	Water			
☐	Plumb. Plans Approved	Sewer			
Date:	<u>12-6-16</u>	Fixtures			
Approved by:	<u>[Signature]</u>	Gas Equipment			
SUBCODE APPROVAL:		Gas Piping			
☐	CO CC CA	Solar			
Approved By:	<u>12-13-16</u>	<u>Full</u>			
Date:	<u>12-13-16</u>				

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 and perform the work listed on this application.

Signature - Contractor, Seal

☒ Licensed Plumbing Contractor | ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Emergency SINK	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	GreaseTrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

9/22/16
Faxed

Subcode Official Review

Date: Thursday, September 22, 2016

To: MARINUCCI, SHARON
1680 TILFORD BLVD
BRICK, NJ 08724

RE: Plumbing Subcode
Block: 836 Lot: 1 Qual:
1680 TILFORD BLVD
Permit Number: Control Number: C-16-004266
Last Submit Date: Thursday, September 08, 2016

Dear MARINUCCI, SHARON,

Your request is hereby denied based upon the following infractions.

The plumbing application is not sealed.

Sincerely,

Bernie Reilly, Subcode Official

CC:

RESUBMIT FB
SUBCODES Plumbing
DATES 10/3/16

* * * Communication Result Report (Sep. 22. 2016 4:03PM) * * *

1)
2)

Date/Time: Sep. 22. 2016 4:03PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
6287 Memory TX	917325731149	P. 1	OK	

Reason for error

E. 1) Hang up or line fail
 E. 3) No answer
 E. 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection
 E. 6) Destination does not support IP-Fax



Brick Township
 401 Chambersbridge Rd
 Brick, NJ 08723
 (732) 262-1000

Subcode Official Review

Date: Thursday, September 22, 2016

To: MARINUCCI, SHARON
 1680 TILFORD BLVD
 BRICK, NJ 08724

RE: Plumbing Subcode
 Block: 636 Lot: 1 Quat:
 1680 TILFORD BLVD
 Permit Number: Control Number: C-16-004266
 Last Submit Date: Thursday, September 08, 2016

Dear MARINUCCI, SHARON,
 Your request is hereby denied based upon the following infractions.
 The plumbing application is not sealed.

Sincerely,

Bernie Raitly, Subcode Official

CC:



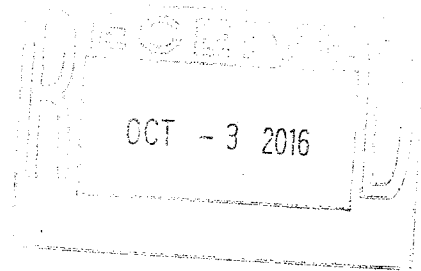
Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, September 22, 2016

To: MARINUCCI, SHARON
1680 TILFORD BLVD
BRICK, NJ 08724

RE: Plumbing Subcode
Block: 836 Lot: 1 Qual:
1680 TILFORD BLVD
Permit Number: Control Number: C-16-004266
Last Submit Date: Thursday, September 08, 2016



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Bernie Reilly, Subcode Official

CC: