

BLOCK

836

LOT

26

ADDRESS (SITE)

PERMIT NO.

1245-90



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1672 HARVARD AVE

2. Name of Owner in Fee: THERESA AUIRGA

Address: P.O. Box 1572 Breck 08723

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: Same Tel. ()

Address: Same

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

Federal Emp. No. Social Security No.

5. Architect or Engineer Tel. ()

Address

6. Responsible Person In Charge of Work Tel. ()

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job (\$5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration, <u>repair</u>	<u>500-</u>
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS ☒	<u>500-</u>

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			<u>6/28/80</u>	<u>AK</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 | 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly |
| 2. ☐ High Pressure Boilers | 4. ☐ Refrigeration Systems | 7. ☐ Sprinklers |
| | 5. ☐ Cross-Connections/Backflow Preventers | 8. ☐ Smoke Control Systems in Open Wells |
| | | 9. ☐ Underground Storage Tanks |

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>7.50</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy	<u>20.00</u>		
12. Other			
13. TOTAL	\$ <u>27.50</u>		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area—Largest Floor	sq. ft.
4. Building Area—All Floors	sq. ft.
5. Volume of 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	sq. ft.
no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

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:

LDS BR 10208860

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

6-28-90

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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

Date

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____
☐ None	



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

6/28/90

1245-90

IDENTIFICATION Block

836

Lot

26

Work Site Location

1672 Harvard Ave

Contractor

Same

Owner in Fee

Theresa Virga

Address

P.O. Box 11572

Tele. ()

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Repair

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 \$

500

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	7.55	836 #	0.00
Plumbing	LOT		0.00
Electrical	26 #		
Fire Protection	BUILDING		7.50
Other	C / O		20.00
Other	TOTAL		27.50
DCA Training Fee	CHECK		27.50
Cert. of Occ.	CHANGE		0.00
Other			
Total	66/28/90	NO. 5	8017A005
Check No.			09:04
Cash			
Collected By:			



Date Received
Date Issued
Control #
Permit #

6/28/90
1245-90

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

Block 836 Lot 26
Work Site Location 1673 ARVARD AVE
BRICK AVENUE
Owner in Fee THEESA AVILA
Address PO BOX 1572
BRICK RD 08723
Telephone [REDACTED]
Contractor Stant
Address _____
Tele. () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

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 Michael Higgs

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacing windows
1. Bathroom - small 30x54x32
2. Kitchen - small 30x54x32
3. Living Room - slightly more size
4. Bedroom - no change
Removing Bathroom - to deck floor

(Office Use Only)
FEE \$ 7.50

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Failure		Dates (Month/Day)		Initial	
		[] No Plans Req.		6/28/90		[] All		[] Footing		[] Foundation		[] Slab		[] Frame	
[] Other		[] Other		[] Other		[] Other		[] Other		[] Other		[] Other		[] Other	
Joint Plan Review Required:		[] Elec. [] Plumb. [] Fire		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA	
SUBCODE APPROVAL		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA	
Date:		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA	
Approved By:		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA		[] CO [] CCO [] CA	

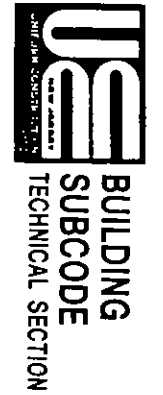
B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 500-
2. Alteration \$ 500-
3. Total (1+2) \$ 500-

TYPE OF WORK:		Administrative Surcharge	
		Minimum Fee	
[] New Building		[] Check # _____	
[] Addition		[] Check # _____	
[] Alteration		[] Check # _____	
[] Roofing		[] Check # _____	
[] Siding		[] Check # _____	
[] Other		[] Check # _____	
[] Demolition		[] Check # _____	
[] Miscellaneous		[] Check # _____	
[] Fence		[] Check # _____	
[] Sign		[] Check # _____	
[] Pool		[] Check # _____	
[] Elevator		[] Check # _____	
[] Asbestos Abatement		[] Check # _____	
[] Other		[] Check # _____	



Date Received
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Owner in Fee THESE A UTILITA
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Tele. [REDACTED]
Contractor Dani
Address _____
Tele. () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

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 Michael Higgs

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacing window 3' 18" 36"
1. Kitchen - small 30x54x2
2. Kitchen - small 30x54x2
3. Living room - slightly same size
4. Bedroom - not doing
removing bathroom, back to deck floor

(Office Use Only)
FEE
\$ 7.50

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☒ Other Repair/Window
- ☐ Demolition
- ☐ Miscellaneous
- ☐ Fence _____ Height _____
- ☐ Sign _____ Sq. Ft. _____
- ☐ Pool _____
- ☐ Elevator _____
- ☐ Asbestos Abatement _____
- ☐ Other _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 500-
2. Alteration \$ 500-
3. Total (1+2) \$ 500-