BLOCK 848 LOT 1 ADDRESS (SITE) PERMIT NO. 2496-96

RECEIVED
SEP 26 1996
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1726 OLDEN
2. Name of Owner in Fee: BILL EUSTACE [redacted]
   Address SAME (street) (municipality) 08724 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: GEORGE BURNS [redacted]
   Address 1603 YALE PL BRICK
   License No. OR, if new home, Builder Reg. No. ____ Firm Reg.
   Federal Emp. No. ____ Social Security [redacted]
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work GEORGE BURNS Te [redacted]

V. FEE SUMMARY (for office use only)

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

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	
lood Elevation ____ ft.	
is yes ____ sq. ft.	
no	
ve Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

Re-Roof over Living

	Est. Cost
1. ☒ Minor work (single trade)	1000.00
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	1000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
MS							

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

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 10110515

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 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 GEORGE BURNS

Address 1603 YALE PL
BRICK NJ

Telephone (908) 458-0636

Signature George Burns Date 9/26/96

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
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.				

CONSTRUCTION PERMIT

Date Issued 9-26-96
Control #
Permit # 2496-96

IDENTIFICATION Block 848 Lot 1

Work Site Location 1726 OLDEN RD. BRICK NJ.

Owner in Fee EUSTACE

Address [redacted]

Tel [redacted]

Contractor COURAGE BURNS.

Address 1100 3 Yale Pl. BRICK NJ.

Tele. (908) 458-0636.

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____

or Social Security No [redacted]

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

ReRoof - over 1 Layer.

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 $ 1,000 -

Ray Konkowski
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	35 -
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	1 -
Cert. of Occ.	
Other	
Total	36 -
Check No.	
(Cash)	
Collected By:	M

UCC Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER PINK JACKET 4 GOLD APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/26/96
Date Issued
Control #
Permit # 2496-96

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

Block 848 Lot 1
Work Site Location 1726 OLDEN RD
BRICK NJ
Owner in Fee BILL EUSTACE
Address SAME
Tele [redacted]
Contractor GEORGE BURNS
Address 1603 YALE PL
BRICK
Tele. (908) 458 0636
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. _____ or Social Security [redacted]

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 George Burns

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REROOF OVER
1 LAYER

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing				
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			Insulation				
[ ] Other			Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [ ] CA			Other				
Date:			Final				
Approved By:							

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 1,000.00
2. Alteration $ _____
3. Total (1+2) $ 1,000.00

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

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Date Issued
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Permit # 2496-96

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Block 948 Lot 1
Work Site Location 1726 OGDEN RD
BRICK NJ
Owner in Fee BILL EUSTACE
Address SAME
Tele. [redacted]
Contractor GEORGE BURNS
Address 1603 MAPLE PL
BRICK
Tele. (908) 458 0636
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. _____ or Social Securi [redacted]

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 George Burns

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DESCRIPTION OF WORK

REROOF OVER
1 LAYER

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PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[ ] Siding
[ ] Fence _____ $ _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 4,000.00
2. Alteration $ _____
3. Total (1+2) $ 4000.00

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B
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3 Pink = Office Copy 4 Gold = Applicant Copy