



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over a horizontal line.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 848 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 15-2149



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1728 Forge Pond RD

2. Name of Owner in Fee: Dillon Elliott

Tel. [REDACTED] e-mail [REDACTED]

Address 1148 Forge Pond Rd Brick NJ 08724

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: G.A. GASSO Tel. (848) 992-1244

Address 112 Solar Dr. e-mail _____

Brick NJ 08724

License No. OR, if new home, Builder Reg. No. 13VHD0430530 Exp. Date 3/31/16

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

Federal Emp. ID No. 861166752 FAX: () _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (848) 992-1244 FAX: () _____

6. Responsible Person in Charge once Work has Begun _____

Tel. (848) 992-1244 FAX: () _____

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 <u>1</u>	
2. Height of Structure <u>15</u> 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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building	<u>\$400.00</u>								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST _____

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: _____

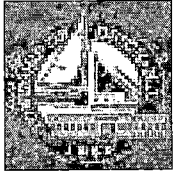
2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)	IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?
DO YOU WANT:	
1. ☐ Partial Releases	1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ Prototype Processing	2. ☐ High Pressure Boilers
	3. ☐ Pressure Vessels
	4. ☐ Refrigeration Systems
	5. ☐ Cross-Connections/Backflow Preventers
	6. ☐ Hazardous Uses/Places of Assembly
	7. ☐ Sprinklers/Standpipes
	8. ☐ Smoke Control Systems in Open Wells
	9. ☐ Underground Storage Tanks
	10. ☐ Swimming Pools, Spas and Hot Tubs
	11. ☐ LPGas Tanks
	12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/18/2020
Control Number C-15-003353
Permit Number 15-2149
Permit Issue Date 7/7/2015
Certificate Number 15-2149

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1728 FORGE POND RD Brick Township, NJ 08724 Block: 848 Lot: 4 Qual: _____

Owner in Fee: ELLIOTT, DAWN D

Owner Address: 1728 FORGE POND RD BRICK NJ 08724

Telephone: [REDACTED]

Contractor GALASSO

Address 112 SOLAR DR BRICK NJ 08723

Telephone: (848) 992-1244 Fax: (732) 903-7149

License Number or Builders Registration Number: _____ Federal Emp. Number: _____

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: _____

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: 2/18/2020

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

GALASSO CONTRACTING, LLC
Robert Galasso
112 Solar Drive
Brick NJ 08724

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
GALASSO CONTRACTING, LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
03/19/2015 TO 03/31/2016

SIGNATURE
VALID

13VH04325300

License/Registration/Certificate #

03/19/2015 TO 03/31/2016
VALID

13VH04325300
LICENSE/REGISTRATION/CERTIFICATION #

Robert Galasso
ACTING DIRECTOR

Signature of Licensee/Registrant/Certificate Holder

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

GALASSO CONTRACTING, LLC

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 04325300 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.

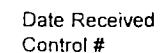
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY
THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL
CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of business.





Date Issued _____
Permit # _____

15-2149

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

Block 848 Lot 4 Qualification Code _____

Work Site Location 1728 Forge Road RD

Brick nt 08724

Owner in Fee: Debra Elliott

Ta

te

Address 11-5101 George Pond Rd Brick NJ 08724

Contractor: CALSSC Tel: (848) 992-1244

Address 112 Solar Dr e-mail _____

Brick NT 05724

Contractor License No. or Builder Registration No. 13VH04325300 Exp. Date 3/31/20

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

Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW			INSPCTIONS			Dates (Month/Day)		
	Date	Initial	Type:	Failure	Failure	Approval	Initial	
[] No Plans Required	_____	_____	Footing	_____	_____	_____	_____	
[] All	_____	_____	Footing Bonding	_____	_____	_____	_____	
[] Footings/Foundations	_____	_____	Foundation	_____	_____	_____	_____	
[] Structural/Framework	_____	_____	Slab	_____	_____	_____	_____	
[] Exterior	_____	_____	Frame	_____	_____	_____	_____	
[] Interior	_____	_____	Truss Sys./Bracing	_____	_____	_____	_____	
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____	
[] Elec.	[] Plumb.	[] Fire	Insulation	_____	_____	_____	_____	
[] Elevator			Finishes -Base Layer	_____	_____	_____	_____	
SUBCODE APPROVAL for PERMIT			Finishes -Final	_____	_____	_____	_____	
Date:	_____		Energy	_____	_____	_____	_____	
Approved by:	_____		Mechanical	_____	_____	_____	_____	
SUBCODE APPROVAL for CERTIFICATE			TCO	_____	_____	_____	_____	
[] CO	[] CCO	[X] CA	Other	_____	_____	_____	_____	
Date:	02/14/20		Final	_____	_____	_____	02/14/20	
Approved by:	[Signature]		Barrier-Free	_____	_____	_____	[Signature]	

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ **Constr. Class** Present _____ Proposed _____

No. of Stories 1 If Industrialized Building:

Height of Structure 15' ft. State Approved HUD

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____ 3. Total (1+ 2) \$ _____

Max. Occupancy Load _____ U.C.C. F110

U.C.C. F110
(rev. 11/09)

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.

Sign here: Kelley H. Jones

Print name here: Robert Galasso

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof Removal

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Rehabilitation
☒ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

[illegible]

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

1728 Forge POND RD

15-2149
848 4

MAZZA

SCRAP METAL & RECYCLING

Mazza & Sons, Inc.

3230 Shafto Rd
Tinton Falls, NJ 07753
(732) 922-9292
FACILITY ID# 195599
DEP Facility: 1336001136

In Ticket: 115714
Date: 7/18/2015
Time: 07:29:16 - 07:42:02

Customer: 0002940001/M. MARCIANO RECY
Truck: XM158B
Truck Type: TRUCK/Truck

Gross: 28680 LB In Scale 2
Tare: 21100 LB Out Scale 3
Net: 7580 LB
Tons: 3.79

Materials & Services

Origin: 1507/Brick Twp.
Material: BULKY/BULKY WASTE
Quantity: 3.79 Ton
Rate: \$74.00/TON
Amount: \$ 280.46

Host Fee: \$	3.79
Recycling Tax: \$	11.37
Total Taxes/Fees: \$	15.16
Total Amount: \$	295.62

In Operator: MAZZADEMO\SCALE2
Out Operator: MAZZADEMO\SCALE3

Driver
Signature: *M. Mazza*



CONSTRUCTION PERMIT

Date Issued 07/07/2015
Control # C-15-003353
Permit # 15-2149

IDENTIFICATION Block: 848 Lot: 4 Qualifier _____
Work Site Location: 1728 FORGE POND RD Brick Township, NJ 08724 Contractor GALASSO
Address 112 SOLAR DR BRICK NJ 08723
Owner in Fee ELLIOTT, DAWN D
1728 FORGE POND RD BRICK NJ 08724 Telephone: (848) 992-1244
Lic. No. or Bldrs. Reg. No. 13VH04325300
Federal Employee No. _____
Telephone: _____

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:

NEW ROOF

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 \$5,400

Construction Official _____

Date 7/7/15

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$225
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$10
CO Fee	
Other	\$0
Total	\$235
Check No.	
Cash	\$235
Credit	\$0
Collected By	Lauren Helmstetter

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.

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1728 Forge Pond Rd. Brick NJ 08724

BLOCK: _____ LOT: _____

CONTRACTOR: Galasso

CONTRACTOR'S ADDRESS: 112 Solar Dr. Brick NJ 08724

Type of Construction (minor, new home): _____

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

Party responsible for removal: Marciano Recycling

Dumpster Size: 20 Yard

Destination of Debris: Marza Tintory Falls NJ.
Fac # 195599.

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

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Dillon
Signature

7/7/15
Date

Dawn Elliott
Print Name