

BLOCK 845 LOT 35 QUALIFICATION CODE _____ ADDRESS (SITE) 1695 TILFORD BLVD PERMIT NO. 14-1028



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1695 TILFORD BLVD

2. Name of Owner: GAII FATTARUSO

Tel. _____ e-mail _____

Address 1695 TILFORD BLVD BRICK 08724

street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: SIDING MASTERS Tel. (732) 887-5191

Address 295 CHERRY QUAY RD. e-mail _____

BRICK, N.J. 08723

License No. OR, if new home, Builder Reg. No. 13UH03260100 Exp. Date 12/31/14

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

Federal Emp. ID No. _____ FAX: (732) 477-1989

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun DON FATTARUSO

Tel. (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>✓</u>		
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

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

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 _____

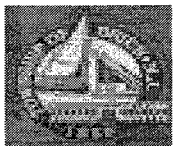
III. PLAN REVIEW (optional)

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 | 4. ☐ Refrigeration Systems | 6. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LPGas Tanks | |



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/29/2018
Control Number C-14-001424
Permit Number 14-1028
Permit Issue Date 4/17/2014
Certificate Number 14-1028

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1695 TILFORD BLVD Brick Township, NJ Block: 845 Lot: 35 Qual: _____
Owner in Fee: FATTARUSO, GAIL
Owner Address: 1695 TILFORD BLVD BRICK NJ 08724
Telephone: _____
Contractor Siding Masters
Address 295 Cherry Quay Road Brick NJ 08723
Telephone: (732) 477-2778 Fax: _____
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: Tear off and replace

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: 3/29/2018

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



BUILDING 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 845 Lot 35 Qualification Code _____

Work Site Location 1695 TILFORD BLVD.

BRICK, N.J. 08724

Owner in Esc. SALE EATANHUSO

Tel. _____ e-mail _____

Address 1695 TILFORD BLVD. BRICK 08724

street

city

zip code

Contractor: SDINLS MASIENS Tel. (____) _____

Address 295 CHERAT QUAY RD e-mail _____

BRICK, N.J. 08723

Contractor License No. or Builder Registration No. 13UH03260100 Exp. Date 12/31/14

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

Federal Emp. ID No. _____ FAX: (732) 477-1989

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____

☐ No Plans Required _____

☐ All _____

☐ Footings/Foundations _____

☐ Structural/Framework _____

☐ Exterior _____

☐ Interior _____

Joint Plan Review Required: _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

SUBCODE APPROVAL for PERMIT _____

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE _____

☐ CO ☐ CCO 14th GA

Date: 03/27/18

Approved by: KAY

Barrier-Free _____

Insulation _____

Finishes -Base Layer _____

Finishes -Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1 + 2) \$ 1,500.00

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: [Signature]

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TEAR OFF OLD SHINGLES
AND REPLACE WITH NEW
SHINGLES

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☒ Roofing

☐ Siding

☐ Fence _____

☐ Sign _____

☐ Pool

☐ Retaining Wall _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received 4/16/14

Control # _____

Date Issued _____

Permit # _____

14-1028

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy

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 SIDING MASTERS LLC

Address 295 CHERRY QUAY RD.
BRICK N.J. 08723

Telephone (722) 887-5191

Signature [Signature]

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



CONSTRUCTION PERMIT

Date Issued 04/17/2014
Control # C-14-001424
Permit # 14-1028

IDENTIFICATION Block: 845 Lot: 35 Qualifier _____
Work Site Location: 1695 TILFORD BLVD Brick Township, NJ Contractor Siding Masters
Address 295 Cherry Quay Road Brick NJ 08723
Owner in Fee FATTARUSO, GAIL
1695 TILFORD BLVD BRICK NJ 08724 Telephone: (732) 477-2778
Lic. No. or Bldrs. Reg. No. 13VH03260100
Telephone: _____ Federal Employee. No. _____

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 Tear off and replace

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 \$1,500

Construction Official _____

Date _____

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	\$75
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$78
Check No.	3313
Cash	\$0
Credit	\$0
Collected By	Lauren Helmstetter

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Siding Master's
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
12/13/2013 TO 12/31/2014

VALID

SIGNATURE

13VH03260100

License/Registration/Certificate #

DIRECTOR

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1695 TILFORD BLVD.

BLOCK: _____ LOT: _____

CONTRACTOR: SIDING MASTERS LLC

CONTRACTOR'S ADDRESS: 295 CHERRY QUAY RD. BRICK.

Type of Construction (minor, new home): ROOFING

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

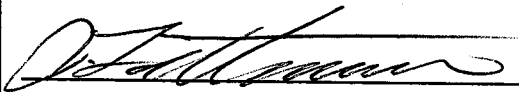
Party responsible for removal: JERSEY CENTRAL LANDSCAPING

Dumpster Size: 23 YRD.

Destination of Debris: MAZZA

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."


Signature

4/17/14
Date

Dominick FATTAROSO
Print Name