



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

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

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- 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".

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

838



CONSTRUCTION PERMIT APPLICATION

Emergency

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

C-Dr 003474

I. IDENTIFICATION

1. Proposed Work Site at: 1675 Tiltford Blvd

2. Name of Owner in Fee: Brantley

Tel. _____ e-mail _____

Address 1675 Tiltford Blvd Bricktown

3. Ownership in Fee: Public _____ Private ☒ zip code _____

4. Principal Contractor: Roto Rooter Tel. _____

Address 1042 Atlantic City Blvd e-mail _____

Bayville NJ

License No. OR, if new home, Builder Reg. No. 9915 Exp. Date 06/13

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

Federal Emp. ID No. _____ FAX: _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun Butch Krill

Tel. 732-477-4447 FAX: 732-263-0046

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical		
3. Plumbing		
4. Fire Protection	<u>60</u>	
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	<u>3</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>63</u>	

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
	<u>CR</u>	<u>9/19/12</u>						
			<u>9/19/12</u>		<u>1/3/13</u>			

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 _____

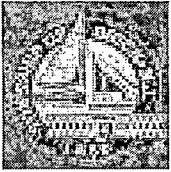
III. PLAN REVIEW (optional)

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
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 03/19/2013
Control Number C-12-003474
Permit Number 13-0156
Permit Issue Date 01/09/2013
Certificate Number 13-0156

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1675 TILFORD BLVD Brick Township, NJ Block: 838 Lot: 33 Qual: _____
Owner in Fee: BRANTLEY, ROBERT J & JOAN T
Owner Address: 1675 TILFORD BLVD. BRICK NJ 08724
Telephone: _____
Contractor ROTO ROOTER
Address 1042 ATLANTIC CITY BLVD BAYVILLE NJ 08721
Telephone: (732) 477-4447 Fax: (732) 269-0046 Federal Emp. Number: 22-2902105
License Number or Builders Registration 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: WATER SERVICE CONNECTION

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: 12/10/2021

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

Fee: \$0.00

Check Number: _____

Collected By: _____



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 09/19/2012
Control # C-12-003474
Date Issued 01/09/2013
Permit # 13-0156

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

Block 838 Lot 33 Qualification Code _____

Work Site Location: 1675 TILFORD BLVD Brick Township, NJ

Owner in Fee: BRANTLEY, ROBERT J & JOAN T

Address 1675 TILFORD BLVD, BRICK NJ 08724

Email _____

Tel. _____

Contractor: ROTO ROOTER

Address 1042 ATLANTIC CITY BLVD BAYVILLE NJ 08721

Email _____

Tel. (732) 477-4447 Fax (732) 269-0046

Home improvement Contractor Registration No. or Exemption Reason (is applicable): _____

Contractor License No. 9915 Expiration Date: _____

Federal Employee No. 22-2902105

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☒ CA

Date: 1-22-13

Approved by: [Signature]

INSPECTIONS

Type: Failure Failure Approval Initial

Slab _____

Rough _____

Water 4/10/13 4/11/13 [Signature]

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LPGas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final 1/17/13 [Signature]

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
_____	Water Service Connection	\$60
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee \$3

TOTAL FEE \$63

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



PLUMBING 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 83.8 Lot 33 Qualification Code _____
Work Site Location 1625 Telford Blvd

Own Remedy

Tel. _____ e-mail _____

Address 1625 Telford Blvd BRRK zip code _____

Contractor: Roto Rooter Tel. _____

Address 1042 Atlantic City Blvd e-mail _____

Bayville NJ 08721

Contractor License No. 9915 Exp. Date 06/13

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

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 2,000.-

JOB SUMMARY (Office Use Only)				
PLAN REVIEW	INSPECTIONS			
	Type:			
	Failure	Failure	Approval	Initial
☒ No Plans Required	Slab			
☒ Partial Under-slab Utilities Approved	Rough			
Date: <u>1/3/13</u> Approved by: <u>[Signature]</u>	Water			
☒ Plumbing Plans Approved	Sewer			
Date: _____ Approved by: _____	Fixtures			
Joint Plan Review Required:	Gas Equipment			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Piping			
SUBCODE APPROVAL for PERMIT	LPGas Tank			
Date: <u>1-4-13</u>	Fuel Oil Piping			
Approved by: <u>[Signature]</u>	Solar			
SUBCODE APPROVAL for CERTIFICATE	TCO			
☐ CO ☐ CCO ☐ CA	Final			
Date: _____				
Approved by: _____				

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: [Signature]

Print name here: Albert W. Krillor

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
emergency
Replacement of Existing
water Sewer

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection <u>emergency</u>	_____
_____	Water Service Connection <u>Replacement</u>	_____
_____	Stacks	_____
_____	Other	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



CONSTRUCTION PERMIT

Date Issued 1/9/13
Control # C-12-003474
Permit # 13-6156

IDENTIFICATION Block: 838 Lot: 33 Qualifier _____
Work Site Location: 1675 TILFORD BLVD NJ Contractor ROTO ROOTER
Address 1042 ATLANTIC CITY BLVD BAYVILLE NJ 08721
Owner in Fee BRANTLEY, ROBERT J & JOAN T
1675 TILFORD BLVD NJ Telephone: (732) 477-4447
Lic. No. or Bldrs. Reg. No. 11980
Telephone: _____ Federal Employee No. 22-2902105

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:

WATER SERVICE CONNECTION

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 \$2,000

Construction Official _____

Date 1/9/13

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	\$0
Electrical	\$0
Plumbing	\$60
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$63
Check No. <u>3692</u>	
Cash	\$0
Credit	\$0
Collected By	

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

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Stephen C. Acropolis, Mayor

Township Council:

John Ducey - President
Bob Moore - Vice President
Domenick Brando
Jim Fozman
Susan Lydecker
Joseph Sangiovanni
Dan Toth



Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

Your permit application has been denied by the Township of Brick during the review process. You were contacted on 9/20/12 with the denial notice. To date your permit application has not been resubmitted. Please supply this office with the necessary documentation/information necessary to complete the review process so the permit can be issued and work can commence.

If you have decided not to pursue the work, a letter from the homeowner is necessary to close out the permit application.

Should you have any questions regarding this matter, please do not hesitate to contact this office by calling (732)262-1030.



*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	2995
DESTINATION ADDRESS	97322690046
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	01/02 14:33
USAGE T	03' 54
PGS.	2
RESULT	OK

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Stephen C. Acropolis, Mayor

Township Council:

John Ducey - President
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9/20/12 - Jap 732-269-0046



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

Subcode Official Review

Date: Wednesday, September 19, 2012

To: 1675 TILFORD BLVD , NJ

RE: ~~Plumbing Subcode:~~
Block: 838 Lot: 33 Qual:
~~1675 TILFORD BLVD~~
Permit Number: Control Number: C-12-003474
Last Submit Date: Wednesday, September 19, 2012

Dear BRANTLEY, ROBERT J & JOAN T,

Your request is hereby denied based upon the following infractions. 1- Water service permit required at btmua.

Sincerely,

Mark Hibbard, Subcode Official

CC:

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	1760
DESTINATION ADDRESS	97322690046
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	09/20 11:20
USAGE T	02' 04
PGS.	1
RESULT	OK

9/20/12 - fax 732-269-0046



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

Subcode Official Review

Date: Wednesday, September 19, 2012

To: 1675 TILFORD BLVD , NJ

RE: Plumbing Subcode
Block: 838 Lot: 33 Qual:
1675 TILFORD BLVD
Permit Number: Control Number: C-12-003474
Last Submit Date: Wednesday, September 19, 2012

Dear BRANTLEY, ROBERT J & JOAN T,

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btmua.

Sincerely,

Mark Hibbard, Subcode Official

CC: