



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.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 838 LOT 19 QUALIFICATION CODE _____ ADDRESS (SITE) 1670 Forge Pond Rd PERMIT NO. 14-2570



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1670 Forge Pond Rd

2. Name of Owner in Fee: Anthony Atilio

Tel. _____ e-mail _____

Add _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

License No. OR, if new ho _____

Home Improvement Contr _____

Federal Emp. ID No. _____

5. Architect or Engineer _____

Address _____

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

6. Responsible Person in Charge once Work has Begun _____

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

All Around Construction Contractors, LLC.
51 Frank Neri Drive Brick, NJ 08724
Phone: 908-910-4072
HIC# 13VH04820700
Tax Id: 26-2813658
Contact: Derek Totin (908)910-4072 Fax (800)861-7852

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 _____	_____
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

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
3600								
TOTAL COST	3600							

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)

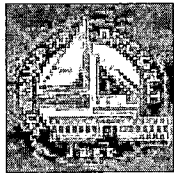
DO YOU WANT:

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 | 8. ☐ 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 2/18/2020
Control Number C-14-003464
Permit Number 14-2570
Permit Issue Date 8/6/2014
Certificate Number 14-2570

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1670 FORGE POND RD Brick Township, NJ Block: 838 Lot: 19 Qual: _____
Owner in Fee: ALTILIO, ANTONIO & MARIE
Owner Address: 1670 FORGE POND RD BRICK NJ 08724
Telephone: [REDACTED]
Contractor ALL AROUND CONSTRUCTION CO
Address 51 FRANK NERI DRIVE BRICK NJ 08724
Telephone: (732) 840-9494 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 26-2813658

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



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

14-2570
8/6/14

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

Block 838 Lot 19 Qualification Code _____
Work Site Location 1670 Forge Pond Rd

Owner in Fee: Anthony Altilio

Tel. _____ e-mail _____

Address _____ street _____

Contractor: _____

Address _____

Contractor License No. of _____

Home Improvement Cont _____

Federal Emp. ID No. _____

All Around Construction Contractors, LLC.
51 Frank Neri Drive Brick, NJ 08724
Phone: 908-910-4072
HIC# 13VH04820700
Tax Id: 26-2813658
Contact: Derek Totin (908)910-4072 Fax (800)861-7852

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____
No. of Stories _____ If Industrialized Building: _____
Height of Structure _____ ft. State Approved _____ HUD _____
Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:
New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____
Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ 3600
Max. Live Load _____ 3. Total (1+ 2) \$ 3600
Max. Occupancy Load _____

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: Derek Totin

Print name here: Derek Totin

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tear-off Front Roof only
Install New Roof

Front of garage & main house
only

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)

\$ _____

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

Final Inspection

Permit # 14-2570

B 838 L 19

1670 Forge Pond Rd

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD, TINTON FALLS, NJ

Weighed: Sarah French
Deposit: JIM WEIMER
BILL TO: 127
ALL AROUND CONSTRUCTION

Vehicle ID: XM825W
Reference:

Origin: BRICK, OCEAN
DATE IN: 08/07/2014 TIME IN: 15:25:54
DATE OUT: 08/07/2014 TIME OUT: 15:37:44

INBOUND TICKET Number: 02-749552

SCALE 2 GROSS WT.	17800 LB
SCALE 3 TARE WT.	13740 LB
NET WEIGHT	4060 LB

Qty	Description	Amount
2.03	CONSTRUCTION & DEMOL	190.82

ENVIRO FEE	6.09
NET CASH AMOUNT:	196.91

AMT. TENDERED:	196.91
CHANGE AMOUNT:	0.00
CHECK # CC	

X _____

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1670 Forge Pond Rd

BLOCK: 838

LOT: 19

CONTRACTOR: _____

All Around Construction Contractors, LLC.
51 Frank Neri Drive Brick, NJ 08724
Phone: 908-910-4072
HIC# 13VH04820700
Tax Id: 26-2813658
Contact: Derek Totin (908)910-4072 Fax (800)861-7852

CONTRACTOR'S ADDRESS: _____

Type of Construction(minor, new home): Minor

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

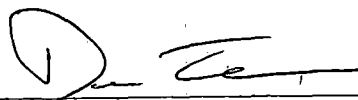
Party responsible for removal: All Around Construction

Dumpster Size: 13 YD

Destination of Debris: MARZZA

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

8/7/14

Date

Derek Totin

Print Name

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

All Around Construction Contractors LLC
Derek Totin
51 Frank Neri Dr
Brick NJ 08724

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

11/05/2013 TO 12/31/2014
VALID

13VH04820700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
All Around Construction Contractors LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/05/2013 TO 12/31/2014
VALID

SIGNATURE

13VH04820700

License/Registration/Certificate #

DIRECTOR

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

TOWNSHIP OF BRICK
Debris form

Work Site Address: 1670 Forge Pond Rd

Block: 838 Lot: 19

Contractor: All Around Construction Contractors

Contractor's Address: 51 Frank Xperi Dr Brick

Type of Construction (minor, new home): Minor

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

Party responsible for removal: All Around Construction Contractors

Dumpster size: 13 yd

Destination of debris: MAZZA Tinton Falls

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

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


Signature

8/6/14
Date

Derek Totin
Print Name



CONSTRUCTION PERMIT

Date Issued 08/06/2014
Control # C-14-003464
Permit # 14-2570

IDENTIFICATION Block: 838 Lot: 19 Qualifier _____
Work Site Location: 1670 FORGE POND RD Brick Township, NJ Contractor ALL AROUND CONSTRUCTION CO
Owner in Fee ALTILIO, ANTONIO & MARIE Address 51 FRANK NERI DRIVE BRICK NJ 08724
1670 FORGE POND RD BRICK NJ 08724 Telephone: (732) 840-9494
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH04820700
Federal Employee No. 26-2813658

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 \$3,600

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	\$200
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$6
CO Fee	
Other	\$0
Total	\$206
Check No.	538
Cash	\$0
Credit	\$0
Collected By	Jessica Bergalowski

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.