

CONSTRUCTION PERMIT APPLICATION

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

1. IDENTIFICATION

1. Proposed Work-site at: 1110 LAURLETON 1705
2. Name of Owner in Fee: ANDY KNOVAK Tel. [REDACTED]
- Address 1710 LAURLETON BRICK 08724
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: GEORGE BURNS Tel. (908) 920-9066
- Address 172 ORANGEWOOD DR
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. _____ Social Security # [REDACTED]
5. Architect or Engineer _____ Tel. (____) _____
- Address _____
6. Responsible Person GEORGE BURNS Tel. (908) 920-9066
in Charge of Work

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 | | | |
| 8. Subtotal | \$ | | |
| 9. DCA Training Fee | 1- | | |
| 10. Subtotal | \$ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | \$ 36.00 | | |

VI. BUILDING/SITE CHARACTERISTICS

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 _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ sq. ft.
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

1. ☒ Minor work
(single trade)
 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**

Est. Cost

400000

OPTIONAL (for office use only)[illegible]

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

LA. 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 _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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 122 ORANGEWOOD DR
BRICK NJ 08723

Telephone (908) 970-8066

Signature George Burns Date 4/24/97

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	
☐ 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.									
☐ Other									
☐									
☐									

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

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	_____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____
☐ None	No. _____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

4/24/97

985-97

IDENTIFICATION Block

Lot

Work Site Location

Contractor

Address

Owner In Fee

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

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 \$

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only) NE

Building

D.C.A.

Plumbing

TOTAL

Electrical

CHECK

Fire Protection

CHANGE

Other

Other 4/24/97

NO. 5

60236005

DCA Training Fee

Cert. of Occ.

Other

Total

Check No.

Cash

Collected By:

0.00

0.00

15.00

1.00

16.00

16.00

0.00

43.44



Date Received
Date Issued
Control #
Permit #

4/24/97
985-97

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

Block 838 Lot 1
Work Site Location 1710 MARLBOROUGH AVE
Owner in Fee AMU4 NOVAK
Address 5 AMU5
Tele. 508, 920-9066
Contractor GEORGE BURNS
Address 127 DANFORTHWOOD DR
BRICK
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. _____ or Social Security N _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Failure	Approval
☐ 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			

B. BUILDING CHARACTERISTICS

Use Group K Present _____ 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. \$ 10000
2. Alteration \$ _____
3. Total (1+2) \$ 10000

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

REEROOF ENTIRE HOUSE

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration
 - ☒ Roofing
 - ☐ Siding
 - ☐ Fence _____ Height (6' or over)
 - ☐ Sign _____ Sq. Ft.
 - ☐ Pool
 - ☐ Asbestos Abatement
 - ☐ Other _____
 - ☐ Other _____
 - ☐ Demolition

(Office Use Only)

FEE

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