

BLOCK 833

LOT

12

QUALIFICATION CODE

ADDRESS (SITE)

1654

FORGEPOUND RD

PERMIT NO.

04

2178



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1654 FORGEPOUND RD / Pote Barber
2. Name of Owner in Fee: [REDACTED] Tel. [REDACTED]
- Address 1654 FORGEPOUND RD BRICK 07104
- street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: John S. Morking Tel. (____) _____
- Address 1654 FORGEPOUND
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
- Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
- Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 50		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge	\$ 4		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

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 _____
- no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

4. No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 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 _____

Address _____

Telephone (_____) _____

Signature _____

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

Constituent Contact Report

[illegible]



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/13/2007
Tracking Number
Permit Number 04-2178
Permit Issue Date 06/03/2004
Certificate Number 04-2178

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1654 FORGE POND RD ROOF, NJ Block: 833 Lot: 12 Qual:
Owner in Fee: BENTON
Owner Address: SAME BRICK NJ 08724-
Telephone:
Contractor
Address
Telephone: 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:

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: 02/13/2007

Fee: \$0.00
Check Number: 197
Collected By:

Page 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMITS

Date Issued 06/03/2004
Control #
Permit # 04-2178

IDENTIFICATION Block 833 Lot 12

Work Site Location 1654 FORGE POND RD
ROOF

Owner in Fee SECTION
Address SAME
BRICK, NJ 08724-

Telephone

Contractor HOMEOWNER
Address
Telephone ()
Lic. No. or Eldrs. Reg. No.
Federal Emp. No. NO-

Is hereby granted permission to perform the following work:

☐ BUILDING
☐ ELECTRICAL
☐ ELEVATOR DEVICES
☐ LEAD HAZARD ABATEMENT
☐ FIRE PROTECTION
☐ ASBESTOS ABATEMENT
☐ OTHER
 (Subchapter 6 only)

DESCRIPTION OF WORK:
TEAR OFF - RE 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 \$ 3,000

Construction Official

06/03/2004

Date

U.C.C. F170 (rev. 3/96) NJ UCCLARS 5.24E

PAYMENTS (Office Use Only)

Building 50
 Electrical 0
 Plumbing 0
 Fire Protection 0
 Elevator Devices 0
 Other
 DCA State Permit Fee 4
 Cert. of Occupancy 0
 Other
 Total 54
 Check No. 197
 Cash
 Collected By ERP

06/03/04 8:27AM 00155849858
#042178
BUILDING
DCA
CHECK
\$54.00
\$4.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONSUCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTIONDate Received 06/03/2004
Date Issued 06/03/2004
Control #
Permit # 04-2178

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

Block 833 Lot 12 Sub 1

Work Site Location 1554 FORGE POND RD

ROOF

Owner in Fee BENJON

Address SAME

BRICK, NJ 08724-

Telephone

Contractor

Address

Telephone

Fax ()

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. HQ-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.☐ All☐ Footing☐ Foundation☐ Frame☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ FireSUBCODE APPROVAL ☐ Elev☐ CO ☐ CCO ☐ CA

Date: 2-13-07

Approved By: [Signature]

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

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Failure Failure Approval Initial

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 3,000

3. Total (1+2) \$ 3,000

Paid (X) Check # 197

Collected by: EPP

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA State Permit Fee

TOTAL FEE

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

D. TECHNICAL SITE DATA DESCRIPTION OF WORK

TEAR OFF - RE ROOF

TYPE OF WORK

☐ New Building☐ Addition☒ Alteration☒ Roofing☐ Siding☐ Fence 0 Height (exceeds 6')☐ Sign 0 Sq. Ft.☐ Pool☐ Asbestos Abatement Subchapter B☐ Lead Haz. Abatement NJAC 5:17☐ Other

Other

☐ Demolition

FEE (Office Use Only)

\$

\$

\$

\$

\$

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Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 1654 Ferrypond Rd Brick NJ 08124

Block: 833 Lot: 12

Owner's Name: Pete Benton

Owner's Mailing Address: SAMP

Phone: [REDACTED]

BUILDING

Contractor: John Miodkiewicz

Address: 1654 Ferrypond Rd

Brick NJ 08124

Phone#: [REDACTED]

Lis # [REDACTED]

Federal Emp # or SSN [REDACTED]

Technical Data

Description of Work:

tear off
re roof

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign sq ft
☐ Fireplace wd/gas

Building Characteristics

Use Group Present: Proposed:

No of Stories:

Height of Structure:

Area of the largest floor:

Area of New Structure:

Volume of New Structure:

Total Land Disturbed:

Cost of Alteration: \$

Cost of New Building: \$

Cost of Site Work \$ 3000.00

Total Cost of New Building Work: \$

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

Signature: [Signature]

Please Print Name

ELECTRICAL

Contractor:

Address:

Phone#:

Lis #:

Federal Emp # or SSN

Technical Data

Item Quantity

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors w/ Fract. HP

Emergency & Exit Lights

Communication Points

Alarm Devices/FAC Panel

Total

Pool (Receptacles, Switches, Lights, Motor 1HP)

Spa/Hot Tub/Storable Pool

Electric Range KW

Oven/Surface Unit KW

Electric Water Heater KW

Electric Dryer KW

Dishwasher KW

Garbage Disposal HP

A/C Unit -Central Air KW

Space Heater/Air Handler KW

Baseboard Heating KW

Motors 1+ HP

Transformer/Generator KW

Sprinkler System

Service AMP

Subpanel AMP

Motor Control Center AMP

Sign/Outline Light KW

Furnace

Steam Boiler

Other:

Estimated Cost of Electrical Work:

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

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR Sink)	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	No. of outlets _____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Air Conditioner (Condensate Drain)	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sump Pump	_____
Pool Heater	_____
Other:	_____

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

FIRE

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work: _____

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Tank Removal _____
Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____
Smoke Detectors	_____
CO Detectors	_____
Heat Detectors	_____
Total	_____

Stand Pipes _____
Kitchen Hood Exhaust System Commercial _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____

CONTRACTOR'S SEAL

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 1654 Forgepond Rd Brick

Block: 233 Lot: 12

Contractor: John J Mitkiewicz

Contractor's Address: Next Door 1642

Type of Construction (minor, new home): Roofing

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

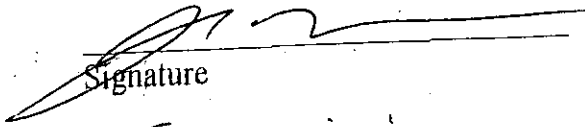
Party responsible for removal: _____

Dumpster size: 10 YARD 5

Destination of debris: OCEAN CARTING

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

J Mitkiewicz
Print Name

6-30-04
Date