BLOCK 833 LOT 36 QUALIFICATION CODE _____ ADDRESS (SITE) 1645 TILFORD BLVD PERMIT NO. 16-0132

ECU

CONSTRUCTION PERMIT APPLICATION

C-15-005901

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

I. IDENTIFICATION

1. Proposed Work Site at: 1645 TILFORD BLVD
2. Name of Owner in Fee: GENE APPLEGATE
   Tel. [redacted] e-mail [redacted]
   Address 1645 TILFORD BLVD (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: HOME OWNER Tel. [redacted]
   Address SAME AS e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer HOME OWNER Contact [redacted]
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun GENE APPLEGATE ✓
   Tel. [redacted] FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 125 ✓		
2. Electrical	110 ✓		
3. Plumbing			
4. Fire Protection	70 ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	5		
10. Subtotal	$		
11. Cert. of Occupancy	125		
12. Other			
13. TOTAL	$ 435		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	16 ft.	
3. Area — Largest Floor	1008 sq. ft.	
4. New Building Area	120 sq. ft.	
5. Volume of New Structure	N/A cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	N/A sq. ft.	
10. Flood Hazard Zone	N/A	
11. Base Flood Elevation	N/A 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	2500	LH	11/16/15		12/28/15	KGK			
☑ Electrical	250				11/23/15	PJE			
☐ Plumbing									
☐ Fire Protection				12/1/15		LJC	1/5/16		JG
☐ Elevator		Eng Exempt			11/23/15	ECC			
TOTAL COST	2750								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: SINGLE FAMILY RES
2. Use Group, Proposed: N/A
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: N/A
2. Use Group, Proposed: N/A
3. Change in Use Group, Indicate Present: N/A

C. MIXED USE -List secondary use(s): N/A

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 11/30/2016
Control Number C-15-005901
Permit Number 16-0132
Permit Issue Date 01/13/2016
Certificate Number 16-0132

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1645 TILFORD BLVD Brick Township, NJ 08724 Block: 833 Lot: 36 Qual:

Owner in Fee: APPLEGATE, GENE

Owner Address: 1645 TILFORD BLVD BRICK NJ 08724

Telephone: [redacted]

Contractor APPLEGATE, GENE

Address 1645 TILFORD BLVD BRICK NJ 08724

Telephone: [redacted] 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: ALTERATION - RESIDENTIAL ...FINISH BASEMENT

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

Fee: $125.00
Check Number: 1766
Collected By: Betty Baptista

Date Printed: 11/30/2016

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

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. (X) 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. (X) 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. (X) Electrical C.4. (X) 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.

X Signature _____ X Date 11-5-15

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 1-13-16

Date Issued Permit # 16-0132

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

Block 833 Lot 36 Qualification Code

Work Site Location 1645 Tilford Blvd

Owner in Fee: Gene Applegate

Tel. ([redacted]) e-mail [redacted]

Address 1645 Tilford Blvd Brick N.J. 08724
(street) (municipality)

Contractor: Home Owner Tel. [redacted]

Address 1645 Tilford Blvd e-mail [redacted]

Contractor License No. or Builder Registration No. — Exp. Date —

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

Federal Emp. ID No. — FAX: ( ) —

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: Gene Applegate

Print name here: Gene Applegate

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Build Bedroom in Basement Den

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	12/28/15	WEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 12/28/15
Approved by: WEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 09/23/16
Approved by: WEK

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	3/14/16		3/24/16	
Truss Sys./Bracing				
Barrier-Free				
Insulation			3/24/16	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9-22-16	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present X Proposed —

No. of Stories 1

Height of Structure 16 ft.

Area — Largest Floor 1008 sq. ft.

New Bldg. Area/All Floors — sq. ft.

Volume of New Structure — cu. ft.

Max. Live Load —

Max. Occupancy Load —

Constr. Class Present X Proposed —

If Industrialized Building:
State Approved — HUD —

Est. Cost of Bldg. Work:

1. New Bldg. $ 2750
2. Rehabilitation $ —
3. Total (1+ 2) $ —

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 $ —

U.C.C. F110
(rev. 11/09)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

OFFICE USE ONLY

IMPORTANT
A.H.B.T. - MANDATORY FEE - RESIDENTIAL

DATE:	COMMENTS:	INITIALS:
01-07-16	Ready for p/u = called contractor (h/o) = no answer	AT
	Wife mailbox not set up yet -	AT
01-08-16	called h/o = was able to speak to someone	

* 3-14-16 - no Rough Elec or Plumbing.

(13) 1 each

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	
☒ Zoning Officer	JC	11/19/15							ZA-15-01626
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

Additions Residential

Certificate requirements

print
reset defaults
check all
complete

Addditions

Final Construction Inspections

Final Building Inspection	comment	☑	☐
Final Plumbing Inspection	comment	☐	☑
Final Electrical Inspection	comment	☑	☐
Final Fire Inspection	comment	☑	☐

Additional information and Prior Aprovals

Final Affordable Housing Fee	**comment**	☑	☐
Final AH Due $25 - Spoke with Gene Applegate on 10/18/16 MFF PAID FINAL AFFORDABLE HOUSING 11/4/16 CW			
BTMUA Compliance (732) 458-7000 (If Applicable)	comment	☐	☑
Final Engineering Approval	comment	☐	☑
CO Application	comment	☐	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received / Control # 1-13-16

Date Issued / Permit # 16-0132

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

Block 833 Lot 36 Qualification Code

Work Site Location 1645 Tilford Blvd

Owner in Fee: Gene Applegate

Tel. ([redacted] e-mail [redacted]

Address 1645 (street) Tilford Blvd (municipality) Brick 08724

Contractor: Home Owner Tel. [redacted]

Address Same As e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed

Constr. Class: Present X Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 100

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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.

Applicant/Contractor sign here: X

Print name here: Gene Applegate

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[X] CO Detectors/110v	6	- As per letter in file
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	+ window 3046 57 sq ft
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Understab Utilities Approved

Date: Approved by:

[X] Fire Protection Plans Approved

Date: 1/5/16 Approved by: JC

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-6-16

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] COO [ ] CA

Date: 9-22-16

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9/22/16	LW
Other				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1-13-16
Control #
Date Issued
Permit # 16-0132

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

Block 833 Lot 36 Qualification Code

Work Site Location 1645 Tilford Blvd

Owner in Fee: Gene Applegate

Tel. [redacted] e-mail [redacted]

Address 1645 Tilford Blvd Brick 08724
street municipality zip code

Contractor: Home owner Tel. [redacted]

Address Same AC e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present ~~Den~~ Proposed Bed Room/Den

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150.00

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:

Print name here: Gene Applegate

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Den/Bath Rehab Bsmt.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
10		Receptacles	
3		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
1	3	KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 11/23/15 Approved by: PJC

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/23/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 9/9/16
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			3/18/16	PJC
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-9-16	MM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Receipt

Payment Date 11/04/2016

Transaction # PMT-16-09741

Receipt #

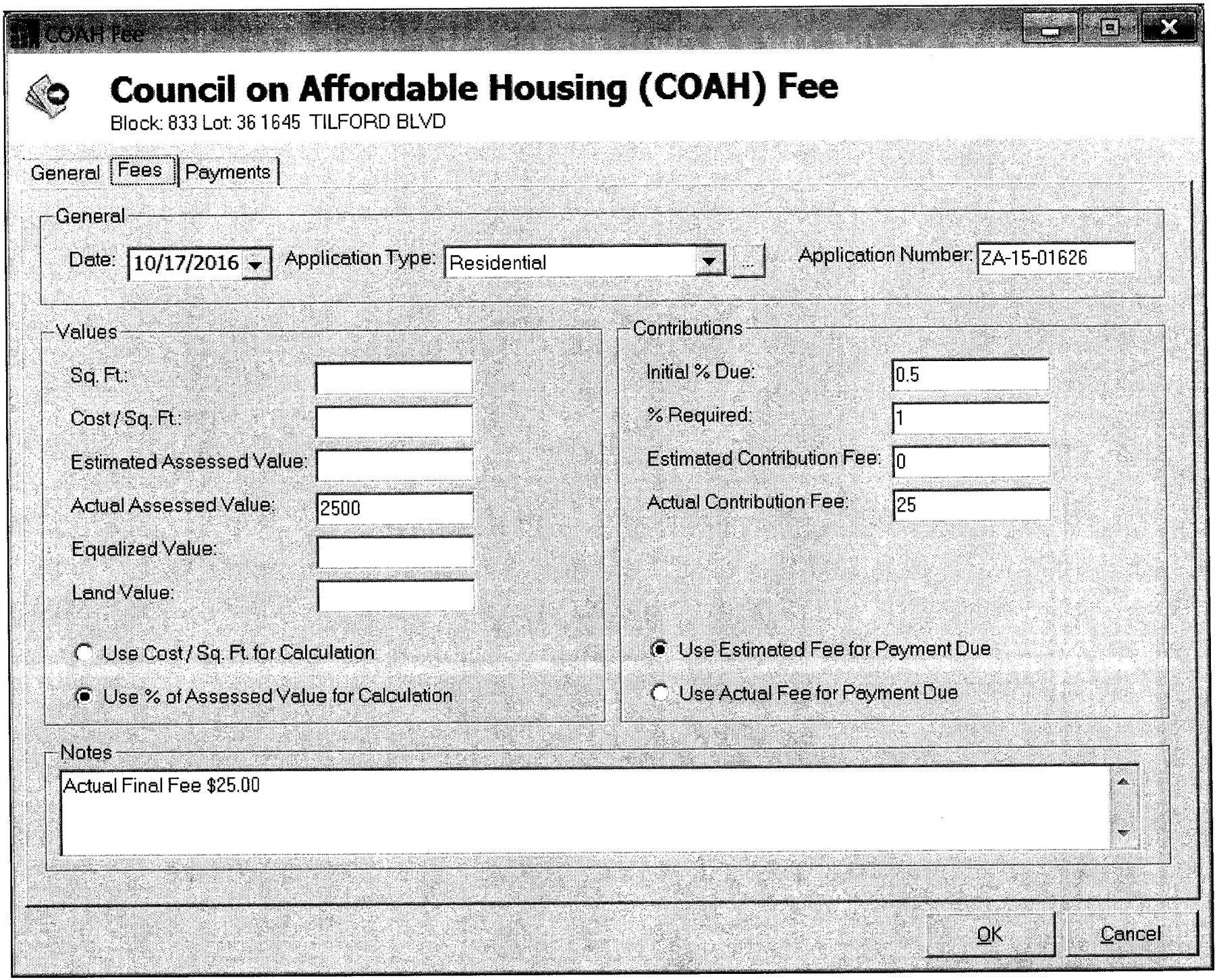
Issued To GENE APPLEGATE MASONRY LLC

Description
FINAL AFFORDABLE HOUSING
BLOCK 833 LOT 36
1645 TILFORD BLVD

Date Printed 11/04/2016

Check Number 1848

Cash	$0.00
Check	$25.00
Charge	$0.00
Total Paid	$25.00


COAH Fee
Council on Affordable Housing (COAH) Fee
Block: 833 Lot: 36 1645 TILFORD BLVD
General
Fees
Payments
General
Date: 10/17/2016
Application Type: Residential
Application Number: ZA-15-01626
Values
Sq. Ft.:
Cost / Sq. Ft.:
Estimated Assessed Value:
Actual Assessed Value: 2500
Equalized Value:
Land Value:
Use Cost / Sq. Ft. for Calculation
Use % of Assessed Value for Calculation
Contributions
Initial % Due: 0.5
% Required: 1
Estimated Contribution Fee: 0
Actual Contribution Fee: 25
Use Estimated Fee for Payment Due
Use Actual Fee for Payment Due
Notes
Actual Final Fee $25.00
OK
Cancel

Block 833

Lot 36

1645 Hilford Blvd.

COAH Fee

EQ Assessment: $2,500

Fin Basement

Jim Ryan

10/7/16

#

RECEIVING CLERK
DATE REC'D 11/16/15

ZONING PERMIT APPLICATION

PERMIT # 16-00043
DATE ISSUED 1-13-16

BLOCK: 833 LOT: 36 QUALIFIER: C SITE ADDRESS: 1645 Tilford Blvd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: GENE APPLEGATE
   COMPLETE ADDRESS: 1645 Tilford BLVD Brick 08724
   PHONE # [redacted] EMAIL: [redacted]
2. NAME OF APPLICANT: GENE APPLEGATE
   APPLICANT ADDRESS: SAME
   PHONE # SAME EMAIL: SAME
3. RESPONSIBLE PERSON FOR WORK: SAME
   PHONE# SAME FAX#
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50-
OTHER: $
TOTAL: $ 50-

REQUIRED BY APPLICANT

RESIDENTIAL: Yes
COMMERCIAL:
EXISTING USE: SFD
PROPOSED USE: Bedroom / Den

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#:
APPROVAL DATE:

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: ___ *ADDITION ___ *ALTERATION ✓ *PORCH ___ *DECK ___

POOL: ABOVE GROUND ___ IN GROUND ___ FENCE: HEIGHT ___ TYPE ___ MATERIAL ___

HEIGHT: ___ (*IF APPLICABLE)

OTHER ___

DESCRIPTION: Bedroom and Den in Existing basement 11'x30'

ZONING REVIEW:
DATE REVIEWED: 11-19-15 DATE DENIED: ___ DATE APPROVED: 11-19-15 INTLS: CL

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
NOV 19 2015
ZONING

ZONING REVIEW:

DATE REVIEWED: 11/19/15 DATE DENIED: — DATE APPROVED: 11/19/15 INTLS:

DATE:	COMMENTS:	INITIALS:
11/19/15	SENT TO ECC FOR QR	

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 1-13-16
Application Number: ZA-15-01626
Application Date: 11/17/2015
Project Number:
Permit Number: 16-00043
Fee: $50

Zoning Permit

Worksite Location: **1645 TILFORD BLVD**
Brick Township, NJ 08724

Block: **833**
Lot: **36**
Qualifier:
Zone: **R-7.5**

Owner: **APPLEGATE, GENE**
Address: **1645 TILFORD BLVD**
BRICK, NJ 08724

Applicant: **APPLEGATE, GENE**
Address: **1645 TILFORD BLVD**
BRICK, NJ 08724

Application Approved Date: 11/19/2015

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential
Nonconforming Use is:

Work Description:
Rehabilitation, Finish Basement - Converting 330 sq. ft. of basement to living space. (Bedroom and Den)

No kitchen is permitted.

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

_____ 11/19/2015
ino, Office of Zoning — Date

_____ 11/19/15
ng Officer — **Date**

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Christopher J. Romano, Office of Zoning — 11/19/2015 Date

Sean Kinnevy, Zoning Officer — 11/19/15 **Date**

1-4-15

To Township of Brick,

This Letter is in regards to changes for smoke + ~~Carbon~~ Monoxide Detectors: 5 more smoke detectors are added 3 of which are combo smoke + carbon monoxide

All Detectors will be electric interconnected

Also I am supplying paper for egress window

Thank you, very much. look forward to Permit, and working with Inspectors

Gene Applegate

732-239-3074