



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

BLOCK 833

LOT 42

QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.

16-2351



CONSTRUCTION PERMIT APPLICATION

C-16-003024

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

I. IDENTIFICATION

1. Proposed Work Site at: 1639 TILFORD BLVD, Brick, Twp of Brick, 08724

2. Name of Owner in Fee: HARTMAN

Tel. [REDACTED] e-mail [REDACTED]

Address 1639 TILFORD BLVD, Brick, Twp of Brick, 08724

3. Ownership in Fee: Public [REDACTED] Private X municipality [REDACTED] zip code [REDACTED]

4. Principal Contractor: Onepath Tel. 678-504-0041

Address 170 Chastain Meadows Ct. e-mail [REDACTED]

Kennesaw, GA 30144 dl_permits@1path.com

License No. OR, if new home, Builder Reg. No. 34BA00186700 Exp. Date 08/31/2016

Home Improvement Contractor Registration No. or Exemption Reason [REDACTED]

Federal Emp. ID No. 752984739 FAX: (678) 504-2469

5. Architect or Engineer [REDACTED] Contact [REDACTED]

Address [REDACTED] e-mail [REDACTED]

Tel. [REDACTED] FAX: [REDACTED]

6. Responsible Person in Charge once Work has Begun Rob Stokes

Tel. (678) 504-0041 FAX: (678) 504-2469

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>150</u>	
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	\$ <u>1-</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>151-</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	Re-viewer
300	6/29/16			6/29/16	PJE		

TOTAL COST \$300

VII. DESCRIPTION OF BUILDING USE**A. RESIDENTIAL (primary use)**

1. State Specific Use: Single family
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale [REDACTED]
- Gained, Rental [REDACTED]
- Lost, Sale [REDACTED]
- Lost, Rental [REDACTED]

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: [REDACTED]
2. Use Group, Proposed: Select Group Select Group
3. Change in Use Group, Indicate Present: Select Group

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

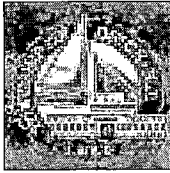
- D. Construct. Classification: Present Proposed

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 2/18/2020
Control Number C-16-003024
Permit Number 16-2351
Permit Issue Date 7/12/2016
Certificate Number 16-2351

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1639 TILFORD BLVD Brick Township, NJ Block: 833 Lot: 42 Qual: _____
Owner in Fee: HARTMAN, THOMAS
Owner Address: 1639 TILFORD BLVD BRICK NJ 08724
Telephone: [REDACTED]
Contractor ONEPATH
Address 170 CHASTAIN LN. KENNESAW GA 30144
Telephone: (678) 504-0041 Fax: (678) 504-2469
License Number or Builders Registration Number: _____ Federal Emp. Number: 752984739

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: ALARM SYSTEM (BURGLAR OR FIRE)

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

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(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. ☐ 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. 5:23-2.15(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.

(X) Check if contractor.

Agent Name Onepath

Address 170 Chastain Meadows Court

Kennesaw, Ga 30144

Telephone (678) 504-0041

Signature [Signature]

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



ELECTRICAL 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 833 Lot 42 Qualification Code _____
Work Site Location 1639 TILFORD BLVD, Brick, Twp of Brick, 08724

Owner in Fee: HARTMAN

Tel. _____ e-mail _____

Address 1639 TILFORD BLVD, Brick, Twp of Brick, 08724
street municipality zip code

Contractor: Onepath Tel. _____

Address 170 Chastain Meadows Ct. e-mail dl_permits@1path.com

Kennesaw, GA 30144

Contractor License No. 34BA00186700 Exp. Date 08/31/2016

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 752984739 FAX: (678) 504-2469

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as Single family residence Utility Co. _____

Est. Cost of Elec. Work \$ _____ \$300

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Rough			
[] Partial Underslab Utilities Approved		Barrier-Free			
Date:	Approved by:	Trench			
[] Electric Plans Approved		Temp. Serv.			
Date:	Approved by:	Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date:	Approved by:	Final			
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free			
[] CO [] CCO [] CA		Temp. Cut-in-Card Date Issued			
Date:	Approved by:	Final Cut-in-Card Date Issued			
Annual Pool Inspection					
Date of Grounding and Bonding Certification					

Date Received
Control #
Date Issued
Permit #

7/12/14
14-2351

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: Don Armstrong

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install of Low Volt Security Alarm System

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	<u>Transmitters</u>	_____
_____	_____	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	_____
_____	_____	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 \$ _____



CONSTRUCTION PERMIT

Date Issued _____
Control # C-16-003024
Permit # _____

7/13/16
16-2351

IDENTIFICATION Block: 833 Lot: 42 Qualifier _____
Work Site Location: 1639 TILFORD BLVD Brick Township, NJ Contractor ONEPATH
Address 170 CHASTAIN LN. KENNESAW GA 30144
Owner in Fee HARTMAN, THOMAS
1639 TILFORD BLVD BRICK NJ 08724 Telephone: (678) 504-0041
Lic. No. or Bldrs. Reg. No. 34BX00019100 34BX00019100
Telephone: _____ Federal Employee No. 752984739

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:

ALARM SYSTEM (BURGLAR OR FIRE)

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 \$300

D. Newman, Jr.
Construction Official

10/28/16
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	\$0
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$151
Check No.	<u>11607116</u>
Cash	\$0
Credit	\$0
Collected By	<u>[Signature]</u>

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.

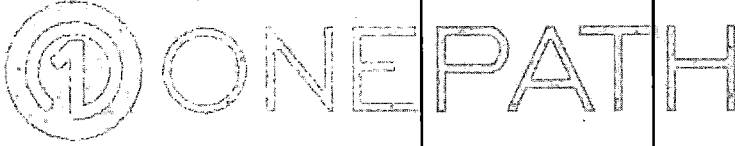
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ 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.

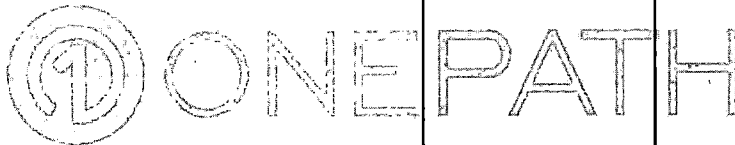
ONEPATH
MARIETTA, GA 30067

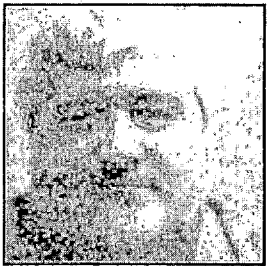
DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
07/06/2016	1200741999	1639 TILFORD BLVD THOMAS HARTMAN	\$151.00	\$0.00	\$151.00
					
CHECK DATE	07/06/2016	CHECK NUMBER	160716	TOTALS	
			\$151.00	\$0.00	\$151.00

412793-0

PLEASE DETACH THIS PORTION AND RETAIN FOR YOUR RECORDS.

ONEPATH
MARIETTA, GA 30067

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
07/06/2016	1200741999	1639 TILFORD BLVD THOMAS HARTMAN	\$151.00	\$0.00	\$151.00
					
MUNIBRIC01					
CHECK DATE	07/06/2016	CHECK NUMBER	160716	TOTALS	
			\$151.00	\$0.00	\$151.00



State of New Jersey

**BURGLAR ALARM
LICENSE**

34BA00186700

EXPIRES: 8/31/2016

DOB: 10/27/1966

DON W. ARMSTRONG



State of New Jersey

BURGLAR ALARM