

03-4965

**V. FEE SUMMARY (for office use only)**

Update

1. Proposed Work Site at: 1641 Tilford Blvd Brick N.S.

2. Name of Owner in Fee: Louis Orst Jr

Address 1641 Tilford Blvd Brick N.S. 08724

street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Owner Louis Orst Jr

Address 1641 Tilford Blvd Brick N.S.

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Tel. (_____) _____

Address _____

6. Responsible Person in Charge of Work _____

Tel. (_____) _____ FAX (_____) _____

De roof van het garage

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. 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 _____

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)

Plans
Rec'd by

Date
Rec'd

Rejection
Date

Approval Date	
------------------	--

Re-viewer

Res
Appr

Resubmission	
Approval	

Rejection

Re-viewer	
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VII. DESCRIPTION OF BUILDING USE

A. 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

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

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

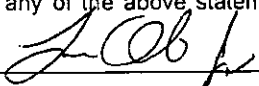
I further certify that I will perform the following work:

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 11/05/03

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.

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									
☐ 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 _____	Barrier Free _____	Other _____
Electrical _____		Flood Hazard _____	
Plumbing _____		As Built Elevation Cert. _____	
Fire Protection _____			
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. _____	_____	_____	_____

Constituent Contact Report

[illegible]



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/16/2007
Tracking Number
Permit Number 03-4965
Permit Issue Date 11/05/2003
Certificate Number 03-4965

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1641 TILFORD BLVD. RE ROOF/OVER/DET. Block: 833 Lot: 39 Qual:
GARAGE, NJ
Owner in Fee: OROST, LOUIS
Owner Address: SAME BRICK NJ 08724-
Telephone: XXXXXXXXXX
Contractor
Address
Telephone: Fax:
License Number or Builders Registration Number: Federal Emp. Number:
Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Use Group: U 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: 02/16/2007

Fee: \$0.00

Check Number:

Collected By:

Page 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/05/2003
Control #
Permit # 03-4965

NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 933 Lot 35 (Final)

Work Site Location 1221 TILFORD BLVD.
Owner in Fee GEORGE L. GARAGE
Address SAME
Telephone [REDACTED]
Contractor M O M E O K M E R
Address
Telephone 1
Lic. No. or Elics. Reg. No.
Federal Exp. No. HQ-

Is hereby granted permission to perform the following work:
(X) BUILDING () PLUMBING () LEAD HAZARDOUS ABATEMENT
() ELECTRICAL () FIRE PROTECTION () REMEDIATION
() ELEVATOR DEVICES () ASBESTOS ABATEMENT () OTHER
(Subchapter 5 only)

DESCRIPTION OF WORK:
RE ROOF /OVER/DET. GARAGE

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of 31 months, this permit is void.

Estimated Cost of Work \$ 200
Construction Official's
11/05/2003

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.246

Date

PAYMENTS (Office Use Only)
Building 25
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
NJCA State Permit Fee 0
Fert. of Occupancy 0
Other
Total 35
Check No.
Cash
Collected By HIK

11/05/03 12:16PM 000000#5033
#4965
BUILDING \$35.00
XXXTOTAL \$35.00
CASH \$0.00
CHANGE \$0.00
11/05/03 12:16PM 000000#5033
XXXTOTAL \$35.00

XX02 SERV.002

NJ OFFICE 5124E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UTC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/05/2003
Date Issued 11/05/2003
Control #
Permit # 03-4965

ROOF SHINGLES
D225 OR 3462 ONLY
SIX NAILS EACH

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO. 1-800-272-1000
Block 333 Lot 39 Sub 1
Map Site Location 1401 TILGROD BLVD.
15 SOUTH WES/DET. 34ABE

Owner: 1500 TILGROD BLVD
Address SAME
Address SAME
BRICK, NJ 08724-

Contractor
Address
Address

Telephone
Fax
City, State, Zip, Reg. No.
Permit # 03-4965

203 SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Req.			Type				
☐ All			Footings				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Roofs				
☐ Other			Partitions				
Joint Plan Review Required:			Insulation				
☐ Elect ☐ Plumb ☐ Fire			Finishes				
SUBCODE APPROVAL ☐ ELEV			Energy				
Date: 2-13-07			Weathering				
Approved By: [Signature]			TCO				
			Other				
			Final				
			Setbacks				

5. BUILDING CHARACTERISTICS

Use Group	Stories	Proposed	Setback	Setback of Story	Area
Construction	Present	1-10000		1. New Story	2
No. of Stories				2. Alteration	3
Height of Structure				3. Total (1+2)	500
Area Largest Floor					
New Bldg. Area/All Floors					
Volume of New Structure					
Total Land Area Disturbed					

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner
of record and am authorized to take this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

RE ROOF/WES/DET. 34ABE

TYPE OF WORK
☐ New Building
☐ Addition
☒ Alteration

TYPE OF WORK	Height (exceeds 5')	FEES (Office Use Only)
☐ New Building		
☐ Addition		
☒ Alteration		
☐ Roofing		
☐ Siding		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Asbestos Abatement Subcontractor		
☐ Used Nat. Abatement Unit 517		
☐ Other		
Other		
☐ Demolition		

Administrative Service Charge	Minimum Fee	TOTAL FEE
Paid ☐ Check #		
Collected by: [Signature]		
UDA State Permit Fee		
U.C.E. \$110 (rev. 3/95)		

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION
Date Received 11/05/2003
Date Issued 11/05/2003
Control #
Permit # 03-4565

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

Block 833 Lot 39 Sub 1
Hert Site Location 1541 TILFORD BLVD.
RE ROOF/OVER/DET. GARAGE

Owner In Fee 08031, L2015

Address 38NE
BRICK, NJ 08724-

Tels. [REDACTED]
Contractor [REDACTED]

Address

Tels. [REDACTED] Fax [REDACTED]
Lic. No. of Eng., Reg. No.
Federal Eng. No. HQ-

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial
☐ No Plans Req.
☐ All
☐ Footing
☐ Foundation
☐ Slab
☐ Frame
☐ Other
Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SURFING APPROVAL ☐ Elev
☐ CO ☐ CTO ☐ CA
Date:
Approved By:

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☐ All

☐ Footing

☐ Foundation

☐ Slab

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SURFING APPROVAL ☐ Elev

☐ CO ☐ CTO ☐ CA

Date:

Approved By:

B. BUILDING CHARACTERISTICS

Use Group 03300

Construct. Class Present

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrier-Free

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrier-Free

Dates (Month/Day)

Failure Failure Approval Initial

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 200

3. Total (1+2) \$ 200

Industrialized Building:

☐ State Approved

☐ HUD

C. CERTIFICATION IN LIEU OF DATA

I hereby certify that I am the agent of owner of record and am authorized to take this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

RE ROOF/OVER/DET. GARAGE

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (across of)

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter B

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

Other

☐ Demolition

FEE (Office Use Only)

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

Administrative Surcharge

Minor Fee

TOTAL FEE

WCA State Permit Fee

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 1641 T. Ford Blvd Brick N.J.

Block: 833 Lot: 39

Owner's Name: Louis Orst Jr

Owner's Mailing Address: 1641 T. Ford Blvd Brick N.J.

Phone: [REDACTED]

BUILDING

Contractor: Owner Louis Orst Jr

Address: 1641 T. Ford Blvd Brick

Phone: [REDACTED]

Lis #

Federal Emp # or SSN

Technical Data

Description of Work:

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 \$

Total Cost of New Building Work: \$ 200.00

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: *Louis Orst Jr*

Please Print Name Louis Orst Jr

ELECTRICAL

Contractor:

Address:

Phone#:

Lis #:

Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	<u> </u>
Receptacles	<u> </u>
Switches	<u> </u>
Detectors	<u> </u>
Light Poles	<u> </u>
Motors w/ Fract. HP	<u> </u>
Emergency & Exit Lights	<u> </u>
Communication Points	<u> </u>
Alarm Devices/FAC Panel	<u> </u>
Total	<u> </u>

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
Light Stander AMP
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	
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	
Sprinkler Heads	
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: _____

CONTRACTOR'S SEAL

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: _____

	capacity	fuel
Flammable Storage Tanks		
Combustible Storage Tanks		
LPG Storage Tanks		

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

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: _____