



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1641 Telford Blvd Brick N.J.

2. Name of Owner in Fee: Louis Orsini Jr Tel. (732) 840-3694
 Address 1641 Telford Blvd Brick N.J. 08724
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Owner Louis Orsini Jr Tel. (732) 840-3694
 Address 1641 Telford Blvd Brick N.J.

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 (_____) _____

Re roof/over det. garage

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>35</u>		
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			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>35</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. 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 _____	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)					
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval Rejection
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	<u>300</u>						

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

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:

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

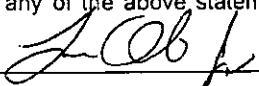
I further certify that I will perform the following work:

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: 732/840-3694
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 10 Fee 08051, LOUIS
Address 3400
Telephone 381.71.0874-
Telephone 1331840-3304

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 6 (6) months, this permit is void.

Estimated Cost of Work \$ 200
Construction Official's

11/05/2003

Date

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

PAYMENTS (Office Use Only)

Building 25
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
NJ State Permit Fee 0
Fert. of Occupancy 0
Other 0
Total 35
Check No. 1
Cash 1
Collected By HIR

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

RE: 500F/5YEN/DET, 3AFAAGE

— 4 —

09-07-08

NJ UCCAPS 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-
Tel: (732) 840-3654
Contractor
Address

Tel: / Fax /
Lic. No. of R/S's, Reg. No.
Federal Emp. 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 ☐ CTD ☐ CA
Date:
Approved By:

B. BUILDING CHARACTERISTICS

Use Group 033000 Proposed 0
Construct. Class Present Progress
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.

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
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter B
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
Other
☐ Demolition

FEE (Office Use Only)

Fee (Office Use Only)
☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter B
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
Other
☐ Demolition

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Alteration \$
3. Total (1+2) \$

Fee () Check #
Collected by: Administrative Surcharge
MINIMUM Fee
TOTAL FEE
OCA 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: (732) 840-3694

BUILDING

Contractor: Owner Louis Orst Jr
Address: 1641 T. Ford Blvd Brick
Phone#: 732-840-3694
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	_____
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
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: _____

Item	Quantity
Flammable Storage Tanks _____ capacity _____ fuel _____	
Combustible Storage Tanks _____ capacity _____ fuel _____	
LPG Storage Tanks _____ capacity _____ fuel _____	
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: _____