

682-93



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1638 Targe Pond Rd
2. Name of Owner in Fee: Michael A. Annone Tel. [REDACTED]
- Address 629 Rolling Hills Dr Brick 08724
street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: self Tel. (____) _____
- Address _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. _____ Social Security No. [REDACTED]
5. Architect or Engineer _____ Tel. (____) _____
- Address _____
6. Responsible Person
In Charge of Work self Tel. [REDACTED]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 15.-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	1.-		
10. Subtotal	\$		
11. Cert. of Occupancy	20.-		
12. Other			
13. TOTAL	\$ 36.-		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____ sq. ft.
- no _____
- Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

II. PROPOSED WORK

1. ☐ Minor Work
(single trade)
2. ☐ Small Job (\$5,000
and no prior
approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

✓ 1,500.00

Est. Cost

OPTIONAL (for office use only)[illegible]

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 Michael A. Arnone Date April 20, 1993

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____



CONSTRUCTION PERMIT

Date Issued 4-20-93
Control #
Permit # 682-93

IDENTIFICATION Block 825 Lot 5
Work Site Location 1638 FORGE POND RD Contractor self
Address _____
Owner in Fee Michael J. Arnone
Address 629 Spring Hill Dr Tele. () _____
Tele. () Brick, NJ Lic. No. or Bldrs. Reg. No. _____ Exp. Date AD#4
Federal Emp. No. _____ or Social Security No. 825 #

Is hereby granted permission to perform the following work:

☒ BUILDING [] PLUMBING [] OTHER _____
[] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

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 \$ 1500.

APR 20 1993
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only): #	
Building <u>15.-</u>	BUILDING 1:00
Plumbing _____	P.L.H. 1:00
Electrical _____	E / O 2:00
Fire Protection _____	TOTAL 3:00
Other _____	WATER 3:00
Other _____	CHARGE 1:00
DCA Training Fee <u>1</u>	04/20/93 00:00 00170000 1:49
Cert. of Occ. <u>20.-</u>	
Other _____	
Total _____	
Check No. <u>133</u>	
Cash _____	
Collected By: _____	



Date Received
Date Issued 4-20-93
Control #
Permit # 682-93

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

Block 825
Work Site Location 1638 Forge Pond Rd Lot 5

Owner in Fee Michael A. Arnone
Address 629 Rolling Hills Dr
Hill, N.Y. 12224

Tele. [Redacted]
Contractor SELF
Address Same

Telex [Redacted]
Lic. No. or Bids. Reg. No. [Redacted]
Federal Emp. No. [Redacted] or Social Security No. [Redacted]

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Req.			Type: Failure Failure Approval Initial
☐ All			Footings
☐ Footing			Foundation
☐ Foundation			Slab
☐ Frame			Frame
☐ Other			Insulation
Joint Plan Review Required:			Finishes:
☐ Elec. ☐ Plumb. ☐ Fire			Energy
SUBCODE APPROVAL			Mechanical
☐ CO ☐ CCO ☐ CA			TCO
Date:			Other
Approved By:			Final

B. BUILDING CHARACTERISTICS

Use Group Present P3 Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____ Ft. _____
Height of Structure _____ Ft. _____
Area—Largest Floor _____ Sq. Ft. _____
Total Bldg Area/All Floors _____ Sq. Ft. _____
Volume of Structure _____ Cu. Ft. _____
Total Land Area Disturbed _____ Sq. Ft. _____

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

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 Michael A. Arnone

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TYPE OF WORK:		(Office Use Only)
		FEE
☐ New Building		\$ _____
☐ Addition		\$ _____
☐ Alteration		\$ _____
☒ Roofing		\$ _____
☐ Siding		\$ _____
☐ Other		\$ _____
☐ Demolition		\$ _____
☐ Miscellaneous		\$ _____
☐ Fence	Height	\$ _____
☐ Sign	Sq. Ft.	\$ _____
☐ Pool		\$ _____
☐ Elevator		\$ _____
☐ Asbestos Abatement		\$ _____
☐ Other		\$ _____

Administrative Surcharge	
Paid ☐ Check # _____	Minimum Fee \$ _____
Collected by: _____	TOTAL FEE \$ _____