

Sent letter 12.12.96
NO. 3186-96

OCT 3 1996



CONSTRUCTION PERMIT APPLICATION

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

1. Proposed Work-site at: 1627 Telford Blvd. Brick NJ 08604

2. Name of Owner in Fee: Rombery Tel. (908)

Address Same

street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: SELF Tel. ()

Address _____

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

Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer _____ Tel. ()

Address _____

6. Responsible Person in Charge of Work William Menetti Tel. (908) 458-5309

1. Building	\$ 60		
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		2	
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ 62		

1. Number of Stories one

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 _____ sq. ft.
 no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

(office use only)	
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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. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition

TOTAL COSTS _____

Est. Cost

V. SIDING

OPTIONAL (for office use only)[illegible]

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

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 _____

1. State Specific Use:

2. Use Group:

3. Change in Use Group,
Indicate Former:

LDS BR 10110617

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.

X Signature Willie M. M... .. 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 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
	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									
☐ 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.									
☐									
☐									

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

Name of Code & Edition _____

Name of Code & Edition _____

Building _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Mechanical _____

Energy _____
 Barrier Free _____
 Flood Hazard _____
 As Built Elevation Cert. _____
 Other _____

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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

12/16/96
3186-96

IDENTIFICATION Block 825 Lot 35
Work Site Location 1629 Telford Blvd Contractor Self
Owner in Fee Romberg Address _____
Address same Tele. (____) _____
Tele. (____) _____ Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

V. Sidung

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 \$ 2000

U.C.C. Form F-170C

J. Curazza
CONSTRUCTION OFFICIAL

PAYMENTS (Office-Use Only) 3186*#	
Building	<u>6000</u> 1.00
Plumbing	<u>025 #</u>
Electrical	<u>LOT</u> 1.00
Fire Protection	<u>35 #</u>
Other	<u>BUILDING</u> 1.00
Other	<u>D.G.A.</u> 1.00
DCA Training Fee	<u>TOTAL</u> 6.00
Cert. of Occ.	<u>CHECK</u> 1.00
Other	<u>CHANGE</u> 1.00
Total	<u>60</u>
Check No. <u>12/16/96</u>	<u>0017A005</u> 1.04
Cash	
Collected By:	<i>[Signature]</i>



**BUILDING
SUBCODE**



Date Received
Date Issued
Control #
Permit #

12/16/96
3186-96

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

* Block 225 Lot 35

Work Site Location 1649 T/Hord Blvd Brick NJ 06724

Owner in Fee H. Lombardi

Address Same

* Tele. (908)

Contractor Self

Address Same AS Above

Tele. (908)

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____ or Social Security No. _____

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 Anthony J. Lombardi

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
Date	Initial
☐ No Plans Req.	Type: _____
☐ 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 _____

TYPE OF WORK:	
☐ New Building	(Office Use Only) FEE
☐ Addition	
☐ Alteration	
☐ Roofing	
☒ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement	
☐ Other _____	
☐ Demolition	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories	<u>one</u>		2. Alteration \$ _____
Height of Structure	_____ Ft.		3. Total (1+2) \$ <u>2,000</u>

Area—Largest Floor	Sq. Ft.
New Bldg. Area/All Floors	Sq. Ft.
Volume of New Structure	Cu. Ft.
Total Land Area Disturbed	Sq. Ft.

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



Date Received
Date Issued
Control #
Permit #

12/16/96
3186-96

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-472-1000.

* Block 825 Lot 3

Work Site Location 1649 TILFORD BLVD BRCK NJ 06724

Owner in Fee H. Lombardy

Address Same

* Tele. (908)

Contractor Self

Address Same AS Above

Tele. (908)

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____ or Social Security No. _____

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 Henry J. Remberg

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
						Failure	Approval
☐ No Plans Req.				Footings			
☐ All				Foundation			
☐ Footing				Slab			
☐ Foundation				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	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories	<u>one</u>		2. Alteration \$
Height of Structure			3. Total (1+2) \$ <u>2,006</u>
Area—Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	
Volume of New Structure		Cu. Ft.	
Total Land Area Disturbed		Sq. Ft.	

TYPE OF WORK:

☐ New Building	
☐ Addition	
☐ Alteration	
☒ Sliding	
☐ Fence	Height (6' or over)
☐ Sign	Sq. Ft.
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Demolition	

(Office Use Only)

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