BLOCK 825 LOT 56 QUALIFICATION CODE ADDRESS (SITE) 1605 Tilford Blvd PERMIT NO. 07-2321

CONSTRUCTION PERMIT APPLICATION

07-00274d

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

I. IDENTIFICATION

1. Proposed Work Site at: 1605 Tilford Blvd Brick NJ 08724
2. Name of Owner in Fee: Robert & Cindy DiGangi
   Tel [redacted] e-mail
   Address 1605 (street) Tilford Blvd (municipality) Brick NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: M-M Construction Tel. (732) 552-8545
   Address 1652 Forgepond Rd Brick e-mail
   License No. OR, if new home, Builder Reg. No. 1195263 Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 0400111801
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 960 -	10	
2. Electrical	4868		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$	54	
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZIA & GP		EC 1074-40	
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical					10/20		12-7-07	12-18-07	
☐ Plumbing									
☐ Fire Protection									
☐ Elevator			6/4/07		6/4/07				
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction _____ _____
   After Construction _____ _____
   Net Gain or Loss _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 9/06)

garage/roofing/siding & windows left called 7/12 left message

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.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.

X Signature Robert DiGangi 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.

( ) Check if contractor.

X Agent Name John J Miotkiewicz

Address 1652 Forge Pond Rd Brick NJ 08724

Telephone [redacted]

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	01/09/2008
Control Number	C-07-002742
Permit Number	07-2321
Permit Issue Date	07/30/2007
Certificate Number	07-2321

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1605 TILFORD BLVD Brick Township, NJ Block: 825 Lot: 56 Qual:

Owner in Fee: DIGANGI, ROBERT E. & CINDY A.

Owner Address: 1605 TILFORD BLVD. BRICK NJ 08724

Telephone [redacted]

Contractor JOHN J MIATKIEWICZ

Address 1652 FORGE POND RD BRICK NJ 08724

Telephone: (732) 206-1583 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

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 Used: NEW ROOF, SIDING ROOFING AND SIDING AND BUILDING ROOF OVER EXISTING DECK.

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 01/09/2008

PERMIT UPDATE

Date Update Issued 10/12/2007
Control # C-07-004904
Permit # 07-2321+A

IDENTIFICATION Block: 825 Lot: 56 Qualifier
Work Site Location: 1605 TILFORD BLVD Brick Township, NJ
Owner in Fee DIGANGI, ROBERT E. & CINDY A.
1605 TILFORD BLVD. BRICK NJ 08724
Telephone: [redacted]

Contractor JOHN J MIATKIEWICZ
Address 1652 FORGE POND RD BRICK NJ 08724
Telephone: (732) 206-1583
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:

ELECTRICAL ALTERATIONS ROOFING AND SIDING AND BUILDING ROOF OVER EXISTING DECK.

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $250

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	4953
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

CONSTRUCTION PERMIT

Date Issued 07/30/2007
Control # C-07-002742
Permit # 07-2321

IDENTIFICATION Block: 825 Lot: 56 Qualifier
Work Site Location: 1605 TILFORD BLVD Brick Township, NJ
Contractor JOHN J MIATKIEWICZ
Address 1652 FORGE POND RD BRICK NJ 08724

Owner in Fee DIGANGI, ROBERT E. & CINDY A.
1605 TILFORD BLVD. BRICK NJ 08724
Telephone: (732) 206-1583
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Telephone: [redacted]

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
NEW ROOF, SIDING ROOFING AND SIDING AND BUILDING ROOF OVER EXISTING DECK.

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $40,000

Construction Official Date

PAYMENTS (Office Use Only)

Building	$960
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$54
CO Fee	
Other	$60
Total	$1,074
Check No.	4868
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

Township of Brick
Zoning Permit

Approved: Tuesday, June 12, 2007 **Number:** 690

Block 825 **Lot** 55 **Zone:** R-7.5

Property Address: 1605 Tilford Boulevard

Applicant: John Mlotkievicz; M & M Construction

Property Owner: Robert & Cindy DiGangi

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Gazebo, 17' x 17', 15' high, on existing rear deck.

Conditions: The gazebo must be setback at least six (6) feet, 15 feet combined, from the side property lines, and at least 15 feet from the rear property line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

Township of Brick
Zoning Permit

Approved: Tuesday, June 12, 2007 **Number:** 690

Block 825 **Lot** 55 **Zone:** R-7.5

Property Address: 1605 Tilford Boulevard

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Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

JUN 11 2007

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 825 LOT 56 QUALIFIER —

PROPERTY ADDRESS 1605 Tilford Rd Brick NJ 08724

PERSONAL NAME OF APPLICANT John Motkiewicz

BUSINESS NAME OF APPLICANT M-M Construction

MAILING ADDRESS OF APPLICANT 1652 forgepond Rd Brick 08724

PROPERTY OWNER'S FULL NAME Robert Cindy DiGangi

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe)

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) Height
☐ Addition - Height
☐ Alteration
☒ ~~Porch or~~ deck - Height GAZBO over Existing Deck
☐ Shed - Height
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) Siding And Roofing

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Date 6-4-07

Reviewed by Zoning Office Date 6/12/7 (X) Approved ( ) Denied

March 2003

6/4/07

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 1605 Tilford BLVD Brick NJ 08724

Block: 825 Lot: 56

Contractor: M-M Construction And Improvements Inc.

Contractor's Address: 1652 forgepond Rd Brick N.J 08724

Type of Construction (minor, new home): Roofing, siding, And Roof over Deck

Type of Debris (shingles, siding, wood, etc.): Shingles And wood

Party responsible for removal: Giordano carting (Jackson)

Dumpster size: 30 yarder

Destination of debris: _____

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

5-8-07
Date

John Motkiewicz
Print Name

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 5/8/07

Block: 825 Lot: 56

Property Address: 1605 Tilford BLVD

I, Robert Digiacomo (name) of 1605 Tilford BLVD (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

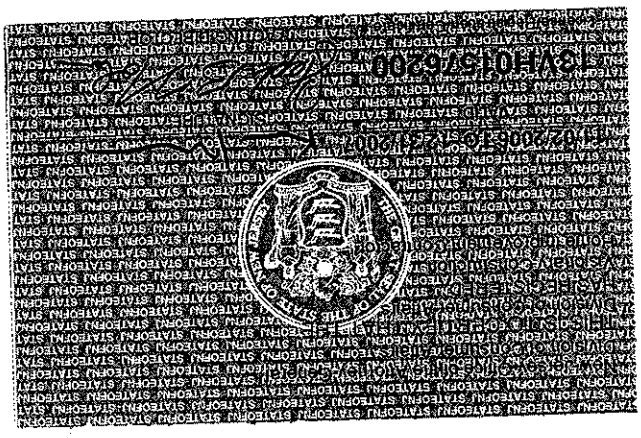
FOR OFFICE USE ONLY

Approved on: 6/14/07 Signed:

Rejected on: Signed:

Comments:

311 ACCESS BRICK TOWNSHIP



(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 002742

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1605 Tilford.

DATE REVIEWED: 6-20-07

REVIEWED BY: FM

CONTACT CALLED/FAXED: 840-4262 @ 8:35 Left Message

(1) HIC Reg Number incomplete.

(2) Footings?

(3) Gazebo Now Has Door, But No Landing outside As Required By Code Steps ARE STAYING

(4) Drawings only Show Measorements No Matercal.

1.26.07 HO
Called HO
@ 1:40 Left Message.

(1) New plans Not signed
Platform Near Door?

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 002742

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1605 TilFord.

DATE REVIEWED: 6-20-07

REVIEWED BY: FM

CONTACT CALLED/FAXED: 840-4262 @ 8:35 LeFT Message

(1) HIC Reg Number incomplete.

(2) FOOTings ?

(3) Gazebo Now Has Door, BUT No Landing outside As REQUIRED BY Code

(4) Drawings only show measorements NO Matercal.

Frank/plan review template

(Bldg) · Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 002742

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

Resubmit 6/26/07 SL

ADDRESS OF APPLICATION: 1605 Tilford.

DATE REVIEWED: 6-20-07

REVIEWED BY: FM

CONTACT CALLED/FAXED: 840-4262 @ 8:35 LeFT Message

(1) H.I.C Reg Number incomplete.

(2) FOOTings ?

(3) Gazebo Now Has Door, BUT No Landing outside As Required By Code

(4) Drawings only Show Measorements NO Matercal.

Frank/plan review template

copy of this given to contractor

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7/2/07
Control #
Date Issued
Permit # 7-2221

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

Block 925 Lot 56 Qualification Code ______
Work Site Location 1605 Tilford Blvd Brick NJ 08724

Owner in Fee Robert & Cindy [illegible]
Address 1605 Tilford Blvd Brick NJ 08724
[redacted]
Tel 732-552-2545
Contractor M-M Construction and Improvements Inc.
Address 1652 Firebrook Rd Brick NJ 08724
Tel. (732) [illegible] FAX (732) [illegible]
Contractor License No. or Builder Registration No. 11952[illegible]
Federal Emp. No ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7/11/07	[illegible]
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ______
2. Rehabilitation $ ______
3. Total (1+ 2) $ 10,000

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 ______

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Roofing and Siding
[illegible] Building Roof
over [illegible]
[illegible]
See Revised Plans

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] Roofing
[X] Siding
[ ] Fence ______ Height (exceeds 6')
[ ] Sign ______ Sq. Ft.
[ ] Pool
[X] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other ______
[X] Demolition

FEE (Office Use Only)
$ ______

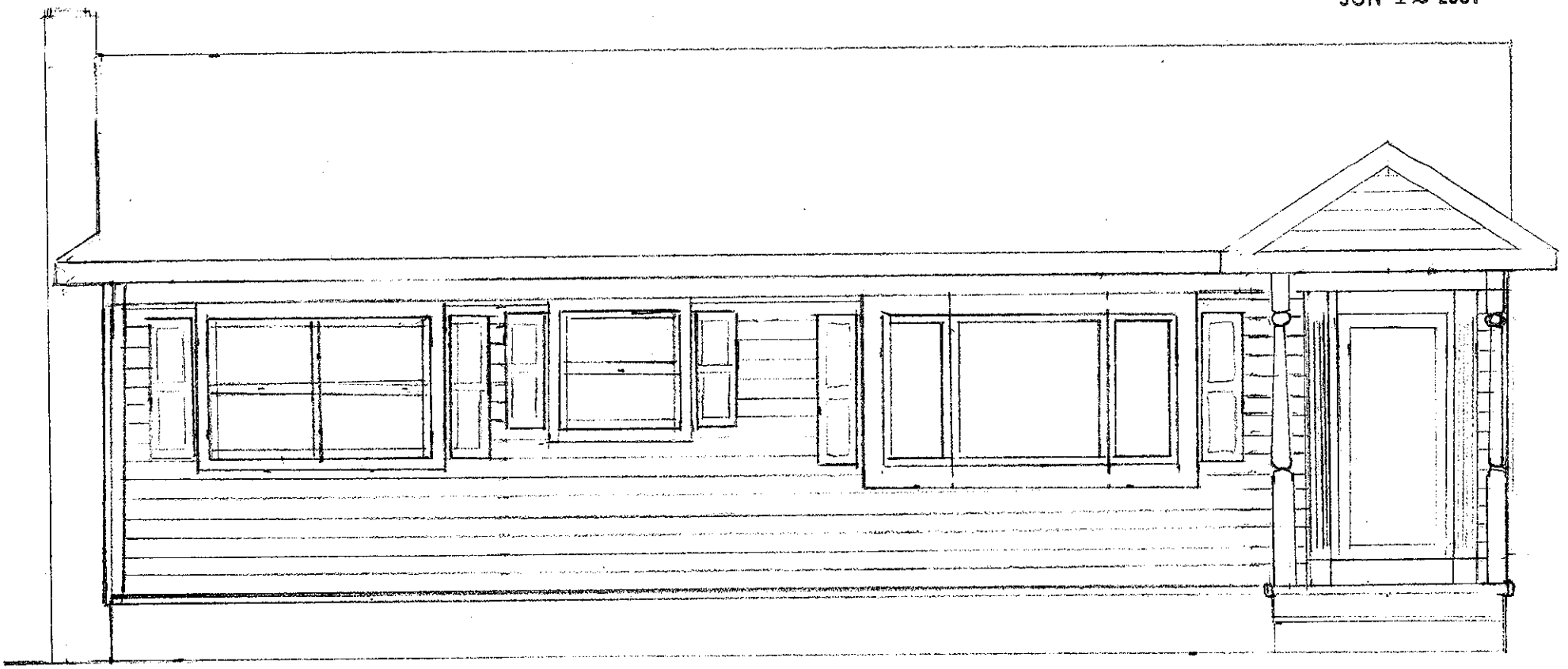
Administrative Surcharge $ ______
Minimum Fee $ ______
State Permit Surcharge Fee $ ______
TOTAL FEE $ ______

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Robert DeGange

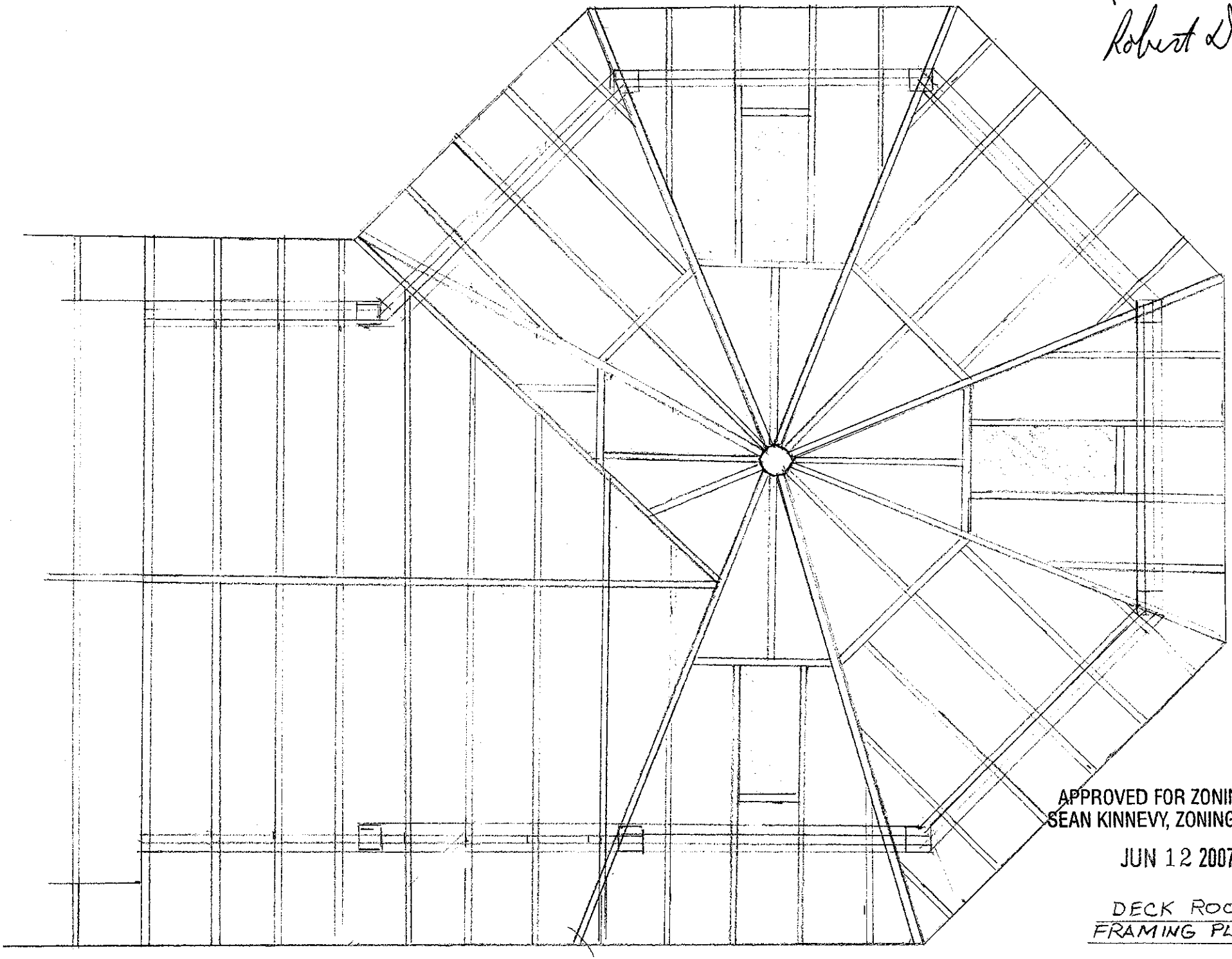
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 12 2007



1/4" = 1'

PAGE 6

Robert DiBarg

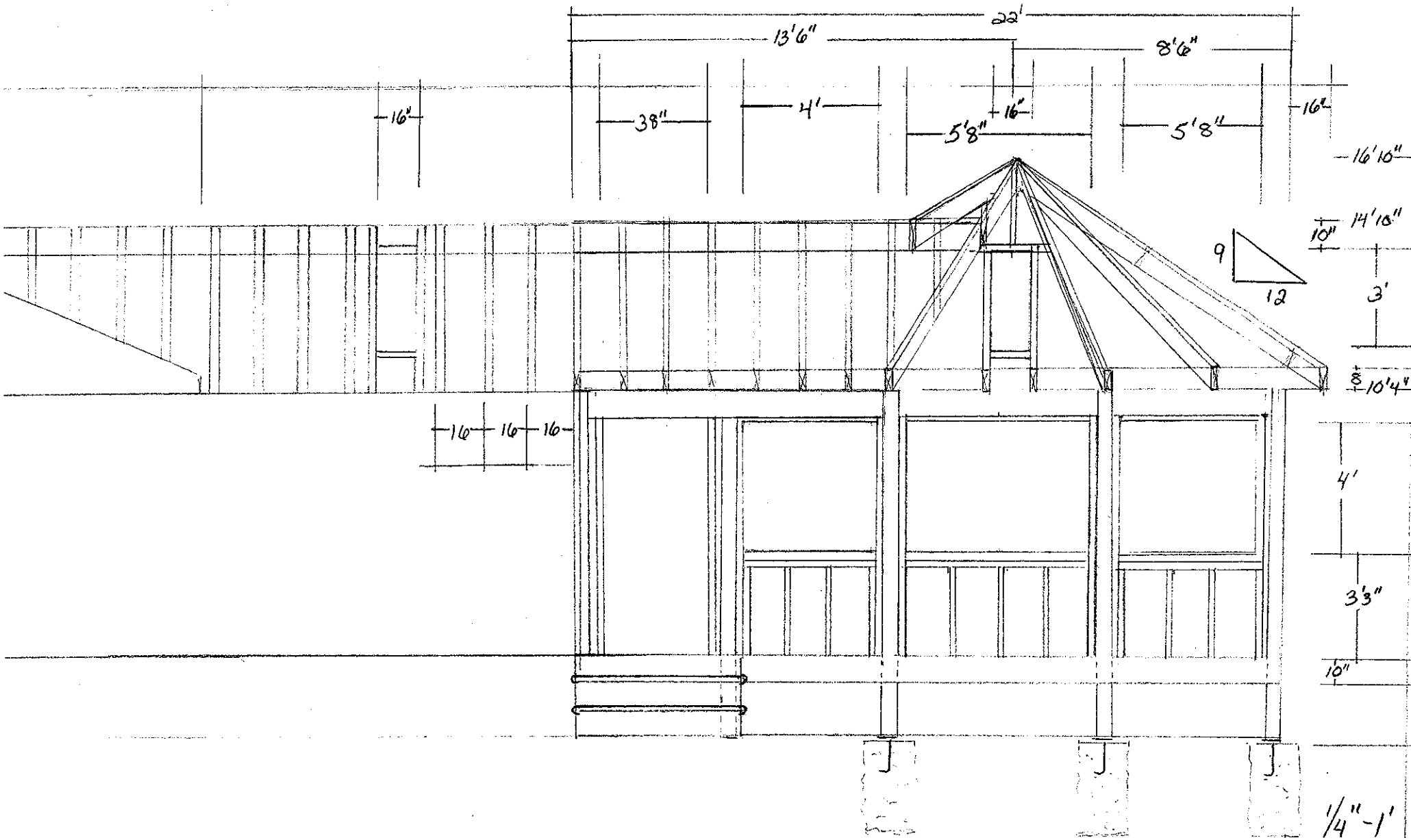


APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 12 2007

DECK ROOF
FRAMING PLAN

Robert DiGangi

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 12 2007

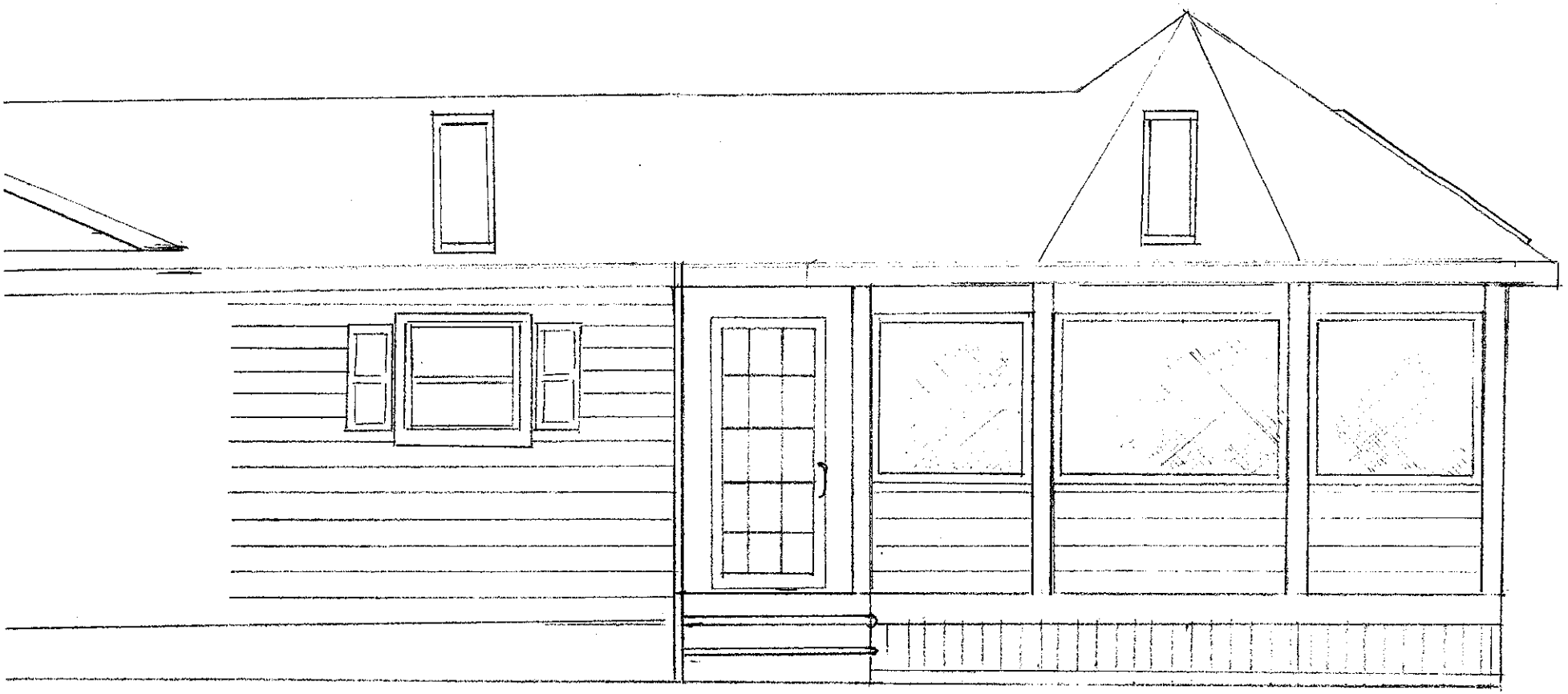


PAGE 4

Robert DiGangi

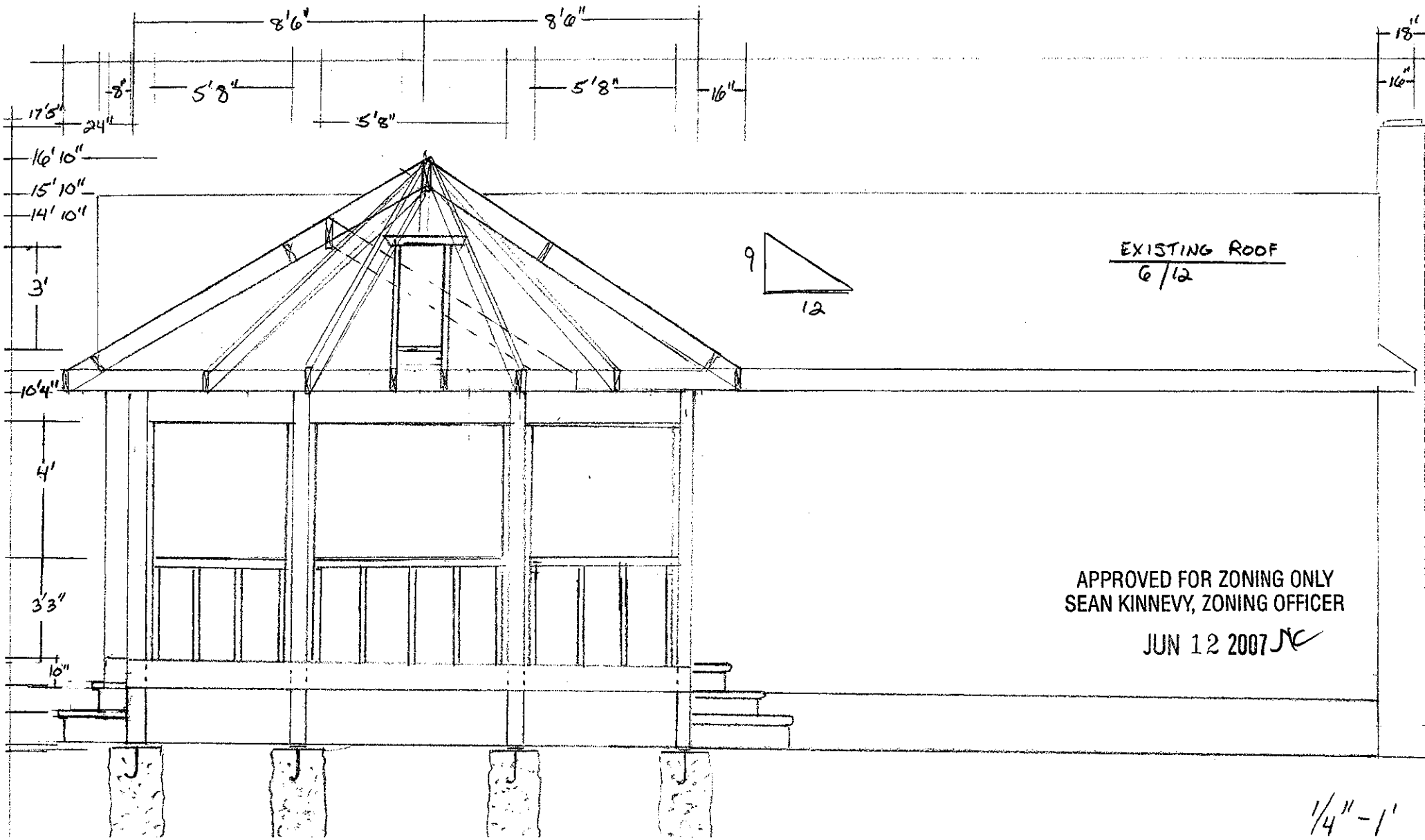
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUN 12 2007 SK

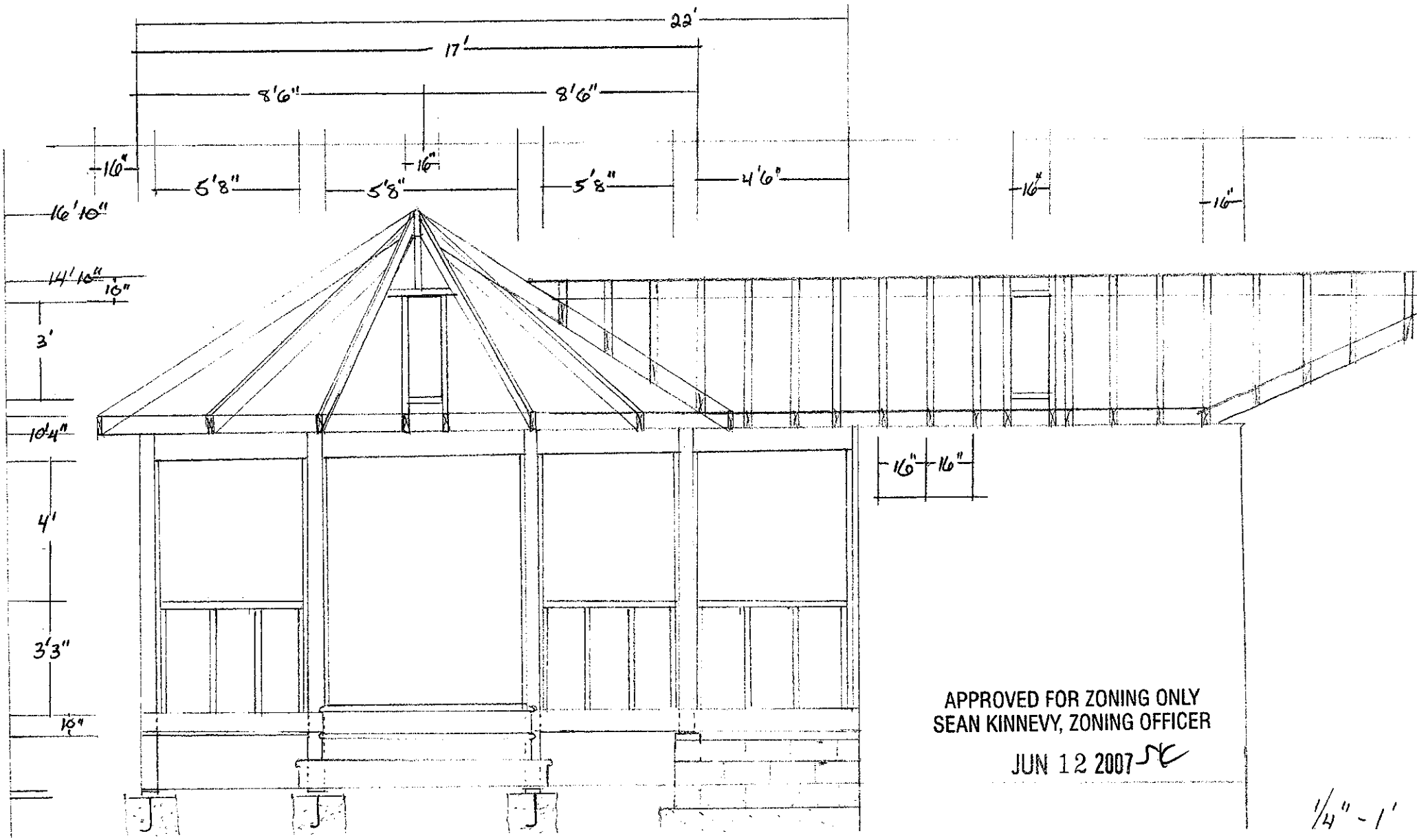


1/4" - 1'

Robert DiGangi



Robert DeLange



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 12 2007 SK

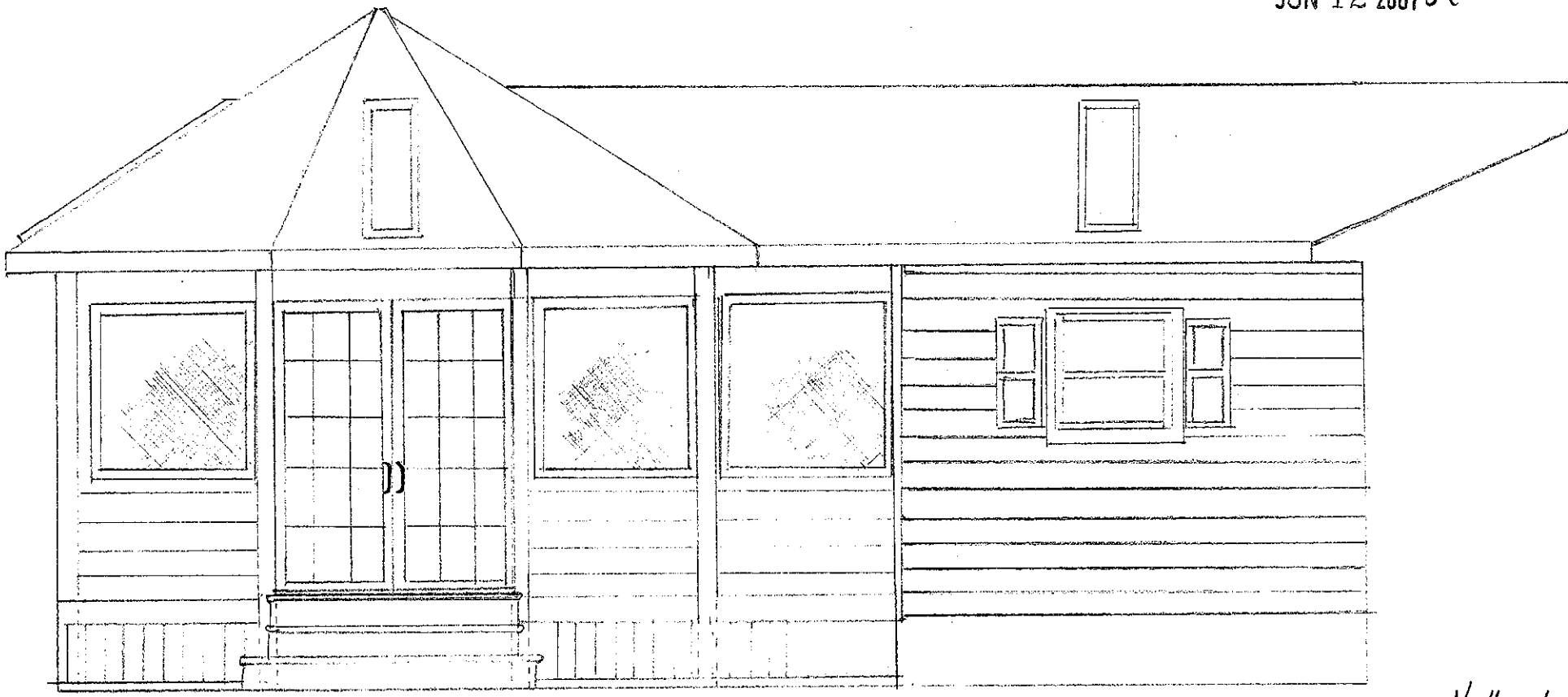
1/4" - 1'

PAGE 1

Robert DeAngelo

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUN 12 2007 SC

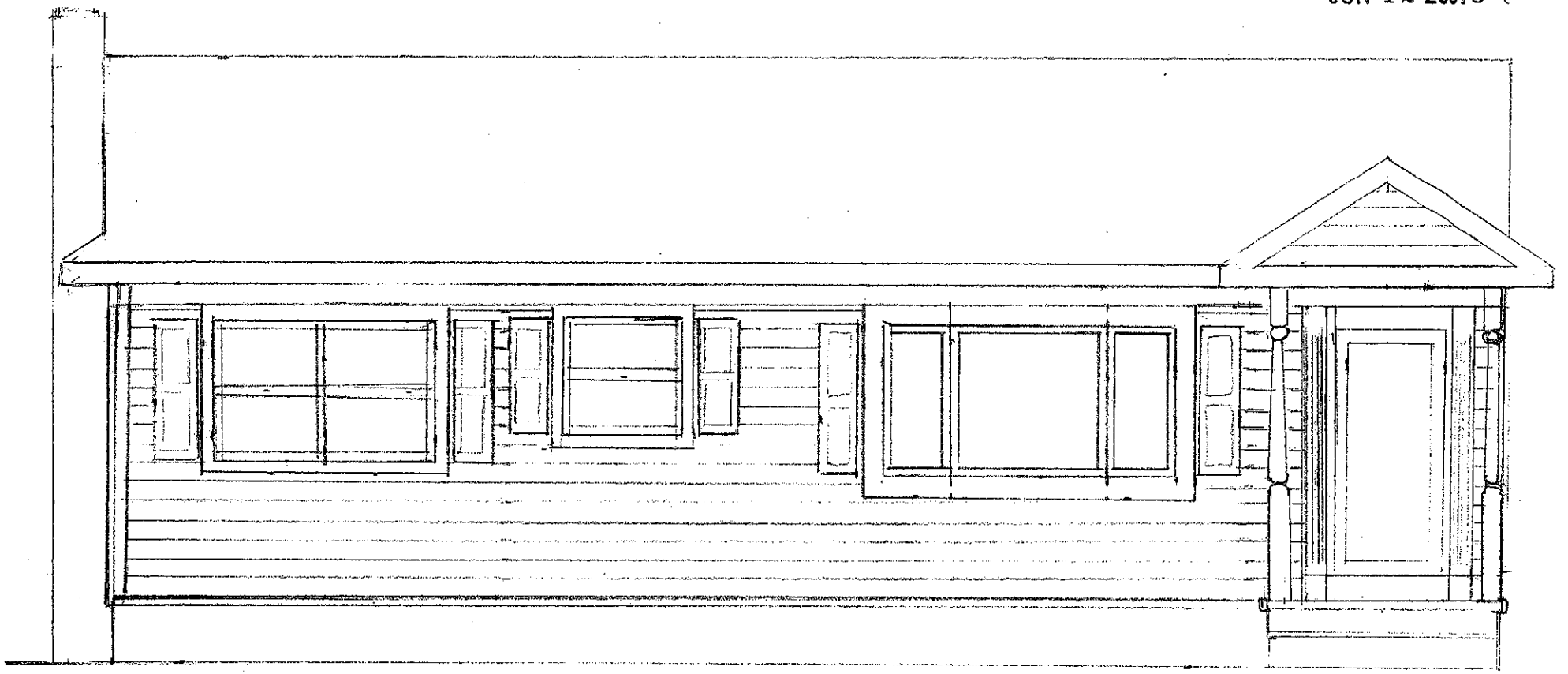


1/4" - 1'

Robert D. Gange

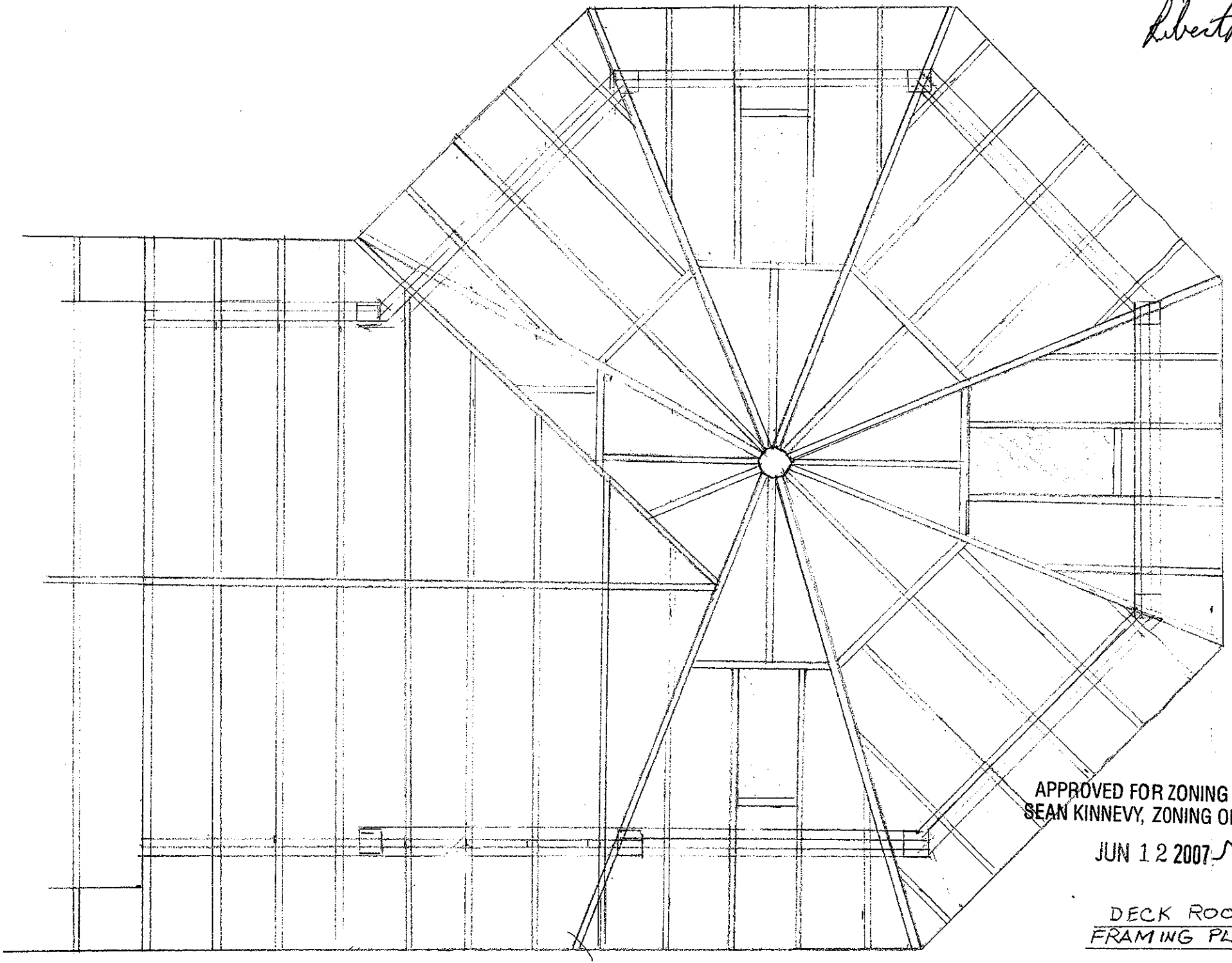
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUN 12 2007 SK



1/4" = 1'

Robert DiVanna

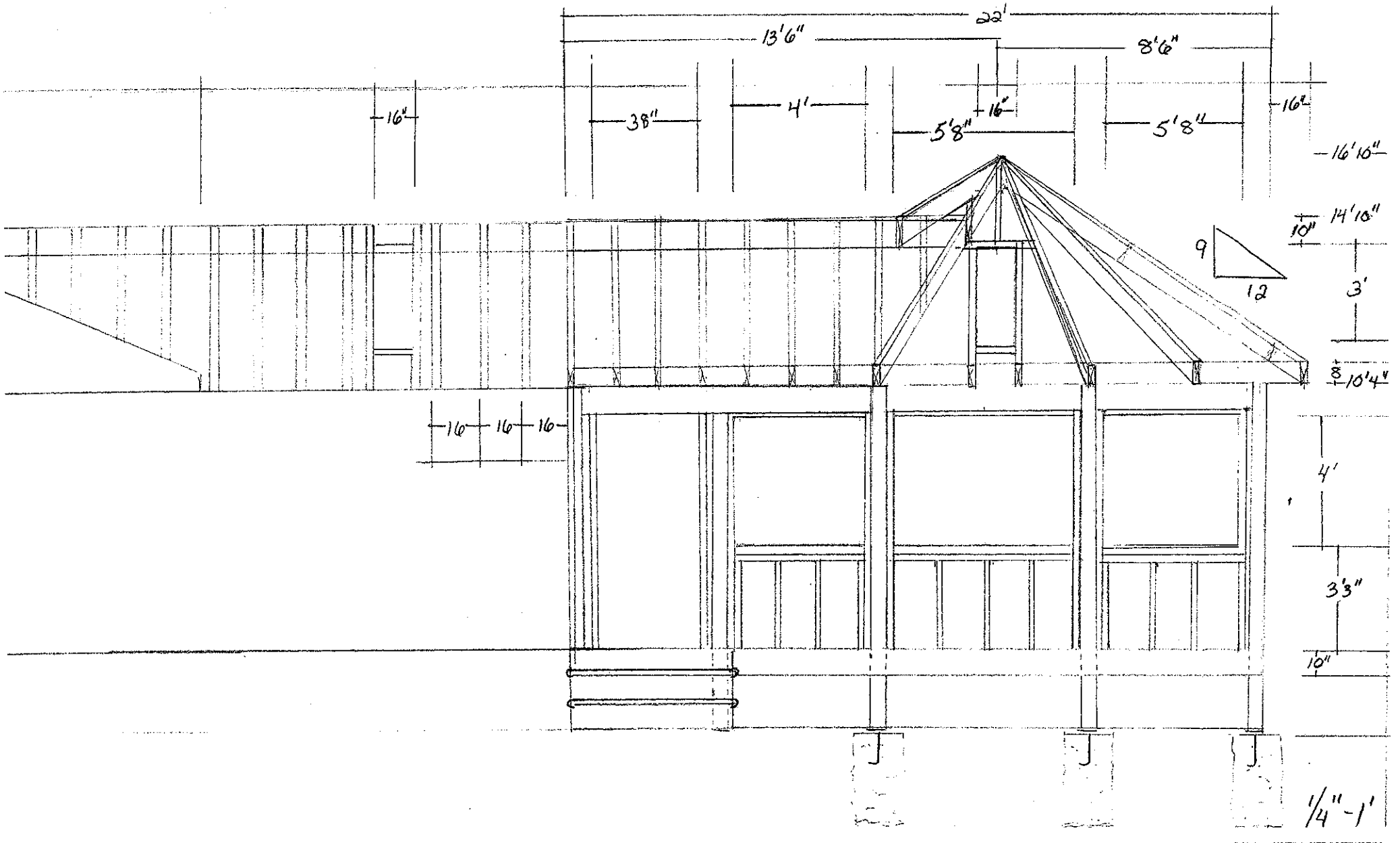


APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 12 2007 SK

DECK ROOF
FRAMING PLAN

PAGE 5
Robert DiStanzi

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 12 2007

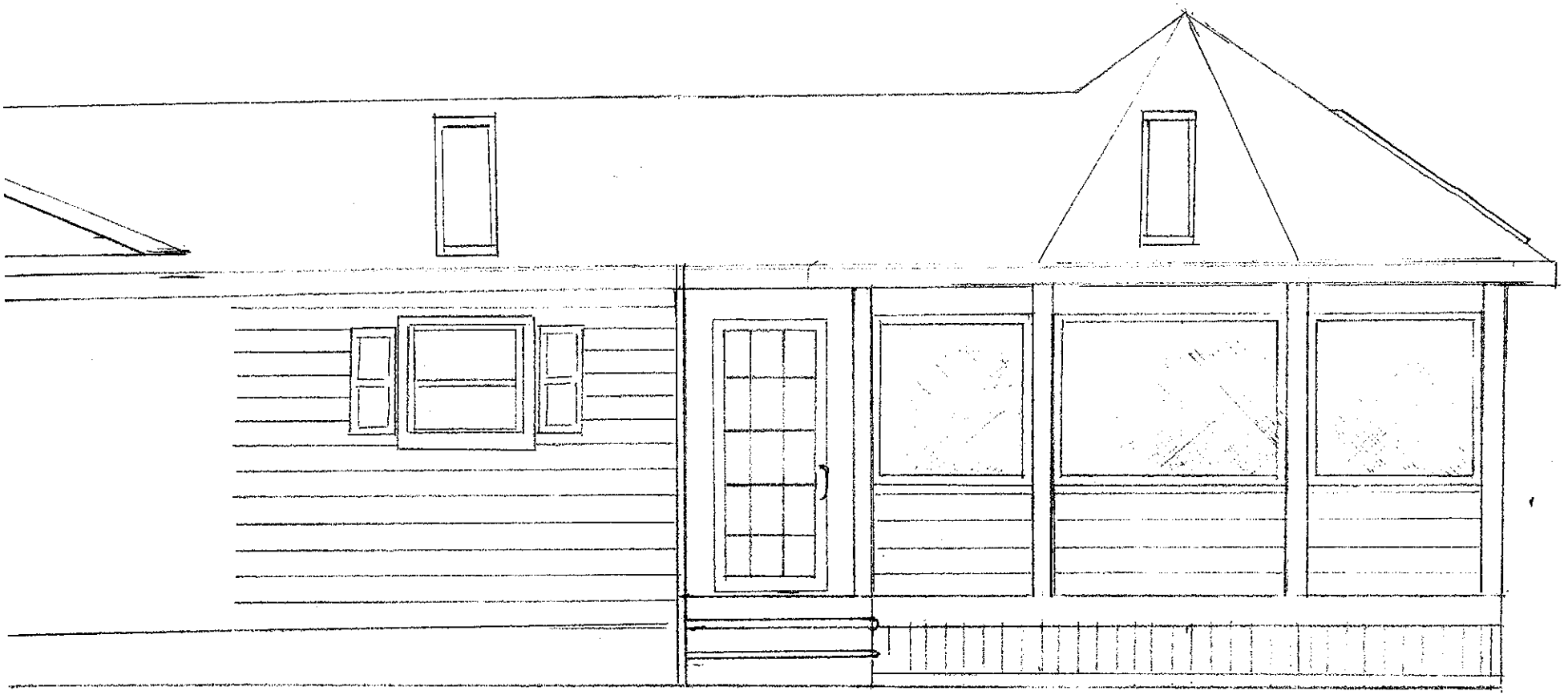


PAGE 4

Robert Dillangi

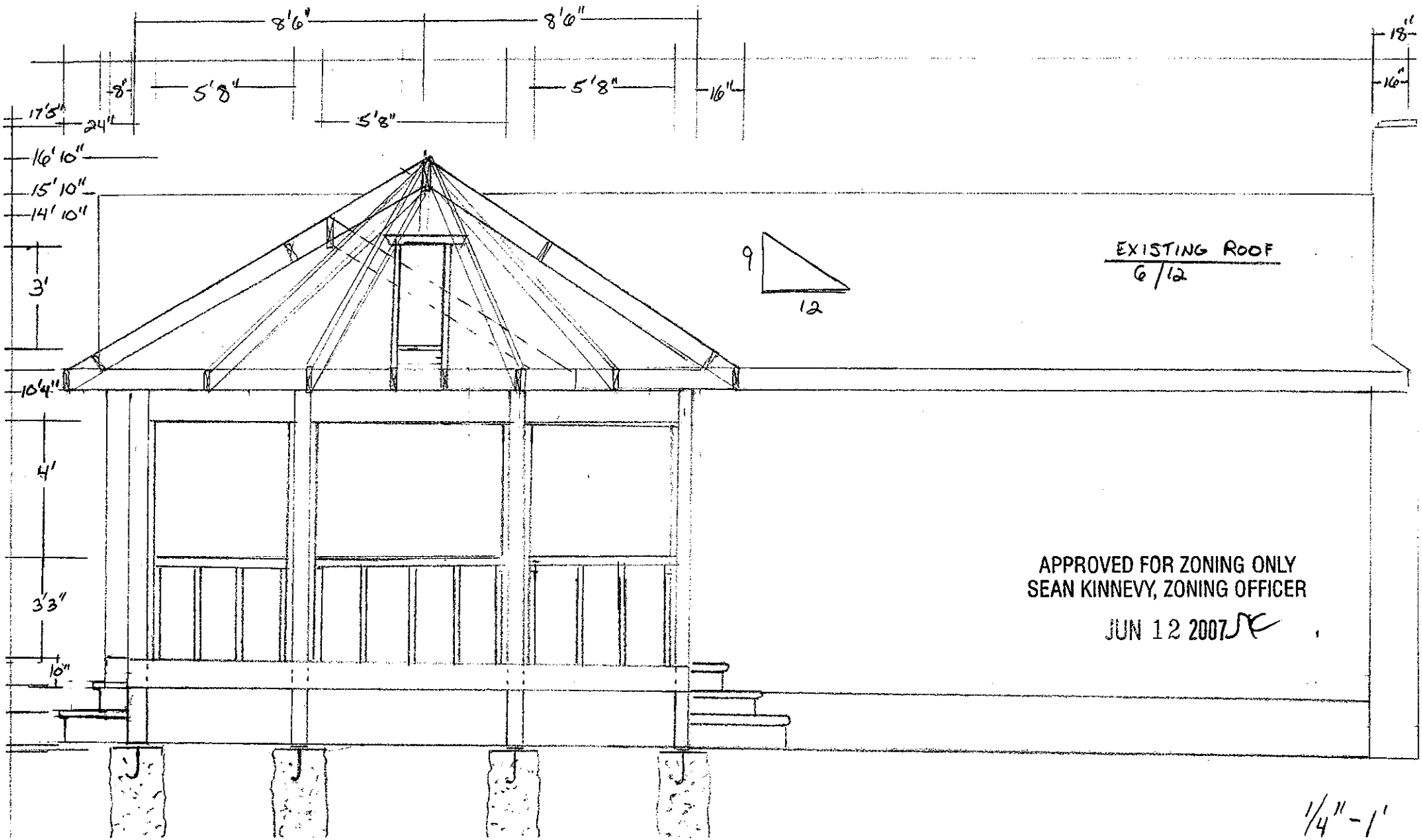
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUN 12 2007 SK

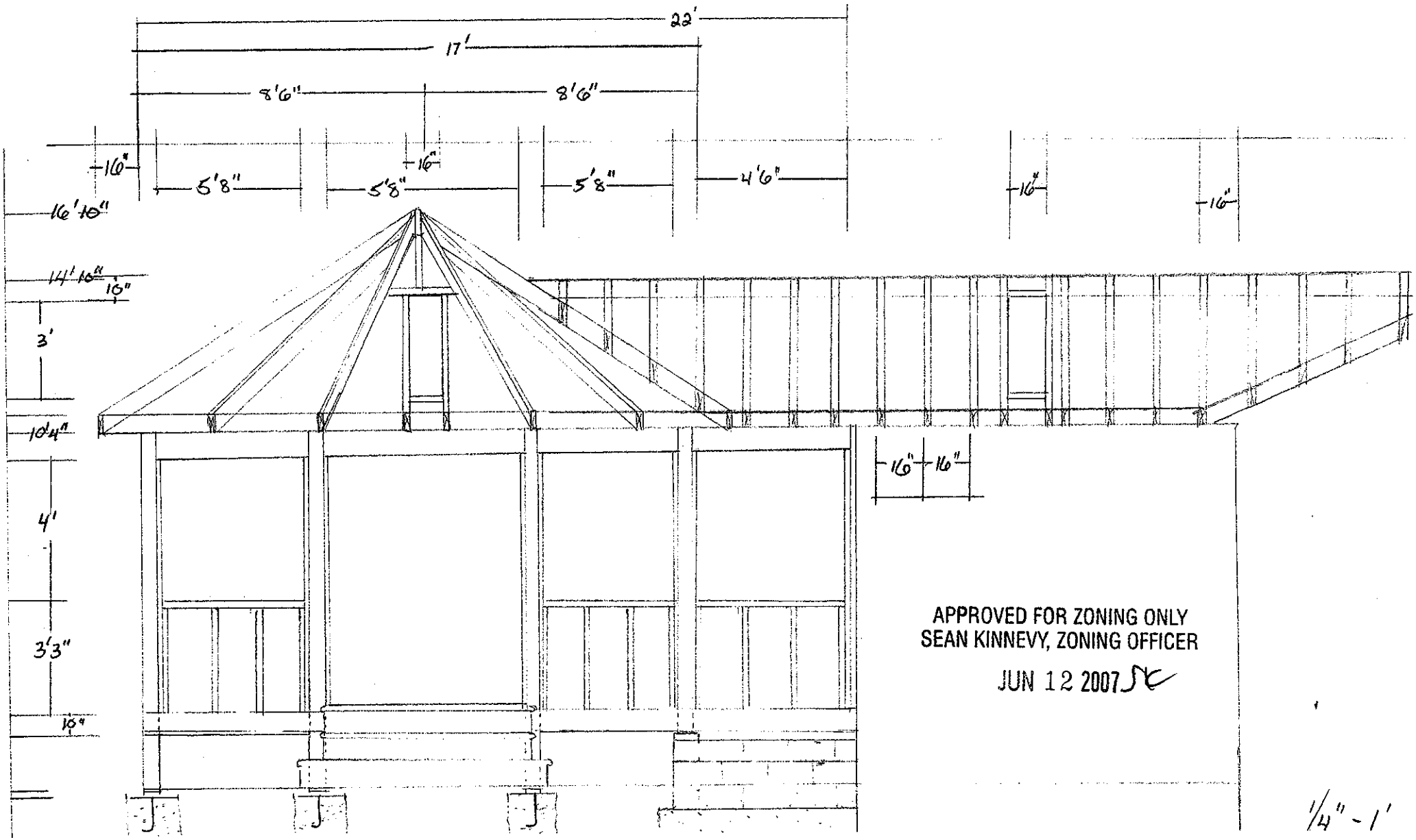


1/4" - 1'

Robert DiIorgi



Robert DiBiangi

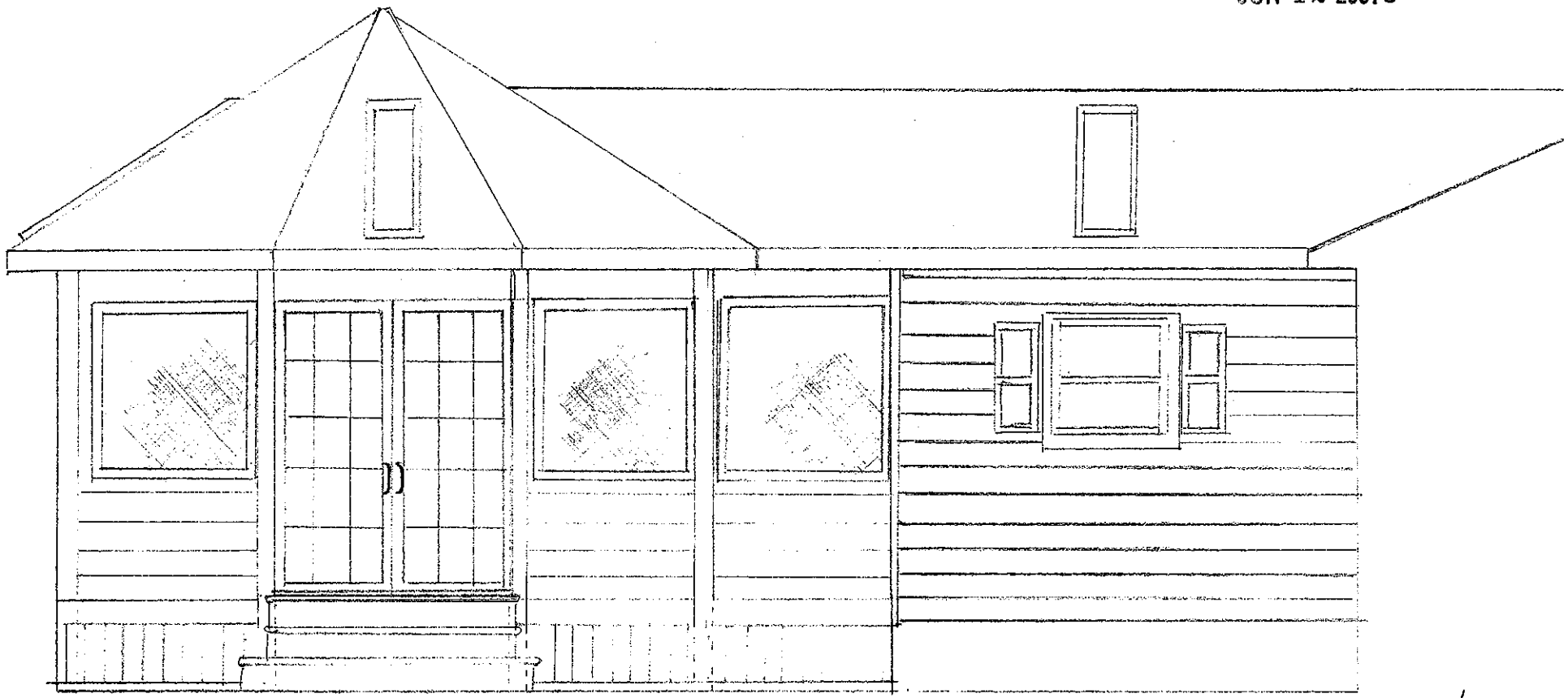


APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 12 2007 SK

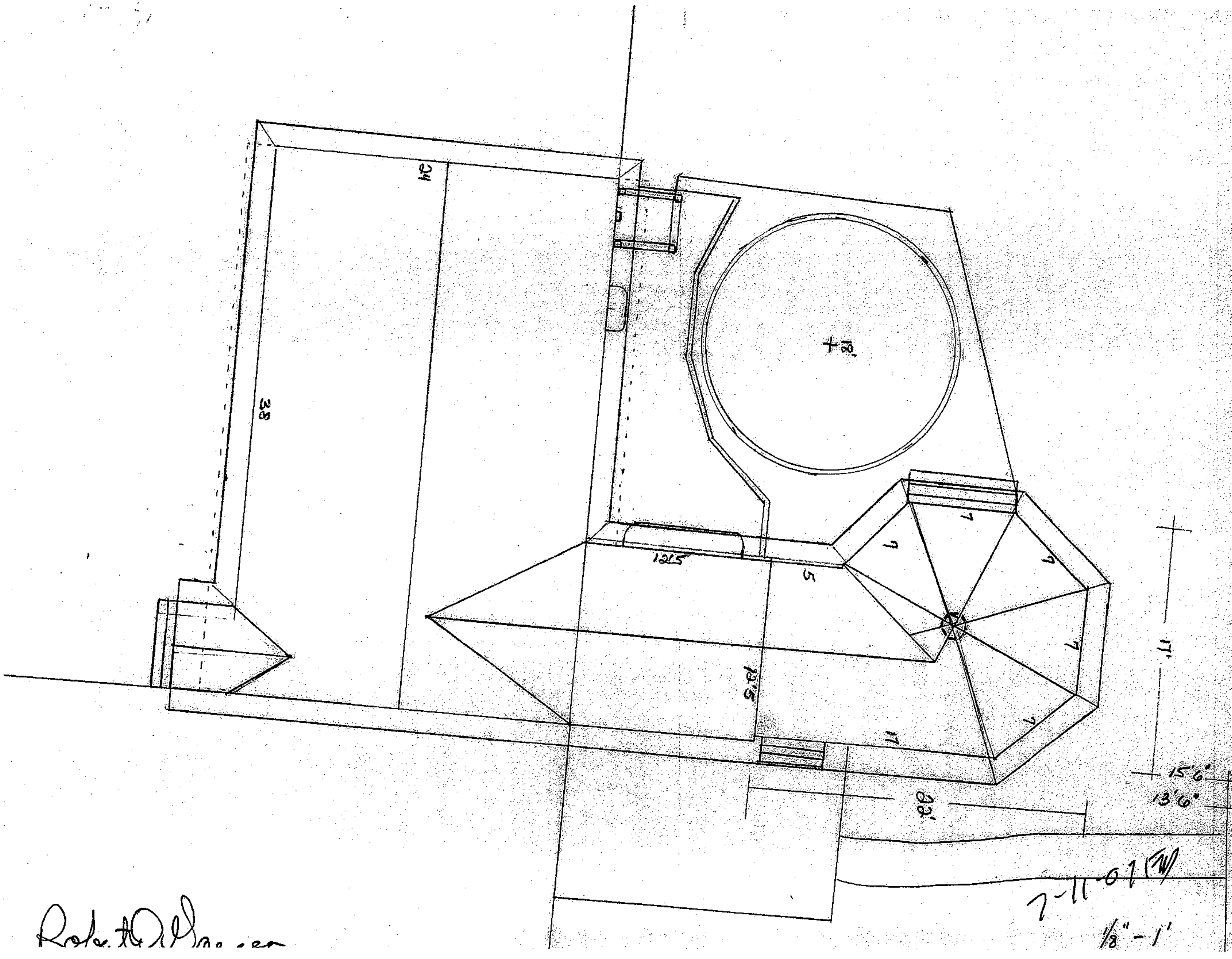
1/4" - 1'

Robert DiSanzi PAGE 1

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 12 2007

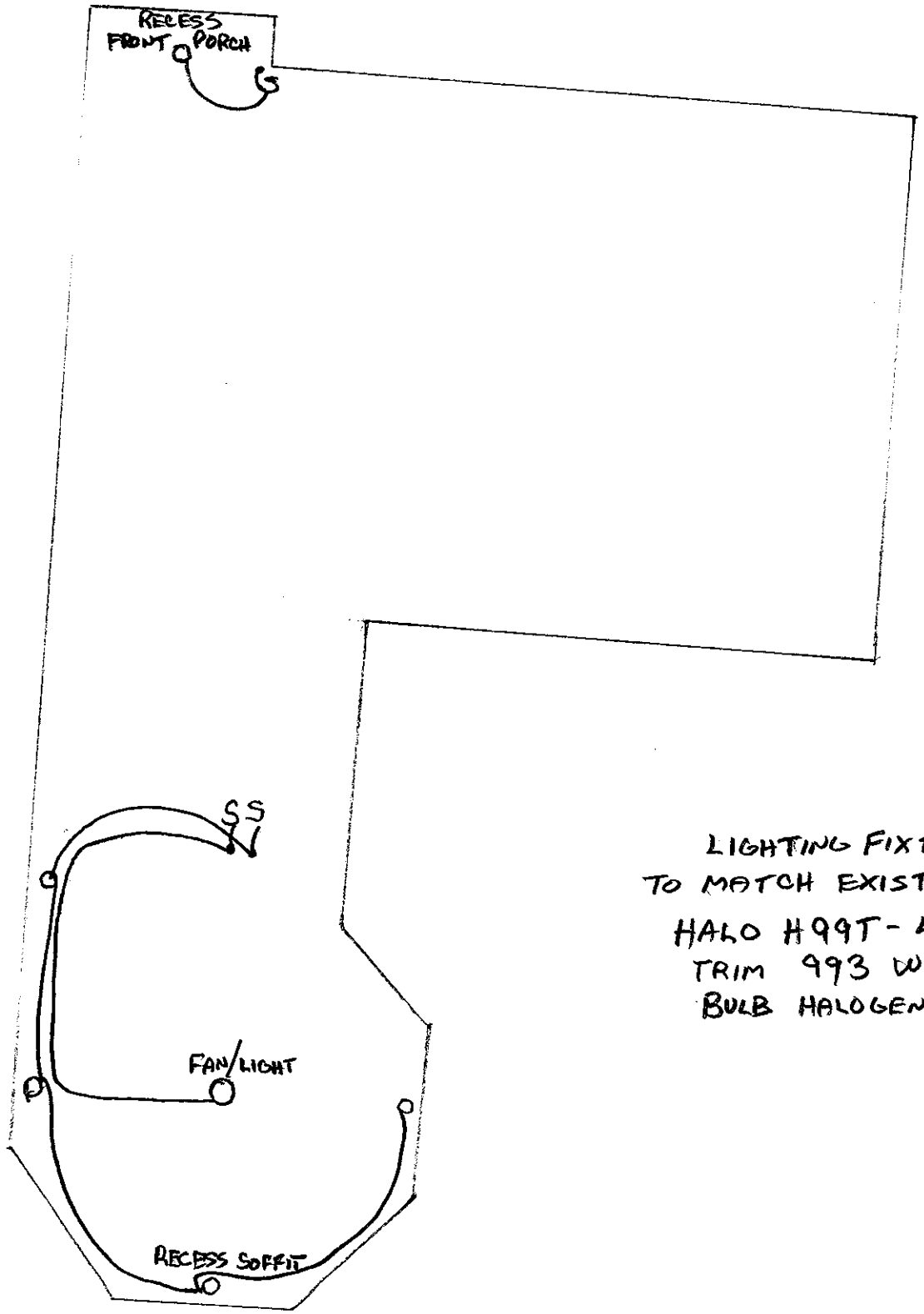


1/4" - 1'



17'
15'6"
13'6"
22'
7-11-07
1/8"-1'
38
24
18'
12'5
12'5
5
17
7

NEW ELECTRICAL WIRING & LIGHTING 1605 TILFORD BLVD



LIGHTING FIXTURES
TO MATCH EXISTING
HALO H99T - 4"
TRIM 993 WH - 4"
BULB HALOGEN PAR16

Robert E. A. Bangi

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER ~~2245~~ 4904

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1605 T. Ford

DATE REVIEWED: 10-10-07

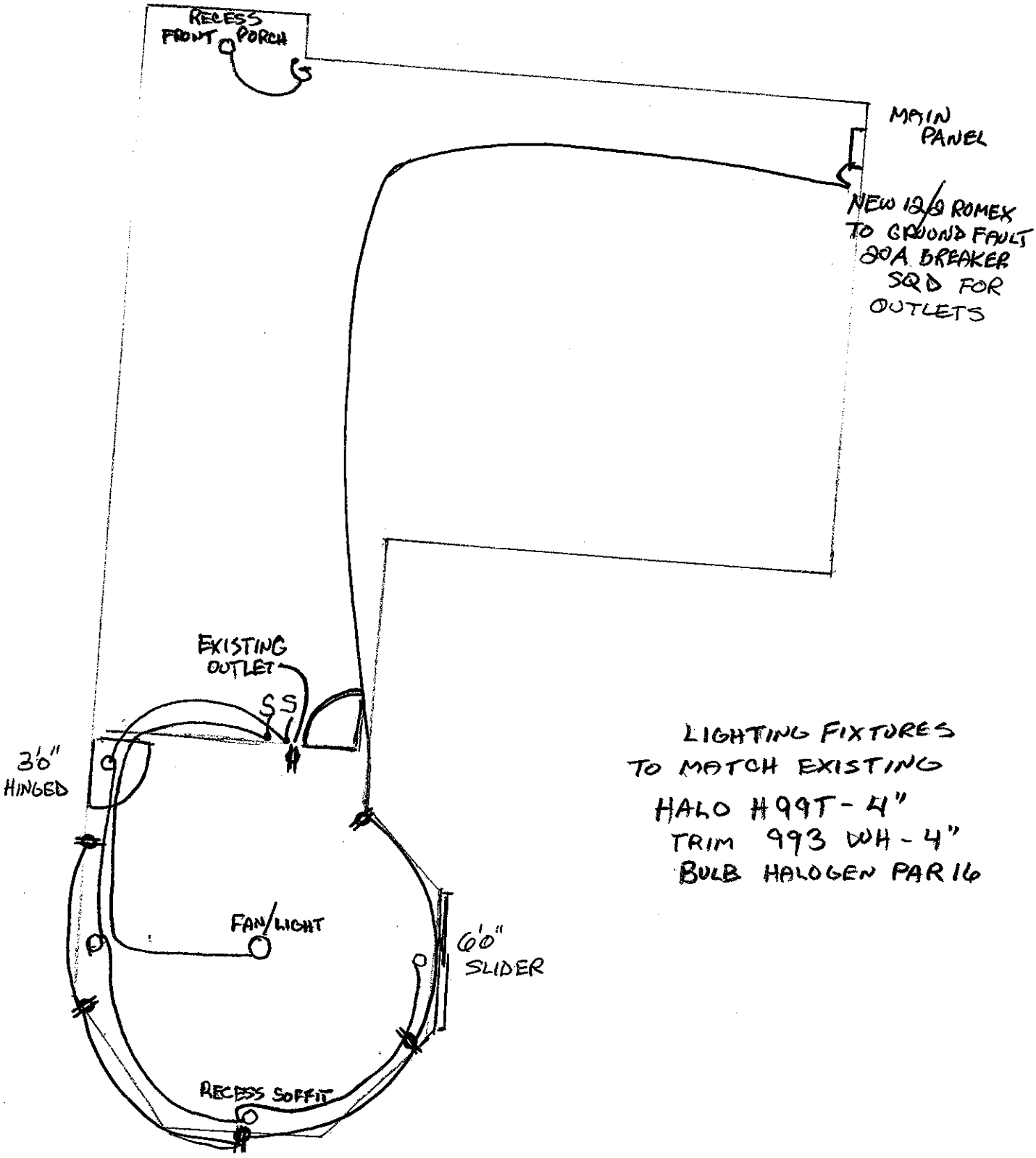
REVIEWED BY: VM

CONTACT CALLED/FAXED: Robert Digangi

add outlets [redacted]

NEW ELECTRICAL WIRING & LIGHTING 1605 TILFORD BLVD

L021 01



LIGHTING FIXTURES
TO MATCH EXISTING
HALO H99T - 4"
TRIM 993 WH - 4"
BULB HALOGEN PAR16

Robert E. A. Bangi

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 07-2321-HA

Date Issued
Permit # 10-12-07

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

Block 825 Lot 56 Qualification Code

Work Site Location 1605 TILFORD BLVD BRICK NJ 08724

Owner in Fee ROBERT & CINDY DIGANGI

Address 1605 TILFORD BLVD BRICK NJ

Tel [redacted]

Cont

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4250

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

Robert E. DiGangi

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
5		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 10/20

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/30/07
Permit # 07-2321

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

Block 825 Lot 56 Qualification Code
Work Site Location 1605 Tilford BLVD Brick NJ 08724

Owner in Fee Robert & CINDY DIGANGI
Address 1605 Tilford BLVD Brick NJ 08724

Tel. [redacted] cell 732-[redacted]552-8545
Contr[redacted] struction AND IMPROVEMENTS INC.
Address 1652 FORGEPOND RD Brick NJ 08724

Tel. (732) 552-8545 FAX (732) 206-1583
Contractor License No. or Builder Registration No. 1195263
Federal Emp. 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.

X
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ROOFING AND SIDING AND BUILDING ROOF OVER EXISTING DECK AS PLANS SHOW

See Revised Plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7-11-07	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-7-07
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing			8-31-07	
Footing Bonding				
Foundation				
Slab				
Frame			10/19/07	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free			12/7/07	

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] Roofing
[X] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[X] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[X] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 40,000

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-232HA
Date Issued 10-12-07
Permit # CO7-004904

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

Block 825 Lot 56 Qualification Code

Work Site Location 1605 TILFORD BLVD BRICK N.J. 08724

Owner in Fee ROBERT & CINDY DiGANGI

Address 1605 TILFORD BLVD BRICK N.J.

Tel ([redacted]

Contr

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4250

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

Robert E D'Angi

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
5		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 10/20/07

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 12/18/07

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			10/18/07	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/18/07	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

IMPORTANT
A.H.B.T. - EXEMPT

ANY BUILDING QUESTIONS
CALL 732-262-1027