

BLOCK

547

LOT

6+7.01

QUALIFICATION CODE

ADDRESS (SITE)

451 BRICK BLVD

PERMIT NO.

16-3050



CONSTRUCTION PERMIT APPLICATION

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

C16-003389

I. IDENTIFICATION

1. Proposed Work Site at: 451 BRICK BLVD BRICK, N.J.

2. Name of Owner in Fee: PIEDMONT COMPANIES (Goodman)

Tel. (540) 962-8229 e-mail _____

Address 126 HALLIES RD. COVINGTON, VA. 24426

3. Ownership in Fee: Public _____ Private ☒ _____

4. Principal Contractor: DE GEORGE DEVELOPMENT, LLC Tel. (732) 477-6363

Address 249 BRICK BLVD e-mail _____

BRICK, N.J. 08723

License No. OR, if new home, Builder Reg. No. 032682 Exp. Date 6-30-18

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

5. Architect or Engineer: ALLAN H. BORST Contact _____

Address 1792 HINDS RD. TOMS RIVER e-mail _____

Tel. (732) 255-2713 FAX: (732) 782-0298

6. Responsible Person in Charge once Work has Begun JOHN DEGEORGE

Tel. (732) 477-6363 FAX: (732) 920-5315

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>4750</u>	<u>150</u>
2. Electrical	<u>522</u>	<u>116</u>
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	<u>38</u>	<u>2</u>
10. Subtotal	\$	<u>9</u>
11. Cert. of Occupancy	<u>100</u>	
12. Other	<u>2</u>	
13. TOTAL	\$ <u>10,534</u>	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	<u>1</u>
2. Height of Structure	_____ ft.
3. Area — Largest Floor	<u>14,229</u> sq. ft.
4. New Building Area	_____ sq. ft.
5. Volume of New Structure	_____ cu. ft.
6. Max. Live Load	_____
7. Max. Occupancy Load	<u>237</u>
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	_____ sq. ft.
10. Flood Hazard Zone	_____
11. Base Flood Elevation	_____ ft.
12. Wetlands yes _____ no _____	

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)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

TOTAL COST

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>250,000</u>	<u>CMP</u>	<u>8/24/16</u>	<u>9-15-16</u>	<u>M</u>			
	<u>7/19/16</u>		<u>8/22/16</u>	<u>PSZ</u>	<u>9/19/16</u>		<u>PSZ</u>
	<u>Ey</u>	<u>8/1/16</u>	<u>8/1/16</u>	<u>8/30/16</u>	<u>PSZ</u>		

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: M
2. Use Group, Proposed: M
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale _____
- Gained, Rental _____
- Lost, Sale _____
- Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
- C. MIXED USE -List secondary use(s): _____
- D. Construct. Classification: Present _____ Proposed _____

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(f)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.

Signature _____ 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.

Agent Name JOHN DE GEORGE DEGEORGE DEVELOPMENT
Address 249 BRICK BLVD
BRICK, N.J. 08723
Telephone (732) 477-6367
Signature [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 02/13/2017
Control Number C-16-003389
Permit Number 16-3050
Permit Issue Date 08/30/2016
Certificate Number 16-3050

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 451 BRICK BLVD. GOODWILL Brick Township, NJ Block: 547 Lot: 6 Qual: _____
Owner in Fee: PIEDMONTS COMPANY INC
Owner Address: 2671 EAST MAIN ST. LINCOLNTON NC 28092
Telephone: _____
Contractor DEGEORGE DEVELOPMENT
Address 249 BRICK BLVD BRICK NJ 08723-
Telephone: (732) 477-6363 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: M Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 249
Description of Work/Use: TENANT FIT UP ...GOODWILL STORE

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: 02/13/2017

U.C.C. F260 (rev. 08/05)

Fee: \$100.00

Check Number: 2993

Collected By: Nichol Ponsi

Page 1

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	JK	7/27/16							2A-16-001124
☐ 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 _____
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 Compliance	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

OFFICE USE ONLY

[illegible]

* 12-20-16 Progressive Imp. 1) Need to submit specs on Roofing materials

Fair Drive thru & Laundry Docks.
2) Need fixtures & display layout. DE

* 1-11-17 Final Fall

1) Need signs & sales floor fixture layout.

2) Need access to the roof for equipment Imp.

DE