

BLOCK 839 LOT 17 QUALIF / CODE _____ ADDRESS (SITE) 1669 Forge Pond Dr PERMIT NO. 03-4422



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1669 Forge Pond Dr Brick NJ 08724

2. Name of Owner in Fee: Allen Stone Tel. [REDACTED]
Address: 1669 Forge Pond Dr Brick NJ 08724
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. () _____
Address _____

License No. OR, if new home, Builder Reg. No. 24 RIORDAN PLACE Exp. Date _____
Federal Employee No. SHREWSBURY, NJ 07702 ()
732-741 0900 FAX 732-741-0087

5. Architect or Engineer MR. ROOTER PLUMBING
Address NJ STATE LIC # 8344 ()
FED ID# 22-3365466

6. Responsible Person in Charge of Work _____
Tel. () _____ Fax () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
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	\$		

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 _____	sq. ft.
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Fire Protection
- ☒ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

TOTAL COSTS

Est. Cost

Plans Rec'd by

Date Rec'd

Rejection Date

Approval Date

Re-viewer

Resubmission Dates

Approval

Rejection

Re-viewer

OPTIONAL (for office use only)

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

UCC/PRO F-100 (REV3/96)
Professional Printing
(856) 468-7933

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (I)
- ☐ Two-Family (R)
- ☐ Two-Family (F)
- ☐ One-Family (F)
- ☐ One-Family (F)

No of dwelling units
Before Construct
After Construct
Net gain or loss

B. NON-RESIDENTIAL

- 1. State Specific Use:
- 2. Use Group:
- 3. Change in Use Group, Indicate Former:

LDS BR 10306455

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 _____

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 _____

MR. ROOTER PLUMBING
24 RIORDAN PLACE
SHREWSBURY, N.J. 07702

Telephone (_____) _____

732-741 0900 FAX 732-741-0087
NJ STATE LIC # 8444
FED ID# 22-3365466

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	Other
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 Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UDC NEW JERSEY
**CONSTRUCTION
PERMITE**

Date Issued 08/16/2004
Control #
Permit # 03-4422

IDENTIFICATION Block B39 Lot 17 Qual
Work Site Location 1669 FORGE POND RD
Owner in Fee STONE, ALLEN
Address SAHE
Telephone
Contractor HR ROOTER PLUMBING
Address 24 RIGGAN PLACE
Telephone (732) 741-0900
Lic. No. of Bldgs. Reg. No. 8446
Federal Exp. No. 22-3365466

Is hereby granted permission to perform the following work:
☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

HHM

DESCRIPTION OF WORK:

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 \$ 1,199

Construction Official

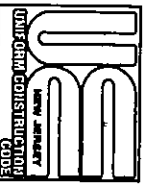
U.C.C. F170 (rev. 3/76) NJ UCARS 5.24E

Date

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 35
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 2
Cert. of Occupancy 0
Total 37
Check No. 2389
Cash
Collected By HR

08/16/04 2:31PM 001558#1988
#4422
PLUMBING
DCA
CHECK
\$35.00
\$2.00
\$37.00



PLUMBING
SUBCODE
TECHNICAL SECTION

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

Block 839 Lot 17

Work Site Location 1669 Forge Pond Dr
Brick NJ 07024

Owner in Fee Allen Stone

Address 1669 Forge Pond Dr

City Brick NJ 07024

State NJ

Zip 07024

Contractor MR. ROOTER PLUMBING

Address 24 RIORDAN PLACE

City SHREWSBURY, NJ 07702

State NJ

Zip 07702

Telephone (732) 741-0900 Fax (732) 741-0087

Lic. No. 8446

Federal Emp. No. 22-3365466

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 1199.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required: ☐ Slab ☐ Rough ☐ Water ☐ Sewer

☐ Building ☐ Electric ☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 9/20/93

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 2-2-01

Approved by: [Signature]

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.

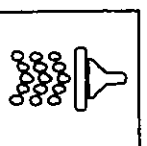
Signature — Contractor's Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

UCC/PRO F-130 (REV/3/96)

Professional Printing

(856) 468-7933



Date Received 8-16-04
Date Issued 08-4423
Control #
Permit #

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. FUTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

FEE (Office Use Only)

\$