



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1621 Forge Pond Rd. BRICK
 2. Name of Owner in Fee: CARLO DiGiovanna Tel. [REDACTED]
 Address 1621 Forge Pond Rd. BRICK, N.J. 08724
street municipality zip code
 3. Ownership in Fee: Public _____ Private X
 4. Principal Contractor: myself Tel. () same
 Address same
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. _____ FAX: () _____
 5. Architect or Engineer _____ Tel. () _____
 Address _____
 6. Responsible Person in Charge of Work CARLO DiGiovanna
 Tel. () _____ FAX () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>35</u>		
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	<u>1</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>210</u>		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories <u>1</u>	
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 _____	

II. PROPOSED WORK

1. ☐ Minor Work
 2. ☐ New Building
 3. ☐ Addition
 4. ☒ Alteration
 5. ☐ Fire Protection
 6. ☐ Plumbing
 7. ☐ Electrical
 8. ☐ Elevator Devices
 9. ☐ Asbestos Abat. Subch. 8
 10. ☐ Lead Hazard Abatement
 11. ☐ Demolition

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>AKS</u>	<u>5/15/00</u>				<u>4/12/00</u>	<u>OK</u>

TOTAL COSTS

1,000.00

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 1
 After Construction 1
 Net Gain or Loss 0

B. NON-RESIDENTIAL

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

LDS BR 10100246

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 Carlo Di Givis Date 5-15-2000

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 _____

Telephone (_____) _____

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

Date Issued 05/15/2000
Control #
Permit # 00-1694

BOC NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 826 Lot 21 Subd _____

Work Site Location 1621 FORGE POINT RD
NEW ROOF REM. 2 LAYERS

Owner in Fee DISIONA, CARLO
Address SAME
BRICK, NJ

Telephone _____

Contractor H O M E O W N E R
Address _____
Telephone _____
Lic. No. or Elic. Reg. No. _____
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

- (X) BUILDING () PLUMBING () LEAD HAZARD ASSESSMENT
() ELECTRICAL () FIRE PROTECTION () DEMOLITION
() ELEVATOR DEVICES () ASBESTOS ABATEMENT () OTHER _____
(Subchapter 6 only)

DESCRIPTION OF WORK:
NEW ROOF REMOVING 2 LAYERS
SHIMMERS ALLOWED ARE ASTM: 6225 OR D3462

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 \$ 1,000

J. L. M. S. J. M. S.
Construction Official

05/15/2000

U.C.C. 1710 (rev. 3/96)

PAYMENTS (Office Use Only)

Building 35
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
PCA Training Fee 1
Cert. of Occupancy 0
Other 0
Total 35
Check No. 715
Cash 0
Collected By CS

Date

002

TOWNSHIP OF BELLEVILLE
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

000 NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/15/2006
Date Issued 05/15/2006
Control #
Permit # 06-1694

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

CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000

Block 825 Lot 21

Work Site Location 1621 PENCE ROAD RD

NEW ROOF REM. 2 LAYERS

Owner in Fee RICHARD, CHERO

Address SAME

BRICK, NJ

Field. [REDACTED]

Contractor [REDACTED]

Address [REDACTED]

Phone () [REDACTED] Fax () [REDACTED]

Lic. No. or Bldr. Reg. No. [REDACTED]

Federal Emp. No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure
☐ All			Footings	Approval
☐ Footings			Foundation	Initial
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ GAS ☐ GS			Mechanical	
Date:			TCO	
Approved By:			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS	Present P-3	Proposed P-3
Use Group		
Constr. Class	Present	Proposed
No. of Stories	0	0
Height of Structure	0 Ft.	0 Ft.
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.

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

B. TECHNICAL SITE DATA

NEW ROOF REMOVING 2 LAYERS
SHIMPLES ALLOWED SEE ASTM: D225 OR M3462

TYPE OF WORK

☐ New Building		
☐ Addition		
☒ Alteration		
☐ Roofing		
☐ Siding		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NESH 5.17		
☐ Other		
☐ Demolition		

Est. Cost of Bldg. Work:	Administrative Surcharge	Minimum Fee	FOYAL FEE	PCB Training Fee
1. New Bldg. \$				
2. Alteration \$				
3. Total (1+2) \$				
Paid (X) Check # 715				
Collected by: CS				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

000 NEW JERSEY
BUILDINGS
SUBCODE
TECHNICAL SECTION

Date Received 05/15/2000
Date Issued 05/15/2000
Control #
Permit # 00-1694

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

Block 826 Lot 21 Quad
Work Site Location 1621 FORGE POND RD
NEW ROOF REM. 2 LAYERS
Owner in Fee DISTON, CARLO
Address SAME
GRIFFIN
Tele Fax
Cont.
Address
Lic. No. or Bldg. Reg. No.
Federal Emp. No. HO-

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**

**NEW ROOF REMOVING 2 LAYERS
SHINGLES ALLOWED ARE ASTM: D225 OR D3462**

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Date (Month/Day)
☐ No Plans Req.			Type	Failure
☐ All			Footings	Approval
☐ Footings			Foundation	Initial
☐ Foundation			Slab	
☐ Frame			BarrierFree	
☐ Other			Insulation	
Joint Plan Review Required:			Finishes	
☐ Elect ☐ Plumb ☐ Fire			Energy	
SUBCODE APPROVAL ☐ Elev			Mechanical	
☐ CO ☐ CSO ☐ CA			FCO	
Date: _____			Other	
Approved By: _____			Final	
			BarrierFree	

TYPE OF WORK

☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NAC 5:17
☐ Other
Other _____
☐ Demolition

FEE (Office Use Only)

E. BUILDING CHARACTERISTICS
Use Group Present R-3 Proposed R-3
Constr. Class Present _____ Proposed _____
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0
2. Alteration \$ 1,000
3. Total (1+2) \$ 1,000

Administrative Surcharge
Paid (X) Check # 715 Minimum Fee
Collected by: CS TOTAL FEE
DCA Training Fee

\$ 0
\$ 0
\$ 35
\$ 1

Applicable to Ordinance 728-92

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

1621 Forge Pond Rd. Brick. 826 21
Work Site Address Block Lot

Carlo DiGioia 1621 Forge Pond Rd. Brick NJ. 08724
Owner's Name, Address, Phone

Same As Above
Contractor's Name, Address, Phone

Construction New Roof on Single Family Home
Describe type (Single -family home, etc.)

Demolition Remove Old Roofing Material
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 40 sq. yd. of Roofing
material

Name, address and phone of party responsible for removal of debris: 732
OCEAN CARTING, PO Box 357 Lahar 367-9333

Size of dumpster: 20 yd

Destination of discarded debris: Ocean County Landfill

Hauler's DEP Permit No.: 00187

****Note:** Any recyclable material, including, but not limited to:
corrugated cardboard, vegetative waste, concrete, asphalt, clean wood,
etc., must be delivered to an approved recycling center, and receipts
provided to the Township of Brick along with tipping receipts for
non-recyclable material.

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 or recycled in
accordance with all applicable State and Federal laws and regulations, and
that I have been authorized, in writing, to make such declarations by the
person in charge of the generator's operation.

Carlo DiGioia Carlo DiGioia 5-15-00
Printed/Typed Name Signature Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

****Note:** Receipts must show certified weights, date of disposal and name and address
of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: 1621 Forge Pond Rd. Brick
Block: 826 Lot: 21
Owner's Name: CARLO DiGioia
Owner's Mailing Address: 1621 Forge Pond Rd.
Brick N.J. 08724
Phone: [REDACTED]

BUILDING

Contractor: my self
Address: 1621 Forge Pond Rd.
Brick N.J. 08724
Phone#: [REDACTED]
Lis # [REDACTED]
Federal Emp # or SSN [REDACTED]

Technical Data

Description of Work:

New Roof
Removing 2 Layers } CD.

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☒ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign sq ft

Building Characteristics

Use Group Present: Proposed:
No of Stories: 1
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration: 1000.00

Cost of New Building:

Total Cost of Building Work: 1000.00

Signature: Carlo DiGioia

Please Print Name CARLO DiGioia

ELECTRICAL

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	<u> </u>
Receptacles	<u> </u>
Switches	<u> </u>
Detectors	<u> </u>
Light Poles	<u> </u>
Motors w/ Fract. HP	<u> </u>
Emergency & Exit Lights	<u> </u>
Communication Points	<u> </u>
Alarm Devices/FAC Panel	<u> </u>
Total	<u> </u>

Pool
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit - Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets _____	
Urinals/Bidets _____	
Bath Tub _____	
Lavatory _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Water Cooled A/C or Refrig. Unit _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Other: _____	

Estimated Cost of Plumbing Work _____

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____	capacity _____	fuel _____
Combustible Storage Tanks _____	capacity _____	fuel _____
LPG Storage Tanks _____	capacity _____	fuel _____

Item	Quantity
Wet Sprinkler Heads _____	
Dry Sprinkler Heads _____	
Total _____	

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Fire Work _____

Signature: _____

Print Name: _____