

00-3178

2000



CONSTRUCTION PERMIT APPLICATION

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

1. Proposed Work Site at: 1595 Forge Pond Dr

2. Name of Owner in Fee: Marynn Richter [REDACTED]

Address _____

street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: HIGHLAND BUILDERS Tel. (732) 244-4141

Address _____

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 _____

Tel. (_____) _____ FAX (_____) _____

1.	Building	\$		
2.	Electrical			
3.	Plumbing		30	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	\$		
7.	Less 20% for State Plan Review			
8.	Subtotal	\$		
9.	DCA Training Fee		1	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	\$	31	

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)

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

950

950

[illegible]

- ☐ Partial Releases
- ☐ 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

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

LDS BR 1040076C

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 Philip Volpe 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 Philip Volpe

Address 1766 New Hampshire Ave

Toms River

Telephone (232) 244 4141

Signature Philip Volpe

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

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 08/08/2000
Control #
Permit # 00-3178

IDENTIFICATION Block 820 Lot 9 Qual

Work Site Location 1595 FORGER POND RD

PLUMBING

Owner in Fee RIETHYR, MARYANN

Address SAME

BRICK, NJ

Telephone

Contractor JW HUGHES INC
Address 1449 PROSPECT ST
LAKEMOOD, NJ 08701-

Telephone (908) 364-3636

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3039252

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)

DESCRIPTION OF WORK:
DIRECT REPLACEMENT

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 30
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 1
Cert. of Occupancy 0
Other
Total 31
Check No.
Cash X
Collected By TL

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 \$ 950

Construction Official

James J. [Signature]

08/08/2000
Date

U.C.C. #170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/01/2000
Date Issued 8/18/20
Control # C2-20
Permit # 20-3178

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

B. TECHNICAL SITE DATA (List all fixtures.)

Block 820 Lot 9 Qual
Work Site Location 1595 FORGE POND RD
PLUMBING
Owner in Fee RIBTER, MARYAM
Address SAME
BRICK, NJ
Tel. () Par ()
Contractor JN HUGHES INC
Address 1449 PROSPECT ST
LAKEMOOD, NJ 08701-
Tele. (908) 364-3636
Lic. No. of Bldgs. Reg. No.
Federal Emp. No. 22-3039252

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	10
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other	0
0	Other	0

B. PLUMBING CHARACTERISTICS
Use Group Present R-3 Proposed R-3
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 950

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved
Date: 8/18/20

INSPECTIONS	Dates (Month/Day)
Type	Failure Failure Approval Initial
Slab	
Rough	
Water	
Sewer	
Pictures	
Gas Equip.	
Gas Piping	
Solar	
TCO	

Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Approved By: TCO
Date:

Paid [] Check \$
Collected by: Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$ 30
DCA Training Fee \$ 1

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 Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/01/2000
Date Issued 8/18/00
Control # C2-20
Permit # 80-3178

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 820 Lot 9 Sublot
Work Site Location 1595 FORGE POND RD

PLUMBING

Owner in Fee RIENTER, MARYAM
Address SAME

Office HI

Tele. [REDACTED] Fax [REDACTED]

Contractor JH HUGHES INC

Address 1449 PROSPECT ST

LAKESIDE, NJ 08701-

Tele. (908) 364-3636

Lic. No. or Bldg. Reg. No.

Federal Exp. No. 22-3039252

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 950

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Fire [] Elevator

[] Plumb. Plans Approved

Date:

Approved By:

SUBCODE APPROVAL

[] CO [] CC [] CA

Approved By:

Date:

INSPECTIONS

Dates (Month/Day)

Type Failure Failure Approval Initial

Slab [] [] [] []

Rough [] [] [] []

Water [] [] [] []

Sewer [] [] [] []

Fixtures [] [] [] []

Gas Equip. [] [] [] []

Gas Piping [] [] [] []

Solar [] [] [] []

TWO [] [] [] []

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

1 Water Closet 10

0 Urinal / Bidet 0

1 Bath Tub 10

1 Lavatory 10

0 Shower 0

0 Floor Drain 0

0 Sink 0

0 Dishwasher 0

0 Drinking Fountain 0

0 Washing Machine 0

0 Hose Bib 0

0 Water Heater 0

0 Fuel Oil Piping 0

0 Gas Piping 0

0 Steam Boiler 0

0 Hot Water Boiler 0

0 Sewer Pump 0

0 Interceptor / Separator 0

0 Backflow Preventer 0

0 Greasetrapp 0

0 Sewer Connection 0

0 Water Service Connection 0

0 Stacks 0

0 Other 0

0 Other 0

Paid [] Check # Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 30
Collected by: DCA Training Fee \$ 1

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/01/2000
Date Issued 8/18/00
Control # C2-20
Permit # 80-3178

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-222-1000

Block 820 Lot 9 Qual
Work Site Location 1595 FORGE POND RD

PLUMBING

Owner in Fee RIENTER, MARYANN
Address SAME
BRICK, NJ

Tel. [REDACTED] Fax [REDACTED]
Contractor J. HUGHES INC

Address 1449 PROSPECT ST
LAKEWOOD, NJ 08701-

Tele. (908) 364-3636
Lic. No. or Bids. Reg. No.

Federal Emp. No. 22-3039252

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 950

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:

[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved

Date: 8-8-00
Approved By: [Signature]

SUBCODE APPROVAL
[] CO [] CCO [] CA

Approved By: [Signature]
Date: [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.

D. TECHNICAL SITE DATA (List all fixtures.)

NO. FUTURE/EQUIPMENT FEE (Office Use Only)

1 Water Closet 10

0 Urinal / Bidet 0

1 Bath Tub 10

1 Lavatory 10

0 Shower 0

0 Floor Drain 0

0 Sink 0

0 Dishwasher 0

0 Drinking Fountain 0

0 Washing Machine 0

0 Hose Bib 0

0 Water Heater 0

0 Fuel Oil Piping 0

0 Gas Piping 0

0 Steam Boiler 0

0 Hot Water Boiler 0

0 Sewer Pump 0

0 Interceptor / Separator 0

0 Backflow Preventer 0

0 Greasetrap 0

0 Sewer Connection 0

0 Water Service Connection 0

0 Stacks 0

0 Other 0

0 Other 0

Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 30

DCA Training Fee \$ 1

Signature/Contractor Seal
[] Licensed Plumbing Contractor [] Exempt Applicant

Counter Form
PLEASE PRINT

PLUMBING

Contractor: JW Hughes Inc. A Full Hy Plumbing
Address: 1447 Prospect St
Laurel MS 38701
Phone #: 364 3636
Lis #: 9234
Federal Emp # or SSN 22 303 9252

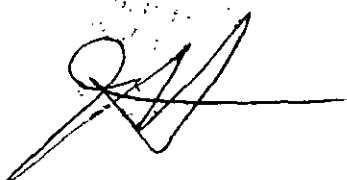
Technical Data

Fixtures	Quantity
Water Closets	<u>Replace Toilet</u>
Urinals/Bidets	
Bath Tub	<u>Replace TOB</u>
Lavatory	<u>Replace LAV</u>
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:	

*EXISTING Fixture Remove
& Reinstall (same spot)*

Estimated Cost of Plumbing Work _____
Signature: James W. Hughes
Please Print Name: James W. Hughes

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: _____

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 1595 Forge Pond Rd
Block: R 20 Lot: 9
Owner's Name: Maryann Richter
Owner's Mailing Address: 1595 Forge Pond Rd
Phone: () _____

BUILDING

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

Technical Data

Description of Work: _____

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: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____
Cost of Alteration: _____

Cost of New Building: _____

Total Cost of Building Work: _____

Signature: _____

Please Print Name _____

ELECTRICAL

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

Technical Data

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

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