



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over a horizontal line.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020



CONSTRUCTION PERMIT APPLICATION

C-22-000079

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

I. IDENTIFICATION

1. Proposed Work Site at: 1602 Fort St Brick, NJ 08724

2. Name of Owner in Fee: Lisa Thompson

Tel: [redacted] e-mail: [redacted]

Address: 1602 Fort St Brick, NJ 08724

3. Ownership in Fee: Public Private municipality zip code

4. Principal Contractor: Echelon Electric Tel. (732) 575-9245

Address: 443 Tremont Pl Brick, NJ 08724 e-mail: Electric@msi.com

License No. OR, if new home, Builder Reg. No. EB-18352 Exp. Date 2004

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

Federal Emp. ID No. 82-1571949 FAX: ()

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun Andrew Williams

Tel. (732) 575-9245 FAX: ()

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$ <u>150</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$ <u>7-</u>		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>157-</u>		

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. Max. Live Load _____

7. Max. Occupancy Load _____

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 Electric ☐ 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

FOR OFFICE USE ONLY (Optional)								
Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>3500</u>				<u>1/16/02</u>	<u>co</u>			
TOTAL COST								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

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 _____

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

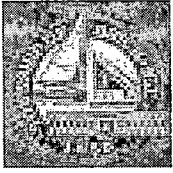
8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/31/2022
Control Number C-22-000079
Permit Number 22-0112
Permit Issue Date 01/13/2022
Certificate Number 22-0112

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1602 FORT ST. Brick Township, NJ Block: 822 Lot: 7 Qual: _____
Owner in Fee: THOMSON, MARK KARL & MELISSA M
Owner Address: 1602 FORT ST BRICK NJ 08724
Telephone: [REDACTED]
Contractor ECHOLON CONSTRUCTION/ELECTRIC LLC
Address 443 TREMONT PLACE BRICK NJ 08724
Telephone: (732) 575-9245 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration 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/Use: ELECTRICAL ALTERATIONS - ...KITCHEN

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:

Daniel Newman Jr

Construction Official

Date Printed: 03/31/2022

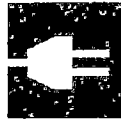
U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____

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ELECTRICAL 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 822 Lot 7 Qualification Code _____

Work Site Location 1602 Fort St
Brick, NJ 08724

Owner in Fee: Lisa Thomson

Tel. _____ e-mail _____

Address 1602 Fort St Brick, NJ 08724

Contractor: Echelon Electric Tel. (732) 575-9245

Address 443 Tremont Place e-mail andrew.echelonelectric@gm
Brick, NJ 08724

Contractor License No. 18352 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 821571949 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 3,500

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Rough			
[] Partial Underslab Utilities Approved		Barrier-Free			
Date:	Approved by:	Trench			
[] Electric Plans Approved		Temp. Serv.			
Date:	Approved by:	Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date:	Approved by:	Final			
[] CO [] CCO [] CA		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
Date:	Approved by:	Final Cut-in-Card Date Issued			
[] CO [] CCO [] CA		Annual Pool Inspection			
Date:		Date of Grounding and Bonding			
Approved by:		Certification			

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: Andrew Williams

☒ Licensed Electrical Contractor

[] Exempt Applicant

D. TECHNICAL SITE DATA

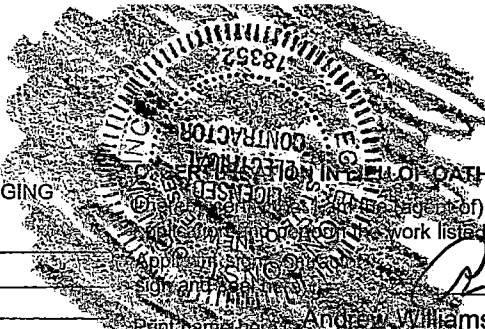
DESCRIPTION OF WORK:
Kitchen Reno Electrical

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>5</u>		Lighting Fixtures	
<u>2</u>		Receptacles	
<u>1</u>		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
<u>8</u>		TOTAL NUMBERS	\$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
<u>1</u>	<u>6</u>	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	
<u>2</u>		KW Elec. Sign/Outline Light	
		120v 20a ckts	

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

11/13/22
22-0112

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

Block 822 Lot 7 Qualification Code _____

Work Site Location 1602 Fort St
Brick, NJ 08724

Owner in Fee: Lisa Thomson

Tel. _____ e-mail _____

Address 1602 Fort St Brick, NJ 08724

Contractor: Echelon Electric Tel. (732) 575-9245

Address 443 Tremont Place e-mail andrew.echelonelectric@gm
Brick, NJ 08724

Contractor License No. 18352 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 821571949 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required		Type:	Failure	Failure	Approval Initial
[] Partial - Underslab Utilities Approved		Rough			
Date: _____ Approved by: _____		Barrier-Free			
[] Electric Plans Approved		Trench			
Date: <u>11/13/22</u> Approved by: <u>ace</u>		Temp. Serv.			
[] Joint Plan Review Required:		Constr. Serv.			
[] Bldg. [] Plumb. [] Fire. [] Elev.		TCO			
SUBCODE APPROVAL for PERMIT		Other			
Date: <u>11/13/22</u>		Service			
Approved by: <u>AM</u>		Final			
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free			
[] CO [] CCO [] CA		Temp. Cut-in-Card Date Issued			
Date: <u>3-10-23</u>		Final Cut-in-Card Date Issued			
Approved by: <u>WVZ</u>		Annual Pool Inspection			
		Date of Grounding and Bonding Certification			

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Kitchen Reno Electrical

QTY.	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
2		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
8		TOTAL NUMBERS	\$
		Pool Permit/with UW Lights	
1	6	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	
2		KW Elec. Sign/Outline Light	
		120v 20a ckts	

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



CONSTRUCTION PERMIT

Date Issued 1/13/22
Control # C-22-000079
Permit # 20112

IDENTIFICATION Block: 822 Lot: 7 Qualifier _____
Work Site Location: 1602 FORT ST. Brick Township, NJ Contractor ECHOLON CONSTRUCTION/ELECTRIC LLC
Owner in Fee THOMSON, MARK KARL & MELISSA M Address 443 TREMONT PLACE BRICK NJ 08724
1602 FORT ST. BRICK NJ 08724 Telephone: (732) 575-9245
Telephone: _____ Lic. No. or Bldrs. Reg. No. 34EB01835200
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...KITCHEN

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 \$3,500

D. V. Newman
Construction Official

1/11/22
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$7
CO Fee	
Other	\$0
Total	\$157
Check No.	<u>1096</u>
Cash	\$0
Credit	\$0
Collected By	

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.

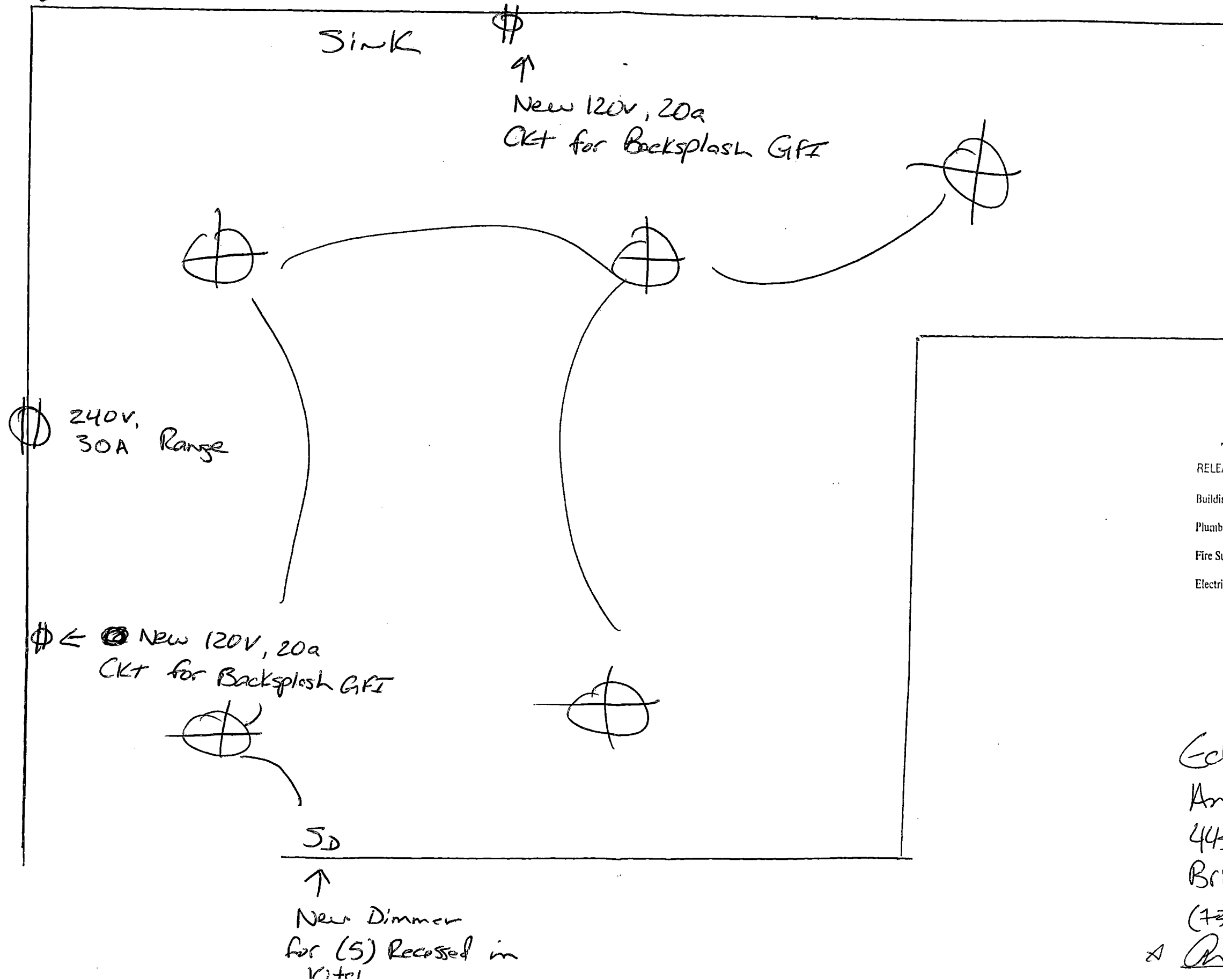
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ 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.

Lisa Thomson Kitchen Reno
1602 Fort St
Brick, NJ 08724
Block 822 LOT 7



FILE COPY

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Building Subcode Reviewer _____
Plumbing Subcode Reviewer _____
Fire Subcode Reviewer _____
Electrical Subcode Reviewer to 1/10/22

Am
Echelon Electric
Andre
443 Tremont Ave
Brick, NJ 08724
(732) 575-7245
Andre