

BLOCK 835 LOT 37 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) 1669 Route 88 PERMIT NO. 06-1284



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work Site at: 1669 Route 88  
 2. Name of Owner in Fee: Paul Gangi Tel. ( )  
 Address 1669 Route 88 Bridgewater zip code \_\_\_\_\_  
 3. Ownership in fee: Public \_\_\_\_\_ Private ✓  
 4. Principal Contractor: Dietrich Frank Inc. Co. Tel. ( )  
 Address 9 Ocean Ave Pt. Pleasant Beach NJ  
 License No. OR, if new home, Builder Reg. No. 9060 Exp. Date 03/09  
 Federal Employee No. 522113083 FAX: ( )  
 5. Architect or Engineer \_\_\_\_\_ Tel. ( )  
 Address \_\_\_\_\_ Contact \_\_\_\_\_  
 6. Responsible Person in Charge once Work has Begun \_\_\_\_\_  
 Tel. 732 295-1277 FAX: ( )

*Ellie*

## 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. State Permit Fee Surcharge     |    |        |        |
| 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 _____<br>no _____ |
| 11. Max. Live Load             |                       |
| 12. Max. Occupancy Load        |                       |

## OPTIONAL (for office use only)

| II. PROPOSED WORK                                   | Est. Cost   | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates | Re-viewer |
|-----------------------------------------------------|-------------|----------------|------------|----------------|---------------|-----------|--------------------|-----------|
| 1. <input type="checkbox"/> Minor Work              |             |                |            |                |               |           | Approval           | Rejection |
| 2. <input type="checkbox"/> New Building            |             |                |            |                |               |           |                    |           |
| 3. <input type="checkbox"/> Addition                |             |                |            |                |               |           |                    |           |
| 4. <input type="checkbox"/> a. Repair               |             |                |            |                |               |           |                    |           |
| <input type="checkbox"/> b. Alteration              |             |                |            |                |               |           |                    |           |
| <input type="checkbox"/> c. Renovation              |             |                |            |                |               |           |                    |           |
| <input type="checkbox"/> d. Reconstruction          |             |                |            |                |               |           |                    |           |
| 5. <input type="checkbox"/> Fire Protection         |             |                |            |                |               |           |                    |           |
| 6. <input type="checkbox"/> Plumbing                |             |                |            |                |               |           |                    |           |
| 7. <input checked="" type="checkbox"/> Electrical   | <u>4000</u> |                |            |                | <u>5300</u>   |           |                    |           |
| 8. <input type="checkbox"/> Elevator Devices        |             |                |            |                |               |           |                    |           |
| 9. <input type="checkbox"/> Asbestos Abat. Subch. 8 |             |                |            |                |               |           |                    |           |
| 10. <input type="checkbox"/> Lead Hazard Abatement  |             |                |            |                |               |           |                    |           |
| 11. <input type="checkbox"/> Demolition             |             |                |            |                |               |           |                    |           |
| TOTAL COSTS                                         |             |                |            |                |               |           |                    |           |

## VII. DESCRIPTION OF BUILDING USE

### A. RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:
- No. of dwelling units:  
 Before Construction \_\_\_\_\_  
 After Construction \_\_\_\_\_  
 Net Gain or Loss \_\_\_\_\_

### B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

## III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ 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
- ☐ Swimming Pools, Spas and Hot Tubs

## 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.

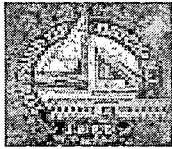
Agent Name Dietrich Frank Electrical Contractor

Address 9 Ocean Ave Point Pleasant Beach, NJ

Telephone (732) 295-1277

Signature Dietrich Frank

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 03/13/2019  
Control Number C-06-101426  
Permit Number 06-1284  
Permit Issue Date 05/03/2006  
Certificate Number 06-1284

## Certificate

Construction Code Division

(Certificate of Approval)

### Identification

Work Site Location: 1669 ROUTE 88 Brick Township, NJ Block: 835 Lot: 37 Qual: \_\_\_\_\_  
Owner in Fee: GANGI, PAUL  
Owner Address: 1669 ROUTE 88 BRICK NJ 08724  
Telephone: \_\_\_\_\_  
Contractor DIETER FRANICK ELECTRICAL CONT  
Address 9 Ocean Avenue Pt. Pleasant NJ 08742  
Telephone: 732/2951277 Fax: 732/2953863  
License Number or Builders Registration Number: \_\_\_\_\_ Federal Emp. Number: 52-2113883

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

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

Fee: \$0.00

Check Number: \_\_\_\_\_

Collected By: \_\_\_\_\_



# **ELECTRICAL SUBCODE TECHNICAL SECTION**



Date Received  
Control #

Date Issued  
Permit #

06-1284

5-3-06

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG 811: 1-800-272-1000.**

Block 835 Lot 37 Qualification Code \_\_\_\_\_

Work Site Location 1669 Route 88 Bruch

Paul Gangi

Owner in Fee Paul Gangi

Address 1669 Route 88

Bruch

Tel (\_\_\_\_) \_\_\_\_\_

Contractor Dieter Francis Electrical Contractors

Address 90 Ocean Ave.

Pont Pleasant Beach, NJ

Tel (732) 295-1277 FAX (\_\_\_\_) \_\_\_\_\_

Contractor License No. 9060

Federal Emp. No. 522 11 3083

## **B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 4000.00

WR 314434648

## **JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                         |         | INSPECTIONS                                 |         | Dates (Month/Day) |          |         |  |
|-------------------------------------|---------|---------------------------------------------|---------|-------------------|----------|---------|--|
| Date                                | Initial | Type:                                       | Failure | Failure           | Approval | Initial |  |
| <input checked="" type="checkbox"/> |         | No Plans Required                           |         |                   |          |         |  |
| Joint Plan Review Required:         |         | Rough                                       |         |                   |          |         |  |
| [ ] Building [ ] Plumbing           |         | Barrier-Free                                |         |                   |          |         |  |
| [ ] Fire [ ] Elevator               |         | Trench                                      |         |                   |          |         |  |
| [ ] Elec. Plans Approved            |         | Temp. Serv.                                 |         |                   |          |         |  |
| Date: <u>5-3-06</u>                 |         | Constr. Serv.                               |         |                   |          |         |  |
| Approved by: <u>WN</u>              |         | TCO                                         |         |                   |          |         |  |
|                                     |         | Other                                       |         |                   |          |         |  |
|                                     |         | Service <u>51800</u>                        |         |                   |          |         |  |
|                                     |         | Final                                       |         |                   |          |         |  |
|                                     |         | Barrier-Free                                |         |                   |          |         |  |
| SUBCODE APPROVAL                    |         | Temp. Cut-in-Card Date Issued               |         |                   |          |         |  |
| [ ] CO [ ] CCO [ ] MCA              |         | Final Cut-in-Card Date Issued               |         |                   |          |         |  |
| Date: <u>3/13/19</u>                |         | Annual Pool Inspection                      |         |                   |          |         |  |
| Approved by: <u>[Signature]</u>     |         | Date of Grounding and Bonding 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's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

## **D. TECHNICAL SITE DATA**

| QTY.  | SIZE  | ITEMS                      |
|-------|-------|----------------------------|
| _____ | _____ | Lighting Fixtures          |
| _____ | _____ | Receptacles                |
| _____ | _____ | Switches                   |
| _____ | _____ | Detectors                  |
| _____ | _____ | Light Poles                |
| _____ | _____ | Motors—Fract. HP           |
| _____ | _____ | Emergency & Exit Lights    |
| _____ | _____ | Communications Points      |
| _____ | _____ | Alarm Devices/F.A.C. Panel |

## **TOTAL NUMBERS**

|          |                                        |
|----------|----------------------------------------|
| _____    | Pool Permit/with UW Lights             |
| _____    | 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                       |
| <u>1</u> | <u>180 VA</u> KW Transformer/Generator |
| <u>1</u> | <u>400A</u> AMP Service                |
| <u>1</u> | <u>100</u> AMP Subpanels               |
| _____    | AMP Motor Control Center               |
| _____    | KW Elec. Sign/Outline Light            |

## **FEE (Office Use Only)**

\$ \_\_\_\_\_

|                            |                      |
|----------------------------|----------------------|
| Administrative Surcharge   | \$ <u>325</u>        |
| Minimum Fee                | \$ <u>5</u>          |
| State Permit Surcharge Fee | \$ _____             |
| <b>TOTAL FEE</b>           | <b>\$ <u>330</u></b> |

WE 314434648

JCP+L 300 kVA Trans former Bat

732-714-2830

732-714-2830

832.741

$$\frac{300 \times 1000}{300000} - \frac{208 \times 1.732}{360.256} = 832.741$$

Step 2  $\frac{100}{3.5} = 28.57$

Step 3  $832.741 \times 28.57 = 23791.41 \text{ AIC}$

Step 4  $\frac{1.732 \times 10 \times 23791.41}{3 \times 27312 \times 208} = \frac{412067.22}{170426.88}$

$= 2.417$

$\frac{1}{1+2.417} = .2925$

$23791.41 \times .2925 = 6960.92 \text{ AIC}$

$23791.41 \text{ AIC} \times .2925 = 6960.92 \text{ AIC}$

3 100 kVA Trans formers

Information provided by Debbie Kurney 732-714-2830

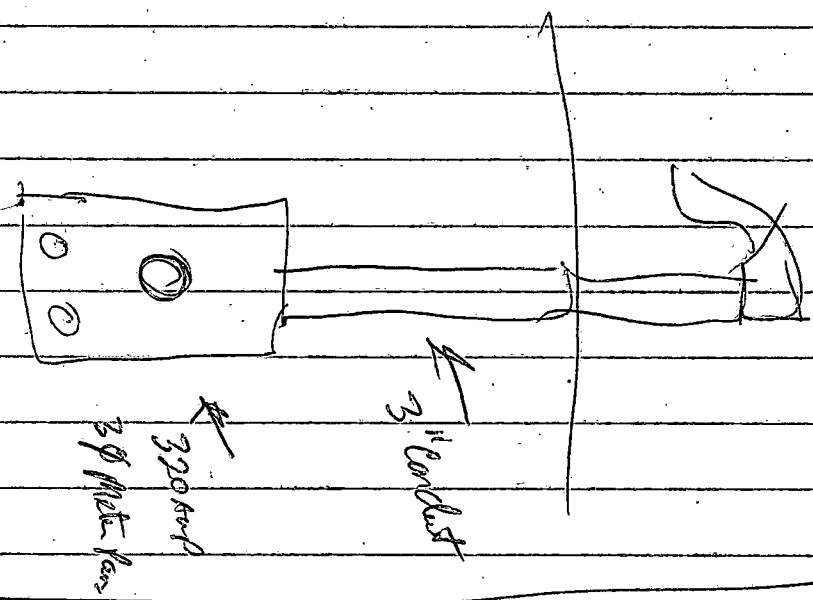
Step 1

Step 2

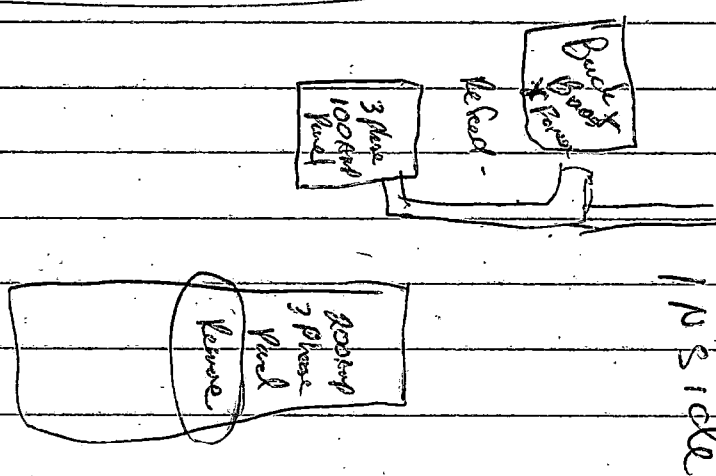
Step 3

Step 4

Outside

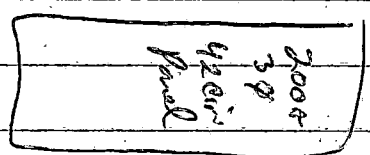


to inside

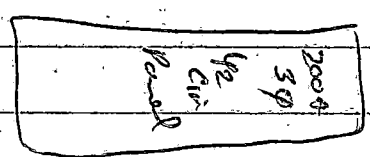


Inside

New



New



Dick Franke

Electrical Contractor

9000 Ave

Point Pleasant Beach, NJ

732-295-1277

George Groffes

1667 Route 88 W,

Brick NJ



# CONSTRUCTION PERMIT

Date Issued 5/3/2006  
Control # C-06-101426  
Permit # 06-1284

IDENTIFICATION Block: 835 Lot: 37 Qualifier \_\_\_\_\_  
Work Site Location: 1669 ROUTE 88 Brick Township, NJ Contractor DIETER FRANICK ELECTRICAL CONT  
Address 9 Ocean Avenue Pt. Pleasant NJ 08742  
Owner in Fee GANGI, PAUL  
Address 1669 ROUTE 88 BRICK NJ 08724 Telephone: 732/295-1277  
Telephone: \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Employee No. 52-2113883

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

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 \$4,000

Construction Official \_\_\_\_\_

5/3/2006  
Date

U.C.C. F170  
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |                   |
|------------------|-------------------|
| Building         | \$0               |
| Electrical       | \$325             |
| Plumbing         | \$0               |
| Fire Protection  | \$0               |
| Elevator Devices | \$0               |
| Other            | \$0.00            |
| DCA Training Fee | \$5               |
| CO Fee           |                   |
| Other            | \$0               |
| Total            | \$330             |
| Check No.        | 999               |
| Cash             | \$0               |
| Credit           | \$0               |
| Collected By     | Mary Jane Rinaldi |

## 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.