

BLOCK 835 LOT 31-36 ADDRESS (SITE) 1673 Route 88 Brick Township PERMIT NO. 1080-91

RECEIVED

JUN 18 1991



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1673 Route 88 Brick township

2. Name of Owner in Fee: Dr Bruce DeCotiis Tel. [REDACTED]
Address 2814 Williamsburg Rr Wall Township
street municipality zip code

3. Ownership in Fee: Public _____ Private Y

4. Principal Contractor: JOE DeCotiis (HTI) [REDACTED]
Address P.O. Box 429 FRANKLIN LAKE NJ 07417
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. _____ Social Security No. [REDACTED]

5. Architect or Engineer _____
Address _____

6. Responsible Person In Charge of Work JOE DeCotiis Tel. [REDACTED]

V. FEE SUMMARY (for office use only)				Update	Update
1. Building	\$	<u>22.50</u>		☒	
2. Electrical					
3. Plumbing					
4. Fire Protection					
5. Other					
6. Subtotal	\$	<u>22.50</u>			
7. Less 20% for State Plan Review		<u>5</u>			
8. Subtotal	\$				
9. DCA Training Fee					
10. Subtotal					
11. Cert. of Occupancy		<u>20</u>			
12. Other					
13. TOTAL	\$	<u>47.50</u>		☒	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	_____	
2. Height of Structure	_____	ft.
3. Area—Largest Floor	_____	sq. ft.
4. Building Area—All Floors	_____	sq. ft.
5. Volume of 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. Fire Grading	_____	
12. Max. Live Load	_____	
13. Max. Occupancy Load	_____	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job (\$5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	<u>2500</u>

alter

OPTIONAL (for office use only)							
Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>[Signature]</u>	<u>6-18-91</u>		<u>6/18/91</u>	<u>RIC</u>			

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	3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly
2. ☐ High Pressure Boilers	4. ☐ Refrigeration Systems	7. ☐ Sprinklers
	5. ☐ Cross-Connections/Backflow	8. ☐ Smoke Control Systems in Open Wells

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 _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

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

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 New Jersey 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 Joe DeCote

Address P.O. Box 429 Franklin Lakes NJ 07417

Telephone (201) 847-0072

Signature Joe DeCote Date 6/18/91

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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 EXPIRED

☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. _____	_____
☐ Certificate of Approval	No. _____	_____
Name _____		



CONSTRUCTION PERMIT

Date Issued 6-18-91
Control #
Permit # 1080-91

IDENTIFICATION Block 835 Lot 31-36

Work Site Location Highway 7.3 Rt 88 Contractor Joe De Catis
Porters Office Address P.O. Box 429
Owner in Fee Bruce De Catis Granville Heights 718 07417
Address 2814 Wilkinson Dr
Well Township N.Y. Tele. ()
Tele. () Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING [] PLUMBING [] OTHER
[] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

alter

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 \$ 2500 -

Joe De Catis

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only) **0005**		
Building	<u>22.50</u>	<u>1080*#</u>
Plumbing	<u>BLOCK</u>	<u>0.00</u>
Electrical	<u>835 #</u>	
Fire Protection	<u>LOT</u>	<u>0.00</u>
Other	<u>P/R 5 31-36 #</u>	
Other	<u>BUILDING</u>	<u>22.50</u>
DCA Training Fee	<u>PLAN RVW</u>	<u>5.00</u>
Cert. of Occ	<u>APP 20/0</u>	<u>20.00</u>
Other	<u>TOTAL</u>	<u>47.50</u>
Total	<u>47.50</u>	<u>47.50</u>
Check No.	<u>#2</u>	<u>CHANGE 0.00</u>
Cash		
Collected By:	<u>JDC</u>	



Date Received
Date Issued 6-18-91
Control #
Permit # 1080-91

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

Block 835 Lot 31-36
Work Site Location 1673 E. 88
Brick Township NJ.
Owner in Fee Dr. Bruce DeLois
Address 2814 Williamsburg Dr.
City N.J.
Contractor HTI Joe DeLois
Address P.O. Box 429 Franklin Lakes NJ 07617
Tele. (2) [redacted]
Lic. No. or Bldgs. Reg. No. [redacted]
Federal Emp. No. [redacted] or Social Security No. [redacted]

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
move inside doors
cut openings in walls - 2' x 10' HEADERS
sheetrock
Build 1/2 walls for partitions
5 FT. openings

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☒ No Plans Req.	6/18/91	RC	Type:				
☐ All			Footing				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes:				
☐ Elec. ☐ Plumb. ☐ Fire			Energy				
SUBCODE APPROVAL			Mechanical				
☐ CO ☐ CCO ☐ CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____ Ft. _____
Height of Structure _____ Ft. _____
Area—Largest Floor _____ Sq. Ft. _____
Total Bldg. Area/All Floors _____ Sq. Ft. _____
Volume of Structure _____ Cu. Ft. _____
Total Land Area Disturbed _____ Sq. Ft. _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ 2500.00
2. Alteration \$ 2500.00
3. Total (1+2) \$ 5000.00

(Office Use Only)

TYPE OF WORK:	FEE
☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Other	
☒ Demolition	
☐ Miscellaneous	
☐ Fence	Height
☐ Sign	Sq. Ft.
☐ Pool	
☐ Elevator	
☐ Asbestos Abatement	
☐ Other	

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____