C5-89

BLOCK X 842 LOT X 22 QUALIFICATION CODE _____ ADDRESS (SITE) 1695 Rt. 88 PERMIT NO. 00-2726

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1695 Rt. 88
2. Name of Owner in Fee: Mia Milia Tel. [redacted]
   Address 1695 Rt. 88 (street) Brick (municipality) NJ. 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Dickson Electric Tel. (732) 920-6441
   Address 347 Drum Point Rd. Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. 5292 Exp. Date _____
   Federal Employee No. [redacted] FAX: (732) 920-2944
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work James E. Nickson
   Tel. (732) 920-6441 FAX (732) 920-2944

Left message

Electrical

7/6/06

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 160		
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	2		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 162		

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	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	X 2000.00				75.00	MW	7/7/00		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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 _____
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 10504618

U.C.C. F100-1 (rev. 3/96)

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 X A Dickson Electric

Address 347 Drum Point Rd.
Brick NJ 08723

Telephone (732) 920-6441

Signature Cynthia Dickson

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			
Building	_____	Energy	_____	Other	_____
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. _____	_____	_____	_____	_____

0011
2726**
BLOCK 842 # 0.00
LOT 22 # 0.00
ELETRIC* 160.00
R.C.A. 2.00
TOTAL 162.00
CHECK 162.00
CHANGE 0.00
15/-7/00 NO. 5 00280005 -?:-?

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/06/2000
Control #
Permit # 00-2726

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 842 Lot 22 Qual

Work Site Location 1695 RTE 88
SERVICE & SUBPANEL
Owner in Fee MILIA, MIA
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor DICKSON ELECT.
Address 503 BRICK BLVD.
BRICK,, NJ 08723-
Telephone (732)920-6441
Lic. No. or Bldrs. Reg. No. 8397
Federal Emp. No [redacted]

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
1-200 AMP SERVICE
3-100 AMP SUBPANELS

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 $ 2,000

Construction Official

07/06/2000
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	160
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	162
Check No.	11752
Cash	
Collected By	SC

U.C.C. P170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/05/2000
Date Issued 7/6/00
Control # C5-89
Permit # 00-2726

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

Block 842 Lot 22 Qual
Work Site Location 1695 RTE 88
SERVICE & SUBPANEL
Owner in Fee MILIA, MIA
Address SAME
BRICK, NJ 08723-
Tele [redacted] x ( )
Contractor DICKSON ELECT.
Address 503 BRICK BLVD.
BRICK,, NJ 08723-
Tele.(732)920-6441
Lic. No. or Bldrs. Reg. No. 8397
Federal Emp. No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[/] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7 5 00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [/] CA
Date: 7 7 00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service			7 7 00	
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	40
3	100	AMP Subpanels	120
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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 Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check # Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	160
DCA Training Fee	$	2

U.C.C. F120 (rev. 3/96)

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: Dickson Electric
ADDRESS: 347 Drum Point Rd.
Brick N.J. 08723
PHONE: 732-920-6491
LIC. #: 8392 EXP. DATE:
FEDERAL EMPL. #: (or S.S. #) [redacted]

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	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 w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle	KW	
KW Oven / Surface Unit	KW	
KW Elec. Water Heater	KW	
KW Elec. Dryer / Receptacle	KW	
KW Dishwasher	KW	
HP Garbage Disposal	HP	
KW Central A/C Unit	KW	
HP/KW Space Heater/Air Handler	HP/KW	
KW Baseboard Heat	KW	
HP Motors 1/+ HP	HP	
KW Transformer/Generator	KW	
AMP Service	AMP	1-200
AMP Subpanels	AMP	3-100
AMP Motor Control Center	AMP	
AMP Elec. Sign/Outline Light	KW	
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $
Signature (print name): James C. Dickson
Estimated Cost of Electrical Work: $ 2,000.00
Signature (print name): James C. Dickson
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel
Combustable Liquid Storage Tanks Capacity: Fuel
L.G.P. Storage Tanks Capacity: Fuel

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	

Stand Pipes
Kitchen Hood Exhaust Systems
Pre-Engineered Systems
Co2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical
Gas or Oil Fired Appliance
Other
Other
Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

DR# 100138388 Unit A
DR# 100138389 Unit B
DR# 100138382 Unit C

COUNTER FORM
PLEASE PRINT

WNSHIP OF BRICK
Chambers Bridge Road
k, New Jersey 08723
732-262-1027

Site Location:	1695 Rt 88		Date Rec'd.:
Block:	842	Lot: 22	Date Issued:
Owner in Fee:	MIA MIA		Control #:
Address:	1695 Rt. 88 Brick		Permit #:
State: NJ	Zip: 08723	Phone: ( )	
SS #:		Provide only if Applicant is owner	

PLUMBING SUBCODE

ONTRACTOR:
DDRESS:

HONE:
C #:
C. EXPIRATION DATE:
DERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
____	Water Closet
____	Urinal / Bidet
____	Bath Tub
____	Lavatory
____	Shower
____	Floor Drain
____	Sink
____	Dishwasher
____	Drinking Fountain
____	Washing Machine
____	Hose Bibb
____	Gas Piping
____	Fuel Oil Piping
____	Water Heater
____	Steam Boiler
____	Hot Water Boiler
____	Sewer Pump
____	Interceptor / Separator
____	Backflow Preventer
____	Greasetrap
____	Water Cooled AC or Refrig. Unit
____	Sewer Connection
____	Septic (Disposal System) Closure
____	Water Service Connection
____	Gas Service Connection
____	Active Solar System
____	Vent Through Roof
____	Other

timated Cost of Plumbing Work: $
gnature:

ner ☐ Contractor ☐
BCODE APPROVAL:
ANS: Required ☐ Approved ☐
proved by:
e:
ONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:

Date: