BLOCK 842 LOT 22 2024 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 13-1100

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-000938

I. IDENTIFICATION

1. Proposed Work Site at: 1690[illegible] RT 88 W. BRICK NJ 08724
   TENANT SANTAMARIA
2. [redacted] e-mail _____
   Address 524 ALEXANDER RD. BRICK NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: FERRO BUILDING & REMOD Tel. (732) 915-3238
   Address 592 CASINO DR. e-mail _____
   HOWELL NJ 07731
   License No. OR, if new home, Builder Reg. No. 13VH04827000 Exp. Date 12-31-13
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 263-280-625 FAX: (732) 252-8336
5. Architect or Engineer — N/A — Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun JAIME FERRO
   Tel. (732) 915-3238 FAX: (732) 252-8336

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75.00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	3.00		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 78.00		

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 ____

COMMERCIAL

IIa. PROPOSED WORK

- ☒ Minor Work
- ☐ 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	1500	CR 2	12-13		3/5/13				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Eleavator		Emg Exempt			3/4/13	Eco			
TOTAL COST	1500								

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/25/2013
Control Number C-13-000938
Permit Number 13-1100
Permit Issue Date 03/13/2013
Certificate Number 13-1100

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1695 ROUTE 88 Brick Township, NJ Block: 842 Lot: 22 Qual:

Owner in Fee: SANTAMARIA, JUAN & PAMELA

Owner Address: 524 ALEXANDER AVENUE BRICK NJ 08724

Telephone: [redacted]

Contractor Ferro Building & Restoration LLC

Address 592 Casino Dr. Howell NJ 07731

Telephone: (732) 915-3238 Fax: (732) 252-8336

License Number or Builders Registration Number: 13VH04827000 Federal Emp. Number: 2563280625

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL Bilco Door Replacement

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:

Date Printed: 03/25/2013 U.C.C. F260 (rev. 08/05)

Called Cont. 3/6/13

3/13/13

CONSTRUCTION PERMIT

Date Issued
Control # C-13-000938
Permit # 13-1100

IDENTIFICATION Block: 842 Lot: 22 Qualifier
Work Site Location: 1695 ROUTE 88 Brick Township, NJ
Owner in Fee SANTAMARIA, JUAN & PAMELA
524 ALEXANDER AVENUE BRICK NJ 08724
Telephone: [redacted]

Contractor Ferro Building & Restoration LLC
Address 592 Casino Dr. Howell NJ 07731
Telephone: (732) 915-3238
Lic. No. or Bldrs. Reg. No. 13VH04827000
Federal Employee. No. 2563280625

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - -COMMERCIAL Bilco Door Replacement

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$78
Check No.	1362
Cash	$0
Credit	$0
Collected By	

+50
128

Note: If constuction 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 $1,500

David J. Newman Jr. 3/5/13
Construction Official Date

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

1 WHITE - INSPECTOR **2 CANARY - OFFICE** 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

#1100
BUILDING $75.00
DCA $3.00
CHECK $78.00

- [x] 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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/13/13
Control #

Date Issued
Permit # 13#1100

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~~ 22 Qualification Code

Work Site Location 1698 S RT 88 W. BRICK NJ 08724

Owner in Fee: JUAN SANTAMARIA

Tel. [redacted]

Address 524 ALEXANDER RD. BRICK NJ 08724

Contractor: FERRO BUILDING + RENOVATIONS (street, municipality) Tel. (732) 915-3238 (zip code)

Address 592 CASINO DR. HOWELL (e-mail)
NJ. 077731

Contractor License No. or Builder Registration No. 13VH04827000 Exp. Date 12-31-13

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

Federal Emp. ID No. 263-28062J FAX: (732) 252-8336

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.

Sign here:

Print name here: JAIME FERRO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- REMOVE + REPLACE EXISTING BILCO D002.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All 3/5/13		LW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 3/5/13
Approved by: KA

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3-21-13
Approved by: KA/JL

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3-14-13	G.P
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 1500 00
3. Total (1+ 2) $ 1500 00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

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

U.C.C. F110
(rev. 11/09)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

RECEIVING CLERK _____
DATE REC'D 2-16-13

ZONING PERMIT APPLICATION

PERMIT # ZP-13 00137
DATE ISSUED 3/13/13

BLOCK: 842 LOT: ~~22~~ 22 QUALIFIER: — SITE ADDRESS: 1695 ~~5~~ RT 88 W. BRICK NJ 08724

IDENTIFICATION:

1. NAME OF OWNER IN FEE: JUAN SANTAMARIA.
COMPLETE ADDRESS: 524 ALEXANDER RD
BRICK NJ 08724
PHONE: [redacted] EMAIL: _____

2. NAME OF APPLICANT: FERRO BUILDING + RENOVATIONS.
APPLICANT ADDRESS: 592 CASINO DR.
HOWELL, NJ 07731
PHONE # 732-915-3238 EMAIL: FERROBUILDING@GMAIL.COM

3. RESPONSIBLE PERSON FOR WORK: JAIME FERRO
PHONE# 732-915-3238 FAX# 732-252-8336

4. SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: ~~[illegible]~~
COMMERCIAL: ~~[illegible]~~
EXISTING USE: _____
PROPOSED USE: _____

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION X *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: REPLACE EXISTING BILCO DOOR

ZONING REVIEW:
DATE REVIEWED: 2/16/13 DATE DENIED: 2/16/13 DATE APPROVED: 2/27/13 INTLS: SGS-SGS (SEE BACK PAGE)

RECEIVED
FEB 27 2013
SG 20

OFFICE USE ONLY

RECEIVED
FEB 16 2013
SG 20

ZONING REVIEW:

DATE REVIEWED: 2/16/13 / 2/27/13 DATE DENIED: 2/16/13 / — DATE APPROVED: — / 2/27/13 INTLS: SG 20 / SG 20

DATE:	COMMENTS:	INITIALS:
2/16/13	INCOMPLETE APPLICATION — SENT LETTER	SG 20

3/13/13

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-13-00099
Application Date: 02/27/2013
Project Number:
Permit Number: ZP-13-00137
Fee: $50

Zoning Permit

Worksite Location: **1695 ROUTE 88**
Laurelton
Brick Township, NJ 08724

Block: **842**
Lot: **22**
Qualifier:
Zone: **B-1**

Owner: **SANTAMARIA, JUAN & PAMELA**
Address: **524 ALEXANDER AVENUE**
BRICK, NJ 08724

Applicant: **Jaime Ferro; Ferro Building & Renovations**
Address: **592 Casino Drive**
Howell, NJ 07732

Application Approved Date: 02/27/2013

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is:
Nonconforming Use is: Commercial & Residential -Three-Family Dwelling.

Work Description:
Bilco Door - 6' x 42" high.

The door must be set back at least 30 feet from the property line at each street, at least 10 feet from the side property line and at least 20 feet from the rear proeprty line.

Upon review it was determined that the Development Application:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☑ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☑ Zoning Officer

Sean Kinney, Zoning Officer — 02/27/2013 Date

Michael P. Fowler, Township Planner — 2/28/13 **Date**

Brick Township
Community Development and Land Use
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1027 Fax(732) 262-2941

Application Date: 02/16/2013
Application Number: ZA-13-00099
Permit Number:
Project Number:
Fee: $50

Denial of Application

Date: 02/16/2013

RECEIVED
FEB 27 2013
Resubmittal

To: Jaime Ferro; Ferro Building & Renovations
592 Casino Drive
Howell, NJ 07732

RE: 1695 ROUTE 88
Block: 842 Lot: 22 Qual: Zone: B-1

Dear Jaime Ferro; Ferro Building & Renovations,

Your request is hereby denied based upon the following requirements:

Your application is incomplete.

Please complete your application form, as noted, and submit three (3) copies of a plot plan showing all the required information.

Sincerely,

Sean Kinnevy

Zoning Officer Sean Kinnevy
skinnevy@twp.brick.nj.us

New Jersey Office of the Attorney General
Division of Consumer Affairs
124 Halsey Street, Newark, NJ 07102

Office of the Director

Mailing Address:
P.O. Box 45024
Newark, NJ 07102
(973) 504-6200

LICENSEE VERIFICATION LETTER

DATE: Thu Feb 14 08:11:20 EST 2013

TO WHOM IT MAY CONCERN

This is to verify that the licensee was issued a New Jersey license. The current information for this license is reported below.

The BOARD's records indicate that no public disciplinary action has been taken against this license.

BOARD NAME: Home Improvement Contractors
OCCUPATION: Home Improvement Contractor

LICENSE NUMBER: 13VH04827000 STATUS: Active
NAME: Ferro Building & Renovations, LLC
ADDRESS: P.O. Box 7601

Freehold NJ 07728

LICENSE ISSUED: 11/10/2008
EXPIRATION DATE: 12/31/2013
CHANGE OF STATUS DATE: 11/10/2008

VERY TRULY YOURS,
Thomas Calcagni
Acting Director

New Jersey Office of the Attorney General
Division of Consumer Affairs
124 Halsey Street, Newark, NJ 07102

Office of the Director

Mailing Address:
P.O. Box 45024
Newark, NJ 07102
(973) 504-6200

LICENSEE VERIFICATION LETTER

DATE: Mon Sep 24 13:51:37 EDT 2012

TO WHOM IT MAY CONCERN

This is to verify that the licensee was issued a New Jersey license. The current information for this license is reported below.

The BOARD's records indicate that no public disciplinary action has been taken against this license.

BOARD NAME:	Home Improvement Contractors
OCCUPATION:	Home Improvement Contractor
LICENSE NUMBER:	13VH01644500 STATUS: Active
NAME:	C&C Air Conditioning, Inc.
ADDRESS:	754 Highway 36
	Belford NJ 07718
LICENSE ISSUED:	01/04/2006
EXPIRATION DATE:	12/31/2012
CHANGE OF STATUS DATE:	01/04/2006

VERY TRULY YOURS,
Thomas Calcagni
Acting Director

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Division of Consumer Affairs

HAS REGISTERED

Ferro Building & Renovations, LLC
Jaime Ferro
P.O. Box 7601
Freehold NJ 07728

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

12/02/2012 TO 12/31/2013
VALID

13VH04827000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Ferro Building & Renovations, LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

12/02/2012 TO 12/31/2013
VALID

SIGNATURE

13VH04827000

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Ferro Building & Renovations, LLC EXPIRATION DATE **2013**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 04827000** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY TH DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 842 LOT: ~~22~~ 5 ADDRESS: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 1698 RT 88 W. BRICK NJ 08724
2. NAME OF OWNER IN FEE: JUAN SANT [redacted]
   ADDRESS: 524 ALEXANDER CT PHONE
   BRICK NJ 08724 FAX #: ( ) _____
3. PRINCIPAL CONTRACTOR: FERRO BUILDING & RENOVATIONS
   ADDRESS: 524 CASINO DR. PHONE #: (732) 915-3238
   HOWELL, NJ 07731 FAX #: (732) 252-8336
4. ARCHITECT OR ENGINEER: N/A
   ADDRESS: _____ PHONE: # ( ) _____
5. RESPONSIBLE PERSON FOR WORK: JAIME FERRO
   ADDRESS: 524 CASINO DR HOWELL NJ 07731

PHONE #: (732) 915-3238 FAX #: (732) 2528336 E-MAIL: FERROBUILDING@GMAIL.COM

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☒ OTHER REPLACE EXISTING BILCO DOOR

LENGTH: _____ WIDTH: _____ HEIGHT: _____

FEE SUMMARY:

APPLICATION FEE: $ _____
REVIEW FEE: $ _____
INSPECTION FEE: $ _____
OTHER _____: $ _____
BOND(S): $ _____
TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER: _____
APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

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.ix:

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. 5:23-2.15(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.

(X) Check if contractor.

Agent Name FERRO BUILDING + RENOVATIONS. (JAIME FERRO)

Address 592 CASINO DR. HOWELL, NJ 07731

Telephone (732) 915-3238

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.