BLOCK 852 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 18-1211

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C-18-001616

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

I. IDENTIFICATION

1. Proposed Work Site at: 852 Highway 70
2. N[redacted] Michael Kraemer
   Te[redacted] e-mail [redacted]
   Address 437 Amboy AVE (street) Perth Amboy (municipality) NJ 0834 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: All Class Construction Tel. (732) 664-0713
   Address 199 Brick Blvd Brick NJ 08724 e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH06954800 Exp. Date 11-2018
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 370		
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	14-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 384-		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 30' 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 shingle Roof
- ☐ 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									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: C
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

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(f)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.

(✓ Check if contractor.

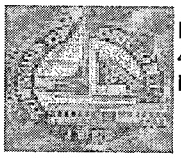
Agent Name Tom Smith All Class Const.

Address 799 Brick Blvd. Brick N.J.

Telephone (732) 664-0713

Signature Tom Smith

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 11/30/2018
Control Number C-18-001616
Permit Number 18-1211
Permit Issue Date 5/4/2018
Certificate Number 18-1211

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 852 ROUTE 70 Brick Township, NJ Block: 852 Lot: 6 Qual:

Owner in Fee: KRAEMER, MICHAEL & WILLIAM

Owner Address: 437 AMBOY AVE PERTH AMBOY NJ 08661

Telephone: [redacted]

Contractor All Class Construction

Address 34 Claremont Drive Brick NJ 08723

Telephone: (732) 664-0984 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

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: ROOFING

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: 11/30/2018

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/4/18
Control #

Date Issued
Permit # 18-1211

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

Block 85 Lot 6 Qualification Code

Work Site Location 852 HIGHWAY 70 BRICK

Owner in Fee: MICHAEL KRAMER

Tel [redacted] e-mail [redacted]

Address 437 Amboy AVE (street) Perth Amboy (municipality) NJ 08861 (zip code)

Contractor: All Class Construction Tel. (732) 664-0113

Address 799 Brick Blvd Brick, NJ e-mail

All class construction@live.com

Contractor License No. or Builder Registration No. 13VH06954800 Exp. Date 11-2018

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

Federal Emp. ID No. FAX: ( )

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: Tom Smith

Print name here: Tom Smith

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Asphalt Shingles tear off & Replace

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 11/26/18
Approved by: WM

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			11/27/18	
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [X] 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 $

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 $ 7400.00
3. Total (1+ 2) $

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

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

732-262-4627

732 262-2941
Fax

Roof Dump Receipt

11/14/18
Melanie
Brick Inspector

Prop Address

852 RT 70
Brick NJ 08723

Permit #
18-1211
852 6

Bill Kraemer
732-614-2396

Thank You

MAZZA
SCRAP METAL & RECYCLING

Mazza Recycling Services, Ltd.
1230 Shafto Rd
Tinton Falls, NJ 07753
(732) 927-9292
FACILITY ID# 195569
DEP Facility: 1146002mer-

******** Reprinted Ticket ********

In Ticket: 554007
Date: 11/13/2018
Time: 13:07:51 - 13:26:23

Customer: 0015500001/ALL CLASS CONST
Truck: XJ219U
Truck Type: TRUCK/Truck

Comment: 10 YDS

Gross: 17740 LB In Scale 3
Tare: 11920 LB Out Scale 3
Net: 5820 LB

Tons: 3.41

Materials & Services

Origin: 1982/Wall Twp
Material: CD/C & D
Quantity: 3.41 Ton
Rate: $109.00/TON
Amount: $ 371.69

Host Fee: $	3.41
Recycling Tax: $	10.22
Fuel Surcharge: $	1.94
Total Taxes/Fees: $	15.58
Total Amount: $	387.27

Visa: xxxx-9609 - Approved: SALE:040545

Change: 0.00

Signature certifies the information on this form is true, accurate, and complete.

Driver Signature:

****

18-1211

MAZZA
SCRAP METAL & RECYCLING

Mazza Recycling Services, Ltd.

3230 Shafto Rd
Tinton Falls, NJ 07753
(732) 922-9292
FACILITY ID# 195599
DEP Facility: 1336001136
******** Reprinted Ticket ********

In Ticket: 554007
Date: 11/13/2018
Time: 13:07:51 - 13:26:23

Customer: 0015500001/ALL CLASS CONST
Truck: XJ219U
Truck Type: TRUCK/Truck

Comment: 10 YDS

Gross: 17740 LB In Scale 3
Tare: 10920 LB Out Scale 3
Net: 6820 LB

Tons: 3.41

Materials & Services

Origin: 1352/Wall Twp.
Material: CD/C & D
Quantity: 3.41 Ton
Rate: $109.00/TON
Amount: $ 371.69

Host Fee:	$	3.41
Recycling Tax:	$	10.23
Fuel Surcharge:	$	1.94
Total Taxes/Fees:	$	15.58
Total Amount:	$	387.27

Visa: xxxx-9609 - Approved: SALE:040545
Change: 0.00

Signature certifies the information on this form is true, accurate, and complete.

Driver
Signature:

****

MAZZA
SCRAP METAL & RECYCLING

Mazza Recycling Services, Ltd.

3230 Shafto Rd
Tinton Falls, NJ 07753
(732) 922-9292
FACILITY ID# 195599
DEP Facility: 1336001136
******** Reprinted Ticket ********

In Ticket: 554007
Date: 11/13/2018
Time: 13:07:51 - 13:26:23

Customer: 0015500001/ALL CLASS CONST
Truck: XJ219U
Truck Type: TRUCK/Truck

Comment: 10 YDS

Gross: 17740 LB In Scale 3
Tare: 10920 LB Out Scale 3
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Tons: 3.41

Materials & Services

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Material: CD/C & D
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Rate: $109.00/TON
Amount: $ 371.69

Host Fee:	$	3.41
Recycling Tax:	$	10.23
Fuel Surcharge:	$	1.94
Total Taxes/Fees:	$	15.58
Total Amount:	$	387.27

Visa: xxxx-9609 - Approved: SALE:040545
Change: 0.00

Signature certifies the information on this form is true, accurate, and complete.

Driver
Signature:

****

CONSTRUCTION PERMIT

Date Issued 05/04/2018
Control # C-18-001616
Permit # 18-1211

IDENTIFICATION Block: 852 Lot: 6 Qualifier
Work Site Location: 852 ROUTE 70 Brick Township, NJ
Owner in Fee KRAEMER, MICHAEL & WILLIAM
437 AMBOY AVE PERTH AMBOY NJ 08661
Telephone: [redacted]

Contractor All Class Construction
Address 34 Claremont Drive Brick NJ 08723
Telephone: (732) 664-0984
Lic. No. or Bldrs. Reg. No. 13VH06954800 13VH06954800
Federal Employee. No. 13VH06954800

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:
ROOFING

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 $7,400

Daniel J Neumann (AFE) 5/4/18
Construction Official Date

PAYMENTS (Office Use Only)

Building	$370
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$14
CO Fee	
Other	$0
Total	$384
Check No.	5751
Cash	$0
Credit	$0
Collected By	Matthew Fagen

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.

- [ ] 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".

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

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

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 852 RT 70 BRICK

BLOCK: _____ **LOT:** _____

CONTRACTOR: All Class Construction

CONTRACTOR'S ADDRESS: 799 Brick Blvd Brick 08724

Type of Construction(minor, new home): _____

Type of Debris (shingles, siding, wood, etc.): Shingles

Party responsible for removal: All Class Construction

Dumpster Size: 30

Destination of Debris: MAZZA Tinton Falls

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

_____ 5/3/18

Signature Date

Michael Kravmen

Print Name