

BLOCK 853 LOT 213 QUALIFICATION CODE _____ ADDRESS (SITE) 848 Rt. 70 PERMIT NO. 16-4406



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 848 Rt 70 Brick

2. Name of Owner in Fee: Norm Hobbie
Tel. (732) 674-1670 e-mail nhobbie@delaware.com
Address 125 Wycoff Rd Easton NJ 08527
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Matthew Construction Tel. (848) 207-6038
Address 22 Toms River Rd e-mail Vin.Matting@aol.com
Jackson NJ 08527

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04456800

Federal Emp. ID No. 26-2015033 FAX: (732) 928-3347

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Vinnie Matting
Tel. (848) 207-6038 FAX: (732) 928-3347

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 Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy	\$	
12. Other	\$	
13. TOTAL	\$	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	_____	ft.
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 _____		

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)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

TOTAL COST \$,500.00

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 | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LPGas Tanks | |



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/29/2017
Control Number C-16-006060
Permit Number 16-4406
Permit Issue Date 12/20/2016
Certificate Number 16-4406

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 848 ROUTE 70 Brick Township, NJ 08723 Block: 853 Lot: 2 Qual: _____
Owner in Fee: B-TACH, LLC
Owner Address: 125 WYCOFF ROAD EATONTOWN NJ 07724
Telephone: (732) 674-1670
Contractor Mattina Construction, LLC
Address 22 Toms River Road Jackson NJ 08527
Telephone: (848) 207-6038 Fax: (732) 928-3347
License Number or Builders Registration Number: 13VH04456800 043221 Federal Emp. Number: 26-2015033

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: INTERIOR CLEANOUT

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

Date Printed: 12/29/2017

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

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 Matthia Construction LLC
Address 22 Toms River Rd
Jackson NJ 08527
Telephone (848) 207 6938
Signature Vo E. M...

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



BUILDING SUBCODE TECHNICAL SECTION



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

Block 853 Lot 243 Qualification Code 898
Work Site Location Rock 70 Birch

Owner in Fee: Tom Hobbie

Tel (732) 674-1670 e-mail _____

Address 125 Wyckoff Road Easton NJ 08820

Contractor: Matthew Construction Inc Tel (848) 207-6078

Address 22101 River Rd e-mail VinMatthew@aol.com

Contractor License No. or Builder Registration No. 26-2015073 Exp. Date 12/31/07

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH04456800

Federal Emp. ID No. 26-2015073 FAX: (732) 928-3347

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
Type:	Failure	Approval	Initial			
☐ No Plans Required			Footings			
☐ All			Footings/Bonding			
☐ Footings/Foundations			Foundation			
☐ Structural/Framework			Slab			
☐ Exterior			Frame			
☐ Interior			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL FOR PERMIT			Finishes - Base Layer			
Date:			Finishes - Final			
Approved by:			Energy			
SUBCODE APPROVAL FOR CERTIFICATE			Mechanical			
☐ CO ☐ CCO			TCO			
Date:			Other			
Approved by:			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present	Proposed	Constr. Class Present	Proposed
No. of Stories		If Industrialized Building:	
Height of Structure		State Approved	HUD
Area — Largest Floor		Est. Cost of Bldg. Work:	
New Bldg. Area/All Floors		1. New Bldg.	
Volume of New Structure		2. Rehabilitation	
Max. Live Load		3. Total (1+2)	\$ <u>2500</u>
Max. Occupancy Load			

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of owner) record and am authorized to make this application.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior Stroj ~~Demolition~~
Clean out for future
tenant

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement N.J.A.C. 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received 12/20/14
Control # _____

Date Issued
Permit # _____

16-4406



CONSTRUCTION PERMIT

Date Issued 12/20/2016
Control # C-16-006060
Permit # 16-4406

IDENTIFICATION Block: 853 Lot: 2 Qualifier _____
Work Site Location: 848 ROUTE 70 Brick Township, NJ 08723 Contractor Mattina Construction, LLC
Address 22 Toms River Road Jackson NJ 08527
Owner in Fee B-TACH, LLC Telephone: (848) 207-6038
125 WYCOFF ROAD EATONTOWN NJ 07724 Lic. No. or Bldrs. Reg. No. 13VH04456800 13VH04456800
Telephone: (732) 674-1670 Federal Employee No. 28-2015033

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:

INTERIOR CLEANOUT

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 \$2,500

D. M. HANCOCK
Construction Official

12/20/16
Date

PAYMENTS (Office Use Only)

Building	\$150
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$5
CO Fee	
Other	\$0
Total	\$155
Check No.	1935
Cash	\$0
Credit	\$0
Collected By	Lauren Helmstetter

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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- 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.

BUILDING \$150.00
DCA \$5.00
CHECK \$155.00

☐ 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.

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 848 Rte 70 Brick

BLOCK: 853 LOT: 243

CONTRACTOR: Matina Construction

CONTRACTOR'S ADDRESS: 22 Toms River Rd Jackson

Type of Construction (minor, new home): Clear out for future site

Type of Debris (shingles, siding, wood, etc.): Sheetrock & Drop ceilings

Party responsible for removal: Horizon Disposal

Dumpster Size: 30 yard

Destination of Debris: _____

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."

V E Matina
Signature

12/20/2016
Date

Vincent E Matina
Print Name

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Mattina Construction, LLC
Vincent Mattina
22 Toms River Rd.
Jackson NJ 08527

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

03/12/2016 TO 03/31/2017
VALID

13VH04456800
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
Mattina Construction, LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

03/12/2016 TO 03/31/2017

VALID

SIGNATURE

13VH04456800

Licensee/Registrant/Certificate #

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