BLOCK 842 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 1681 Carrelton St PERMIT NO. CU-3965

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work Site at: Boge
2. Name of Owner in Fee: J Boge Tel. (___) _____
   Address 1681 Carrelton St
   street municipality zip code
3. Ownership in fee: Public _____ Private X
4. Principal Contractor: SeLA Tel. (___) _____
   Address 1681 Carrelton St
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX: (___) _____

Re-Roof/tear off

## 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 Fee Surcharge | | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ 51 | | |

## 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 | |

**OPTIONAL** (for office use only)

| II. PROPOSED WORK | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| 1. ☐ Minor Work | | SE | 9/19 | | | | 2-13-07 | | |
| 2. ☐ New Building | | | | | | | | | |
| 3. ☐ Addition | | | | | | | | | |
| 4. ☐ a. Repair | | | | | | | | | |
| ☐ b. Alteration | | | | | | | | | |
| ☐ c. Renovation | | | | | | | | | |
| ☐ d. Reconstruction | | | | | | | | | |
| 5. ☐ Fire Protection | | | | | | | | | |
| 6. ☐ Plumbing | | | | | | | | | |
| 7. ☐ Electrical | | | | | | | | | |
| 8. ☐ Elevator Devices | | | | | | | | | |
| 9. ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. ☐ Demolition | | | | | | | | | |
| TOTAL COSTS | | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

## 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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 9-14-04

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 _____

Address _____

_____

Telephone ( _____ ) _____

Signature _____

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. _____ | _____ | _____ | _____ | _____ |

***FOR OFFICE USE ONLY***

**Constituent Contact Report**

| Date | Comments | Initials |
|---|---|---|
| | | |
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| | | |
| | | |

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/13/2007
Tracking Number
Permit Number 04-3965
Permit Issue Date 09/14/2004
Certificate Number 04-3965

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 1681 LAURELTON STREET RE-ROOF/TEAR , NJ  Block: 842  Lot: 10  Qual:

Owner in Fee: BOGE

Owner Address: 1681 LAURELTON STREET BRICK NJ 08724-

Telephone:

Contractor

Address

Telephone:  Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5  Construction Classification:

Maximum Live Load: 0  Maximum Occupancy Load: 0

Description of Work Use:

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: 02/13/2007*

C3E NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/14/2004
Date Issued 09/14/2004
Control #
Permit # 04-3965

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

Block 842 Lot 10 Qual
Work Site Location 1681 LAURELTON STREET
RE-ROOF/TEAR
Owner in Fee BOGE
Address 1681 LAURELTON STREET
BRICK, NJ 08724-
Tele.( )
Contractor
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

RE-ROOF/TEAR OFF

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 2-13-07
Approved By:

| INSPECTIONS | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Type | | | | |
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| BarrierFree | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| BarrierFree | | | | |

| TYPE OF WORK | FEE (Office Use Only) |
|---|---|
| [ ] New Building | $ 0 |
| [ ] Addition | 0 |
| [X] Alteration | 0 |
| [X] Roofing | 50 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2) $ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

| | |
|---|---|
| Administrative Surcharge | $ 0 |
| Minimum Fee | $ 0 |
| TOTAL FEE | $ 50 |
| DCA State Permit Fee | $ 1 |

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/14/2004
Control #
Permit # 04-3965

OCEAN COUNTY NEW JERSEY

# CONSTRUCTION PERMIT

IDENTIFICATION Block 842 Lot 10 Qual

Work Site Location 1681 LAURELTON STREET
RE-ROOF/TEAR

Owner in Fee ROSE
Address 1681 LAURELTON STREET
BRICK, NJ 08724-
Telephone ( )

Contractor H O M E O W N E R
Address

Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RE-ROOF/TEAR OFF

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 $ 1,000

Construction Official 09/14/2004
Date

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 50 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA State Permit Fee | 1 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 51 |
| Check No. | |
| Cash | X |
| Collected By | JH |

U.C.C. F170 (rev. 3/98) NJ UCCARS 5.24E

09/14/04 3:03PM 001558#2733
XX07 SERV.007

| | |
|---|---|
| #3965 | |
| BUILDING | $50.00 |
| DCA | $1.00 |
| XXXTOTAL | $51.00 |
| CASH | $55.00 |
| CHANGE | $4.00 |

09/14/04 3:03PM 001558#2733 XX07
XXXTOTAL $51.00

C3E NJ UCCABS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/14/2004
Date Issued 09/14/2004
Control #
Permit # 04-3965

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

Block 842 Lot 10 Qual

Work Site Location 1681 LAURELTON STREET

RE-ROOF/TEAR

Owner in Fee BOGE

Address 1681 LAURELTON STREET

BRICK, NJ 08724-

Tele.( )

Contractor

Address

Tele.( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Exp. No. NO-

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RE-ROOF/TEAR OFF

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

| INSPECTIONS | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Type | | | | |
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| BarrierFree | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| BarrierFree | | | | |

| TYPE OF WORK | FEE (Office Use Only) |
|---|---|
| [ ] New Building | $ 0 |
| [ ] Addition | 0 |
| [X] Alteration | 0 |
| [X] Roofing | 50 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2) $ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

| | |
|---|---|
| Administrative Surcharge | $ 0 |
| Paid [ ] Check # Minimum Fee | $ 0 |
| Collected by: TOTAL FEE | $ 50 |
| DCA State Permit Fee | $ 1 |

U.C.C. F110 (rev. 3/96)

C3E NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/14/2004
Date Issued 09/14/2004
Control #
Permit # 04-3985

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

Block 842 Lot 10 Qual

Work Site Location 1681 LAURELTON STREET
RE-ROOF/TEAR

Owner in Fee BOGE

Address 1681 LAURELTON STREET
BRICK, NJ 08724-

Tele.( )

Contractor

Address

Tele.( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Exp. No. NO-

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RE-ROOF/TEAR OFF

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

| INSPECTIONS | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Type | | | | |
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| BarrierFree | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| BarrierFree | | | | |

| TYPE OF WORK | FEE (Office Use Only) |
|---|---|
| [ ] New Building | $ 0 |
| [ ] Addition | 0 |
| [X] Alteration | 0 |
| [X] Roofing | 50 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2) $ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

| | |
|---|---|
| Administrative Surcharge | $ 0 |
| Minimum Fee | $ 0 |
| TOTAL FEE | $ 50 |
| DCA State Permit Fee | $ 1 |

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/98)

# Township of Brick
## Counter Form
(PLEASE PRINT)

Site Location: 1681 Laurelton St Brick N.J.
Block: 842 Lot: 10
Owner's Name: Same as Above
Owner's Mailing Address:

Phone: (  )

## BUILDING

Contractor: Self
Address: 1681 Laurelton St
Brick N.J.
Phone#: 917-497-0237
Lis #
Federal Emp # or SSN 098-50-1724

### Technical Data

Description of Work:

### Type of Work

| | |
|---|---|
| ___New Building | ___Siding |
| ___Addition | ___Fence |
| ___Alteration | ___Pool |
| ___Roofing | ___Demolition |
| ___Asbestos Abatement | ___Sign _____sq ft |
| ___Fireplace wd/gas | |

### Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $ 1000.-

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: D. Boge
Please Print Name D. Boge

## ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

### Technical Data

Item Quantity

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors w/ Fract. HP
Emergency & Exit Lights
Communication Points
Alarm Devices/FAC Panel
Total

Pool (Receptacles, Switches, Lights, Motor 1HP )
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name

**CONTRACTOR'S SEAL**

# Counter Form
**PLEASE PRINT**

## PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

### Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

**CONTRACTOR'S SEAL**

## FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

### Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

**Pre-Engineered Systems:**
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

**Gas/ Oil Fired Appliances:**
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name:_____

*Applicable to Ordinance 720-92*
*This form must be handed in with permit application or a permit will not be issued*

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**TOWNSHIP OF BRICK**
**Debris Form**

Work Site Address: 1681 Carleton St

Block: 842 Lot: 10

Contractor: _____

Contractor's Address: _____

Type of Construction (minor, new home): Minor

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

Party responsible for removal: _____

Dumpster size: 20 yd.

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-recyclable.

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 that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Boge
Signature

9-14-04
Date

Boge
Print Name