



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1754 Forge Pond Rd.
2. Name of Owner in Fee: Clement Meclia Tel. [REDACTED]
- Address 2212 Third Ave Spring Lake N.J. 07762
- street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: S&F Tel. (____) _____
- Address _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
- Address _____
6. Responsible Person in Charge of Work _____
- Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

- | | | Update | Update |
|--------------------------------------|-------|--------|--------|
| 1. Building | \$ 35 | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | \$ | | |
| 7. Less 20% for
State Plan Review | | | |
| 8. Subtotal | \$ | | |
| 9. DCA Training Fee | | | |
| 10. Subtotal | | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | \$ 35 | | |

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

OPTIONAL (for office use only)[illegible]

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

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

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 X

Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Agent Name X

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	Other
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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/07/2000
Control #
Permit # 06-2100

000 NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 852 Lot 10

Qual

Work Site Location 1754 PORGE ROAD RD

ROOF REMOVING AND REPLACE

Contractor H O M H O W H R K

Owner in Fee HEGGIA, CLARENCE

Address

2212 THIRD AVE
SPRING LAKE, NJ 07762-

Telephone

Telephone ()
Lic. No. or Bldg. Reg. No.
Federal Emp. No. No.

Is hereby granted permission to perform the following work:

- (X) BUILDING () PLUMBING () LEAD HAZARD AWARENESS
() ELECTRICAL () FIRE PROTECTION () DEMOLITION
() ELEVATOR DEVICES () ASBESTOS AWARENESS () OTHER
(Subchapter 3 only)

DESCRIPTION OF WORK:

REMOVE AND REPLACE ROOF

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 \$ 480

J. M. Murphy
Construction Official

06/07/2000

O.C.C. #170 (rev. 3/96)

Date

PAYMENTS (Office Use Only)

Building 35
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
BNA Training Fee 0
Cert. of Occupancy 0
Other
Total 35
Check No. 362
Cash
Collected By *MB*

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/07/2000
Date Issued 06/07/2000
Control #
Permit # 00-2100

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

Block 852 Lot 10 Qual
Work Site Location 1754 FORGE POND RD
ROOF REMOVING AND REPLACE

Owner in Fee MECCLIA, CLEMENT
Address 2212 THIRD AVE
SPRING LAKE, NJ 07762-

Contractor
Address
Tele. () Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. HO-

Remove and Replace Roof

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

REMOVE AND REPLACE ROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial	TYPE OF WORK	FEE (Office Use Only)
☐ No Plans Req.			Footings					☐ New Building	\$
☐ All			Foundation					☐ Addition	
☐ Footing			Slab					☒ Alteration	17
☐ Foundation			Frame					☐ Roofing	
☐ Frame			BarrierFree					☐ Siding	
☐ Other			Insulation					☐ Fence	0
Joint Plan Review Required:			Finishes					☐ Sign	0
☐ Elect			Energy					☐ Pool	
☐ Plumbing			Mechanical					☐ Asbestos Abatement Subchapter 8	
☐ Fire			FCO					☐ Lead Haz. Abatement NJAC 5:17	
SUBCODE APPROVAL			Other					☐ Other	
☐ CO			Final					☐ Demolition	
☐ CCO			BarrierFree						
Date: 11-26-01									
Approved By: [Signature]									

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:	Administrative Surcharge	Minimum Fee	TOTAL FEE
Constr. Class	Present R-3	Proposed R-3	1. New Bldg. \$			
No. of Stories	0	0	2. Alteration \$			
Height of Structure	0 Ft.	0 Ft.	3. Total (1+2) \$			
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.				
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.				
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.				
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.				

Industrialized Building: ☐ State Approved ☐ HUD

Paid ☐ Check \$ ☐ Administrative Surcharge \$

Collected by: ☐ Minimum Fee \$

☐ DCA Training Fee \$

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

Counter Form
(PLEASE PRINT)

Site Location: 1754 Forge Pond Road
Block: 852 Lot: 10
Owner's Name: Clement Meccia
Owner's Mailing Address: 2212 Third Avenue
Spring Lake NJ 07762
Phone: [REDACTED]

BUILDING

Contractor: Homeowner
Address: 2212 Third Avenue
Spring Lake NJ 07762
Phone #: [REDACTED]
Lic #: [REDACTED]
Federal Emp # or [REDACTED]

Technical Data

Description of Work:

Remove and replace roof

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☒ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign sq ft

Building Characteristics

Use Group Present: Proposed:
No of Stories: 1
Height of Structure: 20ft
Area of the largest floor: 12x20
Area of New Building: 1200 sqft
Volume of Structure:
Total Land Disturbed:

Cost of Alteration: 40 bundles @ 12.00 \$480.00

Cost of New Building:

Total Cost of Building Work: \$480.00

Signature: Clement Meccia

Please Print Name Clement Meccia

Maria Meccia for Clement Meccia

ELECTRICAL

Contractor:
Address:

Phone #:
Lic #:
Federal Emp # or SSN

Technical Data

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

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

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Applicable to Ordinance 728-92

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

1754 Forge Pond Road 852 10
Work Site Address Block Lot

Clement Meccia
Owner's Name, Address, Phone

Clement Meccia 2312 Third Ave. S.W. D.J.
Contractor's Name, Address, Phone

Roof
Construction Describe type (Single -family home, etc.)

Demolition Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material
Shingles

Name, address and phone of party responsible for removal of debris:

Marpal Disposal Tinton Falls 988-2525

Size of dumpster: 30 yd

Destination of discarded debris: Tinton Falls

Hauler's DEP Permit No.: 20782

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Mario Meccia for Clement Meccia 6/7/00
Printed/Typed Name Signature Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant