

BLOCK 1170 LOT 14.02 QUALIFICATION CODE _____ ADDRESS (SITE) 1640 RTE 88W PERMIT NO. 07-2098



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1640 ROUTE 88W

2. Name of Owner in Fee: BRICK MIDDLE ARIZ BLDE
 Tel. () e-mail
 Address 1640 ROUTE 88W, BRICK street municipality zip code

3. Ownership in Fee: Public Private ☒

4. Principal Contractor: ROBERT E. SURBROG INC Tel. (732) 270 3777
 Address 3462 E. THAYER AVE T.R. e-mail
 License No. OR, if new home, Builder Reg. No. NJ 3595 Exp. Date 6/09
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
 Federal Emp. ID No. 221847507 FAX: ()
 5. Architect or Engineer - Contact
 Address - e-mail
 Tel. () FAX: ()
 6. Responsible Person in Charge once Work has Begun BOB SURBROG
 Tel. (732) 270 3777 FAX: ()

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		
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		

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
		<u>7/5/07</u>						
<u>1100 -</u>				<u>7/10/07</u>				

TOTAL COSTS

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units Income-restricted
 Before Construction
 After Construction
 Net Gain or Loss

B. NON-RESIDENTIAL (primary use)

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

C. MIXED USE -List secondary use(s):

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

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.

☒ Check if contractor.

Agent Name ROBERT E SURBRUG INC

Address 3462 E. THISTLE AVE

TDHS ROAD, NJ 08753

Telephone (732) 270-3777

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. _____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

Initialed: _____

Date: _____

☐ Zoning Application approved

Initialed: _____

Date: _____

□ Zoning permit updates:



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/21/2007
Tracking Number C-07-003340
Permit Number 07-2098
Permit Issue Date 07/13/2007
Certificate Number 07-2098

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1640 ROUTE 88 UNIT 203 Brick Township, Block: 1170 Lot: 14.02 Qual:
NJ
Owner in Fee: BRICK ORTHOPAEDIC REAL ESTATE PARTN
Owner Address: 1200 EAGLE AVENUE OCEAN NJ 07712
Telephone:
Contractor: ROBERT E SURBURG INC
Address: 3462 E THISTLE AVENUE TOMS RIVER NJ
Telephone: (732) 270-3777 Fax:
License Number or Builders Registration Number: 3595 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:
PLUMBING ALTERATIONS

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: 08/21/2007

Fee: \$0.00

Check Number:

Collected By:

Page 1



CONSTRUCTION PERMIT

Date Issued 07/13/2007
Control # C-07-003340
Permit # 07-2098

IDENTIFICATION Block: 1170 Lot: 14.02 Qualifier
Work Site Location: 1640 ROUTE 88 UNIT 101 Brick Township, NJ Contractor ROBERT E SURBURG INC
Owner in Fee BRICK ORTHOPAEDIC REAL ESTATE PARTN Address 3462 E THISTLE AVENUE TOMS RIVER NJ
1200 EAGLE AVENUE OCEAN NJ 07712 Telephone: (732) 270-3777
Telephone: Lic. No. or Bldrs. Reg. No. 3595
Federal Employee No. 22-1847507

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:

PLUMBING ALTERATIONS

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 \$1,100

Construction Official

Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$40
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$41
Check No.	16537
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi

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:

☐ 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.

PLUMBING SUBCODE TECHNICAL SECTION



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

[illegible]

Date Received
Control #
Date Issued
Permit #

7/13/07
07-2098

Block 1170 Lot 14:02 Qualification Code _____
 Work Site Location 1640 ~~44~~ BS N

Owner in Fee DELLA MONTANA ARTS BLVD
Address 1640 24th St W

Tel ()
Contractor Robert E. Durbaker Inc
Address 3402 E. THIRTE AV

Contractor License No. AV 3545
Federal Emp. No. 221847507

Use Group	Present	Proposed
Building Sewer Size	7 1/4"	Public Sewer
Water Service Size		Public Water
Est. Cost of Plumbing Work	\$ 1100.00	Private Septic
		Private Well

JOB SUMMARY (Office Use Only)

Joint Plan Review Required: ☐ No Plans Required ☒ 8/1/07
Type: Slab
Bench: 26

☐ Elevator	☐ Elevator	Wing	
☐ Plumbing Plans Approved	☐ Fixtures	Setback	

5/1/17

Approved by: _____

SUBCODE APPROVAL

Gas Piping	_____
LP Gas Tank	_____

Date: 8-20-07 _____
Approved by: [Signature] _____
Solar _____

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 and perform the work listed on this application.

~~Applicant's Signature/Contractor's Seal : and Signature~~
☒ Licensed Plumbing Contractor ☐ (Exempt Applicant)

FEE (Office Use Only)
\$ _____

Water Closet
Urinal/Bidet
Bath Tub
Lavatory
Shower
Floor Drain
Sink
Dishwasher
Drinking Fountain
Washing Machine
Hose Bibb
Water Heater
Fuel Oil Piping
Gas Piping
LP Gas Tank
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor/Separator
Backflow Preventer
Greasetrap
Sewer Connection
Water Service Connection
Stacks _____
Other _____
Other _____

COMMERCIAL

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

~~COMMERCIAL~~



PLUMBING 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 1170 Lot 14.02 Qualification Code _____
Work Site Location 1640 E. 88 N

Owner In Fee ALICE MERRICK ARTS BLK
Address 1640 E. 88 N

Tel () 3462 E. THIRTEENTH ST
Contractor 7043 2ND, NV 08753
Address 732) 270 3777 FAX ()

Contractor License No. AN 3595
Federal Emp. No. 22187507

B. PLUMBING CHARACTERISTICS

Use Group Present 74th Proposed _____
Building Sewer Size 74th Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 1100.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
() Licensed Plumbing Contractor () Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)
NO. _____

FIXTURE/EQUIPMENT
Water Closet
Urinal/Bidet
Bath Tub
Lavatory
Shower
Floor Drain
Sink
Dishwasher
Drinking Fountain
Washing Machine
Hose Bibb
Water Heater
Fuel Oil Piping
Gas Piping
LP Gas Tank
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor/Separator
Backflow Preventer
Greasetrap
Sewer Connection
Water Service Connection
Stacks
Other
Other

Date Received
Control #
Date Issued
Permit #

712117
172018

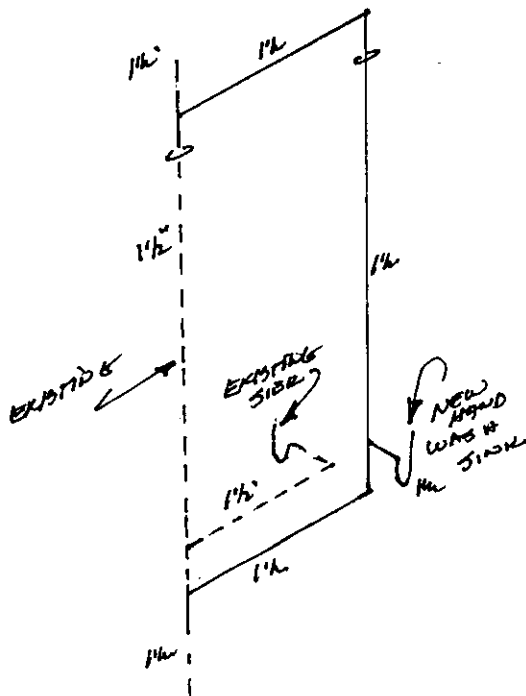
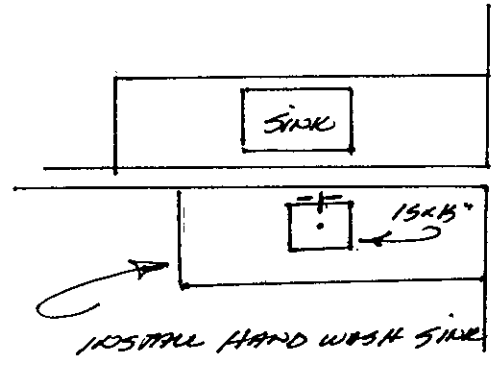
Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	_____

ROBERT E. SURBRUG, INC.

3462 EAST THISTLE AVENUE • TOMS RIVER, NEW JERSEY 08753 • TELEPHONE (732) 270-3777

DR. JARAHIAN
1640 ROUTE 88 N
SUITE 203
BRICK MEDICAL ARTS

EXISTING EMPLOYEE LOUNGE



7/10/07

[Signature]

[Signature]

DATE: 7/18/07

TO : CONSTRUCTION CODE OFFICIAL

FROM: FREDERICK R. MILLMAN, TAX ASSESSOR

RE : CONSTRUCTION PERMIT DISCREPANCY

PLEASE BE ADVISED THAT ACCORDING TO MY RECORDS, THE INFORMATION CONTAINED
ON THE CONSTRUCTION PERMIT NO: 072098 IS INCORRECT.

	PERMIT INFORMATION	ASSESSMENT INFORMATION	<u>Qualifier</u>
BLOCK / LOT	<u>1170 14.02</u>	<u>1170 14.02</u>	<u>C0001</u>
PROPERTY LOCATION:	<u>1640 Route 88</u>		

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS MATTER

/cjw