

BLOCK 547 LOT 1 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) 545 BRICK BLVD PERMIT NO. 13-4859



# CONSTRUCTION PERMIT APPLICATION

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

**I. IDENTIFICATION**

1. Proposed Work Site at: 545 Brick Blvd

2. Name of Owner in Fee: 545 Brick Blvd LLC  
Tel. (732) 995-0802 e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

3. Ownership in Fee: Public \_\_\_\_\_ Private ☒ \_\_\_\_\_

4. Principal Contractor: ABATANK BUILDERS Tel. (732) 477-7751  
Address 92 MANTOLOKIN RD e-mail \_\_\_\_\_  
BARTOWN NJ 08723

License No. OR, if new home, Builder Reg. No. 015352 Exp. Date 3/31/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13V40149100

Federal Emp. ID No. 22-2823210 FAX: (732) 477-6788

5. Architect or Engineer: PAULO E. ASSOL Contact: PAUL BANDO  
Address 92 MANTOLOKIN RD e-mail \_\_\_\_\_  
Tel. (732) 477-7751 FAX: (732) 477-6788

6. Responsible Person in Charge once Work has Begun: JOSEPH A. LONHO  
Tel. (732) 477-7751 FAX: (732) 477-6788

**V. FEE SUMMARY (for office use only)**

|                                   |              | Update | Update |
|-----------------------------------|--------------|--------|--------|
| 1. Building                       | \$ <u>75</u> |        |        |
| 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                         | \$ <u>75</u> |        |        |

**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. 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)

|                                          | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
|------------------------------------------|-----------|----------------|------------|----------------|---------------|-----------|-----------------------------|-----------|-----------|
| <input type="checkbox"/> Building        |           |                |            |                |               |           |                             |           |           |
| <input type="checkbox"/> Electrical      |           |                |            |                |               |           |                             |           |           |
| <input type="checkbox"/> Plumbing        |           |                |            |                |               |           |                             |           |           |
| <input type="checkbox"/> Fire Protection |           |                |            |                |               |           |                             |           |           |
| <input type="checkbox"/> Elevator        |           |                |            |                |               |           |                             |           |           |
| TOTAL COST                               |           |                |            |                |               |           |                             |           |           |

**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)**

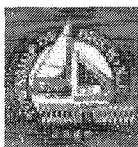
DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

|                                                                                  |                                                                   |                                                                 |                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------|
| 1. <input type="checkbox"/> Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks | 4. <input type="checkbox"/> Refrigeration Systems                 | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells | 12. <input type="checkbox"/> Fire Alarm |
| 2. <input type="checkbox"/> High Pressure Boilers                                | 5. <input type="checkbox"/> Cross-Connections/Backflow Preventers | 9. <input type="checkbox"/> Underground Storage Tanks           |                                         |
| 3. <input type="checkbox"/> Pressure Vessels                                     | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly     | 10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs  |                                         |
|                                                                                  | 7. <input type="checkbox"/> Sprinklers/Standpipes                 | 11. <input type="checkbox"/> LPGas Tanks                        |                                         |



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 4/25/2016  
Control Number C-13-006540  
Permit Number 13-4859  
Permit Issue Date 11/22/2013  
Certificate Number 13-4859

## Certificate

Construction Code Division

(Certificate of Approval)

### Identification

Work Site Location: 545 BRICK BLVD. Old Bank of America will be Fortunoff's Brick Township, NJ Block: 547 Lot: 1 Qual: \_\_\_\_\_  
Owner in Fee: 545 BRICK BLVD LLC  
Owner Address: 399 MONMOUTH ST EAST WINDSOR NJ 08520  
Telephone: \_\_\_\_\_  
Contractor ABATARE BUILDERS INC  
Address 92 MANTOLOKING RD BRICK NJ 08723-  
Telephone: (732) 477-7751 Fax: (732) 477-6788  
License Number or Builders Registration Number: 13VH01439100 15352 Federal Emp. Number: 22-2873210

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

Fee: \$0.00

Check Number: \_\_\_\_\_

Collected By: \_\_\_\_\_

**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 ABATANK BUILDING

Address 92 MANTOLOKEN RD

BRICK N.J. 08723

Telephone (732) 427-7751

Signature [Signature] President

**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 547 Qualification Code 1  
 Work Site Location 545 BEICK BLVD.  
 Owner in Fee: BEICK NT 08783  
BEICK BLVD. LLC

Tel. ( ) e-mail  
 Address 399 Monmouth St. East Windsor NJ  
 Contractor: Abatare Bldgs. Municipality Tel. ( ) e-mail  
 Address 92 Mantoloking Rd Zip code 08520  
BEICK N.J. 09072-23

Contractor License No. or Builder Registration No. 015352 Exp. Date 3/31/15  
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01439100  
 Federal Emp. ID No. 22-202-3210 FAX: 732-477-6788

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                                                    | Date | Initial | INSPECTIONS                                   | Type:      | Failure | Dates (Month/Day) | Approval | Initial |
|--------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------------------------------------------|------------|---------|-------------------|----------|---------|
| <input type="checkbox"/> No Plans Required                                                                                     |      |         | <input type="checkbox"/> All                  | Footing    |         |                   |          |         |
| <input type="checkbox"/> Footings/Foundations                                                                                  |      |         | <input type="checkbox"/> Structural/Framework | Foundation |         |                   |          |         |
| <input type="checkbox"/> Exterior                                                                                              |      |         | <input type="checkbox"/> Interior             | Slab       |         |                   |          |         |
| <input type="checkbox"/> Joint Plan Review Required:                                                                           |      |         | <input type="checkbox"/> Truss Sys./Bracing   | Frame      |         |                   |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |      |         | <input type="checkbox"/> Barrier-Free         |            |         |                   |          |         |
| <input type="checkbox"/> SUBCODE APPROVAL for PERMIT                                                                           |      |         | <input type="checkbox"/> Insulation           |            |         |                   |          |         |
| Date:                                                                                                                          |      |         | <input type="checkbox"/> Finishes -Base Layer |            |         |                   |          |         |
|                                                                                                                                |      |         | <input type="checkbox"/> Finishes -Final      |            |         |                   |          |         |
| Approved by:                                                                                                                   |      |         | <input type="checkbox"/> Energy               |            |         |                   |          |         |
|                                                                                                                                |      |         | <input type="checkbox"/> Mechanical           |            |         |                   |          |         |
| <input type="checkbox"/> SUBCODE APPROVAL for CERTIFICATE                                                                      |      |         | <input type="checkbox"/> TCO                  |            |         |                   |          |         |
| Date:                                                                                                                          |      |         | <input type="checkbox"/> Other                |            |         |                   |          |         |
| Approved by:                                                                                                                   |      |         | <input type="checkbox"/> Final                |            |         |                   |          |         |
|                                                                                                                                |      |         | <input type="checkbox"/> Barrier-Free         |            |         |                   |          |         |

**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 \$ \_\_\_\_\_

3. Total (1+2) \$ 5,000-

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

Date Received 11-28-13  
 Control # 13-4859  
 Date Issued  
 Permit #

C. CERTIFICATION IN LIEU OF OATH  
 I hereby certify that I am the agent of the owner of record and am authorized to make this application.  
 Sign here: [Signature]  
 Print name here: Frasimant  
 D. TECHNICAL SITE DATA

**DESCRIPTION OF WORK**

interior clean out

**COMMERCIAL**

**TYPE OF WORK:**

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence \_\_\_\_\_ Height (exceeds 6') \_\_\_\_\_ Sq. Ft.

☐ 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 \$ \_\_\_\_\_



# CONSTRUCTION PERMIT

Date Issued 11/22/2013  
Control # C-13-006540  
Permit # 13-4859

IDENTIFICATION Block: 547 Lot: 1 Qualifier \_\_\_\_\_  
Work Site Location: 545 BRICK BLVD. Old Bank of America will be Contractor ABATARE BUILDERS INC  
Fortunoff's Brick Township, NJ Address 92 MANTOLOKING RD BRICK NJ 08723-  
Owner in Fee 545 BRICK BLVD LLC  
399 MONMOUTH ST. EAST WINDSOR NJ 08520 Telephone: (732) 477-7751  
Telephone: \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. 15352  
Federal Employee No. 22-2873210

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 DEMOLITION

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 \$75

*Daniel Newman Jr* 11/22/13  
Construction Official Date

U.C.C. F170  
equiv (rev. 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

Building \$75  
Electrical \$0  
Plumbing \$0  
Fire Protection \$0  
Elevator Devices \$0  
Other \$0.00  
DCA Training Fee \$0  
CO Fee \_\_\_\_\_  
Other \$0  
Total \$75  
Check No. \_\_\_\_\_  
Cash \$75  
Credit \$0  
Collected By Mary Jane Rinaldi

## 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.

☒ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:  
dump receipt necessary for certificate of approval

☒ 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: 545 BRICK BLVD.

Block: 547 Lot: 1

Contractor: ABATARE BUILDERS INC.

Contractor's Address: 92 MANTOLOKING RD

Type of Construction (minor, new home): INTERIOR DEMO

Type of Debris (shingles, siding, wood, etc): SHUTROCK, CARPET CEILING TILES

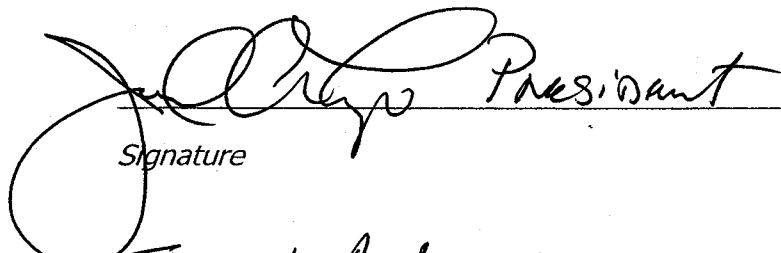
Party responsible for removal: J.C. CONSTRUCTION

Dumpster Size: 30 yd.

Destination of Debris: OCEAN COUNTY LANDFILL

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

  
Signature

11 22 13  
Date

JOSEPH A. LONGO  
Print Name