

CONSTRUCTION PERMIT APPLICATION

1. IDENTIFICATION

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

		Update	Update
1. Building	\$ 116		
2. Electrical			
3. Plumbing			
4. Fire Protection	46		
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	8		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	170		
13. TOTAL	\$		

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

Est. Cost

OPTIONAL (for office use only)[illegible]

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:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

LDS BR-B 10525643

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 James Dayton Date 1/10/03

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 James Dayton
Address 1907 Surf Ave
Belmar N.J. 07719
Telephone (732) 681 2423
Signature James Dayton

- 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 _____	_____
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. _____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/29/2006
Tracking Number
Permit Number 03-0086
Permit Issue Date 1/10/2003

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 545 BRICK BLVD FLEET BANK TORCH Block: 547 Lot: 1 Qual:
RUBBER ROOF, NJ
Owner in Fee: FLEET BANK
Owner Address: 545 BRICK BLVD BRICK NJ 08723-
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: U 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: 11/29/2006

Page 1

\$116.00
\$46.00
\$8.00
\$170.00
\$170.00
\$0.00

#0086
 BUILDING
 FIRE
 DEPT
 2ND FLOOR
 NEW JERSEY
 CONSTRUCTION
 PERMIT

Qual

BELMAR, NJ 07719

Telephone () _____

Federal Emp. No. 13-6366768

Federal Emp. No. 13-6366768

[X] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT

PLUMBING

[X] FIRE PROTECTION

1 ASBESTOS ABATEMENT

(Subchapter B only)

LUKCH APPLIED RUBBER KUDJ

Estimated Cost of Work \$ 8,500

01/10/2003
Date

U.S.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)	
Building	116
Electrical	0
Plumbing	0
Fire Protection	466
Elevator Devices	0
Other	
DCA State Permit Fee	8
Cert. of Occupancy	0
Other	
Total	170
Check No.	
Cash	X
Collected By	TL

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

Block 547 Lot 1 Qual
Work Site Location 545 BRICK BLVD FLEET BANK

TORCH RUBBER ROOF

Owner in Fee FLEET BANK

Address 545 BRICK BLVD

BRICK, NJ 08723-

Tele. () -

Contractor JAMES BAYTON

Address 1907 SURE AVE

BELMAR, NJ 07719-

Tele. () - Fax () -

Lic. No. of Bldrs. Reg. No. -

Federal Emp. No. 13-6366768

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date 1/10/03 Initial TP

☐ No Plans Req. ☒ All

☐ Footing ☒ Foundation

☐ Slab ☐ Frame

☐ Other ☐ Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CD ☐ CCO ☐ CA

Date: 1/10/03

Approved By: TP

INSPECTIONS

Type Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCD

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

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

TORCH APPLIED RUBBER ROOF

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

0

0

116

0

0

0

0

0

0

0

0

0

0

0

0

0

0

116

4

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U

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 \$ 4,250

3. Total (1+2) \$ 4,250

Industrialized Building:

☐ State Approved

☐ HUD

Administrative Surcharge

0

0

116

4

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/10/2003
Date Issued 01/10/2003
Control #
Permit # 03-0086

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

Block 547 Lot 1 Qual
Work Site Location 545 BRICK BLVD FLEET BANK

Owner in Fee FLEET BANK
Address 545 BRICK BLVD
BRICK, NJ 08723-
TORCH RUBBER ROOF

Tele. ()
Contractor JAMES BAYTON
Address 1907 SUNF AVE
BELMAR, NJ 07719-
FEE (Office Use Only)

Tele. ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 13-6366768

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present Proposed U
Constr Class Present Proposed
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Elect [] Solar
Location:
Total Est Cost of Fire Prot Work \$ 4,250

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Plumb [] Elevator
[] Fire Plans Approved
Date: 1-10-03
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CDD
Date: 1-24-03
Approved By: [Signature]

INSPECTIONS
Type Failure Failure Approval Initial
Alarm Sys
Suppr Test
Standpipe
Fire Pump
Preeng Sys
Mechanical
Smoke Ctl
TCD
Final
Other

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:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: [] Flammable Liquid [] Combust Liquid
[] LPG [] LNG Capacity 0 Fuel

Alarm Systems [] 110V Interconnected NUMBER
[] System

Alarm Devices (smoke, heat, pulls, water/flow) 0
Supervisory Devices (tamers, low/high air) 0
Signalling Devices (horns, strobes, bells) 0
Other Devices 0

TOTAL 0
Suppression Systems
Fire Pump 0 GPM Type 0
Dry Pipe/Alarm Valves 0
Pre-action Valves 0
Sprinkler Heads (Dry and Wet) 0
Standpipes 0
Pre-engineered Systems 0

Wet Chemical 0
Dry Chemical 0
CO2 Suppression 0
Foam Suppression 0
Halon Suppression 0
Other TORCH ROOF 46

Kitchen Hood Exhaust System 0
Smoke Control System 0
Gas [] or Oil [] Fired Appliances 0
Other 0
Other 0

Paid [] Check # Administrative Surcharge \$ 0
Minimum Fee \$ 0
Collected by: TOTAL FEE \$ 46
DCA State Permit Fee \$ 4

COMMERCIAL

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 545 Brick Blvd
Block: _____ Lot: _____
Owner's Name: Fleet Bank
Owner's Mailing Address: 545 Brick Blvd
Phone: (____) _____

BUILDING

Contractor: James Dayton
Address: 1907 Sust Ave
Belmar NJ 07719
Phone#: _____
Lis #: _____
Federal Emp # or SSN: [REDACTED]

Technical Data

Description of Work:

Reroof
Install new torch Applied
Rubber 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: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: \$ ~~8,500.00~~ 4250

Cost of New Building: \$ 4250

Total Cost of New Building Work: \$ ~~8,500.00~~

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: James Dayton
Please Print Name JAMES DAYTON

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 IHP) _____
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

FIRE

Contractor: James Dwyer
Address: 1007 56th St Bklyn
Phone #: 718 277-1414
Federal Emp # or SSN: [REDACTED]

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: Torch Rubber roof
Estimated Cost of Fire Work: 4,250.00
~~8,500.00~~

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: _____

PLUMBING

Contractor: _____
Address: _____
Phone #: _____
Federal Emp # or SSN: _____

Technical Data

Fixtures

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 _____
Grease Trap _____
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

Applicable to Ordinance 720-92

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

TOWNSHIP OF BRICK
Debris Form

Work Site Address 545 Brick Blvd

Block _____ Lock _____

Contractor James Dayton

Contractor's Address 1907 Sort Ave.

Type of Construction (minor, new home) New Roof.

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

Party Responsible for removal JAMES DAYTON

Dumpster Size _____

Destination of Debris Discard _____

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.

Signature James Dayton Date 1/10/03

Print Name JAMES DAYTON