BLOCK 622 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 51 Chambers Bridge Rd PERMIT NO. 00-3350

# CONSTRUCTION PERMIT APPLICATION

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

**I. IDENTIFICATION**

1. Propsed Work Site at: 51 Chambers Bridge Road
2. Name of Owner in Fee: SHL Brick LLC Tel. (201) 945-9551
   Address 525 River Road Edgewater NJ. 07020 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: CATCon Construction Tel. (201) 767-2272
   Address 14 Knox Street Norwood NJ. 07648
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 13-3934495 FAX: (201) 767-2203
5. Architect or Engineer Michels Assoc. Tel. (201) 945-9551
   Address One Harmon Meadow Secaucus NJ. 07094
6. Responsible Person in Charge of Work Dominick Catalano
   Tel. (201) 767-2272 FAX (201) 767-2203

Demo Building

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

| | | | Update | Update |
|---|---|---|---|---|
| 1. Building (2653) | $ | 50 | | |
| 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 | | 50 | | |
| 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 | |

**II. PROPOSED WORK**

| | Est. Cost |
|---|---|
| 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)

| Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|
| | 8/11/00 | | | | 10/27/00 | | |

**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

**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: U
2. Use Group: 64
3. Change in Use Group, Indicate Former:

LDS BR 10505235

**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 _____

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 Cattoni Construction Co. Inc.

Address 14 Broad Street
Norwood NJ. 07648

Telephone ( 201 ) 767-2772

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. | | | | |

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/17/2000
Control #
Permit # 00-3350

# UCC NEW JERSEY
# CONSTRUCTION PERMIT

IDENTIFICATION Block 672 Lot 8 Qual

Work Site Location 51 CHAMBERSBRIDGE RD
DEMO BLDG/ GOOD YEAR
Owner in Fee SLH BRICK LLC / GOOD YEAR BLD
Address 525 RIVER RD
EDGEWATER, NJ 07020-
Telephone (201)945-9555

Contractor CATCORD CONSTRUCTION
Address 14 BROAD ST
NORWOOD, NJ 07648-
Telephone (201)767-2272
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-3934485

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DEMO GOOD YEAR BUILDING

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 50 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA Training Fee | 0 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 50 |
| Check No. | 2653 |
| Cash | |
| Collected By | LRT |

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 $ 500

Construction Official

08/17/2000
Date

U.C.C. P170 (rev. 3/96)

Good-YEAR

# BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-17-00
Date Issued
Control #
Permit # 00-3350

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

Block 672 Lot 8
Work Site Location 51 Chambers Bridge Road
Brick Township NJ.
Owner in Fee SHL Brick LLC.
Address 525 River Road Edgewater NJ. 02020
Tele. (201) 945-9555
Contractor Catcord Construction
Address 14 Brook Street
Norwood NJ. 07648
Tele. (201) 767-2272 Fax (201) 767-2203
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-3934485

**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

Demo Existing 8140 SQ Foot
One Story Masonry Building

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |
| Joint Plan Review Required: | | |
| [ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator | | |
| SUBCODE APPROVAL | | |
| [ ] CO [ ] CCO [ ] CA | | |
| Date: | | |
| Approved by: | | |

| INSPECTIONS Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 10/27/00 | |
| Barrier-Free | | Accep Recpts | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

**Est. Cost of Bldg. Work:**

1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ _____

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (exceeds 6')
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other _____
[✓] Demolition

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

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

1- White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

NEW JERSEY NATURAL GAS COMPANY

*People and Resources Dedicated to Service*

August 11, 2000

CatCord
14 Broad Street
Norwood, NJ 07648

RE: Chambersbridge Road – Brick
Good Year Tire
No Gas - propane

Dear CatCord,

Per your request, New Jersey Natural Gas Company has investigated the above referenced property for the presence of natural gas facilities. The facilities (if any) have been permanently retired at the main, which may be in the road or behind the curb.

************IMPORTANT************

**PLEASE READ CAREFULLY**

**SHOULD YOU REQUIRE GAS SERVICE RESTORED, PLEASE FOLLOW THE DIRECTIONS BELOW:**

1. Call 1-800-221-0051, a minimum of 6 weeks prior to the estimated reconnection date. This is necessary for us to obtain permits required to restore your service.

2. When you call, ask to speak to a MARKETING REPRESENTATIVE, who will assist you to have a new gas service line run.

3. Please be advised that the new service line must be installed according to the current company installation standards.

NEW JERSEY NATURAL GAS COMPANY
1420 Wyckoff Road
Wall, New Jersey 07719

c. R. Gallo
File - Operations Dept.
FAX: 1-201-767-2203

GAS

COPY

GPU Energy
417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

July 27, 2000

Milric Construction Company
Attention: Laura
4900 Rt 33, Suite 101
Neptune, NJ 07753

Dear Customer:

This letter confirms that GPU ENERGY has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

45 Chambersbridge Road
Brick, NJ 08723

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,

Marylyn Blake/ms
Marylyn Blake
Project Leader

MB/ms

demoltr.pf1

Electric

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
FAX# 732-458-5378
PHONE 732-458-7000

FILE

8/14/2000 CLERK MC

S.H.L. BRICK LLC%STARWOOD HELLER
525 RIVER ROAD
EDGEWATER, NJ 07020-9999

ROUTE 026 ACCOUNT J975223
BLOCK- 672- LOT- 8-
S/L-2805 CHAMBERSBRIDGE RD.-GOODYE

SUBJECT: BUILDING TO BE DEMOLISHED AND RECONSTRUCTED

DEAR CUSTOMER,

THIS IS TO CERTIFY THAT THE WATER AND SEWER SERVICE AT THE SUBJECT PROPERTY HAS BEEN TERMINATED AND THE WATER METERING SYSTEM HAS BEEN REMOVED.

IF FURTHER INFORMATION IS REQUIRED, PLEASE CONTACT THE UNDERSIGNED.

RESPECTFULLY YOURS,

MAUREEN COLLIER
CUSTOMER ACCOUNTS REPRESENTATIVE

LTR116

RECEIVED
AUG 14 2000
Cat Cord Construction Company, Inc.

WATER & SEWER