

BLOCK 672 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 08-1763



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 51 CHAMBERS BRIDGE RD.
2. Name of Owner in Fee: Inland Southeast BEICK, LLC
Tel. () e-mail
Address P.O. Box 1049 Canfield, OH 44406
street municipality zip code
3. Ownership in Fee: Public Private
4. Principal Contractor: HEPLER CONSTRUCTION Tel. (540) 747-4600
Address 116 HODGEN VALLEY RD. e-mail
COVINGTON VA 24426
License No. OR, if new home, Builder Reg. No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ()
5. Architect or Engineer Contact
Address e-mail
Tel. () FAX: ()
6. Responsible Person in Charge once Work has Begun
Tel. () FAX: ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</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>40</u>		

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. 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 _____

(office use only)

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

TOTAL COST

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
11. ☐ LPGas Tanks

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 _____



BUILDING SUBCODE TECHNICAL SECTION



Date Received
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6-13-08

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 Qualification Code _____

Work Site Location 51 CHAMBERS BRIDGE RD.

Owner in Fee: Inland Southeast Brick, LLC

Tel. (____) P.O. Box 1049 e-mail _____

Address Canfield, OH 44406

street municipality zip code

Contractor: HEROLD CONSTRUCTION Tel. (____) _____

Address 116 HIDDEN VALLEY RD. COVINGTON, e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 54-1831011 FAX: (540) 747-4602

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	_____	_____	Type: _____	Failure _____ Approval _____
[] All	_____	_____	Footings	_____
[] Footings/Foundations	_____	_____	Footings Bonding	_____
[] Structural/Framework	_____	_____	Foundation	_____
[] Exterior	_____	_____	Slab	_____
[] Interior	_____	_____	Frame	_____
Joint Plan Review Required:			Truss Sys./Bracing	_____
[] Elec. [] Plumb. [] Fire [] Elevator			Barrier-Free	_____
SUBCODE APPROVAL for PERMIT			Insulation	_____
Date: _____			Finishes -Base Layer	_____
Approved by: _____			Finishes -Final	_____
SUBCODE APPROVAL for CERTIFICATE			Energy	_____
[] CO [] CCO [] CA			Mechanical	_____
Date: _____			TCO	_____
Approved by: _____			Other	_____
			Final	_____
			Barrier-Free	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ _____

Max. Occupancy Load _____

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 J. Herold

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR DEMOLITION OF NON-BEARING WALLS, CEILINGS, FLOORING, ETC.

TYPE OF WORK:

- [] New Building
- [] Addition
- [] Rehabilitation
- [] Roofing
- [] Siding
- [] Fence _____ Height (exceeds 6')
- [] Sign _____ Sq. Ft.
- [] Pool
- [] Retaining Wall _____ Sq. Ft.
- [] Asbestos Abatement Subchapter 8
- [] Lead Haz. Abatement NJAC 5:17
- [] Radon Remediation
- [] Other _____
- ☒ Demolition interior

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

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 J. FRANK HEPLER

Address 116 HIDDEN VALLEY RD. COVINGTON, VA. 24426

Telephone (540) 747-4600

Signature J. Frank Hepler

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



CONSTRUCTION PERMIT

Date Issued 6/13/2008
Control # C-08-002878
Permit # 08-1763

IDENTIFICATION Block: 672 Lot: 8 Qualifier _____
Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ Contractor Hepler Construction
Address 116 Hidden Valley Road Covington VA 24426
Owner in Fee INLAND SOUTHEAST BRICK LLC
P O BOX 1049 CANFIELD OH 44406 Telephone: _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. _____

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 clean out of old Levitt's furniture.

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

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$40
Check No.	2279
Cash	\$0
Credit	\$0
Collected By	Inspection Account

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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.



BUILDING SUBCODE TECHNICAL SECTION



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Block 672 Lot 8 Qualification Code _____

Work Site Location 51 CHAMBERS BRIDGE RD.

Owner in Fee: Inland Southeast BRICK, LLC

Tel. (____) P.O. BOX 1049 e-mail _____

Address Canfield, OH 44406
street municipality zip code

Contractor: HERLITZ CONSTRUCTION Tel. (____) _____

Address 116 HIDDEN VALLEY RD. COVINGTON, e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 54-1831011 FAX: (540) 747-4602

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	_____	_____	Type: _____	Failure Approval Initial
☐ All	_____	_____	Footings/Foundations	_____
☐ Footings/Foundations	_____	_____	Footings Bonding	_____
☐ Structural/Framework	_____	_____	Foundation	_____
☐ Exterior	_____	_____	Slab	_____
☐ Interior	_____	_____	Frame	_____
Joint Plan Review Required:	_____	_____	Truss Sys./Bracing	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____	Barrier-Free	_____
SUBCODE APPROVAL for PERMIT	_____	_____	Insulation	_____
Date: _____	_____	_____	Finishes -Base Layer	_____
Approved by: _____	_____	_____	Finishes -Final	_____
SUBCODE APPROVAL for CERTIFICATE	_____	_____	Energy	_____
☐ CO ☐ CCO ☐ CA	_____	_____	Mechanical	_____
Date: _____	_____	_____	TCO	_____
Approved by: _____	_____	_____	Other	_____
	_____	_____	Final	_____
	_____	_____	Barrier-Free	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ _____

Max. Occupancy Load _____

U.C.C. F110
(rev. 12/07)

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 J. H. Hertz

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR DEMOLITION OF NON-BEARING WALLS, CEILINGS, FLOORING, ETC.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☒ Demolition interior

FEE (Office Use Only)

\$ _____

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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: 51 CHAMBERS BRIDGE RD

Block: 672 Lot: 8

Contractor: HEPLER CONSTRUCTION

Contractor's Address: 116 HIDDEN VALLEY RD. COVINGTON, VA. 24426

Type of Construction (minor, new home): INTERIOR CLEAN-OUT

Type of Debris (shingles, siding, wood, etc.): DRYWALL, CARPET & MIX.

Party responsible for removal: J. FRANK HEPLER

Dumpster size: 20 & 40 CY

Destination of debris: _____

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.

J. Frank Hepler
Signature

06/13/08
Date

J. FRANK HEPLER
Print Name