



CONSTRUCTION PERMIT APPLICATION

C-17-003827

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

I. IDENTIFICATION

1. Proposed Work Site at: 50 Chambers Bridge Rd Pac Bank

2. Name of Owner in Fee: FEDERAL REALTY TRUST
Tel. () e-mail
Address 1626 Jefferson St. Rockville MD 20852
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☐

4. Principal Contractor: L.H. VEDMAS INC Tel. (973) 228 2995
Address 143 ROSELAND AVE e-mail
CALDWELL NJ 07006

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. 221891620 FAX: (973) 228 9105

5. Architect or Engineer
Address
Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun JAMES BRENT ✓
Tel. (973) 228 2995 FAX: (973) 228 9105

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	<u>2700</u>		
2. Electrical	<u>18831</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review \$			
8. Subtotal			
9. State Permit Surcharge Fee	<u>104</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	<u>2804</u>		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____ ft.

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 _____

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)

- ☒ 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>\$5,000</u>								

TOTAL COST \$5,000**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. ☐ 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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/23/2018
Control Number C-17-003827
Permit Number 17-2888
Permit Issue Date 8/29/2017
Certificate Number 17-2888

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. PNC BANK Brick Block: 671 Lot: 1.01 Qual: _____
Township, NJ _____
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Telephone: _____
Contractor W H YEOMANS INC
Address 143 ROSELAND AVE CALDWELL NJ 07006
Telephone: (973) 228-2995 Fax: _____
License Number or Builders Registration Number: _____ 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: ROOFING

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: 2/23/2018

U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____

Page 1

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 M. H. YEOMANS INC

Address 143 ROSE LAND AVE
CALDWELL NJ 07006

Telephone (973) 228-2998

Signature [Signature]

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



CONSTRUCTION PERMIT

Date Issued 8/29/2017
Control # C-17-003827
Permit # 17-2888

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. PNC BANK Brick Contractor W H YEOMANS INC
Township, NJ Address 143 ROSELAND AVE CALDWELL NJ 07006
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE MD Telephone: (973) 228-2995
20852 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____
Telephone: _____

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:

ROOFING

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 \$55,000

Construction Official [Signature] Date 8/29/17

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	\$2,700
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$104
CO Fee	
Other	\$0
Total	\$2,804
Check No.	18837
Cash	\$0
Credit	\$0
Collected By	Lisa Rose Tavalaccio

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



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

Block 671 Lot 1.01 Qualification Code _____
Work Site Location 56 Chambers Bridge RD PNC Bank

Owner in Fee: Federal Realty Investment trust

Tel: (570) 961-6124 e-mail _____

Address 1626 Jefferson St e-mail _____ Rockville NJ 20852

Contractor: WH. Yeomans Inc Tel: (973) 228-2995 zip code _____

Address 143 Roseland Ave e-mail _____

Caldwell NJ 07007

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 221891620 FAX: (973) 228-9105

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____

☐ No Plans Required _____

☐ All _____

☐ Footings/Foundations _____

☐ Structural/Framework _____

☐ Exterior _____

☐ Interior _____

Joint Plan Review Required: _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

SUBCODE APPROVAL for PERMIT _____

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE _____

☐ CO ☐ CCO ☐ CCA _____

Date: 02/21/18 _____

Approved by: [Signature] _____

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B

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 _____

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

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.

Sign here: _____

Print name here: James Perrier

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove existing roof system. Install insulation board and new 60 Mil TPO membrane roofing system.

COMMERCIAL

Date Received 8/29/17

Control # _____

Date Issued _____

Permit # _____

17-2888

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

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 56 CHARGE BRIDGE RD

BLOCK: 671 LOT: 1.01

CONTRACTOR: W. H. YEOMANS INC

CONTRACTOR'S ADDRESS: 143 ROSELAND AVE CARLTON NJ
07006

Type of Construction (minor, new home): Roof Replacement

Type of Debris (shingles, siding, wood, etc.): Stone Roof

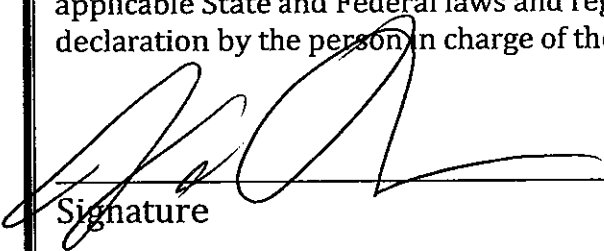
Party responsible for removal: CENTRAL Jersey WASTE

Dumpster Size: 30 yard

Destination of Debris: MAZDA Recycle Center
FLINT HILLS

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


Signature

8/28/17
Date

James PEARCE
Print Name