

BLOCK 671 LOT 8 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) 56 Chambersbridge Rd PERMIT NO. 07-3374



# CONSTRUCTION PERMIT APPLICATION

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

**I. IDENTIFICATION**

1. Proposed Work Site at: 56 Chambers Bridge Rd

2. Name of Owner in Fee: Wong Sam - Kristine Lopez  
Tel. ( 570 ) 977 5583 e-mail \_\_\_\_\_  
Address P.O. Box 8500-9320  
street municipality zip code

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

4. Principal Contractor: C/W Construction Inc Tel. ( 570 ) 977 5583  
Address Brooklyn NY 11211 e-mail \_\_\_\_\_  
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                          | \$ |        |        |
| 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                            | \$ |        |        |

| 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 _____<br>no _____         |                   |
| 11. Max. Live Load _____                   |                   |
| 12. Max. Occupancy Load _____              |                   |

## 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 COSTS

## VII. DESCRIPTION OF BUILDING USE

### A. RESIDENTIAL (primary use)

1. State Specific Use: \_\_\_\_\_
2. Use Group: \_\_\_\_\_
3. Change in Use Group, Indicate Former: \_\_\_\_\_
4. No. of dwelling units: All Units Income-restricted  
Before Construction \_\_\_\_\_  
After Construction \_\_\_\_\_  
Net Gain or Loss \_\_\_\_\_

### B. NON-RESIDENTIAL (primary use)

1. State Specific Use: \_\_\_\_\_
2. Use Group: \_\_\_\_\_
3. Change in Use Group, Indicate Former: \_\_\_\_\_

### C. MIXED USE -List secondary use(s):

## 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

LDS BR-B 10678507

**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 David Wong

Address 56 Chambers Bridge Rd, Brick, NJ

Telephone ( 770 ) 977 5583

Signature [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<br>(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 |          |
| <input type="checkbox"/> Zoning Officer                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Planning Board                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                                |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |

| IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional) |                                |
|----------------------------------------------------------------------------|--------------------------------|
| Name of Code & Edition                                                     | Name of Code & Edition         |
| 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 |
|---------------------------------------------------------------|-------------|--------------|---------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Temporary Certificate of Compliance  | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Compliance            | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Occupancy             | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Approval              | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Lead Abatement Clearance Certificate | No. _____   | _____        | _____         | _____        |

**FOR OFFICE USE ONLY**

## Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

**Initialed:**

Date:

**☐ Zoning Application approved**

**Initialed:**

**Date:**

**□ Zoning permit updates:**

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Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 12/10/2007  
Control Number C-07-005290  
Permit Number 07-3374  
Permit Issue Date 10/29/2007  
Certificate Number 07-3374

## Certificate

Construction Code Division  
(Certificate of Approval)

### Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, Block: 671 Lot: 8 Qual: NJ  
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST  
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852  
Telephone: \_\_\_\_\_  
Contractor C W Construction  
Address 131 N 14th Street Brooklyn NY 11211  
Telephone: (570) 977-5583 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 Used: Interior demo (actual cost \$800)

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: 12/10/2007

Fee: \$0.00

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

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

Page 1



# CONSTRUCTION PERMIT

Date Issued 10/29/2007  
Control # C-07-005290  
Permit # 07-3374

IDENTIFICATION Block: 671 Lot: 8 Qualifier  
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor C W Construction  
Address 131 N 14th Street Brooklyn NY 11211  
Owner in Fee FEDERAL REALTY INVESTMENT TRUST  
1626 EAST JEFFERSON ST ROCKVILLE MD  
20852 Telephone: (570) 977-5583  
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 demo (actual cost \$800)

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 \$300

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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.        |                      |
| Cash             | \$40                 |
| Credit           | \$0                  |
| Collected By     | Bernadette Ritchings |

## 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 8 Qualification Code RD

Work Site Location St. Chamberbridge RD

Owner in Fee Bristow, Lopes

Address P.O. Box 8385-5320

Philadelphia, PA 19128

Tel. ( ) 215 Consumer Inc 689

Contractor 131 W 14 Street

Brooklyn NY 11211

Tel. ( ) 572 5583 FAX ( )

Contractor License No. or Builder Registration No. 205 645 819

Federal Emp. No. 819

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                                                    | Date | Initial | INSPECTIONS           | Failure | Dates (Month/Day) | Approval | Initial |
|--------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------------------|---------|-------------------|----------|---------|
| <input type="checkbox"/> No Plans Required                                                                                     |      |         | Footling              |         |                   |          |         |
| <input type="checkbox"/> All                                                                                                   |      |         | Footling Bonding      |         |                   |          |         |
| <input type="checkbox"/> Footing                                                                                               |      |         | Foundation            |         |                   |          |         |
| <input type="checkbox"/> Foundation                                                                                            |      |         | Slab                  |         |                   |          |         |
| <input type="checkbox"/> Frame                                                                                                 |      |         | Frame                 |         |                   |          |         |
| <input type="checkbox"/> Other                                                                                                 |      |         | Truss Sys./Bracing    |         |                   |          |         |
| Joint Plan Review Required:                                                                                                    |      |         | Barrier-Free          |         |                   |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |      |         | Insulation            |         |                   |          |         |
| SUBCODE APPROVAL                                                                                                               |      |         | Finishes - Base Layer |         |                   |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           |      |         | Finishes - Final      |         |                   |          |         |
| Date: <u>11-30-07</u>                                                                                                          |      |         | Energy                |         |                   |          |         |
| Approved by: <u>[Signature]</u>                                                                                                |      |         | Mechanical            |         |                   |          |         |
|                                                                                                                                |      |         | TCO                   |         |                   |          |         |
|                                                                                                                                |      |         | Other                 |         |                   |          |         |
|                                                                                                                                |      |         | Final                 |         |                   |          |         |
|                                                                                                                                |      |         | Barrier-Free          |         |                   |          |         |

**B. BUILDING CHARACTERISTICS**

| Use Group                 | Present | Proposed | Est. Cost of Bldg. Work:      |
|---------------------------|---------|----------|-------------------------------|
| Constr. Class             |         |          | 1. New Bldg. \$               |
| No. of Stories            |         |          | 2. Rehabilitation \$          |
| Height of Structure       |         |          | 3. Total (1+2) \$ <u>8550</u> |
| Area — Largest Floor      |         |          |                               |
| New Bldg. Area/All Floors |         |          |                               |
| Volume of New Structure   |         |          |                               |
| Total Land Area Disturbed |         |          |                               |

Date Received  
Control #  
Date Issued  
Permit #

07-3374  
10-29-07

**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 [Signature]

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Interior Demolition

**TYPE OF WORK:**

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5.17
- ☐ Other
- ☒ Demolition

FEE (Office Use Only)  
\$

|                               |  |
|-------------------------------|--|
| Administrative Surcharge \$   |  |
| Minimum Fee \$                |  |
| State Permit Surcharge Fee \$ |  |
| TOTAL FEE \$                  |  |

U.C.G. F110  
(rev. 07/03)

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



# 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 8 Qualification Code RD  
Work Site Location 56 Chamberbridge RD

Owner In Fee 15151211 Conc  
Address P.O. Box 8585-5320  
Ph. 609.641.1111 PA 15175

Tel. ( ) 212 Construc Inc  
Contractor 131 W 14 Street  
Brooklyn NY 11211

Tel. ( ) 512 577 5583 FAX ( ) 512 577 5583  
Contractor License No. or Builder Registration No. 205 645 R15  
Federal Emp. No. 205 645 R15

## JOB SUMMARY (Office Use Only)

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

## B. BUILDING CHARACTERISTICS

| Use Group                 | Present | Proposed | Est. Cost of Bldg. Work:      |
|---------------------------|---------|----------|-------------------------------|
| Constr. Class             |         |          | 1. New Bldg. \$               |
| No. of Stories            |         |          | 2. Rehabilitation \$          |
| Height of Structure       |         |          | 3. Total (1+2) \$ <u>9560</u> |
| Area — Largest Floor      |         |          |                               |
| New Bldg. Area/All Floors |         |          |                               |
| Volume of New Structure   |         |          |                               |
| Total Land Area Disturbed |         |          |                               |

## 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 [Signature]

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior Demolition

## TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☒ Demolition

## FEE (Office Use Only)

|                            |    |
|----------------------------|----|
| Administrative Surcharge   | \$ |
| Minimum Fee                | \$ |
| State Permit Surcharge Fee | \$ |
| TOTAL FEE                  | \$ |

Date Received 07-3374  
Control # 10-29-07  
Date Issued  
Permit #

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: 56 Chambersbridge RD

Block: 671 Lot: 8

Contractor: CW Construction

Contractor's Address: 131 W. 14 St, Brooklyn NY 11211

Type of Construction (minor, new home): Renovation

Type of Debris (shingles, siding, wood, etc.): Dry wall, floor, ceiling tile

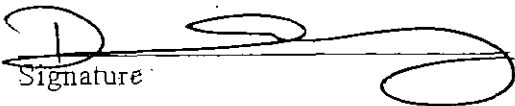
Party responsible for removal: CW Construction

Dumpster size: 30 yd

Destination of debris: A & G Carting

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

10/25/07  
Date

David Wang  
Print Name



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[www.officialpayments.com](http://www.officialpayments.com)

At the prompt, enter Jurisdiction Code 4045  
After authorization of your payment, you will be given a  
confirmation number that you should keep for your records.

There will be a nominal fee charged for this service.  
See reverse side for the convenience fee schedule.

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## HOME IMPROVEMENT CONTRACTORS REGISTRATION

If you are using a contractor to do this project please make sure you include in the permit jacket a copy of a current Home Improvement Contractors Registration card that matches the Agent/Contractors information in section II on the inside of the jacket. Thank you