

PERMIT NO.



009. 601339

1. Proposed Work Site at 22791 Harper Ave, Brick

2. Name of Owner in Fee: Peter PRAHANAS
Tel. (917) 623-6425 e-mail _____
Address _____
street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: NSTMC Tel. (732) 684-0560
Address PO Box 253, Bayville e-mail _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 322-3675800 FAX: (732) 237-9541

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Mika Ford
Tel. (732) 684-0560 FAX: (732) 237-9541

1.	Building	\$	90		
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	\$	41		

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 _____

COMMERCIAL

1. ☒ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ a. Repair
☐ b. Alteration
☐ c. Renovation
☐ d. Reconstruction
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch: 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

[illegible]

A. RESIDENTIAL

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 | _____ | _____ |
5. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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. 5:23-2.15(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 New Jersey Total Maintenance (NJTMC)

Address PO Box 253 Bayville NJ

Telephone (732) 684-0560 or 732-269-2052

Signature [Signature]

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



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

C-09-001339

IDENTIFICATION Block: 673

Lot: 8

Qualifier

Work Site Location: 2791 HOOPER AVE Brick Township, NJ

Contractor

NEW JERSEY TOTAL MAINTENANCE

Address

PO BOX 253 BAYVILLE NJ

Owner in Fee

TRAHANAS REALTY LLC

4 MANHATTAN AVE RYE NY 10580

Telephone:

(732) 684-0560

Telephone:

(917) 673-6425

Lic. No. or Bids. 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:

ALTERATION - -COMMERCIAL REPAIR BLOCK WALL FROM VEHICLE HITTING WALL FOR
BRICK MALLNote: 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 \$350

Construction Official

Date

5-1-09

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	\$1
CO Fee	
Other	\$0
Total	\$41
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/10/2009
Control Number C-09-001339
Permit Number 09-0900
Permit Issue Date 5/1/2009
Certificate Number 09-0900

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2791 HOOPER AVE Brick Township, NJ Block: 673 Lot: 8 Qual: _____
Owner in Fee: TRAHANAS REALTY LLC
Owner Address: 4 MANHATTAN AVE RYE NY 10580
Telephone: (917) 673-6425
Contractor NEW JERSEY TOTAL MAINTENANCE
Address PO BOX 253 BAYVILLE NJ
Telephone: (732) 684-0560 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: ALTERATION - -COMMERCIAL REPAIR BLOCK WALL FROM VEHICLE HITTING WALL FOR BRICK MALL

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:

COPY

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 6/10/2009

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

Page 1



**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 633 Lot 2 Qualification Code _____
Work Site Location 2791 Hooper Ave, Brick

Owner in Fee: _____ Tel. () _____ e-mail _____
Address _____
Contractor: NJMC Tel. (732) 681-0560
Address PO Box 253 e-mail _____
Bayville, NJ 08721

Contractor License No. or Builder Registration No. _____ Exp. Date 9/5/11
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-367-5800 FAX: (732) 937-8881

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plans Required			Failure Approval Initial
☐ All			
☐ Footings/Foundations			
☐ Structural/Framework			
☐ Exterior			
☒ Interior	<u>5/1/09</u>	<u>AA</u>	
Joint Plan Review Required:			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date:			
Approved by:			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO	<u>10/6/10</u>	<u>AA</u>	
Date:			
Approved by:			

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ 356.00

3. Total (1+2) \$ 356.00

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

09-0900
15-11-10

Date Received
Control # _____
Date Issued
Permit # _____

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

Repair block wall from
vehicle hitting wall

FEE (Office Use Only)

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Retaining Wall

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other

☐ Demolition

Height (exceeds 6') _____ Sq. Ft. _____

Sq. Ft. _____

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

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

COMMERCIAL



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 673 Lot 8 Qualification Code _____
Work Site Location 2791 Hooper Ave., Brock

Owner in Fee: _____

Tel. () _____ e-mail _____

Address _____

City Payville, NJ Municipality _____ Tel. 732-681-0560

Contractor: NJ TMC

Address PO Box 253

City Payville, NJ State 08721

Contractor License No. or Builder Registration No. _____ Exp. Date 9/5/11

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

Federal Emp. ID No. 22-3675800 FAX: (732) 237-1111

JOB SUMMARY (Office Use Only)					
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Type	Failure	Approval	Initial
☐ No Plans Required		Footings			
☐ All		Footings/Bonding			
☐ Footings/Foundations		Foundation			
☐ Structural/Framework		Slab			
☐ Exterior		Frame			
☒ Interior	<u>5/1/09</u>	Truss Sys./Bracing			
Joint Plan Review Required:		Barrier-Free			
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator		
SUBCODE APPROVAL for PERMIT		Insulation			
Date:		Finishes -Base Layer			
Approved by:		Finishes -Final			
SUBCODE APPROVAL for CERTIFICATE		Energy			
☐ CO	☐ CCO	Mechanical			
Date:		TCO			
Approved by:		Other			
		Final			
		Barrier-Free			

B. BUILDING CHARACTERISTICS	
Use Group	Present
No. of Stories	Proposed
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	_____
Constr. Class Present	
If Industrialized Building:	
State Approved	HUD
Est. Cost of Bldg. Work:	
1. New Bldg.	\$ _____
2. Rehabilitation	\$ <u>556,000</u>
3. Total (1+2)	\$ <u>556,000</u>
U.C.C. Form (rev. 12/07)	

Date Received Control #

Date Issued Permit #

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

Repair block wall from vehicle hitting wall

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ 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 \$ _____

1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = 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 673 Lot 8 Qualification Code _____
Work Site Location 2791 Hooper Ave, Brick

Owner in Fee: _____
Tel. () _____ e-mail _____

Address _____
Contractor: NJTC Municipality BRICK Tel. (732) 684-0560
Address PO Box 253 e-mail _____
Bayville, NJ 08821

Contractor License No. or Builder Registration No. _____ Exp. Date 9-5-11
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 12-3675800 FAX: (732) 237-1171

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plans Required			Failure Approval Initial
☐ 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 ☐ CA			
Date: _____			
Approved by: _____			

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ 350,000

3. Total (1+2) \$ 350,000

J.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 _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Repair block wall from vehicle hitting wall

FEE (Office Use Only)

\$ _____

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.

☐ Sign _____ Sq. Ft.

☐ Pool

☐ Retaining Wall _____ Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☐ Demolition

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

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

09-0700
15-014D

Date Received
Control #

Date Issued
Permit #