

BLOCK 553.01 LOT 19 QUALIFICATION CODE 19 ADDRESS (SITE) 12.1445



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 3545 Hague Ave CVS

2. Name of Owner in Fee: Fishburn & McManus
Tel. (980) 489 8887 e-mail _____

Address 1874 maitland Alex Cherry Hill NJ 08035

3. Ownership in Fee: Public Private Municipality Zip code

4. Principal Contractor: H. Carlsen & Sons Tel. (609) 685 8858
Address 7801 RHP may leadly NI 08330 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. 333333333 FAX: (_____) _____

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

6. Responsible Person in Charge once Work has Begun Harry Carlsen
Tel. (609) 685 8858 FAX: (609) 685 8858

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)

	Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
☐ Building	<u>33000</u>							
☐ Electrical								
☐ Plumbing								
☐ Fire Protection								
☐ Elevator								
TOTAL COST	<u>33000</u>							

III. PLAN REVIEW (optional)

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

1. ☐ Elevators/Escalators/Lifts/

2. ☐ Dumbwaiters/Moving Walks

3. ☐ High Pressure Boilers

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. ☐ LP Gas Tanks

12. ☐ Fire Alarm

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	\$ <u>75-</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 _____

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

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 _____

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. Carlson & Sons
Address 7201 BHP Mays Landing NJ 08370
Telephone (609 622 5073)
Signature Mary Carlson

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

OFFICE DATE RECEIVED:

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)		Name of Code & Edition	
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
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Compliance	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Compliance	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ Lead Abatement Clearance Certificate	No.		

[illegible]



CONSTRUCTION PERMIT

Date Issued 5/31/2012
Control # C-12-001962
Permit # 12-1445

IDENTIFICATION Block: 552.01 Lot: 19 Qualifier _____
Work Site Location: 2545 HOOPER AVE. Brick Township, NJ Contractor H. CARLSON & SONS
Address 7201 BLACK HORSE PIKE MAYS LANDING NJ 08330
Owner in Fee BOTTAZZI'S RED LION TAVERN INC
HOOPER AVE & DRUM PT RD. BRICK NJ 08723 Telephone: (609) 625-5052
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 22-3228655

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:

DEMOLITION OF COMERCIAL STRUCTURE (RED LION BUILDING)

Note: If constuction 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

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	\$75
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$75
Check No.	30183
Cash	\$0
Credit	\$0
Collected By	Kim Bogan

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 55301 Lot 19 Qualification Code _____
Work Site Location 2546 Maple ave

Owner in Fee: Frederick & McArthur
Tel. (196) 489-8887 e-mail _____

Address 1874 Mountain Ave City Mill Hill Zip code 05083

Contractor: Hickstead Tel. 860-627-9272
Address 7701 And St 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. 527228993 FAX: _____

JOB SUMMARY (Office/Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Initial	Type	Failure	Approval	Initial
☐ No Plans Required		☐ All			
☐ Footings/Foundations		☐ Footing			
☐ 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 ☐ TCA		☐ Mechanical			
Date:		☐ TCO			
Approved by:		☐ Other			
B. BUILDING CHARACTERISTICS		☐ Final			
Use Group Present	Proposed	☐ Barrier-Free			
No. of Stories		Constr. Class Present	Proposed		
Height of Structure	ft.	If Industrialized Building:			
Area — Largest Floor	sq. ft.	State Approved	HUD		
New Bldg. Area/All Floors	sq. ft.	Est. Cost of Bldg. Work:			
Volume of New Structure	cu. ft.	1. New Bldg.	\$		
Max. Live Load		2. Rehabilitation	\$	<u>22000</u>	
Max. Occupancy Load		3. Total (1+2)	\$	<u>22000</u>	

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

Date Received 12.1445
Control # _____
Date Issued 5/31/12
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.

Sign here: Therese Carter

Print name here: Therese Carter

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demolish Buildings & 1st house

FEE (Office Use Only)

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Retaining Wall
☐ Asbestos Abatement
☐ Lead Haz. Abatement
☐ Radon Remediation
☐ Other
☒ Demolition

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

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



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 55201 Lot 19 Qualification Code _____

Work Site Location 2545 Maple ave

Owner in Fee: Feinberg & McAndrew

Tel. (908) 477-1897 e-mail _____

Address 1874 Mountain Ave Municipality Mill Pt Zip code 08083

Contractor: Hickory Creek Tel. (609) 611-1011

Address 7201 ADA e-mail _____

Contractor License No. or Builder Registration No. 07330 Exp. Date _____

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

Federal Emp. ID No. 207777893 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Initial	Type	Failure	Approval	Initial
☐ No Plans Required					
☐ All		Footings			
☐ Footings/Foundations		Footings Bonding			
☐ Structural/Framework		Foundation			
☐ Exterior		Slab			
☐ Interior		Frame			
		Truss Sys./Bracing			
		Barrier-Free			
		Insulation			
		Finishes—Base Layer			
		Finishes—Final			
		Energy			
		Mechanical			
		TCO			
		Other			
		Final			
		Barrier-Free			

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator
 SUBCODE APPROVAL for PERMIT
 Date: _____
 Approved by: _____
 SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ TCA
 Date: _____
 Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure			State Approved		HUD
Area — Largest Floor			Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors			1. New Bldg.	\$	
Volume of New Structure			2. Rehabilitation	\$	22000
Max. Live Load			3. Total (1+2)	\$	22000
Max. Occupancy Load					

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

Date Received
Control #

Date Issued
Permit #

12.1445
5/31/12

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: Therese Carter

Print name here: Therese Carter

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demo of 1-2 Buildings & 1-4 house

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. _____

FEE (Office Use Only)

\$ _____

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