

OCT 13 1998



# CONSTRUCTION PERMIT APPLICATION

**Application Instructions:** Sections I, II, III (optional), IV, VI, and VII

## I. IDENTIFICATION

1. Proposed Work Site at: 131 WALTER RD
2. Name of Owner in Fee: STEPHAN FAWKES Tel. (732) 458-7309  
Address 131 WALTER RD BRICK 08723  
street municipality zip code
3. Ownership in Fee: Public \_\_\_\_\_ Private ✓
4. Principal Contractor: CXCALIBUR INC. Tel. (732) 262-9797  
Address P.O. Box 4061  
License No. OR, if new home, Builder Reg. No. 11218 Exp. Date —  
Federal Employee No. \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_
5. Architect or Engineer \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_
6. Responsible Person in Charge of Work NICK CALAWNI  
Tel. (732) 262-9797 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<br>State Plan Review |    |        |        |
| 8. Subtotal                          | \$ |        |        |
| 9. DCA Training Fee                  |    |        |        |
| 10. Subtotal                         |    |        |        |
| 11. Cert. of Occupancy               |    |        |        |
| 12. Other                            |    |        |        |
| 13. TOTAL                            | \$ |        |        |

## 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. 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 \_\_\_\_\_

(office use only)

## II. PROPOSED WORK

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

TOTAL COSTS

950

**OPTIONAL** (for office use only)[illegible]

**III. DO YOU WANT:** (optional)

- ☐ Partial Releases
- ☐ 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

## VII. DESCRIPTION OF BUILDING USE

### A. RESIDENTIAL

1. ☐ Hotels (R-1)  
2. ☐ Multi-Family (R-2)  
3. ☐ Two-Family (R-3) BOCA  
4. ☐ Two-Family (R-4) CABO  
5. ☒ One-Family (R-3) BOCA  
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

### Before Construction

### After Construction

Net Gain or Loss

### B. NON-RESIDENTIAL

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

LDS BR 10319871

## 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. 5:32-2.15(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 Nick Calanni Pres.

Address P.O. 4061

Telephone (732) 262-9797

Signature Nick Calanni

### 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"/>                                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |

**IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)**

| Name of Code & Edition | Name of Code & Edition         | Other |
|------------------------|--------------------------------|-------|
| 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. _____   | _____        | _____         | _____        |

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
CONSTRUCTION  
PERMIT

Date Issued 10/13/98  
Control #  
Permit # 98-3538

IDENTIFICATION Block 1170.04 Lot 11 Qual  
Work Site Location 131 WALTER RD  
UPGRADE SERVICE  
Owner in Fee FARKES, STEPHAN & CHRISTINE  
Address SAME  
BRICK, NJ  
Telephone (732)458-7309  
Contractor EXCALIBUR ELECTRIC  
Address P.O. BOX 4061  
BRICK, NJ 08723-  
Telephone (732)262-9797  
Lic. No. or Bldrs. Reg. No.  
Federal Emp. No.

Is hereby granted permission to perform the following work:  
☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT  
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION  
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER  
(Subchapter 8 only)

DESCRIPTION OF WORK:  
UPGRADE IN SERVICE

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 \$ 950

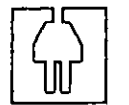
Construction Official 10/13/98  
Date

B.C.C. FIM (rev. 3/96)

PAYMENTS (Office Use Only)  
Building 0  
Electrical 40  
Plumbing 0  
Fire Protection 0  
Elevator Devices 0  
Other  
DCA Training Fee 1  
Cert. of Occupancy 0  
Other  
Total 41  
Check No. 999  
Cash  
Collected By AJP



**ELECTRICAL  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

10-13-98  
98-3538

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

Block 1170.04 Lot 11  
Work Site Location 131 WALTER RD  
BRICKTOWN, N.J. 08724  
Owner in Fee/Occupant STEPHAN & CHRISTINE FAWKES  
Address SAME AS SITE

Tele. ( 732 ) 458-7309  
Contractor EXCALIBUR ELECTRIC  
Address P.O. Box 4061  
BRICKTOWN N.J.  
Tele. ( 732 ) 262-9747 Fax ( )  
Lic. No. 11218

Federal Emp. No. 147 50666 0000

**B. ELECTRICAL CHARACTERISTICS**  
Use Group Present B3 Proposed B3  
☐ Pole/Pad # 1 ☐ Temporary ☐ Other  
Building Occupied as 1 Utility Co. 1  
Est. Cost of Elec. Work \$ 950.00

| JOB SUMMARY (Office Use Only)                                                        |  | PLAN REVIEW                       |  | Date |  | Initial |  | INSPECTIONS                   |  | Type: |  | Failure |  | Failure |  | Approval |  | Initial |  |
|--------------------------------------------------------------------------------------|--|-----------------------------------|--|------|--|---------|--|-------------------------------|--|-------|--|---------|--|---------|--|----------|--|---------|--|
| <input checked="" type="checkbox"/> No Plans Required                                |  | Joint Plan Review Required:       |  |      |  |         |  | Rough                         |  |       |  |         |  |         |  |          |  |         |  |
| <input type="checkbox"/> Building                                                    |  | <input type="checkbox"/> Plumbing |  |      |  |         |  | Temp. Serv.                   |  |       |  |         |  |         |  |          |  |         |  |
| <input type="checkbox"/> Fire                                                        |  | <input type="checkbox"/> Elevator |  |      |  |         |  | Const. Serv.                  |  |       |  |         |  |         |  |          |  |         |  |
| <input type="checkbox"/> Elec. Plans Approved                                        |  | Date: <u>10.13.98</u>             |  |      |  |         |  | TCO                           |  |       |  |         |  |         |  |          |  |         |  |
| Approved by: <u>mm</u>                                                               |  |                                   |  |      |  |         |  | Other                         |  |       |  |         |  |         |  |          |  |         |  |
|                                                                                      |  |                                   |  |      |  |         |  | Service                       |  |       |  |         |  |         |  |          |  |         |  |
|                                                                                      |  |                                   |  |      |  |         |  | Final                         |  |       |  |         |  |         |  |          |  |         |  |
| SUBCODE APPROVAL                                                                     |  |                                   |  |      |  |         |  | Temp. Cut-in-Card Date Issued |  |       |  |         |  |         |  |          |  |         |  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |  |                                   |  |      |  |         |  | Final Cut-in-Card Date Issued |  |       |  |         |  |         |  |          |  |         |  |
| Date: _____                                                                          |  |                                   |  |      |  |         |  |                               |  |       |  |         |  |         |  |          |  |         |  |
| Approved by: _____                                                                   |  |                                   |  |      |  |         |  |                               |  |       |  |         |  |         |  |          |  |         |  |

**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 and perform the work listed on this application.

Maé Calabi

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Electrical Contractor ☐ Exempt Applicant



**D. TECHNICAL SITE DATA**

| QTY | SIZE | ITEMS                          |
|-----|------|--------------------------------|
|     |      | Lighting Fixtures              |
|     |      | Receptacles                    |
|     |      | Switches                       |
|     |      | Detectors                      |
|     |      | Light Poles                    |
|     |      | Motors—Fract. HP               |
|     |      | Emergency & Exit Lights        |
|     |      | Communications Points          |
|     |      | Alarm Devices/F.A.C. Panel     |
|     |      | TOTAL NUMBERS                  |
|     |      | Pool Permit/with UV Lights     |
|     |      | Storable Pool/Spa/Hot Tub      |
|     |      | KW Elec. Range/Receptacle      |
|     |      | KW Oven/Surface Unit           |
|     |      | KW Elec. Water Heater          |
|     |      | KW Elec. Dryer/Receptacle      |
|     |      | KW Dishwasher                  |
|     |      | HP Garbage Disposal            |
|     |      | KW Central A/C Unit            |
|     |      | HP/KW Space Heater/Air Handler |
|     |      | KW Baseboard Heat              |
|     |      | HP Motors 1/4 HP               |
|     |      | KW Transformer/Generator       |
|     |      | AMP Service                    |
|     |      | AMP Subpanels                  |
|     |      | AMP Motor Control Center       |
|     |      | KW Elec. Sign/Outline Light    |

|                          |    |    |
|--------------------------|----|----|
| Administrative Surcharge | \$ | 40 |
| Minimum Fee              | \$ | 1  |
| DCA Training Fee         | \$ | 1  |
| TOTAL FEE                | \$ | 42 |

U.C.C. F120  
(rev 3/96)

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