



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: 127 Walter Road
- Name of Owner in Fee: Pereira, Henrique Tel. ()
Address 127 Walter Road 08704
street municipality zip code
- Ownership in Fee: Public Private X
- Principal Contractor: William Barbosa Tel. (732) 477-6968
Address 67 Tappan Road
License No. OR, if new home, Builder Reg. No. Exp. Date
Federal Employee No. FAX: ()
5. Architect or Engineer Tel. ()
Address
6. Responsible Person in Charge of Work
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. DCA Training 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 no
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

- ☒ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

TOTAL COSTS

OPTIONAL (for office use only)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>500.00</u>	<u>WFO</u>	<u>11/4/98</u>						

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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 William M. Rube Date 11/4/98

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 _____

Address _____

Telephone (_____) _____

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 (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

Name of Code & Edition

	Energy	Barrier Free	Flood Hazard	As Built Elevation Cert.	Other
Building					
Electrical					
Plumbing					
Fire Protection					
Mechanical					

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	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.			

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

***0002**
983862*#
LOT 10 #
BUILDING 35.00
TOTAL 35.00
CHECK 35.00
CHANGE 0.00
11/04/98 NO. 5 0002A005 16:41

Date Issued 11/05/98
Control #
Permit # 98-3862

IDENTIFICATION Block 1170.04 Lot 10 Qual

Work Site Location 127 WALTER RD
NEW ROOF
Contractor HOME OWNER
Address

Owner in Fee HENRIQUE PEREIRA
Address SAME
BRICK, NJ 08724-
Telephone ()

Telephone ()
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

- [X] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
NEW ROOF

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 \$ 500

Construction official

D.C.C. F170 (rev. 3/86)

11/05/98
Date

PAYMENTS (Office Use Only)

Building 35
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 0
Cert. of Occupancy 0
Other
Total 35
Check No. 2324
Cash
Collected By HP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/05/98
Date Issued 11/05/98
Control #
Permit # 98-3862

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 10 Qual

Work Site Location 127 WALLER RD

NEW ROOF

Owner in Fee HENRIQUE PEREIRA

Address SAME

BRICK, NJ 08724-

Tele. ()

Contractor

Address

Tele. () Fax ()

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. 110-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type	Failure	Approval	Initial
☐ No Plans Req.			Footings			
☐ All			Foundation			
☐ Footing			Slab			
☐ Foundation			Frame			
☐ Frame			Barrierfree			
☐ Other			Insulation			
Joint Plan Review Required:			Finishes			
☐ Elect	☐ Plumb	☐ Fire	Energy			
SUBCODE APPROVAL			Mechanical			
☐ CO	☐ CCO	☐ CA	TCO			
Date:			Other			
Approved By:			Final			
			Barrierfree			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$ 0
No. of Stories	0	0		2. Alteration \$ 500
Height of Structure	0	0		3. Total (1+2) \$ 500
Area Largest Floor	0	0		
New Bldg. Area/All Floors	0	0		
Volume of New Structure	0	0		
Total Land Area Disturbed	0	0		

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

NEW ROOF

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	\$ 0
☒ Alteration	\$ 18
☐ Roofing	\$ 0
☐ Siding	\$ 0
☐ Fence	\$ 0
☐ Sign	\$ 0
☐ Pool	\$ 0
☐ Asbestos Abatement Subchapter 8	\$ 0
☐ Lead Haz. Abatement NJAC 5:17	\$ 0
☐ Other	\$ 0
☐ Demolition	\$ 0

Administrative Surcharge	Minimum Fee	TOTAL FEE
Paid [X] Check # 2324	\$ 17	\$ 35
Collected by: BP	\$ 0	\$ 0
DCA Training Fee	\$ 0	\$ 0

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location:	127 Walter Rd.	Date Rec'd:	
Block:	1170-04	Lot:	115
Owner in Fee:	Hennique Pereira	Control #:	
Address:		Permit #:	
State:		Zip:	
SS #:		Phone: ()	
Provide only if Applicant is owner			

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR: W. William M. Barbato
ADDRESS:	ADDRESS: 67 Tappan Rd. Brick, NJ 08723
PHONE:	PHONE: (732) 477-6968
LIC #:	LIC #:
LIC EXPIRATION DATE:	LIC EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #):
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
Water Closet	Remove 2 layers of Roofing & Add new Roof.
Urinal / Bidet	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bibb	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor / Separator	
Backflow Preventer	
Greasetrap	
Water Cooled AC or Refrig. Unit	
Sewer Connection	
Septic (Disposal System) Closure	
Water Service Connection	
Gas Service Connection	
Active Solar System	
Vent Through Roof	
Other	
Estimated Cost of Plumbing Work: \$	TYPE OF WORK
Signature:	☐ New Building
Owner ☐ Contractor ☐	☐ Addition ☐ Fence: Height (6' or More)
SUBCODE APPROVAL:	☐ Alteration ☐ Sign: Sq. Ft.
PLANS: Required ☐ Approved ☐	☒ Roofing ☐ Pool (In Ground)
Approved by:	☐ Siding ☐ Pool (Above Ground)
Date:	☐ Other: ☐ Asbestos Abatement
CONTRACTOR AFFIX SEAL:	☐ Other: ☐ Demolition
	BUILDING CHARACTERISTICS
	USE GROUP Present: Proposed:
	CONSTR. CLASS Present: Proposed:
	No. of Stories:
	Height of Structure:
	Area - Largest Floor:
	New Building Area / All Floors:
	Volume of Structure: Total Land Disturbed:
	Signature: William M. Barbato
	Estimated Cost of Building Work:
	New Building (1): \$
	Alteration (2): \$
	TOTAL (1+2): \$ 500.00
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE	FIRE PROTECTION SUBCODE
CONTRACTOR: _____	CONTRACTOR: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
LIC. #: _____ EXP. DATE: _____	LIC. #: _____ EXP. DATE: _____
FEDERAL EMPL. #: (or S.S. #): _____	FEDERAL EMPL. #: (or S.S. #): _____
TECHNICAL DATA (LIST ALL FIXTURES)	TECHNICAL DATA (DESCRIPTION OF WORK)
DESCRIPTION QTY SIZE ITEMS Lighting Fixtures Receptacles Switches Detectors Light Poles Motors - Fract. HP Emergency & Exit Lights Communications Points Alarm Devices/E.A.C. Panel	Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar Heating Sys: ☐ New ☐ Existing Location of Furnace / Boiler _____
TOTAL NUMBERS	
Pool Permit w/UW Lights	Water Supply Source
Storable Pool/Spa/Hot Tub	Method of Valve Supervision
KW Elec. Range / Receptacle KW	Local Alarm Supervision
KW Oven / Surface Unit KW	Central Supervision
KW Elec. Water Heater KW	Proprietary Supervision
KW Elec. Dryer / Receptacle KW	
KW Dishwasher KW	Flammable Liquid Storage Tanks Capacity: Fuel:
HP Garbage Disposal HP	Combustible Liquid Storage Tanks Capacity: Fuel:
KW Central A/C Unit KW	L.G.P. Storage Tanks Capacity: Fuel:
HP/KW Space Heater/Air Handler HP/KW	
KW Baseboard Heat KW	DESCRIPTION NUMBER
HP Motors 1/+ HP HP	Wet Sprinkler Heads
KW Transformer/Generator KW	Dry Sprinkler Heads
AMP Service AMP	Total
AMP Subpanels AMP	
AMP Motor Control Center AMP	Smoke Detectors
AMP Elec. Sign/Outline Light KW	Heat Detectors
Other	Total
Other	
Other	Stand Pipes
Other	Kitchen Hood Exhaust Systems
Estimated Cost of Electrical Work: \$	
Signature (print name):	Pre-Engineered Systems
Estimated Cost of Electrical Work: \$	Co2 Suppression
Signature (print name):	Halon Suppression
Owner ☐ Contractor ☐	Foam Suppression
SUBCODE APPROVAL:	Dry Chemical
PLANS: Required ☐ Approved ☐	Wet Chemical
Approved by: _____	
Date: _____	Gas or Oil Fired Appliance
	Other
	Other
CONTRACTOR AFFIX SEAL:	Estimated Cost of Fire Protection Work: \$
	Signature: _____
	Owner ☐ Contractor ☐
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by: _____
	Date: _____

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

127 Walter Road 1170.04 10
Work Site Address Block Lot

Henrique Pereira 127 Walter Road Brick NJ 08724
Owner's Name, Address, Phone

William Barab 127 Topsail Rd Brick NJ 08723
Contractor's Name, Address, Phone

Construction Describe type (Single -family home, etc.)

Demolition Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material

Name, address and phone of party responsible for removal of debris:

Size of dumpster:

Destination of discarded debris: Ocean County Landfill

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Printed/Typed Name Signature Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

- DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant