

BLOCK

44.17

LOT

17

QUALIFICATION CODE

ADDRESS (SITE)

333 Barkentine Lane
Mantoloking

PERMIT NO.

13-4071



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 333 Barkentine Lane

2. Name of Owner in Fee: Peter Pafinos

Te [REDACTED] e-mail [REDACTED]

Address 281 Opossum Rd SKillman NJ 08558

3. Ownership in Fee: Public Private ☒

4. Principal Contractor: #10 Tel. ()

Address 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	\$	75	75

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		
3. Area — Largest Floor		
4. New Building Area		
5. Volume of New Structure		
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved		HUD
9. Total Land Area Disturbed		
10. Flood Hazard Zone		
11. Base Flood Elevation		
12. Wetlands	yes	no

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	Re-viewer
						Approval	Rejection

TOTAL COST

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
- Gained, Sale
- Gained, Rental
- Lost, Sale
- Lost, Rental

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

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ 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/Standpipes
☐ 8. Smoke Control Systems in Open Wells
☐ 9. Underground Storage Tanks
☐ 10. Swimming Pools, Spas and Hot Tubs
☐ 11. LPGas Tanks
☐ 12. Fire Alarm

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

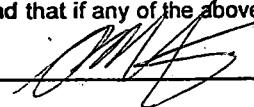
I further certify that I will perform the following work:

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 9-28-13

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.

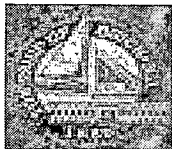
Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/11/2019
Control Number C-13-005387
Permit Number 13-4071
Permit Issue Date 9/25/2013
Certificate Number 13-4071

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 333 BARKENTINE LN Brick Township, NJ Block: 44.17 Lot: 17 Qual: _____
Owner in Fee: PAFTINOS, PETER J. & ANN E.
Owner Address: 281 Opossum Road Skillman NJ 08558
Telephone: [REDACTED]
Contractor PAFTINOS, PETER J. & ANN E.
Address 281 Opossum Road Skillman NJ 08558
Telephone: [REDACTED] Fax: _____
License Number [REDACTED] er: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: DEMOLITION SINGLE FAMILY DWELLING

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

Fee: \$0.00

Check Number: _____

Collected By: _____



Date Received
Control #

Date Issued
Permit #

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

Block 44.17 Lot 17 Qualification Code _____
Work Site Location 333 Barkentus Lane

Owner in Fee: Peter Katzing

T [redacted] e-mail [redacted]
Address 281 Opessum Rd. Skillman NJ 08578
street municipality zip code

Contractor: _____ Tel. (____) _____
Address _____ 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. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[]	No Plans Required	_____	_____	Type:	Failure	Failure	Approval
[]	All	_____	_____	Footing	_____	_____	_____
[]	Footings/Foundations	_____	_____	Footing Bonding	_____	_____	_____
[]	Structural/Framework	_____	_____	Foundation	_____	_____	_____
[]	Exterior	_____	_____	Slab	_____	_____	_____
[]	Interior	_____	_____	Frame	_____	_____	_____
Joint Plan Review Required:				Truss Sys./Bracing	_____	_____	_____
				Barrier-Free	_____	_____	_____
[]	Elec.	[]	Plumb.	[]	Fire	[]	Elevator
SUBCODE APPROVAL for PERMIT				Insulation	_____	_____	_____
Date: _____				Finishes -Base Layer	_____	_____	_____
Approved by: _____				Finishes -Final	_____	_____	_____
				Energy	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE				Mechanical	_____	_____	_____
[]	CO	[]	CCO	[M]	CA	_____	_____
Date: _____				TCO	_____	_____	_____
Approved by: _____				Other	_____	_____	_____
				Final	_____	_____	_____
				Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ **Constr. Class** Present _____ Proposed _____

No. of Stories 1 If Industrialized Building:

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work _____

New Bldg. Area/All Floors		sq. ft.	Est. Cost of Bldg. Work:
		sq. ft.	1. New Bldg. \$

1. New Bldg.	\$	_____
2. Exp. Addition	\$	_____

2. Rehabilitation \$ 10,000

3. Total (1+2) \$710,000

Max. Occupancy Load _____ U.C.C. F110
(rev. 11/09)

Est. Cost of Bldg. Work:

1. New Bldg. \$_____

2. Rehabilitation \$_____

3. Total (1+ 2) \$10,000

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

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:

Print name here: Peter Paffins

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demostration

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☒ Demolition

FEE (Office Use Only)

[illegible]

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



CONSTRUCTION PERMIT

Date Issued 9/25/2013
Control # C-13-005387
Permit # 13-4071

IDENTIFICATION Block: 44.17 Lot: 17 Qualifier _____
Work Site Location: 333 BARKENTINE LN. Brick Township, NJ Contractor PAFTINOS, PETER J. & ANN E.
Address 281 Opossum Road Skillman NJ 08558
Owner in Fee PAFTINOS, PETER J. & ANN E.
281 Opossum Road Skillman NJ 08558 Telephone: _____
Telephone: _____ 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:

DEMOLITION SINGLE FAMILY DWELLING

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 \$10,000

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 1/04)

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.	116
Cash	\$0
Credit	\$0
Collected By	Nichol Miller

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.

This form must be handed in with permit application or a permit will not be issued!

TOWNSHIP OF BRICK

Debris Form

Work Site Address: 333 Barkentune Lane

Block: 44.17 Lot: 17

Contractor: H/O

Contractor's Address: _____

Type of Construction (minor, new home): Demo

Type of Debris (shingles, siding, wood, etc): Demo

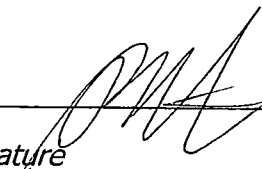
Party responsible for removal: H/O

Dumpster Size: _____

Destination of Debris: _____

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

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

9 / 25 / 13
Date

Peter Paffanos
Print Name



I am demolishing my home. If asbestos is present
on the property, it will be disposed of properly, prior
to demolition.

Peter Paffinos
251 Opssum Rd.
Skillman, NJ 08578
September 25, 2013



1551 Highway 88 West * Brick, New Jersey 08724-2399
(732) 458-7000 * FAX (732) 458-5378
www.brickmua.com

JAMES F. LACEY, C.P.W.M.
Executive Director

September 25, 2013

PAFTINOS, PETER & ANN
126 BRIDGEPOINT RD
BELLE MEAD NJ 08502-5803

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ALTERNATES

JOHN M. CIOCCO
EDWARD J. MCBRIDE

Subject: Building To Be Demolished And Reconstructed
Route: 207
Account: 2531007-0
Service location: 333 BARKENTINE LN
Block: 44.17_17

Dear Customer,

This is to certify that the sewer service to the above property has been terminated.
Water service is provided by the American Water Company.

If further information is required, please contact me.

Respectfully Yours,

BEVERLY
Customer Accounts Division

August 7, 2013

Peter Paftinos
281 Opossum Rd
Skillman NJ 08558-2605

Ref: DR #329513893

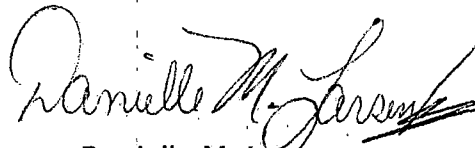
Dear Customer:

This letter confirms that Jersey Central Power & Light Company has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

333 Barkentine Ln
Mantoloking NJ 08738

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,



Danielle M. Larsen
Distribution Specialist

DML/bmc



215/217 SSS

August 14, 2013

Peter Paftinos
281 Opossum Rd.
Skillman, NJ 08558

Gas Service Disconnection Due To Super Storm Sandy

RE: 333 Barkentine Ln., Mantoloking (7775354)
Email: pjpaf57@aol.com
FAX:

Dear Mr. Paftinos:

Per your request, New Jersey Natural Gas has investigated the above referenced property for the presence of natural gas facilities. The facilities (if any) have been permanently disconnected at the main, which may be in the road or behind the curb line.

*******IMPORTANT*******

PLEASE READ CAREFULLY

SHOULD YOU REQUIRE GAS SERVICE RESTORED, PLEASE FOLLOW THE DIRECTIONS BELOW:

1. **Call 1-800-221-0051, a minimum of 6 business weeks prior to the estimated reconnection date. This is necessary for us to obtain permits required to restore your service.**
2. When you call, please ask to speak to a **Marketing Representative**, who will assist you to have a new gas service line installed.
3. Please be advised that the new service line must be installed according to the current company installation standards.

c. NBPT
File
7775354

New Jersey American Water

P.O. Box 578, Alton IL 62002
1-800-652-6987



AMERICAN WATER

08/14/2013

Peter Paftinos
281 Opossum Rd
Skillman NJ 08558-2605

Account Number: 18-1747494-1
Premise Number: 180463303
333 Barkentine Ln
Mantoloking NJ

Dear Customer:

Please be advised that the water meter was removed and the water service turned off at the above referenced property on Saturday, August 10, 2013 for the purpose of demolition.

If you have any questions on this matter, please call our customer service representatives at 1-800-652-6987, 24 hours a day, 7 days a week. Thank you.

Sincerely,

Customer Service