



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 351 18TH AVE.

2. Name of Owner in Fee: JOHN O'LOUGHLIN Tel. ()
 Address 351 18TH AVE BRICK zip code
street municipality

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: SEMPER FI ELECTRIC Tel. (732) 458-5170
 Address 331-A SAWMILL RD, BRICK 08724
 License No. OR, if new home, Builder Reg. No. 13833 Exp. Date 3-1-03
 Federal Employee No. 22-3484254 FAX: () SAME

5. Architect or Engineer _____ Tel. ()
 Address _____

6. Responsible Person in Charge of Work TOM ALLEN
 Tel. (732) 458-5170 FAX () SAME

Service Charge

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</u>		
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	\$ <u>1</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>41</u>		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. <input type="checkbox"/> Minor Work									
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> Alteration									
5. <input type="checkbox"/> Fire Protection									
6. <input type="checkbox"/> Plumbing									
7. <input checked="" type="checkbox"/> Electrical	<u>900.⁰⁰</u>		<u>5/20/00</u>						
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abat. Subch. 8									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
TOTAL COSTS	<u>900.⁰⁰</u>								

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

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

- Partial Releases
- Prototype Processing

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

LDS BR 10302059

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 James J. Allen Date 5-10-00

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 TOM ALLEN - SEMPER FI ELECTRIC

Address 331-A SAWMILL RD, BRICK 08724

Telephone (732) 458-5170

Signature James J. Allen

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	
<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"/>									

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

0.00
 40.00
 1.00
 41.00
 41.00
 0.00
 08:14

UCC NEW JERSEY
 CONSTRUCTION
 PERMIT

Date Issued 05/10/2000
 Control #
 Permit # 00-1581

IDENTIFICATION Block 1293.64 Lot 17

Qual

Work Site Location 351 18TH AVE

SERVICE CHANGE

Contractor SEMPER FI ELECTRIC INC
 Address 331A SAWMILL RD
 BRICK, NJ 08724-

Owner in Fee OLOKSHILIN J

Address SAME

Telephone (732)458-8405

Telephone BRICK, NJ 08724-

Lic. No. or Bldrs. Reg. No. 13833
 Federal Emp. No. 22-3484254

Is hereby granted permission to perform the following work:

- BUILDING
- ELECTRICAL
- ELEVATOR DEVICES
- PLUMBING
- FIRE PROTECTION
- ASBESTOS ABATEMENT
- LEAD HAZARD ABATEMENT
- DEMOLITION
- OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:
 SERVICE CHANGE

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 \$ 900

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.	1863
Cash	
Collected By	LRT

Construction Official

05/10/2000
 Date

U.C.C. P170 (REV. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

DCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/10/2000
Date Issued 05/10/2000
Control #
Permit # 00-1581

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

Block 1293.64 Lot 17 Quad
Work Site Location 351 18TH AVE

SERVICE CHANGE

Owner in Fee O'LOUGHLIN J
Address SAME
BRICK, NJ 08724-

Tele [REDACTED] Fax (332)840-4623
Contractor SEWER EL ELECTRIC INC

Address 331A SAWHILL RD
BRICK, NJ 08724-

Tele (732)458-8405
Lic. No. or Bldrs. Reg. No. 13813

Federal Emp. No. 22-3484254

B. ELECTRICAL CHARACTERISTICS

Use Group - Present _____ Proposed U
[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 900

C. JOB SUMMARY (Office Use Only)

PLAN REVIEW
[x] No Plans Required
Joint Plan Review Required:

INSPECTIONS	Dates (Month/Day)
[] Bidg [] Plumb	
[] Fire [] Elevator	
[] Elect Plans Approved	
Other	

Date: 5/10/00
Approved By: [Signature]

SUBCODE APPROVAL
[] CO [] CCO [] CA

Date: _____
Approved By: _____

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UV Lights	0
0		Storable Pool/Spa/Hot Tub	0
0		KW Elect Range/Receptacle	0
0		KW Oven/Surface Unit	0
0		KW Elect Water Heater	0
0		KW Elect Dryer/Receptacle	0
0		KW Dishwasher	0
0		HP Garbage Disposal	0
0		KW Central A/C Unit	0
0		HP/KW Space Heater/Air Handler	0
0		Baseboard Heat	0
0		HP Motors 1/+ HP	0
0		KW Transformer/Generator	0
0	200	AMP Service	40
0		AMP Subpanels	0
0		AMP Motor Control Center	0
0		KW Elect Sign/Outline Light	0
0		Other	0
0		Other	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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

Paid [] Check \$ _____
Collected by: _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
TOTAL FEE \$ 40
DCA Training Fee \$ 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/10/2000
Date Issued 05/10/2000
Control #
Permit # 00-1581

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

Block 1293.64 Lot 17
Work Site Location 311 18TH AVE

Owner in fee GEORGINA J
Address SAME
BRICK NJ 08724

Contractor SENER RI ELECTRIC INC
Address 311A SAWMILL RD
BRICK, NJ 08724

Tele [REDACTED]
Lic. No. of Bldgs. Reg. No. 13833
Federal Emp. No. 22-3484254

B. ELECTRICAL CHARACTERISTICS
Use Group - Present Proposed 0
[] Pole/Pad [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 900

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.

APPROVED BY: [Signature]
SUBCODE APPROVAL Final
[] CO [] COO [] CA
Date: _____
Approved By: _____

D. TECHNICAL SITE DATA
NO. SIZE ITEM FEE (Office Use Only)

NO.	SIZE	ITEM	FEE (Office Use Only)
0	0	Lighting Fixtures	0
0	0	Receptacles	0
0	0	Switches	0
0	0	Detectors	0
0	0	Light Poles	0
0	0	Motors-Fract HP	0
0	0	Emergency & Exit Lights	0
0	0	Communications Points	0
0	0	Alarm Devices/P.A.C. Panel	0
0	0	TOTAL NUMBERS	0
0	0	Pool Permit/with UV Lights	0
0	0	Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/4 HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
0	0	Other	0

INSPECTIONS
Type Failure Failure Approval Initials
Rough
Temp Serv
Const Serv
TCO
Other

Dates (Month/Day)
Final
Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 40
DCA Training Fee \$ 1

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant
U.C.C. F120 (rev. 3/96)

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 351 18TH AVE, BRICK
Block: 1293-64 Lot: 17
Owner's Name: JOHN OLOUGHLIN
Owner's Mailing Address: 351 18TH AVE, BRICK
Phone: [REDACTED] 9

BUILDING

Contractor: _____
Address: _____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

ELECTRICAL

Contractor: SEMPER FI ELECTRIC
Address: 331-A SAWMILL RD, BRICK 08724
Phone#: 458-5170
Lis #: 13833
Federal Emp # or SSN 22-3484254

Technical Data

Description of Work: _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Type of Work	
<input type="checkbox"/> New Building	<input type="checkbox"/> Siding
<input type="checkbox"/> Addition	<input type="checkbox"/> Fence
<input type="checkbox"/> Alteration	<input type="checkbox"/> Pool
<input type="checkbox"/> Roofing	<input type="checkbox"/> Demolition
<input type="checkbox"/> Asbestos Abatement	<input type="checkbox"/> Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____
Cost of Alteration: _____
Cost of New Building: _____
Total Cost of Building Work: _____

Pool: _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit - Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
Light Stander _____ AMP
Service CHANGE 200 AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: \$900.00

Signature: _____
Please Print Name _____

Signature: Thomas J. Allen
Please Print Name THOMAS J. ALLEN

CONTRACTOR'S SEAL

