



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: O'Loughlin John Jr Tel. [REDACTED]
 Address 351 18th Ave Brick NJ 08724
street municipality zip code

3. Ownership in Fee: Public _____ Private

4. Principal Contractor: Homeowner Tel. (____) _____
 Address _____
 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)

- 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 _____

Septic Tank

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	Re-jection	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 checked="" type="checkbox"/> Plumbing									
7. <input type="checkbox"/> Electrical									
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>200</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 10414868

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 _____

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	
<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"/>									

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

Name of Code & Edition _____ Name of Code & Edition _____

Building _____ Energy _____ Other _____

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

IDENTIFICATION Block 1293.64 Lot 17

Work Site Location 351 18TH AVE
 SEPTIC FILL

Owner in Fee O'LOUGHLIN J

Address SAME

BRICK, NJ 08724-

Telephone ()

Contractor HOMEOWNER
 Address

Telephone ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

or Social Security No.

0004	
1294**	
BLOCK	1293 # 0.00
LOT	17 # 0.00
PLUMBING	35.00
TOTAL	35.00
CHECK	35.00
CHANGE	0.00
0002A005	15.47

Date Issued 05/07/98
 Control \$
 Permit # 98-1294
 05/06/98

Is hereby granted permission to perform the following work:
 BUILDING PLUMBING OTHER
 ELECTRICAL FIRE PROTECTION
 ELEVATOR DEVICES

DESCRIPTION OF WORK:

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 \$ 200

[Signature]
 CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

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

**TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS**

**UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION**

Date Received 05/07/98
Date Issued 05/07/98
Control #
Permit # 98-1294

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 1293.64 Lot 17
Work Site location 351 18TH AVE
SEPTIC FILL

NO. FEE (Office Use Only)

Owner in Fee 0" LOUGHLIN J
Address SAME
BRICK, NJ 08724-
Tele. ()
Contractor
Address
Tele. ()

Lic. No. or Bids. Reg. No.
Federal Emp. No. HQ-
or Social Security No.

B. PLUMBING CHARACTERISTICS
Use Group Present U Proposed U
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated cost of Plumbing Work \$ 200

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved
Date: _____
Approved By: _____
SUBCODE APPROVAL
[] CO [] CCO [] CA
Approved by: _____
Date: _____

NO.	FIGURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C	0
0	or Refrigeration Unit	0
0	Sewer Service Connection	0
0	Water Service Connection	0
0	Active Solar System	0
0	Other SEPTICFILL	35
0	Other	0

Paid [] Check \$ _____
Collected by: _____
Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 35
DCA Training Fee \$ 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.
[] Licensed Plumbing Contractor [] Exempt Applicant

Signature-Contractor Seal

BLOCK 1293.64 LOT 17 SITE LOCATION X 351 18th Ave

OWNER IN FEE: 01 Loughlin ADDRESS: Jr. 351 18th Ave

BUILDING INSPECTION

Contractor _____ Phone (____) _____
 Address _____ State _____ Zip _____
 Town _____ Federal EMP. NO. (or SSN#) _____
 LIC # _____

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) \$ _____ ALTERATION (2) \$ _____
 ADDITION (3) \$ _____ TOTAL (1+2+3) \$ _____

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING	PRESENT	PROPOSED
USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA - LARGEST FLOOR	SO. FT.	
TOTAL BLDG. AREA: ALL FLOORS	SO. FT.	
VOLUME OF STRUCTURE	CU. FT.	
TOTAL LAND AREA DISTURBED	SO. FT.	

TYPE OF WORK	COST	TYPE OF WORK	COST
NEW BLDG.	FENCE	HT.	
ADDITION	SIGN	Sq. Ft.	
ALTERATION	POOL		
ROOFING	ASBESTOS ABATEMENT		
SIDING	DCA		
DEMOLITION	TOTAL		

COMMENTS _____
 DESCRIPTION OF WORK _____

Plan Review: _____
 Date: _____ Approved By: _____

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.
 SEAL & SIGNATURE _____

PLUMBING INSPECTION

Contractor JOHN J OILMAN Phone (732) 840-4025
 Address 351 18 Ave State NJ Zip 08724
 Town BRICK Federal EMP. NO. (or SSN#) _____
 LIC # _____

ESTIMATED COST OF PLUMBING WORK: \$ _____

Sewer Size 7 Foot By 9 Foot Water Size _____

TECHNICAL SITE DATA (List all fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal/Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A.C.
	Diswasher		or Refrigeration Unit
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
	Water Heater		Other <u>Septic field</u>
	Fuel Oil Piping		Other _____
	Gas Piping		Other _____

COMMENTS _____
 DESCRIPTION OF WORK _____

Plan Review: _____
 Date: 5-6-92 Approved by: [Signature]

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.
 SEAL & SIGNATURE (Contractor's Seal) _____

FIRE INSPECTION

Contractor _____ Phone (____) _____
 Address _____ State _____ Zip _____
 Town _____ Federal EMP. NO. (or SSN#) _____
 LIC # _____

ESTIMATED COST OF FIRE PROT. WORK: \$ _____

Heating Type: Gas Oil Electrical Solar
 Heating System: New Existing
 Location of Furnace / Boiler _____

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE	
METHOD OF VALVE SUPERVISION	
LOCAL ALARM SUPERVISION	
CENTRAL SUPERVISION	
PROPRIETARY SUPERVISION	
Flammable Liquid Storage Tanks	<input type="checkbox"/> Capacity _____
Combustible Liquid Storage Tanks	<input type="checkbox"/> Capacity _____
L.P.G. Storage Tanks	<input type="checkbox"/> Capacity _____
L.N.G. Storage Tanks	<input type="checkbox"/> Capacity _____
NO. ITEM	NO. ITEM
Wet Sprinkler Heads	Pre-Engineered Sys
Dry Sprinkler Heads	CO ₂ Suppression
TOTAL	Halon Suppressor
Smoke Detectors	Foam Suppressor
Heat Detectors	Dry Chemical
TOTAL	Wet Chemical
Stand Pipes	Gas or Oil Fired A
Kitchen Hood Exhaust System	Other _____

COMMENTS _____
 DESCRIPTION OF WORK _____

Plan Review: _____
 Date: _____ Approved by: _____

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.
 SEAL & SIGNATURE (Contractor's Seal) _____