BLOCK 28 LOT 42 QUALIFICATION CODE _____ ADDRESS (SITE) 135 WHITE RD LS PERMIT NO. 11-0020

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 135 WHITE RD LITTLE SILVER NJ 07739
2. Name of Owner in Fee: CHRIS MCLEAN
   Tel. (732) 747-5988 e-mail _____
   Address 135 WHITE RD (street) LITTLE SILVER (municipality) 07739 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: MONMOUTH P+H Tel. (732) 389-8148
   Address 629 TINTON AV TINTON FALLS e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH01056600 Exp. Date 12/31/2011
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3700755 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun JOHN WKNEUTE
   Tel. (732) 389-8148 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	$		

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 _____

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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☒ Plumbing	1,000				1/6/11				
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS	1,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   - Before Construction
   - After Construction
   - Net Gain or Loss

B. NON-RESIDENTIAL *(primary use)*

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

C. MIXED USE -List secondary use(s):

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ 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
10. ☐ Swimming Pools, Spas and Hot Tubs

BOROUGH OF RED BANK
DEPT. OF CODE ENFORCEMENT
90 MONMOUTH STREET, RED BANK, NJ 07701

RECEIPT NO. [illegible] DATE 1-12-11

Permit No.

Renewal No. Block No.

C.O. No. Lot(s) No.

Cash ☐ Check ☒ # [illegible]

Granted to Owner ☐ Other ☒

For

Address in

Occupancy Permit ☐ Demolition ☐

Construction of

Use Group Sq. Ft. Cubic Ft.

Estimated Cost

Bldg. Fee Plbg. Fee 75 Electric Fee

Fire Fee Mech. Fee D.C.A. Fee

C.O. Fee Total Fee 77

Permit Expires 1-12

(1) Inspections required pursuant to N.J.A.C.5:23-seq
(2) Occupancy Permit required pursuant to N.J.A.C. 5.23-2.23 et. seq.
(3) Permit subject to all applicable State, County and Local Laws, Regulations and Ordinances

Signed
Dept. of Code Enforcement

WHITE-APPLICANT CANARY-FILE PINK-FOLDER GOLD-BOOK

WATER HEATER

Date Issued 1/13/11
Control # C28/42
Permit # 11-0020

UCC NEW JERSEY CONSTRUCTION PERMIT

2 Qual

Contractor MONMOUTH PLUMBING & HEATING
Address 629 TINTON AVE
TINTON FALLS, NJ 07724-
Telephone (732)389-8148
Lic. No. or Bldrs. Reg. No. 7671
Federal Emp. No. 14-6420345

lowing work:
[ ] LEAD HAZARD ABATEMENT
[ ] DEMOLITION
[ ] OTHER

PAYMENTS (Office Use Only)
Building 0
Electrical 0
Plumbing 75
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 2
Cert. of Occupancy 0
Other
Total 77
Check No. 2585
Cash
Collected By RB

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 $ 1,000

[illegible] (RB)
Construction Official

1/13/11
Date

U.C.C. F170 (rev. 3/96)

F RED BANK
MOUTH STREET
530-2760

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/06/11
Date Issued 1/5/11
Control # C28/42
Permit # 11-0020

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

Block 28 Lot 42 Qual

Work Site Location 135 WHITE RD
WATER HEATER

Owner in Fee MCCLEAN, CHRIS

Address SAME
LITTLE SILVER, NJ 07739-

Tele. (732) 747-5988

Contractor MONMOUTH PLUMBING & HEATING

Address 629 TINTON AVE
TINTON FALLS, NJ 07724-

Tele. (732) 389-8148 Fax ( ) -

Lic. No. or Bldrs. Reg. No. 7671

Federal Emp. No. 14-6420345

B. PLUMBING CHARACTERISTICS

Use Group - Present R-5 Proposed R-5

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 1,000

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:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/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 Bibb	0
1	Water Heater	25
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	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0
	Other	0

Paid [X] Check # 2588
Collected by: KD

Administrative Surcharge $ 0
Minimum Fee $ 50
TOTAL FEE $ 75
DCA State Permit Fee $ 2

U.C.C. F130 (rev. 3/96)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 11/6/11
Date Issued
Control #
Permit #

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

Block _____ Lot _____

Work Site Location 135 WHITE RD
LITTLE SILVER NJ 07739

Owner in Fee CHRIS MCLEAN

Address 135 WHITE RD
LITTLE SILVER NJ 07739

Tele. (732) 747-5988

Contractor MONMOUTH PLUMBING & HEATING INC

Address 629 TINTON AV
TINTON FALLS N.J. 07724

Tele. (732) 389-8148 Fax (_____) _____

Lic. No. PL LIC 7671

Federal Emp. No. 22-3700755

B. PLUMBING CHARACTERISTICS

Use Group Present RES Proposed RES

Building Sewer Size 4" Public Sewer _____ Private Septic _____

Water Service Size 3/4 Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 11/6/11

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

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.

John W Kmita
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater GAS FIRED 40GAL	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F130 (rev 3/96)

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

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ PERMIT # _____

WORK SITE ADDRESS 135 WHITE RD LITTLE SILVER NJ 07739

Applicant CHRIS MC LEAN

Certifying Individual JOHN WKNEUTE Company MONMOUTH PLUMB + HEATING

Address 629 TINTON AV TINTON FALLS NJ. 07724
Street City State Zip Code

Tel. (732) 389-8148

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[✓] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

John Knute 01/06/2011
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)

BOROUGH OF RED BANK
90 MONMOUTH STREET
732-530-2760

Date Issued 02/22/11
Control #
Permit # 06-0273

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 28 Lot 42 Qual
Work Site Location 135 WHITE RD
REROOF
Owner in Fee/Occupant HEWITT
Address SAME
LITTLE SILVER, NJ 07739-
Telephone (732) 741-1343
Contractor JACK FISHER
Address 178 OAKWOOD AVE
W LONG BRANCH, NJ 07764-
Telephone (732)771-4805 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH00810500
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REROOF COST OF CONSTEUCTION 2800.00, FINALED ON 08/16/10

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ____.

SJ Fichels/RCB
Construction Official

Fee $ 0
Paid [X] Check No. 1525
Collected by: YM

U.C.C. F260 (rev. 3/96)

A OF RED BANK
NMOUTH STREET
-530-2760

UCC NEW JERSEY
BUILDING SUBCODE
TECHNICAL SECTION

Date Received 05/26/06
Date Issued 05/26/06
Control #
Permit # 06-0273

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

Block 28 Lot 42 Qual

Work Site Location 135 WHITE RD

REROOF

Owner in Fee HEWITT

Address SAME

LITTLE SILVER, NJ 07739-

Tele. (732) 741-1343

Contractor JACK FISHER

Address 178 OAKWOOD AVE

W LONG BRANCH, NJ 07764-

Tele. (732) 771-4805 Fax ( ) -

Lic. No. or Bldrs. Reg. No. 13VH008705

Federal Emp. No. -

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

REROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 5-16-10

Approved By:

INSPECTIONS		Dates (Month/Day)		
Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			5-16-10	
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ 0
2. Alteration $ 2,800
3. Total (1+2) $ 2,800

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	56
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool - Above Ground	0
[ ] Pool - In Ground	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [X] Check # 1525 Minimum Fee	$ 0
Collected by: YM TOTAL FEE	$ 56
DCA State Permit Fee	$ 4

U.C.C. F110 (rev. 3/96)

BOROUGH OF RED BANK
DEPT. OF CODE ENFORCEMENT
90 MONMOUTH STREET, RED BANK, NJ 07701

RECEIPT NO. N° 06-0273 DATE

Permit No.

Renewal No. Block No.

C.O. No. Lot(s) No.

Cash ☐ Check ☐ #

Granted to Owner ☐ Other ☐

For

Address in

Occupancy Permit ☐ Demolition ☐

Construction of

Use Group Sq. Ft. Cubic Ft.

Estimated Cost

Bldg. Fee Plbg. Fee Electric Fee

Fire Fee Mech. Fee D.C.A. Fee

C.O. Fee Total Fee

Permit Expires

(1) Inspections required pursuant to N.J.A.C.5:23-seq
(2) Occupancy Permit required pursuant to N.J.A.C. 5.23-2.23 et. seq.
(3) Permit subject to all applicable State, County and Local Laws, Regulations and Ordinances

Signed
Dept. of Code Enforcement

WHITE-APPLICANT CANARY-FILE PINK-FOLDER GOLD-BOOK

Date Issued 05/26/06
Control #
Permit # 06-0273

UCC NEW JERSEY CONSTRUCTION PERMIT

Qual

Contractor JACK FISHER
Address 178 OAKWOOD AVE
W LONG BRANCH, NJ 07764-
Telephone (732) 771-4805
Lic. No. or Bldrs. Reg. No. 13VH008705
Federal Emp. No. -

ing work:
[ ] LEAD HAZARD ABATEMENT
[ ] DEMOLITION
[ ] OTHER

PAYMENTS (Office Use Only)

Building	56
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	4
Cert. of Occupancy	0
Other	
Total	60
Check No.	1525
Cash	
Collected By	YM

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 $ 2,800

Construction Official

05/26/06
Date

U.C.C. F170 (rev. 3/96)

BOROUGH OF RED BANK
90 MONMOUTH STREET
732-530-2760

UCC NEW JERSEY
BUILDING SUBCODE
TECHNICAL SECTION

Date Received 05/26/06
Date Issued 05/26/06
Control #
Permit # 06-0273

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

Block 28 Lot 42 Qual

Work Site Location 135 WHITE RD

REROOF

Owner in Fee HEWITT

Address SAME

LITTLE SILVER, NJ 07739-

Tele. (732) 741-1343

Contractor JACK FISHER

Address 178 OAKWOOD AVE

W LONG BRANCH, NJ 07764-

Tele. (732) 771-4805 Fax ( ) -

Lic. No. or Bldrs. Reg. No. 13VH008705

Federal Emp. No. -

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

REROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved By:

INSPECTIONS		Dates (Month/Day)		
Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ 0
2. Alteration $ 2,800
3. Total (1+2) $ 2,800

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	56
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool - Above Ground	0
[ ] Pool - In Ground	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
Other	0
[ ] Demolition	0

	Administrative Surcharge	$ 0
Paid [X] Check # 1525	Minimum Fee	$ 0
Collected by: YM	TOTAL FEE	$ 56
	DCA State Permit Fee	$ 4

U.C.C. F110 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 28 Lot 42

Work Site Location 135 White Rd. Little Silver

Owner in Fee Ann Hewitt

Address 135 White Rd, Little Silver.

Tele. (732) 741 1343

Contractor Jack Fisher

Address 178 Oakwood Ave West Long Branch

Tele. (732) 771 4805 Fax (732) 570 6420

Lic. No. or Bldrs. Reg. No. V1100820500

Federal Emp. No. 153-74-2074

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other	5-26-06	

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories		
Height of Structure		Ft.
Area — Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ 2800.00
3. Total (1+ 2) $ 2800.00

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 Roof

Remove Existing
30 year Timeline
6 nails Per Shingle. Ice
Shield 1st 3' with Felt
ice shield the Eves

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (exceeds 6')
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement Subchapter 8
  - [ ] Lead Haz. Abatement NJAC 5:17
  - [ ] Other Roof
- [ ] Demolition

FEE (Office Use Only)

$ _____

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	2800.00

UCC/PRO F-110 (REV3/96)
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BOROUGH OF RED BANK
90 MONMOUTH STREET
RED BANK, NEW JERSEY 07701
Phone (732) 530-2760
Fax (732) 530-2766

DISPOSAL FORM

Block 28 LOT 42

Work Site Location: 135 White Rd Little Silver

Owner Name: Ann Hewitt
Address: 135 white Rd Little Silver
Telephone: 732-741 1343

Name of Contractor: Jack Fishek
Address of Contractor: 178 Oakwood Ave west long Branch
Telephone: 732 771 4805

Type of Construction/Demolition Debris:
Roofing

Name of Disposal Firm: Mazza
Address: Shafto Rd Tinton Falls
Phone: 732 922 9292

Where is it being Disposed of:
Name: Mazza
Address: Shafto Rd Tinton Falls
Phone: 732 922 9292

Signature of Owner, Contractor or Agent:

Signature

5/21/11
Date

Disposal/pat/form ltr.