



CONSTRUCTION PERMIT

Date Issued: 4-11-12
Permit # 12-215

IDENTIFICATION Block
Work Site Location 200 COLUMBIA ST Lot Qualification Code
Owner in Fee TOM O'HARA Contractor MELNAR ROOF FIRM INC
Address 200 COLUMBIA ST Address 513 THIRD AV
HIGHLAND PARK Tel. (201) 846-0466
Tel. (201) 572-3231 Lic. No. or Bldrs. Reg. No. 13VH00714800

is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
 - ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
 - ☐ ELEVATOR DEVICES ☒ ASBESTOS ABATEMENT ☒ OTHER ROOF
- (Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE 2 LAYERS OF SHINGLES. FLASH
ICE DAM & TIMBERLINE FLASHING
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 \$5900 Date 3/14/12

Construction Official

UCC/170
Professional Printing
(856) 468-7933

1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT

PAYMENTS (Office Use Only)	
Building	<u>60</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	<u>9</u>
Cert. of Occupancy	
Other	
Total	<u>69</u>
Check No.	<u>1986942634</u>
Cash	
Collected by	<u>RAV</u>

(see reverse side)



**BUILDING
SUBCODE
TECHNICAL SECTION**

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

Block 200 Lot COLOMBIA ST Qualification Code _____
Work Site Location _____
Owner in Fee: TOM O'HARA
Tel. (202) 572-3231 e-mail _____
Address 200 COLOMBIA ST zip code _____
Contractor: MELMAN ROOFING INC Tel. (202) 846-0466
Address 513 THIRDA AV NW BRVS
Contractor License No. or Builder Registration No. 13VH00774800 Exp. Date 12/31/12
Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type	Failure	Approval
☒ No Plans Required	<u>2/14/12</u>	<u>MC</u>	Footings		
☐ All			Footings		
☐ Footings/Foundations			Foundation		
☐ Structural/Framework			Slab		
☐ Exterior			Frame		
☐ Interior			Truss Sys./Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec.	☐ Plumb.	☐ Fire	Insulation		
SUBCODE APPROVAL for PERMIT			Finishes-Base Layer		
Date:			Finishes-Final		
Approved by:			Energy		
SUBCODE APPROVAL for CERTIFICATE			Mechanical		
☐ CO	<u>1/1/12</u>	<u>TC</u>	TCO		
Date:	<u>2/9/12</u>		Other		
Approved by:	<u>MC</u>		Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____
No. of Stories 2
Height of Structure 20
Area — Largest Floor _____
New Bldg. Area/All Floors _____
Volume of New Structure _____
Max. Live Load _____
Max Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building: _____
Ft. State Approved _____ HUD _____
Sq. Ft. Est. Cost of Bldg. Work: _____
Sq. Ft. 1. New Bldg. \$ 0
cu. ft. 2. Rehabilitation \$ 5,900
3. Total (1+2) \$ 5,900



Date Received 4-11-12
Control # _____
Date Issued _____
Permit # 12-215

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

Sign here Stephen Melman
Print name here: Stephen Melman Foreman

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE 2 LAYERS OF SHINGLES
INSTALL ICE DAM AND
TIMBERLINE SHINGLES

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ _____
☐ Addition	\$ _____
☐ Rehabilitation	\$ _____
☒ Roofing	\$ <u>60</u>
☐ Siding	\$ _____
☐ Fence	\$ _____
☐ Sign	\$ _____
☐ Pool	\$ _____
☐ Retaining Wall	\$ _____
☐ Asbestos Abatement Subchapter 8	\$ _____
☐ Lead Haz. Abatement NJAC 5:17	\$ _____
☐ Radon Remediation	\$ _____
☐ Other	\$ _____
☐ Demolition	\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 60

UCC/F-110 (rev. 11/09)
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