BLOCK 581 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 497 Community Dr PERMIT NO. 99-3167

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 497 Community Dr.
2. Name of Owner in Fee: Joan Maas Tel [redacted]
   Address Same as above (street) Brighton (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Jordan E Monahan Tel. (609) 971-0238
   Address 319 Devon St Tuckerton 08087
   License No. OR, if new home, Builder Reg. No. [redacted] ate _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Jordan E Monahan
   Tel. (609) 971-0238 FAX (____) _____

Remove + Replace Roof

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 105.		
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	3.		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 108.		

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 _____

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work		GB	8/19/99					9/12/01	
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	3800								

III. DO YOU WANT: (optional)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

LDS BR 10408960

U.C.C. F100-1 (rev 3/96)

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 Jordan Monahan Date 8/19/99

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.

(X) Check if contractor.

Agent Name Jordan E. Monahan

Address 319 Devon St. Forked River N.J. 08731

Telephone (609) 971-0239

Signature Jordan Monahan

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	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

0010
3167*#
BLOCK 581 # 0.00
LOT 12 # 0.00
BUILDING 105.00
D.C.A. 3.00
TOTAL 108.00
CHECK 108.00
CHANGE 0.00
08/19/99 NO. 5 0019A005 13:14

3167*#
BLOCK 581 # 0.00
LOT 12 # 0.00
BUILDING 105.00
D.C.A. 3.00
TOTAL 108.00
CHECK 108.00
CHANGE 0.00
08/19/99 NO. 5 0019A005 13:14

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/19/99
Control #
Permit # 99-3167

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 581 Lot 12 Qual

Work Site Location 497 COMMUNITY DR
REMOVE & REPLACE ROOF
Owner in Fee MAAS, JOAN
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor JORDAN MONAHAN
Address 319 DEVON ST
FORKED RIVER, NJ 08731-
Telephone (609)971-0238
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
REMOVE & REPLACE ROOF
ASTM D225 & D3462

PAYMENTS (Office Use Only)

Building	105
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	0
Other	
Total	108
Check No.	
Cash	X
Collected By	LRT

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 $ 3,800

D. Curcazza/BCI
Construction Official

08/19/99
Date

S/B Cash

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/19/99
Date Issued 08/19/99
Control #
Permit # 99-3167

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

Block 581 Lot 12 Qual
Work Site Location 497 COMMUNITY DR
REMOVE & REPLACE ROOF
Owner in Fee MAAS, JOAN
Address SAME
BRICK NJ 08723-
Tel [redacted]
Contractor JORDAN MONAHAN
Address 319 DEVON ST
FORKED RIVER, NJ 08731-
Tele.(609)971-0238 Fax ( )
Lic. No. or Bldrs. Reg. No.
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

REMOVE & REPLACE ROOF
ASTM D225 & D3462

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: 1-12-01
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present 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 $ 3,800
3. Total (1+2) $ 3,800

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	105
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 105
DCA Training Fee	$ 3

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/19/99
Date Issued 08/19/99
Control #
Permit # 99-3167

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

Block 581 Lot 12 Qual
Work Site Location 497 COMMUNITY DR
REMOVE & REPLACE ROOF
Owner in Fee MAAS, JOAN
Address SAME
BRICK NJ 08723-
Tele [redacted]
Contractor JORDAN HONAHAN
Address 319 DEVON ST
FORKED RIVER, NJ 08731-
Tele.(609)971-0238 Fax ( )
Lic. No. or Bldrs. Reg. No.
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

REMOVE & REPLACE ROOF
ASTM D225 & D3462

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present 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 $ 3,800
3. Total (1+2)$ 3,800

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	105
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 105
DCA Training Fee	$ 3

Paid [ ] Check # Collected by:

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

OCEAN COUNTY LANDFILL
LAKEHURST NJ 08733

FACILITY ID No. 1518B
Ticket #: 000292555
Date : 09/02/99

Customer :CASH
CASH

Gross 6660 lb Scale 1 09:22
Tare 4780 lb Scale 2 09:39
Net 880 lb
0.4400 tn

Dep.#: CASH2 Plate #: 3 CU YDS

%of Load	Material	Location	Price/Unit	Total
132	BULKY - DEMO WOOD	BRICK TWP	63.27/tn	27.84

Current Account Balance: $ Total $ 27.84

DRIVER

Weigh Master: LM

REMARKS: X64-B23

Closure & Contingency:	$0.50/tn	Environmental Escrow--Type 10:	$14.92/tn
Solid Waste Service :	$1.20/tn	-Types 13, 22, 23, 25:	$23.19/tn
Closure Escrow :	$1.00/tn	Post Closure Fund :	$ 0.62/tn
O.C. Health Dept. :	$0.29/tn	Host Community Fund :	$ 4.50/tn

OCEAN COUNTY LANDFILL
LAKEHURST NJ 08733

FACILITY ID No. 1518B
Ticket #: 000290127
Date : 08/24/99

Customer :CASH
CASH

Gross 5680 lb Scale 1 12:21
Tare 4440 lb Scale 2 12:44
Net 1240 lb
0.6200 tn

Dep.#: CASH1 Plate #: 3 CU YDS

%of Load	Material	Location	Price/Unit	Total
132	BULKY - DEMO WOOD	BRICK TWP	63.27/tn	39.2

Current Account Balance: $ Total $ 39.2

DRIVER

Weigh Master: LM

REMARKS: X64-B23

Closure & Contingency:	$0.50/tn	Environmental Escrow- Type 10:	$14.92/t
Solid Waste Service :	$1.20/tn	-Types 13, 22, 23, 25:	$23.19/t
Closure Escrow :	$1.00/tn	Post Closure Fund :	$ 0.62/t

591-12

OCEAN COUNTY LANDFILL
LAKEHURST, NJ 08733

FACILITY ID No. 1518B
Ticket #: 000290373
Date : 08/25/99

Customer :CASH
CASH

Gross	6000 lb	Scale 1	09:19
Tare	4740 lb	Scale 2	09:40
Net	1260 lb		
	0.6300 tn		

Dep.#: CASH Plate #:

3 CU YDS

%of Load	Material	Location	Price/Unit	Total
132	BULKY - DEMO-WOOD	BRICK TWP	63.27/tn	39.8

Current Account Balance: $

Total $ 39.8

DRIVER

Weigh Master: BS

REMARKS: X64B23

Closure & Contingency:	$0.50/tn	Environmental Escrow- Type 10:	$14.92/t
Solid Waste Service :	$1.20/tn	-Types 13, 22, 23, 25:	$23.19/t
Closure Escrow :	$1.00/tn	Post Closure Fund :	$ 0.62/t
O.C. Health Dept. :	$0.29/tn	Host Community Fund :	$ 4.60/t

OCEAN COUNTY LANDFILL
LAKEHURST, NJ 08733

FACILITY ID No. 1518B
Ticket #: 000290721
Date : 08/26/99

Customer :CASH
CASH

Gross	5800 lb	Scale 1	10:05
Tare	4380 lb	Scale 2	10:25
Net	1420 lb		
	0.7100 tn		

Dep.#: CASH1 Plate #:

3 CU YDS

%of Load	Material	Location	Price/Unit	Total
132	BULKY - DEMO-WOOD	BRICK TWP	63.27/tn	44.9

Current Account Balance: $

Total $ 44.92

DRIVER

Weigh Master: LM

REMARKS: X64-B23

Closure & Contingency:	$0.50/tn	Environmental Escrow- Type 10:	$14.92/tn
Solid Waste Service :	$1.20/tn	-Types 13, 22, 23, 25:	$23.19/tn
Closure Escrow :	$1.00/tn	Post Closure Fund :	$ 0.62/t
O.C. Health Dept. :	$0.29/tn		

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

497 Community Dr | 581 (Block) | 12 (Lot)
Work Site Address

Joan Maas 497 Community Dr. [redacted]
Owner's Name, Address, Phone

Jordan E. Monahan 319 Devon St. Toms River 609-971-0238
Contractor's Name, Address, Phone

Construction Roofing single family home
Describe type (Single -family home, etc.)

Demolition Roof tear off
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 20 sq 25 yr GAF strip shingle

Name, address and phone of party responsible for removal of debris:
Jordan E. Monahan 319 Devon St.

Size of dumpster: Self Removal Ocean County Landfill

Destination of discarded debris:

Hauler's DEP Permit No.:

*Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin 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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Jordan E. Monahan | Jordan E Monahan | 8/19/99
Printed/Typed Name | Signature | Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

Note: Receipts must show certified weights, date of disposal and name and address disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 497 Community Dr. Date Rec'd: 8/19/99
Block: 581 Lot: 12 Date Issued:
Owner in Fee: Sean Maas Control #:
Address: 497 Community Dr. Permit #:

State: NJ Zip: Phone: [redacted]
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
V	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: Jordan E Monahan
ADDRESS: 319 Devon St.
Forked River N.J. 08731
PHONE: 609 971-0238
LIC #: [redacted]
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Remove shingles & replace shingles.

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☒ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature: X Jordan Monahan

Estimated Cost of Building Work: 3800
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

ELECTRICAL SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #: EXP. DATE:

FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS	
Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $

Signature (print name):

Estimated Cost of Electrical Work: $

Signature (print name):

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #: EXP. DATE:

FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WO

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Heating Sys: ☐ New ☐ Existing

Location of Furnace / Boiler

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervsion

Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Ex

Combustable Liquid Storage Tanks Capacity: Ex

L.G.P. Storage Tanks Capacity: Ex

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Srand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $

Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date: