1.24

BLOCK ~~120~~ 24 LOT 8 QUALIFICATION CODE ______ ADDRESS (SITE) 501 Spar Ave PERMIT NO. 97-350

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at 501 SPAR AVE
2. Name of Owner in Fee Charlie Dulnor - Tel (____) ______
   Address Same (street / municipality / zip code)
3. Ownership in Fee Public ______ Private ______
4. Principal Contractor Robert Dudh - Tel (____) 244-7152
   Address 1237 Spring Ave
   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 Robert Dudh -
   Tel (____) 244-7152 FAX (____) ______

V. FEE SUMMARY (for office use only)

			Update	Update
1	Building	$ 35.00		
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	2.00		
10	Subtotal			
11.	Cert of Occupancy			
12	Other			
13.	TOTAL	$ 37.00		

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	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 ✓ Minor Work	2800				10/6/97	DD			
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									

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:

UCC 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 ______________________ 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 Robert Dudek.

Address 1237 Spray Ave. Beachwood.

____

Telephone ( ) 244-7152

Signature Robert Dudek.

III ( ) LEAD HAZARD ABATEMENT Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

UCC F100-2 (rev 3/96)

CERTIFICATE

Date Issued 5-6-98
Control #
Permit # 97-350

1.24

IDENTIFICATION

Block ~~[illegible]~~ 21 Lot 8
Work Site Location 501 Spruce Ave
Beachwood
Owner in Fee Charlie [illegible]
Address SAME

Tele. (____)
Contractor [illegible]
Address 1737 [illegible] Ave
Beachwood
Tele. (____) 244-7152
Lic No or Bldrs Reg No
Federal Emp. No
or Social Security No

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:
ripoff + replace - Roofing

NO DUMPING RECEIPT OBTAINED

☐ **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.

☑ **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.

☐ **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 ________.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than ________, 19___ or the owner will be subject to fine or order to vacate:

Fee $
Paid [ ] Check No.
Collected by

[signature]
CONSTRUCTION OFFICIAL

UCC Form F-260B

1 WHITE – APPLICANT 2 CANARY – OFFICE 3 PINK – TAX ASSESSOR

(97)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9-26-97
Date Issued
Control #
Permit # 97-350

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

Block ~~120~~ 124 1.24 Lot 8

Work Site Location 501 Spar Ave Beachwood

Owner in Fee Charlie Gardner

Address ~~Same~~

Tele. ( )

Contractor Robert Dudek

Address 1237 Spray Ave Beachwood

Tele. ( ) 244-7152

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. or Social Security 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

Robert Dudek

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Ripoff & Replace Roofing

NEED: DUMPING RECEIPT

No Receipt

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[ ] No Plans Req. 9/26/97 RD

[ ] All

[ ] Footing

[ ] Foundation

[ ] Frame

[ ] Other

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] OA

Date: 5-4-98

Approved By: RD

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			5-4-98	RD

TYPE OF WORK:

[ ] New Building

[ ] Addition

[✓] Alteration

[✓] Roofing

[ ] Siding

[ ] Fence ______ Height (6' or over)

[ ] Sign ______ Sq. Ft.

[ ] Pool

[ ] Asbestos Abatement

[ ] Other

[ ] Other

[ ] Demolition

(Office Use Only)

FEE $ 35.00

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

3. Total (1+2) $

Paid [✓] Check # 1318

Collected by RD

Administrative Surcharge $

Minimum Fee $

DCA TRAINING FEE $ 2.00

TOTAL FEE $ 37.00

UCC Form F-110B

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

CONSTRUCTION PERMIT

124

Date Issued 9-26-97
Control #
Permit # 97-350

IDENTIFICATION Block ~~30184~~ Lot 8

Work Site Location 501 Spar Ave
Beachwood

Owner in Fee Charlie Gardner -
Address Same

Tele. (___)

Contractor Bob Dudek -
Address 1277 Spray Ave
Beachwood
Tele. (___) 244-7152
Lic. No. or Bldrs. Reg. No. ___ Exp. Date ___
Federal Emp. No. ___
or Social Security No. ___

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER ___
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Repair + Replace Roofing
NEED: DUMPSTER - ACCESS

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 $ 2800

Arthur D. Gelon
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	35.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2.00
Cert. of Occ.	
Other	
Total	37.00
Check No.	1314
Cash	
Collected By:	

(see reverse side)

UCC Form F-170C 1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–OFFICE 4 GOLD–APPLICANT

w/c

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # OCT 395009012

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

Block 1.24 Lot 8
Work Site Location 501 Shar Ave
Beachwood NJ 08722
Owner in Fee Charles Bender
Address 501 Shar Beachwood NJ 08722
Tele. (908) 341 1837
Contractor Bill Meyer Electric
Address 709 Mazda Ave Beachwood NJ 08722
Tele. (908) 914 0040
Lic. No. 10221
Federal Emp. No. _____ or Social Security No. 138 58 8392

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____ Service
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____ Shower Only
Building Occupied as Residential Utility Co. _____
Est. Cost of Elec. Work $ 650

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10/6/95
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CMHU [ ] CA
Date: 10/6/95
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-In-Card Date Issued _____
Final Cut-In-Card Date Issued 10/10/95 T.R.

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.

William Meyer
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___	Kw Range	
	___	Kw Oven(s)	
	___	Kw Surface Unit	
	___	hp Dishwasher	
	___	hp Garbage Disposal	
	___	Kw Dryer	
	___	Kw A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___	hp Whirlpool/spa	
		Pool Bonding	
	___	hp Pool Filter Motor	
		Pool Lights	
	___	Kw Water Heater(s)	
	___	Kw Central heat: oil, gas or elec.	
	___	Kw Baseboard Heat Units	
		Thermostats	
	___	hp Heat Pump	
	___	hp Pump(s)	
	___	Amp Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___	hp Motors—Fractional H.P.	
	___	hp Motors—All Others	
	___	Kw Transformers	
	___	Kw Generators	
1	100	Amp Service Entrance	
	___	Other	

Paid [—] Check # 1625	Administrative Surcharge	$ _____
	Minimum Fee	$ 33.—
	DCA Training Fee	$ 1.—
Collected by: _____	TOTAL FEE	$ 34.—

U.C.C. Form F-1308 — 1 White = Inspector Copy, 2 Canary = Office Copy, 3 Pink = Office Copy, 4 Gold = Applicant Copy

10/6/95
RECEIVED OCT 5 1995

[illegible] To Clean Up [illegible]
(St. Side Of [illegible]) [illegible] Gallons