

Rec'd 6-4-04
BLOCK 22 LOT 20.18 QUALIFICATION CODE _____ ADDRESS (SITE) 52 SEVEN OAKS circle PERMIT NO. 0406067



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION	
1. Proposed Work Site at:	<u>52 SEVEN OAKS circle</u>
2. Name of Owner in Fee:	<u>Felix Pekar</u> Tel. <u>(732) 946-1002</u>
Address	<u>52 SEVEN OAKS circle Holmdel NJ</u>
street	municipality zip code
3. Ownership in Fee:	Public _____ Private ☒
4. Principal Contractor:	<u>African Roofing</u> Tel. <u>(856) 761-0541</u>
Address	<u>1763 Rt 70 east Cherry Hill NJ 08003</u>
License No. OR, if new home, Builder Reg. No.	Exp. Date
Federal Employee No.	<u>22-3835102</u> FAX: ()
5. Architect or Engineer	Tel. ()
Address	
6. Responsible Person in Charge of Work	<u>CLINT JOSEPH</u>
Tel.	<u>(856) 761-0541</u> FAX <u>(856) 761-0538</u>

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

- | | |
|--------------------------------|-----------------------|
| 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 | |

(office use only)

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							
		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									

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:

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 | 5. ☐ Cross-Connections/Backflow Preventers |
| 2. ☐ High Pressure Boilers | 6. ☐ Hazardous Uses/Places of Assembly |
| 3. ☐ Pressure Vessels | 7. ☐ Sprinklers |
| 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells |
| | 9. ☐ Underground Storage Tanks |

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 Great American Roofing company

Address 1763 Rt 70 east

Cherry hill NJ 08003

Telephone (856) 761-0541

Signature Chris Joseph

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. _____	_____	_____	_____

Holmdel Township
4 Crawfords Corner Road
Holmdel NJ 07733
732-946-2820

CERTIFICATE

IDENTIFICATION

Date Issued: 08/17/2006
Control #: 18734
Permit #: 200406067

Block: 22 Lot: 20.18 Qualification Code:

Work Site Location: 52 SEVEN OAKS CIRCLE

Township of Holmdel

Owner in Fee: PEKAR

Address: 52 SEVEN OAKS CIRCLE

HOLMDEL NJ 07733

Telephone: 732 946-1002

Agent/Contractor: GREAT AMERICAN ROOFING

Address: 1763 ROUTE 70

CHERRY HILL NJ

Telephone: 856 761-0541

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

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.

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 will be subject to fine or order to vacate:

Django Wiegers Construction Official

U.C.C.260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Home Warranty No:
Type of Warranty Plan:

Use Group:

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use:

REMOVING OLD ROOF AND REPLACING WITH #15 FELT PAPER USING CLASS A
FIRERATED FIBERGLASS SHINGLES - 6 ALLS PER SHINGLE 29 SQ FT TOTAL AREA.

Update Desc. of WK/Use:

☐ State ☐ Private

R-5

VB

SF

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

Fees: \$0.00

Paid ☒ Check No.:

Collected by: MON



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 22 Lot 20-18

Work Site Location 52 SEVEN 09155 circle

Owner In Fee Holmdel NJ

Address 52 SEVEN 09155 circle

Tele. (732) 946-1002

Contractor Great American Roofing company

Address 1763 Rt 70 East

Tele. (856) 761-0541 Fax (856) 761-0538

Lic. No. or Bldrs. Reg. No. 22-3835102

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initials	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Required	<u>6-2-80</u>		Type:	Failure	Failure
☒ All			Footling		
☐ Footling			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Barrier-Free		
Joint Plan Review Required:			Insulation		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes		
SUBCODE APPROVAL			Energy		
☐ CO ☐ COO ☐ CA			Mechanical		
Date: <u>8-22-80</u>			TCO		
Approved by: <u>[Signature]</u>			Other		
			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	<u>R-5</u>		1. New Bldg. \$ <u>843</u>
No. of Stories			2. Alteration \$ <u>21900</u>
Height of Structure			3. Total (1+2) \$ <u>21900</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			



Date Received
Date Issued
Control #
Permit #

6-16-04
0406067

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 Tearing off
2 layers of existing
Roofing Installing 1/2
felt paper adding class
A fire rated fiberglass
shingles. 6 nails per
shingle 29 sq ft total
area.

TYPE OF WORK:

☐ New Building	
☐ Addition	
☐ Alteration	
☒ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
☐ Demolition	

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$ <u>4</u>

U.C.C. F110
(rev. 3/89)

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

7-13 No Ladder



CONSTRUCTION PERMIT

Date Issued 6-16-04
Permit # 0406067

IDENTIFICATION Block 22 Lot 20.18 Qualification Code _____
Work Site Location 52 Seven Oaks Circle Contractor Great American Roofing Co.
Address 1763 Route 70 F & S
Owner in Fee Pekan Cherry Hill NJ 08003
Address AS Above Tel. (856) 761-0541
Tel. (732) 946-1002 Lic. No. or Bldrs. Reg. No. 22-383-5102

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

New Roof

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 \$ 2,900

Harry Cunnack
Construction Official

6/9/04
Date

PAYMENTS (Office Use Only)

Building 73
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 4
Cert. of Occupancy _____
Other _____
Total 77
Check No. _____
Cash 77
Collected by Man

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

Tops
FORM 46808 ©

BLK
22
Lot
20.18

RECEIPT

DATE 6-16-04

NO. 2206

RECEIVED FROM Great American Roofing

ADDRESS 52 Seven Oaks Circle

Seventy-seven ⁰⁰/₁₀₀ DOLLARS \$ 77⁰⁰/₁₀₀

FOR Permit # 0406067

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH	<u>77</u>	<u>-</u>
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER		

BY M.O'Neill

**HOLMDEL TOWNSHIP
CONSTRUCTION DEPARTMENT**

732-946-8122

4 Crawfords Corner Road – P. O. Box 410
Holmdel, New Jersey 07733-0410

Fax 732-946-7156

I understand that when a permit is issued for

Roofing

Type of work

I will be responsible for requesting all inspections within fourteen (14) days of completion. I further understand that failure to call for inspections makes me liable for a monetary penalty of \$500.00 maximum per violation.

Cliff Joseph

Signature of owner or person responsible for work

52 Sever Oaks Circle Holmdel NJ

Address

6/4/04

Date

If you have any questions, you may contact the Construction Office at 732-946-8122. Thank you for your cooperation.

FEE SUMMARY

06/08/2004 12:43:51

<F10> to continued

NJ || FEE / PAYMENT SUMMARY || UCCARS

Perm/Crt No: C22/2018 Block: 22 Lot: 20.18 Qual:

Type of Fee	Total Fees	Amount Paid	Balance Due
Building	73		
Electrical	0		
Plumbing	0		
Fire Protection	0		
Elevator Device	0		
Subtotal	73		
State Plan Review Credit	N/A		
DCA State Permit Fee	4		
Certificate	0		
Total	77	0	77

<F10> to continued

52 Seven Oaks Circle
New Rochelle

6-8-04

6/9/04

Permit

6-10-04
V/M
Left

Review Date: _____

HOLMDEL TOWNSHIP PLAN REVIEW

CONTROL # 22/2018 ADDRESS: 52 Severn Oaks Circle

	<u>APPROVED</u> (initial & date)	<u>NOT APPROVED</u> (initial & date)	<u>REVISIONS</u> (initial & date)
BUILDING	<u>6-20-04 [Signature]</u>	_____	_____
ELECTRIC	_____	_____	_____
PLUMBING	_____	_____	_____
FIRE	_____	_____	_____

If you are the last Inspector to sign off on the APPROVED Plan Review, please put folder in the "Completed" file.