FLORENCE TOWNSHIP
REQUEST FOR PUBLIC RECORDS

CC Construct

711 Broad Street
Florence, NJ 08518
(609) 499-2525
Fax: (609) 499-1186

511000

RECEIVED
JUN 22 2020
CLERK'S OFFICE
FLORENCE, NEW JERSEY

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name: Christina Olt – A-1 Searches

E-mail Address: OLT1967@COMCAST.NET

Mailing Address: PO Box 1316 Merchantville, NJ 08109

City:

Telephone: Phone 609-567-4501 Fax 609-567-1539

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: Christina Olt Date: 6/19/20

Payment Information

Maximum Authorization Cost

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Any open permits. Any closed permits 2017- present.

Block 160.05 Lot 27

8 Tall Timber Lane

Roofing 20170593

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance
Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

BLOCK 1201 LOT 21 QUALIFICATION CODE ADDRESS (SITE) PERMIT NO. 2017-0714

CONSTRUCTION PERMIT APPLICATION

RECEIVED AUG 16 2017 BY

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII 714

I. IDENTIFICATION

1. Proposed Work Site at: 8 Tall Timber Ln Burlington NJ 08016
2. Name of Owner in Fee: Paulette Schettino Lambert
   Tel. (609) 531-1710 e-mail Cyd302@juno.com
   Address 8 Tall Timber Ln Florence NJ 08016
   (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Diamond Restoration Tel. (609) 516-8946
   Address 191 Parkinson Ave. e-mail info@diamond-contractors.com
   Hamilton, NJ 08610
   License No. OR, if new home, Builder Reg. No. 13VH05696000 Exp. Date 3/31/19
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. 27-1707720 FAX: (609) 421-0796
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. (___) ____ FAX: (___) ____
6. Responsible Person in Charge once Work has Begun Vincent Arevalo
   Tel. (609) 516-8946 FAX: (609) 421-0796

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	$		

OA 9-8-17

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. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

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									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present ____
Proposed ____

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

UCC F100-1 (rev. 9/08)

CALL BEFORE YOU DIG
1-800-272-1000
OR 811

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(f)1.ix:

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. 5:23-2.15(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 Diamond Restoration

Address 191 Parkinson Ave
Hamilton, NJ 08610

Telephone (609) 584-8946

Signature _____

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

U.C.C. F-100-2 (rev. 5/2007)

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim/n. Initial	Final Date	Prelim/n. Initial	Final Date	Prelim/n. Initial	Final Date	Prelim/n. 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	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	
Other		Other	

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy					
☐ Temporary Certificate of Compliance					
☐ Combined Certificate of Occupancy					
☐ Certificate of Compliance					
☐ Certificate of Occupancy					
☐ Certificate of Approval					
☐ Lead Abatement Clearance Certificate					

U.C.C. F-100-2 (rev. 12/07)

Township of Florence
711 Broad Street
Florence, NJ 08518
609 - 4992130

Update Number:
Control Number: 18816
Application Date: 08/17/2017
Permit Date: 08/21/2017
Expiration Date: 08/20/2020

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 160.05 Lot: 27 Qualification Code:
Work Site Location: 8 TALL TIMBER LANE BURLINGTON

Owner In Fee: PAULETTE SCHETTINO REMBERT
Address: 8 TALL TIMBER LANE
BURLINGTON NJ 08016
Telephone: (609) 531-1710

Use Group(s): R-5

Contractor: DIAMOND RESTORATION
Address: 191 PARKINSON AVENUE
HAMILTON NJ 08610
Telephone: (609) 516-8946
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: 27-1707720

is hereby granted permission to perform the following work :

[X] BUILDING	[ ] PLUMBING	[ ] DEMOLITION
[ ] ELECTRICAL	[ ] FIRE PROTECTION	[ ] OTHER
[ ] ELEVATOR DEVICES	[ ] MECHANICAL	
[ ] ASBESTOS ABATEMENT	[ ] LEAD HAZARD ABATEMENT	

(Subchapter 8 only)

DESCRIPTION OF WORK:
Roofing

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	6,690.00
Cost of Demolition:	0.00
Total Cost:	$6,690.00

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.

THOMAS LAYDU
Construction Official

8/17/18
Date

PAYMENTS (Office Use Only)	
Building	$75.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$13.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$88.00
All Fees Waived:	No

Amount to be Paid: $88.00

Check Number: 1026
Check amount: $88.00

Collected by: jh
Receipt No:
Total Cash Amount:
Total Check Amount: $88.00
Total CC Amount:
Grand Total: $88.00

Note: No more than 2 courses of shingles when job is complete.

Township of Florence | BUILDING SUBCODE TECHNICAL SECTION | Date Received: 08/17/2017 Control #: 18816 | Date Issued: 08/21/2017 Permit #: 20170593

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

Block: 160.05 Lot: 27 Qualification Code:

Work Site Location: 8 TALL TIMBER LANE

Owner Details
Name: PAULETTE SCHETTINO REMBERT
Address: 8 TALL TIMBER LANE BURLINGTON NJ 08016
Telephone: (609) 531-1710
E-mail:

Contractor Details
Contractor: DIAMOND RESTORATION ATTN:
Address: 191 PARKINSON AVENUE HAMILTON NJ 08610
Telephone: (609) 516-8946 Fax: (609) 421-0796
E-mail:
Federal Emp. No: 27-1707720
Lic No. or Hldrs Reg No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason: 13VH10569600

B. BUILDING CHARACTERISTICS

Use Group	Present: R-3	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.	
Max. Live Load			
Max. Occupancy Load			

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	6,690.00
3. Demolition	0.00
4. Total (1+2+3)	$6,690.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footings/Foundations		
[ ]Structural/Framework		
[ ]Exterior		
[ ]Interior		
[ ]Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ]CO [ ]CCO [ ]CA
Date: _____
Approved by: _____

INSPECTIONS — Dates(Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Roofing

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	
[ ] Addition	
[X] Rehabilitation	
[X] Roofing	$75.00
[ ] Siding	
[ ] Fence_____ Height (exceeds 6')	
[ ] Pylon Sign Sq. Ft.	
[ ] Ground or Wall Sign Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall 0.00 Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other 1:	
[ ] Other 2:	
[ ] Other 3:	
[ ] Demolition	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$13.00
TOTAL FEE	$88.00

U.C.C.F1B(rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies

Township of Florence
711 Broad Street
Florence, NJ 08518
609-4992130

CERTIFICATE
IDENTIFICATION

Date Issued: 09/08/2017
Control #: 18816
Permit #: 20170593

Block: 160 05 Lot: 27 Qual:
Work Site Location: 8 TALL TIMBER LANE
BURLINGTON
Owner in Fee: PAULETTE SCHETTINO REMBERT
Address: 8 TALL TIMBER LANE
BURLINGTON NJ 08016
Telephone: 609 531-1710
Agent/Contractor: DIAMOND RESTORATION
Address: 191 PARKINSON AVENUE
HAMILTON NJ 08610
Telephone: 609 516-8946
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.: 27-1707720
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ]State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: Roofing

Update Desc. of Wk/Use:

[ ] 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 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

Thomas Layo

THOMAS LAYO Construction Official

Fees: $0.00
Paid[X]Check No.: 1026
Collected by: jh

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

(609) 499-2130

Requested On: August 31, 2017

Scheduled Building Inspection

Work Site:	8 TALL TIMBER LANE	Permit #:	20170593
Block/Lot/Qual:	160.05 27	Permit Date:	August 21, 2017
Owner's Name:	PAULETTE SCHETTINO REMBERT	CCO#:	
Inspector:	***	CCO Date:	
Agent:	DIAMOND RESTORATION	Updates:	

Description: Roofing

Inspection(s): Final ☑ Pass Fail [ ]

Special Instructions:

Tenant:

Clerk: jallen Logged on: 08/30/2017 3:37 pm

Called in by: Phone:

Notes:

Signature: Date: 8/31/17

(609) 499-2130

Requested On: August 28, 2017

Scheduled Building Inspection

Work Site:	8 TALL TIMBER LANE	Permit #:	20170593
Block/Lot/Qual:	160.05 27	Permit Date:	August 21, 2017
Owner's Name:	PAULETTE SCHETTINO REMBERT	CCO#:	
Inspector:	JH	CCO Date:	
Agent:	DIAMOND RESTORATION	Updates:	

Description: Roofing

Inspection(s): Final || Pass Fail X

Special Instructions:

Tenant:

Clerk: mwarner Logged on: 08/25/2017 11:38 am

Called in by: Phone:

Notes:

Counter Flashing @ Chimney (Loose)
shall be Reef cut or Let-in
To Mortar joints
Call me AS
499-2130

Signature: [signature] Date: 8/28/17

Township of Florence — BUILDING SUBCODE TECHNICAL SECTION — Date Received: 08/17/2017 Control #: 18816 — Date Issued: 08/21/2017 Permit #: 20170593

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

Block: 160.05 Lot: 27 Qualification Code:

Work Site Location: 8 TALL TIMBER LANE

Owner Details
Name: PAULETTE SCHETTINO REMBERT
Address: 8 TALL TIMBER LANE BURLINGTON NJ 08016
Telephone: (609) 531-1710
E-mail:

Contractor Details
Contractor: DIAMOND RESTORATION ATTN:
Address: 191 PARKINSON AVENUE HAMILTON NJ 08610
Telephone: (609) 516-8946 Fax: (609) 421-0796
E-mail:
Federal Emp. No: 27-1707720
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason: 13VH05696600

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories		If Industrialized Building	
Height of Structure		Ft.	State Approved ____ HUD____
Area - Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	Est. Cost of Bldg. work:
Volume of New Structure		Cu. Ft.	1. New Building 0.00
Total Land Area Disturbed		Sq. Ft.	2. Rehabilitation 6,690.00
Max. Live Load			3. Demolition 0.00
Max. Occupancy Load			4. Total (1+2+3) $6,690.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ]No Plans Required
[ ]All
[ ]Footings/Foundations
[ ]Structural/Framework
[ ]Exterior
[ ]Interior
[ ]Other

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS — Dates(Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys /Bracing				
Barrier-Free				
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final	8/28/17			
Barrier-Free				

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Roofing

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	
[ ] Addition	
[X] Rehabilitation	
[X] Roofing	$75.00
[ ] Siding	
[ ] Fence_____ Height (exceeds 6')	
[ ] Pylon Sign Sq. Ft.	
[ ] Ground or Wall Sign Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall 0.00 Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other 1:	
[ ] Other 2:	
[ ] Other 3:	
[ ] Demolition	
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$13.00
TOTAL FEE	$88.00

U.C.C.F10(rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 8 Tall Timber Ln Burlington NJ 08016

Owner In Fee: Valerie Schettino Rembert

Tel. 609-531-1010 e-mail Cvd302@juno.com

Address 8 Tall Timber Ln Florence, NJ 08016

Contractor: Diamond Restoration (trade name) Tel. 609-516-8946

Address 161 Parkinson Ave. (number) e-mail Info@diamond-

Hamilton, NJ 08610 contractors.com

Contractor License No. or Builder Registration No. 13VH05696000 Exp. Date 7/31/18

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 27-1707720 FAX: 609-421-0756

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: Vincent Arevalo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- Removal of old Shingles roof.
- Installation of 15 LBS felt.
- Ice Shield & Water barrier installation.
- Installation of drip edge.
- Installation of ridge vents.
- New Pipe Jacks installation.
- New HD GAF TIMBERLINE SHAGLE installation.
- Clean up & Disposal included.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates (Month/Day)

TYPE OF WORK:

	FEE (Office Use Only)
[ ] New Building	$
[ ] Addition	
[ ] Rehabilitation	
[ ] Roofing	
[ ] Siding	
[ ] Fence _____ Height (exceeds 6')	
[ ] Sign _____ Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall _____ Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other _____	
[ ] Demolition	

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

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 6640.00

UCC-6 (10 (rev. 11/05) Internet version

Applicant, when submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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S14EX1050

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State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

DIAMOND RESTORATION & CLEANING SOLUTION LLC
Marck L. Morales
191 Perkinson Avenue
Hamilton NJ 08610

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

03/02/2017 TO 03/31/2018
VALID

13VH05696000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 45026
Newark, NJ 07101

PLEASE DETACH HERE

13VH05696000