

BLOCK 964 LOT 59 QUALIFICATION CODE _____ ADDRESS (SITE) 516 Nicholas Rd. PERMIT NO. 07-3244

RECD OCT 04 2007



CONSTRUCTION PERMIT APPLICATION

07-004895

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

I. IDENTIFICATION

1. Proposed Work Site at 516 Nicholas Rd.
2. Name of Owner in Fee: Envelin Handchen
Te [REDACTED] e-mail _____
Address 516 Nicholas Rd. Brick, NJ 08724
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: All County Exteriors Tel. (732) 370-2780
Address 560 Cross Street, Lakewood, NJ 08701 e-mail _____
License No. OR, if new home, Builder Reg. No. 13VH01860400 Exp. Date 12/31/2006
Federal Employee No. 06-1682798 FAX: (732) 370-9542
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Ross Marzarella
Tel. (732) 370-2780 FAX: (732) 370-9542

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>84</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$ <u>5</u>		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>89</u>		

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 X
11. Max. Live Load 0
12. Max. Occupancy Load 0

(office use only)

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	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. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
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. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units Income-restricted
Before Construction 0
After Construction 0
Net Gain or Loss 0

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
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
10. ☐ Swimming Pools, Spas and Hot Tubs

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. 5:23-2.15(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 All County Exteriors

Address 560 Cross Street

Lakewood, NJ 08701

Telephone (732) 370-2780

Signature Patricia Craig

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	Other
Building _____	Energy _____	
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. _____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/26/2007
Control Number C-07-004895
Permit Number 07-3244
Permit Issue Date 10/16/2007
Certificate Number 07-3244

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 516 NICHOLAS RD. Brick Township, NJ Block: 964 Lot: 59 Qual: _____
Owner in Fee: HANDCHEN, HAROLD L. & EVELYN M.
Owner Address: 516 NICHOLAS RD BRICK NJ 08724
Telephone: _____
Contractor ALL COUNTY EXTERIORS
Address 560 CROSS STREET LAKEWOOD NJ 08701
Telephone: 732-370-2780 Fax: 732-370-9542
License Number or Builders Registration Number: 13VH01243600 Federal Emp. Number: _____
13VH01860400

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Construction Classification: _____

Maximum Live Load: 0

Maximum Occupancy Load: 0

Description of Work Used: SIDING REMOVE OLD WOOD SIDING & INSTALL CERTAINTED MONOGRAM D-5 D/LAX NEW SIDING.

Certificate Comments:

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 10/26/2007

Page 1



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block 964 Lot 59 Qualification Code _____
Work Site Location 516 Nicholas Rd. Contractor All County Exteriors
Address 560 Cross Street
Owner in Fee Evelyn Handchen Lakewood, NJ 08701
Address 516 Nicholas Rd. Tel. (732) 370-2780
Brick 111 08224 Lic. No. or Bldrs. Reg. No. 13VH01860400
Tel. [REDACTED]

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: Remove Old Wood Siding & install
Certainteed Monogram D-5-D/Lap New Siding.

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 \$ 3,509.00

Construction Official _____

Date _____

PAYMENTS (Office Use Only)

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

(see reverse side)

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. Radon Inspection
5. 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.



CONSTRUCTION PERMIT

Date Issued 10/16/2007
Control # C-07-004895
Permit # 07-3244

IDENTIFICATION Block: 964 Lot: 59 Qualifier _____
Work Site Location: 516 NICHOLAS RD. Brick Township, NJ Contractor ALL COUNTY EXTERIORS
Address 560 CROSS STREET LAKEWOOD NJ 08701
Owner in Fee HANDCHEN, HAROLD L. & EVELYN M.
516 NICHOLAS RD BRICK NJ 08724 Telephone: 732-370-2780
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH01860400
Federal Employee. No. 22-2409381

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

SIDING REMOVE OLD WOOD SIDING & INSTALL CERTAINTED MONOGRAM D-5 D/LAX NEW
SIDING.

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 \$3,509

Construction Official _____ Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$84
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$5
CO Fee	
Other	\$0
Total	\$89
Check No.	2731
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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 the 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 granted.

☐ 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 cases 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. 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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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.

If you do not understand any of this information, please ask.



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 964 Lot 59 Qualification Code _____
Work Site Location 516 Nicholas Rd.

Owner: Evelyn Handchen

Tel. () _____ e-mail _____

Address 516 Nicholas Rd. Brick, NJ 08824 zip code _____
street municipality

Contractor: All County Exteriors Tel. (732) 370-2780

Address 560 Cross St., Lakewood, NJ 08701 e-mail _____ Exp. Date 12/31/2007

Contractor License No. or Builder Registration No. 13VH01860400

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 06-1682798 FAX: (732) 370-9542

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type	Failure	Approval
☐ No Plans Required					
☐ All			Footings		
☐ Footings			Footings Bonding		
☐ Foundation			Foundation		
☐ Slab			Slab		
☐ Frame			Frame		
☐ Other			Truss Sys./Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator		
			Insulation		
			Finishes-Base Layer		
			Finishes-Final		
			Energy		
			Mechanical		
			TCO		
			Other		
			Barrier-Free		

Approved by: 10-24-07 TCO 10-23-07

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. \$ 00.00

2. Rehabilitation \$ 3,509.00

3. Total (1+2) \$ 3,509.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature Patricia Quigg

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove Old wood Siding & install
Certainteed Monogram D-5 - Dlap
New Siding.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☒ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

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

Date Received
Control #

Date Issued
Permit #

07-3844
10-16-07



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 96A Lot 59 Qualification Code _____
Work Site Location 516 Nicholas Rd.

Owner In Care: Evelyn Handchen

Tel: _____ e-mail: _____
Address 216 Nicholas Rd. Brick, NJ 08724 zip code

Contractor: All County Exteriors Tel. (732) 370-2780

Address 560 Cross St., Lakewood, NJ 08701 e-mail: _____

Contractor License No. or Builder Registration No. 13VH01860400 Exp. Date 12/31/2007

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 06-1682798 FAX: (732) 370-9542

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
1. No Plans Required			Type:	Failure	Failure	Approval
1. All			Footing			
1. Footing			Footing Bonding			
1. Foundation			Foundation			
1. Frame			Slab			
1. Other			Truss Sys/Bracing			
Joint Plan Review Required:			Barrier-Free			
[] Elec. [] Plumb. [] Fire [] Elevator			Insulation			
SUBCODE APPROVAL			Finishes-Base Layer			
[] CO [] CCO [] CA			Finishes-Final			
Date:			Energy			
Approved by:			Mechanical			
			TCO			
			Other			
			Final			
			Barrier-Free			

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. \$ 00.00

2. Rehabilitation \$ 3,519.00

3. Total (1+2) \$ 3,519.00

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 Patricia Quigg

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove Old wood Siding & install
Certainteed Menogram D-5 - D/Lap
New Siding.

TYPE OF WORK:

- [] New Building
- [] Addition
- [] Rehabilitation
- [] Roofing
- [X] Siding
- [] Fence
- [] Sign
- [] Pool
- [] Retaining Wall
- [] Asbestos Abatement Subchapter 8
- [] Lead Haz. Abatement NJAC 5:17
- [] Radon Remediation
- [] Other
- [] Demolition

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received
Control #

Date Issued
Permit #

107-3444
10-16-07

All County Exteriors

560 Cross St. Lakewood, New Jersey 08701 Phone (732) 370-2780

Fax (732) 370-9542 www.allcountyexteriors.com

Date: 10/2/07

To Whom It May Concern,

Please accept this jacket and contents as an application for a building permit on behalf of the specified homeowner and address.

It would be greatly appreciated if you contacted us once you receive the application in order to confirm receipt. At that time, we can also answer any questions you may have.

It would also be greatly appreciated if you contacted us once the application has been processed so we may pay for the permit and arrange pickup.

Thank you for your time and effort.

Sincerely,



Patty Craig