BLOCK 260 LOT 9 QUALIFICATION CODE _____ ADDRESS (SITE) 13 Paul Jones. PERMIT NO. 12-2530

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 13 Paul Jones Pl Brick
2. Name of Owner in Fee: France
   Tel. ( ) _____ e-mail _____
   Address 13 Paul Jones (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Harris Roofing Tel. 732) 674-4585
   Address 484 Aurora Pl e-mail _____
   Brick
   License No. OR, if new home, Builder Reg. No. 13VH01645500 Exp. Date 12/12
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Tom Harris ✓
   Tel. (732) 674-4585 FAX: ( ) _____

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	$			

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	3,000								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	3000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use: 6
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

CONSTRUCTION PERMIT

Date Issued 09/07/2012
Control # C-12-003291
Permit # 12-2530

IDENTIFICATION Block: 260 Lot: 9 Qualifier

Work Site Location: 13 PAUL JONES DR. Brick Township, NJ

Owner in Fee: FRANCE, ELIZABETH T. & ROBERT K.
13 PAUL JONES DR. BRICK NJ 08723

Telephone:

Contractor: HARRIS ROOFING CO.
Address: 484 AURORA PL. BRICK NJ 08723-

Telephone: 7326744585
Lic. No. or Bldrs. Reg. No. 13VH0164550
Federal Employee. No. 14-2127233

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:
NEW ROOF

Note: If constuction 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 $3,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$90
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$95
Check No.	18515
Cash	$0
Credit	$0
Collected By	Christopher Romano

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

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 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.

9-7-12

Date Received
Control # 12-2530

Date Issued
Permit #

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 260 Lot 9 Qualification Code

Work Site Location 13 Paul Jones Dr. Brick

Owner in Fee: Prince

Tel. ( ) e-mail

Address

Contractor: Falcis Roofing Co. (street, municipality) Tel. (732) 674-4585 (zip code)

Address 484 Aurora Dr. Brick e-mail

Contractor License No. or Builder Registration No. 13VH01645500 Exp. Date 12/12

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

Federal Emp. ID No. FAX: ( )

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: Void

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation	Demo Permit	12-0897		
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer	ABANDONED			
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	3-21-13			
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.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 3000
2. Rehabilitation $
3. Total (1+ 2) $ 3000

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

Reroof.

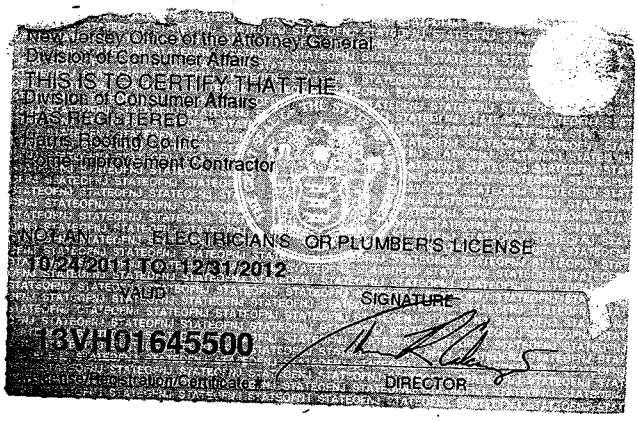
TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 11/09)

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



New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Patris Roofing Co Inc
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

10/24/2011 TO 12/31/2012
VALID

SIGNATURE

13VH01645500

DIRECTOR

License/Registration/Certificate #

TOWNSHIP OF BRICK
Debris form

Work Site Address: 13 Paul Jones Dr Brick

Block: 260 Lot: 9

Contractor: Harris Roofing Co.

Contractor's Address: 484 Aurora Pl Brick

Type of Construction (minor, new home): Roof

Type of Debris (shingles, siding, wood, etc.): Asphalt.

Party responsible for removal: Harris Roofing Co

Dumpster size: Truck

Destination of debris: Mazza Tinton Falls

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

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

Signature

9/6/12
Date

Tom Harris
Print Name

FAX TRANSMITTAL FAX

DATE: 3-20-2013

COMPANY NAME: BRICK TOWNSHIP BUILDING DEPT.

ATTENTION: MELANIE

TO FAX #: 732-262-2941

RE: DUMPSLIPS - 13 PAUL JONES DR. DEMO

FROM: CHRIS PLACKIS

SENDER'S FAX NUMBER: (732) 899-2866

NUMBER OF PAGES TRANSMITTED 10 (including cover page)

PLEASE CALL (732) 899-7499 IF TRANSMISSION WAS NOT COMPLETED or UNABLE TO BE READ

ADDITIONAL REMARKS:

DEMOLITION: 13 PAUL JONES DR.
HOMEOWNER: ROBERT FRANCE

3 PAGES

P.O. BOX 915 • BRICK, NEW JERSEY 08723-0017 • (732) 899-7499 • FAX. (732) 899-2866

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday **call for hours**

Invoice No :420549
Date :3/16/13
Phone :(732)244-1716
Fax :(732)914-0373

Customer: 8997499
Brick Industries, Inc - COD

FRANK

145 Natick Trail
Brick,

Truck : X5076T
Location: 1507 BRICK TWP.

Gross :	76220	lb	Scale 1	In	12:42 pm
Tare :	35180	lb	Scale 1	Out	12:50 pm
Net :	41040	lb			

Weigh Master: DP

Remarks: BRICK INDUSTRIES

Material $	164.16
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	164.16
Received $	164.16
Check #	1020

MATERIAL ID	QTY	UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
00064	20.52 tn	$8.00	CONCRETE/DIRT		$164.16

$164.16

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:

FRANK?

FCI

*257944

Ticket No: 257944
Date: 03/18/2013
Inbound: 4:14 pm
Outbound: 4:22 pm
Account No: 69175000
PO/Release No:
Service Order:
Contract #:
Driver: UNASSIGNED
Vehicle No: X5076T
Veh SW Decal:
Veh Plate:
Trailer No:
Trl SW Decal
Trl Plate
Container No:
Minimum Weight:
Inbound Transporter: FCIMRF NONE
Township Origination: BRICK TOWNSHIP

Generator/Site:
BRICK INDUSTRIES INC.
***** ****SCALE ACCT****
BRICK, NJ 08723

Bill To:
BRICK INDUSTRIES INC.
PO BOX 915
BRICK NJ 08723

Gross	47,360	lb	NONE
Tare	36,000	lb	NONE
Adjustments	0		
Net	11,360	lb	
Tons	5.680		

Material	Weight	Price	Materials	Totals
13C C&D WASTE	11,360.00	$79.00	$448.72	$448.72

Materials	$448.72
Taxes/Fees	$0.00
Total Due	$448.72

Scale Master Signature: _____

Driver Signature: _____

SCALE

HCI

257803

Ticket No: 257803
Date: 03/18/2013
Inbound: 7:28 am
Outbound: 7:38 am
Account No: 69175000
PO/Release No:
Service Order:
Contract #:
Driver: UNASSIGNED
Vehicle No:
Veh SW Decal:
Veh Plate:
Trailer No:
Trl SW Decal
Trl Plate
Container No:
Minimum Weight:
Inbound FCI B
Transporter: NONE

Township Origination: BRICK TOWNSHIP

Generator/Site:
BRICK INDUSTRIES INC.
***** ****SCALE ACCT****
BRICK, NJ 08723

Bill To:
BRICK INDUSTRIES INC.
PO BOX 915
BRICK ,NJ 08723

Gross	69,000	lb	NONE
Tare	35,400	lb	NONE
Adjustments	0		
Net	33,600	lb	
Tons	16.800		

Material	Weight	Price	Materials	Totals
CONCRETE < 3'X 3'	33,600.00	$6.50	$109.20	$109.20

Materials	$109.20
Taxes/Fees	$0.00
Total Due	$109.20

Scale Master Signature: _____

Driver Signature: _____

FCI

*257209

Ticket No: 257209
Date: 03/11/2013
Inbound: 3:47 pm
Outbound: 4:10 pm
Account No: 69175000
PO/Release No:
Service Order:
Contract #:
Driver: UNASSIGNED
Vehicle No: X5076T
Veh SW Decal:
Veh Plate:
Trailer No:
Trl SW Decal
Trl Plate
Container No:
Minimum Weight:
Inbound FCIMRF
Transporter: NONE

Township Origination: BRICK TOWNSHIP

Generator/Site:
BRICK INDUSTRIES INC.
***** ****SCALE ACCT****
BRICK, NJ 08723

Bill To:
BRICK INDUSTRIES INC.
PO BOX 915
BRICK ,NJ 08723

Gross	50,000	lb	NONE
Tare	36,000	lb	NONE
Adjustments	0		
Net	14,000	lb	
Tons	7.000		

Material	Weight	Price	Materials	Totals
13C C&D WASTE	14.000.00	$79.00	$553.00	$553.00

Materials	$553.00
Taxes/Fees	$0.00
Total Due	$553.00

Scale Master Signature: _____

Driver Signature: _____

13 Paul Jones

257262

Ticket No: 257262
Date: 03/12/2013
Inbound: 10:44 am
Outbound: 11:12 am
Account No: 69175000
PO/Release No:
Service Order:
Contract #:
Driver: UNASSIGNED
Vehicle No: X5076T
Veh SW Decal:
Veh Plate:
Trailer No:
Trl SW Decal
Trl Plate
Container No:
Minimum Weight:
Inbound FCIMRF
Transporter: NONE

Township Origination: BRICK TOWNSHIP

Generator/Site:
BRICK INDUSTRIES INC.
***** ****SCALE ACCT*****
BRICK, NJ 08723

Bill To:
BRICK INDUSTRIES INC.
PO BOX 915
BRICK ,NJ 08723

Gross	51,000	lb	NONE
Tare	36,300	lb	NONE
Adjustments	0		
Net	14,700	lb	
Tons	7.350		

Material	Weight	Price	Materials	Totals
13C C&D WASTE	14,700.00	$79.00	$580.65	$580.65

Materials	$580.65
Taxes/Fees	$0.00
Total Due	$580.65

Scale Master Signature: _____

Driver Signature: _____

FRANK

FCI

*257315

Ticket No: 257315
Date: 03/12/2013
Inbound: 4:11 pm
Outbound: 4:30 pm
Account No: 69175000
PO/Release No:
Service Order:
Contract #:
Driver: UNASSIGNED
Vehicle No: X5076S
Veh SW Decal:
Veh Plate:
Trailer No:
Trl SW Decal
Trl Plate
Container No:
Minimum Weight:
Inbound FCIMRF
Transporter: NONE

Township Origination: BRICK TOWNSHIP

Generator/Site:
BRICK INDUSTRIES INC.
***** ****SCALE ACCT*****
BRICK, NJ 08723

Bill To:
BRICK INDUSTRIES INC.
PO BOX 915
BRICK ,NJ 08723

Gross	49,600	lb	NONE
Tare	36,300	lb	NONE
Adjustments	0		
Net	13,300	lb	
Tons	6.650		

Material	Weight	Price	Materials	Totals
13C C&D WASTE	13,300.00	$79.00	$525.35	$525.35

Scale Master Signature: _____

Driver Signature: _____

Materials	$525.35
Taxes/Fees	$0.00
Total Due	$525.35

DEMO
PAUL JONES

FAMILY

257524

Ticket No: 257524
Date: 03/14/2013
Inbound: 11:14 am
Outbound: 11:29 am
Account No: 69175000
PO/Release No:
Service Order:
Contract #:
Driver: UNASSIGNED
Vehicle No: X5076T
Veh SW Decal
Veh Plate:
Trailer No:
Trl SW Decal
Trl Plate
Container No:
Minimum Weight:
Inbound Transporter: FCIMRF NONE
Township Origination: BRICK TOWNSHIP

Generator/Site:
BRICK INDUSTRIES INC.
***** ****SCALE ACCT****
BRICK, NJ 08723

Bill To:
BRICK INDUSTRIES INC.
PO BOX 915
BRICK ,NJ 08723

Gross	52.860	lb	NONE
Tare	35.760	lb	NONE
Adjustments	0		
Net	17,100	lb	
Tons	8.550		

Material	Weight	Price	Materials	Totals
13C C&D WASTE	17,100.00	$79.00	$675.45	$675.45

Scale Master Signature: _____

Driver Signature: _____

Materials	$675.45
Taxes/Fees	$0.00
Total Due	$675.45

BRICK INDUSTRIES, INC.

FAX TRANSMITTAL FAX

DATE: 3-20-2013

COMPANY NAME: BRICK TOWNSHIP - BUILDING DEPT.

ATTENTION: MELANIE

TO FAX #: 732-262-2941

RE: DUMPSLIPS - 13 PAUL JONES DR. DEMO

FROM: CHRIS PLACKIS

SENDER'S FAX NUMBER: (732) 899-2866

NUMBER OF PAGES TRANSMITTED 10 (including cover page)

PLEASE CALL (732) 899-7499 IF TRANSMISSION WAS NOT COMPLETED or UNABLE TO BE READ

ADDITIONAL REMARKS:

DEMOLITION: 13 PAUL JONES DR.
HOME OWNER: ROBERT FRANCE.

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 Tom Harris

Address 484 Aurora Dr.
Brick

Telephone (732) 674-4585

Signature _____

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