BLOCK 643 LOT 18.01 QUALIFICATION CODE _____ ADDRESS (SITE) 687 MANTOLOKING PERMIT NO. 10-2818

CONSTRUCTION PERMIT APPLICATION C-10-002818

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

I. IDENTIFICATION

1. Proposed Work Site at: 687 MANTOLOKING RD
2. Name of Owner in Fee: RAHMAN
   Tel. ([redacted]) e-mail _____
   Address 687 MANTOLOKING RD (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: BERNARD CONST Tel. ( ) 780-3548
   Address 919 ROUTE 33 e-mail _____
   FREEHOLD NJ.
   License No. OR, if new home, Builder Reg. No. 13VH00136800 Exp. Date _____
   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 DAVID BERNARD
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 8		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 158		

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	5,000								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	500								

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

U.C.C. F100-1 (rev. 12/07)

If 10.18 Called Contractor

NPP

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.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 Brennan Const

Address 919 Route 33

Freehold NJ.

Telephone ( ) 780-3340

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/21/2010
Control Number C-10-002818
Permit Number 10-2118
Permit Issue Date 08/10/2010
Certificate Number 10-2118

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 687 MANTOLOKING RD. Brick Township, NJ Block: 648 Lot: 15.01 Qual:

Owner in Fee: RAHMAN, HOSHNARA & FAZLUR ETAL

Owner Address: 687 MANTOLOKING RD BRICK NJ 08724

Telephone:

Contractor BREMMAN CONSTRUCTION

Address 11 MORGAN STREET FREEHOLD NJ

Telephone: (732) 780-3348 Fax:

License Number or Builders Registration Number: 13VH00136900 Federal Emp. Number: 22-3433296

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/Use: NEW ROOF

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:

David J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 09/21/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 5-16-1
Control # C-10-002818
Permit # 10-117

IDENTIFICATION Block 648 Lot 15.01 Qualifier
Work Site Location: 687 MANTOLOKING RD. Brick Township, NJ
Contractor BREMMAN CONSTRUCTION
Address 11 MORGAN STREET FREEHOLD NJ
Owner in Fee RAHMAN, HOSHNARA & FAZLUR ETAL
687 MANTOLOKING RD BRICK NJ 08724
Telephone: (732) 780-3348
Lic. No. or Bldrs. Reg. No. 13VH00136900
Telephone:
Federal Employee. No. 22-3433296

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

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$158
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $5,000

Construction Official Date

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:

- [x] 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

Date Received / Control # 10-2118

Date Issued / Permit # 8-10-10

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

Block 648 Lot 15.01 Qualification Code

Work Site Location 687 MANTOLOKING RD BMUC

Owner in Fee: [redacted]

Tel. ( ) [redacted] email

Address 687 MANTOLOKING RD
street municipality zip code

Contractor: BREMMAN CONSTRUCTION CO., INC. Tel. ( )

Address 919 ROUTE 33 UNIT 23 FREEHOLD, NJ 07728 email

(P) 732-760-3348

Contractor License No. or Builder Registration No. Exp. Date

(F) 732-300-6353

Home Improvement Contractor Registration No. Classification (if applicable):

Federal Emp. ID No. 13VH00136900 FAX: ( ) 22-3433298

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Required			Footing				
[ ] All			Footing Bonding				
[ ] Footings/Foundations			Foundation				
[ ] Structural/Framework			Slab				
[ ] Exterior			Frame				
[ ] Interior			Truss Sys./Bracing				
Joint Plan Review Required			Barrier-Free				
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator			Insulation				
SUBCODE APPROVAL for PERMIT			Finishes-Base Layer				
Date			Finishes-Final				
Approved by			Energy				
SUBCODE APPROVAL for CERTIFICATE			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date 9/8/10			Other				
Approved by			Final			9/21/10	CP
			Barrier-Free				

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) $ 3600

U.C.C. F110HB3
(rev. 07/03)

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

Replace Roof 30YR
110 MPH RATED
6/NAILS shingle

TYPE OF WORK:

- [ ] 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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

1 White = Inspector Copy 2 Canary = Office Copy
3 Tag = Office / Other

F.P.C., Inc. Pest Control

Fax Transmission

Number of Pages (including cover):

To: Brick Twp Building Dept.

Fax Number: 732-262-8954

ATTN: Russell

From: Judy

Date: 9/3/10

If you do not receive all pages, please contact:

F.P.C., Inc.
"Exterminating & Consultants"
919 Route 33, Unit 23
Freehold, NJ 07728
(732) 308-1070
Fax (732) 308-4610

Subject: Dump Ticket for 687 Mantoloking Road
Have a nice holiday weekend!

P# 10-2118

DUPLICATE TICKET
MAZZA & SONS, INC
DEP# 1336001136
3230 SHAFTO RD TINTON FALLS NJ

02 458770

08/20/10 08/20/10 08:13 08:23 XJ175H

003721 BREMMAN CNSTR. CO.
11 MORGAN COURT
FREEHOLD NJ 07728

FREEHOLD TWP, MONMOUTH

Scale 2 Gross Wt.	13760	LB
Scale 3 Tare Wt.	10160	LB
Net Weight	3600	LB

Inbound - Charge ticket

1.80	TON	INCOMING BULKY WAST	94.00	169.20	5.40	174.60

SALES TAX	0.00	
FUEL SRCHG	0.00	174.60
RE TAX	5.40	

type.

DUPLICATE TICKET
MAZZA & SONS, INC
DEP# 1336001136
3230 SHAFTO RD TINTON FALLS NJ

02 458770

08/20/10 08/20/10 08:13 08:23 XJ175H

003721 BREMMAN CNSTR. CO.
11 MORGAN COURT
FREEHOLD NJ 07728

FREEHOLD TWP, MONMOUTH

Scale 2 Gross Wt.	13760	LB
Scale 3 Tare Wt.	10160	LB
Net Weight	3600	LB

Inbound - Charge ticket

1.80	TON	INCOMING BULKY WAST	94.00	169.20	5.40	174.60

SALES TAX	0.00	
FUEL SRCHG	0.00	174.60
RE TAX	5.40	

type.

CAMBRIDGE LT & 30 AR

ARCHITECTURAL SHINGLES

- Heavyweight fiberglass asphalt shingles
- Architectural shingles
- Cambridge LT & 30 AR feature an algae resistant granule
- Class "A" Fire Resistance Rating[1]
- Limited wind warranty coverage up to:
  - 90 mph (145 km/h): wind warranty upgrade to *130 mph (210 km/h)* for Cambridge LT[1]
  - 70 mph (112 km/h), wind warranty upgrade to *110 mph (177 km/h)* for Cambridge 30 AR[1]
- Product meets IRC wind code requirements
- Limited Lifetime, or 30-year warranty[1]
- 10-year or 5-year IKO "Iron Clad" protection[1]

Note: Cambridge LT and 30 AR shingles feature an algae resistant system with a limited algae resistance warranty.[1]

Note: IKO Hip & Ridge 12 or Marathon Ultra AR available for hips and ridges. Product availability subject to shipping area.

[1]See Limited Warranty and shingle application instructions for complete information.

Color Availability	Dual Black	Charcoal Grey	Harvard Slate	Dual Grey	Dual Brown	Heatherwood	Weatherwood	Driftwood	Aged Redwood	Earthtone Cedar
Cambridge LT	■	■	■	■	■		■	■		
Cambridge 30 AR	■	■	■	■	■	■	■	■	■	■

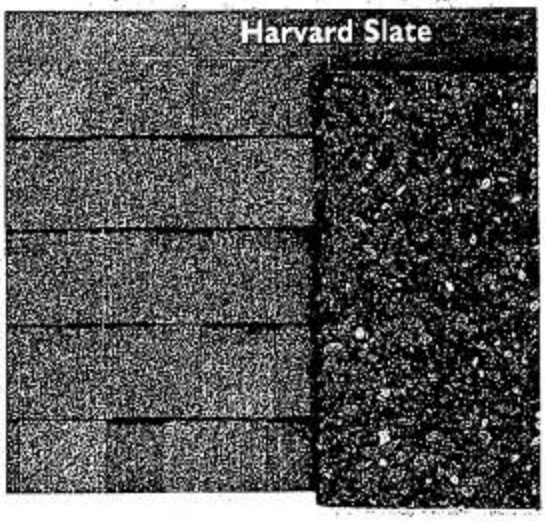
[2]Blue granules may fade after extensive exposure to the sun's ultraviolet rays.

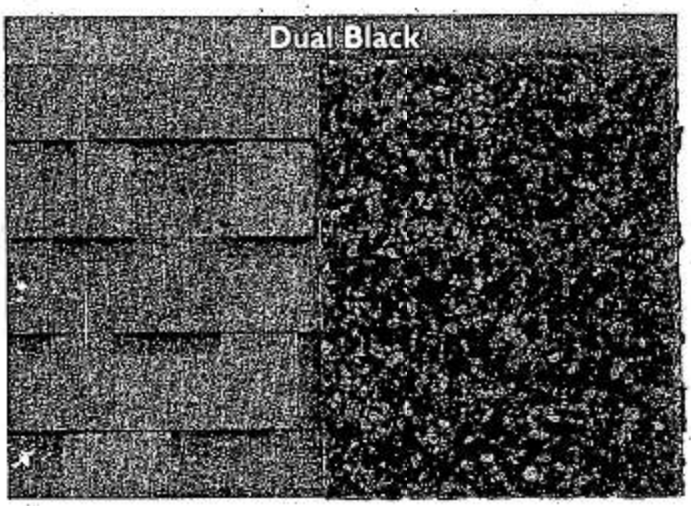
Note: These shingles feature an algae resistant system with a Limited Algae Resistance Warranty.[1]

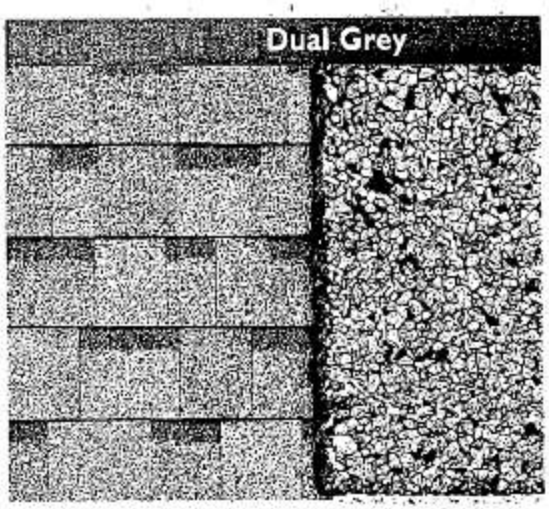
[1] Use of an approved underlayment beneath all fiberglass shingles is strongly recommended, especially on roof slopes below 4/12. Class "A" Fire Resistance Rating is achieved only with the installation of an approved underlayment.

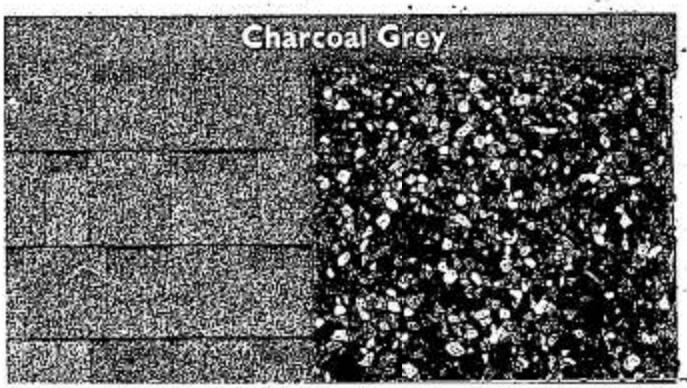
Specifications	Standards
Length 40-7/8" (1038 mm)	ASTM D3462 ASTM D3018 ASTM D3161 ASTM E108-Class "A" Fire Resistance Rating[1]
Width 13-3/4" (349 mm)	
Exposure 5-7/8" (149 mm)	• CSA A123.5 • CSA A123.51 • CSA A123.52
Coverage per Bundle Cambridge LT - 25 sq. ft. (2.32 m²) Cambridge 30 AR - 33.3 sq. ft. (3.1 m²)	[1] Product is designed and tested to comply with ASTM/CSA Standards at time of manufacture prior to packaging

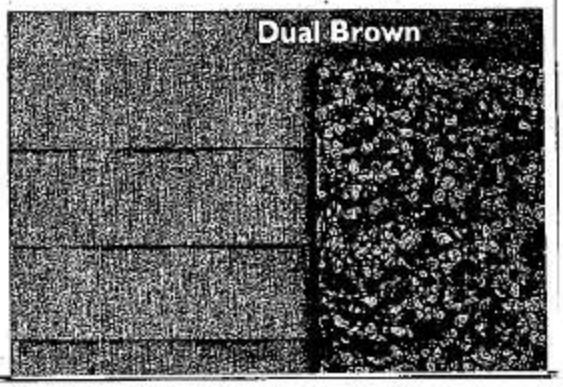
Note: All values shown are approximate.











BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-2118

Date Issued / Permit # 8-10-10

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

Block 43 Lot 15.01 Qualification Code

Work Site Location 697 MANTOLOKING RD BMUC

Owner in Fee: RAITMAN

Tel. ([redacted]

Address 697 MANTOLOKING RD
street municipality zip code

Contractor: BREMMAN CONSTRUCTION CO., INC.

Address 919 ROUTE 33 UNIT 23 FREEHOLD, NJ 07728

Contractor License No. or Builder Registration No. (P) 732-780-3348 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (F) 732-303-6353

Federal Emp. ID No. 13VH00136900 22-3433206

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:	Dates (Month/Day) 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				

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) $ 5600 —

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
Replace Roof 3V4R
110 MPH RATED
6/NAIL Shale

TYPE OF WORK:
[ ] 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

FEE (Office Use Only)
$

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

U.C.C. F110IB3
(rev. 07/03)

1 White = Inspector Copy 2 Canary = Office Copy
3 Tag = Office / Other

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

Bremman Construction Co Inc
David Brennessel
11 Morgan Court
Freehold NJ 07728

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

12/18/2009 TO 12/31/2010
VALID

13VH00136900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR