CONSTRUCTION PERMIT

Date Issued 1-17-02
Control #
Permit # 18

IDENTIFICATION Block 45 Lot 10
Work Site Location 211 3rd Ave
Avon N.J. 07726
Owner in Fee MARTOF EDWARD
Address 211 3rd St
Avon N.J.
Tel. ( )

Contractor
Address JAMES T. MARKEY, LLC
243 SO. MAIN ST.
MANVILLE, NJ 08835
Tel. ( ) 908-725-0993
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No. 52-3814114

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:
VINYL 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 $ 7000

MC
Construction Official

1-17-02
Date

PAYMENTS (Office Use Only)
Building 200
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 8
Cert. of Occupancy
Other
Total 208
Check No.
Cash
Collected by MC

U.C.C. F170
(rev. 3/96)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK -TAX ASSESSOR GOLD - APPLICANT

(see reverse side)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4-17-02
Date Issued
Control #
Permit # 18

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

Block 405 Lot 10
Work Site Location 211 3rd AVENUE
Owner in Fee MARKEY EDWARD
Address 211 3rd AVENUE
Tele. (908) 725-0127
Contractor
Address JAMES T. MARKEY, LLC
243 SO. MAIN ST.
MANVILLE, NJ 08835
Tele. ( ) Fax (908-725-0993
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3819114

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

VINYL SIDING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other Siding

[ ] Demolition

FEE (Office Use Only)

$ 200

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 5
TOTAL FEE $ 205

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. $
2. Alteration $
3. Total (1+ 2) $ 7148

U.C.C. F110
(rev. 3/96)

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/15/07
Permit # 126-2007

IDENTIFICATION Block 145 Lot 10 Qualification Code

Work Site Location 2713 3rd Ave Contractor M T + Construction Inc

Address 236 Overlook Dr Oakhurst

Owner in Fee Patrick Markey

Address

Tel. (732) 233 6308

Lic. No. or Bldrs. Reg. No. 13VH03079700

Tel. ( )

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 Roofing

DESCRIPTION OF WORK: Remove prev roofs install CDX 1/2 Plywood 3 ft Ice Shield at Eve and Valley New Shingles 30 Yr Timberline Roofing

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 $ 7250

Construction Official

8/17/07
Date

PAYMENTS (Office Use Only)	
Building	195
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	11
Cert. of Occupancy	
Other	
Total	206
Check No.	
Cash	206
Collected by	S. Sullivan

U.C.C. F170 (rev. 01/04) (see reverse side)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

OCS Printing (609) 398-4375

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/7/2007
Control #
Date Issued 8/15/2007
Permit # 126-2007

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

Block 45 Lot 10 Qualification Code ______
Work Site Location 211 3rd Ave
Owner in Fee: Patrick Markey
Tel. (___) ______ e-mail ______
Address Same
street municipality zip code
Contractor: ITT Construction Inc Tel. 732 233 6308
Address 230 Overlook ... NJ 07255 e-mail ______
Contractor License No. or Builder Registration No. 13VH03079700 Exp. Date 12/31/07
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	8/7/07	[illegible]
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/6/12
Approved by: [signature]

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)

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed R5
Constr. Class Present ______ Proposed VB
No. of Stories ______
Height of Structure ______ Ft.
Area — Largest Floor N/A 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: 7866
1. New Bldg. $ ______
2. Rehabilitation $ ______
3. Total (1+ 2) $ ______

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove present roofing down to ... install CDX ... Plywood ... Oakwood Valley New ... 15lb Felt 2x2 Aluminum Edging 30 Yr Timberline Roof ... Cupping

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$
[ ] Addition	
[ ] Rehabilitation	
[✓] Roofing	195-
[ ] 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 $ 11-
TOTAL FEE $ ______

U.C.C. F110
(rev. 01/06)

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2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy