



Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 4/21/2016
Control Number C-22870
Permit Number 20130907
Permit Issue Date 4/12/2013
Certificate Number 20130907

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 126 LOCUST AVENUE , NJ Block: 28 Lot: 38 Qual: _____
Owner in Fee: DELLAS, LAURISSA
Owner Address: 126 LOCUST AVENUE HOWELL NJ 07731
Telephone: [REDACTED]
Contractor PENYAK ROOFING CO. INC.
Address 3571 KENNEDY ROAD SOUTH PLAINFIELD NJ 07080
Telephone: (908) 753-4222 Fax: (908) 753-4763
License Number or Builders Registration Number: 13VH04261000 Federal Emp. Number: [REDACTED]

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 40 Maximum Occupancy Load: 0

Description of Work/Use: ROOF TEAR-OFF AND RESHINGLE

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

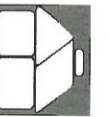
Fee: \$0.00

Check Number: _____

Collected By: _____



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 258 Lot 38 Qualification Code _____
Work Site Location 126 Locust Ave. Howell

Owner in Fee: George Dallas

Tel. () _____ e-mail _____

Address 126 Locust Ave. Howell

Contractor: Penyak Roofing Howell Tel. 908, 753-4222

Address 3571 Kennedy Rd. SO. PFD. e-mail _____

Contractor License No. or Builder Registration No. 13VH04261000 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: 908, 753-4763

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
☒ No Plans Required	<u>4-3-10</u>	<u>CG</u>	Type:	Failure	Failure	Approval
☐ All			Footings			
☐ Footings/Foundations			Foundation Bonding			
☐ Structural/Framework			Foundation			
☐ Exterior			Slab			
☐ Interior			Frame			
Joint Plan Review Required:			Truss Sys./Bracing			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free			
SUBCODE APPROVAL FOR PERMIT			Insulation			
Date: <u>4-3-13</u>			Finishes - Base Layer			
Approved by: <u>CG</u>			Finishes - Final			
SUBCODE APPROVAL FOR CERTIFICATE			Energy			
☐ CO ☐ CCO ☒ CA			Mechanical			
Date: <u>4-4-16</u>			TCO			
Approved by: <u>CG</u>			Other			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5

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 V8 Proposed V8

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

- New Bldg. \$ 5300.-
- Rehabilitation \$ 5200.-
- Total (1+2) \$ 10500.-

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

TEAR-OFF EXISTING ROOF

ICE & WATER SHIELD

15 LB. FELT PAPER

LIFETIME IKO SHINGLES

EPDM RUBBER ON FLAT

Shingles must meet ASTM D 366 CLASS F

TYPE OF WORK:

☐ New Building		
☐ Addition		
☐ Rehabilitation		
☒ Roofing		
☐ 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 \$ 9-

TOTAL FEE \$ _____

Date Received 4/12/13
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