OWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Temple Beth Or Brick 200 Van Zile
2. Owner Name: _____ Tel. (___) 920-6966
   Address Van Zile Rd
3. Principal Contractor: Cardinal Roofing Tel. (___) 458-9222
   Address 1108 Industrial Parkway Brick
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work Lee Taylor Tel. (___) 458-9222

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☒ Repair, Replacement
7. ☐ Demolition
8. ☒ Other: Reroof

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ 4,200.00
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other Roofing	
6. ☐	Other	
	TOTAL COST	$ 4,700.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☒ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: Synagogue

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5 ☐	☐	Electric
6. ☐	☐	Solid (Wood,Coal,Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10412264

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 Cardinal Roofing TEL.(458-9222

ADDRESS 1108 Industrial Parkway

Brick

SIGNATURE Lee Taylor

BLOCK NO. 1095 LOT NO. 11 SUBDIVISION _____ PERMIT NO. 5639

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ *Soil Conservation*																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ *Other:* _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 37.50
PLUMBING	.00
ELECTRICAL	.00
FIRE PROTECTION	.00
OTHER _____	.00
SUBTOTAL	$ .00
– LESS: 20% of subtotal (when plan review performed by state agency).	(.00)
D.C.A. TRAINING FEE .0006 x _____ =	.00
CERTIFICATE OF ~~OCCUPANCY~~ AMT	20.00
OTHER _____	.00
OTHER _____	.00
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 57.50

DATE 10/18/84 Collected By JK

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.00
OTHER			.00
OTHER			.00
– LESS: Refunds			(.00)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ .00

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ .00
COLLECTED AFTER PERMIT (VB)	.00
TOTAL	$ .00

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 10/18/89
Control #
Permit # 5639

IDENTIFICATION Block 1095 Lot 1

Work Site Location 200 Van Zile Rd

Owner in Fee Temple Beth Or
Address Above

Tele. ( )

Contractor Cardenas Roofing
Address

Tele. ( ) 5639*#

Lic. No. or Bldrs. Reg. No. Exp. Date BLOCK 0.00

Federal Emp. No. 1095 #

or Social Security No. LOT 0.00

1 #

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Repair - re roof

PAYMENTS (Office Use Only)	
Building	37.50 BUILDING 37.50
Plumbing	C T O 20.00
Electrical	TOTAL 57.50
Fire Protection	CHECK 57.50
Other	CHANGE 0.00
Other	10/18/89 NO. 5 0011A005 15:49
DCA Training Fee	
Cert. of Occ'y	20 —
Other	
Total	57.50
Check No.	X 11162
Cash	
Collected By:	[signature]

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 $ 4700—

[signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 5639
DATE ISSUED 6-28-89
REVISION DATE
Block 1095 Lot 1
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Temple Beth Am
Address Van Zile Rd
Brick
Tel. ( ) 200
Work Site Address Van Zile Rd
Brick

Contractor Cardinal Roofing
Address 168 Industrial Parkway
Brick
Tel. ( ) 458-9222
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Lee Taylor
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Reroof – Repairs on parapit walls with Brick

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☑ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 4,700.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other _____		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-11-93
Control #
Permit # 1819-93

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

Block 1095 Lot 1
Work Site Location Vanzile Rd.

Owner in Fee Temple Beth ORR
Address Vanzile Rd.

Tele. (____)
Contractor Cardinal Roofing
Address P.O. Box 333 Brick N.J.

Tele. (____) 458-9222
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-074-2690 or Social Security No.

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.

Bill Glynn
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1) Installing new modified roofing system (torch down a #30 fiberglass base sheet over 1 layer of existing

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	8/11/93	JC
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved By: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ 10,000.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[ ] Siding
[ ] Other ____
[ ] Demolition
[ ] Miscellaneous
[ ] Fence ____ Height
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other ____

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy