

BL BECKEIM 5

**LOT**

**ADDRESS (SITE)**

200 Van Nijle Rd.

PERMIT NO.

188/-9/

OCT 9 1991

DIV. OF INSPECTION



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: 200 Van Zile Rd.

2. Name of Owner in Fee: Temple Beth Or. Tel. (      )     

Address 200 Van Zile Rd. Brick N.J.  
street municipality zip code

3. Ownership in Fee: Public ☒ Private ☐

4. Principal Contractor: Cardinal Roofing Tel. ( 908 ) 458-9222

Address 1108 Industrial Hwy.

License No. OR, if new home, Builder Reg. No.      Exp. Date     

Federal Emp. No. 21-074-2690 Social Security No.     

5. Architect or Engineer      Tel. (      )     

Address     

6. Responsible Person B.D. Flynn Tel. ( 908 ) 458-9222  
In Charge of Work

## II. PROPOSED WORK

1. ☐ Minor Work  
(single trade)
2. ☐ Small Job (\$5,000  
and no prior  
approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS

Est. Cost

3,000.00

**OPTIONAL (for office use only)**[illegible]

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

|                                                                                     |                                                                      |                                                                 |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. <input type="checkbox"/> Elevators/Escalators/Lifts/<br>Dumbwaiters/Moving Walks | 3. <input type="checkbox"/> Pressure Vessels                         | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly   |
| 2. <input type="checkbox"/> High Pressure Boilers                                   | 4. <input type="checkbox"/> Refrigeration Systems                    | 7. <input type="checkbox"/> Sprinklers                          |
|                                                                                     | 5. <input type="checkbox"/> Cross-Connections/Backflow<br>Preventers | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells |
|                                                                                     |                                                                      | 9. <input type="checkbox"/> Underground Storage Tanks           |

**V. FEE SUMMARY (for office use only)**

|                                      |       | Update | Update |
|--------------------------------------|-------|--------|--------|
| 1. Building                          | \$ 23 |        |        |
| 2. Electrical                        |       |        |        |
| 3. Plumbing                          |       |        |        |
| 4. Fire Protection                   |       |        |        |
| 5. Other                             |       |        |        |
| 6. Subtotal                          | \$    |        |        |
| 7. Less 20% for<br>State Plan Review |       |        |        |
| 8. Subtotal                          | \$    |        |        |
| 9. DCA Training Fee                  |       |        |        |
| 10. Subtotal                         | \$    |        |        |
| 11. Cert. of Occupancy               | 20    |        |        |
| 12. Other                            |       |        |        |
| 13. TOTAL                            | \$ 43 |        |        |

## VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories \_\_\_\_\_
2. Height of Structure \_\_\_\_\_ ft.
3. Area—Largest Floor \_\_\_\_\_ sq. ft.
4. Building Area—All Floors \_\_\_\_\_ sq. ft.
5. Volume of Structure \_\_\_\_\_ cu. ft.
6. Construction Classification \_\_\_\_\_
7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.
8. Flood Hazard Zone \_\_\_\_\_
9. Base Flood Elevation \_\_\_\_\_ ft.
10. Wetlands    yes \_\_\_\_\_ sq. ft.  
                                no \_\_\_\_\_
11. Fire Grading \_\_\_\_\_
12. Max. Live Load \_\_\_\_\_
13. Max. Occupancy Load \_\_\_\_\_

(office use only)

### VII. DESCRIPTION OF BUILDING USE

#### A. RESIDENTIAL:

1. ☐ Hotels (R-1)  
2. ☐ Multi-Family (R-2)  
3. ☐ Two-Family (R-3) BOCA  
4. ☐ Two-Family (R-4) CABO  
5. ☐ One-Family (R-3) BOCA  
6. ☐ One-Family (R-4) CABO

No of dwelling units: \_\_\_\_\_  
Before Construction \_\_\_\_\_  
After Construction \_\_\_\_\_  
Net gain or loss \_\_\_\_\_

### B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10412265

## 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.vii:

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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(office use only)            | LOCAL APPROVAL    |            | COUNTY APPROVAL   |            | REGIONAL APPROVAL |            | STATE APPROVAL    |            | COMMENTS |
|-----------------------------------------------------------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|----------|
|                                                                 | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date |          |
| <input type="checkbox"/> Planning Board                         |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Fire Department                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Other                                  |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

| Name of Code & Edition | Name of Code & Edition         | Other |
|------------------------|--------------------------------|-------|
| Building _____         | Energy _____                   |       |
| Electrical _____       | Barrier Free _____             |       |
| Plumbing _____         | Flood Hazard _____             |       |
| Fire Protection _____  | As Built Elevation Cert. _____ |       |
| Mechanical _____       | Other _____                    |       |

|                                                             |                   |              |
|-------------------------------------------------------------|-------------------|--------------|
| X. CERTIFICATES ISSUED                                      | (office use only) | DATE EXPIRED |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____         | _____        |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____         | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy | No. _____         | _____        |
| <input type="checkbox"/> Certificate of Occupancy           | No. _____         | _____        |
| <input type="checkbox"/> Certificate of Approval            | No. _____         | _____        |
| <input type="checkbox"/> None                               |                   |              |



# CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

10/9/91  
1881-91

IDENTIFICATION Block

1095

Lot

1

Work Site Location

200 Van Zile Rd

Contractor

Cardinal Roofing

Address

Owner in Fee

Temple Beth Or

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ( )

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING    ☐ PLUMBING    ☐ OTHER  
☐ ELECTRICAL    ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Re-roof

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 \$

3000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

## PAYMENTS (Office Use Only)

Building

23

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

Cert. of Occ.

20

Other

Total

1435

Check No.

13054

Cash

Collected By:

[Signature]



Date Received  
Date Issued  
Control #  
Permit #

10/9/91  
1881-91

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

Block 1095  
Work Site Location 200 Van Nye Rd.  
Owner in Fee Tangle Beth St.  
Address 200 Van Nye Rd. Buett  
Tele. ( )  
Contractor Cadence Roofing  
Address 1108 Industrial Rd. Buett  
Tele. ( ) 458-9222  
Lic. No. or Bids. Reg. No. 21-074-2690 or Social Security No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                            | Date                            | Initial                       | INSPECTIONS | Failure | Failure | Approval | Initial |
|----------------------------------------|---------------------------------|-------------------------------|-------------|---------|---------|----------|---------|
| <input type="checkbox"/> No Plans Req. |                                 |                               | Footings    |         |         |          |         |
| <input type="checkbox"/> All           |                                 |                               | Foundation  |         |         |          |         |
| <input type="checkbox"/> Footing       |                                 |                               | Slab        |         |         |          |         |
| <input type="checkbox"/> Foundation    |                                 |                               | Frame       |         |         |          |         |
| <input type="checkbox"/> Other         |                                 |                               | Insulation  |         |         |          |         |
| Joint Plan Review Required:            |                                 |                               | Finishes:   |         |         |          |         |
| <input type="checkbox"/> Elec.         | <input type="checkbox"/> Plumb. | <input type="checkbox"/> Fire | Energy      |         |         |          |         |
| SUBCODE APPROVAL                       |                                 |                               | Mechanical  |         |         |          |         |
| <input type="checkbox"/> CO            | <input type="checkbox"/> CCO    | <input type="checkbox"/> CA   | TCO         |         |         |          |         |
| Date:                                  |                                 |                               | Other       |         |         |          |         |
| Approved By:                           |                                 |                               | Final       |         |         |          |         |

**B. BUILDING CHARACTERISTICS**

Use Group Present Proposed  
Const. Class Present Proposed  
No. of Stories 1 2  
Height of Structure 10 20 Ft.  
Area—Largest Floor 100 Sq. Ft.  
Total Bldg. Area/All Floors 100 Sq. Ft.  
Volume of Structure 100 Cu. Ft.  
Total Land Area Disturbed 100 Sq. Ft.

Est. Cost of Bldg. Work:  
1. New Bldg. \$ 3000.00  
2. Alteration \$ 0.00  
3. Total (1+2) \$ 3000.00

**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

Bill Blum

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Install new single ply membrane roof over 1 layer existing roof.

(Office Use Only)  
FEE

\$ \_\_\_\_\_

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Other

☐ Demolition

☐ Miscellaneous

☐ Fence

☐ Sign

☐ Pool

☐ Elevator

☐ Asbestos Abatement

☐ Other

☐ Other

Administrative Surcharge

Minimum Fee

TOTAL FEE

\$ \_\_\_\_\_

U.C.C. Form F-110A

1 White=Inspector Copy  
3 Pink=Office Copy

2 Canary=Office Copy  
4 Gold=Applicant Copy