

BLOCK

148

LOT

113

ADDRESS (SITE)

PERMIT NO.

17336



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: House BEING VINYL sided
2. Name of Owner in Fee: Brian M Pritchard Tel. (201) 821-4637  
 Address 26 Longfellow Road North Brunswick, N.J. 08902  
street municipality zip code
3. Ownership in Fee: Public \_\_\_\_\_ Private ☒
4. Principal Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_ Social Security No. \_\_\_\_\_
5. Architect or Engineer \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_
6. Responsible Person In Charge of Work Brian M Pritchard Tel. (201) 821-4637

## II. PROPOSED WORK

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

Est. Cost

2500.00

TOTAL COSTS

### OPTIONAL (for office use only)

| Plans Rec'd By | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
|----------------|------------|----------------|---------------|-----------|-----------------------------|-----------|-----------|
|                | 5/15/90    |                | 5/15/90       |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |
|                |            |                |               |           |                             |           |           |

III. DO YOU WANT: (optional) 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
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

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

|                                   |          | Update | Update |
|-----------------------------------|----------|--------|--------|
| 1. Building <u>siding</u>         | \$ 25.00 |        |        |
| 2. Electrical                     |          |        |        |
| 3. Plumbing                       |          |        |        |
| 4. Fire Protection                |          |        |        |
| 5. Other                          |          |        |        |
| 6. Subtotal                       | \$       |        |        |
| 7. Less 20% for State Plan Review |          |        |        |
| 8. Subtotal                       | \$       |        |        |
| 9. DCA Training Fee               |          |        |        |
| 10. Subtotal                      | \$       |        |        |
| 11. Cert. of Occupancy            |          |        |        |
| 12. Other                         |          |        |        |
| 13. TOTAL                         | \$ 25.00 |        |        |

## 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:

LDS NB 10501473

## 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

*Brian M. Pritchard*

Date

*5-15-90*

## 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 Protect. |                   |            |                   |            |                   |            |                   |            |          |
| <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)

|                                   |                                |                        |             |
|-----------------------------------|--------------------------------|------------------------|-------------|
| Building <u>1987 Barrier Code</u> | Name of Code & Edition         | Name of Code & Edition | Other _____ |
| Electrical _____                  | Energy _____                   | 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. _____         | _____        |



# CERTIFICATE

Date issued 1-22-96  
Control #  
Permit #17336

## IDENTIFICATION

Block \_\_\_\_\_ Lot \_\_\_\_\_  
Work Site Location \_\_\_\_\_ House being vinyl siding  
Owner in Fee \_\_\_\_\_ Brian Pritchard  
Address \_\_\_\_\_ 26 Longfellow road  
Tele. ( 908 ) \_\_\_\_\_ 821-4637  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_  
Lic. No. or Bldgs. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_  
or Social Security No. \_\_\_\_\_

Home Warranty No. \_\_\_\_\_  
Use Group \_\_\_\_\_  
Maximum Live Load \_\_\_\_\_  
Description of Work/Use: House being Vinyl siding  
Type of Warranty Plan: [ ] State [ ] Private  
Construction Classification \_\_\_\_\_  
Maximum Occupancy Load \_\_\_\_\_

## CERTIFICATE OF OCCUPANCY/APPROVAL

### ☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

### ☐ 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 OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than \_\_\_\_\_, 19\_\_\_\_ or the owner will be subject to a fine or order to vacate:

Fee \$ \_\_\_\_\_  
Paid [ ] Check No. \_\_\_\_\_  
Collected by: Harry Agin

CONSTRUCTION OFFICIAL



# BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 17336  
DATE ISSUED 5-21-90  
REVISION DATE \_\_\_\_\_  
Block 148 Lot 113  
Subdivision \_\_\_\_\_

## A. IDENTIFICATION

|                                          |                                               |
|------------------------------------------|-----------------------------------------------|
| APPLICANT - Complete unshaded areas only | When changing contractors, notify this office |
| Owner <u>Beane M Peitchard</u>           | Contractor _____                              |
| Address <u>26 Longfellow Road</u>        | Address _____                                 |
| <u>North Brunswick N.J.</u>              |                                               |
| Tel. ( <u>201</u> ) <u>521-4637</u>      | Tel. ( _____ ) _____                          |
| Work Site Address <u>Same as Above</u>   | 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.

AGENT SIGNATURE \_\_\_\_\_

## B. TECHNICAL SITE DATA

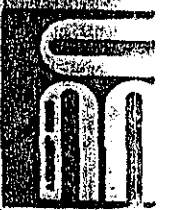
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| DESCRIPTION OF WORK<br>Give detail description including materials used, dimensions, etc. | TYPE OF WORK:<br><input type="checkbox"/> New Building<br><input type="checkbox"/> Addition<br><input checked="" type="checkbox"/> Alteration/Renovation<br><input type="checkbox"/> Roofing<br><input checked="" type="checkbox"/> Siding<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Fence<br><input type="checkbox"/> Sign<br><input type="checkbox"/> Pool<br><input type="checkbox"/> Elevator<br><input type="checkbox"/> Other _____ | Fee Basis<br>\$ <u>2500</u><br>Fee<br>\$ <u>2500</u>                                                                |
| <input type="checkbox"/> See Plans                                                        | <u>House being <del>vinyl</del> sided over present wood siding</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SUBTOTAL \$ _____                                                                                                   |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Minimum Building Fee (if applicable) \$ _____<br>Total Building Fee (Greater of Minimum or Subtotal) \$ <u>2500</u> |

## C. BUILDING CHARACTERISTICS

|                                                    |                                                     |
|----------------------------------------------------|-----------------------------------------------------|
| USE GROUP: _____ Present _____ Proposed _____      |                                                     |
| No. of Stories <u>1</u>                            | Total Building Area--All Floors <u>2448</u> Sq. Ft. |
| Height of Structure <u>16'</u> Ft.                 | Volume of Structure _____ Cu. Ft.                   |
| Area--Largest Floor _____ Sq. Ft.                  | Total Land Area Disturbed <u>24' x 48'</u> Sq. Ft.  |
| Estimated Cost of Building Work: \$ <u>2500.00</u> |                                                     |

## D. COMMENTS

☐ Partial Releases ☐ Prototype Processing



PERMIT NO. \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_  
Subdivision \_\_\_\_\_

## CONSTRUCTION PERMIT PLACARD

Address: \_\_\_\_\_

*Old Los Angeles Blvd*

AUTHORIZED FOR:

☒ BUILDING

☐ ELECTRICAL

☐ PLUMBING

☐ FIRE PROTECTION

☐ OTHER

*Other*

This placard shall be posted conspicuously at the work site and shall remain so until issuance of a certificate

93341



Route 130 R.D. 4 North Brunswick, N.J. 08902 • (201) 297-6300

Date 5/2/90

We do hereby approve the following SIDING  
OF HOME.

on home located at 26 LONGFELLOW RD

Plans have been submitted before this approval.

NO FULL ENCLOSURES WILL BE APPROVED.

ONLY SCREEN WILL BE ACCEPTED

  
1333333333