

BLOCK 211.17 LOT 9 QUALIFICATION CODE _____ ADDRESS (SITE) 3 Toledo drive PERMIT NO. _____



CONSTRUCTION PERMIT APPLICATION

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

005-138762

I. IDENTIFICATION

1. Proposed Work Site at: 3 Toledo drive
2. Name of Owner in Fee: Toledo Tel. (____) _____
Address _____ 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 Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
Tel. (____) _____ FAX: (____) _____

Roofing

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>50</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ <u>4</u>		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge	\$		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>54</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New 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 _____
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	<u>3200</u>							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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 Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10524298

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 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 _____

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

Initialed: _____

Date: _____

☐ Zoning Application approved

Initialed: _____

Date: _____

☐ Zoning permit updates:

USE CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION
1. Proposed Work Site at: 1 Toledo Dr Brick, NJ 08723
2. Name of Owner in Fee: Terrance Tormey Tel. [REDACTED]
Address 1 Toledo Dr Brick NJ 08723
3. Ownership in Fee: Public Private X Municipality Zip Code
4. Principal Contractor: All County Exteriors Tel. 7323702780
Address 560 CROSS STREET LAKEWOOD NJ 08701
License No. OR, if new home, Builder Reg. No. Exp. Date
Federal Employee No. 22-2409381 FAX: 7323709542
5. Architect or Engineer Tel.
Address
6. Responsible Person in Charge of Work Ross Marzarella
Tel. 7323702780 FAX 7323709542

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)					
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates
1. ☐ Mirror Work							
2. ☐ New Building							
3. ☐ Addition							
4. ☒ Alteration	3,200.00						
5. ☐ Fire Protection							
6. ☐ Plumbing							
7. ☐ Electrical							
8. ☐ Elevator Devices							
9. ☐ Asbestos Abat. Subch. 8							
10. ☐ Lead Hazard Abatement							
11. ☐ Demolition							
TOTAL COSTS	3,200.00						

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/ Dumbbells/Moving Walks	5. ☐ Cross-Connections/Backflow Preventers
2. ☐ High Pressure Boilers	6. ☐ Hazardous Uses/Places of Assembly
3. ☐ Pressure Vessels	7. ☐ Sprinklers
4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
	9. ☐ Underground Storage Tanks

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
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	\$	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	0	sq. ft.
2. Height of Structure	0	sq. ft.
3. Area - Largest Floor	0	sq. ft.
4. New Building Area	0	sq. ft.
5. Volume of New Structure	0	cu. ft.
6. Construction Classification		
7. Total Land Area Disturbed	0	sq. ft.
8. Flood Hazard Zone		
9. Base Flood Elevation	0	ft.
10. Wetlands	yes X no	
11. Max. Live Load	0	
12. Max. Occupancy Load	0	

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: 0

Before Construction: 0

After Construction: 0

Net Gain or Loss: 0

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group: R-4

3. Change in Use Group, indicate Former:

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 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.

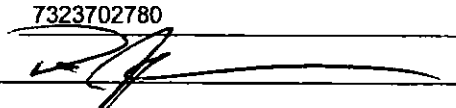
(x) Check if contractor.

Agent Name All County Exteriors

Address 560 CROSS STREET

LAKEWOOD, NJ 08701

Telephone 7323702780

Signature 

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION	
1. Proposed Work Site at:	1 Toledo Dr Brick, NJ 08723
2. Name of Owner in Fee:	Terrance Torrey
Address	1 Toledo Dr
City	BRICK
State	NJ
Zip	08723
3. Ownership in Fee:	Public ☐ Private ☒
Principal Contractor:	All County Exteriors
Address	560 CROSS STREET
City	LAKELAND NJ
State	NJ
Zip	08701
License No. OR, if new home, Builder Reg. No.	
Federal Employee No.	22-2409381
Architect or Engineer	
Address	
City	
State	
Zip	
6. Responsible Person in Charge of Work	Ross Marzarella
Tel.	7323702780
FAX	7323709542

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☒ Alteration	3,200.00								
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	3,200.00								

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/ Dumbbells/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

V. FEE SUMMARY (for office use only)	
1. Building	\$
2. Electrical	
3. Plumbing	
4. Fire Protection	
5. Elevator Devices	
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	\$

VI. BUILDING/SITE CHARACTERISTICS	
1. Number of Stories	0
2. Height of Structure	0 ft.
3. Area - Largest Floor	0 sq. ft.
4. New Building Area	0 sq. ft.
5. Volume of New Structure	0 cu. ft.
6. Construction Classification	
7. Total Land Area Disturbed	0 sq. ft.
8. Flood Hazard Zone	
9. Base Flood Elevation	0 ft.
10. Wetlands	yes ☒ no ☐
11. Max. Live Load	0
12. Max. Occupancy Load	0

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	0
After Construction	0
Net Gain or Loss	0
B. NON-RESIDENTIAL	
1. State Specific Use:	
2. Use Group:	
R-4	
3. Change in Use Group, Indicate Former:	

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 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 All County Exteriors

Address 560 CROSS STREET
LAKEWOOD, NJ 08701

Telephone 7323702780

Signature _____

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

USE CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 211.17 Lot 9

Work Site Location 1 Toledo Dr Brick, NJ 08723

Owner in Fee Terrance Torney

Address 1 Toledo Dr

Contractor All County Extensors

Address 560 CROSS STREET

LAKESWOOD, NJ 08701

Tel. 7323702780

Lic. No. or Bids. Reg. No. _____

Tel. [REDACTED]

- Is hereby granted permission to perform the following work:
- [x] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
- [] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
- [] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER _____
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Remove & dispose of existing roofing. Install GAF Timberline Ultra shingles including ice & water shield and ridge vents.

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 \$ 3,200.00

Construction Official _____ Date _____

U C C F 170
(rev 5/26)

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



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 211.17 Lot 9

Work Site Location 1 Toledo Dr Brick, NJ 08723

Owner in Fee Terrance Torney

Address 1 Toledo Dr

Tel. [REDACTED]

Contractor All County Exteriors

Address 560 CROSS STREET

LAKEWOOD, NJ 08701

Tel. 7323702780

Lic. No. or Bldrs. Reg. No. _____

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____

(Subchapter 8 only)

DESCRIPTION OF WORK:

Remove & dispose of existing roofing. Install GAF Timberline Ultra shingles including ice & water shield and ridge vents.

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 \$ 3,200.00

Construction Official _____ Date _____

UCC F170
(rev 5/2K)

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



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 211.17 Lot 9

Work Site Location 1 Toledo Dr Brick, NJ 08723

Owner in Fee Terrance Torney

Address 1 Toledo Dr

Contractor All County Exteriors

Address 560 CROSS STREET

LAKewood, NJ 08701

Tel. 7323702780

Lic. No. or Bids. Reg. No. _____

Te [REDACTED]

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
 (Subchapter 8 only)

DESCRIPTION OF WORK:

Remove & dispose of existing roofing. Install GAF Timberline Ultra shingles including ice & water shield and ridge vents.

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 \$ 3,200.00

Construction Official _____ Date _____

U.C.C. F.170
(rev. 5/2K)

PAYMENTS (Office Use Only)

Building _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Elevator Devices _____
 Other _____
 DCA Training Fee _____
 Cert. of Occupancy _____
 Other _____
 Total _____
 Check No. _____
 Cash _____
 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 211.17

Lot 9

Work Site Location 1 Toledo Dr Brick, NJ 08723

Owner in Fee Terrace Torrey

Add

Tel

Contractor All County Exteriors

Address 560 CROSS STREET

LAKEWOOD, NJ 08701

Tel 7323702780

Fax 7323709542

Lic. No. or Bldg. Reg. No.

Federal Emp. No. 22-2409381

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footling				
☐ Footling			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes				
SUBCODE APPROVAL			Energy				
☐ CO ☐ CCO ☐ CA			Mechanical				
Date:			TCC				
Approved by:			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-4	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$ 0.00
No. of Stories	0			2. Alteration \$ 3,200.00
Height of Structure	0 Ft.			3. Total (1+2) \$ 3,200.00
Area — Largest Floor	0 Sq. Ft.			
New Bldg. Area/All Floors	0 Sq. Ft.			
Volume of New Structure	0 Cu. Ft.			
Total Land Area Disturbed	0 Sq. Ft.			



Date Received
Date Issued
Control #
Permit #

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

Remove & dispose of existing roofing. Install GAF Timberline Ultra shingles including ice & water shield and ridge vents.

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration
☒ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Other
☐ Demolition

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$



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 211.17 Lot 9 Qualification Code

Work Site Location: 3 TOLEDO DR. Brick Township, NJ

Owner in Fee: TORMEY, TERRENCE P & GAIL P

Address 1 TOLEDO DR BRICK NJ

Tel. [REDACTED]

Contractor: ALL COUNTY EXTERIORS

Address 560 CROSS STREET LAKEWOOD NJ

Tel. 732-370-2780 Fax. 732-370-9542

Contractor License No. or, if new home, Bldg Reg. No.

Federal Employee No.

JOB SUMMARY (Office Use Only)		
PLAN REVIEW	Date	Initial
☐ No Plan 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	Dates (Month/Day)	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				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$0
Number of Stories			2. Rehabilitation \$3,200
Height of Structure			3. Total (1+2) \$3,200
Area - Largest Floor			
New Bldg. Area / All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW ROOF, REMOVE & DISPOSE OF EXISTING ROOFING/INSTALL 6AF TIMBERLINE ULTRA SHINGLES AND RIDGE VENTS

Date Received 10/05/2005
Control # C-05-138762
Date Issued
Permit #

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$0
☐ Addition	\$0
☐ Rehabilitation	\$0
☒ Roofing	\$50
☐ Siding	\$0
☐ Fence	\$0
☐ Sign	\$0
☐ Pool	\$0
☐ Asbestos Abatement Subchapter 8	\$0
☐ Lead Haz Abatement NJAC 5:17	\$0
☐ Other	\$0
☐ Demolition	\$0

Administrative Surcharge	Minimum Fee	State Permit Surcharge Fee	TOTAL FEE
\$0	\$0	\$4	\$54



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 211.17

Lot 9

Work Site Location 1 Toledo Dr Brick, NJ 08723

Owner In Fee Terrace Torrey

Address 1 Toledo Dr

Brick, NJ 08723

Contractor All County Extentors

Address 560 CROSS STREET

LAKEWOOD, NJ 08701

Telephone 7323702780

Fax 7323709542

Lic. No. or Bldg. Reg. No.

Federal Emp. No. 22-2409381

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Required			Footing		
☐ All			Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Frame			Barrier-Free		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes		
☐ Elec.	☐ Plumb.	☐ Fire	Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO	☐ CCO	☐ CA	TCO		
Date:			Other		
Approved by:			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-4	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		
No. of Stories	0			1. New Bldg. \$ 0.00
Height of Structure	0			2. Alteration \$ 3,200.00
Area — Largest Floor	0			3. Total (1+2) \$ 3,200.00
New Bldg. Area/All Floors	0			
Volume of New Structure	0			
Total Land Area Disturbed	0			



Date Received
Date Issued
Control #
Permit #

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

Remove & dispose of existing roofing. Install GAF Timberline Ultra shingles including ice & water shield and ridge vents.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☒ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$

All County Exteriors

560 Cross St. Lakewood, New Jersey 08701 Phone (732) 370-2780
Fax (732) 370-9542 www.allcountyexteriors.com

Date: 8/29/05

To Whom It May Concern,

Please accept this jacket and contents as an application for a building permit on behalf of the specified homeowner and address.

It would be greatly appreciated if you contacted us once you receive the application in order to confirm receipt. At that time, we can also answer any questions you may have.

It would also be greatly appreciated if you contacted us once the application has been processed so we may pay for the permit and arrange pickup.

Thank you for your time and effort.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Marzarella', with a long horizontal flourish extending to the right.

Ross Marzarella