



Perth Amboy City
375 New Brunswick Avenue
Perth Amboy, NJ 08861

Date Issued 12/19/2005
Control Number 4611
Permit Number 20050663
Permit Issue Date 6/9/2005
Certificate Number 20050663

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 865 KRIEL ST PERTH AMBOY, NJ Block: 414 Lot: 11 Qual: _____
Owner in Fee: JOSE ORTIZ
Owner Address: 865 KRIEL ST PERTH AMBOY NJ 08861
Telephone: (732) 697-0170
Contractor CARDONA HOME IMPROVEMENTS
Address 809 STATE STREET PERTH AMBOY NJ 08861
Telephone: (732) 277-9351 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - ROOF

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

Date Printed: 4/11/2019

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



**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 414 Lot 11 Qualification Code _____
Work Site Location: 865 KRIEL ST. PERTH AMBOY, NJ

Owner in Fee: JOSE ORTIZ
Address 865 KRIEL ST. PERTH AMBOY NJ 08861
Tel. (732) 697-0170 Email _____
Contractor: _____
Address NJ Email _____
Tel. _____ Fax _____
Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required	_____	_____
☐ All	_____	_____
☐ Footing/Foundation	_____	_____
☐ Struct/Framework	_____	_____
☐ Exterior	_____	_____
☐ Interior	_____	_____
Joint Plan Review Required	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____
SUBCODE APPROVAL for PERMIT		
Date:	_____	_____
Approved by:	_____	_____
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA	_____	_____
Date:	_____	_____
Approved by:	_____	_____

INSPECTIONS		Dates (Month/Day)	
Type:	Failure	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	If Industrial Building:
Constr. Class	Present	Proposed	State Approved
Number of Stories	_____	_____	HUD
Height of Structure	_____ Ft.	_____	Est. Cost of Bldg. Work:
Area - Largest Floor	_____ Sq. Ft.	_____	1. New Bldg.
New Bldg. Area / All Floors	_____ Sq. Ft.	_____	2. Rehabilitation
Volume of New Structure	_____ Cu. Ft.	_____	3. Total (1+2)
Total Land Area Disturbed	_____ Sq. Ft.	_____	

U.C.C.F110 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received 6/6/2005
Control # 4611
Date Issued 6/9/2005
Permit # 20050663

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 _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ROOF

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ 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 \$5
TOTAL FEE \$5