25391

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 3205 NORTH OAK BLV North Brunswick
2. Name of Owner in Fee: GENNADY SHAPIRO Tel. (____) _____
   Address 3205 NORTH OAK BLV NORTH BRUNSWICK
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: FCT HOME Tel. (848) 219-2425
   Address 127 OLD GEO RD PRINCTON NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work VINNIE
   Tel. (848) 219-2425 FAX (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 190		
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	6		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 196		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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 _____

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☑ Minor Work					9/4/08				
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

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

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 NOB-B 10102712

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 _____

Address 127 OLD GEORGETOWN RD
PRINCETON, NJ 08540

Telephone (732) 236-7154

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
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. 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			
Building	_____	Energy	_____	Other	_____
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. _____	_____	_____	_____	_____

PLAN REVIEW SHEET

NAME: _____ DATE: _____

ADDRESS: _____ NEW SUBMITTAL ( )

DESCRIPTION: _____ REVISION ( )

ZONING:

DATE RECEIVED: _____

DATE APPROVED: _____

BUILDING:

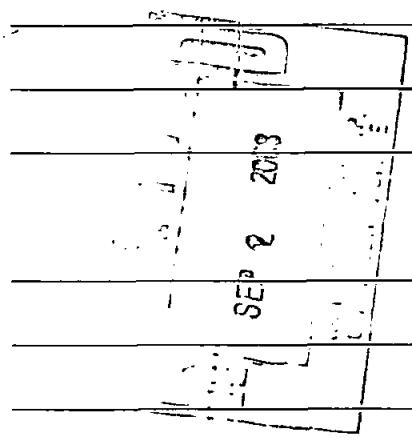
DATE RECEIVED: _____

DATE APPROVED: _____

PLUMBING:

DATE RECEIVED: _____

DATE APPROVED: _____



ELECTRIC:

DATE RECEIVED: _____

DATE APPROVED: _____

FIRE:

DATE RECEIVED: _____

DATE APPROVED: _____

CERTIFICATES ISSUED

DATE ISSUED: _____ BUILDING: _____ TEMP. ( ) FINAL ( )

DATE ISSUED: _____ PLUMBING: _____ TEMP. ( ) FINAL ( )

DATE ISSUED: _____ ELECTRIC: _____ TEMP. ( ) FINAL ( )

DATE ISSUED: _____ FIRE: _____ TEMP. ( ) FINAL ( )

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 25391
Application Date: 09/03/2008

CONSTRUCTION PERMIT

VOID **IDENTIFICATION** VOID

OWNER/PROPERTY DETAILS

Block: 140.01 Lot: 8.39 Qualification Code:
Work Site Location: 3205 NORTH OAKS BLVD NORTH BRUNSWICK

Owner In Fee: SHAPIRO MICHAEL & EUGENE & GARY
Address: 3205 NORTH OAKS BLVD
NORTH BRUNSWICK NJ 08902

Telephone: () -

Use Group(s): R-5

Contractor: FCT HOME IMPROVEMENTS
Address: 127 OLD GEORGETOWN ROAD
PRINCETON NJ 08540

Telephone: (732) - 236-4754
Lic. No. / Bldrs. Reg. No.: 13VH03849200
Federal Emp. No.:

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
ROOF

VOID

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	4,700.00
Cost of Demolition:	0.00
Total Cost:	$4,700.00

PAYMENTS (Office Use Only)	
Building	$120.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$6.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$126.00**
All Fees Waived:	No

Amount to be Paid: **$126.00**

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.

THOMAS PAUN
Construction Official

Date

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 25391
Application Date: 09/03/2008

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 140.01 Lot: 8.39 Qualification Code:
Work Site Location: 3205 NORTH OAKS BLVD NORTH BRUNSWICK

Owner In Fee: SHAPIRO MICHAEL & EUGENE & GARY
Address: 3205 NORTH OAKS BLVD
NORTH BRUNSWICK NJ 08902

Telephone: () -

Use Group(s): R-5

Contractor: FCT HOME IMPROVEMENTS
Address: 127 OLD GEORGETOWN ROAD
PRINCETON NJ 08540

Telephone: (732) - 236-4754
Lic. No. / Bldrs. Reg. No.: 13VH03849200
Federal Emp. No.:

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
ROOF

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	4,700.00
Cost of Demolition:	0.00
Total Cost:	$4,700.00

PAYMENTS (Office Use Only)	
Building	$120.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$6.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$126.00**
All Fees Waived:	No

Amount to be Paid: $126.00

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.

Thomas Paun 9/4/08

THOMAS PAUN — Date
Construction Official

Note:
Co
Co

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 140-1 Lot 8.39

Work Site Location 3205 NORTH OAK
BVG NORTH BRUNKSWICK

Owner in Fee GENNADY SHAPIRO

Address 3205 NORTH OAK
BLVD NORTH BRUNKSWICK

Tel. (848) 219-2425

Contractor FCT HOME TOMAS DOCZI

Address 127 OLD GEORGE RD
PRINCETON NJ

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER REROOF

DESCRIPTION OF WORK:

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 $ 4700.00

Construction Official

Date

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

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 3205 N OAK BLV
NORT BRUNKSWICK

Owner in Fee: GENNADY SHAPIRO

Tel. (848) 219-2425 e-mail _____

Address _____
street municipality zip code

Contractor: FCT HOME Tel. (848) 219-2425

Address 127 OLD GEO RD e-mail _____
PRINCETON NJ

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: ( ) _____

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 TO REMOVE ALL ROOF ALL PLYWOOD. TO INSTALL NEW 1/2 PLYWOOD WITH H-CLIPS NEW ICE & SNOW SHIELD NEW FAIT NEW VENT PIPE COVER NEW SHINGLES

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	9/4/08	M
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/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 Type:	Dates (Month/Day) Failure	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 _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present R2 Proposed R2
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabiliation $ _____
3. Total (1+2) $ 4700.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[RE] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] *Retaining* Wall _____ Sq. Ft.
[ ] Abestos 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 $ _____
TOTAL FEE $ _____

DISPOSAL OF BUILDING MATERIALS AND CONSTRUCTION DEBRIS

IN ACCORDANCE WITH ORDINACE #97-26, WHICH REGULATES THE COLLECTION OF GARBAGE

THE TOWNSHIP OF NORTH BRUSNWICK DOES NOT PICK UP:

LUMBER, SHINGLES, WALLBOARD OR OTHER BUILDING MATERIAL OR DEBRIS THAT COMES FROM A PROJECT REQUIRING A CONSTRUCTION PERMIT FROM THE TOWNSHIP. THE EXCEPTION TO THIS RULE IS HOT WATER HEATERS, WHICH THE TOWNSHIP WILL COLLECT UPON CALLING THE DEPARTMENT OF PUBLIC WORKS TO SCHEDULE A PICK-UP

PLEASE INDICATE BELOW HOW YOU ARE PROVIDING FOR THE DISPOSAL OF CONSTRUCTION DEBRIS:

____ THE CONTRACTOR WILL BE REQUIRED TO DISPOSE OF CONSTRUCTION MATERIALS AND DEBRIS

X A DUMPSTER WILL BE PLACED ON THE PROPERTY AND A PRIVATE HAULER WILL REMOVE CONSTRUCTION MATERIALS AND DEBRIS

____ OTHER (SPECIFY) RGB DUMPSTER 20YARD

I, Tom Dor certify that the materials will be disposed of in one of the above manners

Tom Dor
APPLICANT'S SIGNATURE

3205 NO OAK BLV
PROPERTY ADDRESS

SEPT 4 2008
DATE

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

FCT Home
Tamas Doczi
127 Old Georgetown Road
Princeton NJ 08540

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

01/02/2008 TO 12/31/2008
VALID

13VH03849200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Lawrence DiMaio
ACTING DIRECTOR

INVOICE

FCT Home
TAMAS DOCZI
127 old Georges Rd
PRINCETON NT

No.

INVOICE DATE: AUG 14 2008
CUSTOMER'S ORDER NO.:

SOLD TO:
GENNADY SHAPIRO
3205 NORTH OAKS BLVD
North BRUNKSWICK

SHIP TO:

SALESPERSON	SHIPPED VIA	TERMS	F.O.B.

QTY. ORDERED	QTY. SHIPPED	DESCRIPTION	UNIT	AMOUNT
		TO REMOVE ALL ROOFING MATERIAL		
		ALL PLYWOOD. TO REMOVE ALL ROOF		
		TRASH FROM JOB SITE.		
		TO INSTALL NEW 1/2 PLYWOOD CDX WITH		
		H-CLIPS. TO INSTALL NEW ICE & SNOW		
		SHIELD NEW FELT NEW VENT PIPE		
		COVER NEW 30 YEAR SHINGLE		
		ALL WORK TO BE DONE 3-4 WORKING		
		DAYS. ALL WORK TO START 7-10 WORKING		
		DAYS OF SIGNED CONTRACT.		
		COST LABOR, MATERIAL, TRASH, PERMIT		
		$4700.00 DOWN PAYMENT 1/3 SIGNED		
		CONTRACT 1/3 AFTER FIRST DAYS WORK		
		BALS WHEN COMPLETED		
		ALL LABOR, MATERIAL, WARRANTY 30 YEAR		