CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 12/12/19

Permit # 19-225

IDENTIFICATION Block 67 Lot 16 Qualification Code

Work Site Location 85 W. SYLVANIA AVE

Owner in Fee TIA NYLABONE

Address SAME

Tel. (732) 897-6845

Contractor CERTIFIED CONTRACTING LLC

Address 1003 BIND ST
ASBURY PARK

Tel. (732) 458-0624

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: REMOVAL OF EXISTING FLAT ROOF.
COVER WITH 2 LAYERS OF 2.6 INSULATION
FULLY ADHERE TPO

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 $ 200,000.00

Construction Official

12-5-19
Date

PAYMENTS (Office Use Only)

Building	5650
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	~~398~~ 380
Cert. of Occupancy	
Other	
Total	~~6048~~ 6030
Check No.	1291
Cash	
Collected by	KK

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 12/12/19
Permit # 19-225

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

Block 67 Lot 16 Qualification Code

Work Site Location 85 W. SYLVANIA AVE

Owner in Fee: TFIT MYLANDONE

Tel. (732) 897-6845 e-mail

Address

Contractor: CERTIFIED CONTRACTING (street, municipality) Tel. ( ) (zip code)

Address 1403 BOND ST SUITE 12 e-mail

ASBURY PARK

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

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

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.

Sign here:

Print name here: CHRIS CALABRESE

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE EXISTING ROOF AND INSTALL 2 LAYERS OF 2.6 INSULATION COVERED BY FULLY ADHERED T.P.O.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	12/5/19	
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 12/5/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] 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)

	$
5650	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 398
TOTAL FEE	$ 6048

B. BUILDING CHARACTERISTICS

Use Group Present Mixed 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 Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 200,000.00
3. Total (1+ 2) $

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