



BUILDING SUBCODE TECHNICAL SECTION



SWEDESBORO

Date Received
Control #

12-12-11

Date Issued
Permit #

11-128

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

Block 55 Lot 13 Qualification Code _____

Work Site Location 14 Turner Ave

Sweedesboro, NJ

Owner in Fee: Rosie Stears

Tel. (855) 467-1803 e-mail _____

Address 14 Turner Ave Sweedesboro, NJ

Contractor: St J Roofing and Siding Co. Tel. (855) 769-8918

Address 180 Featherbed Lane e-mail _____

Pilesgrove, NJ

Contractor License No. or Builder Registration No. 13VHC02617200 Exp. Date 12-31-12

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

Install new roof

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
☒ No Plans Required	<u>12/11</u>	<u>JAV</u>					
☐ 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: _____							

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+ 2) \$ 6,200

U.C.C. F110
(rev. 12/07)

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)

\$ _____
155

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

155
11
166

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy