BLOCK 1052 LOT 17 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 98-2384

RECEIVED
... 1 5 1998

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 117 ROOSEVELT AVE.
2. Name of Owner in Fee: CAROLINE ROSZKOWSKI Tel [redacted]
   Address 117 ROOSEVELT AVE BRICK N.J. 08724
   (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: ISLAND CONSTRUCTION & DEVELOPMENT Tel. (732) 282-0813
   Address 1203 OCEAN Rd. SP. LK. HTS, N.J. 07762
   License No. OR, if new home, Builder Reg. No. 22-3334228 Exp. Date 12/31
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (732) 282-0813 FAX (732) 282-0814

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	60		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review		(1753 #)		
8. Subtotal	$			
9. DCA Training Fee		2		
10. Subtotal				
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	62		

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									
2. ☐ New Building		MS	7/15/98				8/28/98		DK
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 BR 10210574

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 ISLAND CONSTRUCTION & RENOVATION

Address 1203 Ocean Rd. Sp. Lk. Hts. N.J. 07762

Telephone (732) 282-0813

Signature Charles P Augustine

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/15/98
Control #
Permit # 98-2386

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1052 Lot 17 Qual

Work Site Location 117 ROOSEVELT DR

Owner in Fee ROSZKOWSKI
Address SAME
BRICK, NJ
Telephone [redacted]

Contractor ISLAND CONSTRUCTION & RENO
Address 1203 OCEAN RD
SPRING LAKE HTS, NJ 07762-
Telephone (732)282-0813
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3334228

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
[ ] OTHER

DESCRIPTION OF WORK:
ROOF REPAIR AND SHEET ROCK AND SHEATHING INSIDE AND PAINT

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 $ 2,000

J. Cerniglia / as
Construction Official

07/15/98
Date

PAYMENTS (Office Use Only)	
Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	62
Check No.	1753
Cash	
Collected By	CS

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/15/98
Date Issued 07/15/98
Control #
Permit # 98-2386

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

Block 1052 Lot 17 Qual

Work Site Location 117 ROOSEVELT DR

Owner in Fee ROSZKOWSKI

Address SAME

BRICK, NJ

Tel[redacted]

Co[redacted]TRUCTION & RENO

Address 1203 OCEAN RD

SPRING LAKE HTS, NJ 07762-

Tele.(732)282-0813 Fax (__)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3334228

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

ROOF REPAIR AND SHEET ROCK AND SHEATHING INSIDE AND PAINT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation	Sheathing [illegible]		[illegible]	
Finishes	8/25/98 JKG	[illegible]		
Energy				
Mechanical	[illegible]			
TCO				
Other				
Final			8/28/98 JKG	
BarrierFree				

as per attached letter

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		60
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
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.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2,000
3. Total (1+2)$ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge $ 0
Paid [X] Check # 1753 Minimum Fee $ 0
Collected by: CS TOTAL FEE $ 60
DCA Training Fee $ 2

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/15/98
Date Issued 07/15/98
Control #
Permit # 98-2386

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

Block 1052 Lot 17 Qual
Work Site Location 117 ROOSEVELT DR

Owner in Fee ROSZKOWSKI
Address SAME
BRICK, NJ
Tele.(732)295-0687
Contractor ISLAND CONSTRUCTION & RENO
Address 1203 OCEAN RD
SPRING LAKE HTS, NJ 07762-
Tele.(732)282-0813 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3334228

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

ROOF REPAIR AND SHEET ROCK AND SHEATHING INSIDE AND PAINT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	60
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
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.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2,000
3. Total (1+2)$ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 60
DCA Training Fee	$ 2

Paid [X] Check # 1753
Collected by: CS

U.C.C. F110 (rev. 3/96)

1052 # 17

OCEAN COUNTY LANDFILL
LAKEHURST NJ 08733

FACILITY ID No. 15188
Ticket #: 000193630
Date : 07/17/98

Customer :CASH
CASH

Gross	7280 lb	Scale	01	10:08
Tare	6060 lb	Scale	02	10:20
Net	1220 lb			
	0.6100 tn			

Dep.#: CASH2 Plate #:

3 CU YDS

%of Load	Material	Location	Price/Unit	Total
100.00	172 "BULKY - DEMO WOOD"	BRICK TWP	$63.220 tn	38.56

Current Account Balance: $

Total $ 38.56

DRIVER

Weight Master: 8S

REMARKS: X10871

117 ROOSEVELT
ROSCKOWSKI
Permit # 98-2386
INSPETOR'S INITIALS
J.K.G.

OCEAN COUNTY LANDFILL
LAKEHURST NJ 08733

FACILITY ID NO. 15186
Ticket #: 000194061
Date : 07/20/98

Customer :CASH
CASH

Gross	6900 lb	Scale	01 07:51
Tare	6220 lb	Scale	02 08:06
Net	680 lb		
	0.3400 tn		

Dep.#: CASH6 Plate #:

3 CU YDS

%of load	Material	Location	Price/Unit	Total
100.00	132 BULKY - DEMO WOOD	BRICK TWP	$63.220 tn	21.49

Current Account Balance:

Total $ 21.49

DRIVER

Weight Master: LM

REMARKS: X14H21

117 Roosevelt Dr
Roskowsk.
Permit # 98-2386
Inspector's Initials
J.K.G.

AUG-27-98 THU 11:53 CHUCK AUGUSTINE 9083497954 P.02

FEE: CAROLYN RASZKOWSKI
1052 LOT 17 SITE LOCATION 117 Roosevelt Ave. 9-23

BUILDING INSPECTION

AND CONST. & RENOVATION
OCEAN RD. Phone [redacted]
HTS State N.J. Zip 07762
FEDERAL EMP. NO.(or SSN# [redacted]

ESTIMATED COST OF BUILDING WORK

(1) $ ALTERATION (2) $ #2,000
(3) $ TOTAL (1+2+3) $

BUILDING CHARACTERISTICS

NGLE FAMILY DWELLING

	PRESENT	PROPOSED
ON CLASS	PRESENT	PROPOSED
ES 2 HT. OF STRUCTURE	26	FT.
EST FLOOR	864	SQ. FT.
AREA: ALL FLOORS	1470	SQ. FT.
TRUCTURE		CU. FT.
AREA DISTURBED		SQ. FT.

TYPE OF WORK

K	COST	MISC.	COST
		FENCE Ht.	
		SIGN Sq. Ft.	
	12000 00	POOL	
	800 00	ASBESTOS ABATEMENT	
		DCA	
		TOTAL	

DESCRIPTION OF WORK

Emergency Roof Repair Replace
ware of Shingles and 2 SHEETS
Thing. SHEET Rock Repair INSIDE
INT.

Sending Inspector to check on.

CERTIFICATION IN LIEU OF OATH

TIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM
TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED
CATION.
X Charles P. Augustine

PLUMBING INSPECTION

Contractor
Address Phone ( )
Town State Zip
: # FEDERAL EMP. NO. (or SSN#)

ESTIMATED COST OF PLUMBING WORK: $

Sewer Size Water Size

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C or Refrigeration Unit
	Dishwasher		Sewer Connection
	Drinking Fountain		Water Service Connection
	Washing Machine		Active Solar System
	Hose Bibb		Other
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		

DESCRIPTION OF WORK

COMMENTS

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.
SEAL &
SIGNATURE (Contractor's Seal)

FIRE IN

Contractor
Address
Town
LIC # FEDERA

ESTIMATED COST OF FIRE PROT. W
Heating Type: ☐ Gas ☐ Oil ☐ E
Heating System: ☐ New ☐ Existin
Location of Furnace / Boiler

TECHNICAL SITE DA

WATER SUPPLY SOURCE
METHOD OF VALVE SUPERVISION
LOCAL ALARM SUPERVISION
CENTRAL SUPERVISION
PROPRIETARY SUPERVISION
Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

NO.	ITEM
	Wet Sprinkler Heads
	Dry Sprinkler Heads
	TOTAL
	Smoke Detectors
	Heat Detectors
	TOTAL
	Stand Pipes
	Kitchen Hood Exhaust System

DESCRIPTIO

COMMENTS

CERTIFICATION

I HEREBY CERTIFY THAT I AM THE (AC
AUTHORIZED TO MAKE THIS APPLICAT
ON THIS APPLICATION.
SEAL &

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF 'BRICK

117 Roosevelt Ave Brick 1052 17
Work Site Address Block Lot

Carolyn Roszowski
Owner's Name, Address, Phone

Island Construction & Renovation 1203 Ocean
Contractor's Name, Address, Phone
Rd. Sp. Lk. Hts. N.J. 07762

Construction Single Family
Describe type (Single -family home, etc.)

Demolition Remove 3½ Square and 2 Sheets of Sheet Rock
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material GAF 25 yr. 3 Tab
Shingles, Home Depot ½ Ply Wood Exterior Grade

Name, address and phone of party responsible for removal of debris:
Charles P. Augustine, P.O. Box 276. Brielle N.J
1203 Ocean Rd. Sp. Lk. Hts. N.J.

Size of dumpster: _____

Destination of discarded debris: Monmouth County Reclimation

Hauler's DEP Permit No.: _____

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

CHARLES P. AUGUSTINE Charles P. Augustine 7/15/98
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address