



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 25 Cymbeline Dr Old Bridge NJ 08857
2. Owner Name: Romeo Tel. ()
Address 25 Cymbeline Dr Old Bridge NJ 08857
3. Principal Contractor: Michael Antoniszyn Tel. [REDACTED]
Address 21 Conover Lane Freehold NJ 07728
Lic. No. or Builder Reg. No. Federal Emp. No. 162-516
4. Architect or Engineer: Tel. ()
Address
5. Responsible Person in Charge of Work Michael Antoniszyn Tel. (201) 462-1497

II. PROPOSED WORK

A. TYPE OF WORK

1. ☒ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☒ Building/Structural	\$
2. ☐ Plumbing	
3. ☐ Electrical	
4. ☐ Fire Protection	
5. ☐ Other	
6. ☐ Other	
TOTAL COST <u>\$2400.</u>	

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
HMD Reg. No.:
3. ☐ Two Family (R-3b)
4. ☒ One-Family (R-3a)
- If new construction, enter no. of dwelling units:
If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmarys (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other:

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS OB 11001791

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 Michael Antoniszyn TEL. (201) 462-1497
ADDRESS 21 Connor Lane
Freehold, NJ 07728
SIGNATURE 

APPROVALS

- ## LOCAL

**Prelim.
Approval**

Init.

Date _____

COUNTY

**Prelim.,
Approval**

Init.

Date _____

**Final
Approval**

Init.

	Date
--	-------------

REGIONAL

**Prelim.
Approval**

Init.

Date _____

Final Approval

Init.

	Date
--	-------------

STATE

**Prelim.
Approval**

Init.

Date _____

**Final
Approval**

Init.

Date	
------	--

COMMENTS:

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

EDITION OF CODE

- ☐ One and Two Family Dwellings _____
- ☐ Building _____
- ☐ Electrical _____
- ☐ Plumbing _____
- ☐ Fire Protection _____

EDITION OF CODE

- ☐ Mechanical _____
- ☐ Energy _____
- ☐ Barrier Free _____
- ☐ Other _____

- ☐
- Flood Hazard

- ☐ As Built
Elevation
Certification
- ☐ Other

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date Receiver	Approval Date	Reviewer	Comments
☐	BUILDING				
	Footings/Foundations				
	Framing				
	Architectural				
	Other _____				
☐	PLUMBING				
☐	ELECTRICAL				
☐	FIRE PROTECTION				
☐	OTHER _____				

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy	_____
Date Expired _____	
☐ Temporary Certificate of Occupancy	_____
Date Expired _____	
☐ Certificate of Occupancy	_____
No. _____	
☐ Certificate of Continued Occupancy	_____
No. _____	
☐ Certificate of Approval	_____
No. _____	
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 22.50
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER _____	_____
SUBTOTAL	\$ _____
- LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____	_____
CERTIFICATE OF OCCUPANCY	5.00
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 27.50
DATE 4-20-88 Collected By E. H.	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____
OTHER	_____	_____
OTHER	_____	_____
- LESS: Refunds	_____	(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED		\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	\$ _____

TOWNSHIP OF OLD BRIDGE
MIDDLESEX COUNTY, N.J.
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(201) 721-5600



CONSTRUCTION PERMIT

PERMIT NO.	<u>MM59</u>
DATE ISSUED	<u>4-20-88</u>
Block	<u>13000.16</u> Lot <u>4</u>
Subdivision	

A. IDENTIFICATION

Owner <u>Romas</u>	Agent <u>Michael Antoniszyn</u>
Address <u>25 Cymbeline Dr</u>	Address <u>21 Conover Lane</u>
<u>Old Bridge NJ 08857</u>	<u>Freshhold NJ 07728</u>
Tel. ()	Tel. (201) <u>462-1497</u>
Work Site Address <u>same</u>	Lic. No. _____
	Federal Emp. No. _____

PAYMENTS

Permit Fee	\$ <u>2750</u>
Fees Remitted	\$ _____
☐ Check No.	_____
☐ Cash	_____
☐ Other	_____
Collected By:	_____
Date:	_____

is hereby granted permission
to perform the following work:

- | | |
|--|--|
| ☒ BUILDING | ☐ ELECTRICAL |
| ☐ PLUMBING | ☐ FIRE PROTECTION |
| ☐ OTHER _____ | |

Description of work:

Reroof
*this will be 2nd roof

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: \$ 2400-

[Signature]
CONSTRUCTION OFFICIAL

US
UNIFORM CONSTRUCTION
CODE

BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. MM59
DATE ISSUED 4-20-88
REVISION DATE _____
Block 1300 0.16 Lot 4
Subdivision _____

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner Romeo
Address 25 Cymbeline Dr
Old Bridge NJ 08857
Tel. ()
Work Site Address Same

Contractor Michael Antonszyn
Address 21 Conover Lane
Freehold NJ 07728
Tel. (201) 462-1497
Lic. No. [REDACTED]
Federal Emp. No. [REDACTED]

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

agent.



AGENT SIGNATURE

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Periof

* This will be
second roof

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration/Renovation
☒ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis

F

\$ 22.50

SUBTOTAL

27.50

**Minimum Building
Fee (if applicable)**

Total Building Fee
(Greater of Minimum
or Subtotal)

 See Plans

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ 2400-

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing