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

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 25 Cymbeline Drive, Old Bridge, N.J.
2. Owner Name: Mr. & Mrs. V. Romeo Tel. (___) [redacted]
   Address 25 Cymbeline Drive, Old Bridge, N.J.
3. Principal Contractor: E. Trautweiler & Sons, Inc. Tel. (___) 251-7135
   Address RD 2 Box 322D Englishtown Road, Old Bridge, N.J.
   Lic. No. or Builder Reg. No. 04256 Federal Emp. No. 22-2057929
4. Architect or Engineer: ___ Tel. (___) ___
   Address ___
5. Responsible Person in Charge of Work Clark Trautweiler Tel. (___) 251-7135

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: Wood Patios

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	1,070.00
4. ☐	Fire Protection	
5. ☒	Other Wood patios	5,300.00
6. ☒	Other	6,000.00
	TOTAL COST	$12,370.00

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, Infirmaries (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 11001802

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 E. Trautweiler & Sons, Inc. TEL.( ) 251-7135

ADDRESS RD 2 Box 322D Englishtown Road

Old Bridge, New Jersey 08857

SIGNATURE Mark Trautweiler

ROMEO

BLOCK NO. 13,000.16 LOT NO. 4 SUBDIVISION 2 PATIOS & WINDOW REPLACEMENT PERMIT NO. 3864

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other:																	
☐																	
☐																	
☐																	
☐																	
☐																	
☐																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings		☐ Mechanical		☐ Flood Hazard	
☐ Building		☐ Energy		☐ As Built Elevation Certification	
☐ Electrical		☐ Barrier Free		☐ Other	
☐ Plumbing		☐ 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	Plans Received By 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
8/18	ALL CONSTRUCTION				TB	ok final Arc
	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
	PLUMBING					
7/11/86	ELECTRICAL				RK	ok final
	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. 38647	8/13/86
☐ 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	$ 90.-
PLUMBING	•
ELECTRICAL	29.-
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	11.90
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 130.90

DATE 6/4/86 Collected By MB

11.9

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

PERMIT NO. 3864
DATE ISSUED 6/4/86
Block 13,000F Lot 4
Subdivision

A. IDENTIFICATION

Owner Mr. & Mrs. V. Romeo
Address 25 Cymbeline Drive
Old Bridge, N.J.
Tel. ( ) [redacted]
Work Site Address Same

Agent E.Trautweiler & Sons
Address 322D Englishtown Rd.
Old Bridge, N.J.
Tel. ( ) 251-7135
Lic. No. 04256
Federal Emp. No. 22-2057929

PAYMENTS

Permit Fee $ 130.90
Fees Remitted $ "
☒ Check No. 7274
☐ Cash
☐ Other
Collected By: MB
Date: 6/4/86

is hereby granted permission
to perform the following work:

☐ BUILDING ☒ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☒ OTHER

Description of work:

Two (2) Wood Patios

Replacement of Windows, Skylites and Doors in Existing Den

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: $ 12,370.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3K69
DATE ISSUED 10/11/86
REVISION DATE / /
Block 13, 0001 Lot 4
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Mr. & Mrs. V. Romeo
Address 25 Cymbeline Drive
Old Bridge, N.J.
Tel. ( ) [redacted]
Work Site Address Same

Contractor E. Trautweiler & Sons
Address 322D Englishtown Rd.
Old Bridge, N.J.
Tel. ( ) 251-7135
Lic. No. 04256
Federal Emp. No. 22-2057929

CERTIFICATION IN LIEU OF OATH:
(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.

Mark Trautweiler
AGENT'S SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Two (2) Wood Patios

Replacement of Windows, Skylites and Doors in Existing Den

☐ See Plans

TYPE OF WORK:	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☒ Other Deck		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other —		45.00
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 90.00

C. BUILDING CHARACTERISTICS

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: $ 11,300.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☒ CA

Date: 5/18/86

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

Garden State Electrical Inspection Services, Inc.

JUN 20 1986

ELECTRICAL SUBCODE TECHNICAL SECTION

3864

PERMIT NO. 3864
DATE ISSUED 6/4/86
REVISION DATE
Block 13, 000F Lot 4
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner Mr. & Mrs. V. Romeo
Address 25 Cymbeline Drive
Old Bridge, N.J.
Tel. ( ) [redacted]
Work Site Address Same
OLD BRIDGE

Contractor American Electric South
Address 1801 First Ave PO 3
Toms River, N.J. 08753
Tel. ( ) 240-7261
Lic.No./Bus. Permit. 6879
Federal Emp. No. 135-483-632/000

CERTIFICATION IN LIEU OF OATH:

(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 SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
2	Lighting Outlets			Switching Devices	
6	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compres (state no. & size ea.)	
	Dryer, Electric				
	Water Heater, Electric				
1	Heating, Electric	4.00			
6	Switches			Other	
5	Lighting Fixtures	20.00		Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders				
	COLUMN 1	$ 24.00		COLUMN 2	$

RETURNED
AUG 6 1986
G.S.E.I.S., INC.

Fee	
COLUMN 1	$ 24.00
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$ 5.00
Total Electrical Fee (Greater of Minimum or Subtotal)	$ 29.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters: _____
Estimated Cost of Electrical Work: $ 1,070.00

D. COMMENTS

7-11-86 – Final. Richardson

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83)

INSPECTOR COPY

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

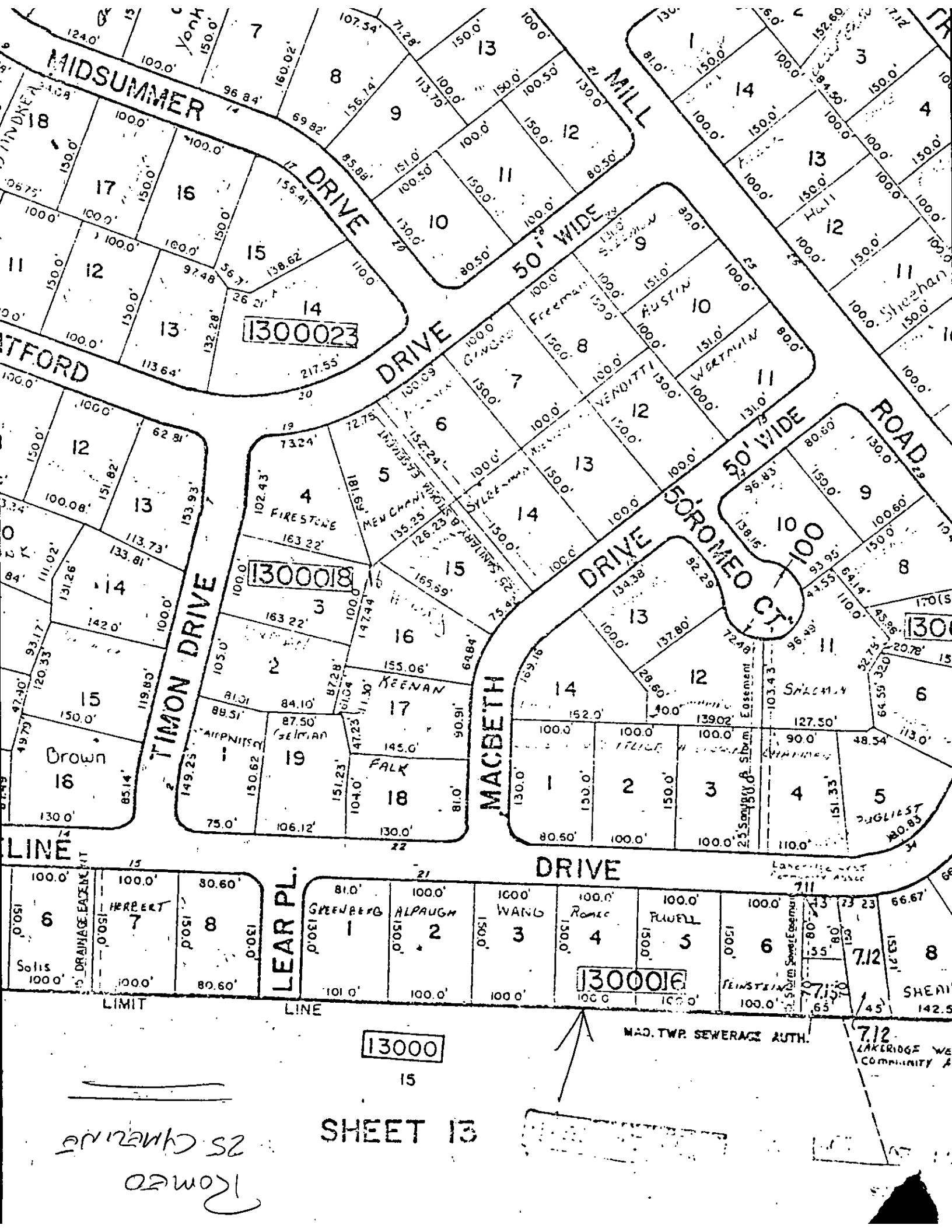
Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Rough				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card		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SHEET 13
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25 Cymbeline

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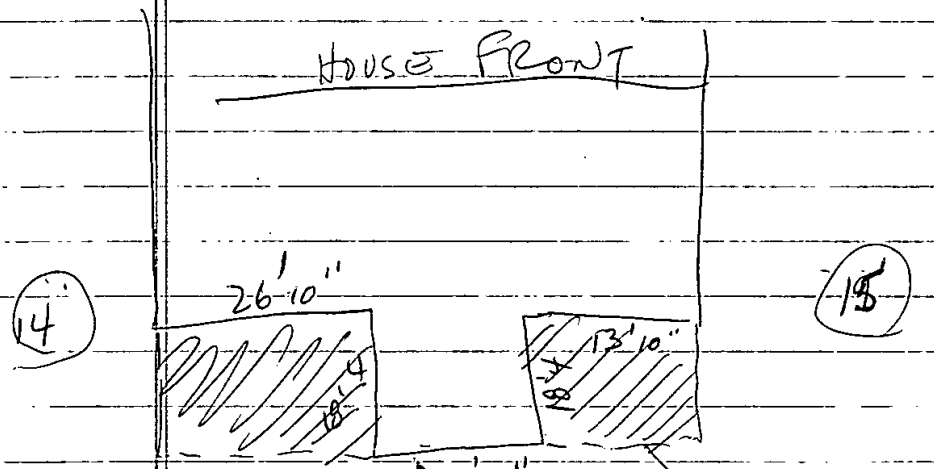

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29

OK Sly
6/2/86