



BOROUGH OF METUCHEN
CONSTRUCTION CODE OFFICE
500 MAIN STREET
METUCHEN, NEW JERSEY 08840
(732) 632-8515



**BUILDING
SUBCODE
TECHNICAL SECTION**

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

Block 1022 Lot 27 Qualification Code _____
Work Site Location 27 Robbins Place, Metuchen

Owner In Fee: Gaulak
Tel. 732-548-0888 e-mail _____
Address 27 Robbins Place municipality _____ zip code _____
Contractor: Pemysak Roofing Tel. (908) 753-4722
Address 3571 Kennedy Rd
50 Plainfield, N.J. 07080
Contractor License No. or Builder Registration No. 13VH0461000 Exp. Date _____
Federal Emp. ID No. 208 523550 FAX: (908) 753-4763

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date Initial	Type:	Failure	Failure	Approval Initial
☒ No Plans Required	<u>11/29/09</u>	Footing			
☐ All		Footing Bonding			
☐ Footing		Foundation			
☐ Foundation		Slab			
☐ Frame		Frame			
☐ Other		Truss Sys./Bracing			
Joint Plan Review Required		Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Insulation			
SUBCODE APPROVAL		Finishes-Base Layer			
☐ CO ☐ CC ☒ CA		Finishes-Final			
Date: <u>11/2/09</u>		Energy			
Approved by: <u>12/16/09 GRS</u>		Mechanical			
		TCO			
		Other			
		Final			
		Barrier-Free			

B. BUILDING CHARACTERISTICS		Est. Cost of Bldg. Work	
Use Group:	Present	Proposed	1. New Bldg. \$
Constr. Class	Present	Proposed	2. Rehabilitation \$ <u>1,600</u>
No. of Stories			3. Total (1+2) \$ <u>1,800</u>
Height of Structure			
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent-of) owner of record and I am authorized to make this application and perform the work listed on this application.

Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Garage only
Tear off existing Roofs
Ice & water shields
15lb felt paper
30 year Tanko

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
State Permit Surcharge Fee	\$
TOTAL FEE	\$

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(856) 468-7933



BOROUGH OF METUCHEN
CONSTRUCTION CODE OFFICE
500 MAIN STREET
METUCHEN, NEW JERSEY 08840
(732) 632-8515
UNIFORM CONSTRUCTION CODE
BUILDING SUBCODE TECHNICAL SECTION

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

Block 122 Lot 27 Qualification Code _____
Work Site Location 27 Robins Place Metuchen

Owner in Fee: GAWLAK, Frank e-mail _____
Tel. _____

Address 27 Robins Place Metuchen NJ 08840
municipality zip code

Contractor: Penyak Roofing Co., Inc. Tel. 908 753-4222
Address 3571 Kennedy Road
South Plainfield, NJ 07080 e-mail _____

Contractor License No. or Builder Registration No. 13VH04261000 Exp. Date 3/2016
Federal Emp. ID No. 26-8523550 FAX: 908 753 4763

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date Initial	Type:	Failure	Initial	Approval
☒ No Plans Required	<u>10/24/15</u>	Footing			
☐ All		Footing Bonding			
☐ Footing/Foundations		Foundation			
☐ Structural/Framework		Slab			
☐ Exterior		Frame			
☐ Interior		Truss Sys./Bracing			
Joint Plan Review Required:		Barrier-Free			
☐ Elec.		Insulation			
☐ Plumb.		Finishes-Base Layer			
☐ Fire		Finishes-Final			
SUBCODE APPROVAL for PERMIT		Energy			
Date:	<u>10/24/15</u>	Mechanical			
Approved by:	<u>[Signature]</u>	TCO			
SUBCODE APPROVAL for CERTIFICATE		Other			
☐ CO		Final			
☐ CCO		Barrier-Free			
Date:	<u>3/9/16</u>				
Approved by:	<u>[Signature]</u>				

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____
No. of Stories _____

Height of Structure _____
Area — Largest Floor _____
New Bldg. Area/All Floors _____
Volume of New Structure _____
Max. Live Load _____
Max Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:

Ft.	State Approved	HUD
Sq. Ft.	Est. Cost of Bldg. Work:	
Sq. Ft.	1. New Bldg.	\$
cu. ft.	2. Rehabilitation	\$ <u>43,000</u>
	3. Total (1+2)	\$ <u>43,000</u>



Date Received 10/23/15
Control # _____
Date Issued 10/27/15
Permit # 15-0849

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

Sign here [Signature]
Print name here: Joe Penyak

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK (House)
Tear off EXISTING Roof
Install Ice + water Shield
15 lb. Felt + paper
Life time 1K0 shingles

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$
☐ Addition	
☐ Rehabilitation	
☒ Roofing	<u>108</u>
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Retaining Wall	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other	
☐ Demolition	

Administrative Surcharge	UCC/F-110 (rev. 11/09)
\$	\$
Minimum Fee	\$
State Permit Surcharge Fee	\$
TOTAL FEE	\$

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