BLOCK 148 LOT 113 QUALIFICATION CODE _____ ADDRESS (SITE) 21 Keats Rd. PERMIT NO. 060160

20550

# CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

## I. IDENTIFICATION

1. Propsed Work Site at: 21 Keats Road
2. Name of Owner in Fee: Ms. Cleary Tel. (732) 297-2066
   Address 21 Keats Rd, North Brunswick, NJ 08902
   (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: A.W. Hobor & Sons Tel. (732) 247-3827
   Address 1072 Livingston Ave, North Brunswick, NJ 08902
   License No. OR, if new home, Builder Reg. No. 13VH00049700 Exp. Date 12-31-06
   Federal Employee No. 22-2309003 FAX: (732) 247-2682
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Tony Hobor
   Tel. (732) 247-3827 FAX (____) _____

## V. FEE SUMMARY (for office use only)

| | | | Update | Update |
|---|---|---|---|---|
| 1. | Building | $ 46. | | |
| 2. | Electrical | | | |
| 3. | Plumbing | | | |
| 4. | Fire Protection | | | |
| 5. | Elevator Devices | | | |
| 6. | Subtotal | $ | | |
| 7. | Less 20% for State Plan Review | | | |
| 8. | Subtotal | $ | | |
| 9. | DCA Training Fee | 3. | | |
| 10. | Subtotal | | | |
| 11. | Cert. of Occupancy | | | |
| 12. | Other | | | |
| 13. | TOTAL | $ 49. | | |

## 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 | 2,100 | | | | 2/9/06 | YY | | | |
| 2. | ☐ New Building | | | | | | | | | |
| 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 | $ 2,100 | | | | | | | | |

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 NB 10402030

**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.

(X) Check if contractor.

Agent Name A. W. Hobor & Sons

Address 1072 Livingston Ave
North Brunswick NJ 08902

Telephone (732) 247-3827

Signature Ruth B. Mannon

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. _____ | _____ | _____ | | |

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732-247-0922

# CERTIFICATE

## IDENTIFICATION

Date Issued: 02/28/2006
Control #: 20550
Permit # 20060160

Block: 148 Lot : 113 Qual: _____

Work Site : 21 KEATS ROAD
NORTH BRUNSWICK

Owner in Fee: CLEARY

Address: 21 KEATS ROAD
NORTH BRUNSWICK NJ 08902

Telephone: 732 297-2066

Agent/Contractor: A.W. HOBOR & SONS

Address: 1072 LIVINGSTON AVENUE
NORTH BRUNSWICK NJ 08902

Telephone: 732 247-3827

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 22-2309003

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: ROOF

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform construction Code and is approved for occupancy.

[ X ] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved.If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than .or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17 to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Thomas Paun

THOMAS PAUN Construction Official

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees $0.00

Paid[ ]Check No _____

Collected by _____

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20060160
Permit Date: 02/16/2006
Update Number:
Control Number: 20550
Application Date: 02/09/2006

# CONSTRUCTION PERMIT

## IDENTIFICATION

## OWNER/PROPERTY DETAILS

Block : 148 Lot : 113 Qual :

| | | | |
|---|---|---|---|
| Work site Location: | 21 KEATS ROAD NORTH BRUNSWICK | Contractor: | A.W. HOBOR & SONS |
| Owner In Fee: | CLEARY | Address: | 1072 LIVINGSTON AVENUE |
| Address: | 21 KEATS ROAD | | NORTH BRUNSWICK NJ 08902 |
| | NORTH BRUNSWICK NJ 08902 | Telephone: | (732) - 247-3827 |
| Telephone: | (732) - 297-2066 | Lic. No. / Bldrs. Reg. No.: | |
| Use Group(s): | R-5 | Federal Emp. No.: | 22-2309003 |

is hereby granted permission to perform the following work :

[ X ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:

ROOF

ESTIMATED COST OF WORK:

| | |
|---|---|
| Cost of Construction: | 0.00 |
| Cost of Alteration: | 2,100.00 |
| Cost of Demolition: | 0.00 |
| Total Cost: | $2,100.00 |

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | $46.00 |
| Electrical | |
| Plumbing | |
| Fire Protection | |
| Elevator Devices | |
| Mechanical | |
| VolFee (DCA) | |
| AltFee (DCA) | $3.00 |
| Other Fees | |
| CO Fee | |
| CCO Fee | |
| Minimum Fee | |
| Total | **$49.00** |
| All Fees Waived : | No |

**Amount to be Paid:** **$49.00**
Check Number: 4587
Check amount: $49.00

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

Tom Paun 2.16.06

THOMAS PAUN (DB) Date
Construction Official

:: *Failure to obtain all required inspections may result in administrative action.*
:: *Final inspections are required before final payment is to be made to contractor.*
:: *An approved set of plans must be kept at the worksite at all times*

Collected by: DB
Receipt No: 56222
Total Cash Amount
Total Check Amount $49.00
Total CC Amount
Grand Total $49.00

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 20550
Application Date: 02/09/2006

# CONSTRUCTION PERMIT

## IDENTIFICATION

### OWNER/PROPERTY DETAILS

Block : 148 Lot : 113 Qual :

| | | | |
|---|---|---|---|
| Work site Location: | 21 KEATS ROAD NORTH BRUNSWICK | Contractor: | A.W. HOBOR & SONS |
| Owner In Fee: | CLEARY | Address: | 1072 LIVINGSTON AVENUE |
| Address: | 21 KEATS ROAD | | NORTH BRUNSWICK NJ 08902 |
| | NORTH BRUNSWICK NJ 08902 | Telephone: | (732) - 247-3827 |
| Telephone: | (732) - 297-2066 | Lic. No. / Bldrs. Reg. No.: | 0601 60 |
| Use Group(s): | R-5 | Federal Emp. No.: | 22-2309003 |

is hereby granted permission to perform the following work :

[ X ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:

ROOF

ESTIMATED COST OF WORK:

| | |
|---|---|
| Cost of Construction: | 0.00 |
| Cost of Alteration: | 2,100.00 |
| Cost of Demolition: | 0.00 |
| Total Cost: | $2,100.00 |

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | $46.00 |
| Electrical | |
| Plumbing | |
| Fire Protection | |
| Elevator Devices | |
| Mechanical | |
| VolFee (DCA) | |
| AltFee (DCA) | $3.00 |
| Other Fees | |
| CO Fee | |
| CCO Fee | |
| Minimum Fee | |
| Total | **$49.00** |
| All Fees Waived : | No |

**Amount to be Paid:** **$49.00**

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

Thomas Paun 2/10/06

THOMAS PAUN — Date

Construction Official

*:: Failure to obtain all required inspections may result in administrative action.*
*:: Final inspections are required before final payment is to be made to contractor.*
*:: An approved set of plans must be kept at the worksite at all times*

Note:

# CONSTRUCTION PERMIT APPLICATION - COUNTER FORM

Township of North Brunswick, Construction Office, 710 Hermann Road, North Brunswick, NJ 08902 / (732) 247-0922, ext. 450

***FILL OUT COMPLETELY and TYPE OR PRINT IN INK***

CHECK IF: ___ UPDATE, ___ PROTOTYPE, or ___ CHANGE OF CONTRACTOR and enter ORIGINAL PERMIT # _____

**SITE / OWNER DATA:**

BLOCK _____ LOT _____ WORKSITE ADDRESS 21 Keats Road

Owner in Fee Ms C Leary

Address 21 Keats Rd. City North Brunswick State NJ Zip Code 08902

Phone (732) 297-2066

**N.B.: Signature(s) below and/or on reverse certify the accuracy of all data and the authority to submit this application.**

**OFFICE USE ONLY:**

Received _____
Control # _____
Issued _____
Permit # _____

## BUILDING SUBCODE

Contractor A. W. Hobor & Sons

Address 1022 Livingston Ave

City North Brunswick State NJ Zip Code 08902

Phone (732) 247-3822

License # 13VH00049200 Expires 12-31-06

Federal Employment # 22-2309003

**BUILDING CHARACTERISTICS:**

USE GROUP: Present ___ Proposed R5

CONST. CLASS: Present ___ Proposed ___

New Bldg.: # of Stories ___ Height ___ Ft.

Area: Largest Floor ___ Sq. Ft. / All Floors ___ Sq. Ft.

Volume ___ Cu. Ft. / Total Land Disturbed ___ Sq. Ft.

**TECHNICAL SITE DATA:**

Description: Roof: Install 25yr 3-Tab asphalt roof shingles over existing single layer. replace 2 sheets rotted ply sheathing, Seal all flashings

**TYPE OF WORK:**

[ ] New Building
[X] Alteration:
- [X] Roofing
- [ ] Siding
- [ ] Fence, Height ___
- [ ] Sign, Sq. Ft. ___

[ ] Demolition

[ ] Addition
[ ] Pool
[ ] Asbestos Abatement
[ ] Lead Hazard Abatement
[ ] Other _____

**ESTIMATED COST:**

New/Addition — + Alteration 2100 = Total $2100

**SIGNATURE** Peter G. Marino [X] Agent [ ] Owner

**OFFICE USE ONLY:**

SUBCODE PLAN REVIEW : [X] No Plans Required

[ ] All [ ] Footing [ ] Foundation [ ] Frame [ ] Other _____

SIGNATURE _____ DATE 2/9/06

## PLUMBING SUBCODE

Contractor _____

Address _____

City _____ State ___ Zip Code ___

Phone _____

License # _____ Expires _____

Federal Employment # _____

**PLUMBING CHARACTERISTICS:**

USE GROUP: Present ___ Proposed ___

Building Sewer Size ___ [ ] Public Sewer [ ] Private Septic

Water Service Size ___ [ ] Public Water [ ] Private Well

**TECHNICAL SITE DATA:**

| QTY. | FIXTURE/EQUIPMENT | QTY. | FIXTURE/EQUIPMENT |
|---|---|---|---|
| ___ | Water Closet | ___ | Gas Piping |
| ___ | Urinal/Bidet | ___ | Steam Boiler |
| ___ | Bath Tub | ___ | Hot Water Boiler |
| ___ | Lavatory | ___ | Sewer Pump |
| ___ | Shower | ___ | Interceptor/Separator |
| ___ | Floor Drain | ___ | Backflow Preventer |
| ___ | Sink | ___ | Greasetrap |
| ___ | Dishwasher | ___ | Sewer Connection |
| ___ | Drinking Fountain | ___ | Water Service Connection |
| ___ | Washing Machine | ___ | Stacks |
| ___ | Hose Bibb | ___ | Other _____ |
| ___ | Water Heater | ___ | Other _____ |
| ___ | Fuel Oil Piping | ___ | Other _____ |

**ESTIMATED COST:**

New/Addition _____ + Alteration _____ = Total $ _____

**SIGNATURE** _____

[ ] Licensed Plumber (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

## FIRE SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
Phone _____
License # _____ Expires _____
Federal Employment # _____

**FIRE PROTECTION CHARACTERISTICS:**

USE GROUP: Present ____ Proposed ____
CONST. CLASS: Present ____ Proposed ____
Heating System: [ ] New [ ] Existing [ ] HVAC: Location _____
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____
Fire Alarm System: [ ] New [ ] Existing: Panel Location _____
Fire Supression/Standpipe System: [ ] New [ ] Existing
Main Control Valve Location _____
Method of Supervision _____
Water Supply Source _____

**TECHNICAL SITE DATA:**

DESCRIPTION OF WORK:

| STORAGE TANKS | CAPACITY | FUEL |
|---|---|---|
| [ ] Flammable Liquid | _____ | _____ |
| [ ] Combustible Liquid | _____ | _____ |
| [ ] LPG _____ | _____ | |
| [ ] LNG _____ | _____ | |

QTY.
ALARM SYSTEMS: [ ] 110 v Interconnected [ ] System
____ Alarm Devices (i.e. smoke, heat, pulls, water/flow)
____ Supervisory Devices (i.e. tampers, low/high air)
____ Signaling Devices (i.e. horns/strobes, bells)
____ Other Devices _____
____ TOTAL
SUPPRESSION SYSTEMS: [ ] Fire Pump [ ] GPM Type
____ Dry Pipe/Alarm Valves
____ Pre-Action Valves
____ Sprinkler Heads (dry and wet)
____ Standpipes
PRE-ENGINEERED SYSTEMS:
____ Wet Chemical
____ Dry Chemical
____ CO2 Suppression
____ Foam Suppression
____ Halon Suppression
____ Other _____
____ Kitchen Hood Exhaust System
____ *Smoke Control System*
____ [ ] Gas or [ ] Oil Fired Appliances
____ Other _____

**ESTIMATED COST:**

New/Addition _____ + Alteration _____ = Total $ _____

**SIGNATURE** _____ [ ] Agent [ ] Owner

**OFFICE USE ONLY:**

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

## ELECTRICAL SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
Phone _____
License # _____ Expires _____
Federal Employment # _____

**ELECTRICAL CHARACTERISTICS:**

USE GROUP: Present ____ Proposed ____
[ ] Pole Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____

**TECHNICAL SITE DATA:**

| QTY. | SIZE | ITEMS |
|---|---|---|
| ____ | | Lighting Fixtures |
| ____ | | Receptacles |
| ____ | | Switches |
| ____ | | Detectors |
| ____ | | Light Poles |
| ____ | | Motors - Fractional HP |
| ____ | | Emergency & Exit Lights |
| ____ | | Communications Points |
| ____ | | *Alarm Devices/F.A.C. Panel* |
| ____ | | TOTAL QUANTITY |
| ____ | | Pool / with UW Lights |
| ____ | | Storable Pool/Spa/Hot Tub |
| ____ | ____ | KW Elec. Range/Receptacle |
| ____ | ____ | KW Oven/Surface Unit |
| ____ | ____ | KW Electric Water heater |
| ____ | ____ | KW Electric Dryer/Receptacle |
| ____ | ____ | KW Dishwasher |
| ____ | ____ | HP Garbage Disposal |
| ____ | ____ | KW Central Air Conditioning Unit |
| ____ | ____ | HP/KW Space Heater/Air Handler |
| ____ | ____ | KW Baseboard Heat |
| ____ | ____ | HP Motors 1/+ HP |
| ____ | ____ | KW Transformer/Generator |
| ____ | ____ | AMP Service |
| ____ | ____ | AMP Subpanels |
| ____ | ____ | AMP Motor Control Center |
| ____ | ____ | KW Electric Sign/Outline Light |
| ____ | ____ | Other _____ |

**ESTIMATED COST:**

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____

[ ] Licensed Electrician (Affix Seal) [ ] Exempt Applicant

**OFFICE USE ONLY:**

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

TOWNSHIP OF NORTH BRUNSWICK | **BUILDING SUBCODE TECHNICAL SECTION** | Date Received 02/09/2006 | Date Issued 02/16/2006
Control # 20550 | Permit # 20060160

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

Block : 148 Lot : 113 Qualifier :
Work Site Location : 21 KEATS ROAD

Owner Details

Name : CLEARY
Address : 21 KEATS ROAD
NORTH BRUNSWICK NJ 08902
Telephone : 732 - 297-2066

Contractor Details

Contractor : A.W. HOBOR & SONS
Address : 1072 LIVINGSTON AVENUE
NORTH BRUNSWICK NJ 08902
Telephone (732)-2473827
Fax :

Lic No. or Bldrs Reg. No. :
Federal Emp. No: 222309003

**B.BUILDING CHARACTERISTICS**

| | | |
|---|---|---|
| Use Group | Present : R-5 | Proposed : |
| 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 Building. | 0.00 |
| 2. Alteration | 2,100.00 |
| 3. Demolition | 0.00 |
| 4. Total (1+2+3) | $2,100.00 |

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ]No Plans Required | | |
| [ ][ ] All | | |
| [ ]Footing | | |
| [ ]Foundation | | |
| [ ]Frame | | |
| [ ]Other | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____

| INSPECTIONS Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

**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

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ X ] Alteration
[ X ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Sign_____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$46.00

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| DCA Training Fee | $3.00 |
| Total Fee | $49.00 |

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Applicant When submitting this form to your local construction Code enforcement Office, please provide one original plus three photocopies

TOWNSHIP OF NORTH BRUNSWICK | **BUILDING SUBCODE TECHNICAL SECTION** | Date Received 02/09/2006 | Date Issued 02/16/2006
Control # 20550 | Permit # 20060160

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

Block : 148 Lot : 113 Qualifier :
Work Site Location : 21 KEATS ROAD

Owner Details

Name : CLEARY
Address : 21 KEATS ROAD
NORTH BRUNSWICK NJ 08902
Telephone : 732 - 297-2066

Contractor Details

Contractor : A.W. HOBOR & SONS
Address : 1072 LIVINGSTON AVENUE
NORTH BRUNSWICK NJ 08902
Telephone (732)-2473827
Fax :

Lic No. or Bldrs Reg. No. :
Federal Emp. No: 222309003

**B.BUILDING CHARACTERISTICS**

| | | | |
|---|---|---|---|
| Use Group | Present : R-5 | Proposed : | |
| 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 Building. | 0.00 |
| 2. Alteration | 2,100.00 |
| 3. Demolition | 0.00 |
| 4. Total (1+2+3) | $2,100.00 |

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

| | Date | Initial |
|---|---|---|
| [ ]No Plans Required | | |
| [ ][ ] All | | |
| [ ]Footing | | |
| [ ]Foundation | | |
| [ ]Frame | | |
| [ ]Other | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____
_____

INSPECTIONS

| Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

**C.CERTIFICATION IN LIEU OF OATH**

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Signature

**D.TECHNICAL SITE DATA**

DESCRIPTION OF WORK

ROOF

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ X ] Alteration
[ X ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Sign_____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$46.00

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| DCA Training Fee | $3.00 |
| Total Fee | $49.00 |

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TOWNSHIP OF NORTH BRUNSWICK | **BUILDING SUBCODE TECHNICAL SECTION** | Date Received 02/09/2006 | Date Issued 02/16/2006
Control # 20550 | Permit # 20060160

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

Block : 148 Lot : 113 Qualifier :
Work Site Location : 21 KEATS ROAD

Owner Details

Name : CLEARY
Address : 21 KEATS ROAD
NORTH BRUNSWICK NJ 08902
Telephone : 732 - 297-2066

Contractor Details

Contractor : A.W. HOBOR & SONS
Address : 1072 LIVINGSTON AVENUE
NORTH BRUNSWICK NJ 08902
Telephone (732)-2473827
Fax :

Lic No. or Bldrs Reg. No. :
Federal Emp. No: 222309003

**B.BUILDING CHARACTERISTICS**

| | | |
|---|---|---|
| Use Group | Present : R-5 | Proposed : |
| 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 Building. | 0.00 |
| 2. Alteration | 2,100.00 |
| 3. Demolition | 0.00 |
| 4. Total (1+2+3) | $2,100.00 |

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ]No Plans Required | | |
| [ ][ ] All | | |
| [ ]Footing | | |
| [ ]Foundation | | |
| [ ]Frame | | |
| [ ]Other | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/27/06
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates(Month/Day) | | | |
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 2-27-06 | |
| Barrier-Free | | | | |

**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

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ X ] Alteration
[ X ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Sign_____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$46.00

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| Administrative Surcharge | |
| Minimum Fee | |
| DCA Training Fee | $3.00 |
| Total Fee | $49.00 |

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

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A.W. HOBOR & SONS
QUALITY BUILDING & REMODELING

OFFICE COPY

732-247-3827
1072 LIVINGSTON AVENUE, NORTH BRUNSWICK, NJ 08902
www.awhobor.com

This 2nd day of February, 2006 we herewith submit proposal for materials and labor to be supplied at the request of the owners:

| | | |
|---|---|---|
| **Ms. M. Cleary** | **JOB ADDRESS:** | **21 Keats Road** |
| **21 Keats Road** | | **North Brunswick, N.J.** |
| **North Brunswick, N.J.** | **JOB PHONE:** | **732-297-2060** |

ROOFING
Remove existing roof caps along top edge of home.
Remove existing roofing shingles to expose damaged sheathing at front right section of home.
Remove sheathing and install new.
Install one layer of roofing shingles over new sheathing to fill where original shingles were removed.
Note: 2 sheets of ply wood are supplied with this contract additional sheathing replacement with be completed at an additional charge of $ 6.62 per sq. foot including fill in shingles.
Install new 3-tab fiberglass roofing shingles over existing single layer of asphalt shingles.
Install new ridge caps. (TIMBERLINE XT25)

INSULATION:
Remove existing aluminum skirt on home as required to get access to kitchen plumbing under building.
Remove floor insulation to expose supply pipes to kitchen sink and dishwasher.
Insulate kitchen supply pipes.
Re-install or install new floor insulation removed earlier.
Re-install aluminum skirting.

06016

MISC.
Spot seal water stains in front study.
Paint ceiling in front study with two coats of interior flat white ceiling paint
Remove all job related debris.
Secure township building permits

OWNER RESPONSIBILITY
- Provide access to the building during construction.
- Be available for township officials for the purpose of inspections.
- Provide utilities required for construction for *A.W. Hobor & Sons, Inc.* employees and it's Agents. (Water, sewer, electric, etc.)

We propose to furnish and install all previously mentioned work as specified for the sum of..Five thousand four hundred twenty-five dollars ($5,425.00)

Payment will be made as follows:

| | | |
|---|---|---|
| DEPOSIT | | $ 1,425.00 |
| START OF WORK | | $ 2,000.00 |
| COMPLETION OF LISTED WORK | | $ 2,000.00 |
| EXTRAS AND OPTIONS | at time of completion | |
| TOTAL..... | | **$ 5,425.00** |

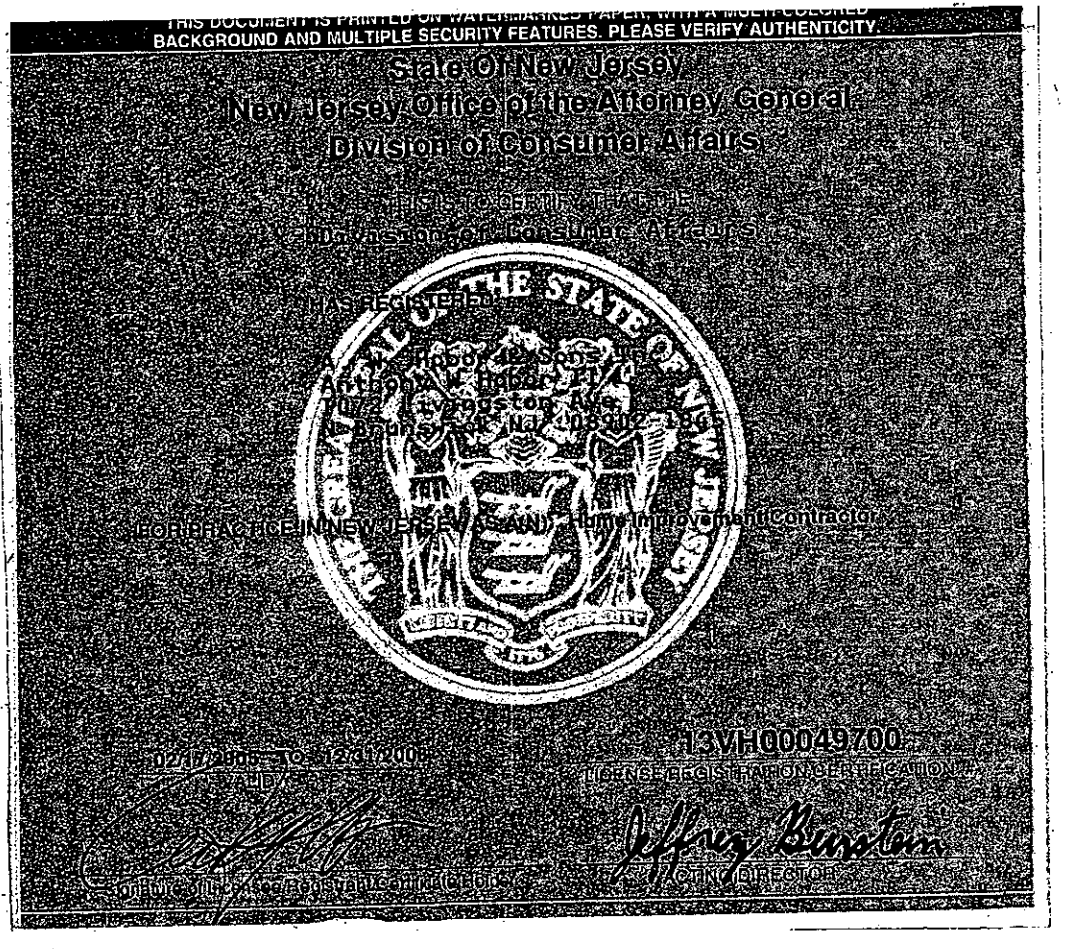
Work will be started on or before March 30, 2006 and will be substantially completed on or before April 15, 2006.

All materials are guaranteed to be as specified and to carry manufacturers warranty. All work to be completed in a neat and workmanlike manner according to standard practices. Any alteration or deviation from the previous specifications involving extra labor and/or material costs will be executed only upon written orders from *A.W. HOBOR & SONS, INC.* And will become an extra charge over the agreed amount. Agreements made with mechanics or subcontractors on the job are not recognized. No statement, arrangement, or understanding expressed or implied not contained herein will be recognized. All agreements contingent upon strikes, accidents, or delays beyond our control. Our workers are fully covered by workmen's compensation insurance.

Accepted by A.W. Hobor & Sons, INC. _____ 2-2-06
Date

The foregoing terms, specifications and conditions are satisfactory and are hereby agreed to. You are authorized to do the work as specified and payments will be made as outlined. The owner upon signing this agreement represents and warrants that he is the owner of the aforesaid premises and that he has read and understands each page contained within this contract.

Owner Martha T. Cleary 2/1/06 Owner _____
Date Date



THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey

New Jersey Office of the Attorney General

Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Director of Consumer Affairs

HAS REGISTERED

FOR PRACTICE IN NEW JERSEY AS A(N) Home Improvement Contractor

13VH00049700

REGISTRATION/CERTIFICATION

VALID

ACTING DIRECTOR

SIGNATURE OF REGISTRANT/CERTIFICATE HOLDER