



Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 9/24/2018
Control Number C-39323
Permit Number 20180601
Permit Issue Date 3/14/2018
Certificate Number 20180601

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 17 GRISTMILL ROAD Howell Township, NJ Block: 110.08 Lot: 6 Qual: _____
Owner in Fee: ALRASHEID, SAIF & ALDULAIMI, MINA
Owner Address: 17 GRISTMILL RD HOWELL NJ 07731
Telephone: [REDACTED]
Contractor MAJESTIC EXTERIORS, LLC
Address 420 ROUTE 34, UNIT 16 PO BOX 37 COLTS NECK NJ 07722
Telephone: (732) 995-7432 Fax: (732) 946-2191
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ROOF TEAR-OFF AND RESHINGLE

Certificate Comments:

☐ **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.

☒ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

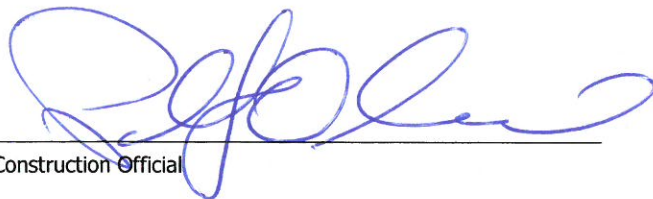
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:


Construction Official

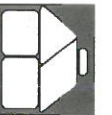
Fee: \$0.00

Check Number: _____

Collected By: _____



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 110.08 Lot 6 Qualification Code

Work Site Location Howell Soft Threshold Rd

Owner in Fee: Soft Threshold

Tel. () e-mail

Address Majestic Exteriors, LLC zip code

Contractor: 420 Route 34 Unit 106 Tel. ()

Address Cotts Neck, NJ 07722 e-mail

Fax 732-866-8739

Contractor License No. or Builder Registration Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ()

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date 6/11/10

☒ No Plans Required

☐ All

☐ Footings/Foundations

☐ Structural/Framework

☐ Exterior

☐ Interior

Joint Plan Review Required:

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL FOR PERMIT

Date: 6-11-10

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 8-20-10

Approved by: [Signature]

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. \$ 10,900

2. Rehabilitation \$ 10,900

3. Total (1+2) \$ 21,800

U.C.C. F110 (rev. 11/09)

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.

Sign here: Dave Pharo

Print name here: Laura Pharo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

tear off 1 layer of shingles on entire roof. install new lifeline CERTAINTED LANDMARK RING VENTS BRIN EDGE GABLE VENTS - RIFELANCE ATTIC VENT 1 LAYER

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☒ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Retaining Wall

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other

☐ Demolition

FEE (Office Use Only)

\$ 327

Administrative Surcharge \$ 21

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 348

For reorder call: (609) 390-1400
Allegra Marketing • Print • Mail

Date Received 3/14/11
Control # 38323

Date Issued 3/14/11
Permit # 20180601

MAZZA
2200 SHUTTLE CIRCLE
FALLS CHURCH, VA 22033

Merchant ID: 0556
Term ID: 0002

Store ID: 8739
Ref ID: 0000

A
ING

Sale

VISA

Entry Method: Manual

Total: \$

157.43

17
YOU

08/17/17

08/22/15

Inv ID: 000003

Appr Code: 052206

Transaction ID: 30722945651658

Approval: Online

BatchID: 006021

9

APS Code: ZIP MATCH Z

CVV2 Code: MATCH M

tic Exteri

Distance: 0.00

1
1

Tons: 1.73

Materials & Services

Origin: 1317/Freehold Twp.

Material: CD/C & D

Quantity: 1.73 Ton

Rate: \$87.00/TON

Amount: \$ 150.51

Host Fee: \$ 1.73

Recycling Tax: \$ 5.19

Total Taxes/Fees: \$ 6.92

Total Amount: \$ 157.43

Check # 00 inside: \$157.43

Change: 0.00

In Operator: MAZZADEMO\SCALE1

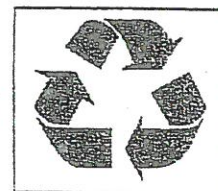
Out Operator: MAZZADEMO\SCALE1

Driver

Signature:

HOWELL TOWNSHIP DEBRIS MANAGEMENT REPORT

Submit within 30 days of Project Completion



BLOCK _____ LOT _____ ADDRESS 17 Gristmill Rd APPROVED _____
 CONTACT Baura PHONE # _____
 APPLICANTS SIGNATURE Majestic DATE _____

1) Did project require a dumpster or roll- off container?

NO, Stop here YES, continue

2) Was Construction/Demolition debris and recycling mixed in one dumpster then separated at a Material Recovery Facility? *(Most applicants use this method)*

YES, enter debris weight: 3 tons, Stop here, send form and receipts

NO, materials were source separated on site, complete chart below, send form and receipts

Return this *form and receipts* to:

Howell Township Recycling Coordinator/ Debris Management Report
 PO Box 580
 Howell, NJ
 07731
 or Fax: 732-919-1679

Material (weight in tons)	Recycled	Salvaged	Reused	Hauler/ Facility Include receipts
1 Concrete				
2 Asphalt				
3 Porcelain				
4 Metals				
5 Wood				
6 Glass				
7 Brick				
8 Cardboard				
9 Plastic				
10 Gypsum				
11 Insulation				
12 Brush/Stumps				
13 Carpet/Textiles				
14 Roofing Shingles				
15 Other (describe)				
Totals (1-16)	A	B	C	
Trash/Garbage	D			
Total Waste (A+B+C+D)	Total Diverted (A+B+C)		Total diverted should be at least one half total waste	