BLOCK 1192.14 LOT 17 QUALIFICATION CODE _____ ADDRESS (SITE) 35 clay circle PERMIT NO. 10-1877

12/5

CONSTRUCTION PERMIT APPLICATION C-10-002157

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

I. IDENTIFICATION

1. Proposed Work Site at: 35 Clay Circle
2. Name of Owner in Fee: [illegible] Sullivan
   Tel [redacted] e-mail _____
   Address 35 Clay Circle (street) Brick (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Eastern Contracting LLC Tel. (732) 2690337
   Address 361 Eastern Blvd e-mail _____
   Bayville NJ 08721
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03550000
   Federal Emp. ID No. 311825071 FAX: (732) 2690337
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Bill Santoro
   Tel. (908 910-9315 FAX: (732) 269-0337

called 6/28/10

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 105		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 6		
11. Cert. of Occupancy			
12. Other	111		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
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. Max. Live Load _____	
7. Max. Occupancy Load _____	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed _____ sq. ft.	
10. Flood Hazard Zone _____	
11. Base Flood Elevation _____ ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☒ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	3500.-	DD	6/16/10		6/23/10	KA			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

4/22

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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.ix:

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. 5:23-2.15(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 Bill Saptora Eastern Contracting LLC

Address 360 Eastern Blvd

Bayville NJ 08721

Telephone (732) 269-0337

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/27/2010
Control Number C-10-002157
Permit Number 10-1877
Permit Issue Date 07/19/2010
Certificate Number 10-1877

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 35 CLAY CIRCLE Brick Township, NJ Block: 1192.14 Lot: 17 Qual:

Owner in Fee: SULLIVAN, DOLORES

Owner Address: 35 CLAY CIRCLE BRICK NJ 08724

Telephone:

Contractor EASTERN CONTRACTING LLC

Address 361 EASTERN BLVD BAYVILLE NJ 08721

Telephone: (732) 269-0337 Fax: (732) 269-0337

License Number or Builders Registration Number: 13VH03550000 Federal Emp. Number: 31-1825071

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -RESIDENTIAL Replace damaged sunroom roof

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:

Date Printed: 09/27/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 7/11/10
Control # C-10-002157
Permit # 10-1171

IDENTIFICATION Block: 1192.14 Lot: 17 Qualifier

Work Site Location: 35 CLAY CIRCLE Brick Township, NJ

Owner in Fee: SULLIVAN, DOLORES
35 CLAY CIRCLE BRICK NJ 08724

Telephone:

Contractor: EASTERN CONTRACTING LLC
Address: 361 EASTERN BLVD BAYVILLE NJ 08721

Telephone: (732) 269-0337
Lic. No. or Bldrs. Reg. No. 13VH03550000
Federal Employee. No. 31-1825071

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - -RESIDENTIAL Replace damaged sunroom roof

Note: If constuction 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 $3,500

Construction Official

Date 6-24-10

PAYMENTS (Office Use Only)

Building	$105
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$111
Check No.	1968
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7/19/10
Permit # 10-1877

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

Block 1192.14 Lot 17 Qualification Code _____

Work Site Location 35 Clay Circle Brick

Owner in Fee: Dolores Sullivan

Tel. [redacted] e-mail _____

Address Same
street municipality zip code

Contractor: Eastern Contracting LLC Tel. (732) 269-0337

Address 361 Eastern Blvd Bayville e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03550000

Federal Emp. ID No. 311825071 FAX: (732) 2690337

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

Replace Damage Roof on Sunroom (Roof only)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[V] ~~Interior~~	6/23/10	

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [V] CA
Date: 9/24/10
Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final *		9/2/10	9/21/10	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] 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 $ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories 1
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 _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 3500
3. Total (1+ 2) $ 3500.-

U.C.C. F110
(rev. 12/07)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

* No track insp

9/21/10 KV — [redacted] - Final Appvd

Track verified w/ pics —

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 10-1877 / 7/19/10

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

Block 1192.14 Lot 17 Qualification Code
Work Site Location 35 Clay Circle Brick

Owner in Fee: Dolores Sullivan
Tel [redacted] e-mail
Address SAME

Contractor: Eastern Contracting LLC (street, municipality) Tel. (732) 269-0337 (zip code)
Address 3601 Eastern Blvd Bayville e-mail

Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03550000
Federal Emp. ID No. 311825071 FAX: (732) 2690337

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

Replace Damage Roof on Sunroom (Roof only)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[V] ~~Interior~~	6/23/10	CM

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure (Month/Day)	Approval (Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories 1
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

Constr. Class Present ____ Proposed ____
If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 3500
3. Total (1+ 2) $ 3500.-

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] 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 $

U.C.C. F110
(rev. 12/07)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 10-T8777
Date Issued
Permit # 7/19/10

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

Block 1192.14 Lot 17 Qualification Code _____

Work Site Location 35 Clay circle Brick

Owner in Fee: Dolores Sullivan

T [redacted] e-mail _____

Address Same
street municipality zip code

Contractor: Eastern Contracting LLC Tel. (732) 269-0337

Address 361 Eastern Blvd Bayville e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03550000

Federal Emp. ID No. 311825071 FAX: (732) 2690337

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

Replace Damage Roof on Sunroom (Roof only)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[✓] Interior	6/23/10	

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] 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 $ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories 1
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 _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 3500
3. Total (1+ 2) $ 3500.-

U.C.C. F110
(rev. 12/07)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BLK 1192.14
Lot 17

1698 Baseline Road West
Courtice, Ontario. L1E 2S7
CANADA
1 800 755 3365

SUNSPACE
Let the Sun Shine

TOWNSHIP OF

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode	RA	6/23/10
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		
Construction Official		

PATIO COVERS
for
130 mph Basic Wind Speed Category C

Appendix H International Residential Code 2003

"Commercial Confidential"

STATE OF NEW JERSEY
ROBERT LYNN MAKEEVER
No. GE 42217
LICENSED PROFESSIONAL ENGINEER
6/9/10

PROFESSIONAL ENGINEERING
R.E.L. Seal P.Eng.

R.E.L.(Dick) Seal, P.Eng.
Port Hope, Ontario.
CANADA
1 905 885 4349

Issued
November 2005

SUNSPACE MODULAR ENCLOSURES

1698 Baseline Road, W., Courtice
Ontario L1E 2S7 Canada
www.sunspacesunrooms.com

Toll Free:
1 800 755 3365

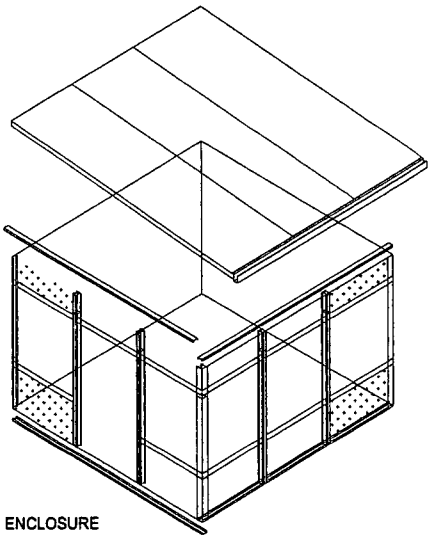
Phone:
1 905 404 9970

GENERAL CERTIFICATION

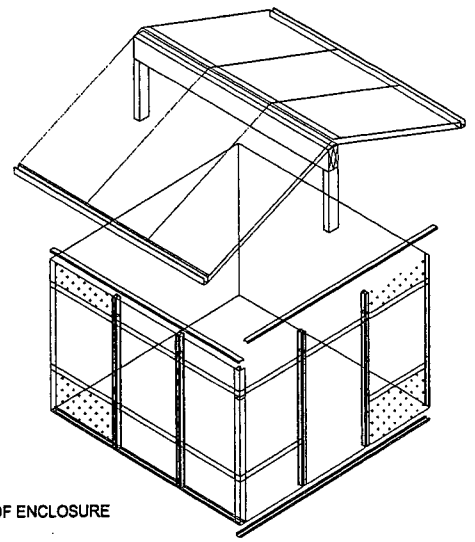
1. This document has 3 pages (excluding Cover Sheet) and replaces all previous issues.
2. The designs detailed herein comply with the structural requirements of:

   Appendix H "Patio Covers" of the International Residential Code 2003

   within the limitations specified herein.
3. For application in U.S.A. jurisdictions only.
4. The designs detailed herein have been certified for application for Basic Wind Loads upto 130 mph. in Category C.



FLAT ROOF ENCLOSURE



GABLE ROOF ENCLOSURE

SUNSPACE MODULAR ENCLOSURES

PATIO COVERS

P.O.Box 132, Port Hope, Ontario.
L1A 3W3 CANADA
Tel/Fax: 905 885 4349
www.seal-peng.on.ca www.iPengEx.com

R.E.L.Seal, P.Eng.
Professional Engineer

C of A # 0131003

LICENSED PROFESSIONAL ENGINEER
R.E.L. SEAL
PROVINCE OF ONTARIO

MUST BE SIGNED

Dated: November 1/2005.

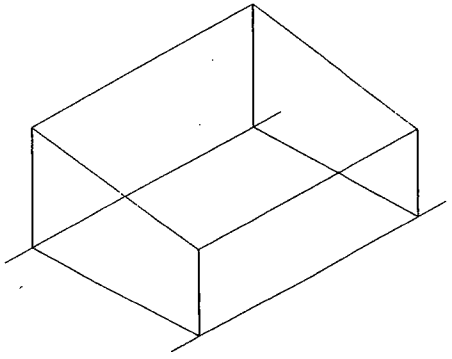
Ref: /5075 Rev:

Dated: November 1/2005.

SUNSPACE SUNROOMS

Complying with International Residential Code Appendix H PATIO COVERS for Basic Wind Speed of 130 mph with a Category C exposure.

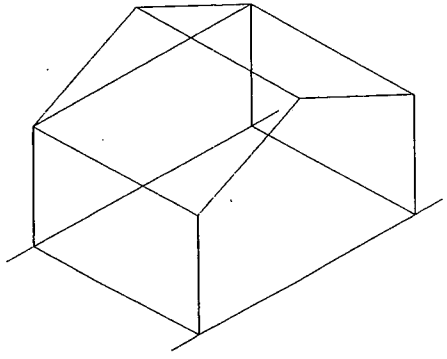
Flat Roof



Roof Panel	Max. Span
3"	12' 5"
4"	15' 0"
6"	19' 8"

Wall Panel	Max. wall ht.
2" /0.024	9' 0"
2" /0.032	9' 10"
3" /0.024	11' 10"

Gable Roof



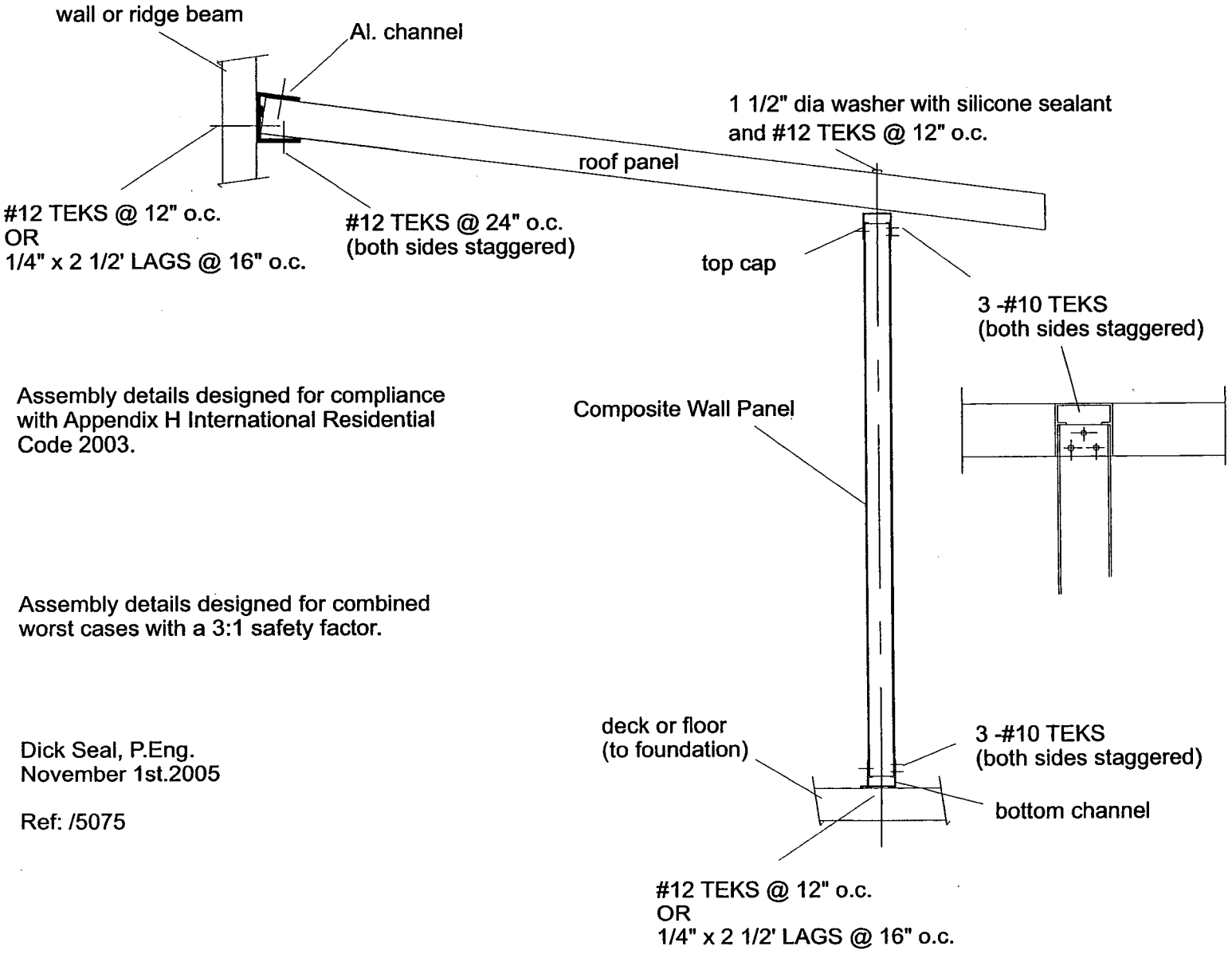
Roof Panel	Max. Span
3"	12' 5"
4"	15' 0"
6"	19' 8"

Wall Panel	Max. wall ht.
2" /0.024	8' 0"
2" /0.032	8' 9"
3" /0.024	10' 6"

Appendix H PATIO COVERS for attached or detached single storey structure maximum height 12'0" with "openings" of atleast 65% of walls below 6'8" level.

Roof overhang - upto 1'0" can be added to spans.

SUNSPACE SUNROOMS

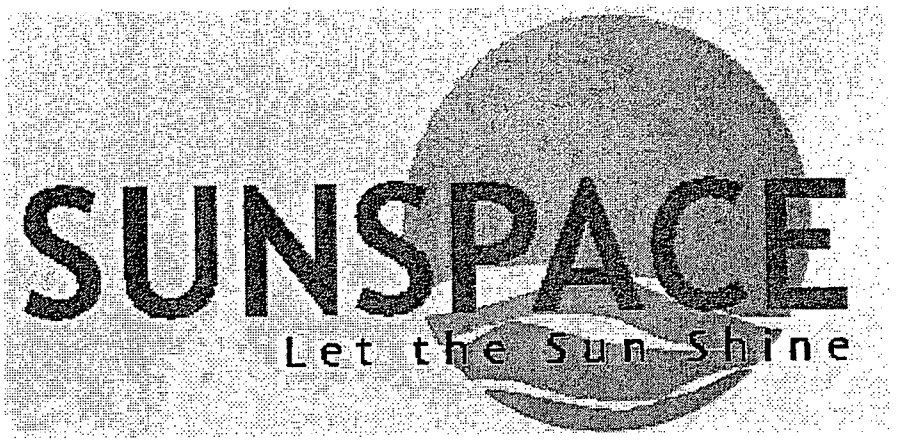


Assembly details designed for compliance with Appendix H International Residential Code 2003.

Assembly details designed for combined worst cases with a 3:1 safety factor.

Dick Seal, P.Eng.
November 1st.2005

Ref: /5075



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Courtice, Ontario. L1E 2S7
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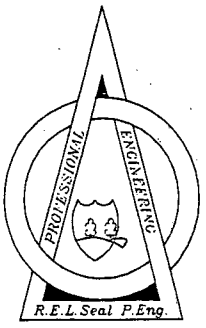
1 800 755 3365

ENGINEERING DATA SHEETS

"Commercial Confidential"



R.E.L.(Dick) Seal, P.Eng.
Port Hope, Ontario.
CANADA
1 905 885 4349

edition
2004 - 2005

SUNSPACE MODULAR ENCLOSURES

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Ontario L1E 2S7 Canada

Phone:
1 905 404 9970

GENERAL CERTIFICATION

for RESIDENTIAL & NON-RESIDENTIAL Part 9 BUILDINGS

1. This document has 7 Sections & 1 Appendix
   and it replaces all previous issues.

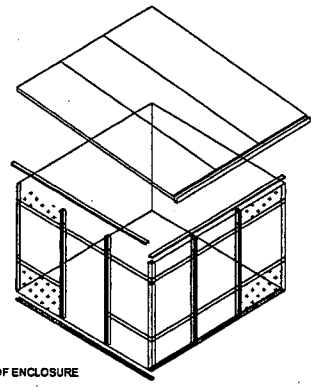
2. The designs detailed herein comply with the structural requirements
   of:

   Parts 3, 4 & 9 National Building Code of Canada (1995) (N.B.C), and
   Parts 3, 4 & 9 Ontario Building Code (1997), (O.B.C.), which include
   CAN3-S157-M83 "Strength Design in Aluminum" (1983 as amended)
   CAN4-S124M "Standard Method of Test for the Evaluation of Protective
   Coverings for Foamed Plastic".

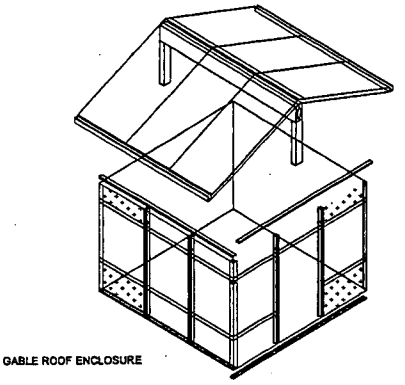
   within the limitations specified herein.

3. These certifications are for the Province of Ontario, applications for
   other jurisdictions are issued by others as a supplement to these.

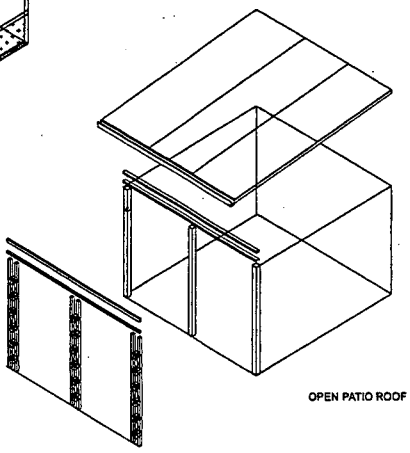
SUNSPACE MODULAR ENCLOSURES



FLAT ROOF ENCLOSURE



GABLE ROOF ENCLOSURE



OPEN PATIO ROOF

Dated Aug.25th.2004

APPLICATION:

The purpose of these Engineering Data sheets is to provide the basic information required for typical "small" sunroom additions. They do not deal with the site specific aspects, such as foundations, anchorage, flooring and unique snow accumulation conditions. These items have to be referred to SUNSPACE for specific engineering detailing.

There have been four sets of Data Sheets issued, the first in April 1999 was replaced with the second issued in October 2000 (with Page 1a added in February 2001). The second issue included the "new" panel developed (known as "LAPLOC") for residential applications where the "Protection of Foamed Plastic" requirements of the O.B.C. are applicable. The third edition, issued in the Spring 2003, was is a consolidation of the previous editions. This, the current issue, is a minor update of the third edition.

The span calculations used to develop the Graphs & Tables for the "Snaploc" panels (Pgs. 1 & 1a of Section #2) were from basic engineering beam & plate theory according to the requirements of CAN3-S157-M83 "Strength Design in Aluminum" - sandwich panels. The corresponding calculations for the Graphs and Tables for the "LapLoc" panels (Pg.5 of Section #2) were based on independently certified tests carried out to ASTM #E 72 - 98 "Standard Test Methods of Conducting Strength Tests of Panels for Building Construction". This "LapLoc" panel was also independently tested for the thermal protection of the foamed plastic to CAN4-S124M "Standard Method of Test for the Evalution of Protective Coverings for Foamed Plastic" and found to satisfy the requirements of the Ontario Building Code 9.10.16.10.

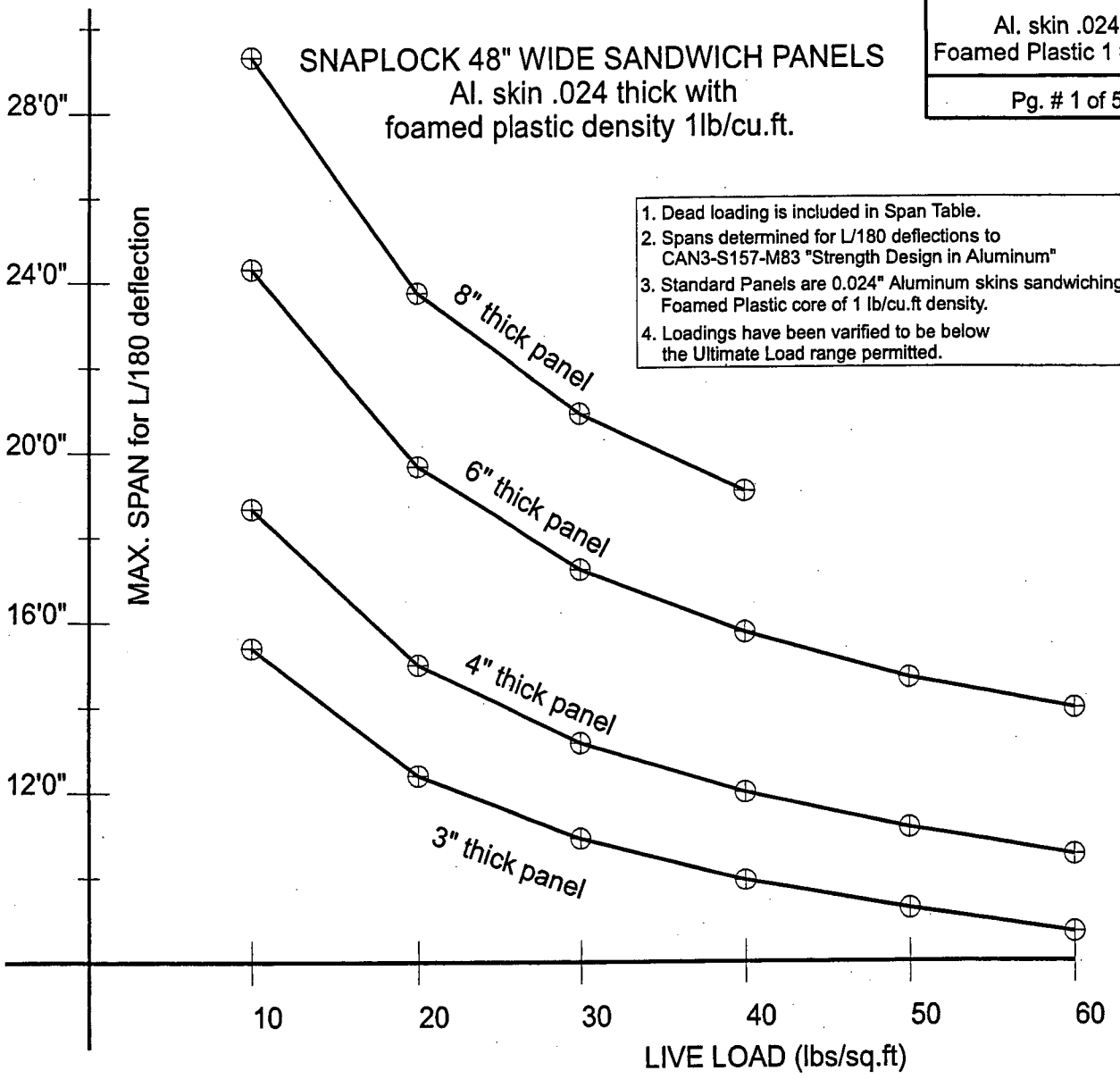
This will confirm that original copies of these independent tests duly certified by independent professionals are available at the engineer's office.

CONTENTS:

August 25th.2004

NOTE:

In Ontario only this should not be used after July 1st. 2005, or, when the new Building Code Regulations come into force.



	3" thick panel	4" thick panel	6" thick panel	8" thick panel
Dead Load (psf)	0.934	1.018	1.184	1.351
Live Load (psf)	MAXIMUM SPAN for L/180 DEFLECTION			
10	15' - 5"	18' - 8"	24' - 4"	29' - 4"
20	12' - 5"	15' - 0"	19' - 8"	23' - 9"
30	10' - 11"	13' - 2"	17' - 3"	20' - 11"
40	9' - 11"	12' - 0"	15' - 9"	19' - 1"
50	9' - 3"	11' - 2"	14' - 8"	
60	8' - 8"	10' - 6"	13' - 10"	

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Tel/Fax: 905-885-4349

Ref: /2038

Oct 15/2000

C of A # 0131003

LICENSED PROFESSIONAL ENGINEER
R.E.L. SEAL
PROVINCE OF ONTARIO

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Re-issued May 15th.2003

SNAPLOCK 48" WIDE SANDWICH PANELS
Al. skin .024 thick with foamed plastic density 1lb/cu.ft.

1. Dead loading is included in Span Table.
2. Spans determined for L/240 deflections to CAN3-S157-M83 "Strength Design in Aluminum"
3. Standard Panels are 0.024" Aluminum skins sandwiching Foamed Plastic core of 1 lb/cu.ft density.
4. Loadings have been varified to be below the Ultimate Load range permitted.

	3" thick panel	4" thick panel	6" thick panel
Dead Load (psf)	0.934	1.018	1.184
Live Load (psf)	MAXIMUM SPAN for L/240 DEFLECTION		
10	13' - 11"	16' - 11"	22' - 1"
20	11' - 3"	13' - 8"	17' - 10"
30	9' - 10"	11 '- 11"	15' - 8"
40	9' - 0"	10' - 11"	14' - 4"
50	8' - 4"	10' - 2"	13' - 4"
60	7' - 10"	9' - 7"	12' - 6"

Supplement issued May 8/2001

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PROTECTION OF F0AMED PLASTICS
(Residential Occupancy)

When burning "foamed plastic" produces toxic gases and fumes and this is addressed in the Codes in Subsections 9.10.16.10.

These require that foamed plastics in the wall and ceiling assemblies be protected from the adjacent living space.

This protection, or covering, of the foamed plastic, in Group C (Residential) occupancy, can be either as required in Subsection's 9.29.4 through 9.29.9; or as a Thermal Barrier meeting the requirements of 3.1.5.11 (2) (e).

SUNSPACE PANELS

The typical cross section of the SUNSPACE "LapLoc" panel is shown on Page #3.

The panel has Aluminum skins of thickness 0 .024".
The foamed core is EPS of 1 1/2 pounds per cubic foot density .
The inner skin is backed with 1/16" thick OSB layer.

The OSB Thermal Protection Barrier conforms to CAN4-S124M "Standard Method of Test for the Evaluation of Protective Coverings for Foamed Plastic".

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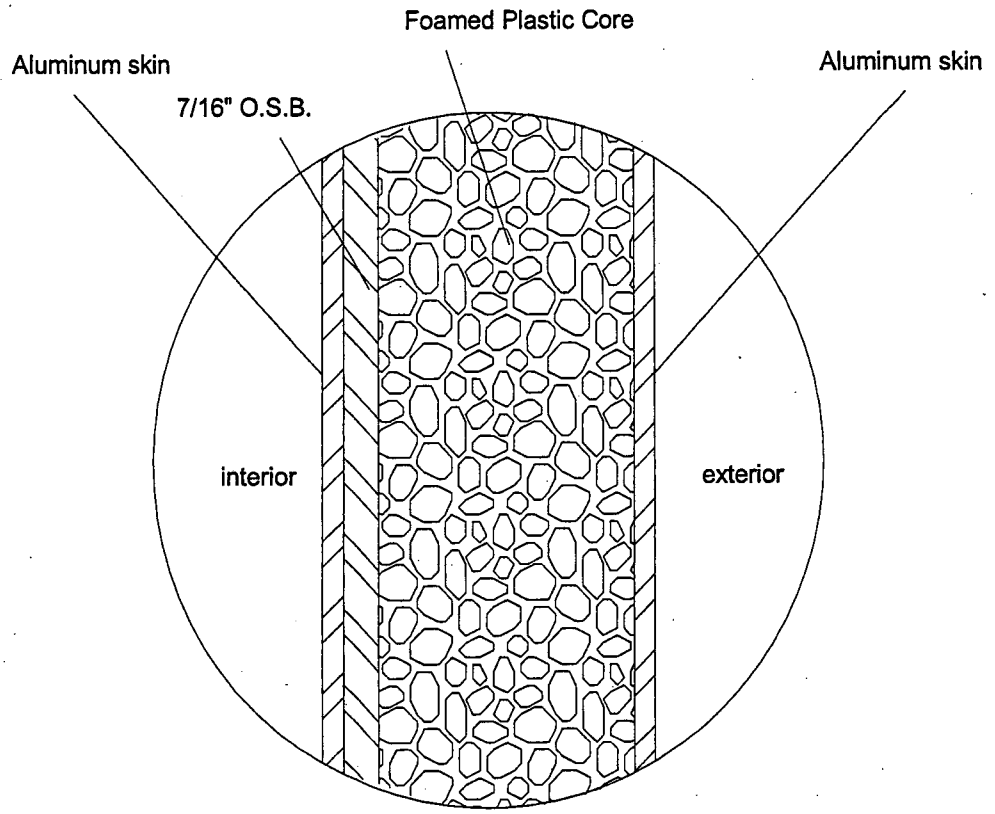
TYPICAL "LAPLOC" PANEL X-SECTION



Medium duty panel 0.024" Al. skin

Formed Plastic Core 2", 3", 4", or 6" thick
Formed Plastic Density 1 1/2 lbs/cu.ft.

Re: Protection of Formed Plastic
(N.B.C./O.B.C. 9.10.16.10)

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Professional Engineer

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Canada.

FIRE CHARACTERISTICS Ref:2040
Standard SUNSPACE Roof & Wall Panels.

TO WHOM IT MAY CONCERN:

This will certify that I hold, in my office, copies of records of independent fire testing of the Standard SUNSPACE panels as follows:

"Surface Burning Characteristics" Report # 15328 dated Feb.22, 1995
by Omega Point Laboratories, of Elmendorf, TEXAS

Showing:
Test Results **FLAME SPREAD RATING = 5**
SMOKE DEVELOPED INDEX = 170

for tests conducted under ANSI 2.5, NFPA 255, UBC 8-1 (42-1) & UL 723 on 3" Insulated Aluminum Skinned Foam Plastic cored panels.

&

"Thermal Barrier Test" Report # 16265 dated Sept.13,2000
by Omega Point Laboratories, of Elmendorf, TEXAS

Showing:
Test Results **'..panel... achieved a Classification B rating** (i.e. <170° C average rise)

for tests conducted under CAN4-S124M "Standard Method of Test for the Evaluation of Protective Coverings for Foamed Plastic". The test samples were sandwich panels constructed of nominal 7/16" OSB, 2 ½" thick 1 ½ pcf EPS foam with Aluminum facers on each surface. (NOTE: This is reportedly equivalent to the requirements of the BOCA National Building Code, paragraph 2002.3.4.)

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LICENSED PROFESSIONAL ENGINEER
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R.E.L.Seal, M.Sc.(Eng).,P.Eng. October 4th.2000

Auto Tel/Fax: 905 885 4349 Email: dick.seal@symaptico.ca

Professional Engineers
Ontario

Full test reports are on file in
Engineer's Office.

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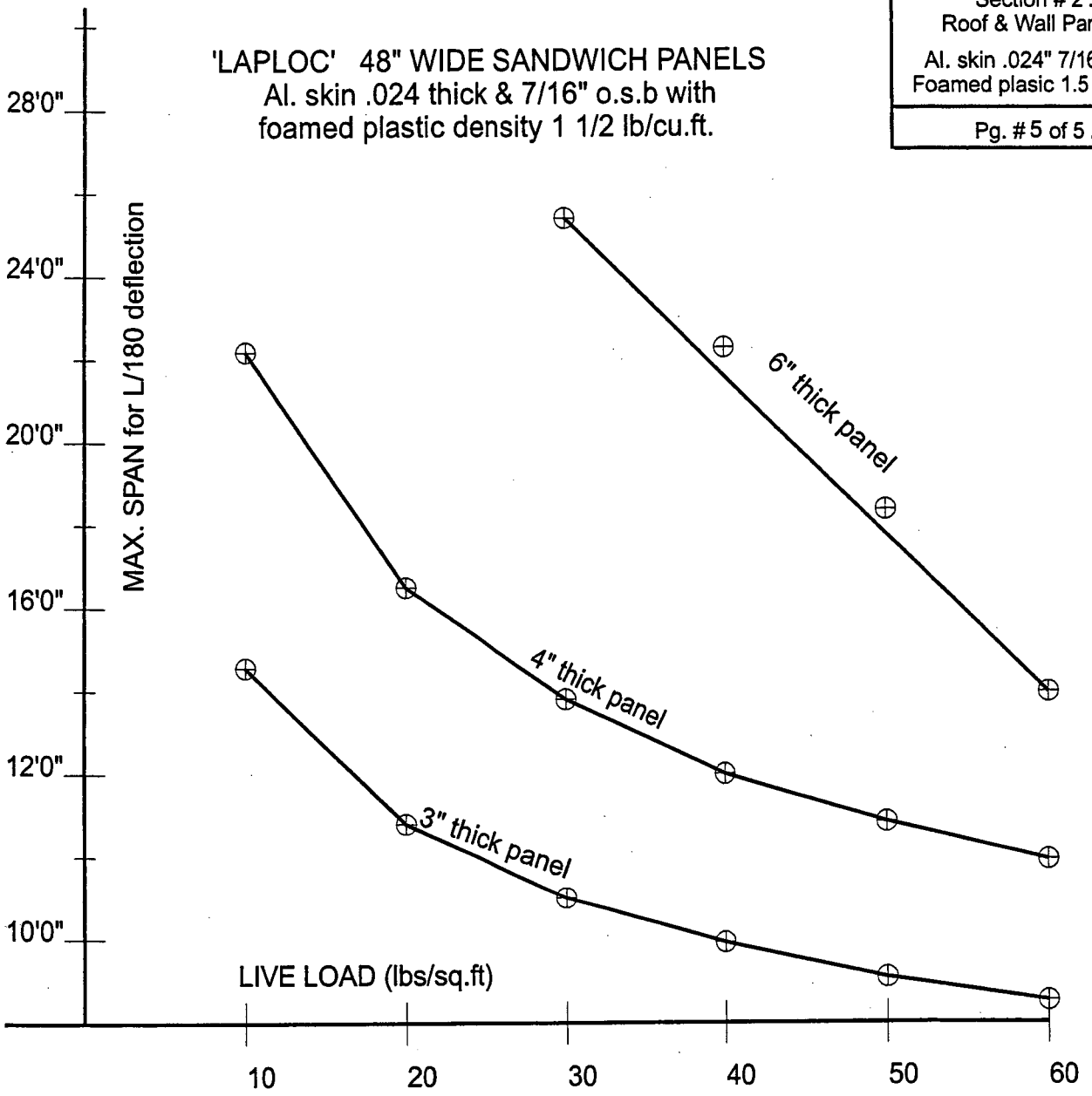
'LAPLOC' 48" WIDE SANDWICH PANELS
Al. skin .024 thick & 7/16" o.s.b with
foamed plastic density 1 1/2 lb/cu.ft.



	3" thick panel	4" thick panel	6" thick panel
Dead Load (psf)	2.532	2.657	2.907
Live Load (psf)	MAXIMUM SPAN for L/180 DEFLECTION		
10	14' - 7"	22' - 2"	
20	10' - 10"	16' - 6"	30' - 6"
30	9' - 0"	13' - 9"	25' - 5"
40	7' - 11"	12' - 0"	22' - 3"
50	7' - 1"	10' - 10"	18' - 4"
60	6' - 6"	9' - 11"	13' - 10"

1. Dead loading is included in Span Table.
2. Spans determined for L/180 deflections to CAN3-S157-M83 "Strength Design in Aluminum"
3. Standard Panels are 0.024" Aluminum skins with 7/16" osb sandwiching Foamed Plastic core of 1 1/2 lb/cu.ft density.
4. Loadings have been varified to be below the Ultimate Load range permitted.

For other SPANS and/or PANEL sizes refer to Plant.

C of A # 0131003

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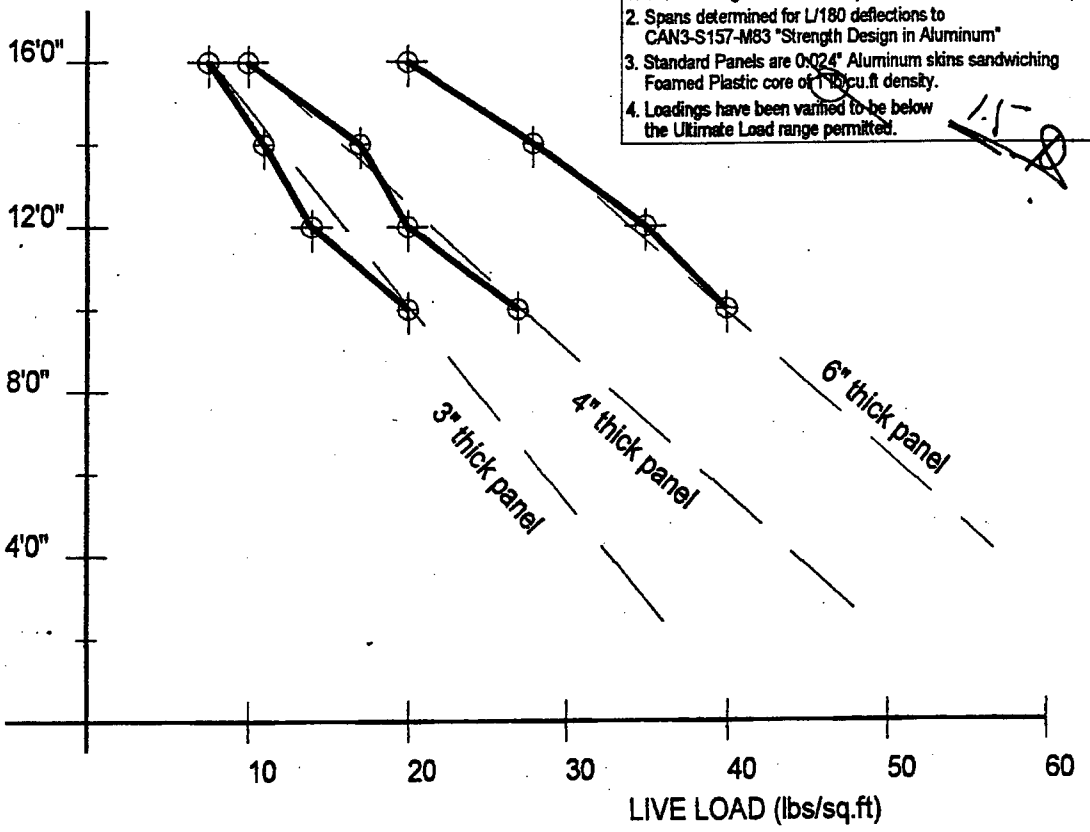
Section # 2 .
Roof & Wall Panels
Al. skin .024"
Plastic 1.5 #/cu.ft.

Pg. # 1a of 5 .

SNAPLOCK 48" WIDE SANDWICH PANELS
Al. skin .024 thick with foamed plastic density 1.5 lb/cu.ft.

1. Dead loading is included in Span Table.
2. Spans determined for L/180 deflections to CAN3-S157-M83 "Strength Design in Aluminum"
3. Standard Panels are 0.024" Aluminum skins sandwiching Foamed Plastic core of 1.5 lb/cu.ft density.
4. Loadings have been varified to be below the Ultimate Load range permitted.



	3" thick panel	4" thick panel	6" thick panel
Dead Load (psf)	1.075	1.200	1.450
Live Load (psf)	MAXIMUM SPAN for L/180 DEFLECTION		
10	14' - 3"	16' - 0"	
20	10' - 0"	12' - 0"	16' - 0"
30	5' - 6"	6' - 6"	11' - 10"
40		4' - 10"	10' - 0"

C of A # 0131003

LICENSED PROFESSIONAL ENGINEER R.E.L.SEAL PROVINCE OF ONTARIO

MAY 13 2003

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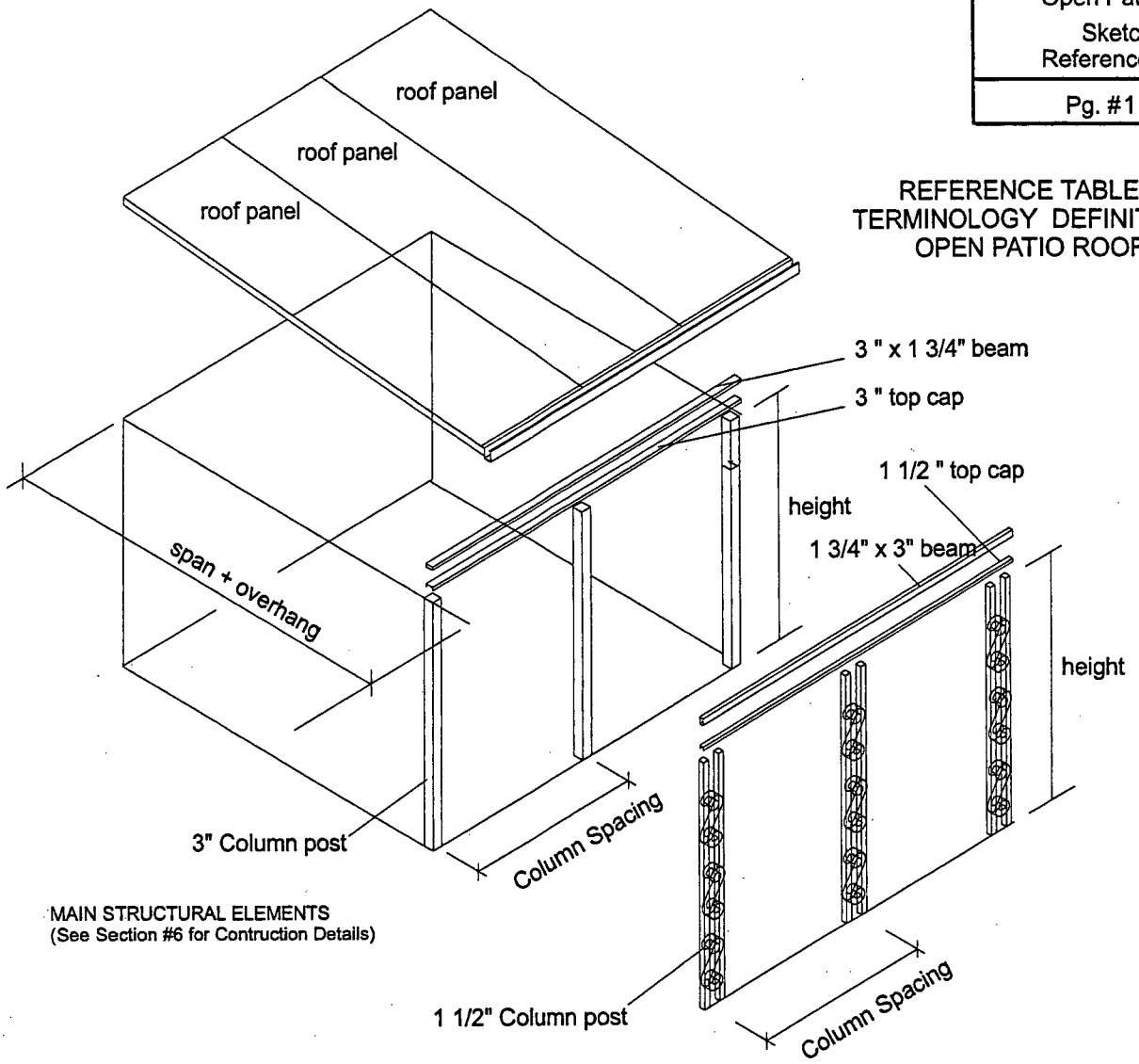
 | Ref: /2038 | Feb 20/2001

REFERENCE TABLE & TERMINOLOGY DEFINITIONS OPEN PATIO ROOF



MAIN STRUCTURAL ELEMENTS
(See Section #6 for Contruction Details)

Live Load (Lbs./sq.ft.)

Roof Panel Span + Overhang (ft.)	10 psf.	20 psf.	30 psf.	40 psf.	50 psf.	60 psf.
8' 0"	A	A	A	B	B	B
10' 0"	A	A	B	B	C	C
12' 0"	A	A	B	B	C	C
14' 0"	A	B	B	C	C	D
16' 0"	A	B	B	C	D	D
18' 0"	A	B	B	C	D	D
20' 0"	A	B	C	D	D	E
22' 0"	A	B	C	D	E	E
24' 0"	A	B	C	D	E	E
26' 0"	B	C	C	D	E	F
28' 0"	B	C	D	E	E	F
30' 0"	B	C	D	E	F	G
32' 0"	B	C	D	E	F	G

TABLE #1 - Roof Span & Live Load Grouping

To use REFERANCE TABLE:

1) Add Roof panel span to overhang in feet.
2) Enter TABLE from left column at the nearest Span + Overhang value.
3) Read Group Letter (A - G) in column showing nearest Live Loading being used.
4) Record Group Letter found for later use.

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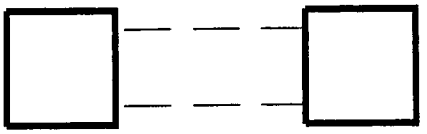

2 - 1 1/2 x 1 1/2 x .050" Column
with Scroll decoration.

1 1/2" COLUMN POST - Max. height.

Column spacing (ft.)

Group Letter (from TABLE #1 Pg.#1)	4' 0"	6' 0"	8' 0"	10' 0"
A	10' 0"	10' 0"	10' 0"	10' 0"
B	10' 0"	9' 0"	8' 0"	7' 0"
C	9' 0"	7' 6"	6' 6"	
D	7' 6"	6' 0"		
E	6' 6"			
F	6' 0"			
G				

PATIO ROOF COLUMNS
ALLOWABLE HEIGHT & APPLICATION

COLUMN POST APPLICATIONS:

1 1/2" Column - upto 10' 0" height: As shown in the Table above.
- over 10' 0" height: Each case to be specifically engineered.

PATIO ROOF COVER
COLUMN SPACING

COLUMN SPACING (ins.)

Group Letter (from TABLE #1 Pg.#1)	1 1/2" Column	
	L/180 limit	Stress limit
A	10' 0"	17' 6"
B	8 '0"	12' 4"
C	7' 0"	10' 1"
D	6' 0"	8' 3"
E	5' 6"	7' 2"
F	5' 2"	6' 7"
G	5' 0"	6' 2"

L/180 spacings must be used where deflections may cause stress loading in other construction members, else use Stress Limit spacings per CSA CAN3-S157-M83.

C of A # 0131003

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 | Ref: /2038 | Oct 15/2000 | Re-issued May 15th.2003

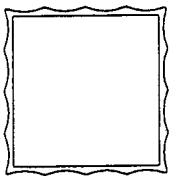
COLUMN POST APPLICATIONS:

3" Column - upto 10' 0" height: As shown in the Table below.
- over 10' 0" height: Each case to be specifically engineered.

3" COLUMN POST - Max. height.

Column spacing (ft.)

Group Letter (from TABLE #1 Pg.#1)	4' 0"	6' 0"	8' 0"	10' 0"
A	10' 0"	10' 0"	10' 0"	10' 0"
B	10' 0"	10' 0"	10' 0"	10' 0"
C	10' 0"	10' 0"	10' 0"	10' 0"
D	10' 0"	10' 0"	10' 0"	10' 0"
E	10' 0"	10' 0"	10' 0"	9' 0"
F	10' 0"	10' 0"	9' 0"	8' 6"
G	10' 0"	10' 0"	9' 0"	8' 0"



3 x 3 fluted Al. Column

PATIO ROOF COLUMNS
ALLOWABLE HEIGHT & APPLICATION

OPEN PATIO ROOF
COLUMN SPACING

COLUMN SPACING (ins.)

Group Letter (from TABLE #1 Pg.#1)	3" Column	
	L/180 limit	Stress limit
A	6' 9"	13' 4"
B	5' 4"	9' 6"
C	4' 8"	7' 9"
D	4' 1"	6' 4"
E	3' 10"	5' 6"
F	3' 6"	5' 1"
G	3' 4"	4' 9"

L/180 spacings must be used where deflections may cause stress loading in other construction members, else use Stress Limit spacings per CSA CAN3-S157-M83.

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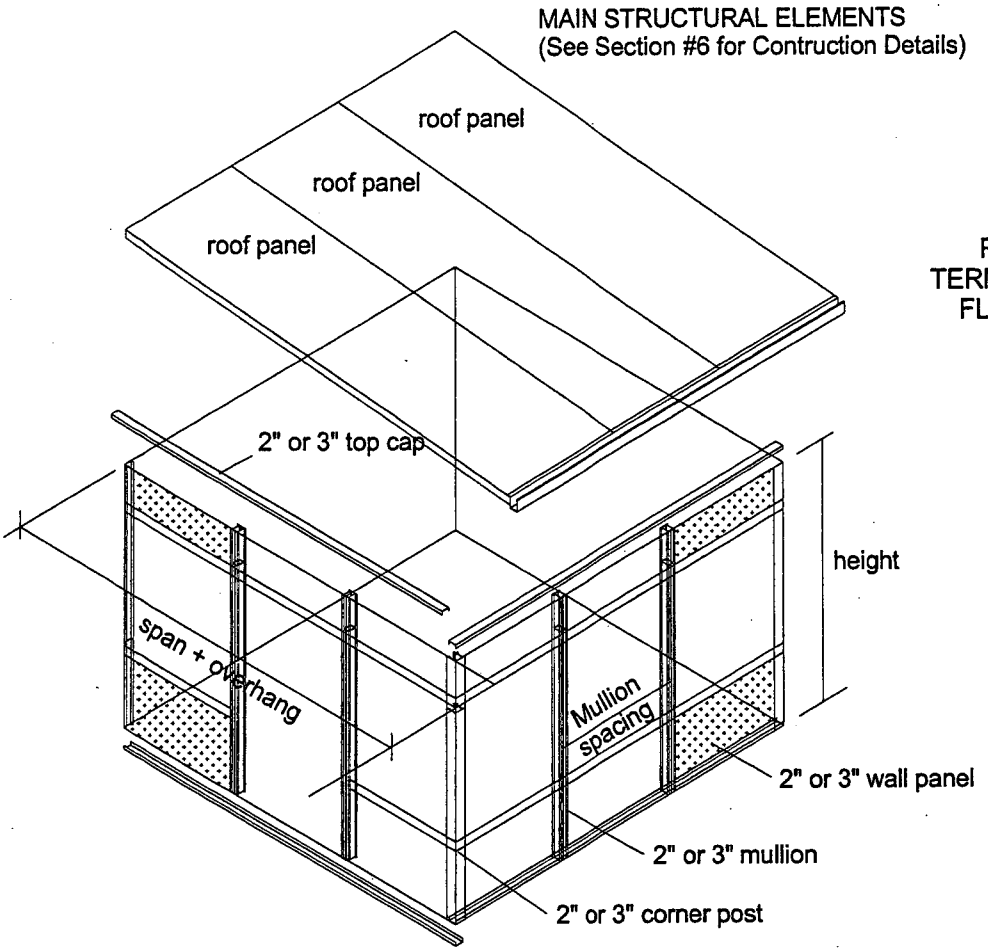
MAIN STRUCTURAL ELEMENTS
(See Section #6 for Contruction Details)



REFERENCE TABLE & TERMINOLOGY DEFINITIONS FLAT ROOF ENCLOSURE

The span of the Top Cap member is not limited provided a close fitting wall not greater than 24" in depth is installed.

Live Load (Lbs./sq.ft.)

Roof Panel Span + Overhang (ft.)	10 psf.	20 psf.	30 psf.	40 psf.	50 psf.	60 psf.
8' 0"	A	A	A	B	B	B
10' 0"	A	A	B	B	C	C
12' 0"	A	A	B	B	C	C
14' 0"	A	B	B	C	C	D
16' 0"	A	B	B	C	D	D
18' 0"	A	B	B	C	D	D
20' 0"	A	B	C	D	D	E
22' 0"	A	B	C	D	E	E
24' 0"	A	B	C	D	E	E
26' 0"	B	C	C	D	E	F
28' 0"	B	C	D	E	E	F
30' 0"	B	C	D	E	F	G
32' 0"	B	C	D	E	F	G

TABLE #1 - Roof Span & Live Load Grouping

To use REFERANCE TABLE:

1) Add Roof panel span to overhang in feet.
2) Enter TABLE from left column at the nearest Span + Overhang value.
3) Read Group Letter (A - G) in column showing nearest Live Loading being used.
4) Record Group Letter found for later use.

C of A # 0131003

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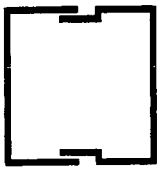
FLAT ROOF ENCLOSURE MULLIONS ALLOWABLE HEIGHT & APPLICATION

2" MULLION POST - Max. height.

Mullion spacing (ft.)

Group Letter (from TABLE #1 Pg.#1)	2' 0"	4' 0"	6' 0"	8' 0"
A	10' 0"	10' 0"	10' 0"	10' 0"
B	10' 0"	10' 0"	10' 0"	10' 0"
C	10' 0"	10' 0"	10' 0"	10' 0"
D	10' 0"	10' 0"	9' 6"	8' 0"
E	10' 0"	10' 0"	8' 0"	7' 0"
F	10' 0"	9' 0"	7' 6"	6' 6"
G	10' 0"	8' 6"	7' 0"	6' 0"



2" male & female Mullion

MULLION POST APPLICATIONS:

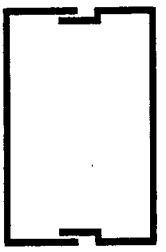
2" Wall - upto 10' 0" height: As shown in the Table above.
- over 10' 0" height: Each case to be specifically engineered.

3" Wall - upto 10' 0" height: As shown in the Table below.
- over 10' 0" height: Each case to be specifically engineered.

3" WALL MULLION POST - Max. height.

Mullion spacing (ft.)

Group Letter (from TABLE #1 Pg.#1)	2' 0"	4' 0"	6' 0"	8' 0"
A	10' 0"	10' 0"	10' 0"	10' 0"
B	10' 0"	10' 0"	10' 0"	10' 0"
C	10' 0"	10' 0"	10' 0"	10' 0"
D	10' 0"	10' 0"	10' 0"	10' 0"
E	10' 0"	10' 0"	10' 0"	10' 0"
F	10' 0"	10' 0"	10' 0"	9' 6"
G	10' 0"	10' 0"	9' 6"	9' 0"



3" male & female Mullion

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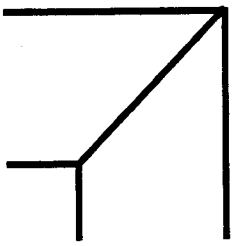
FLAT ROOF ENCLOSURE
CORNER POSTS
LOAD CAPACITIES & APPLICATION

2" WALL CORNER POST

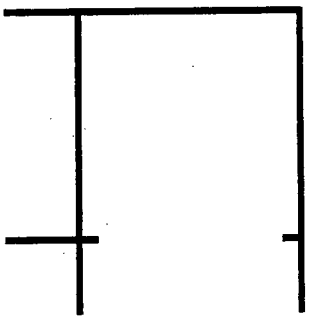
Corner Post height (ft.)	Load Capacity
6' 0"	8350 lbs.
6' 6"	7950 lbs.
7' 0"	6850 lbs.
7' 6"	5950 lbs.
8' 0"	5250 lbs.
8' 6"	4650 lbs.
9' 0"	4150 lbs.
9' 6"	3700 lbs.
10' 0"	3350 lbs.



2" Corner Post

3" WALL CORNER POST

Corner Post height (ft.)	Load Capacity
6' 0"	18600 lbs.
6' 6"	17900 lbs.
7' 0"	17150 lbs.
7' 6"	16450 lbs.
8' 0"	15100 lbs.
8' 6"	13350 lbs.
9' 0"	11900 lbs.
9' 6"	10700 lbs.
10' 0"	9650 lbs.



3" Corner Post

CORNER POST APPLICATIONS:

2" Wall - upto 10' 0" height: Groups A,B,C,D & E in TABLE #1 Pg.#1.
- upto 9' 0" height: All Groups in TABLE #1 Pg.#1.
- over 10' 0" height: Each case to be specifically engineered.

3" Wall - upto 10' 0" height: All Groups in TABLE #1 Pg.#1.
- over 10' 0" height: Each case to be specifically engineered.

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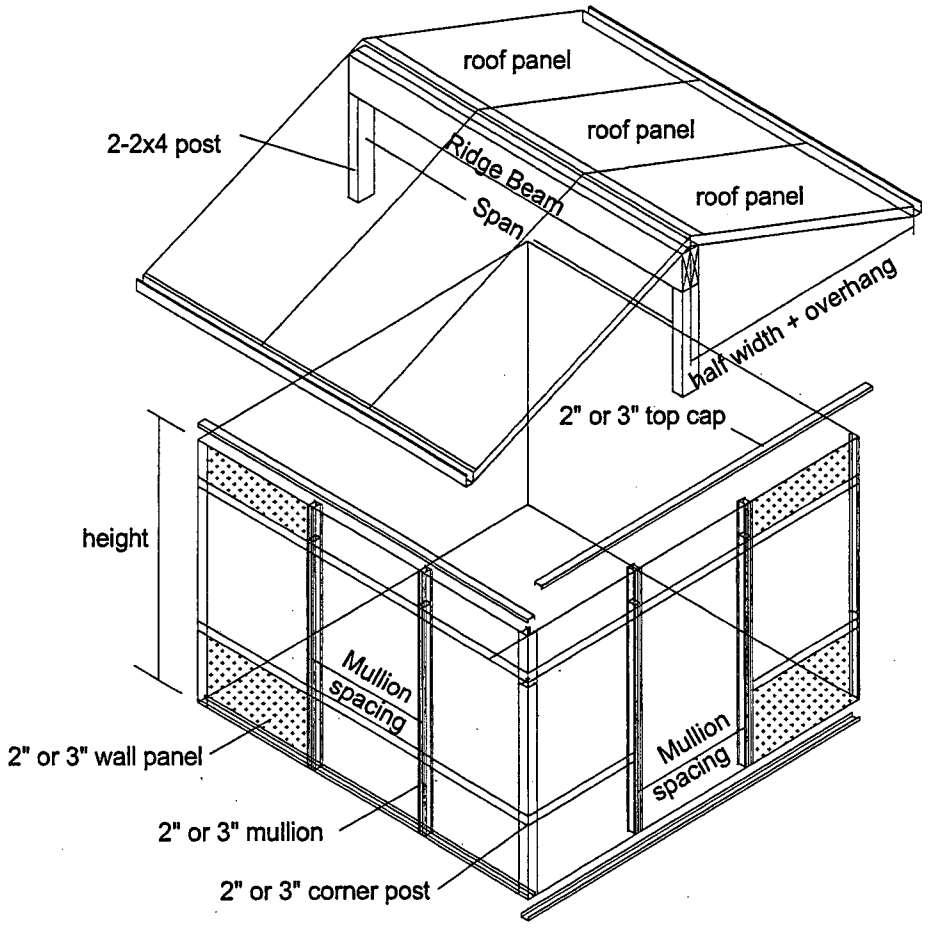
REFERENCE TABLE & TERMINOLOGY DEFINITIONS GABLE ROOF ENCLOSURE



The span of the Top Cap member is not limited provided a close fitting wall not greater than 24" in depth is installed.

MAIN STRUCTURAL ELEMENTS
(See Section #6 for Contruction Details)

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Live Load (Lbs./sq.ft.)

Half width + Overhang (ft.)	10 psf.	20 psf.	30 psf.	40 psf.	50 psf.	60 psf.
6' 0"	R	R	R	S	S	S
8' 0"	R	R	S	S	T	T
10' 0"	R	S	S	T	T	U
12' 0"	R	S	T	T	U	U

TABLE #1 - Half Width & Live Load Grouping

To use REFERANCE TABLE:

1) Add Roof panel span to overhang in feet.
2) Enter TABLE from left column at the nearest Span + Overhang value.
3) Read Group Letter (R - U) in column showing nearest Live Loading being used.
4) Record Group Letter found for later use.

RIDGE BEAM ALLOWABLE SPANS for L/180 DEFLECTION

Composite Beam Size

Group Letter (from TABLE #1 Pg.#(2))	2 - 2x8	2 - 2x10	3 - 2x8	3 - 2x10
R	17' 4"	21' 7"	19' 8"	24' 4"
S	13' 11"	17' 4"	15' 10"	19' 9"
T	12' 6"	15' 8"	14' 3"	17' 10"
U	11' 1"	13' 11"	12' 8"	15' 10"

RIDGE BEAM ALLOWABLE SPANS for L/240 DEFLECTION

Composite Beam Size

Group Letter (from TABLE #1 Pg.#(2))	2 - 2x8	2 - 2x10	3 - 2x8	3 - 2x10
R	13' 0"	16' 2"	14' 9"	18' 3"
S	10' 5"	13' 0"	11' 11"	14' 10"
T	9' 5"	11' 9"	10' 8"	13' 5"
U	7' 8"	10' 5"	9' 6"	11' 11"

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 | Ref: /2269 | Aug.28/02

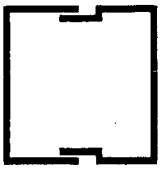
Rew-issued May 15th.2003

GABLE ROOF ENCLOSURE MULLIONS ALLOWABLE HEIGHT & APPLICATION

2" MULLION POST - Max. height.

Group Letter (from TABLE #1 Pg.#2.)

	Mullion spacing (ft.)			
	2' 0"	4' 0"	6' 0"	8' 0"
R	10' 0"	10' 0"	10' 0"	10' 0"
S	10' 0"	10' 0"	10' 0"	10' 0"
T	10' 0"	10' 0"	9' 6"	8' 6"
U	10' 0"	9' 6"	8' 0"	7' 0"



2" male & female Mullion

MULLION POST APPLICATIONS:

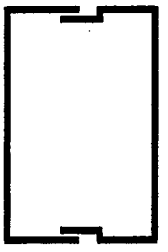
2" Wall - upto 10' 0" height: As shown in the Table above.
- over 10' 0" height: Each case to be specifically engineered.

3" Wall - upto 10' 0" height: As shown in the Table below.
- over 10' 0" height: Each case to be specifically engineered.

3" WALL MULLION POST - Max. height.

Group Letter (from TABLE #1 Pg.#2.)

	Mullion spacing (ft.)			
	2' 0"	4' 0"	6' 0"	8' 0"
R	10' 0"	10' 0"	10' 0"	10' 0"
S	10' 0"	10' 0"	10' 0"	10' 0"
T	10' 0"	10' 0"	10' 0"	10' 0"
U	10' 0"	10' 0"	10' 0"	10' 0"



3" male & female Mullion

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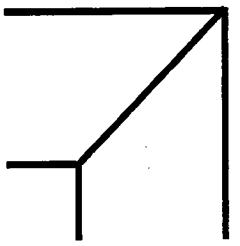
GABLED ROOF ENCLOSURE
CORNER POSTS
LOAD CAPACITIES & APPLICATION

2" WALL CORNER POST

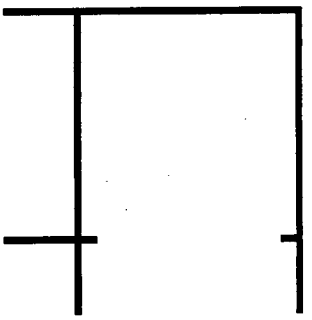
Corner Post height (ft.)	Load Capacity
6' 0"	8350 lbs.
6' 6"	7950 lbs.
7' 0"	6850 lbs.
7' 6"	5950 lbs.
8' 0"	5250 lbs.
8' 6"	4650 lbs.
9' 0"	4150 lbs.
9' 6"	3700 lbs.
10' 0"	3350 lbs.



2" Corner Post

3" WALL CORNER POST

Corner Post height (ft.)	Load Capacity
6' 0"	18600 lbs.
6' 6"	17900 lbs.
7' 0"	17150 lbs.
7' 6"	16450 lbs.
8' 0"	15100 lbs.
8' 6"	13350 lbs.
9' 0"	11900 lbs.
9' 6"	10700 lbs.
10' 0"	9650 lbs.



3" Corner Post

CORNER POST APPLICATIONS:

2" Wall - upto 10' 0" height: Groups A,B,C,D & E in TABLE #1 Pg.#2.
- upto 9' 0" height: All Groups in TABLE #1 Pg.#2.
- over 10' 0" height: Each case to be specifically engineered.

3" Wall - upto 10' 0" height: All Groups in TABLE #1 Pg.#2.
- over 10' 0" height: Each case to be specifically engineered.

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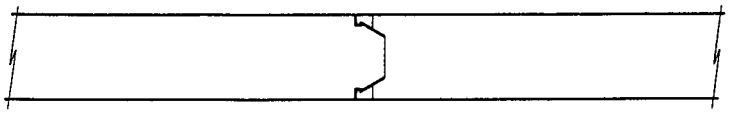
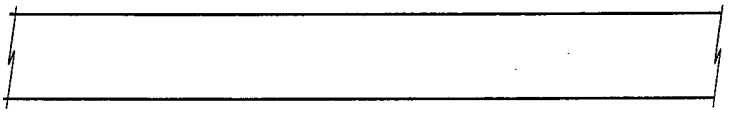


SNAPLOCK Sandwich panel

Aluminum Skins .024"/.032" Foam Density 1 & 2 lbs/cu.ft.
Thickness 3"/4"/6"/8"
Non-residential Roof panels & Wall panels



Sandwich panel

Aluminum Skins .024"/.032" Foam Density 1 & 2 lbs/cu.ft.
Thickness 2"/3"
Non residential Wall panels

LAPLOC Sandwich panel

Aluminum Skins .024" Foam Density 1 1/2 lbs/cu.ft.
7/16" osb thermal barrier
Thickness 3"/4"/6"/8"
Residential Roof panels & Wall panels

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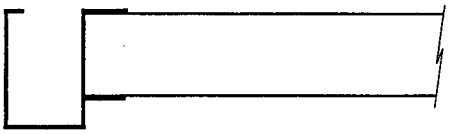
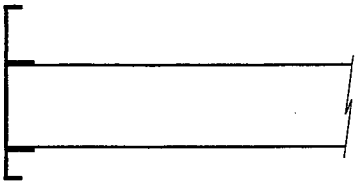
ALUMINUM ALLOY EXTRUSIONS - 6063 - T5 - THICKNESS .062"

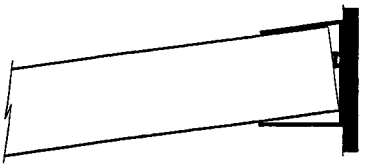
Flat Roof & Gabled Roof Enclosures and Open Patio Roof.



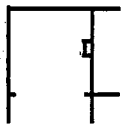
Roof GUTTER extrusion



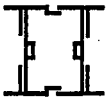
Roof VALANCE extrusion



Roof HEADER extrusion



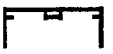
3" wall corner post

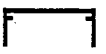


3" wall mullion post

3" wall H insert

2" Top Cap and Bottom Channel





3" Top Cap and Bottom Channel

2" wall corner post

2" wall mullion post

2" wall H insert

with & without
Thermal Break

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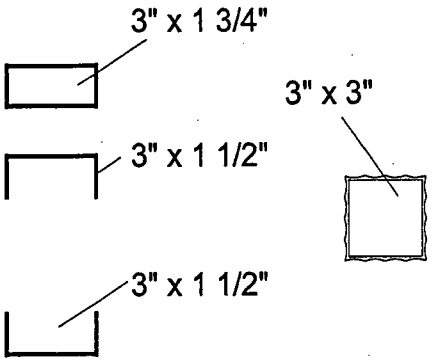
ALUMINUM ALLOY EXTRUSIONS - 6063 - T5

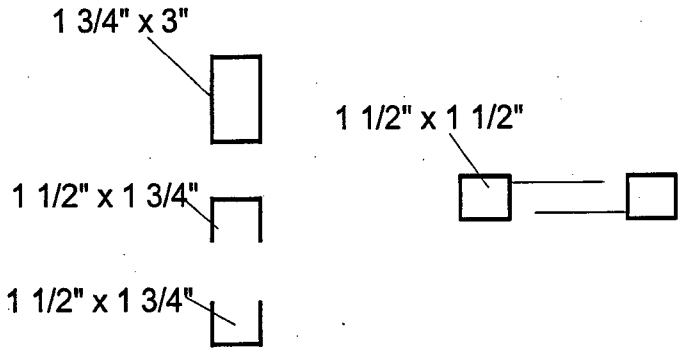
Open Patio Roof support Columns.



Fluted Column Post

Beam, Top Cap &
Bottom Channel

3" SUPPORT SYSTEM



Twin Scrolled Post

Beam, Top Cap &
Bottom Channel

2" SUPPORT SYSTEM

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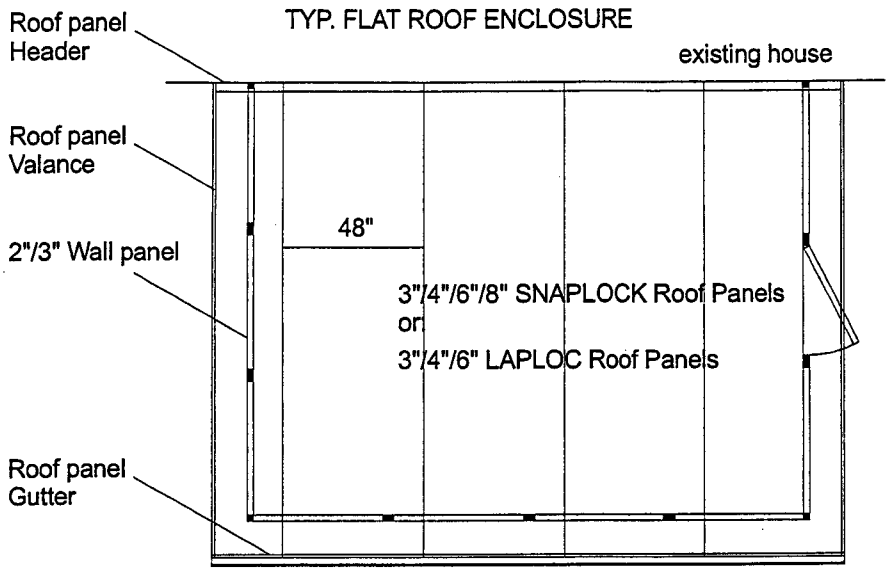
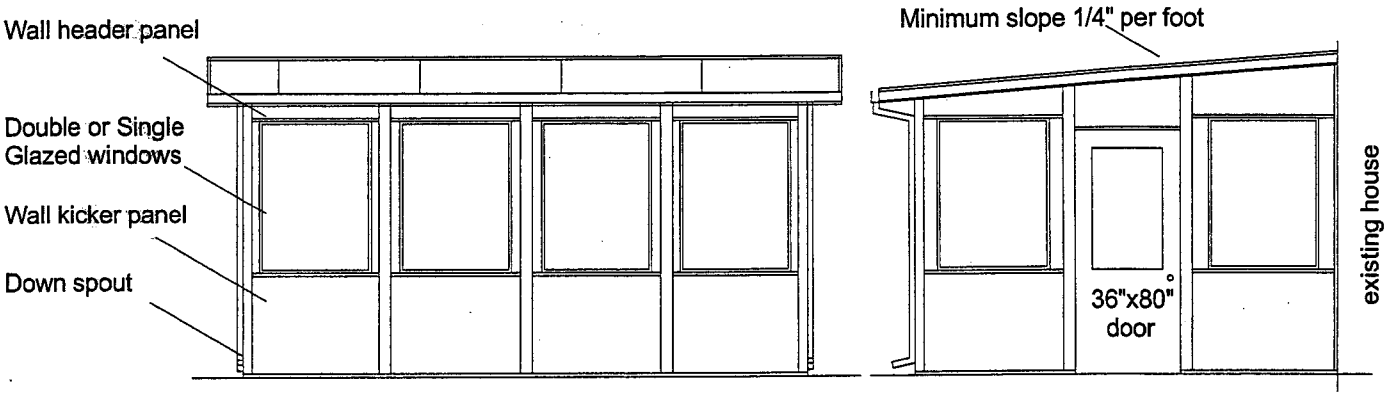


PLAN VIEW



FRONT VIEW

SIDE VIEW

NOTE

Drawings show typical enclosure installations

As specific installations vary in overall size so will individual components vary in size.

Referance should be made to the Span and Load Tables to determine sizes of various panels and extruded components.

Only those panels and extruded sections shown in these drawings are applicable.

NOTE

For each specific installation the Live Load must be determined from the appropriate Building Code

(Use Part 2 in National & Ontario Building Codes or see Appendix "A").

The Dead Loads have been accounted for in the Span & Loading Tables.

C of A # 0131003

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PROVINCE OF ONTARIO

MUST BE SIGNED

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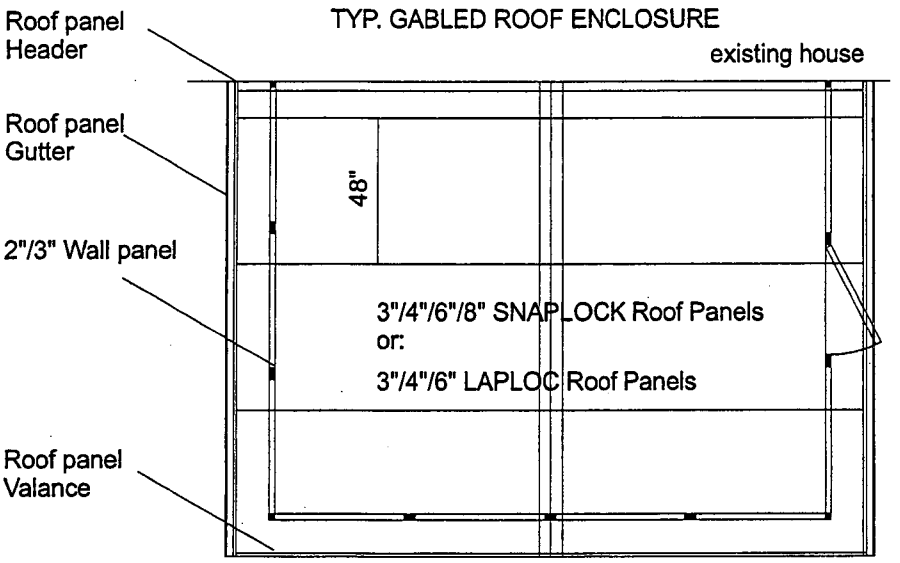
1698 Baseline Road, W., Courtice
Ontario L1E 2S7 Canada
1-800-755-3365

R.E.L.Seal, P.Eng.
P.O.Box 132, Port Hope,
Ontario. L1A 3W3 Canada.
Tel/Fax: 905-885-4349

 | Ref: /2038 | Oct 15/2000 | Re-issued May 15th.2003

TYP. GABLED ROOF ENCLOSURE



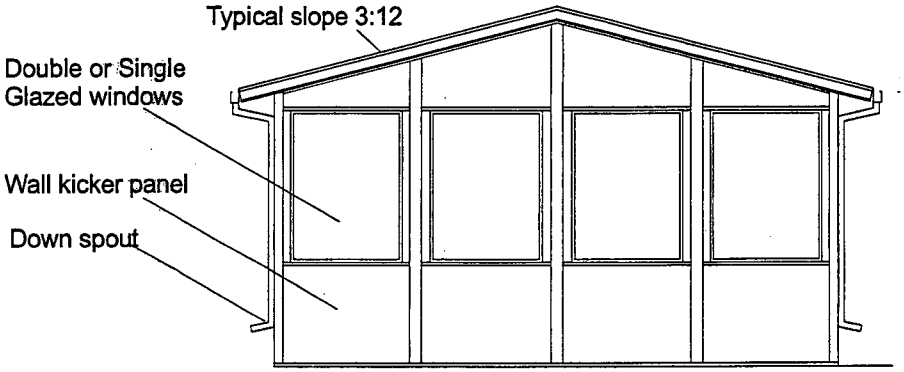
PLAN VIEW

NOTE

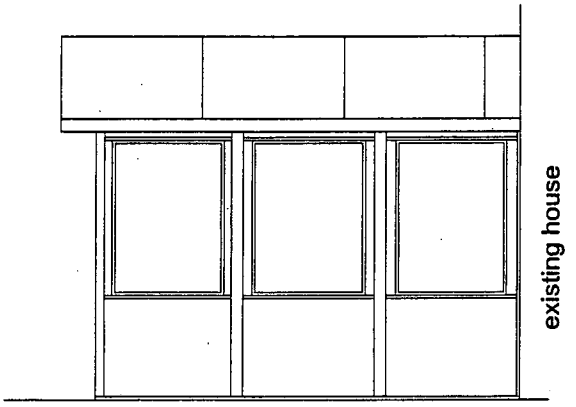
For each specific installation the Live Load must be determined from the appropriate Building Code

(Use Part 2 in National & Ontario Building Codes or see Appendix "A").

The Dead Loads have been accounted for in the Span & Loading Tables.



FRONT VIEW



SIDE VIEW

NOTE

Drawings show typical enclosure installations

As specific installations vary in overall size so will individual components vary in size.

Referance should be made to the Span and Load Tables to determine sizes of various panels and extruded components.

Only those panels and extruded sections shown in these drawings are applicable.

C of A # 0131003

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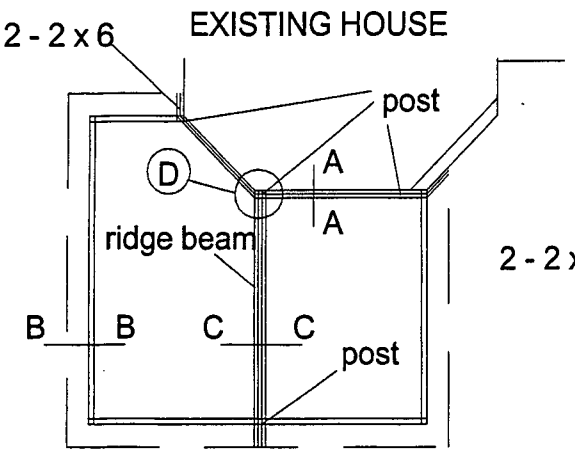
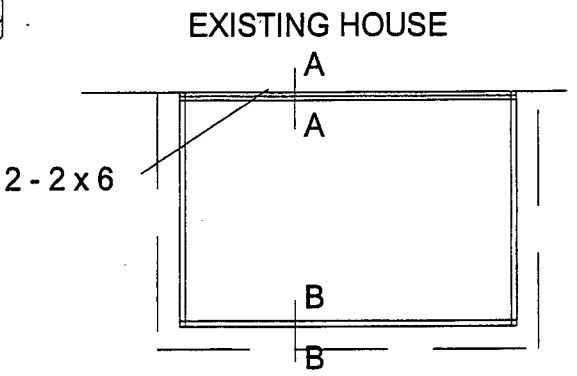
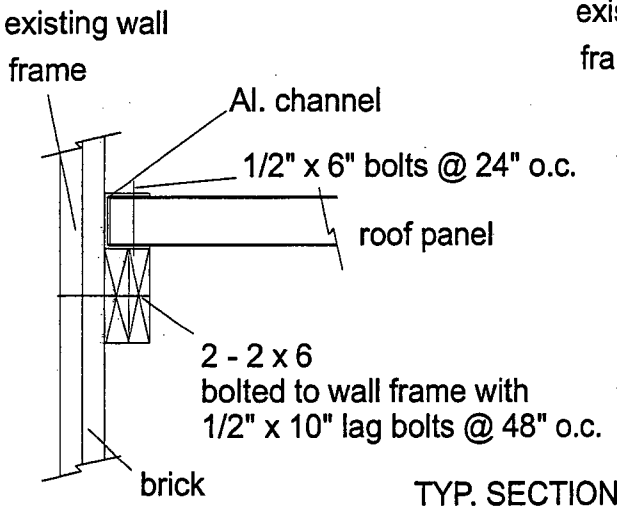
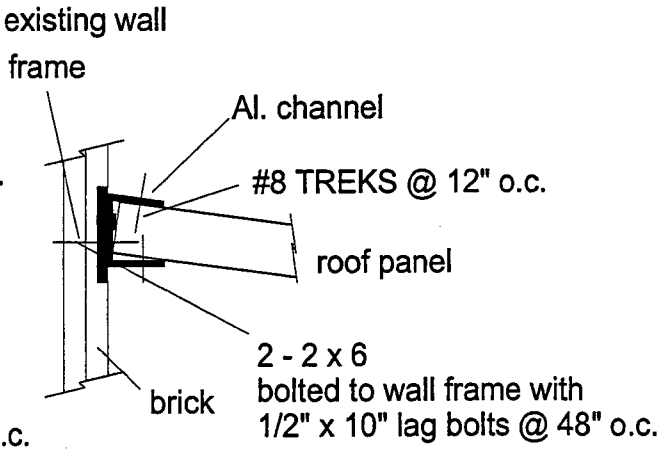


TYP. GABLED ROOF PLAN

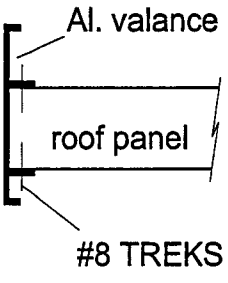


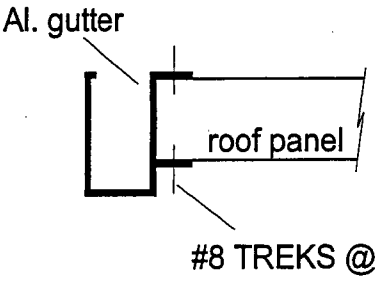
TYP. FLAT ROOF PLAN





TYP. SECTIONS "A - A"





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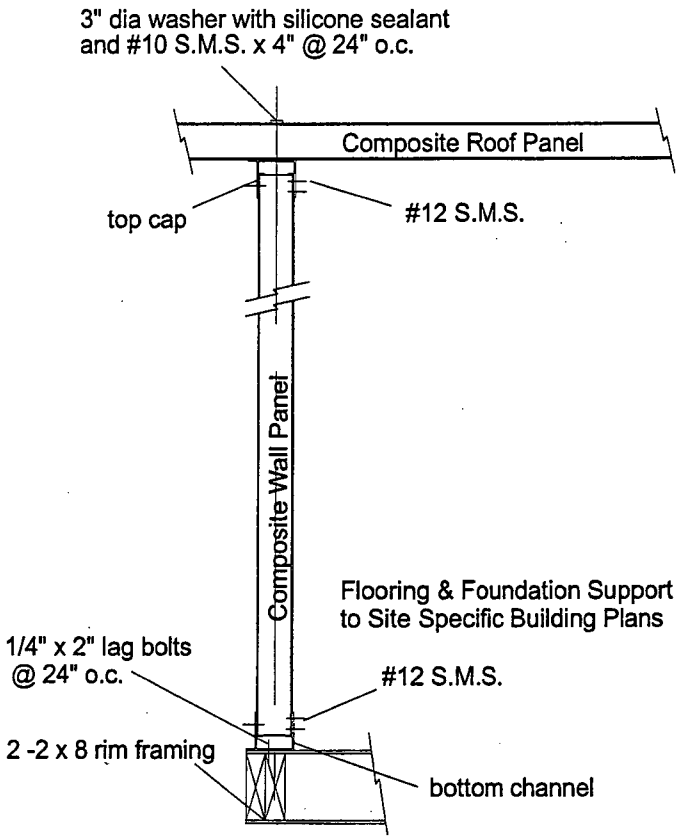

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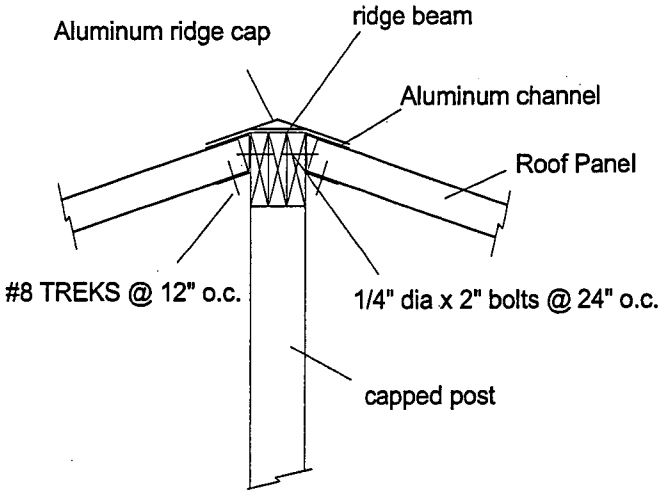

TYP. SECTION "C - C"

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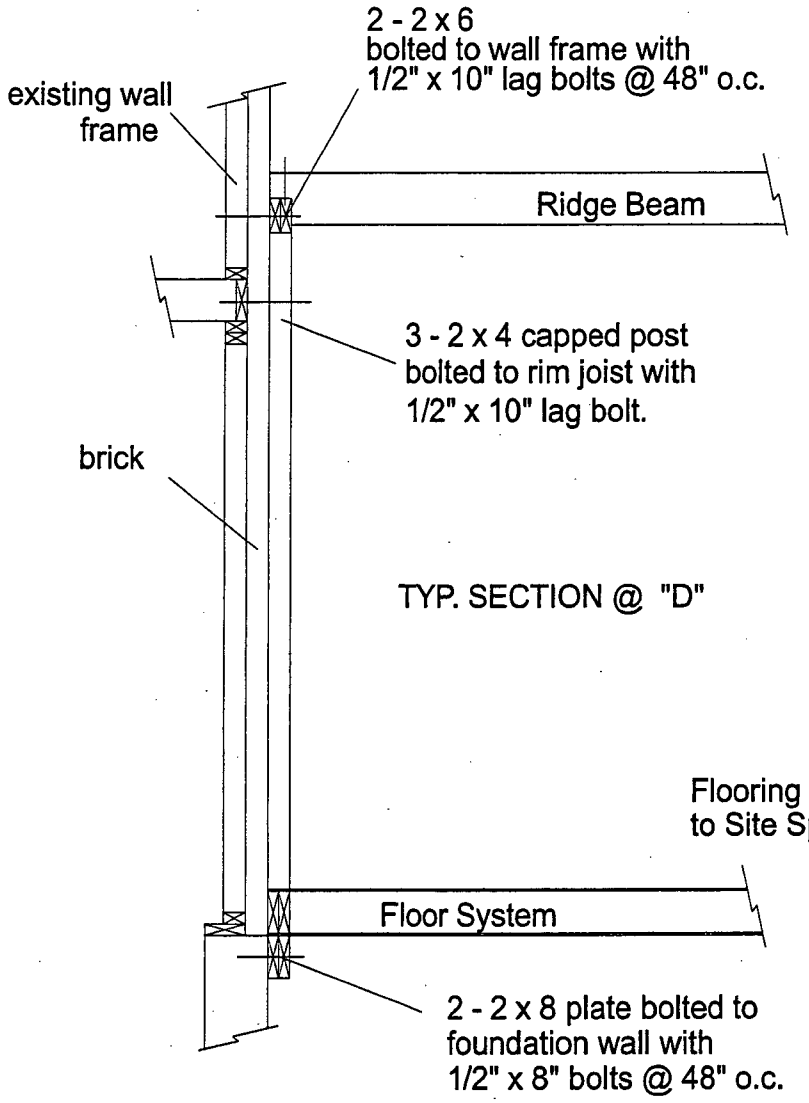

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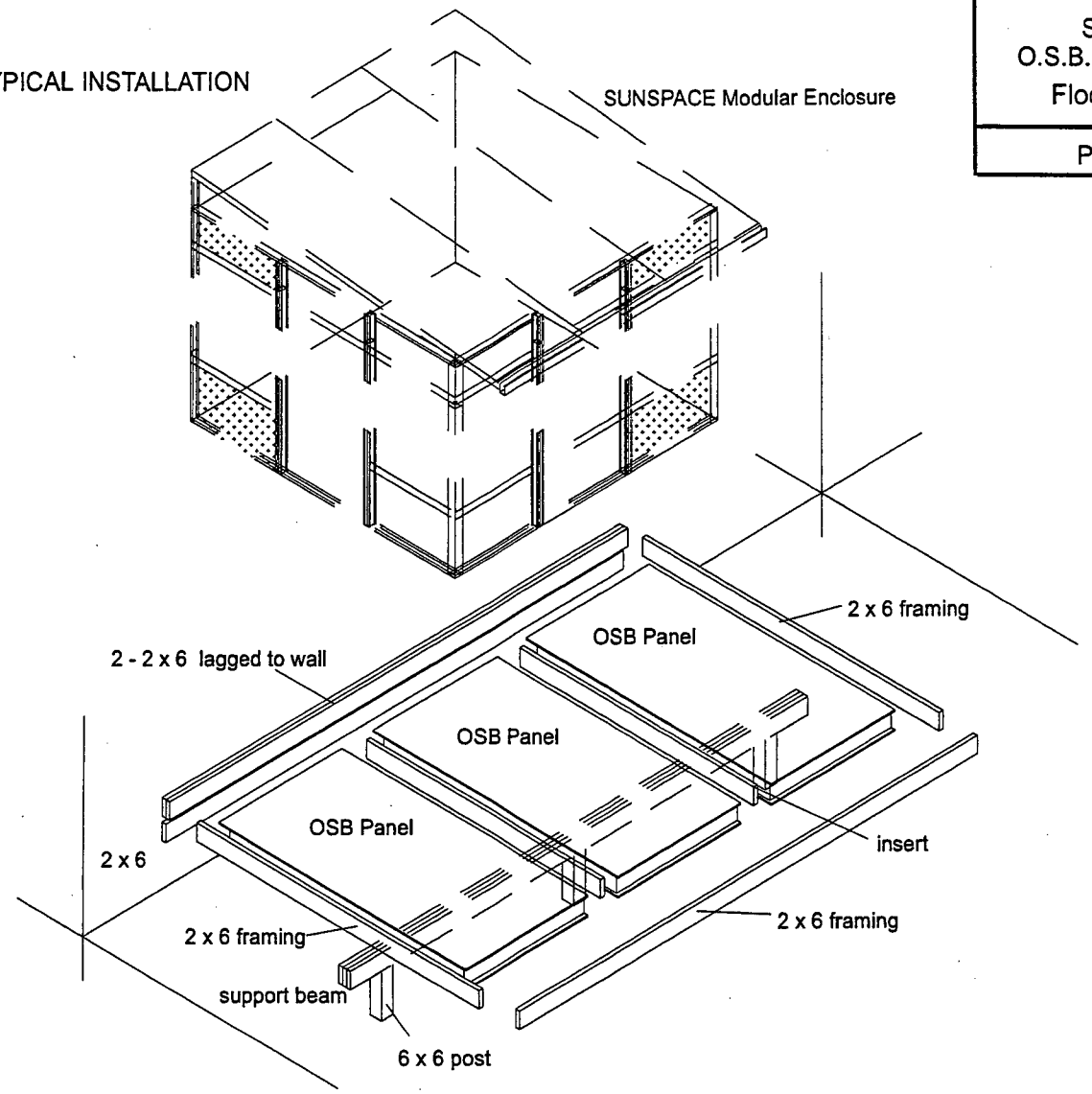
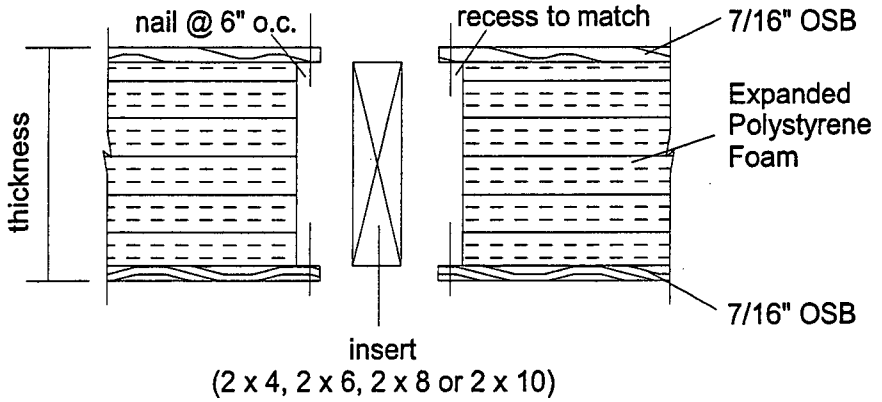
TYPICAL INSTALLATION



Double OSB Insulated Panel



Panel	Thickness	R value *
4"	4 1/2"	20
6"	6 1/2"	30
8"	8 1/4"	40
10"	10 1/4"	50

* R value based on Foam Density of 0.35 g/cc (2.25 #/cu.ft)

O.S.B. to CSA .0437.0 Grade O-2 (Span Rated)
Standard Width 4' 0" Lengths to 24' 0"

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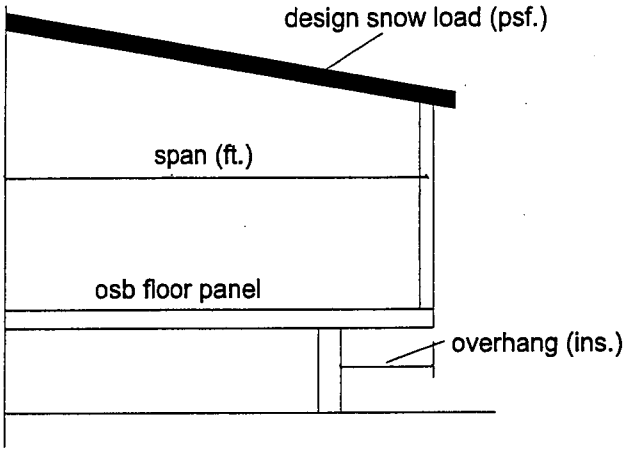
Determination of ALLOWABLE overhang for double osb panel flooring.

Notes:

The allowable overhang to maintain the L/360 O.B.C. requirement is a factor of BOTH the Design Snow Load and the SPAN of the Sunroom addition. For the purposes of this General Certification it is assumed that the live floor load WILL NOT exceed 40 psf. and that the addition is configured, generally, as below.



This General Certification is limited to floor spans upto 20'0" and live snow loads upto 100 psf. Typically it provides a minimum Safety Factor of 1:1.5

For overhangs of 12", or less, within the 20'0"span/100 psf snow load range, any floor panel thickness can be used (4"/6"/8"/10")

For overhangs of 18", within the 20'0"span/60 psf snow load range, any floor panel thickness can be used (4"/6"/8"/10"). For snow loads between 60 & 100 psf refer to the Chart on Pg.2.

For overhangs of 24", within the 20'0"span/35 psf snow load range, any floor panel thickness can be used (4"/6"/8"/10"). For snow loads between 35 & 100 psf refer to the Chart on Pg.2.

TO USE THE CHARTS ON PG.2

1) Select the CHART for the overhang required.

2) Pick the floor SPAN from the top of the CHART (see diagram above for defining "span").

3) Under the selected SPAN move down until opposite the appropriate SNOW LOAD for the site.

4) Read & Use the panel THICKNESS as shown in the area of the CHART found from (3) above.

Re-issued April 22/2001 with extra notes.

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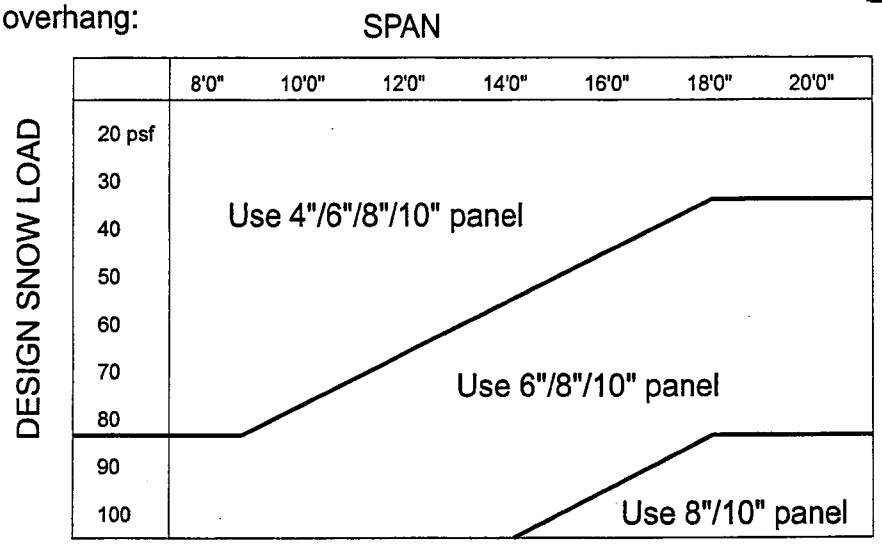
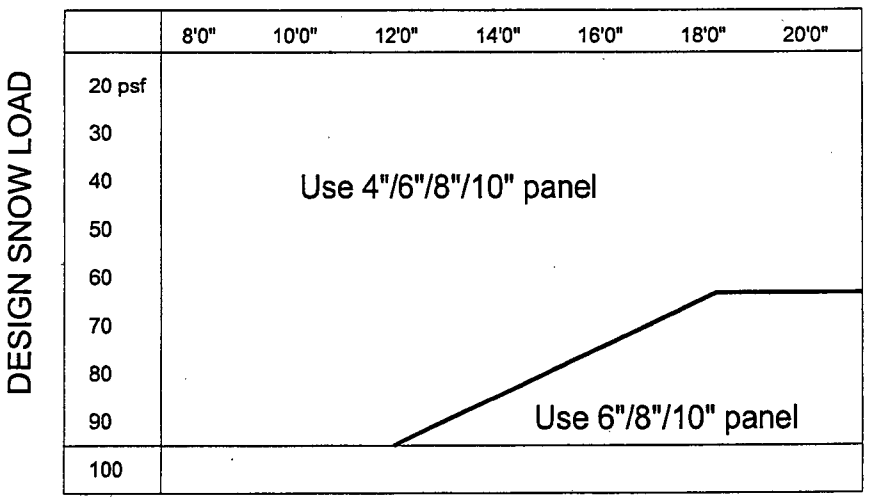
 | Ref: /2024 | July 17/2000 | Re-issued Mat 15th.2003

For 24" overhang:



For 18" overhang:



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Maximum Span for 1/180 deflection:

Total Uniformly Distributed Load (Live + Dead)

Panel Size	10 psf	20 psf	30 psf	40 psf	50 psf	60 psf	70 psf
4"	22' 0"	17' 6"	15' 3"	13' 10"	12' 10"	12' 1"	11' 6"
6"	28' 11"	23' 0"	20' 1"	18' 3"	16' 11"	15' 11"	15' 2"
8"	34' 6"	27' 4"	23' 11"	21' 9"	20' 2"	19' 0"	18' 0"
10"	40' 5"	32' 1"	28' 0"	25' 6"	23' 8"	22' 3"	21' 2"

Spans for non-listed Loads use next higher value.

Maximum Span for 1/240 deflection:

Total Uniformly Distributed Load (Live + Dead)

Panel Size	10 psf	20 psf	30 psf	40 psf	50 psf	60 psf	70 psf
4"	20' 0"	15' 10"	13' 10"	12' 7"	11' 8"	11' 0"	10' 5"
6"	26' 4"	20' 10"	18' 3"	16' 6"	15' 4"	14' 6"	13' 9"
8"	31' 4"	24' 10"	21' 9"	19' 9"	18' 4"	17' 3"	16' 5"
10"	36' 9"	29' 2"	25' 6"	23' 2"	21' 6"	20' 3"	19' 2"

Spans for non-listed Loads use next higher value.

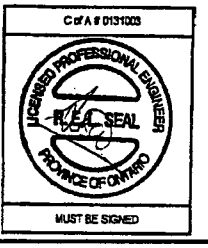
Maximum Span for 1/360 deflection:

Total Uniformly Distributed Load (Live + Dead)

Panel Size	10 psf	20 psf	30 psf	40 psf	50 psf	60 psf	70 psf
4"	17' 6"	13' 10"	12' 1"	11' 0"	10' 3"	9' 7"	9' 2"
6"	23' 0"	18' 3"	15' 11"	14' 6"	13' 5"	12' 8"	12' 0"
8"	27' 4"	21' 9"	19' 0"	17' 3"	16' 0"	15' 1"	14' 4"
10"	32' 1"	25' 6"	22' 3"	20' 3"	18' 9"	17' 8"	16' 9"

Spans for non-listed Loads use next higher value.

C of A # 0131003



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Appendix A

Design Loading

The Residential Part 9 Structures referred to here are limited to single storey buildings of less than 6000 sq.ft. area.. All Building Codes require that structures will be able to withstand the Live & Dead Loads likely to be imposed on them.

In ONTARIO the O.B.C 9.4 defines these requirement.

Aluminum structures are excluded from the generic requirements of 9.4 by 9.4.2.1, requiring that Part 4 conditions shall apply. Of concern in Ontario is Snow, Ice & Rain loading, which is to be determined by 4.1.7 and each site location is unique.

In application this can be readily determined either by calculation (from 4.1.7.1), OR, more simply, as follows:

For an addition to a SINGLE storey house

Read O.B.C.Table 2.5.1.1.	Col.10 & Col.11
Design Live Load	0.8 times Col.10 + Col.11 kPa.
	(times 20.83 to give load in p.s.f.)

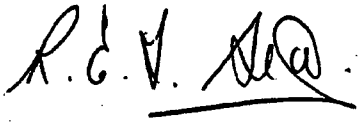
For an addition to a MULTI storey house

Maximum Design Live Load	= 3 times (0.8 times Col.10 + Col.11) kPa.
	(times 20.83 to give load in p.s.f.)

for a distance of 2 times the difference in roof heights

This determination is a generalized maximum loading; for detailed site specific loading refer to SUNSPACE or other qualified design professionals.

Copies of O.B.C Table 2.5.1.1. can be found at your local Building Departments or by contact to SUNSPACE.



May 15th.2003

Professional Engineers
Ontario

SUNSPACE SPECIFICATION SHEET

Customer: Jersey Shore Porch and Patio **Order Date: Jun 16, 2010**
Tag Name: Sullivan **Page 1 of 1**

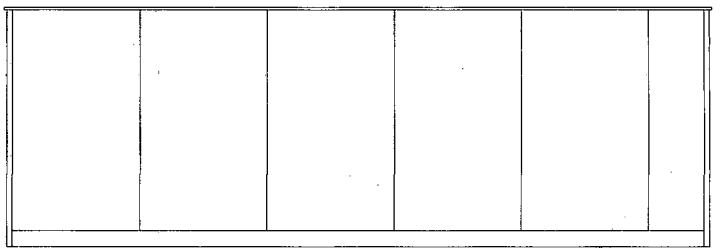
Roof Specifications

7' 0" Projection x 21' 9" Width

Roof Type:	Interlocking 3" x 1 lb x 0.024"
Panel Color:	-----
Gutter Color:	White
Stripe Color:	-----
Downspout Kits:	2
Downspout Color:	White

This Roof System is to be installed on a House

Roof Layout



Special Instructions

1) Right side is against house. need 6' header plus 2' of facsia for the right side

Blk 1192.14
lot 17

SUNSPACE SPECIFICATION SHEET

Customer: Jersey Shore Porch and Patio **Order Date:** Jun 16, 2010
Tag Name: Sullivan

Roof Specifications

7' 0" Projection x 21' 9" Width

Roof Type:	Interlocking 3" x 1 lb x 0.024"
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This Roof System is to be installed on a House

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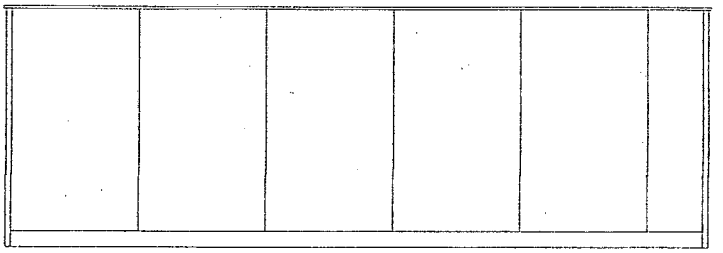


Special Instructions

1) Right side is against house. need 6' header plus 2' of facsia for the right side

Blk 1192.14
lot 17

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 35 clay Circle Brick

Block: 1192.14 Lot: 17

Contractor: Eastern Contracting LLC

Contractor's Address: 361 Eastern Blvd Bayville

Type of Construction (minor, new home): minor

Type of Debris (shingles, siding, wood, etc.): Sunroom Roof

Party responsible for removal: Eastern Contracting

Dumpster size: 5yd trailer Dep #

Destination of debris: OC Landfill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

6-7-10
Date

Bill Santora
Print Name

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Eastern Contracting LLC
William Santora, Jr.
361 Eastern Blvd
Bayville NJ 08721-2923

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

10/26/2009 TO 12/31/2010
VALID

13VH03550000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

SULLIVAN 35 CLAY CIRCLE
REPLACE PORCH ROOF

The Greenbriar Association

ed
, O
OR

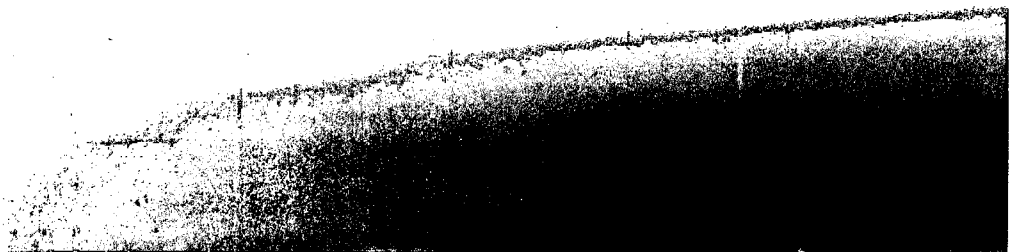
APPROVED 5/18/10

ERMI

Architectural Control Committee

Homeowner – Return this permit when work is completed.

Date: _____



APPLICATION FORM FOR HOME ALTERATION

Date 5-17-10

approved
5/18/10
PR

Owner: DOLORES SULLIVAN

Address: 35 CLAY CIRCLE

Phone Number: 732-206-1956

Block: _____ Lot: _____

TOWN PERMIT Needed

Please describe below the alteration you wish to make to your home:

REPLACED SUNROOM ROOF

If a plan is submitted, it must include:

Dimensions _____

Material to be used _____

Color (if applicable) - a sample must be submitted.

Pursuant to NJSA 13:45 A-17:

Contractor's Name: _____

NJ Registration # _____

I hereby certify that the work being performed as per this application will be done by myself, a resident of Greenbriar, and/or a relative and a registered contractor is not required

Dolores Sullivan
Owner's Signature

***NOTE: Contractors working in Greenbriar – Hrs. of Operation are Mon- Sat, 8am to 6pm**

Block_____ Lot _____

THIS AGREEMENT entered into by and between THE GREENBRIAR ASSOCIATION, hereinafter referred to as the Party of the First Part - ASSOCIATION: and hereinafter referred to as the Party of the Second Part - Applicant

WITNESSETH: WHEREAS under the terms of the covenants and restrictions, by-laws, rules and regulations of The Greenbriar Association, an Architectural Control Committee is charged with the responsibility of reviewing requests for alterations, additions, to any dwelling or its grounds, in the development known as Greenbriar, and subject to the approval of the Association; and

WHEREAS all members of said Association have by their deeds and the adoption of the By-laws and Rules and Regulations agreed to abide by the recommendation of the Architectural Control Committee and are required to make application and obtain said approval prior to commencing any alterations, changes, renovations and repairs, etc.:

1. The Applicant is the owner of a house and lot in the development known as Greenbriar in Brick, New Jersey, known as Block _____ Lot _____.

2. The Applicant has made an application to Greenbriar Association, in accordance with the Covenants and Restrictions and By-laws to make certain alterations, changes, etc., to said dwelling unit or grounds, as more particularly described on Exhibit A attached hereto and made a part hereof.

3. Under the terms of the Deed and Covenants and Restrictions and By-laws and Rules and Regulations of Greenbriar Association, member may not make any alteration or change, etc., to the premises without the prior written consent of the Greenbriar Association.

4. After due inspection and examination of the plans attached hereto, the Association, accepts its Architectural Control Committee's recommendation and grants its consent to the alterations and changes, etc., requested herein on condition that the applicant agrees to maintain the alterations in a manner satisfactory to the Committee, including the removal of two feet of sod or grass around the entire structure, and at the sole expense of the applicant.

5. The Greenbriar Association's consent to the alteration or addition requested in this application does not in any manner relieve the herein named applicant from abiding by the Brick Zoning Ordinance or Building Code which apply to Block _____ Lot _____.

6. This approval shall not be construed, nor is it the intent of the Board of Trustees to give license or establish any precedent for any other homeowner to construct or make any architectural changes.

7. In the event any of the work contemplated, involves entry to or passage across any Association property, then the contractor or subcontractor performing the work shall provide Certificate of Insurance naming the Greenbriar Association and Board of Trustees in amounts satisfactory to the Board failing which, the applicant shall save harmless the Greenbriar Association and the Board of Trustees.

8. All work being performed will be in compliance with NJSA 13:45 A-16 and 13:45 A-17.

The Association assumes no responsibility, written or implied, for applicant's confirmation or non-confirmation to said Zoning Ordinance or Building Code. Abidance by the Zoning Ordinance and Building Code and the securing of the necessary Brick building permits is the sole responsibility of the herein named applicant.

NOW, therefore be it resolved on this 18th day of May, 2010 at a meeting of the Board of Trustees of the Greenbriar Association on motion duly made and passed that said application is approved as submitted subject to the following.

IN WITNESS WHEREOF, said parties have hereunto set their hands and seals or caused these presents to be signed by its proper corporate officers and affixed its corporate seal hereto the day and year first above written.

THE GREENBRIAR ASSOCIATION

By Arthur Cullen /DPL
PRESIDENT

SECRETARY

Accepted P Rodrigues

P Dalus Sullivan
OWNER