CONSTRUCTION PERMIT

Date Issued 7-14-04
Control #
Permit # 04-163

IDENTIFICATION Block 32 Lot 17
Work Site Location 45 River view DR

Owner in Fee Jean Profita
Address 45 River view DR
Neptune city NJ
Tel. (732)

Contractor Accurate Construction
Address 408 Lake Shore DR
Brick NJ
Tel. (732) 262-9775
Lic. No. or Bldrs. Reg. No. 147 66 8723
Fed. Emp. No.

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 Roof

DESCRIPTION OF WORK:
Reroof w/clay Tile

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 25,000.00

Construction Official

7-14-04
Date

PAYMENTS (Office Use Only)

Building	50
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	34
Cert. of Occupancy	
Other	
Total	84
Check No.	103
Cash	
Collected by	

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7-14-04
Date Issued
Control #
Permit # 04-163

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

Block 32 Lot 17
Work Site Location 45 ~~Dale Shores Dr~~ Riverview Dr.
Neptune City NJ
Owner in Fee Jean Profita
Address Same

Tele. ( )
Contractor Accurate Construction
Address 408 Lake Shore Dr
Brick NJ
Tele. (732) 262-9775 Fax ( )
Lic. No. or Bldrs. Reg. No. 1417 44 8723
Federal Emp. No.

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

Re Roof

Clay Tile

No Framing
- existing structure shall be capable of supporting imposed loads.

See attached detector requirements

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	7-14-04	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other Roof		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

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

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [X] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (exceeds 6')
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement Subchapter 8
  - [ ] Lead Haz. Abatement NJAC 5:17
  - [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$	
	50

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 34
TOTAL FEE	$ 84

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed
Constr. Class Present Proposed
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.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work: 25,000.00

1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $

check # 103

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

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