

BLOCK 364055 LOT 47 QUALIFICATION CODE ADDRESS (SITE) 110 Loxham Ct PERMIT NO. 17-01197



CONSTRUCTION PERMIT APPLICATION

65181

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

I. IDENTIFICATION
1. Proposed Work Site at: 110 Loxham Court
2. Name of Owner in Fee: Susan Hecks
3. Ownership in Fee: Private
4. Principal Contractor: 1730 Central Ave
5. Architect or Engineer: TR NT
6. Responsible Person in Charge once Work has Begun: David Delapaz Sr

II. BUILDING CHARACTERISTICS
1. Building
2. Height of Structure
3. Area - Largest Floor
4. New Building Area
5. Volume of New Structure
6. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved
9. Total Land Area Disturbed
10. Flood Hazard Zone
11. Base Flood Elevation
12. Wetlands

III. PROPOSED WORK
Minor Work
Major Work
Alteration
Addition
Demolition
Reconstruction
Annual Permit

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?
1. Elevators/Escalators/Lifts
2. High Pressure Boilers
3. Pressure Vessels
4. Refrigeration Systems
5. Cross-Connections/Backflow Preventers
6. Hazardous Uses/Plants of Assembly
7. Sprinklers/Glandpipes
8. Smoke Control Systems in Open Wells
9. Underground Storage Tanks
10. Swimming Pools, Spas and Hot Tubs
11. LPG Gas Tanks

V. FEE SUMMARY (for office use only)
1. Building
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
11. Cert. of Occupancy
12. Other
13. TOTAL

VI. BUILDING SITE CHARACTERISTICS
1. Number of Stories
2. Height of Structure
3. Area - Largest Floor
4. New Building Area
5. Volume of New Structure
6. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved
9. Total Land Area Disturbed
10. Flood Hazard Zone
11. Base Flood Elevation
12. Wetlands

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 Indicate Present:
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 users):
D. Construct. Classification: Present

DO YOU WANT:
1. Partial Releases
2. Prototype Processing

TOTAL COST: 391580

UCC Form 1 (Rev. 8/9)

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(f)(1)(a):

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.

☒ Check if contractor.

Agent Name David Polpizzo (Pizzo Contracting)

Address 1519 Route 9

TR NJ 08755

Telephone 732 614 7833

Signature [Signature]

- 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
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 Occupancy	No.			
☐ Continued Certificate of Occupancy	No.			
☐ Certificate of Compliance	No.			
☐ Certificate of Occupancy	No.			
☐ Certificate of Approval	No.			
☐ Lead Abatement Clearance Certificate	No.			



BUILDING SUBCODE TECHNICAL SECTION



364.05 47

Date Received 3/24/2017
Control # 93055181
Date Issued 3/24/2017
Permit # 17-01197

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000
Block 364.05 Lot 47 Qualification Code

Work Site Location: 110 LAVENHAM COURT Toms River Township, NJ

Owner in Fee: HANKS, GEORGE & SUSAN

Address 110 LAVENHAM COURT TOMS RIVER NJ 08755

Tel. Email

Contractor: PIZZO CONTRACTING

Address 1579 ROUTE 9 TOMS RIVER NJ 08722

Tel. Email

Fax

Contractor License No. or, if new home, Bldg Reg No. Exp

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

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

POOF (FEAR OFF)

Partial Siding, Front of dwelling

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ All

☐ Footing/Foundation

☐ Stud/Framework

☐ Exterior

☐ Interior

Joint Plan Review Required

☐ Elec ☐ Plumb ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ COO ☒ CA

Date: 5-12-17

Approved by: T4

INSPECTIONS

Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TOO				
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)

\$117

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5 If Industrial Building:

Constr. Class Present Proposed State Approved

Number of Stories HUD

Height of Structure Ft. Est. Cost of Bldg. Work:

Area - Largest Floor Sq. Ft. 1. New Bldg

New Bldg. Area / All Floors Sq. Ft. 2. Rehabilitation

Volume of New Structure Cu. Ft. 3. Total (1+2) \$3,915

Total Land Area Disturbed Sq. Ft.

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$7

TOTAL FEE \$124

UCC F-110 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code

shelby w.c.p.

No roofing done, Spoke to Homeowner she said
they did partial siding & soffits, in front of house

↑
Called Dan, he said permit is for siding (front)
Office type

CONSTRUCTION PERMIT

Date Issued: 3/24/2017
Control #: 93065181
Permit #: 17-01197

IDENTIFICATION Block: 354.05 Lot: 47
Work Site Location: 110 LAVENHAM COURT Toms River Township, NJ
Owner in Fee: PANKS, GEORGE & SUSAN
110 LAVENHAM COURT TOMS RIVER NJ 08755
Telephone: _____
Contractor: PIZZO CONTRACTING
Address: 1579 ROUTE 9 TOMS RIVER NJ 08722
Telephone: (732) 505-1749
Lic No or Bids Reg No: _____
Federal Employee No: _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

SIDING

Connections as per plan from Pank's
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: \$3,915

Construction Official: [Signature] Date: 3/24/17

U.C.C. F170
equivalent

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

PAYMENTS (Office Use Only)

Building	\$117
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$7
OO Fee	
Other	\$0
Total	\$124
Check No	12361
Cash	\$0
Credit	\$0
Collected By	DENISE PECK

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 for 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.

CONSTRUCTION PERMIT

Date Issued 3/24/2017
Control # 93055181
Permit # 17-01197

IDENTIFICATION Block 354.05 Lot 47 Qualifier _____
Work Site Location 110 LAVENHAM COURT Toms River Township Contractor P1720 CONTRACTING
Owner in Fee HANKS, GEORGE & SUSAN Address 1579 ROUTE 9 TOMS RIVER NJ 08722
110 LAVENHAM COURT TOMS RIVER NJ 08755 Telephone (732) 505-1749
Telephone _____ Lic No. or Bids Reg No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

ROOF (TEAR OFF)

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 \$1,915

KE Anderson
Construction Official

3/24/17
Date

U.C.C. F170
equiv. (rev 3/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$117
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
OCA Training Fee	\$7
CO Fee	
Other	\$0
Total	\$124
Check No.	<u>12961</u>
Cash	\$0
Credit	\$0
Collected By	<u>[Signature]</u>

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 N.J.A.C. 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 3/24/2017
Control # 93065181
Date Issued 3/24/2017
Permit # 17-01197

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE CALL UTILITY DIG NO. 1-800-272-1000
Block 35405 Lot 47 Qualification Code _____

Work Site Location: 110 LAVENHAM COURT TOMS RIVER TOWNSHIP, NJ

Owner in Fee: HANKS, GEORGE & SUSAN

Address 110 LAVENHAM COURT TOMS RIVER NJ 08755

Tel. _____ Email _____

Contractor: P270 CONTRACTING

Address 1579 ROUTE 9 TOMS RIVER NJ 08722

Tel. _____ Email _____

Tel. (732) 505-1749 Fax _____

Contractor License No. or, if new home, Bldgs Reg. No. _____ Exp. _____

Home Improvement Contractor Registration No. or Exemption Reason(s) applicable _____

Federal Emp. ID No. _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Print Name Here _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SIDING.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date _____ Initial _____

☐ No Plan Required _____

☐ All _____

☐ Footing/Foundation _____

☐ Struct/Framework _____

☐ Exterior _____

☐ Interior _____

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

Dates (Month/Day)

Type: Failure 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)

\$117

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee \$7

TOTAL FEE \$124

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5 If Industrial Building _____

Constr. Class Present _____ Proposed _____ State Approved _____

Number of Stories _____ HUD _____

Height of Structure _____ Ft. Est. Cost of Bldg. Work:

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area / All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

1. New Bldg. _____

2. Rehabilitation _____

3. Total (1+2) \$3515

UCC F110 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code



CONSTRUCTION PERMIT

Date issued 3/24/2017
Control # 63055181
Permit # 17-01197

IDENTIFICATION Block 35405 Lot 47
Work Site Location 110 LAVENHAM COURT Toms River Township, NJ Qualifier
Owner in Fee HANKS, GEORGE & SUSAN Contractor PIZZO CONTRACTING
110 LAVENHAM COURT TOMS RIVER NJ 08755 Address 1579 ROUTE 9 TOMS RIVER NJ 08722
Telephone: _____ Telephone: (732) 595-1749
Lic No or Bids Reg No. _____
Federal Employee No _____

I hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter B only) ☐ OTHER

DESCRIPTION OF WORK:

SIDING
Completion of ground floor siding
30

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

Estimated Cost of Work \$1,915
J. Pout 3/24/17
Construction Official Date

UCC F170
equ (rev 3/04)

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

PAYMENTS (Office Use Only)

Building	\$117
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$7
CO Fee	
Other	\$0
Total	\$124
Check No.	12551
Cash	\$0
Credit	\$0
Collected By	DENISE PECK

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations NJ 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 for 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 3/24/2017
Contract # 93065181
Date Issued 3/24/2017
Permit # 17-01197

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000
Block 254.05 Lot 47 Qualification Code _____

Work Site Location 110 LAVENHAM COURT Toms River Township, NJ

Owner in Fee: HANKS, GEORGE & SUSAN

Address 110 LAVENHAM COURT, TOMS RIVER NJ 08755

Tel. _____ Email _____

Contractor: POZZO CONTRACTING

Address 1579 ROUTE 9, TOMS RIVER NJ 08722

Tel. _____ Email _____

Fax _____

Contractor License No. or, if new home, Bldgs Reg. No. _____ Exp. _____

Home Improvement Contractor Registration No. or Exemption Reason(s) applicable _____

Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date _____ Initial _____

☐ No Plan Required _____

☐ All _____

☐ Footing/Foundation _____

☐ Struct/Framework _____

☐ Exterior _____

☐ Interior _____

Joint Plan Review Required _____

☐ Elec. ☐ Plumb ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CDD ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Dates (Month/Day)

Type: Failure Failure Approval Initial

Footing _____

Footing/Conding _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TOO _____

Other _____

Final _____

Barrier-Free _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Print Name Here _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SIDING

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)

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed B-5 If Industrial Building: _____

Constr. Class Present _____ Proposed _____ State Approved _____

Number of Stories _____ HUD _____

Height of Structure _____ Ft. Est. Cost of Bldg. Work: _____

Area - Largest Floor _____ Sq. Ft. 1. New Bldg _____

New Bldg. Area / All Floors _____ Sq. Ft. 2. Rehabilitation _____

Volume of New Structure _____ Cu. Ft. 3. Total (1+2) \$3,915

Total Land Area Disturbed _____ Sq. Ft.

UCCF110 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code

**BUILDING SUBCODE
TECHNICAL SECTION**

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

Block 364.05 Loc 47 Qualification Code _____

Work Site Location 110 Lavenham Ct

Toms River NT 08755

Owner in Fee: Susan Henks

Tel. (732) 641-5804 ext. 1 Twczgdu@ed.com

Address 110 Lavenham Ct Texas River 08755

[Handwritten signature]

Contractor: 11260 Contracting Tel: (732) 505 1749
Address: 1579 Park 9

Address 117 Rock 7 email lucy@byu.edu
TR INT 08755

Contractor License No. or Builder Registration No. 134164341000 Exp. Date 3/31/12

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

Federal Emp. ID No. 20-8919157 FAX (732) 284-0159

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS	Dates (Month/Day)			
[]	No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
[]	All	_____	_____	Footing	_____	_____	_____	_____
[]	Footings/Foundations	_____	_____	Footing Bonding	_____	_____	_____	_____
[]	Structural Framework	_____	_____	Foundation	_____	_____	_____	_____
[]	Exterior	_____	_____	Slab	_____	_____	_____	_____
[]	Interior	_____	_____	Frame	_____	_____	_____	_____
[]		_____	_____	Truss Sys./Bracing	_____	_____	_____	_____
Joint Plan Review Required:				Barrier-Free	_____	_____	_____	_____
[]	Elec.	[]	Plumb.	[]	Fire	[]	Elevator	Insulation
SUBCODE APPROVAL for PERMIT				Finishes -Base Layer	_____	_____	_____	_____
Date: _____				Finishes -Final	_____	_____	_____	_____
Approved by: _____				Energy	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE				Mechanical	_____	_____	_____	_____
[]	CO	[]	OCO	[]	CA	_____	_____	_____
Date: _____				Other	_____	_____	_____	_____
Approved by: _____				Final	_____	_____	_____	_____
				Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ # Industrialized Buildings _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft. Est. Cost of Slide Work _____

Est. Cost of Bldg. Work:	
1. New Bldg.	6

Volume of New Structure _____ Cu ft

2. Rehabilitation \$ 361,000

3. Total (1+2) \$ 5413.00

Max. Occupancy Load _____ UCC #710
(Rev. 8/28/72)

UCC 8710
(REV 3/24/7)

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the legal owner of record and am authorizing to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove and Replace Siding

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☒ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter B
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

S

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

1 Blue = Inspector Copy
3 Pink = Office Copy

2 Canary = Office User
4 Gold = Applicant Core



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 304.05 Lot 47
Work Site Location 110 Larchmont Court
Owner in Fee TR NJ 06755
Address 110 Larchmont Ct
Tel (201) 691-5809
Contractor Pizzo Contracting
Address 1575 Route 9
Tel TR NJ 06755
Lic No or Bldg Reg No 134404341000

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

Remove and Replace Siding

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 \$ 3415.00

Contractor Office

Date

U.C.C. §17C (rev. 1/164)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

NOTARY
PUBLIC
OFFICIAL
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

PIZZO CONTRACTING INC./A CARL'S FENCING DECK
William Rankin
1579 Rt 9
Toms River NJ 08755

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

03/03/2016 TO 03/31/2017
VALID

William Rankin
Signature of Licensee/Registrant/Certificate Holder

13VH04391000
LICENSE REGISTRATION CERTIFICATION #

William L. ...
ACTING DIRECTOR

NEW JERSEY OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER AFFAIRS
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
PIZZO CONTRACTING INC./A CARL'S FENCING DECK & ENTER
HOME IMPROVEMENT CONTRACTOR

03/03/2016 TO 03/31/2017
VALID

13VH04391000

William L. ...
ACTING DIRECTOR