BUILDING SUBCODE
TECHNICAL SECTION

Control # 72087
Date Issued 9/23/20
Permit # 20201121

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

Block 821 Lot 13.07 Qualification Code _____

Work Site Location 2229 Christopher Way
Wall Twp NJ 07719

Owner in Fee: Christopher & Alicia Piccinini

Tel. (732) 740 6413 e-mail christofirky@gmail.com

Address 2229 Christopher Way (street) Wall Twp (municipality) 07719 (zip code)

Contractor: Talavera Construction Dev Group LLC Tel. (848) 303 5046

Address _____ e-mail _____
Brielle NJ

Contractor License No. or Builder Registration No. 13VH10012300 Exp. Date 03/31/2021

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

Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All 9-3-20 M
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: 9-3-20 W

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				

B. BUILDING CHARACTERISTICS

Use Group 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.
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 $ 1500
3. Total (1+ 2) $ _____

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____
Print name here: CHRISTOPHER PICCININI

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Basement Egress Window Well Installation:
Demolition of existing window, cut out for new 2062 Single Unit Egress window & well.

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 Basement egress window
- [ ] Demolition

FEE (Office Use Only)
$ 75

Administrative Surcharge $ _____
Minimum Fee $ 3
State Permit Surcharge Fee $ _____
TOTAL FEE $ 78

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

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

TOWNSHIP OF WALL
2700 Allaire Road
(732) 449-8444

C.O. No. 06-724
Building Permit No. 05-01049
Zoning Permit No. 06Z0040

CERTIFICATE

Block: 821 Lot: 13.07
Work Site Location: 2229 Christopher Way

Owner in Fee/Occupant: Premier Dev. Group
Address: 26 Route 34, Suite 205
Colts Neck, NJ 07722
Tele. (732) 866-0025
Contractor: same as owner
Address:

Tele. () Fax:
Lic. No. or Bldrs. Reg. No. 032621
Federal Emp. No. 22-3796986

Home Warranty No. NJ1606669
Type of Warranty Plan: () State (X) Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Zone: R-60 Estimated Cost $159,000.00
Land Use Designation: SFD
Description of Work/Use:

New House.

( ) **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.

(X) **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**
If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than 9,15, 2006 or the owner will be subject to fine or order to vacate.

Compliance w/ engineering report, install address sign.

Construction Official, Township of Wall

Land Use Officer, Township of Wall

( ) **CERTIFICATE OF CLEARANCE – LEAD ABATEMENT 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
( ) Total removal of lead-based paint hazards in scope of work
( ) Partial or limited time period (years); see file

( ) **CERTIFCATE OF CONTINUED OCCUPANCY**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

( ) **CERTIFICATE OF COMPLIANCE**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

Date Issued: 7-31-06