BLOCK 304 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 57 Elizabeth St PERMIT NO. 04-[illegible]50

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Propsed Work Site at: 57 Elizabeth St
2. Name of Owner in Fee: Joseph Selwyn Tel. (609) 894-9166
   Address 57 Elizabeth St (street) Pemberton (municipality) NJ (zip code) 08068
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: THD At Home Services Tel. ( 609 ) 631-0005
   Address 1 Marlen Drive, Robbinsville, NJ 08691
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 75 269 8460 FAX: ( 609 ) 631-9099
5. Architect or Engineer _____ Tel. ( _____ ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Kathy Hart
   Tel. (609) 631-0005 FAX: (609) 631-9099

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 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

| | (office use only) |
|---|---|
| 1. Number of Stories | |
| 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. Construction Classification | |
| 7. Total Land Area Disturbed sq. ft. | |
| 8. Flood Hazard Zone | |
| 9. Base Flood Elevation ft. | |
| 10. Wetlands yes | |
| no | |
| 11. Max. Live Load | |
| 12. Max. Occupancy Load | |

## II. PROPOSED WORK

**OPTIONAL** (for office use only)

| II. PROPOSED WORK | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| 1. ☐ Minor Work | | | | | | | | | |
| 2. ☐ New Building | | | | | | | | | |
| 3. ☐ Addition | | | | | | | | | |
| 4. ☐ a. Repair | | | | | | | | | |
| ☒ b. Alteration | 5511 | | | | | | | | |
| ☐ c. Renovation | | | | | | | | | |
| ☐ d. Reconstruction | | | | | | | | | |
| 5. ☐ Fire Protection | | | | | | | | | |
| 6. ☐ Plumbing | | | | | | | | | |
| 7. ☐ Electrical | | | | | | | | | |
| 8. ☐ Elevator Devices | | | | | | | | | |
| 9. ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. ☐ Demolition | | | | | | | | | |
| TOTAL COSTS | 5511 | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: Single family
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

| | All Units | Income-restricted |
|---|---|---|
| Before Construction | | |
| After Construction | | |
| Net Gain or Loss | | |

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

## III. DO YOU WANT: (optional)

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

**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.vii:

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 Rich Neher

Address **147 Union Street**

**Hatfield, PA 19440**

Telephone ( **215** ) **412-0164**

Signature _____

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

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control #

Date Issued 10-5-04
Permit # 04-50

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

Block 304 Lot 4 Qualification Code _____
Work Site Location 57 Elizabeth St

Owner in Fee Selwyn, Joseph
Address 57 Elizabeth St
Pemberton, NJ 08068
Tel. (609) 894-9166
Contractor **THD At Home Services**
Address **1 Marlen Drive, Robbinsville, NJ 08691**

Tel. ( **609** ) **631-0005** FAX ( **609** ) **631-9099**
Contractor License No. or Builder Registration No. _____
Federal Emp. No **75 269 8460**

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial
[ ] No Plans Required
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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 | | | | |
| 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 _____
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:**
1. New Bldg. $ _____
2. Rehabilitation $ 5511
3. Total (1+ 2) $ 5511

**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
Remove existing shingles
Install Ice water shield
Install 18 sq of shingles
Install flashing, ventilation & drip edge.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] 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)

| | |
|---|---|
| $ | |
| | |
| | 110.00 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | |
|---|---|
| Administrative Surcharge $ | |
| Minimum Fee $ | |
| State Permit Surcharge Fee $ | 7.00 |
| TOTAL FEE $ | 117.00 |

U.C.C. F110 (rev. 07/03)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

# CONSTRUCTION PERMIT

Date Issued 10-5-04

Permit # 04-50

IDENTIFICATION Block 304 Lot 4 Qualification Code

Work Site Location 57 Elizabeth St

Owner in Fee Joseph Selwyn

Address 57 Elizabeth St Pemberton NJ 08068

Tel. (609) 894-9166

Contractor THD At Home Services

Address 1 Marlen Drive, Robbinsville, NJ 08691

Tel. ( 609 ) 631-0005

Lic. No. or Bldrs. Reg. No. ~~75-269-8460~~

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:

RE ROOF

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 $ 3,511

Harry Wetherbee
Construction Official

9/22/04
Date

PAYMENTS (Office Use Only)

Building 110.00

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 7.00

Cert. of Occupancy

Other

Total 117.00

Check No. 12474

Cash

Collected by Kathy

(see reverse side)

U.C.C. F170 (rev. 01/04)

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