Borough Of Bay Head
BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 3/16/2009
Control # 94003758

Date Issued 3/16/2009
Permit # 20090130

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

Block/Lot 5/15

Work Site Location 202 PARK AVE

Owner in Fee: BRZUSKA, PHILIP

Tel. _____ e-mail _____

Address: _____ (Street / municipality / zip code)

Contractor: _____ Tel. _____

Address: _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX _____

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 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 Disturbet _____ Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+2) $ 1,862

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

RIP AND REPLACE ROOF

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____Height (exceeds 6')
- ☐ Sign _____Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8_
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other_____
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge $ 0
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies