



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 480 Lot 9.01 Qualification Code 774 Prospect Street

Work Site Location 174 Prospect Street

Owner in Fee: William Decker

Tel. (907) 352-0016 e-mail deckerspains@aol.com zip code 08003

Address 16 Lakeside Ave street municipality Decker

Contractor: Decker Tel. (856) 795-7087 e-mail deckerspains@aol.com Exp. Date 12/31/2011

Address 16 Lakeside Ave street municipality Decker

Contractor License No. or Builder Registration No. 16002936100 Exp. Date 12/31/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 354-5630

Federal Emp. ID No. 354-5630

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Type		Failure		Failure		Approval		Initial	
☐	No Plans Required																		
☐	All																		
☐	Footings																		
☐	Foundation																		
☐	Frame																		
☐	Other																		
Joint Plan Review Required:																			
☐	Elec	☐	Plumb	☐	Fire	☐	Elevator												
SUBCODE APPROVAL																			
☐	CO	☐	CCO	☐	CA														
Date:																			
Approved by:																			
Barrier-Free																			

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories 1 2

Height of Structure 1 2 Ft.

Area — Largest Floor 1 2 Sq. Ft.

New Bldg. Area/All Floors 1 2 Sq. Ft.

Volume of New Structure 1 2 Cu. Ft.

Total Land Area Disturbed 1 2 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 6,700

2. Rehabilitation \$ 0

3. Total (1+2) \$ 6,700

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 William Decker

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Rehabilitation of existing 10792 structure and new windows and new roofing.

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)

Administrative Surcharge \$ 257.00

Minimum Fee \$ 11.00

State Permit Surcharge Fee \$ 0

TOTAL FEE \$ 257.00

Date Received 9/9/11
Control # update
Date Issued 11-96
Permit # 10.00



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

10-20-11
11-96

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

Block 42 Lot 9.01 Qualification Code _____

Work Site Location 104 Rockaway Ave. Rockaway, NJ 07866

Owner in Fee: _____

Tel. (610) 352-2516 e-mail lucy@pines.com

Address 104 Rockaway Ave. Rockaway, NJ 07866 Street Municipality Zip code

Contractor: _____ Tel. (610) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (610) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Failure	Approval	Initial
☐ No Plans Required				Footings				
☐ All				Footings Bonding				
☐ Footing				Foundation				
☒ Foundation				Slab				
☐ Frame				Frame				
☐ Other				Truss Sys./Bracing				
Joint Plan Review Required:				Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Insulation				
				Finishes - Base Layer				
				Finishes - Final				
				Energy				
				Mechanical				
				TCO				
				Other				
				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor	<u>520</u>		
New Bldg. Area/All Floors	<u>520</u>		
Volume of New Structure	<u>2880</u>		
Total Land Area Disturbed			

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
<u>2nd Floor - Bedroom</u>
<u>addition</u>
<u>(master)</u>

TYPE OF WORK:

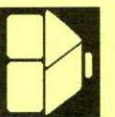
☐ New Building	
☒ Addition	
☐ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	Height (exceeds 6')
☐ Sign	Sq. Ft.
☐ Pool	
☐ Retaining Wall	Sq. Ft.
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other	
☐ Demolition	

FEE (Office Use Only)

Administrative Surcharge \$	
Minimum Fee \$	<u>10.00</u>
State Permit Surcharge Fee \$	
TOTAL FEE \$	<u>107.92</u>



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 40 Lot 9.01 Qualification Code 81
Work Site Location Mechanicsville

Owner in Fee: William Decker

Tel. (609) 352-0016 e-mail deckerw@comcast.com

Address 16 Lakeside Ave street 08003 municipality zip code

Contractor: Deckers Tel. (856) 745-7087

Address 16 Lakeside Ave e-mail deckerw@comcast.com

Contractor License No. or Builder Registration No. 135402926433 Exp. Date 12/31/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 354-8635

Federal Emp. ID No. 354-8635

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Required			Footings				
☐ All			Footings Bonding				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
SUBCODE APPROVAL			Finishes -Base Layer				
☐ CO ☐ CCO ☐ CA			Finishes -Final				
Date:			Energy				
Approved by:			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories Ft.

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. \$ 6700

2. Rehabilitation \$

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.

Signature William Decker

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Rehabilitation of existing structure and new windows and new roofing.

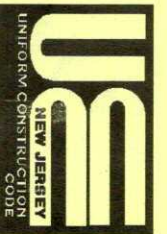
TYPE OF WORK:

☐ New Building		
☐ Addition		
☒ Rehabilitation		
☐ Roofing		
☐ Siding		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Retaining Wall		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5.17		
☐ Radon Remediation		
☐ Other		
☐ Demolition		

FEE (Office Use Only)

Administrative Surcharge \$	<u>257.00</u>
Minimum Fee \$	<u>11.00</u>
State Permit Surcharge Fee \$	<u>270.00</u>
TOTAL FEE \$	<u>538.00</u>

Date Received 9/9/11
Control # update
Date Issued 11-96
Permit #



CERTIFICATE

Permit # 11-096
Date Issued 7-21-11
Control #
Certificate Issued Date: 12-13-13

IDENTIFICATION

Block 40 Lot 401 Qualification Code _____
Work Site Location 174 Prospect St.
Mechanicsville, N.J.
Owner in Fee Decker
Address 174 Prospect Ave
Mechanicsville, N.J. 08109
Tel. (609) 338-0016
Contractor ~~Abrahamson~~ Decker's Inc.
Address 16 Lakeside Dr.
Cranford Hill, N.J. 08003
Tel. (856) 795-1087 FAX () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employer No. _____

☐ 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 the inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate: _____

Home Warranty No. _____

Type of Warranty Plan: [] State [] Private

Use Group 12.5

Maximum Live Load _____

Construction Classification III

Maximum Occupancy Load _____

Description of Work/Use:

Interior Renovation

☐ 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

☐ CERTIFICATE 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 _____.

CONSTRUCTION OFFICIAL

U.C.C. F260

(rev. 8/05)

DATE

Fee \$ _____

Paid [] Check No. _____

Collected by: _____

1 WHITE - APPLICANT

2 CANARY - OFFICE

3 PINK - TAXASSESSOR