



Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 5/13/2021
Control Number C-53253
Permit Number 20211032
Permit Issue Date 4/14/2021
Certificate Number 20211032

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 5 PLAZA DE LAS FLORES UNITS A-F Block: 143.01 Lot: 5.01-06 Qual: _____
FREEHOLD, NJ 07728

Owner in Fee: THE VILLAGES

Owner Address: 100 DAG HAMMARSKJOLD BLVD FREEHOLD NJ 07728

Telephone: (732) 431-1646

Contractor PREMIER CONSTRUCTION ASSOCIATES & ENTERPRISES LLC

Address 140 SYLVAN AVE SUITE 300 ENGLEWOOD CLIFFS NJ 07632

Telephone: (201) 947-0058 Fax: _____ Federal Emp. Number: _____

License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ROOF TEAR-OFF AND RESHINGLE - BLDG 5
UNITS A-F

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **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 _____

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:



Construction Official

Date Printed: 5/13/2021

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____



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 143.01 Lot 501-04 Qualification Code _____
Work Site Location 5 Plaza De Las Flores

Owner in Fee: The Villages

Tel. (732) 431-1646

e-mail _____

Address 100 Dog Hamorsys Rd, Freehold, NJ 07728

Contractor: Premier Construction Associates, Inc. (901) 947-0058

Address 140 Sylvan Avenue e-mail _____

Englewood Cliffs, NJ 07632

Contractor License No. or Builder Registration No. 13VH10662506 Exp. Date 3/31/2021

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

Federal Emp. ID No. _____ FAX: (901) 947-4470

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date 3/11/20 Initial AB

INSPECTIONS

Dates (Month/Day)

☒ No Plans Required

Failure

Failure

Approval

Initial

☐ All

Footings

Bonding

Foundation

Slab

☐ Structural/Framework

Frame

Truss Sys./Bracing

Barrier-Free

Insulation

☐ Exterior

Finishes -Base Layer

Finishes -Final

Energy

Mechanical

☐ Interior

Joint Plan Review Required:

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Approved by: _____

☐ CO ☐ CCO ☐ CA

Date: 5-12-21

Other

Final

Barrier-Free

SUBCODE APPROVAL for CERTIFICATE

Constr. Class Present YB

Proposed YB

Height of Structure _____

Area — Largest Floor _____

New Bldg. Area/All Floors _____

Volume of New Structure _____

Max. Live Load _____

Max. Occupancy Load _____

State Approved _____

HUD

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ 30,000

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

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: Keith Smith

Print name here: Keith Smith

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1. Remove + Replace Roof
As Per FWH Specifications

2. Remove + Replace
Gutters and Leaders

Units A,B,C,D,E,F Buildings

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)

\$ 1200

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 1328