

BLOCK 3569 LOT 2 QUALIFICATION CODE 05168 ADDRESS (SITE) 75 S. Appletree Road PERMIT NO. _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 75 S. Appletree Road Howell, NJ 07731
 2. Name of Owner in Fee: David & Cheryl Bahney Tel. (_____) _____
 Address 75 S. Appletree Road Howell 07731
street municipality zip code
 3. Ownership in Fee: Public _____ Private X
 4. Principal Contractor: _____ Tel. (_____) _____
 Address _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. _____ FAX: (_____) _____
 5. Architect or Engineer _____ Tel. (_____) _____
 Address _____ Contact _____
 6. Responsible Person in Charge once Work has Begun David Bahney
 Tel. (_____) _____ FAX: (_____) _____

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

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 V-B
 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 _____

(office use only)

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	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☒ b. Alteration					<u>3/19/08</u>	<u>GB</u>			
☐ 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									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: R-5
 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(a)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: Re-roof

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 Cheryl Bahney Date 3/6/08

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 _____

Address _____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X		X		X		
☐ Planning Board			X		X		X		
☐ Zoning Board			X		X		X		
☐ Sewer Authority			X		X		X		
☐ Water Authority			X		X		X		
☐ Police Department			X		X		X		
☐ Health Department			X		X		X		
☐ Soil Conservation			X		X		X		
☐ N.J. Department of Community Affairs			X		X		X		
☐ N.J. Department of Transportation			X		X		X		
☐ N.J. Department of Environmental Protection			X		X		X		
☐ Utility Dig No.			X		X		X		
☐			X		X		X		
☐			X		X		X		
☐			X		X		X		

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued: 6/26/2008
Control Number 05168
Permit Number 20080564
Permit Issue Date 3/26/2008
Certificate Number 20080564

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 75 S. APPLETREE ROAD Howell Township, Block: 35.69 Lot: 2 Qual:
NJ
Owner in Fee: BAHNEY, DAVID M & CHERYL
Owner Address: 75 S. APPLETREE ROAD HOWELL NJ 07731
Telephone:
Contractor: BAHNEY, DAVID M & CHERYL
Address: 75 S. APPLETREE ROAD HOWELL NJ 07731
Telephone: Fax:
License Number or Builders Registration Number: Federal Emp. Number:
Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: Type V
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: RE-ROOF TAMKO DIMENSIONAL 30 YR SHINGLE

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.

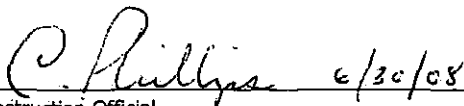
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

Fee: \$0.00
Check Number:
Collected By:



CONSTRUCTION PERMIT

Date Issued 3/26/2008
Control # 05168
Permit # 20080564

IDENTIFICATION Block: 35.69 Lot: 2 Qualifier _____
Work Site Location: 75 S. APPLETREE ROAD Howell Township, NJ Contractor BAHNEY, DAVID M & CHERYL
Address 75 S. APPLETREE ROAD HOWELL NJ 07731
Owner in Fee BAHNEY, DAVID M & CHERYL
75 S. APPLETREE ROAD HOWELL NJ 07731 Telephone: _____
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

RESHINGLE 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 \$1,500

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$45
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$47
Check No.	0513
Cash	\$0
Credit	\$0
Collected By	L G

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



CONSTRUCTION PERMIT

Date Issued

Permit #

3-26-08

05168

20080564

IDENTIFICATION: Block

356-9

Lot

2

Qualification Code

Work Site Location

755 Appletree Rd

Harrison NJ 07731

Contractor

SHEPARD SEITZ

Address

Owner in Fee

David & Cheryl Kahney

Address

755 Appletree Rd

Harrison NJ 07731

Tel. ()

Lic. No. or Bldrs. Reg. No.

Tel. ()

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☒ OTHER Roof

DESCRIPTION OF WORK:

30 year Shingle
Re-Roof
Leaking

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

\$1500

Construction Official

Date

3-26-08

PAYMENTS (Office Use Only)

Building

45

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State/Permit Fee

2

Cert. of Occupancy

Other

Total

47

Check No.

0513

Cash

Collected by

3

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. Utility services, including septic.
 4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring; panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- ☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.
- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
- ☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".
- ☐ A complete copy of released plans must be kept on the job site.



**BUILDING SUBCODE
TECHNICAL SECTION**



Engineering

Date Received
Control #
Date Issued
Permit #

3-26-08
05168
20080564

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

Block 35164 Lot 2 Qualification Code _____
Work Site Location 75 S. Appleton Road
H Howell NJ 07731

Owner [Redacted]
Tel. [Redacted]

Address 75 S. Appleton Rd H Howell 07731
Street Municipality ZIP code

Contractor: SELF Tel. () ()
e-mail _____

Address _____

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

Federal Employee No. _____ FAX: () ()

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
☒ No Plans Required	<u>3/14/08</u>	<u>GB</u>	Type:	Failure	Approval	
☐ All			Footings			
☐ Footing			Footings Bonding			
☐ Foundation			Foundation			
☐ Frame			Slab			
☐ Other			Frame			
			Truss Sys./Bracing			
			Barrier-Free			
Joint Plan Review Required:			Insulation			
☐ Elec.	☐ Plumb.	☐ Fire	Finishes -Base Layer			
			Finishes -Final			
SUBCODE APPROVAL			Energy			
☐ CO	☐ CCO	☒ CA	Mechanical			
Date:	<u>4/14/08</u>		TCO			
Approved by:	<u>GB</u>		Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5
Constr. Class Present _____ Proposed V-B
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. \$ 1500
2. Rehabilitation \$ 1500
3. Total (1+2) \$ 1500

C. CERTIFICATION IN LIEU OF OATH

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

Signature Cheryl Baloney

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Re-roof
Tank Dimensional 30yr Shingle
Leaking
2nd Layer

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 2
TOTAL FEE \$ _____

2ND Layer

Work Complete

Visual inspection only

Block. Dimensional
new steel flanges

PD



BUILDING SUBCODE TECHNICAL SECTION



Charles Rahney

Date Received
Control #
Date Issued
Permit #

3-26-08
05168
200805164

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

Block 35164 Lot 2 Qualification Code _____

Work Site Location 75 S. Applebree Road

Huvel NJ 07731

Owner in Fee: David A. Cheryl Rahney

Tel. _____

Address 75 S. Applebree Rd Huvel 07731

street

municipality

zip code

Contractor: Self Tel. (____) _____

Address _____ e-mail _____

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

Federal Employee No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____

☒ No Plans Required 3/14/08 CG Type: _____

☐ All _____ Footing _____ Failure _____ Dates (Month/Day) _____ Initial _____

☐ Footing _____ Footing Bonding _____ Failure _____

☐ Foundation _____ Foundation _____ Failure _____

☐ Frame _____ Slab _____ Failure _____

☐ Other _____ Truss Sys./Bracing _____ Failure _____

Joint Plan Review Required:

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

☐ Insulation _____

☐ Finishes -Base Layer _____

☐ Finishes -Final _____

☐ Energy _____

☐ Mechanical _____

☐ TCO _____

☐ Other _____

☐ Final _____

☐ Barrier-Free _____

Date: _____

Approved by: _____

Barrier-Free _____

Barrier-Free _____

Barrier-Free _____

Barrier-Free _____

Barrier-Free _____

Barrier-Free _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5

Const. Class Present _____ Proposed V-B

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. \$ 1500

2. Rehabilitation \$ 1500

3. Total (1+2) \$ 1500

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.
Charles Rahney
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Re-roof

Tamko Dimensional 30yr Shingle

Leakily

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☒ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ 2

TOTAL FEE \$ _____

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy

U.C.C. F.110

(rev. 05/05)

Reorder from OCS Printing (609) 398-4375

HOWELL TOWNSHIP
PLAN REVIEW CHECK LIST

NAME Bahney BLOCK 35.69 LOT 2

ADDRESS 75 S. apple tree

DATE SUBMITTED 3-7-08

TYPE OF WORK Emergency

05168

101006
Leaky

	REVIEW ED BY	APPROVED	COMMENTS
FIRE			
BUILDING	3/19/08	OK	
ELECTRICAL			
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			