BLOCK 262.2 LOT 100.1 QUALIFICATION CODE _____ ADDRESS (SITE) 1210 Stockton PERMIT NO. _____

18395

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1210 STOCKTON DRIVE
2. Name of Owner in Fee: JUDD GEAUEY Tel. (732) 422-8617
   Address 1210 STOCKTON DRIVE NO. BRUNSWICK NJ 08902
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: A. DAMIANO & SONS ROOFING Tel. (609) 695-0854
   Address 122½ DIVISION ST TRENTON, NJ 08611
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 155-58-6882 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work ANTHONY DAMIANO
   Tel. (609) 977-5840 FAX (732) 833-7859

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 46.-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	10.		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 56.		

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

	Est. Cost	OPTIONAL (for office use only) 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. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
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:

LDS NOB-B 10312875

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. 5:32-2.15(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 A. Damiano & Sons Roofing

Address 122½ Division ST Trenton, NJ 08611

Telephone (609) 977-5840

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
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.				

RECEIVED
DEC - 3 2004
NORTH BRUNSWICK TWP.
CONSTRUCTION OFFICE

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20061070
Permit Date: 08/21/2006
Update Number:
Control Number: 18395
Application Date: 12/06/2004

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 262.2 Lot : 100.1 Qual :

Work site Location:	1210 STOCKTON DRIVE North Brunswick	Contractor:	A. DAMIANO & SONS ROOFING
Owner In Fee:	GERVEY JUDA B & SUSAN B PRICE	Address:	122 1/2 DIVISION ST.
Address:	1210 STOCKTON DRIVE		TRENTON NJ 08611
	NORTH BRUNSWICK NJ 08902	Telephone:	(609) - 695-0854
Telephone:	(732) - 422-8617	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-5	Federal Emp. No.:	15-5586282

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:

ROOF

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	7,350.00
Cost of Demolition:	0.00
Total Cost:	$7,350.00

PAYMENTS (Office Use Only)

Building	$46.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$10.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$56.00**
All Fees Waived :	No

Amount to be Paid: **$56.00**
Check Number: 1090
Check amount: $56.00

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

THOMAS PAUN — 8/21/06
Construction Official — Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by: MM
Receipt No: 57195
Total Cash Amount
Total Check Amount $56.00
Total CC Amount
Grand Total $56.00

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 18395
Application Date: 12/06/2004

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 262.2 Lot : 100.1 Qual :

Work site Location:	1210 STOCKTON DRIVE North Brunswick	Contractor:	A. DAMIANO & SONS ROOFING
Owner In Fee:	GERVEY JUDA B & SUSAN B PRICE	Address:	122 1/2 DIVISION ST.
Address:	1210 STOCKTON DRIVE		TRENTON NJ 08611
	NORTH BRUNSWICK NJ 08902	Telephone:	(609) - 695-0854
Telephone:	(732) - 422-8617	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-5	Federal Emp. No.:	15-5586282

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:

ROOF

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	7,350.00
Cost of Demolition:	0.00
Total Cost:	$7,350.00

PAYMENTS (Office Use Only)

Building	$46.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$10.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$56.00**
All Fees Waived :	No

Amount to be Paid: $56.00

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

Thomas Paun 12/6/04

THOMAS PAUN Date
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Note:

Township of North Brunswick, Construction Office, 710 Hermann Road, North Brunswick, NJ 08902 / (732) 247-0922, ext. 450

FILL OUT COMPLETELY and TYPE OR PRINT IN INK

CHECK IF: ___ UPDATE, ___ PROTOTYPE, or ___ CHANGE OF CONTRACTOR and enter ORIGINAL PERMIT # _____

SITE / OWNER DATA:

BLOCK _____ LOT _____ WORKSITE ADDRESS 1210 STOCKTON DRIVE

Owner in Fee JUDD GENNEY

Address 1210 STOCKTON DRIVE City NO. BRUNSWICK State NJ Zip Code 08902

Phone _____

N.B.: Signature(s) below and/or on reverse certify the accuracy of all data and the authority to submit this application.

OFFICE USE ONLY:

Received _____
Control # _____
Issued _____
Permit # _____

BUILDING SUBCODE

Contractor A. DAGIANIS & SONS ROOFING

Address 122½ DIVISION ST.

City TRENTON State NJ Zip Code 08611

Phone (609) 695-0854

License # _____ Expires _____

Federal Employment # 155-58-6282

BUILDING CHARACTERISTICS:

USE GROUP: Present ____ Proposed R5

CONST. CLASS: Present ____ Proposed 5B

New Bldg.: # of Stories _____ Height _____ Ft.

Area: Largest Floor _____ Sq. Ft. / All Floors _____ Sq. Ft.

Volume _____ Cu. Ft. / Total Land Disturbed _____ Sq. Ft.

TECHNICAL SITE DATA:

Description: Remove & Replace Roof

TYPE OF WORK:

[ ] New Building [ ] Addition

[ ] Alteration:

[ ] Roofing [ ] Pool

[ ] Siding [ ] Asbestos Abatement

[ ] Fence, Height _____ [ ] Lead Hazard Abatement

[ ] Sign, Sq. Ft. _____ [ ] Other _____

[ ] Demolition

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ 7350.00

SIGNATURE _____ [ ] Agent [X] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW : [ ] No Plans Required

[ ] All [ ] Footing [ ] Foundation [ ] Frame [ ] Other _____

SIGNATURE _____ DATE 12/6/04

PLUMBING SUBCODE

Contractor _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

License # _____ Expires _____

Federal Employment # _____

PLUMBING CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____

Building Sewer Size _____ [ ] Public Sewer [ ] Private Septic

Water Service Size _____ [ ] Public Water [ ] Private Well

TECHNICAL SITE DATA:

QTY.	FIXTURE/EQUIPMENT	QTY.	FIXTURE/EQUIPMENT
____	Water Closet	____	Gas Piping
____	Urinal/Bidet	____	Steam Boiler
____	Bath Tub	____	Hot Water Boiler
____	Lavatory	____	Sewer Pump
____	Shower	____	Interceptor/Separator
____	Floor Drain	____	Backflow Preventer
____	Sink	____	Greasetrap
____	Dishwasher	____	Sewer Connection
____	Drinking Fountain	____	Water Service Connection
____	Washing Machine	____	Stacks
____	Hose Bibb	____	Other _____
____	Water Heater	____	Other _____
____	Fuel Oil Piping	____	Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____

[ ] Licensed Plumber (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

FIRE SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
Phone _____
License # _____ Expires _____
Federal Employment # _____

FIRE PROTECTION CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
CONST. CLASS: Present ____ Proposed ____
Heating System: [ ] New [ ] Existing [ ] HVAC: Location _____
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____
Fire Alarm System: [ ] New [ ] Existing: Panel Location _____
Fire Supression/Standpipe System: [ ] New [ ] Existing
Main Control Valve Location _____
Method of Supervision _____
Water Supply Source _____

TECHNICAL SITE DATA:

DESCRIPTION OF WORK:

STORAGE TANKS	CAPACITY	FUEL
[ ] Flammable Liquid	_____	_____
[ ] Combustible Liquid	_____	_____
[ ] LPG _____	_____	
[ ] LNG _____	_____	

QTY.
ALARM SYSTEMS: [ ] 110 v Interconnected [ ] System
____ Alarm Devices (i.e. smoke, heat, pulls, water/flow)
____ Supervisory Devices (i.e. tampers, low/high air)
____ Signaling Devices (i.e. horns/strobes, bells)
____ Other Devices _____
____ TOTAL
SUPPRESSION SYSTEMS: [ ] Fire Pump [ ] GPM Type
____ Dry Pipe/Alarm Valves
____ Pre-Action Valves
____ Sprinkler Heads (dry and wet)
____ Standpipes
PRE-ENGINEERED SYSTEMS:
____ Wet Chemical
____ Dry Chemical
____ CO2 Suppression
____ Foam Suppression
____ Halon Suppression
____ Other _____
____ Kitchen Hood Exhaust System
____ Smoke Control System
____ [ ] Gas or [ ] Oil Fired Appliances
____ Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

ELECTRICAL SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
Phone _____
License # _____ Expires _____
Federal Employment # _____

ELECTRICAL CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
[ ] Pole Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____

TECHNICAL SITE DATA:

QTY.	SIZE	ITEMS
____		Lighting Fixtures
____		Receptacles
____		Switches
____		Detectors
____		Light Poles
____		Motors - Fractional HP
____		Emergency & Exit Lights
____		Communications Points
____		Alarm Devices/F.A.C. Panel
____		TOTAL QUANTITY
____		Pool / with UW Lights
____		Storable Pool/Spa/Hot Tub
____	____	KW Elec. Range/Receptacle
____	____	KW Oven/Surface Unit
____	____	KW Electric Water heater
____	____	KW Electric Dryer/Receptacle
____	____	KW Dishwasher
____	____	HP Garbage Disposal
____	____	KW Central Air Conditioning Unit
____	____	HP/KW Space Heater/Air Handler
____	____	KW Baseboard Heat
____	____	HP Motors 1/+ HP
____	____	KW Transformer/Generator
____	____	AMP Service
____	____	AMP Subpanels
____	____	AMP Motor Control Center
____	____	KW Electric Sign/Outline Light
____	____	Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____

[ ] Licensed Electrician (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

TOWNSHIP OF NORTH BRUNSWICK

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/06/2004 Date Issued 08/21/2006
Control # 18395 Permit # 20061070

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

Block : 262.2 Lot : 100.1 Qualifier :
Work Site Location : 1210 STOCKTON DRIVE

Owner Details

Name : GERVEY JUDA B & SUSAN B PRICE
Address : 1210 STOCKTON DRIVE
NORTH BRUNSWICK NJ 08902
Telephone : 732 - 422-8617

Contractor Details

Contractor : A. DAMIANO & SONS ROOFING
Address : 122 1/2 DIVISION ST.
TRENTON NJ 08611
Telephone (609)-6950854
Fax :

Lic No. or Bldrs Reg. No. :
Federal Emp. No: 155586282

B.BUILDING CHARACTERISTICS

Use Group	Present : R-5	Proposed :	
Constr. Class	Present :	Proposed :	
No. of Stories	0		
Height of Structure	0	Ft.	
Area - Largest Floor	0	Sq. Ft.	
New Bldg. Area/All Floors	0	Sq. Ft.	
Volume of New Structure	0	Cu. Ft	
Total Land Area Disturbed	0	Sq. Ft	

Est. Cost of Bldg. work:

1. New Building.	0.00
2. Alteration	7,350.00
3. Demolition	0.00
4. Total (1+2+3)	$7,350.00

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates(Month/Day)

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

ROOF

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Alteration
[X] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Sign_____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$46.00

Administrative Surcharge	
Minimum Fee	
DCA Training Fee	$10.00
Total Fee	$56.00

U.C.C.F110(rev. 3/96)

Applicant When submitting this form to your local construction Code enforcement Office, please provide one original plus three photocopies

TOWNSHIP OF NORTH BRUNSWICK

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/06/2004 Date Issued 08/21/2006
Control # 18395 Permit # 20061070

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

Block : 262.2 Lot : 100.1 Qualifier :
Work Site Location : 1210 STOCKTON DRIVE

Owner Details

Name : GERVEY JUDA B & SUSAN B PRICE
Address : 1210 STOCKTON DRIVE
NORTH BRUNSWICK NJ 08902
Telephone : 732 - 422-8617

Contractor Details

Contractor : A. DAMIANO & SONS ROOFING
Address : 122 1/2 DIVISION ST.
TRENTON NJ 08611
Telephone (609)-6950854
Fax :

Lic No. or Bldrs Reg. No. : _
Federal Emp. No: 155586282

B.BUILDING CHARACTERISTICS

Use Group	Present : R-5	Proposed :
Constr. Class	Present :	Proposed :

No. of Stories	0	
Height of Structure	0	Ft.
Area - Largest Floor	0	Sq. Ft.
New Bldg. Area/All Floors	0	Sq. Ft.
Volume of New Structure	0	Cu. Ft
Total Land Area Disturbed	0	Sq. Ft

Est. Cost of Bldg. work:

1. New Building.	0.00
2. Alteration	7,350.00
3. Demolition	0.00
4. Total (1+2+3)	$7,350.00

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____
_____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates(Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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

ROOF

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Alteration
[X] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Sign_____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$46.00

Administrative Surcharge	
Minimum Fee	
DCA Training Fee	$10.00
Total Fee	$56.00

U.C.C.F110(rev. 3/96)

Applicant When submitting this form to your local construction Code enforcement Office, please provide one original plus three photocopies

NORTH BRUNSWICK TOWNSHIP
2004 CONTRACTOR REGISTRATION

Date Filed: _____

ANNUAL FEE $25.00

Legal Name of Contractor: ANTHONY DAMIANO
Doing Business As: A DAMIANO + SONS ROOFING
Street Address: 122 1/2 DIVISION ST.
Town/State/Zip: TRENTON NJ 08611
Business Telephone: (609) 695-0584 Contact Person: ANTHONY DAMIANO

Name and addresses of principal officers with 10% or more ownership. State if applicant is sole proprietor or corporation: _____

Number of years firm has been in business under current trade name: 10
Number of years firm has been located at above address: 10
If less than two years, give previous address and number of years at this location: _____

Current Insurance Policy (attach copy of insurance liability certificate)

Policy Number: G103 81762-01 Expiration Date: 4-10-05
Insurance Carrier: Lititz Mutual Insurance Co.
Liability Coverage Amount: $1,000,000.00
Telephone number of Agent for verification: 215 519-8398

Names of the last three (3) towns where work requiring a permit occurred. For each job, list the type of work, date and address.

1. MASONIC HALL 535 N MAIN ST. HIGHTSTOWN, NJ
   ROOF 12/1/04
2. JOHN FORBANO 5 HIGH ST, ALLENTOWN, NJ
   ROOF 11/7/04
3. GEORGE MANCO 2207 South Clinton Ave, Hamilton Twp, NJ
   ROOF 10/29/04

_____
CONSTRUCTION OFFICIAL

Date Paid _____
Check# _____
Receipt# _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/24/04

PRODUCER
Perlman Agency
403 Bristol Rd

Ivyland, PA 18974

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
A.Damiano & Sons Roofing
122 Division Street

Trenton, NJ 08611

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Lititz Mutual Insurance Co	14400
INSURER B: Progressive Northern Insurance Co	38628
INSURER C: Penn Mutual Insurance Co	56327
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	GLO3 81762-01	04-10-2004	04-10-2005	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ $ 10,000 $ 1,000,000 $ 2,000,000 $ 1,000,000
B		AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	B 1P3517406-03	04-09-2004	04-09-2005	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ 50,000 $ 50,000 $ 100,000
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC3517407-04	03-10-2004	03-10-2005	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

GENERAL CONTRACTOR

CERTIFICATE HOLDER

Office Copy

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Michael F Chromiak

OFFICE OF THE CONSTRUCTION OFFICIAL

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902

732-247-0922

Project Inspection Activity Report

Permit No.: 20061070
Issued On: August 21,2006
Closed On: March 20,2008

IDENTIFICATION

Work Site Location: 1210 STOCKTON DRIVE

Block : 262.2 Lot : 100.1

Owner In Fee: GERVEY JUDA B & SUSAN B PRICE

Address: 1210 STOCKTON DRIVE
NORTH BRUNSWICK , NJ 08902

Subcodes:					
Bldg	Elec	Fire	Plmb	Elev	Mech
Y	N	N	N	N	N

Work Type and Description: MinWrk
ROOF

Number of Updates: 0

HISTORY

Requested On	Inspected On	Subcode	Inspector	Inspection Types and Results	Comment
03/20/2008	03/20/2008	Building	MD	Final : P : :	

Total Inspections: Bldg - 1 Elec - 0 Fire - 0 Plmb - 0 Elev - 0 Mech - 0

Legend : P-Pass F-Fail C-Cancel X-Not Ready N-Not Done ***-Third Party Agency

TOWNSHIP OF NORTH BRUNSWICK

710 HERMANN ROAD
POST OFFICE BOX 6019
NORTH BRUNSWICK, N.J. 08902
TEL. (732) 247-0922
FAX (732) 214-8812
WEBSITE: WWW.NORTHBRUNSWICKONLINE.COM

December 7, 2004

06LU'6

A. DAMIANO & SONS ROOFING
122 ½ Division St.
Trenton, NJ 08611

Re: Roof Permit
1210 Stockton Dr.
North Brunswick

To whom it may concern,

Please be advised that the above referenced permit is ready to be paid. The fee is $56.00. We also need a check for $25.00 made payable to North Brunswick Township for the annual Contractor Registration.

If there are any questions, you may contact the Building Department at 732-247-0922 ext 450.

Sincerely,

Thomas Paun

Thomas Paun
Construction Official

TP/db

TOWNSHIP OF NORTH BRUNSWICK

710 HERMANN ROAD
NORTH BRUNSWICK, N.J. 08902
TEL. (732) 247-0922
FAX (732) 214-8812
WEBSITE: WWW.NORTHBRUNSWICKONLINE.COM

061070

July 18, 2006

JUDD GERVEY
1210 STOCKTON DRIVE
NORTH BRUNSWICK, NJ 08902

Re: ROOF PERMIT

Dear Mr. Gervey,

Please be advised that it has come to our attention the above referenced permit was never paid. The application date is 12/06/04. The fee for this permit is $56.00. It is the homeowner's responsibility to make sure all fees are paid.

We would very much appreciate receiving this payment as soon as possible so we can have you call for final inspections and close out this application.

If you have any questions, please feel free to contact the Building Department at 732-247-0922 ext 450.

Sincerely,

Thomas Paun

Thomas Paun
Construction Official

TP/db

1st written notice

TOWNSHIP OF NORTH BRUNSWICK

710 HERMANN ROAD
NORTH BRUNSWICK, N.J. 08902
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061070

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Sincerely,

Thomas Paun

Thomas Paun
Construction Official

TP/db

1st written notice

DISPOSAL OF BUILDING MATERIALS AND CONSTRUCTION DEBRIS

IN ACCORDANCE WITH ORDINANCE # 97-26, WHICH REGULATES THE COLLECTION OF GARBAGE,

061070

THE TOWNSHIP OF NORTH BRUNSWICK DOES **NOT** PICK UP:

LUMBER, SHINGLES, WALLBOARD OR OTHER BUILDING MATERIAL OR DEBRIS THAT COMES FROM A PROJECT REQUIRING A CONSTRUCTION PERMIT FROM THE TOWNSHIP. THE EXCEPTION TO THIS RULE IS HOT WATER HEATERS, WHICH THE TOWNSHIP WILL COLLECT UPON CALLING THE DEPTARTMENT OF PUBLIC WORKS TO SCHEDULE A PICK-UP

PLEASE INDICATE BELOW HOW YOU ARE PROVIDING FOR THE DISPOSAL OF CONSTRUCTION DEBRIS:

✓ THE CONTRACTOR WILL BE REQUIRED TO DISPOSE OF CONSTRUCTION MATERIALS AND DEBRIS.

_____ A DUMPSTER WILL BE PLACED ON THE PROPERTY AND A PRIVATE HAULER WILL REMOVE CONSTRUCTION MATERIALS AND DEBRIS.

_____ OTHER (SPECIFY)_____

I, Anthony Damiano **certify that the materials will be disposed of in one of the above manners.**

Anthony Damiano

APPLICANT'S SIGNATURE

1210 Stockton Drive, North Brunswick NJ 08902 — 12/3/04

PROPERTY ADDRESS — **DATE**