



CONSTRUCTION PERMIT

Date Issued 6-25-07
Permit # 20070168

IDENTIFICATION Block 49 Lot 4 Qualification Code _____
Work Site Location 313 BARKLEY AVE Contractor John A. Loughton
Bradley Beach N.J. Address 312 BARKLEY AVE
Owner in Fee Werner Pte BOKALIAK Bradley Beach N.J.
Address 313 BARKLEY AVE Tel. (732) 715-9015
Bradley Beach Lic. No. or Bldrs. Reg. No. 1301A 0067760
Tel. (732) _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Replace Front Step as is "Emergency"

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 \$ 4,000-

Construction Official

6/22/07
Date

PAYMENTS (Office Use Only)

Building 46-
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee ✓
Cert. of Occupancy _____
Other _____
Total 47-
Check No. #5351
Cash _____
Collected by NCM

(see reverse side)

U.C.C. F170 (rev. 01/04)

1. WHITE-INSPECTOR

2. CANARY-OFFICE

3. PINK-TAX ASSESSOR

4. GOLD-APPLICANT



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 49 Lot 1 Qualification Code _____
Work Site Location 313 Brinkley Ave. Brooklyn Boro.
Owner in Fee: Diane & Peter BAKALIAN
Tel. () e-mail _____
Address 313 Brinkley Ave. Brooklyn Boro. zip code 11207
Contractor: John McLaughlin Tel. () 225-9005
Address 312 Brinkley Ave. e-mail _____
Contractor License No. or Builder Registration No. 13440067700 Exp. Date 12-31-07
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13440067700
Federal Emp. ID No. _____ FAX: () 225-0323

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Approval Initial
☐ All			Footings	
☐ Footing			Footings Bonding	
☐ Foundation			Foundation	
☐ Frame			Slab	
☒ Other <u>Stair</u>			Frame	
			Truss Sys./Bracing	
			Barrier-Free	
Joint Plan Review Required:			Insulation	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Base Layer	
			Finishes -Final	
SUBCODE APPROVAL			Energy	
☐ CO ☐ CCO ☒ CA			Mechanical	
Date: <u>1-26-09</u>			TCO	
Approved by: <u>LOT</u>			Other	
			Final	
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>0</u>
No. of Stories			2. Rehabilitation \$ <u>1,000</u>
Height of Structure			3. Total (1+2) \$ <u>1,000</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Load 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

Replace Front Steps AS IS

"Emergency"

See attached detector & Stair Requirements

TYPE OF WORK

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

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ <u>47</u>

Date Received 6-19-07
Control # 6488
Date Issued 6-25-07
Permit # 20090168