BLOCK 382.04 LOT 13 QUALIFICATION CODE — ADDRESS (SITE) 234 Hawaii drive PERMIT NO. 13-2314

CONSTRUCTION PERMIT APPLICATION

C-13-003192

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

I. IDENTIFICATION

1. Proposed Work Site at: 234 HAWAII Dr. Brick NJ
2. Name John Sturat
   Tel. ([redacted] -mail
   Address 234 HAWAII Dr - BRICK NJ (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: American Home Tel. (973) 374-6700
   Address 89-91 Colt ST e-mail
   Irvington NJ 07111
   License No. OR, if new home, Builder Reg. No. 13VH01504400 Exp. Date 12/31/13
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 223335541 FAX: (____)
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. (____) ____ FAX: (____)
6. Responsible Person in Charge once Work has Begun Victor Fiore
   Tel. (973) 374-6700 FAX: (973) 374-9446

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 (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. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$ 9000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present ____ Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/10/2013
Control Number C-13-003192
Permit Number 13-2314
Permit Issue Date 06/03/2013
Certificate Number 13-2314

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 234 HAWAII DR. Brick Township, NJ Block: 382.04 Lot: 13 Qual:

Owner in Fee: SKURAT, JOHN A

Owner Address: 27 VARNUM LANE MANALAPAN NJ 07726

Telephone: [redacted]

Contractor American Home Remodeling Inc.

Address 89 Colt St 91 Irvington NJ 07111

Telephone: (973) 374-6700 Fax:

License Number or Builders Registration Number: 13VH01504400 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ROOF

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:

Date Printed: 07/10/2013 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 06/03/2013
Control # C-13-003192
Permit # 13-2314

IDENTIFICATION Block: 382.04 Lot: 13 Qualifier
Work Site Location: 234 HAWAII DR. Brick Township, NJ
Owner in Fee SKURAT, JOHN A
27 VARNUM LANE MANALAPAN NJ 07726
Telephone: [redacted]

Contractor American Home Remodeling Inc.
Address 89 Coit St 91 Irvington NJ 07111
Telephone: (973) 374-6700
Lic. No. or Bldrs. Reg. No. 13VH01504400
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ROOF

Note: If constuction 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 $9,000

Construction Official Date

PAYMENTS (Office Use Only)

Building	$270
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$15
CO Fee	
Other	$0
Total	$285
Check No.	
Cash	$285
Credit	$0
Collected By	Christopher Romano

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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 [illegible] 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.

BUILDING $270.00
DCA $15.00
CHECK $285.00

FOR DEPOSIT ONLY

- [ ] 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.

NEW JERSEY

BUILDING SUBCODE
TECHNICAL SECTION

Copy

Date Received 6/3/2013
Control # C-13-003192
Date Issued 6/3/2013
Permit # 13-2314

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

Block 382.04 Lot 13 Qualification Code

Work Site Location: 234 HAWAII DR, Brick Township, NJ

Owner in Fee: SKURAT, JOHN A

Address 27 VARNUM LANE MANALAPAN NJ 07726

Tel. [redacted] Email

Contractor: American Home Remodeling Inc

Address 89 Coit St 91 Irvington NJ 07111

Email

Tel. (973) 374-6700 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home Improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ROOF,

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☒ CA 06/28/13
Date:
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			6/27/13	[initials]
Barrier-Free				

TYPE OF WORK		FEE (Office Use Only)
☐ New Building		
☐ Addition		
☐ Rehabilitation		
☑ Roofing		$270
☐ Siding		
☐ Fence	Height (exceeds 6')	
☐ Sign	Sq. Ft.	
☐ Pool		
☐ Retaining Wall	Sq. Ft.	
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz Abatement NJAC 5:17		
☐ Other		
☐ Demolition		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$15
TOTAL FEE	$285

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present Proposed

Number of Stories

Height of Structure Ft.

Area - Largest Floor Sq. Ft.

New Blbg. Area / All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation
3. Total (1+2) $9,000

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

RED BANK RECYCLING
CONTAINER SERVICE, INC.

P.O. BOX 2126
RED BANK, NJ 07701
(732) 747-7667
FAX # (732) 747-5530

DISPATCH TICKET

1

NOT RESPONSIBLE FOR DAMAGE TO CURBS, SIDEWALKS, DRIVEWAYS & PROPERTY

WORK ORDER NO.	119370
DATE/TIME REQUESTED	06/10/13
DATE/TIME PROMISED	06/10/13 12:00 AM
PICKUP DATE	

BY: CHRIS

Driver: Truck:

CUSTOMER I.D.	CON026194 Route:	BILL: AMERICAN HOME REMODELING
LOCATION	AMERICAN HOME REMODELING	89-91 COIT STREET
	234 HAWAII DRIVE	IRVINGTON, NJ 07111
	BRICK, NJ	(973)-727-3073
TELEPHONE	(973)-727-3073	Terms: CC
CONTACT	800-941-5541 (off)	

QTY	TYPE OF SERVICE	CONTAINERS SIZE	DESCRIPTION
1.00	D20	7.20	DUMPING FEE 4.5 TON
1.00	TAX		STATE SALES TAX
1.00	20Y		20Y CONTAINER CONST

COMMENTS:

PD BY CC(CALL 4 CC) DELIVER 20CY

Signature________ Date / / Amount $ 591

Attn: Nicole

RED BANK RECYCLING
64 CENTRAL AVENUE
RED BANK, NJ 07701
(732) 747-1567
TERMINAL #8

Merchant ID: 7218
Term ID: 70562421
Ref #: 0001

Phone Order

XXXXXXXXXXX2008
AMEX
Entry Method: Manual

Total: $ 591.00

06/11/13 14:02:27
Inv #: 000001 Appr Code: 262886
Transaction ID: 861519241143773
Board: Online Batch: 000100
AVS Code: ZIP MATCH Z
CVV2 Code: MATCH M

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 13-2314

Date Issued / Permit # 6-3-13

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

Block 38204 Lot 13 Qualification Code

Work Site Location 234 HAWAII Dr - BRICK NJ

Owner in Fee: JOHN STUART

Tel [redacted]

Address 234 HAWAII Dr - BRICK NJ

Contractor: AMERICAN HOME (street / municipality) Tel. (973) 374-6700

Address 89-91 WEST ST IRVINGTON NJ e-mail

Contractor License No. or Builder Registration No. 13VH01500444 Exp. Date 12/31/13

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

Federal Emp. ID No. 223335541 FAX: ( )

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: Victor Fiore

Print name here: Victor Fiore

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Strip off all existing LAyer's of ROOF ON HOUSE. Replace any rotted wood. Install felt paper and Ice and WATER shield - Ridge Vent w/cap Install IKO 30 yr shingle

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [X] 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 $

State Permit Surcharge Fee $

TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present 1 Family Proposed

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.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 9000

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

1 White = Inspector Copy 2 Canary = Office Copy

3 Pink = Office Copy 4 Gold = Applicant Copy

This form must be handed in with permit application or a permit will not be issued!

TOWNSHIP OF BRICK

Debris Form

Work Site Address: 234 Hawaii Dr. Brick NJ

Block: 382.04 Lot: 13.

Contractor: American Home Remodeling

Contractor's Address: 89-91 Coit ST

Type of Construction (minor, new home): Roof

Type of Debris (shingles, siding, wood, etc): Roofing shingle

Party responsible for removal: American Home Remodeling

Dumpster Size: 30 yrds

Destination of Debris: _____

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Greg A. Dente — 6/3/13

Signature *Date*

Greg A. Dente

Print Name

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

American Home Remodeling Inc
Victor L Fiore
89 Coit St 91
Irvington NJ 07111-4102

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

12/10/2012 TO 12/31/2013
VALID

13VH01504400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

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(f)1.ix:

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. 5:23-2.15(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 American Home Remodeling

Address 89-91 Coit ST

Telephone (973) 374-6700

Signature [signature]

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