B | E | F | P

BLOCK 2000 LOT 34 QUALIFICATION CODE 44450 ADDRESS (SITE) _____ PERMIT NO. 20022783

TOWNSHIP OF OLD BRIDGE
Department of Code Enforcement
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(732) 721-5600

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 36 BIONDI ~~STREET~~ AVE
2. Name of Owner in Fee: SHARON FINLEY Tel. (732) 583-6319
   Address 36 BIONDI STREET, OLD BRIDGE, N.J. 08857
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor OLD BRIDGE ELKS #2229 Tel. (732) 970-0084
   Address 67 OLD AMBOY ROAD, OLD BRIDGE, N.J.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work BERNARD SIECINSKI
   Tel. (732) 679-8956 FAX (____) _____

Finley

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	35.00		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	35.00		
7. Less 20% for State Plan Review		Fee Waived		
8. Subtotal	$			
9. DCA Training Fee				
10. Subtotal				
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	35.00		

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	

Fee Waived

RECEIVED
SEP 1 [illegible] 2002
TOWNSHIP OF OLD BRIDGE DEPARTMENT OF CODE ENFORCEMENT

II. PROPOSED WORK

	Est. Cost
1. ☑ Minor Work (WHEELCHAIR ACCESS RAMP)	
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	

OPTIONAL (for office use only)

	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								

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 OB-B 10324081

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 OLD BRIDGE ELKS #2229

Address 67 OLD AMBOY ROAD
OLD BRIDGE N.J. 08857

Telephone (732) 970-0084

Signature Walter J. Lore LODGE SECRETARY

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.				

PLAN REVIEW SHEET

NAME Finley.

DATE REC'VD RECEIVED SEP 1 4 2002 TOWNSHIP OF OLD BRIDGE DEPT OF CODE ENFORCEMENT

ADDRESS 36 Biondi St

DESCRIPTION Handicap Ramp

P F ZONING ok

DATE 9/25/02

P F BUILDING A

DATE 9/16

P F ELECTRIC

DATE

P F PLUMBING

DATE

P F MECHANICAL

DATE

P F FIRE

DATE

P F FREEHOLD SOIL ok fax 4/20/07

DATE

P F Engineering Ck 20022783

DATE

P F HEALTH Bldg 3/20/07 Dmk

DATE

P F OBMUA

DATE

P F NJDOH/DOE

DATE

TOWNSHIP OF OLD BRIDGE
One Old Bridge Plaza
Old Bridge NJ 08857
732-721-5600

CERTIFICATE

Date Issued: 04/20/2007
Control #: 44450
Permit #: 20022783

IDENTIFICATION

Block: 2000.19 Lot : 34 Qual: _____

Work Site Location: 36 BIONDI AVE.
CLIFFWOOD, N.J. 07721

Owner in Fee: FINLEY, ARRIE & SHIRLEY

Address: 36 BIONDI AVE.
CLIFFWOOD NJ 07721

Telephone: 732 583-6319

Agent/Contractor: OLD BRIDGE ELKS

Address: 67 OLD AMBOY ROAD
OLD BRIDGE, NJ 08857

Telephone: 732 970-0084

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No. _____

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: [ ] State [ ] Private

Use Group: U

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use:
Alterations--HANDICAP RAMP

Update Desc. of Wk/Use:

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on a written certification, lead abatement was performed as per NJAC 5:17 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 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.

[ ] **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

Alex Tucciarone, Construction Official

Fees: $0.00

Paid [ ] Check No: _____

Collected by: _____

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF OLD BRIDGE
ONE OLD BRIDGE PLAZA
OLD BRIDGE, NJ 08857
732 - 721-5600

Permit Number: 20022783
Permit Date: 9/30/02
Update Number:
Control Number: 44450
Application Date: 09/24/02

CONSTRUCTION PERMIT

OWNER/PROPERTY DETAILS

Block : 2000.19 Lot : 34 Qualifier :

Work site Location:	36 BIONDI AVE. CLIFFWOOD, N.J. 07721	Contractor:	OLD BRIDGE ELKS
Owner In Fee:	FINLEY, ARRIE & SHIRLEY	Address:	67 OLD AMBOY ROAD
Address:	36 BIONDI AVE.		OLD BRIDGE NJ 08857
	CLIFFWOOD NJ 07721	Telephone:	(732) - 970-0084
Telephone:	(732) - 583-6319	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	U	Federal Emp. No.:	

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:

Alterations--HANDICAP RAMP

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$500.00
Cost of Demolition:	$0.00
Total Cost:	$500.00

PAYMENTS (Office Use Only)

Building	$35.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived :	No

Amount to be Paid:

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.

RONALD CONCANNON 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 OLD BRIDGE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 09/24/2002 Date Issued 09/30/2002
Control # 44450 Permit # 20022783

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

Block : 2000.19 Lot : 34 Qualifier :
Work Site Location : 36 BIONDI AVE.

Owner Details
Name : FINLEY, ARRIE & SHIRLEY
Address : 36 BIONDI AVE.
CLIFFWOOD, NJ 07721
Telephone : 732 - 583-6319

Contractor Details
Contractor : OLD BRIDGE ELKS
Address : 67 OLD AMBOY ROAD
OLD BRIDGE NJ 08857
Telephone : (732)-9700084
Fax :

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

B.BUILDING CHARACTERISTICS

Use Group	Present : U		Proposed :	
Constr. Class	Present :		Proposed :	
No. of Stories		0		
Height of Structure		0.00	Ft.	**Est. Cost of Bldg. work:**
Area - Largest Floor		0.00	Sq. Ft.	1. New Building. 0.00
New Bldg. Area/All Floors			Sq. Ft.	2. Alteration 500.00
Volume of New Structure			Cu. Ft	3. Demolition 0.00
Total Land Area Disturbed		0.00	Sq. Ft	4. Total (1+2+3) $500.00

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 [X] CA
Date: 3/23/07
Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			3/29/07	
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

Alterations--HANDICAP RAMP

FEE (Office Use Only)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration $10.00
[ ] 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

Administrative Surcharge	
Minimum Fee	$35.00
DCA Training Fee	
Total Fee	$35.00

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 Old Bridge
1 Old Bridge Plaza
Old Bridge, NJ 08857
Department of Code Enforcement

PERMIT REQUEST FORM

[Office use Only] [Please Print]

Date Received: _____

Control Number: _____

Enter all pertinent information.Be specinc and descriptive .Do not omit important entries,such as telephone Numbers,Fed ID numbers etc.

COMPLETE ALL APPLICABLE INFORMATION ,WHEN CHANGING CONTRACTORS,NOTIFY THIS OFFICE

Block : 2000.19 Lot : 34 Agent: OLD BRIDGE LOCK #2225

Work Site Location: 36 BIONDI STREET Address : 67 OLD AMBOY ROAD

Owner In Fee : SHARON. FINLEY OLD BRIDGE, NJ, 08857

Address : 36 BIONDI STREET Telephone : 732-970-0084 Fax : _____

OLD BRIDGE, NJ. LicenseNo : _____ Fed Id Number: _____

Telephone : 732-583-6315 Is this a rental property ? [ ]-Yes [ ] - No Number of Tenants: _____

RECEIVED
SEP 19 2002
TOWNSHIP OF OLD BRIDGE
DEPT OF
CODE ENFORCEMENT

BUILDING SECTION

Description Of Work:

] New Building [ ] Sign _____Sq.Ft Contractor _____

] Addition [ ] Pool Address _____

] Alteration [ ] Asbestos Abatement Subchapter 8 Phone _____

] Roofing [ ] Lead hazard Abatement N.J.A.C 5:17 Lic. No. _____ Fed. Emp. No. _____

] Siding [ ] Demolition

] Fence [X] Other *

:t _____ (Exceeds 6')

*WHEELCHAIR ACCESS RAMP

Est Cost Of Bldg.Work:

1. New Bldg $_____ 3. Demolition $_____

2. Alteration $_____ 4. Total(1+2+3) $_____

I certify that I am the (agent of) owner of record and am authorised to make this application.

x Walter F. Hone Lodge Secretary

(Signature)

Office Use Only

Plan Review Date Initial

[ ] No Plans Reqd

[ ] All 9/19/02

[ ] Footing _____

[ ] Foundation _____

[ ] Frame _____

[ ] Other _____

Joint Plan review Required:

[ ] Elec [ ] Plumb [ ] Fire

Cubic Ft: _____

Square Ft: _____

% Land Distributed _____

PLUMBING SECTION

Description Of Work:

No. Fixture/Equipmt	No. Fixture/Equipmt
_____ Water Closet	_____ Gas Piping
_____ Urinal/Bidet	_____ Steam Boiler
_____ Bath Tub	_____ Hot water Boiler
_____ Lavatory	_____ Sewer Pump
_____ Shower	_____ Interceptor/Separator
_____ Floor Drain	_____ Back flow Preventor
_____ Sink	_____ Greasetrap
_____ Dishwasher	_____ Sewer Connection
_____ Drinking Fountain	_____ Water Service Connection
_____ Washing Machine	_____ Stacks
_____ Hose Bibb	_____ Other _____
_____ Water Heater	_____ Other _____
_____ Fuel Oil Piping	_____ Other _____

Contractor _____

Address _____

Phone _____

Lic. No. _____ Fed. Emp. No. _____

I certify that I am the (agent of) owner of record and am authorised to make this application.

X _____

Applicant's Signature/Contractor's Seal and Signature

Estimated Cost of Plumbing Work:

$_____

Office Use Only

Joint Plan Review Required: [ ] No Plans Required

[ ] Building [ ] Electric [ ] Plumbing Plans Approved

[ ] Fire [ ] Elevator

Date: _____ Approved By: _____

ELECTRICAL SECTION

Description Of Work:

QTY. SIZE ITEMS

_____ Lighting Fixtures
_____ Receptacles
_____ Switches
_____ Detectors
_____ Light Poles
_____ Motors-Fract.HP
_____ Emergency & Exit Lights
_____ Communication Points
_____ Alarm Devices F.A.C Panel
_____ Other _____
_____ TOTAL NUMBERS
_____ Pool Permit/w Uw Lights
_____ Storable Pool/Spa/Hot Tub
_____ KW Elec.Range /Receptacle
_____ KW Oven/Surface Unit

QTY. SIZE ITEMS

_____ KW Elec.Water Heater
_____ KW Dryer/Receptacle
_____ KW Dishwasher
_____ HP Garbage Disposal
_____ KW Central A/c Unit
_____ HP/KW Space Htr/Air Handler
_____ KW Base Board Heat
_____ HP Motors 1/+ HP
_____ KW-Transformer/Generator
_____ AMP Service
_____ AMP SubPanels
_____ AMP Motor Control Center
_____ KW Elec Sign/Outline Light Uni
_____ Other _____
_____ Other _____

Contractor _____

Address _____

_____

Phone _____

Lic. No. _____ Fed. Emp. No. _____

I certify that I am the (agent of) owner of record and am authorised to make this application.

X _____ Applicant's

[ ] Licensed Elec Contractor [ ] Exempt Applicant

Office Use Only [ ] No Plans Required

Joint Plan Review Required: [ ] Electric Plans Approved Approved

[ ] Building [ ] Electric

[ ] Fire [ ] Plumbing

Date : _____ Approved By: _____

Estimated Cost Of Electric Work : $ _____

FIRE PROTECTION SECTION

Description Of Work:

Storage Tanks :

Type: [ ] Flamm.Liquid [ ] Comb Liquid

[ ] LPG [ ] LNG

Alarm Systems [ ] 110v Interconnected [ ] System

_____ Alarm Devices (i.e, smoke,heat,pulls,waterflow)

_____ Supervisory Devices (i.e. tampers,low/high air)

_____ Signalling Devices (i.e, horn,strobes,bells)

_____ Other Devices _____

ippressoin 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

_____ C02 Suppression

_____ Foam Suppression

_____ Halon Suppression

_____ Other _____

_____ Kitchen Hood Exh Sys

_____ Smoke Control System

___ Gas [ ] or Oil [ ] Fired Appl.

Estimated Cost Of Fire Protection Work : $ _____

Contractor _____

Address _____

_____

Phone _____

Lic. No. _____ Fed. Emp. No. _____

I certify that I am the (agent of) owner of record and am authorised to make this application.

X _____

Applicant's Signature/Contractor's Seal and Signature

Office Use Only [ ] No Plans Required

Joint Plan Review Required: [ ] Fire Plans Approved

[ ] Building [ ] Plumbing Date: _____

[ ] Electric [ ] Fire Approved By: _____

COUNTY OF MIDDLESEX
PUBLIC HEALTH DEPARTMENT
MIDDLESEX COUNTY ADMINISTRATION BUILDING, 5TH FLOOR
JOHN F. KENNEDY SQUARE
NEW BRUNSWICK, NJ 08901-3605

(732) 745-3100
Fax (732) 745-2568

February 22, 2002

To Whom It May Concern:

I am writing in reference to Arriana Finley.

Arriana, who is six years old, is registered with our department with the diagnosis of Cerebral Palsy.

For the past 18 months, I have been assisting Arriana's Family attempt to obtain funding to have a wood wheelchair ramp built onto their home, to aid in getting Arriana and her wheelchair in and out of the home for all activities of daily living, in an easier and safer manner.

We recently received a response from the Old Bridge Elks Lodge #2229, that they would be happy to assist Arriana and her family with this much-needed project. Members of this organization are very graciously and generously donating their time and labor efforts to get this project completed. Additionally, the organization has also put up some funding to cover some of the costs that will be incurred for the supplies and permits that will be needed.

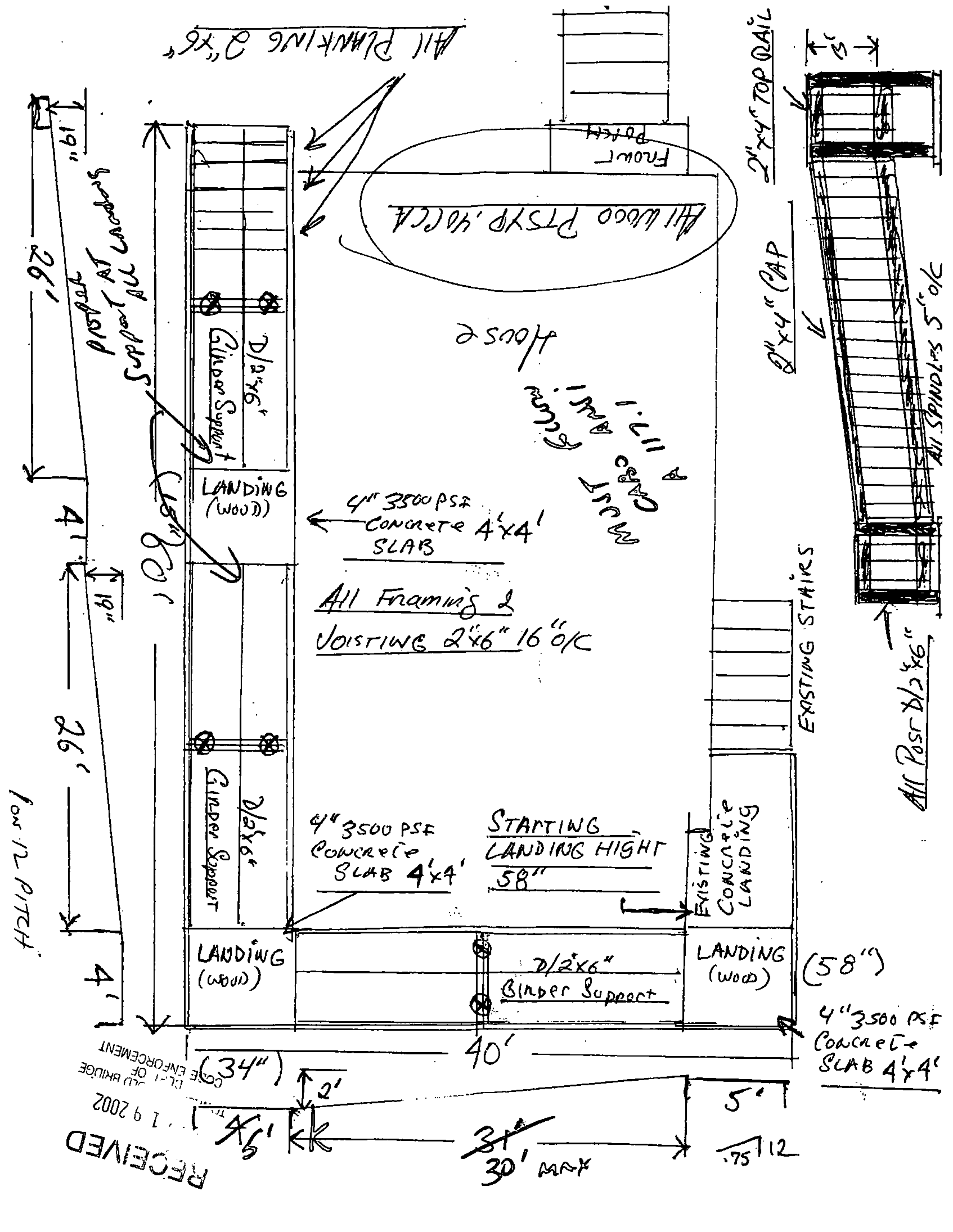
If your corporation could assist in any manner by providing any reduction or discount to help offset the costs for the lumber and supplies that are needed, this too would be a most generous and appreciated gesture.

I do thank you for your time and consideration regarding this matter. If you should need any additional information, please do not hesitate to contact me at (732) 745-3150, Monday – Friday, 8:30am – 4:15pm.

Sincerely,

Shari Staffin CSW

Shari Staffin CSW, Case Manager
Special Child Health Services – Middlesex County



All Planking 2"x6"
Front Porch
All Wood PTSYP .40PCA
House
2"x4" TOP RAIL
2"x4" CAP
All SPINDLES 5" O/C
All Post D/2"x6"
EXISTING STAIRS
26'
19"
4'
19"
26'
4'
60'
1 on 12 PITCH
D/2"x6" Girder Support
LANDING (WOOD)
4" 3500 PSF Concrete 4'x4' SLAB
All Framing & Joisting 2"x6" 16" O/C
D/2"x6" Girder Support
4" 3500 PSF Concrete SLAB 4'x4'
STARTING LANDING HIGHT 58"
EXISTING CONCRETE LANDING
LANDING (WOOD)
D/2"x6" Binder Support
LANDING (WOOD)
(58")
4" 3500 PSF Concrete SLAB 4'x4'
40'
(34")
2'
5'
4'6'
31' 30' MAX
.75 12
RECEIVED
9 2002
CODE ENFORCEMENT
OLD BRIDGE