BLOCK 670 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 2770 Hooper PERMIT NO. 07-0198

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2770 Hooper Ave
2. Name of Owner in Fee: Kennedy MHC Assoc. Tel. (___) _____
   Address 641 Turnpike (street) Chatman (municipality), NJ 07928 (zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: AAAAA Enterprises Tel. 732-238-2020
   Address 7348 NC Hwy 222E NORTH CAROLINA
   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 _____
   Tel. (___) _____ FAX: (___) _____

Reroof

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 50 ✓		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 43		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other	93		
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.	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

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	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ 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:
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(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 _____

Address _____

_____

Telephone ( ) _____

Signature _____

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

CONSTRUCTION PERMIT

Date Issued 2/2/2007
Control # C-07-000405
Permit # 07-0198

IDENTIFICATION Block: 670 Lot: 4 Qualifier
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ
Owner in Fee KENNEDY MALL ASSOCIATES
Address 641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone:

Contractor AAAAA ENTERPRISES
Address 7348 NC HWY 222 EAST NC
Telephone: (252) 238-2020
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 562030270

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:
NEW ROOF

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $31,845

Construction Official Date

PAYMENTS (Office Use Only)

Building	$50
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$43
CO Fee	
Other	$0
Total	$93
Check No.	
Cash	$93
Credit	$0
Collected By	Inspection Account

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/02/2009
Control Number C-07-000405
Permit Number 07-0198
Permit Issue Date 02/02/2007
Certificate Number 07-0198

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2770 HOOPER AVE. Brick Township, NJ Block: 670 Lot: 4 Qual:

Owner in Fee: KENNEDY MALL ASSOCIATES

Owner Address: 641 SHUNPIKE RD. CHATHAM NJ 07928

Telephone:

Contractor AAAAA ENTERPRISES

Address 7348 NC HWY 222 EAST STANTONSBURG NC 27883

Telephone: (252) 238-2020 Fax: (252) 238-2009

License Number or Builders Registration Number: Federal Emp. Number: 562030270

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: NEW 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: 10/02/2009 U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

By Taylor

Date Received
Control #
Date Issued 2/2/07
Permit # 07-0198

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 HOOPER AVE BRICK, NJ 08723

Owner in Fee: Fidelity Management/Kennedy Mall Assoc.

Tel. (973) 966-9800 e-mail

Address 641 (street) Shun Pike (municipality) Chatham NJ (zip code) 07928

Contractor: AAAAA ENTERPRISES INC NORTH CAROLINA Tel. (252) 238-20-20

Address 7348 NC Hwy 222 E e-mail Marie M@5a roofing.com.

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

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

Federal Emp. ID No. 56-2030270 FAX: (252 238 2009

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.

X Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RE ROOFING

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-1-08
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	*6/18/08 MW		6/30/08 MW	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[✓] 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

	Present	Proposed
Use Group	RESTAURANT	SAME
Constr. Class	31,845.00	31,845.00
No. of Stories	1	
Height of Structure	16 Ft.	
Area — Largest Floor	5208 Sq. Ft.	
New Bldg. Area/All Floors	Sq. Ft.	
Volume of New Structure	N/A Cu. Ft.	
Total Land Area Disturbed	N/A Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 31,845
3. Total (1+ 2) $ 31,845

No Access to Roof

Permit/Control #: 07-0198
Date Issued: 6/12/2008
Violation #: V-08-00254

NOTICE OF VIOLATION AND ORDER TO TERMINATE

IDENTIFICATION

Work Site Location: 2770 HOOPER AVE. Near Tangles Brick Township, NJ

Block: 670 Lot: 4 Qualification Code: _____

Owner in Fee: KENNEDY MALL ASSOCIATES

Owner Address: 641 SHUNPIKE RD. CHATHAM NJ 07928

Agent/Contractor: AAAAA ENTERPRISES

Address: 7348 NC HWY 222 EAST NC

To: Contractor/Builder **AND** Owner if Fee

DATE OF INSPECTION: _____ DATE OF THIS NOTICE: 6/12/2008

ACTION

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:

Need to schedule a roofing inspection. Contractor or property owner must be present to give access to the roof area.

You are hereby ***ORDERED*** to terminate the said violations on or before 6/26/2008 .

No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $500.00 per week per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
2 Mott Place
Toms River, NJ 08753

If you have any questions concerning this matter, please call: (732) 262-1027

NOTICE of Violation and ***Order*** to Terminate: _____ SubCode Official Date: 6-12-08

U.C.C. F211 equiv (rev. 1/2004)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 2770 HOOPER AVE. Near Tangles Brick Township, NJ
Block: 670
Lot: 4
Owner: KENNEDY MALL ASSOCIATES
Owner Address: 641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone:
Agent: AAAAA ENTERPRISES
Agent Address: 7348 NC HWY 222 EAST NC
Telephone: (252) 238-2020

Infraction Details

Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 6/12/2008
Infraction: Notice of Violation and Order To Terminate
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.18(c) Failure to Receive Required Inspections
Infraction Summary: Need to schedule a roofing inspection. Contractor or property owner must be present to give access to the roof area.
Certified Mail Number: 7004 1350 0000 4671 1650

Enforcement Details

Inspection Date:
Notice Date: 6/12/2008
Compliance Date: 6/26/2008
Compliance Inspection Date:
Compliance Summary: Must schedule a roofing inspection by contacting (732) 262-4627

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 2770 HOOPER AVENUE BRICK NJ 08723

Block: 670 Lot: 4

Contractor: AAAAA ENTERPRISES INC

Contractor's Address: 7348 NC HWY 222 E. STANTONSBURG NC 27883

Type of Construction (minor, new home): ROOFING

Type of Debris (shingles, siding, wood, etc.): NONE

Party responsible for removal: AAAAA ENTERPRISES INC.

Dumpster size: NOT NEEDED

Destination of debris: TO BE TAKEN BY AAAAA

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

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.

Signature

2/1/07
Date

Print Name

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 2/2/07
Permit # 07-C198

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 [illegible]

Owner in Fee: [illegible]

Tel. ( ) e-mail

Address 973 966-1980 641 street Shun Pike municipality NJ 07728 zip code

Contractor: [illegible] Tel. ( ) [illegible]

Address AAAAA [illegible] e-mail [illegible]

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

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

Federal Emp. ID No. FAX: ( ) [illegible]

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

B. BUILDING CHARACTERISTICS

Use Group Present Restaurant Proposed Same
Constr. Class Present [illegible] Proposed 3B
No. of Stories 1 Height of Structure 16 Ft.
Area — Largest Floor 5208 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure N/A Cu. Ft.
Total Land Area Disturbed N/A Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 31,345
2. Rehabilitation $
3. Total (1+ 2) $

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 [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Re Roofing

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] 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 $

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

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

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

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ 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.
Total Land Area Disturbed _____ Sq. Ft.

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] 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 $ _____