

DIV. OF INSPECTION
Applic

BLOCK 822 LOT 25 ADDRESS (SITE) 1603 W. Princeton PERMIT NO. _____

2943-96



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- I. IDENTIFICATION
1. Proposed Work-site at: 1603 W. PRINCETON AVE
2. Name of Owner DIEHL Tel. ()
- Address SAME
- street municipality zip code
3. Ownership Public Private X
4. Principal Contractor: ALL COUNTY ALUMINUM Tel. () 370580
- Address 560 CROSS ST. LKWD.
- License No. OR, if new home, Builder Reg. No. 440 Exp. Date
- Federal Emp. No. 22-24093E1 Social Security No.
5. Architect or Engineer Tel. ()
- Address
6. Responsible Person in Charge of Work BROOK CAMPBELL Tel. ()

II. PROPOSED WORK

1. ☐ Minor work
(single trade)
 2. ☐ Small Job (\$5,000
and no prior approvals)
 3. ☐ New Building
 4. ☐ Addition
 5. ☐ Alteration
 6. ☐ Fire Protection
 7. ☐ Plumbing
 8. ☐ Electrical
 9. ☐ Elevator Devices
 10. ☐ Asbestos Abatement
 11. ☐ Demolition
- TOTAL COSTS**

Est. Cost

4500

4500

OPTIONAL (for office use only)

[illegible]

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

V. FEE SUMMARY (for office use only)

- | | | Update | Update |
|--------------------------------------|-----------|--------|--------|
| 1. Building | \$ 135. | | |
| 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 | 4- | | |
| 10. Subtotal | \$ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | \$ 139-00 | | |

VI. BUILDING/SITE CHARACTERISTICS

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 _____ sq. ft.
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

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 BR 10110534

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 New Jersey 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 Atlantic County Assessor

Address 560 Cross St

LKWD, N.J

Telephone () 370 2780

Signature B. Gamm Date 01/08/98

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition	
Building _____	Energy _____	Barrier Free _____	Other _____
Electrical _____		Flood Hazard _____	
Plumbing _____		As Built Elevation Cert. _____	
Fire Protection _____			
Mechanical _____			

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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued

11-15-96

Control #

Permit #

2943-96

IDENTIFICATION Block

822

Lot

25

Work Site Location

11003 West Paterson Ave

Contractor

All PUNKY, ALUMINUM

Address

510 CRES ST

LAWSON NJ

Owner in Fee

DISH

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ()

Federal Emp. No.

or Social Security No.

22-240 BK1

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Siding.

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 \$

4500-

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building

135-

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

4-

Cert. of Occ.

Other

Total

139-

Check No.

Cash

Collected By:

P. Put

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(908) 364-3760



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

11-15-90
2948-96

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-4000.

Block 833 Lot 26

Work Site Location 1803 WEST PRINCETON AVE.

Owner in Fee DIEHL
Address SAME

Tele. () 370-3780
Contractor ALL COUNTY ALUMINUM
Address 560 CROSS ST LKWD

Lic. No. or Bldgs. Reg. No. 490
Federal Emp. No. 22-2409281 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Req.			Footings		
☐ All			Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Frame			Insulation		
☐ Other			Finishes:		
Joint Plan Review Required:			Energy		
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical		
SUBCODE APPROVAL			TCO		
☐ CO ☐ CCO ☐ CA			Other		
Date: _____			Final		
Approved By: _____					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Alteration \$ _____
Height of Structure			3. Total (1+2) \$ <u>4500</u>
Area—Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	
Volume of New Structure		Cu. Ft.	
Total Land Area Disturbed		Sq. Ft.	

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 B. C. ...

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RESIDE HOME
w/ vinyl.

TYPE OF WORK:

☐ New Building	
☐ Addition	
☐ Alteration	
☒ Roofing	
☐ Siding	
☐ Fence	Height (6' or over)
☐ Sign	Sq. Ft.
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Other	
☐ Demolition	

(Office Use Only)

FEE

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA TRAINING FEE	\$ _____
TOTAL FEE	\$ _____

Paid ☐ Check # _____
Collected by: _____
U.C.C. Form F-1108
1 White - Office Copy
2 Canary - Applicant Copy
3 Manila Tag - Inspector Copy

TOWNSHIP OF LAKEWOOD
Department of Inspections
212 4th Street
LAKEWOOD, NJ 08701
(908) 364-3760



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #
11-15-90
2943-96

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

Block 822 Lot 25
Work Site Location 1603 WEST PRINCETON AVE.
Owner in Fee DEH Address SAME
Tel. () 370-3780
Contractor ALL COUNTY ALUMINUM
Address 560 CROSS ST LENOX
Tel. () 490
Lic. No. or Bldgs. Reg. No. 22-2409381 or Social Security No.

JOB SUMMARY (Office Use Only)		PLAN REVIEW		INSPECTIONS		Failure		Failure		Approval		Initial	
		Date		Type:		Failure		Failure		Approval		Initial	
☐	No Plans Req.			☐	Footings								
☐	All			☐	Foundation								
☐	Footings			☐	Slab								
☐	Foundation			☐	Frame								
☐	Other			☐	Insulation								
Joint Plan Review Required:				Finishes:									
☐	Elec. ☐ Plumb. ☐ Fire			Energy									
SUBCODE APPROVAL				Mechanical									
☐	CO ☐ CCO ☐ CA			TCO									
Date:				Other									
Approved By:				Final									

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Const. 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. Alteration \$ _____
3. Total (1+2) \$ 4500

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 B. C.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
RESIDE HOME
w/ vinyl.

- TYPE OF WORK:
- ☐ New Building
 - ☐ Addition
 - ☐ Alteration
 - ☒ Roofing
 - ☐ Siding
 - ☐ Fence _____ Height (6' or over) _____ Sq. Ft.
 - ☐ Sign _____
 - ☐ Pool
 - ☐ Asbestos Abatement
 - ☐ Other _____
 - ☐ Other _____
 - ☐ Demolition

Paid ☐ Check # _____	Administrative Surcharge \$ _____
Collected by: _____	Minimum Fee \$ _____
	DCA TRAINING FEE \$ _____
	TOTAL FEE \$ _____