

LDS BR 10110527

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

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 _____

(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 Subj + M

Address _____

Telephone () _____

Signature _____ Date _____

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	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

☐ Temporary Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Temporary Certificate of Compliance	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Continued Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Certificate of Compliance	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Certificate of Approval	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

2/7/97

232-97

IDENTIFICATION Block

Lot

Work Site Location

Contractor

Address

Owner in Fee

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ()

Federal Emp. No.

or Social Security No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Re-roof

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 \$

U.C.C. Form F-170C

PAYMENTS (Office Use Only)

Building

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

Cert. of Occ.

Other

Total

Check No.

Cash

Collected By:

2/7/97
232-97

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

Block 227 Lot 27
Work Site Location Knolls Rd
Owner in Fee 181 Queens Green Co
Address 181 Queens Green
Tele. (928) 475-1136
Contractor 190 Freeman Co LLC
Address 1500 N. Greenway
Tele. (928) 477-1136
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

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 Yang

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Remove 1 layer of Fiberglass with 1/2" Fiberglass Shingles

JOB SUMMARY (Office Use Only)

PLAN REVIEW ☒ No Plans Req. 4/10/97 Date Initial 4/10/97 Final _____

INSPECTIONS	Dates (Month/Day)	Initial
☐ All		
☐ Footing		
☐ Foundation		
☐ Slab		
☐ Frame		
☐ Insulation		
Joint Plan Review Required:		
☐ Elec. ☐ Plumb. ☐ Fire		
SUBCODE APPROVAL		
☐ CO ☐ CCO ☐ CA		
Date: _____		
Approved By: _____		

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. Alteration \$ _____
3. Total (1 + 2) \$ 1,525

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Alteration

☒ Roofing

☐ Siding

☐ Fence _____ Height (6' or over)

☐ Sign _____ Sq. Ft.

☐ Pool

☐ Asbestos Abatement

☐ Other _____

☐ Demolition

(Office Use Only)
FEE

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



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

2/7/97
232-97

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

Block 627 Lot 27
Work Site Location Knickerbocker
Owner in Fee Knickerbocker
Address 180 Chambers Street
Tele. (928) 443-1130
Contractor Knickerbocker
Address 180 Chambers Street
Tele. (928) 443-1130
Lic. No. or Bids. Reg. No. 08
Federal Emp. No. 08 or Social Security No. 08

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 James J. [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Repair 1 layer of Fiberglass with Ardu fiberglass Shingles

JOB SUMMARY (Office Use Only)

PLAN/REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Req.	<u>6/28/97</u>	<u>11</u>	Type:	Failure	Approval
☐ All			☐ Footing		
☐ Foundation			☐ Slab		
☐ Frame			☐ 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	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>1,525.00</u>
Area—Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

TYPE OF WORK:

☐ New Building	
☐ Addition	
☐ Alteration	
☒ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Demolition	

(Office Use Only)
FEE

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