

✓ BLOCK 670 LOT 7 ADDRESS (SITE) _____ PERMIT NO. 258-90



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Alless Florist
2. Name of Owner in Fee: Fidelity Land Tel. (201) 467-3100
Address 241 Millburn Ave Millburn NJ 07041
street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: mem Roofing Tel. (201) 379-7970
Address 241 Millburn Ave Millburn NJ 07041
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
Address _____
6. Responsible Person In Charge of Work Kenneth H. H. H. Tel. (201) 244-4177

II. PROPOSED WORK

1. ☐ Minor Work (single trade) Le Ray
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☒ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

Est. Cost

TOTAL COSTS

\$6,800

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>3-8-90</u>		<u>3-8-90</u>	<u>le</u>			

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	\$ <u>52.50</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection	<u>20.00</u>		
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy	<u>20.00</u>		
12. Other			
13. TOTAL	\$ <u>92.50</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of 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. Fire Grading _____
12. Max. Live Load _____
13. 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: Florist

3. Change in Use Group. Indicate Former:

LDS BR 10310420

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 M & M Roofing

Address 241 Millburn Ave Millburn NJ 07021

Telephone (201) 379-7970

Signature [Signature] Date 3/8/90

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	
☐ 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.									
☐ Other									
☐									
☐									
☐									

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)	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____



CONSTRUCTION PERMIT

Date Issued 3/8/90
Control #
Permit # 258-90

IDENTIFICATION Block 670 Lot 7
Work Site Location 2774 Old Hooper Ave. Contractor M & M Roofing
Owner in Fee Alan's Florist Address _____
Address 241 Millburn Ave Tele. (____) _____
Tele. (____) Millburn, NJ Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Re-roof

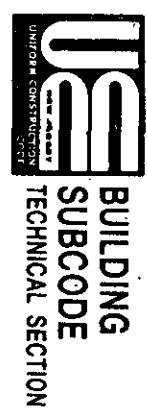
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 6800

[Signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		258#H
Building	<u>52.50</u>	
Plumbing	<u>BLOCK</u>	0.00
Electrical	<u>670 #</u>	
Fire Protection	<u>20.00</u>	0.00
Other	<u>7 #</u>	
Other	<u>BUILDING</u>	52.50
	<u>FIRE</u>	20.00
DCA Training Fee	<u>20.00</u>	20.00
Cert. of Occ.	<u>20.00</u>	20.00
Other	<u>TOTAL</u>	92.50
Total	<u>92.50</u>	92.50
Check No. <u>X</u>	<u>CHANGE</u>	0.00
Cash		
Collected By. <u>[Signature]</u>	<u>NO. 0010A005</u>	10:24

Alan Henry



Date Received 3/5/90
Date Issued
Control #
Permit # 258-90

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

Block 670 Lot 7
Work Site Location 2774 Old Thompson Ave.
Owner in Fee Fidelity Land
Address 241 Millburn Ave Millburn NJ 07021
Tele. (201) 467-3100
Contractor M+M Roofing
Address 241 Millburn Ave Millburn NJ 07021
Tele. (201) 379-9970
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)								
PLAN REVIEW	DATE	INITIAL	INSPECTIONS	DATES (Month/Day)	FAILURE	FAILURE	APPROVAL	INITIAL
☐ No Plans Req.			Type:					
☐ All			Footing					
☐ Footing			Foundation					
☐ 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 B Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
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.
Alan Henry
Signature

D. TECHNICAL SITE DATA

de-roof (TOREH SYSTEM)

TYPE OF WORK:		(Office Use Only)
☐ New Building		\$ _____
☐ Addition		\$ _____
☐ Alteration		\$ _____
☒ Roofing		\$ _____
☐ Siding		\$ _____
☐ Other		\$ _____
☐ Demolition		\$ _____
☐ Miscellaneous		\$ _____
☐ Fence	Height _____	\$ _____
☐ Sign	Sq. Ft. _____	\$ _____
☐ Pool		\$ _____
☐ Elevator		\$ _____
☐ Asbestos Abatement		\$ _____
☐ Other		\$ _____

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



Date Received 3/15/90
Date Issued
Control #
Permit # 258-90

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

Block 670 Lot 7
Work Site Location 2774 Old Thompson Ave.
Owner in Fee Fidelity Land
Address 241 Millburn Ave Millburn NJ 07021
Tele. (201) 467-3100
Contractor M & M Roofing
Address 241 Millburn Ave Millburn NJ 07021
Tele. (201) 379-9970
Lic. No. or Bids. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Type:		Failure		Dates (Month/Day)		Approval		Initial	
☐	No Plans Req.																		
☐	All																		
☐	Footing																		
☐	Foundation																		
☐	Frame																		
☐	Other																		
☐	Joint Plan Review Required:																		
☐	Elec. ☐ Plumb. ☐ Fire																		
SUBCODE APPROVAL																			
☐	CO ☐ CCO ☐ CA																		
Date:																			
Approved By:																			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class			1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$
Area—Largest Floor			Sq. Ft.
Total Bldg. Area/All Floors			Sq. Ft.
Volume of 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 Kenneth H. [Signature]

D. TECHNICAL SITE DATA

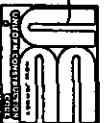
DESCRIPTION OF WORK
As-rod (TORCH SYSTEM)

TYPE OF WORK:		(Office Use Only)	
☐	New Building		\$
☐	Addition		\$
☐	Alteration		\$
☒	Roofing		\$
☐	Siding		\$
☐	Other		\$
☐	Demolition		\$
☐	Miscellaneous		\$
☐	Fence		\$
☐	Sign		\$
☐	Pool		\$
☐	Elevator		\$
☐	Asbestos Abatement		\$
☐	Other		\$

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



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



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 3/8/90
Date Issued _____
Control # _____
Permit # 258-90

Block 670 Lot 7
Work Site Location 2724 Old Steepart Ave

Owner in Fee Fidelity Land
Address 241 Milwaukee Ave. Milwaukee WI 53021

Tele. (201) 467-3100
Contractor Wm Roofing
Address 241 Milwaukee Ave Milwaukee WI 53021

Tele. (201) 379-9970
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group B Present _____ Proposed _____
Const. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ _____ [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)		
[] No Plans Required	Joint Plan Review Required:	Type:	Failure	Failure	Approval	Initial
[] Bldg. [] Plumb. [] Elec.			Suppression Test			
[X] Fire Plans Approved			Fire Alarm Test			
Date: <u>3-8-90</u>			Smoke Test			
Approved by: <u>[Signature]</u>			Mechanical			
SUBCODE APPROVAL:			TCO			
[] CO [] CCO [] CA			Other			
Date: _____			Other			
Approved by: _____			Other			

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]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Propane Heat & Stove

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	_____	_____
Dry Sprinkler Heads	_____	_____
TOTAL	_____	_____
Smoke Detectors	_____	_____
Heat Detectors	_____	_____
TOTAL	_____	_____

	Number	FEE (Office Use Only)
Stand Pipes	_____	_____
Kitchen Hood Exhaust Systems	_____	_____
Pre-Engineered Systems	_____	_____
CO ₂ Suppression	_____	_____
Halon Suppression	_____	_____
Foam Suppression	_____	_____
Dry Chemical	_____	_____
Wet Chemical	_____	_____
Gas or Oil Fired Appliance	_____	_____
OTHER	_____	_____

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ 20

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



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 3/8/90
Date Issued
Control #
Permit # 258-90

Block 670 Lot 7
Work Site Location 2774 Old Hopewell Ave

Owner in Fee Fidelity Land
Address 241 Millburn Ave. Millburn NJ 07061

Tele. (201) 467-3100
Contractor MTH Roofing
Address 241 Millburn Ave Millburn NJ 07061

Tele. (201) 379-9970
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group B Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ _____ [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
[] No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:		
[] Bldg. [] Plumb. [] Elec.	Suppression Test	
[X] Fire Plans Approved	Fire Alarm Test	
Date: <u>3-8-90</u>	Smoke Test	
Approved by: <u>[Signature]</u>	Mechanical	
SUBCODE APPROVAL:	TCO	
[] CO [] CCO [] CA	Other	
Date: _____	Other	
Approved by: _____	Other	

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]
SIGNATURE

TECHNICAL SITE DATA

Description of Work

Propane heat & tank

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	_____	_____
Dry Sprinkler Heads	_____	_____
TOTAL	_____	_____

Smoke Detectors	_____	_____
Heat Detectors	_____	_____
TOTAL	_____	_____

Stand Pipes	_____	_____
Kitchen Hood Exhaust Systems	_____	_____

Pre-Engineered Systems	_____	_____
CO ₂ Suppression	_____	_____
Halon Suppression	_____	_____
Foam Suppression	_____	_____
Dry Chemical	_____	_____
Wet Chemical	_____	_____

Gas or Oil Fired Appliance	_____	_____
OTHER	_____	_____

Paid [] Check # _____	Administrative Surcharge \$ _____
Collected by _____	Minimum Fee \$ _____
TOTAL FEE	\$ _____