

BLOCK 830 LOT 15,16,17 QUALIFICATION CODE _____ ADDRESS (SITE) 1640 WEST PRINCETON PERMIT NO. 05-2493



CONSTRUCTION PERMIT APPLICATION

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

C-05-136317

I. IDENTIFICATION

1. Proposed Work Site at: 1640 W. PRINCETON AVE. BRICK, NJ 08724
2. Name of Owner in Fee: ALEX MARGOY Te [REDACTED]
Address 1640 W. PRINCETON AVE. BRICK, NJ 08724
street municipality zip code
3. Ownership in fee: Public ☐ Private ☒
4. Principal Contractor: _____ Tel. (____) _____
Address _____
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 ALEX MARGOY
Te [REDACTED] FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge	\$		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

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

(office use only)

Demo siding/ROOF

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	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: _____
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

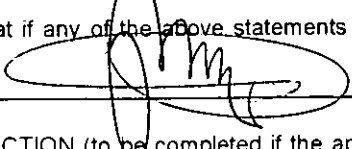
I further certify that I will perform the following work:

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.

X Signature  Date 6/28/05

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.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	
☐ Zoning Officer			X		X		X		
☐ Planning Board			X		X		X		
☐ Zoning Board			X		X		X		
☐ Sewer Authority			X		X		X		
☐ Water Authority			X		X		X		
☐ Police Department			X		X		X		
☐ Health Department			X		X		X		
☐ Soil Conservation			X		X		X		
☐ N.J. Department of Community Affairs			X		X		X		
☐ N.J. Department of Transportation			X		X		X		
☐ N.J. Department of Environmental Protection			X		X		X		
☐ Utility Dig No.			X		X		X		
☐			X		X		X		
☐			X		X		X		

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

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	Barrier Free _____
Electrical _____		Flood Hazard _____
Plumbing _____		As Built Elevation Cert. _____
Fire Protection _____		Other _____
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. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

Initialed: _____

Date: _____

☐ Zoning Application approved

Initialed: _____

Date: _____

□ Zoning permit updates:

[illegible]



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/13/2007
Tracking Number C-05-136317
Permit Number 05-2493
Permit Issue Date 06/28/2005
Certificate Number 05-2493

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1640 W. PRINCETON AVE. Brick Township, Block: 830 Lot: 15 Qual: NJ
Owner in Fee: MAPOY, MARIA VICTORIA
Owner Address: 1640 W PRINCETON AVE BRICK NJ 08724
Telephone:
Contractor: MAPOY, MARIA VICTORIA
Address: 1640 W PRINCETON AVE BRICK NJ 08724
Telephone: Fax:
License Number or Builders Registration Number: Federal Emp. Number:

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:

PARTIAL DEMO

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

Date Printed: 02/13/2007

Fee: \$0.00

Check Number: 6104

Collected By: Damian Ayers

Page 1



CONSTRUCTION PERMIT

Date Issued 6/28/2005
Control # C-05-136317
Permit # 05-2493

IDENTIFICATION Block: 830 Lot: 15 Qualifier _____
Work Site Location: 1640 W. PRINCETON AVE. Brick Township, NJ Contractor MAPOY, MARIA VICTORIA
Address 1640 W PRINCETON AVE BRICK NJ 08724
Owner in Fee MAPOY, MARIA VICTORIA
Address 1640 W PRINCETON AVE BRICK NJ 08724 Telephone: _____
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

PARTIAL DEMO

Note: If construction 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 \$1

Construction Official _____ Date 6/28/2005

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$40
Check No.	6104
Cash	\$0
Credit	\$0
Collected By	Damian Ayers

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.



BUILDING SUBCODE TECHNICAL SECTION



Date Received 6/28/2005
Control # C-05-136317
Date Issued 6/28/2005
Permit # 05-2493

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

Block 830 Lot 15 Qualification Code

Work Site Location: 1640 W. PRINCETON AVE.

Owner in Fee: MAPOY, MARIA VICTORIA

Address 1640 W PRINCETON AVE BRICK NJ

Tel. Contractor: MAPOY, MARIA VICTORIA

Address 1640 W PRINCETON AVE BRICK NJ

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plan Required				Footings				
☐ All				Footings Bonding				
☐ Footing				Foundation				
☐ Foundation				Slab				
☐ Frame				Frame				
☐ Other				Truss Sys./Bracing				
☐ Joint Plan Review Required				Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Insulation				
☐ SUBCODE APPROVAL				Finishes-Base Layer				
☐ CO ☐ CCO ☐ CA				Finishes-Final				
Date:				Energy				
Approved by:				Mechanical				
				TCO				
				Other				
				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Const. Class	Present	Proposed	1. New Bldg. \$0
Number of Stories			2. Rehabilitation \$0
Height of Structure			3. Total (1+2) \$0
Area - Largest Floor			
New Bldg. Area / All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PARTIAL DEMO

TYPE OF WORK

☐ New Building	
☐ Addition	
☒ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz Abatement NJAC 5:17	
☐ Other Partial Demolition	
☐ Demolition	

FEE (Office Use Only)

Administrative Surcharge	\$0
Minimum Fee	\$40
State Permit Surcharge Fee	\$0
TOTAL FEE	\$40



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

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

Block 830 Lot 15/16/17
Work Site Location 1640 W. PRINCETON AVE. PRICK, NJ 08724

Owner in Fee ALEX HARRIS
Address 1640 W. PRINCETON AVE. PRICK, NJ 08724

Title _____

Contractor _____

Address _____

Telephone _____

Lic. No. or Bldgs. 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 [Signature]

**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK**

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type	Failure	Approval
☐ No Plans Req.			Footings		
☐ All			Foundation		
☐ Footing			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		

TYPE OF WORK:		(Office Use Only)	
			FEE
☒ New Building			
☐ Addition			
☐ Alteration			
☐ Roofing			
☐ Siding			
☐ Fence	Height (6' or over)		
☐ Sign	Sq. Ft.		
☐ Pool			
☐ Asbestos Abatement			
☐ Other			
☐ Other			
☐ Demolition	SIDING PAFTAL 100F		

3. 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) \$ _____

Administrative Surcharge

Minimum Fee \$ _____

DCA TRAINING FEE \$ _____

TOTAL FEE \$ _____



**BUILDING SUBCODE
TECHNICAL SECTION**



Update Received 6/28/2005
Control # C-05-136317
Date Issued 6/28/2005
Permit # 05-2493

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

Block 830 Lot 15 Qualification Code

Work Site Location: 1640 W. PRINCETON AVE.

Owner in Fee: MAPOY, MARIA VICTORIA

Address 1640 W PRINCETON AVE BRICK NJ

Tel:

Contractor: MAPOY, MARIA VICTORIA

Address 1640 W PRINCETON AVE BRICK NJ

Tel: Fax:

Contractor License No. or, if new home, Bids Reg. No.

Federal Employee No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
☐ No Plan Required				Footings				
☐ All				Footings Bonding				
☐ Footing				Foundation				
☐ Foundation				Slab				
☐ Frame				Frame				
☐ Other				Truss Sys./Bracing				
☐ Joint Plan Review Required				Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Insulation				
				Finishes-Base Layer				
				Finishes-Final				
				Energy				
				Mechanical				
				TCO				
				Other				
				Final				
				Barrier-Free				

Subcode Approval: ☐ CO ☐ CCO ☐ CA ☐ CA

Date: 8-13-07

Approved by: [Signature]

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$0
Number of Stories			2. Rehabilitation \$0
Height of Structure			3. Total (1+2) \$0
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 the record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PARTIAL DEMO

TYPE OF WORK

☐ New Building	
☐ Addition	
☒ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	Height (exceeds 6')
☐ Sign	Sq. Ft.
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz Abatement NJAC 5:17	
☐ Other Partial Demolition	
☐ Demolition	

FEE (Office Use Only)	
Administrative Surcharge	\$0
Minimum Fee	\$40
State Permit Surcharge Fee	\$0
TOTAL FEE	\$40

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: 1640 W. PRINCETON AVENUE, BRICK, NJ 08724

Block: 830 Lot: 1516,17

Contractor: ALEX MAPOLY

Contractor's Address: 1640 W. PRINCETON AVE. BRICK, NJ 08724

Type of Construction-(minor, new home): WHEN PERMIT IS RECEIVED / 2ND FL. ADDITION

Type of Debris (shingles, siding, wood, etc.): SHINGLES, WOOD + ALUMINUM

Party responsible for removal: ALEX MAPOLY

Dumpster size: 30 YDS.

Destination of debris: _____

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

ALEX MAPOLY

Print Name

Date

6/28/05