BLOCK 565 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 2597 Hooper Ave PERMIT NO. 98-0574

CONSTRUCTION PERMIT APPLICATION

ZNA

George's Roofing

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

I. IDENTIFICATION

1. Propsed Work Site at: 2597 Hooper Ave
2. Name of Owner in Fee: George D Tomi Tel. ( ) _____
   Address 243 Downey Ave Brick (street / municipality) zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: J.B Roofing Tel. (732) 262-1870
   Address Brk. NJ
   License No. OR, if new home. Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work J. Bonham
   Tel. (732) 262-1870 FAX ( ) _____

Roll Roof

COPY

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 35		
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	1		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 36		

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

		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							11/12/01		OK
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	1000.00								

OPTIONAL (for office use only)

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

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: B
3. Change in Use Group, Indicate Former:

LDS BR 10109579

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 3-23-06

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

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

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

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. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/23/98
Date Issued 03/23/98
Control #
Permit # 98-0574

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

Block 565 Lot 1
Work Site Location 2597 HOOPER AVE
REROOF OVER EXIS
Owner in Fee GEORGE TOMI/GEORGE BAIT,TACKEL
Address SAME
BRICK, NJ 08723-
Tele.( )
Contractor J.B. ROOFING
Address POBOX 2021
BRICK, NJ 08723-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]
or Social Security No. [redacted]

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

REROOF GEORGE'S BAIT & TACKLE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elect [ ] Plumb [ ] Fire		
SUBCODE APPROVAL [ ] Elev		
[ ] CO [ ] CCO [ ] CA		
Date: 1-12-01		
Approved By: HM		

INSPECTIONS	Dates (Month/Day)			
Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK			FEE (Office Use Only)
[ ] New Building			$ 0
[ ] Addition			0
[X] Alteration			35
[ ] Roofing			
[ ] Siding			
[ ] Fence	0	Height (6' or over)	0
[ ] Sign	0	Sq. Ft.	0
[ ] Pool			0
[ ] Asbestos Abatement			0
[ ] Other			0
Other			0
[ ] Demolition			0

B. BUILDING CHARACTERISTICS

Use Group	Present U	Proposed U	Est. Cost of Bldg. Work:	
Constr. Class	Present	Proposed	1. New Bldg. $	0
No. of Stories		0	2. Alteration $	1,000
Height of Structure		0 Ft.	3. Total (1+2)$	1,000

Administrative Surcharge	$	0
Minimum Fee	$	0
Paid [X] Check # 1492		

Area-Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Industrialized Building:
[ ] State Approved
[ ] HUD

DCA Training Fee $ 1

U.C.C. Form F-1108

0004
574#
BLOCK 565 #
LOT 1 #
BUILDING 35.00
D.C.A. 1.00
TOTAL 36.00
CHECK 36.00
CHANGE 0.00
03/23/98 NO. 5 0006A005 09:30

TOWNSHIP OF BRICK

401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/23/98
Control #
Permit # 98-0574

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 565 Lot 1

Work Site Location 2597 HOOPER AVE
REROOF OVER EXIS
Owner in Fee GEORGE TOMI/GEORGE BAIT,TACKEL
Address SAME
BRICK, NJ 08723-
Telephone ( )

Contractor J.B. ROOFING
Address POBOX 2021
BRICK, NJ 08723-
Telephone ( )
Lic. No. or Bldrs Reg. No. [redacted] Exp. Date / /
Federal Emp. No. [redacted]
or Social Security No. [redacted]

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
REROOF GEORGE'S BAIT & TACKLE

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 $ 1,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occ.	0
Other	
Total	36
Check No.	1492
Cash	
Collected By:	TL

Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Industrialized Building:
[ ] State Approved
[ ] HUD

DCA Training Fee $ 1

U.C.C. Form F-1108

03/23/98 NO. 5 00006A005 09:30
BUILDING 35.00
LOT 1 # 1.00
BLOCK 565 # 0.00
574*# 0.00
0004
D.C.A. 36.00
TOTAL 36.00
CHECK 36.00
CHANGE 0.00

TOWNSHIP OF BRICK

401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/23/98
Control #
Permit # 98-0574

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 565 Lot 1

Work Site Location 2597 HOOPER AVE
REROOF OVER EXIS

Owner in Fee GEORGE TOMI/GEORGE BAIT,TACKEL
Address SAME
BRICK, NJ 08723-
Telephone ( )

Contractor J.B. ROOFING
Address POBOX 2021
BRICK, NJ 08723-
Telephone ( )
Lic. No. or Bldrs. Reg. No. [redacted] Exp. Date / /
Federal Emp. No. [redacted]
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
REROOF GEORGE'S BAIT & TACKLE

PAYMENTS (Office Use Only)	
Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occ.	0
Other	
Total	36
Check No.	1492
Cash	
Collected By:	TL

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 $ 1,000

CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/23/98
Date Issued 03/23/98
Control #
Permit # 98-0574

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

Block 585 Lot 1
Work Site Location 2597 HOOPER AVE
REROOF OVER EXIS
Owner in Fee GEORGE TOMI/GEORGE BAIT.TACKEL
Address SAME
BRICK, NJ 08723-
Tele.( )
Contractor J.B. ROOFING
Address POBOX 2021
BRICK, NJ 08723-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]
or Social Security No. [redacted]

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

REROOF GEORGE'S BAIT & TACKLE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elect [ ] Plumb [ ] Fire		
SUBCODE APPROVAL [ ] Elev		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS	Dates (Month/Day)			
Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

	Present	U	Proposed	U
Use Group				
Constr. Class	Present		Proposed	
No. of Stories			0	
Height of Structure			0	Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $	0
2. Alteration $	1,000
3. Total (1+2)$	1,000

TYPE OF WORK			FEE (Office Use Only)
[ ] New Building			$ 0
[ ] Addition			0
[X] Alteration			35
[ ] Roofing			
[ ] Siding			
[ ] Fence	0	Height (6' or over)	0
[ ] Sign	0	Sq. Ft.	0
[ ] Pool			0
[ ] Asbestos Abatement			0
[ ] Other			0
Other			0
[ ] Demolition			0

	Administrative Surcharge	$ 0
Paid [X] Check # 1492	Minimum Fee	$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/23/98
Date Issued 03/23/98
Control #
Permit # 98-0574

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

Block 565 Lot 1
Work Site Location 2597 HOOPER AVE
REROOF OVER EXIS
Owner in Fee GEORGE TOMI/GEORGE BAIT.TACKEL
Address SAME
BRICK, NJ 08723-
Tele.( )
Contractor J.B. ROOFING
Address POBOX 2021
BRICK, NJ 08723-
Tele.( )
Lic. No. or Bldrs Reg. No.
Federal Emp. No. [redacted]
or Social Security No. [redacted]

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

REROOF GEORGE'S BAIT & TACKLE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elect [ ] Plumb [ ] Fire		
SUBCODE APPROVAL [ ] Elev		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS	Dates (Month/Day)			
Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK			FEE (Office Use Only)
[ ] New Building			$ 0
[ ] Addition			0
[X] Alteration			35
[ ] Roofing			
[ ] Siding			
[ ] Fence	0	Height (6' or over)	0
[ ] Sign	0	Sq. Ft.	0
[ ] Pool			0
[ ] Asbestos Abatement			0
[ ] Other			0
Other			0
[ ] Demolition			0

B. BUILDING CHARACTERISTICS

Use Group	Present U	Proposed U	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. $ 0
No. of Stories		0	2. Alteration $ 1.000
Height of Structure		0 Ft.	3. Total (1+2) $ 1.000

Administrative Surcharge	$	0
Paid [X] Check # 1492 Minimum Fee	$	0

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 56 **LOT** 1

PROPERTY ADDRESS 2597 Hooper Ave (George Bait + Tackle)

NAME OF OWNER George D Toni **OWNER'S PHONE** ( )

NAME OF APPLICANT JB Roofing - James Bunham

APPLICANTS COMPLETE ADDRESS 20 Cousteau Rd Brick

APPLICANTS PHONE NUMBER (732) 262-1870 **APPLICANTS BUSINESS NAME** JB Roofing

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☑ Commercial (please describe) George's Bait + Tackle Shop

☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☐ Commercial (please describe) _____

☐ Other (please describe) _____

PROPOSED CONSTRUCTION _____

All Dimensions	_____ W	_____ L	_____ Ht
Deck or Garage	☐ Attached	☐ Detached	
Fence	Type _____	Ht _____	

CHECKLIST:

☐ All information completed above

☐ Two (2) accurate Survey / Plot Plans containing:

- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant _____ **Date** 3-23-98

Reviewed by Zoning Officer **Date** _____ ☐ Approved ☐ Rejected

BLOCK 565 LOT 1 SITE LOCATION 2597 Hooper Ave George Bait + Tackle

BUILDING INSPECTION

Contractor J B Roofing
Address Bkt. NJ Phone (732) 262-1870
Town _____ State _____ Zip 08723
LIC # _____ FEDERAL EMP. NO.(or SSN#) _____

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $_____ ALTERATION (2) $_____
ADDITION (3) $_____ TOTAL (1+2+3) $_____

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. 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.

TYPE OF WORK

TYPE OF WORK		COST	MISC.		COST
NEW BLDG.			FENCE Ht.		
ADDITION			SIGN Sq. Ft.		
ALTERATION			POOL		
ROOFING	✓	1000.00	ASBESTOS ABATEMENT		
SIDING			DCA		
DEMOLITION			TOTAL		

DESCRIPTION OF WORK

COMMENTS Remove old Rubber Roofing + install new Rubber Roofing where needed

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.
SEAL &
SIGNATURE

PLUMBING INSPECTION

Contractor _____
Address _____ Phone (_____) _____
Town _____ State _____ Zip _____
LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF PLUMBING WORK: $_____

Sewer Size _____ Water Size _____

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C
	Dishwasher		or Refrigeration Unit
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		Other

DESCRIPTION OF WORK

COMMENTS _____

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.
SEAL &
SIGNATURE (Contractor's Seal) _____

FIRE INSPECTION

Contractor _____
Address _____ Phone (_____) _____
Town _____ State _____ Zip _____
LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF FIRE PROT. WORK: $_____
Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
Heating System: ☐ New ☐ Existing
Location of Furnace / Boiler _____

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE _____
METHOD OF VALVE SUPERVISION _____
LOCAL ALARM SUPERVISION _____
CENTRAL SUPERVISION _____
PROPRIETARY SUPERVISION _____

Flammable Liguid Storage Tanks	☐ Capacity _____	Fuel _____	
Combustible Liquid Storage Tanks	☐ Capacity _____	Fuel _____	
L.P.G. Storage Tanks	☐ Capacity _____	Fuel _____	
L.N.G. Storage Tanks	☐ Capacity _____	Fuel _____	

NO.	ITEM	NO.	ITEM
_____	Wet Sprinkler Heads	_____	Pre-Engineered System
_____	Dry Sprinkler Heads	_____	CO_2 Suppression
_____	**TOTAL**	_____	Halon Suppression
		_____	Foam Suppression
_____	Smoke Detectors	_____	Dry Chemical
_____	Heat Detectors	_____	Wet Chemical
_____	**TOTAL**	_____	Gas or Oil Fired Appliance
		_____	Other _____
_____	Stand Pipes		
_____	Kitchen Hood Exhaust System		

DESCRIPTION OF WORK

COMMENTS _____

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.
SEAL &
SIGNATURE (Contractor's Seal) _____