



# 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 Edward J. Graft 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 \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(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 |          |
| <input type="checkbox"/> Zoning Officer                         |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Planning Board                         |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Fire Department                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |

**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 ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|--------------------------------------------------------------|-------------|--------------|---------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy  | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Temporary Certificate of Compliance | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy  | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Compliance           | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Occupancy            | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Approval             | No. _____   | _____        | _____         | _____        |



# CONSTRUCTION PERMIT

Date Issued

11/30/95

Control #

Permit #

2956-95

IDENTIFICATION Block

831.09

Lot

18

Work Site Location

11679 West Princeton Ave

Contractor

Same

Owner in Fee

Edward Scandone

Address

Same

Address

Tele. ( )

Tele. ( )

Lic. No. or Bldrs. Reg. No.

Exp. Date

0.00

Federal Emp. No.

874 00 #

or Social Security No.

INT

0.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Interior alteration

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 \$

4000.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3-PINK - JACKET

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |        |                  |        |
|------------------|--------|------------------|--------|
| Building         | 70.00  | BUILDING         | 70.00  |
| Plumbing         | 2.00   | PLUMBING         | 2.00   |
| Electrical       | 20.00  | ELECTRICAL       | 20.00  |
| Fire Protection  | 0.00   | FIRE PROTECTION  | 0.00   |
| Other            | 0.00   | OTHER            | 0.00   |
| Other            | 0.00   | OTHER            | 0.00   |
| DCA Training Fee | 11.00  | DCA TRAINING FEE | 11.00  |
| Cert. of Occ.    | 0.00   | CERT. OF OCC.    | 0.00   |
| Other            | 0.00   | OTHER            | 0.00   |
| Total            | 100.00 | TOTAL            | 100.00 |
| Check No.        | 44 234 | CHECK NO.        | 44 234 |
| Cash             | 0.00   | CASH             | 0.00   |
| Collected By:    | W      | COLLECTED BY:    | W      |



# PERMIT UPDATE

Date Update Issued

Control #

Permit #

Date Permit Issued

12/19/95

2956-95

IDENTIFICATION Block

Lot

Work Site Location

Contractor

Owner in Fee

Address

Tele. ( )

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No.

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:

Replacing sink

Estimated Cost of Work \$

## PAYMENTS (Office Use Only)

Building

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

Cert. of Occ.

Other

Total

Check No.

Cash

Collected By:

836-9 #

17 LOT

18 #

PLUMBING

TOTAL

CHECK

CHANGE

NO. 5

0026A005

17

# 1515

0.00

0.00

17.00

17.00

17.00

0.00

10.19



Date Received 11/30/95  
Date Issued  
Control #  
Permit # 2956-95

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

Block 836.9 Lot 18  
Work Site Location 1679 WEST PENNELL AVE BRICKTON  
Owner in Fee EDWARD J. SEARIN JR.  
Address 1679 WEST PENNELL AVE BRICKTON  
Tele. [REDACTED]  
Contractor DAVE  
Address DAVE  
Tele. [REDACTED]  
Lic. No. or Bldg. Reg. No. [REDACTED]  
Federal Emp. No. [REDACTED] or Social Security N [REDACTED]

| JOB SUMMARY (Office Use Only)                                                                |              | INSPECTIONS |                   |
|----------------------------------------------------------------------------------------------|--------------|-------------|-------------------|
| PLAN REVIEW                                                                                  | Date Initial | Type:       | Dates (Month/Day) |
| <input checked="" type="checkbox"/> No Plans Req.                                            | 11/29/95     | Footings    |                   |
| <input type="checkbox"/> All                                                                 |              | Foundation  |                   |
| <input type="checkbox"/> Footings                                                            |              | Slab        |                   |
| <input type="checkbox"/> Foundation                                                          |              | Frame       | 18-46-92          |
| <input type="checkbox"/> Frame                                                               |              | Insulation  | 14-48-93          |
| <input type="checkbox"/> Other                                                               |              | Finishes:   |                   |
| Joint Plan Review Required:                                                                  |              | Energy      |                   |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |              | Mechanical  |                   |
| SUBCODE APPROVAL                                                                             |              | TCO         |                   |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO                                     |              | Other       |                   |
| Date: <u>11/29/95</u>                                                                        |              | Final       |                   |
| Approved By: <u>[Signature]</u>                                                              |              |             |                   |

**B. BUILDING CHARACTERISTICS**

|                           |         |          |                          |
|---------------------------|---------|----------|--------------------------|
| Use Group                 | Present | Proposed | Est. Cost of Bldg. Work: |
| Constr. Class             | Present | Proposed | 1. New Bldg. \$          |
| No. of Stories            | 1       |          | 2. Alteration \$ 4000    |
| Height of Structure       | 14      |          | 3. Total (1+2) \$ 4000   |
| Area—Largest Floor        | 1300    |          |                          |
| 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.  
Edward J. Searin Jr.  
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK - Removal of 2 walls + ceiling joist above to create open kitchen to living + dining room with vaulted ceiling. Removal of all old sheetrock + insulation to be replaced by new. Installation of new kitchen cabinets.

| TYPE OF WORK:                                  | (Office Use Only)   |
|------------------------------------------------|---------------------|
| <input type="checkbox"/> New Building          |                     |
| <input checked="" type="checkbox"/> Alteration |                     |
| <input type="checkbox"/> Addition              |                     |
| <input type="checkbox"/> Roofing               |                     |
| <input type="checkbox"/> Siding                |                     |
| <input type="checkbox"/> Fence                 | Height (6' or over) |
| <input type="checkbox"/> Sign                  | Sq. Ft.             |
| <input type="checkbox"/> Pool                  |                     |
| <input type="checkbox"/> Asbestos Abatement    |                     |
| <input type="checkbox"/> Other                 |                     |
| <input type="checkbox"/> Other                 |                     |
| <input checked="" type="checkbox"/> Demolition |                     |

|                                       |                             |
|---------------------------------------|-----------------------------|
| Paid <input type="checkbox"/> Check # | Administrative Surcharge \$ |
| Collected by: <u>[Signature]</u>      | Minimum Fee \$              |
|                                       | DCA TRAINING FEE \$         |
|                                       | TOTAL FEE \$                |



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

11/30/95  
2956-9515

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

Block 836.9 Lot 18

Work Site Location 1679 WEST PRINCETON AVE BELLEVILLE

Owner in Fee EDUARDO J. SERRAVALLO JR.

Address 1679 WEST PRINCETON AVE BELLEVILLE

Tele. \_\_\_\_\_

Contractor SAVE

Address SAVE

Tele. \_\_\_\_\_

Lic. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

☒ No Plans Req.

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elec. ☐ Plumb. ☐ Fire

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

INSPECTIONS

Type: \_\_\_\_\_

Footing

Foundation

Slab

Frame

Insulation

Finishes:

Energy

Mechanical

TCO

Other

Final

Dates (Month/Day)

Failure

Failure

Approval

Initial

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Const. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories 1

Height of Structure 16 Ft.

Area—Largest Floor 1800 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. \$ 4000

2. Alteration \$ 4000

3. Total (1 + 2) \$ 4000

**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

Eduardo J. Serravallo Jr.

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK - Removal of 2 walls + ceiling

JOIST ABOVE TO CREATE OPEN KITCHEN TO

LIVING + DINING ROOM WITH VAULTED

CEILING. REMOVAL OF ALL OLD SHEETROCK

+ INSULATION TO BE REPLACED BY NEW.

Installation of new kitchen cabinets.

(Office Use Only)  
FEE

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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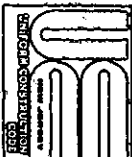
\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

|                                             |                                   |
|---------------------------------------------|-----------------------------------|
| Paid <input type="checkbox"/> Check # _____ | Administrative Surcharge \$ _____ |
| Collected by: _____                         | Minimum Fee \$ _____              |
|                                             | DCA TRAINING FEE \$ _____         |
|                                             | TOTAL FEE \$ _____                |

BERKELEY TOWNSHIP  
40-304-0  
Bridgette, New Jersey 08721



ELECTRICAL  
SUBCODE  
TECHNICAL SECTION



Date Received  
Date Issued  
Control #  
Permit #

703030040

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

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 836.09 Lot 18  
Work Site Location 1679 WEST PRINCETON AVE BRICK

Owner in Fee EDWARD J. SEGAFF JR.  
Address 1679 WEST PRINCETON AVE BRICK

Tele.                       
Contractor SAVE  
Address SAVE

Tele.                       
Lic. No.                      or Social Security                       
Federal Emp. No.                     

B. ELECTRICAL CHARACTERISTICS

Use Group Present                      Proposed ALTERATION  
☐ Pole/Pad #                      ☐ Temporary                      ☐ Other                       
Building Occupied as                      Utility Co.                       
Est. Cost of Elec. Work \$ 400

JOB SUMMARY (Office Use Only)

| PLAN REVIEW:                                                                         |  | INSPECTIONS                   |         |         |          |         |
|--------------------------------------------------------------------------------------|--|-------------------------------|---------|---------|----------|---------|
|                                                                                      |  | Type:                         | Failure | Failure | Approval | Initial |
| <input type="checkbox"/> No Plans Required                                           |  |                               |         |         |          |         |
| Joint Plan Review Required:                                                          |  |                               |         |         |          |         |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb.                       |  | Rough                         |         |         |          |         |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                      |  | Temporary                     |         |         |          |         |
| <input type="checkbox"/> Elec. Plans Approved                                        |  | Constr. Serv.                 |         |         |          |         |
| Date: <u>                    </u>                                                    |  | TCO                           |         |         |          |         |
|                                                                                      |  | Other                         |         |         |          |         |
| Approved by: <u>                    </u>                                             |  | Service                       |         |         |          |         |
|                                                                                      |  | Final                         |         |         |          |         |
| SUBCODE APPROVAL                                                                     |  | Temp. Cut-In-Card Date Issued |         |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |  | Final Cut-In-Card Date/Issued |         |         |          |         |
| Date: <u>                    </u>                                                    |  |                               |         |         |          |         |
| Approved By: <u>                    </u>                                             |  |                               |         |         |          |         |

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 and perform the work listed on this application.

☐ Licensed Electrical Contractor ☐ Exempt Applicant

Edward J. Segaff Jr.  
Signature—Contractor Seal

D. TECHNICAL SITE DATA

| NO.       | SIZE | ITEM                                |  |
|-----------|------|-------------------------------------|--|
| <u>15</u> |      | Fixtures (1)                        |  |
| <u>20</u> |      | Receptacles (2)                     |  |
| <u>10</u> |      | Switches (3)                        |  |
| <u>45</u> |      | Total 1 + 2 + 3                     |  |
|           |      | Kw Range                            |  |
|           |      | Kw Oven(s)                          |  |
|           |      | Kw Surface Unit                     |  |
|           |      | hp Dishwasher                       |  |
|           |      | hp Garbage Disposal                 |  |
|           |      | Kw Dryer                            |  |
|           |      | Kw A/C Unit                         |  |
|           |      | Burglar Alarms                      |  |
|           |      | Intercoms Panels                    |  |
|           |      | Smoke Detectors                     |  |
|           |      | hp Whirlpool/spa                    |  |
|           |      | Pool Bonding                        |  |
|           |      | hp Pool Filter Motor                |  |
|           |      | Pool Lights                         |  |
|           |      | Kw Water Heater(s)                  |  |
|           |      | Kw Central heat:                    |  |
|           |      | oil, gas or elec.                   |  |
|           |      | Kw Baseboard Heat Units             |  |
|           |      | Thermostats                         |  |
|           |      | hp Heat Pump                        |  |
|           |      | hp Pump(s)                          |  |
|           |      | Amp Motor Control Center/Sub Panels |  |
|           |      | Signs                               |  |
|           |      | Light Standards                     |  |
|           |      | hp Motors—Fractional H.P.           |  |
|           |      | hp Motors—All Others                |  |
|           |      | Kw Transformers                     |  |
|           |      | Kw Generators                       |  |
|           |      | Amp Service Entrance                |  |
|           |      | Other                               |  |

203 ✓ Amp Service Entrance  
(Paddle Cases)

|                                                            |                          |                                |
|------------------------------------------------------------|--------------------------|--------------------------------|
| Paid <input checked="" type="checkbox"/> Check # <u>93</u> | Administrative Surcharge | \$ <u>                    </u> |
| Collected by: <u>                    </u>                  | Minimum Fee              | \$ <u>                    </u> |
|                                                            | DCA Training fee         | \$ <u>                    </u> |
|                                                            | TOTAL FEE                | \$ <u>54.-</u>                 |

U.C.C. Form F-120B  
1 Write = Inspector Copy  
3 Print = Office Copy  
2 Canary = Office Copy  
4 Gold = Applicant Copy

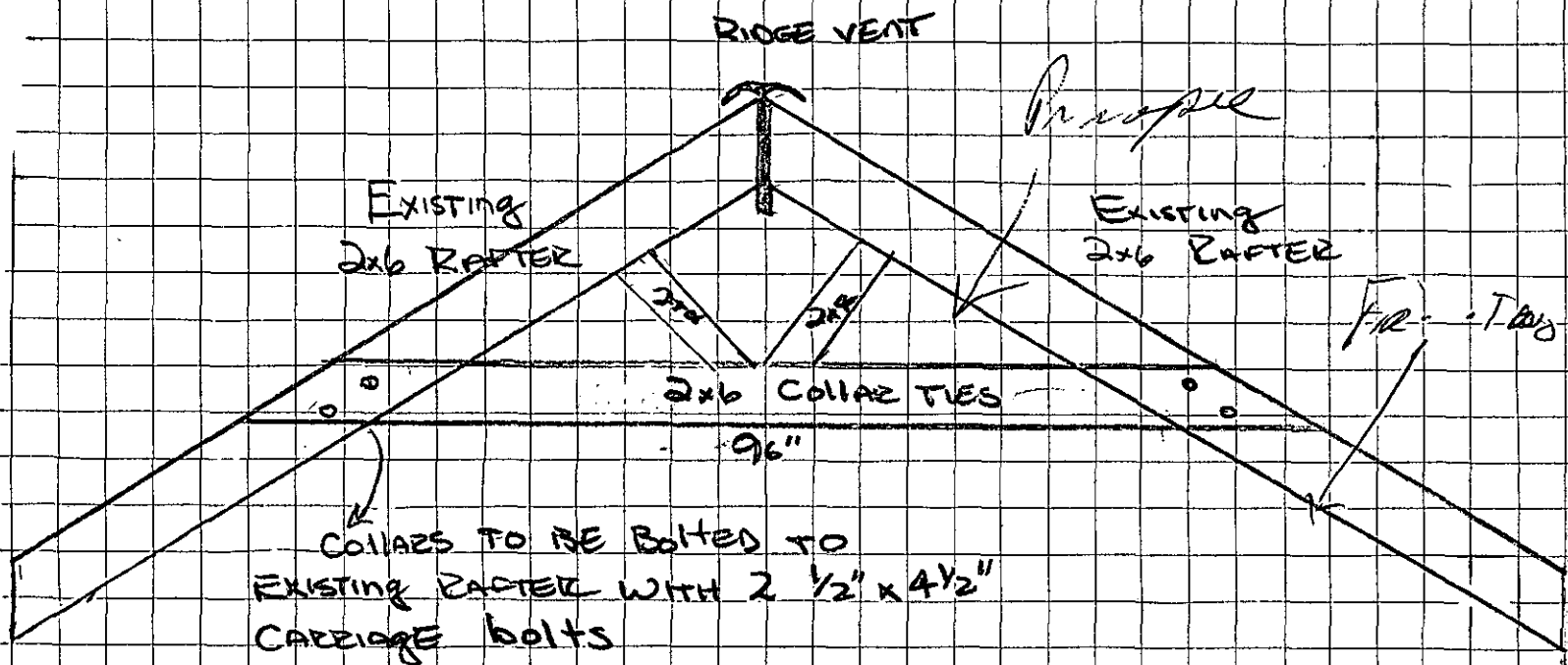
FEE (Office Use Only)

1. 1000

0

11/19/96  
R

# Diagram For Creating Vaulted Ceiling



VAULTED CEILING TO BE VENTED AT SOFFIT + RIDGE  
WITH STYROFOAM CHANNELS PLACED IN EACH BAY.  
CEILING THEN WILL BE INSULATED WITH 5 3/4" x 18" R-19 INSULATION  
THEN COVERED WITH 1/2" SHEETROCK

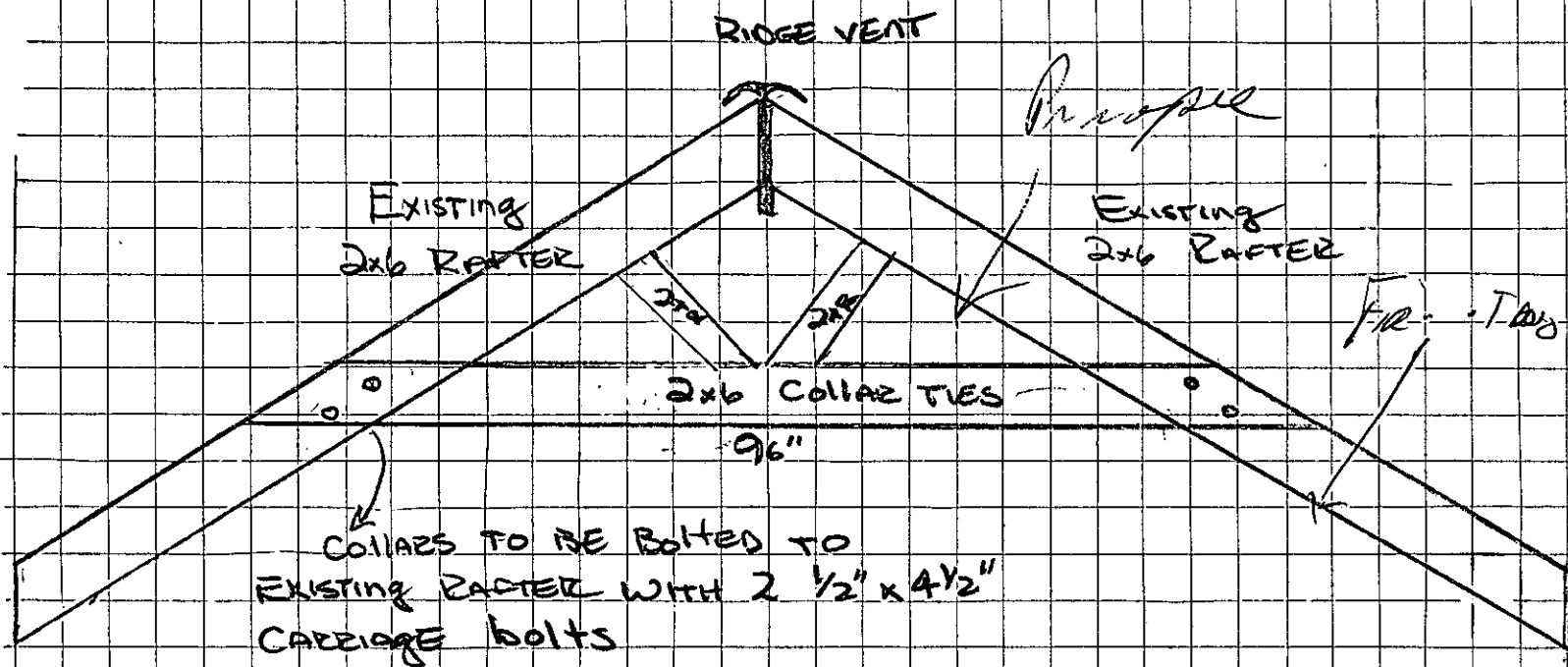
ALL 2x4 EXTERIOR WALLS TO BE INSULATED WITH R-13  
KRAFT FACE INSULATION

NEW DOOR OPENINGS TO HAVE DOUBLE 2x10 HEADERS

11/30/95  
*[Signature]*

11/90/96  
11/90/96

# Diagram For Creating Vaulted Ceiling



Vaulted ceiling to be vented at soffit + ridge with styrofoam channels placed in each bay. Ceiling then will be insulated with 5 3/4 x 16" R-19 insulation then covered with 1/2" sheetrock.

All 2x4 exterior walls to be insulated with R-13 kraft face insulation.

New door openings to have double 2x10 headers.

11/30/95  
