BLOCK 102.07 LOT 9 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 10-0274

CONSTRUCTION PERMIT APPLICATION

C10-000286

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

I. IDENTIFICATION

1. Proposed Work Site at: 125 Chambersbridge Rd.
2. Name of Owner in Fee: Peter Kos & John Kos
   Te [redacted] e-ma [redacted]
   Address 315 Rolling Knolls Way (street) Bridgewater (municipality) NJ. 08807 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Self Tel. [redacted]
   Address 315 Rolling Knolls Way e-mail [redacted]
   Bridgewater NJ. 08807
   License No. OR, if new home, Builder Reg. No. N/A Exp. Date N/A
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer N/A Contact N/A
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Peter Kos
   Tel. [redacted] FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	6		
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 56		

VI. BUILDING/SITE CHARACTERISTICS existing 1 (office use only)

1. Number of Stories	1	
2. Height of Structure	2 12' ft.	
3. Area — Largest Floor	1,600 +or- sq. ft.	
4. New Building Area	N/A sq. ft.	
5. Volume of New Structure	N/A cu. ft.	
6. Max. Live Load	N/A	
7. Max. Occupancy Load	N/A	
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	0 sq. ft.	
10. Flood Hazard Zone	NO	
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ✓		

IIa. PROPOSED WORK

- [X] Minor Work — Replace Roof shingles. ENTIRE Roof AREA
- [ ] New Building
- [ ] Addition
- [ ] Demolition
- [ ] Repair
- [ ] Alteration
- [ ] Renovation
- [ ] Reconstruction
- [ ] Asbestos Abat. -Subch. 8
- [ ] Lead Hazard Abatement
- [ ] Radon Remediation
- [ ] Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
✓ Building ?	$3,800	PD	1		2/2/10	MW			
Electrical									
Plumbing									
Fire Protection									
Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use) MIXED USE

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units / Income-restricted
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

5

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): APT & COMPUTER BUSINESS

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. [ ] Partial Releases
2. [ ] Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? NO

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
11. [ ] LPGas Tanks

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.ix:

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 Replace Roof Shingles

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 1/26/10

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. 5:23-2.15(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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/19/2010
Control Number C-10-000286
Permit Number 10-0274
Permit Issue Date 02/12/2010
Certificate Number 10-0274

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 125 CHAMBERS BRIDGE RD. , NJ Block: 702.07 Lot: 9 Qual:

Owner in Fee: KOS, PETER E & JOHN T

Owner Address: 315 ROLLING KNOLLS WAY BRIDGEWATER NJ 08807

Telephone: [redacted]

Contractor KOS, PETER E & JOHN T

Address 315 ROLLING KNOLLS WAY BRIDGEWATER NJ 08807

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: S-1 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: NEW ROOF REMOVE EXISTING SHINGLES & REPLACE WITH NEW SHINGLES; ENTIRE ROOF AREA.

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 04/19/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 2-1-10
Control # C-10-000286
Permit #

IDENTIFICATION Block: 702.07 Lot: 9 Qualifier
Work Site Location: 125 CHAMBERS BRIDGE RD. , NJ
Owner in Fee KOS, PETER E & JOHN T
315 ROLLING KNOLLS WAY BRIDGEWATER NJ 08807
Telephone: [redacted]

Contractor KOS, PETER E & JOHN T
Address 315 ROLLING KNOLLS WAY BRIDGEWATER NJ 08807
Telephon[redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
NEW ROOF REMOVE EXISTING SHINGLES & REPLACE WITH NEW SHINGLES; ENTIRE ROOF AREA.

Note: If constuction 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 $3,800

Construction Official

2-4-10
Date

PAYMENTS (Office Use Only)

Building	$50
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$56
Check No.	
Cash	$0
Credit	$0
Collected By	

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

02/12/10 3:21PM 0015586[illegible]5942
[illegible] 002

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.

[illegible] $50.00
DCA $6.00
**TOTAL 56.00
[illegible] $100.00
CHANGE $44.00

02/12/10 3:21PM 0015586[illegible]5942 **002
$56.00

- [ ] 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 / Control # 10-0274
Date Issued / Permit # 5-12-10

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

Block 702.07 Lot 9 Qualification Code _____

Work Site Location 125 Chambersbridge Rd.
TOWNSHIP OF BRICK, NJ

Owner in Fee: Peter Kos & John Kos

Tel. [redacted] e-mail [redacted]

Address 315 Rolling Knolls Way Bridgewater, NJ. 08807
street municipality zip code

Contractor: _____ Tel. (____)_____

Address N/A e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____)_____

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 _____ 1/26/10

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Roofing: Remove existing shingles & replace with new shingles. Entire roof area

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	2/2/10	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 2/3/10
Approved by: N/A

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ✓ Proposed _____
No. of Stories 1
Height of Structure 12 ft.
Area — Largest Floor 1600 sq. ft.
New Bldg. Area/All Floors N/A sq. ft.
Volume of New Structure N/A cu. ft.
Max. Live Load N/A
Max. Occupancy Load N/A

Constr. Class Present N/A Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

U.C.C. F110
(rev. 12/07)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-0274

Date Issued / Permit # 3-12-10

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

Block 702.07 Lot 9 Qualification Code _____

Work Site Location 125 Chambersbridge Rd.
TOWNSHIP OF BRICK, NJ

Owner in Fee: Peter Kos & John Kos

Tel. [redacted] e-mail [redacted]

Address 315 Rollins Knolls Way Bridgewater, NJ. 08807
street municipality zip code

Contractor: _____ Tel. ( ) _____

Address N/A e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: ( ) _____

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 _____ 1/26/10

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Roofing: Remove existing shingles & replace with new shingles. Entire roof area

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	2/2/10	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 2/3/10
Approved by: KA

CODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
2/16/10
Approved by: KA

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			4/14/10	G.P.
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [X] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

NG CHARACTERISTICS

p Present ✓ Proposed _____
ies 1
tructure 312 ft.
rgest Floor 1600 sq. ft. TOTAL
Area/All Floors N/A sq. ft.
lew Structure N/A cu. ft.
oad N/A
pancy Load N/A

Constr. Class Present N/A Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

U.C.C. F110
(rev. 12/07)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

702.07/9

10-0274

INVOICE

BUSH BROS. TRUCKING
P.O. Box 4
Garwood, N.J. 07027
(732) 356-9408

DATE
3/6/2010
ACCOUNT NUMBER

BILL TO:

Olsen Contracting
22 East 2nd Street
Bound Brook, N.J. 08805
ATTN: Accounts Payable

CUSTOMER LOCATION:

Payment Due
3/13/2010

RETURN THIS PORTION WITH PAYMENT

AMOUNT ENCLOSED $ 625

DATE	CHARGES AND CREDITS	AMOUNT
03/05/2010	Balance forward	0.00
03/06/2010	Total Dumping Charge-30yd box-125 Chambers Bridge, Bricktown, NJ	625.00
	Current Service Period: February **AMOUNT DUE**	**$625.00**

BUSH BROS. TRUCKING **THANK YOU**

PAY LAST AMOUNT IN THIS COLUMN

125 Chambersbridge Rd.

Dear Township Permit Rec Clerk: Kim Bosak

Pls note have completed to best of my ability.

If there is anything else needed pls let me know

Pls call me on [redacted]

RECD JAN 20 2010

I am Removing old Roof shingles & Replace for entire Roof AREA

Thankyou

Pete Kos

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: 125 Chambersbridge Rd. Township of Brick, NJ.

Block: 702.07 Lot: 9

Contractor: Self-Prep. Owner

Contractor's Address: 315 Rolling Knolls Way Bridgewater, N.J. 08807 (owner's)

Type of Construction (minor, new home): minor - Replace Roof Shingles entire Roof Area

Type of Debris (shingles, siding, wood, etc.): Roofing Shingles

Party responsible for removal: Busch Brothers Trucking Garwood, NJ 908-482-4528

Dumpster size: 20 yard Box

Destination of debris: Bridgewater Transfer Station

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

1/26/10
Date

Peter E. Kos
Print Name

What use group am I using for this? R-5 for the apt or B- for the Business?

It's Mixed use when more than 1 use is for the Building.

S-1

Mike