

BLOCK 848 LOT 31 ADDRESS (SITE) 1711 Tilford Blvd. PERMIT NO. 1431-94



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1711 Tilford Blvd.

2. Name of Owner in Fee: Today Tel. [REDACTED]

Address same street municipality zip code

3. Ownership in Fee: Public _____ Private ☒

4. Principal Contractor: Cardinal Roofing Tel. () 458-9222

Address P.O. Box 333 Brick n J

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Emp. No. 21-074-2690 Social Security No. _____

5. Architect or Engineer _____ Tel. () _____

Address _____

6. Responsible Person Bill Glynn Tel. () 458-9222

In Charge of Work

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>23-</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$ <u>23-</u>		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>2-</u>		
10. Subtotal	\$		
11. Cert. of Occupancy	<u>20-</u>		
12. Other			
13. TOTAL	\$ <u>45-</u>		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	_____ ft.
3. Area—Largest Floor	_____ sq. ft.
4. Building Area—All Floors	_____ sq. ft.
5. Volume of Structure	_____ cu. ft.
6. Construction Classification	
7. Total Land Area Disturbed	_____ sq. ft.
8. Flood Hazard Zone	
9. Base Flood Elevation	_____ ft.
10. Wetlands yes _____ sq. ft.	
no _____	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

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

TOTAL COSTS

Est. Cost

2500.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

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:
3. Change in Use Group. Indicate Former:

LDS BR 10110513

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name Cardinal Roofing

Address P.O. Box 333

Brick n

Telephone (610) 9220

Signature Bill Glyn Date 6/14/94

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____



CONSTRUCTION PERMIT

Date Issued 6/14/94
Control #
Permit # 1431-94

IDENTIFICATION Block 848 Lot 31

Work Site Location 1711 Tilford Blvd. Contractor Cardenal Roofing
Address _____

Owner in Fee Today
Address same Tele. (____) _____

Tele. (____) [REDACTED] Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. ##0004**

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Re-roof over existing

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 \$ 2500.00

A. J. Cienzo
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		1431-94
Building	<u>23</u> - <u>BLDG</u>	0.00
Plumbing	<u>848</u> #	
Electrical	<u>LOI</u>	0.00
Fire Protection	<u>31</u> #	
Other	<u>BUILDING</u>	3.00
Other	<u>D.C.A.</u>	2.00
DCA Training Fee	<u>2</u> # / <u>0</u>	0.00
Cert. of Occ.	<u>20</u> TOTAL	5.00
Other	<u>CASH</u>	5.00
Total	<u>45</u> - <u>CHANGE</u>	0.00
Check No.	<u>06/14/94</u> NU. <u>5</u> 0008805	5.01
Cash	<u>45</u>	
Collected By:	_____	



Date Received 6/14/94
Date Issued
Control #
Permit # 1431-94

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

Block 878
Work Site Location 1711 Jollyo Blvd 31
Owner in Fee Hedley
Address same
Tele. () [REDACTED]
Contractor Conrad Forges
Address PO Box 333
Tele. () 458-6922
L.C. No. or Bids. Reg. No. 21-074-2690 or Social Security No. _____
Federal Emp. No. _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____ Ft.
Height of Structure _____ Sq. Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ 2500.
3. Total (1+2) \$ 2500.

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
Re. roof over 1 layer

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

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



Date Received
Date Issued
Control #
Permit #

6/14/94
1431-94

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

Block 848
Work Site Location 1711 Taylor Blvd #31

Owner in Fee Hodges
Address none

Tele. () 458-4933

Contractor Cardinal Roofing
Address P.O. Box 333

Tele. () 458-4933

Lic. No. or Bids. Reg. No. 21-074-2690 or Social Security No. _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
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☒ Roofing	\$ _____
☐ Siding	\$ _____
☐ Other	\$ _____
☐ Demolition	\$ _____
☐ Miscellaneous	\$ _____
☐ Fence _____ Height _____	\$ _____
☐ Sign _____ Sq. Ft. _____	\$ _____
☐ Pool	\$ _____
☐ Elevator	\$ _____
☐ Asbestos Abatement	\$ _____
☐ Other	\$ _____

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