

1447-94



1. IDENTIFICATION

6. Responsible Person
In Charge of Work Bill Meyer Tel. (458-9552)

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

OPTIONAL (for office use only)[illegible]

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
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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 _____

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:

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 NJ

Telephone () 458-9520

Signature Bill Flynn Date 6/15/94

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

6/15/94

Control #

Permit #

1447-94

IDENTIFICATION Block

818

Lot

31

Work Site Location

1411 Telford Blvd

Contractor

Cardinal Roofing

Owner in Fee

MCCAY

Address

5000

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ()

Federal Emp. No.

0007

or Social Security No.

144794

Is hereby granted permission to perform the following work:

☒ BUILDING☐ PLUMBING☐ OTHER☐ ELECTRICAL☐ FIRE PROTECTION

DESCRIPTION OF WORK:

11-1008

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

R. C. C. 140

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building

23-

840 #

Plumbing

LVI

Electrical

31 H

Fire Protection

BUILDING

Other

D.C.A.

Other

C / U

DCA Training Fee

2 TOTAL

Cert. of Occ.

20- CHECK

Other

CHANGE

Total

144794

NO. 5

00040005

Check No.

15425

Cash

Collected By:

CJ

0.00

0.00

3.00

2.00

0.00

0.00

5.00

5.00

0.00

5:21



Date Received 10/15/94
Date Issued
Control #
Permit # 1447-94

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 Telford Blvd.

Owner in Fee Holey
Address

Tele. ()

Contractor P.O. Box
Address 333 Buck Rd

File ()

U.C. No. or Bldgs. Reg. No. 21-074-2690
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Req.			Footings		
☐ All			Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Frame			Insulation		
☐ Other			Finishes:		
Joint Plan Review Required:			Energy		
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical		
SUBCODE APPROVAL			TCO		
☐ CO ☐ CCO ☐ CA			Other		
Date			Final		
Approved By:					

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height 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

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Alteration \$
3. Total (1+2) \$ 2700

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 Bill Hoyer

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Re-roof over 1 layer

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Elevator
- ☐ Asbestos Abatement
- ☐ Other

(Office Use Only)

FEE

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



Date Received
Date Issued
Control #
Permit #

10/15/94
14417-94

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

Block 848 Lot 31
Work Site Location 1711 Bedford Blvd.

Owner in Fee Bohney
Address [REDACTED]

Tele. [REDACTED]
Contractor Cardinal Roofing

Address P.O. Box 333 Buck RD

U.C. No. or Bids. Reg. No. 21-074-2690 or Social Security No. _____
Federal Emp. No. _____

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ 2700.
3. Total (1+2) \$ 2700.

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 Bill Bohney

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Re-Roof over 1 Shiplap

TYPE OF WORK:	
☐ New Building	(Office Use Only)
☐ Addition	FEE
☐ 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 \$ _____