



CONSTRUCTION PERMIT APPLICATION

C05-135600

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

I. IDENTIFICATION

- Proposed Work Site at: 207 Page Dr
- Name of Owner in Fee: Richardson Tel. 732) 840 0643
Address 207 Page Dr. Brick NJ 08724
street municipality zip code
- Ownership in Fee: Public _____ Private K
- Principal Contractor: THD At Home Services Tel. (609) 631-0005
Address 1 Marlen Drive, Robbinsville, NJ 08691
License No. OR, if new home Builder Reg. No. _____ Exp. Date _____
Federal Employee _____ FAX: (609) 631-9099
- Architect or Engineer _____ Tel. (_____) _____
Address _____ Contact _____
- Responsible Person in Charge once Work has Begun Steven Bruck
Tel. (609) 528 8322 FAX: (609) 631 9099

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>50</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ <u>8</u>		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	<u>58</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

(office use only)

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☒ Minor Work	<u>6243</u>						<u>1-24-05</u>		
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	<u>6243</u>								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- State Specific Use: Singlefamily
- Use Group: _____
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

- State Specific Use: _____
- Use Group: _____
- Change in Use Group, Indicate Former: _____

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

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 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 Rich Neher

Address 147 Union Street
Hatfield, PA 19440

Telephone (215) 412-0164

Signature [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 01/25/2008
Control Number C-05-135600
Permit Number 05-2102
Permit Issue Date 06/07/2005
Certificate Number 05-2102

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 207 PAGE DR. Brick Township, NJ Block: 1205.01 Lot: 11 Qual: _____
Owner in Fee: RICHARDSON, THOMAS GREGG & DIANA
Owner Address: 207 PAGE DR. BRICK NJ 08724
Telephone: _____
Contractor THD AT HOME SERVICES
Address 1 MARLEN DRIVE ROBBINSVILLE NJ 08691
Telephone: 609-631-0005 Fax: (609) 631-9099
License Number or Builders Registration Number: _____ Federal Emp. Number: [REDACTED]

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used: NEW ROOF REMOVE EXISTING 1 LAYER/INSTALL ICE WATERSHIELD/INSTALL 15 SQUARE AT 30 YR SHINGLES.

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 NJACS: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

Date Printed: 01/25/2008

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



CONSTRUCTION PERMIT

Date Issued 06/07/2005
Control # C-05-135600
Permit # 05-2102

IDENTIFICATION Block: 1205.01 Lot: 11 Qualifier
Work Site Location: 207 PAGE DR. Brick Township, NJ Contractor THD AT HOME SERVICES
Address 1 MARLEN DRIVE ROBBINSVILLE NJ 08691
Owner in Fee RICHARDSON, THOMAS GREGG & DIANA
Address 207 PAGE DR. BRICK NJ 08724 Telephone: 609-631-0005
Lic. No. or Bldrs. Reg. No.
Telephone: Federal Employee No.

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

NEW ROOF REMOVE EXISTING 1 LAYER/INSTALL ICE WATERSHIELD/INSTALL 15 SQUARE AT 30 YR SHINGLES.

Note: If construction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$6,243

Construction Official 06/07/2005
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$50
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$8
CO Fee	
Other	\$0
Total	\$58
Check No.	15653
Cash	\$0
Credit	\$0
Collected By	Ann Marie Hanlon

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.

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.

- ☐ 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



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

Block 1205. D1 Lot 207 Page 1 of 2 Qualification Code _____

Work Site Location _____

Owner in Fee: Richardson
Address 207 Page Dr

Back to 0832-4
Tel. (732) 840 0643

Contractor THD At Home Services
Address 1 Marlen Drive, Robbinsville, NJ 08691

Tel. (609) 631-0005 FAX (609) 631-9099
Contractor License No. _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)									
PLAN REVIEW		Date		Initial		INSPECTIONS		Dates (Month/Day)	
☐	No Plans Required							Failure	Approval
☐	All								
☐	Footings								
☐	Foundation								
☐	Frame								
☐	Other								
Joint Plan Review Required:									
☐	Elec.	☐	Plumb.	☐	Fire	☐	Elevator		
SUBCODE APPROVAL									
☐	CO	☐	CCO	☐	CA				
Date: <u>1-24-08</u>									
Approved by: <u>[Signature]</u>									
Final <u>[Signature]</u>									
Barrier-Free									

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$ <u>6243</u>
Height of Structure			3. Total (1 + 2) \$ <u>6243</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove existing (1) layer
Install ice water shield
30 year shingles

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

\$ _____

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



Municipal Consulting Group

147 Union Street
Hatfield, PA 19440
215.412.0164
Fax 215.412.2485

117 Iris Drive
Egg Harbor Township, NJ 08234
609.272.3127
1.888.MCG.1888
Fax 609.272.1340

351 Superior Road
Egg Harbor Twp., NJ 08234
609.653.9324
Fax 609.653.9304

www.permittingservices.com

Offices in Philadelphia, PA, Hatfield, PA & Egg Harbor Township, NJ

May 26, 2005

Code Enforcement / Mary Jane
Brick Township, NJ
401 Chambersbridge Road
Brick, NJ 08723

**RE: Roofing permit application for the property located @ 207 Page Drive,
Brick, NJ 08724**

Dear Mary Jane ☺:

Per your request, I have enclosed a self stamped addressed envelope and check for fifty eight dollars (\$58.00), the permit fee for the aforementioned property. Your assistance is *greatly* appreciated. If you have any questions please call me at 215.412.0164.

THD At-Home Services, Inc.
1 Marlen Drive {Local Address}
Robbinsville, NJ 08691
609.631.0005
75-2698460 {Federal Id Number}

Cordially,

Stephanie Neher ☺

cc: Robert Boothroyd, Jr.

