BLOCK 205.01 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 1010 Falkenburg Rd. PERMIT NO. 13-1018

CONSTRUCTION PERMIT APPLICATION

C-13-001334

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

I. IDENTIFICATION

1. Proposed Work Site at: 1010 Falkenburg Rd. Brick, NJ 08724
2. Name of Owner in Fee: Gregg Richardson
   Tel. (732) 840 0643 e-mail _____
   Address 807 Page Dr. Brick, NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: **All County Exteriors** Tel. (732) 370-2780
   Address **560 Cross Street** e-mail _____
   Lakewood, NJ 08701
   License No. OR, if new home, Builder Reg. No. **13VH01860400** Exp. Date **12/31/2013**
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (732) 370-9542
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____ ✓
6. Responsible Person in Charge once Work has Begun **Walt Brownlee**
   Tel. (732) 370-2780 FAX: (732) 370-9542

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ 0 ft.
3. Area — Largest Floor _____ 0 sq. ft.
4. New Building Area _____ 0 sq. ft.
5. Volume of New Structure _____ 0 cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ 0 sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ 0 ft.
12. Wetlands yes ____ no X

IIa. PROPOSED WORK

☐ Minor Work ☐ 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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
X Building	9,554								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	9,554								

FOR OFFICE USE ONLY (Optional)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary 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 0
   Gained, Rental 8
   Lost, Sale 8
   Lost, Rental 0

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): _____

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?

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/30/2013
Control Number C-13-001334
Permit Number 13-1018
Permit Issue Date 3/6/2013
Certificate Number 13-1018

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1010 FALKENBURG RD Brick Township, NJ Block: 1205.01 Lot: 1 Qual:

Owner in Fee: RICHARDSON, T. GREGG & DIANA

Owner Address: 207 PAGE DR. BRICK NJ 08724

Telephone: (732) 840-0643

Contractor ALL COUNTY EXTERIORS, LLC

Address 560 CROSS STREET LAKEWOOD NJ 08701

Telephone: (732) 370-2780 Fax: (732) 370-9542

License Number or Builders Registration Number: Federal Emp. Number: 22-2409381

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/Use: ROOF

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: 7/30/2013

U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 03/06/2013
Control # C-13-001334
Permit # 13-1018

IDENTIFICATION Block: 1205.01 Lot: 1 Qualifier

Work Site Location: 1010 FALKENBURG RD Brick Township, NJ

Owner in Fee: RICHARDSON, T. GREGG & DIANA
207 PAGE DR. BRICK NJ 08724

Telephone: (732) 840-0643

Contractor: ALL COUNTY EXTERIORS, LLC
Address: 560 CROSS STREET LAKEWOOD NJ 08701

Telephone: (732) 370-2780
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2409381

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:

ROOF

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 $9,554

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$287
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$16
CO Fee	
Other	$0
Total	$303
Check No.	9445
Cash	$0
Credit	$0
Collected By	Christopher Romano

U.C.C. F170
equiv (rev 1/04)

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.

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

Date Received
Control # 13-1018

Date Issued
Permit # 3-6-13

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

Block 1205.01 Lot 1 Qualification Code

Work Site Location 810 Falkenburg Rd. Brick, NJ 08724

Owner in Fee: Gregg Richardson

Tel. (732) 840 0213 e-mail

Address 207 Page Dr. Brick, NJ 08724
street municipality zip code

Contractor: **All County Exteriors** Tel. (**732**) **370-2780**

Address **560 Cross Street** e-mail

Lakewood, NJ 08701

Contractor License No. or Builder Registration No. **13VH01860400** Exp. Date **12/31/2013**

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

Federal Emp. ID No. [redacted] FAX: (**732**) **370-9542**

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 07/29/13
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) 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			7/21/13	MV
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure 0 ft.

Area — Largest Floor 0 sq. ft.

New Bldg. Area/All Floors 0 sq. ft.

Volume of New Structure 0 cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 9,354
2. Rehabilitation $
3. Total (1+ 2) $ 9,354

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.

Sign here: Alexandra Marzarella

Print name here: Alexandra Marzarella

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove 2 layer sf.
Install GAF TL HD
LT Shingles

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 $

This form must be handed in with permit application or a permit will not be issued!

✓ 732 262 2911

Permit # 13-1018

1205.01/1

TOWNSHIP OF BRICK

Debris Form

Work Site Address: 1010 Falkenberg Dr.

Block: 1205.01 Lot: 1

Contractor: All County Exteriors

Contractor's Address: 560 Cross St. Lakewood, NJ 08701

Type of Construction (minor, new home): Minor Work

Type of Debris (shingles, siding, wood, ~~etc~~): Roofing Siding

Party responsible for removal: Ocean Casting & Champion BP

Dumpster Size: 30yd

Destination of Debris: Ocean County Landfill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

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."

Alexandra Mazzarella (agent) ____/____/____

Signature *Date*

Alexandra Mazzarella

Print Name

Ocean Carting, Inc.

Invoice

PO BOX 357
Lakewood, NJ 08701
Phone (732)-367-9333
Fax (732)-901-1935

Date	Invoice #
4/1/2013	25265

Bill To

All County Aluminum
560 Cross Street
Lakewood,NJ 08701

Cap

Ship To

1010 FALKENBERG
BRICK

Dr Richardson

P.O. No.	Terms	Project
	Net 15	

Quantity	Description	Rate	Amount
7.8	Tons - 30 yard open roll-off container	81.21	633.44
1	Hauling Fee per Container	175.00	175.00

Permit#
13-1018

ROLL-OFF CONTAINER SERVICE

Total $808.44

AN COUNTY LANDFILL
ICHESTER, NJ 08759

FACILITY ID: No. 1518B
Ticket No. 1518187
Date 3/29/13

omer: OCE20
AN CARTING, INC *
OX 357

EWOOD, NJ 08701

84260 lb In 2:30 pm
Out 3:01 pm
15000 lb
7 000 lb
30 0.00 CU YDS

#: 0187AK X-0087 ROLLOFF 30 13
f Load Material Location Price/Unit
0.00 132 BULKY - DEMO WOOD BRICK TWP $91.21

ent Balance $-2389.51 Total $ 5533.44

r

OCLF Not Responsible For Damages Done At Landfill

ure & Contingency: $0.50/ton Environmental Escrow Type 10: $17.97/ton
/cling Tax: $3.00/ton Types 43, 22, 23, 25: $23.19/ton
ure Escrow: $1.00/ton Post Closure Fund: $ 0.62/ton
Health Dept: $0.40/ton Host Community Fund: $ 4.50/ton

Weight Master: RT

Permit #
13-1018

367-9333 **OCEAN** 185819

P.O. BOX 357

LAKEWOOD, N.J. 08701 3-29 2013

M All County

1010 FALKENBERG / BRICK

	COMPACTOR		
(	OPEN CONTAINER (ROLL OFF)	30	ROLL
	YARDS		
	WOOD		
	HOPPER		
	CONTAINER		
	CONTAINER PLACED IN		
	AREA DESIGNATED BY		
	X		

Inclement weather call 201-460-4698

New Jersey Meadowlands

Landfill # 201-998-4020

STATEMENT O

SCALE IN/OUT: 1^ / 2^
VIC DECAL: 6759
CARRIER DEP: 06759
TRUCK ID: 0895426391
ACCOUNT NO: 58100 / Roselle/Suburban

COMMENT:

ORIGIN	WASTE TYPE	TONNAGE
1221	13	4.25

IN OPERATOR: KG

LOUIS T. ROSELLE
54 Montesano Road, Fairfield, NJ 07004-3310
Phone: 973-227-7020 • Fax: 973-675-1404
Private Disposal Service
ROLL OFF CONTAINERS 10 TO 40 YARDS

172 BP ?

Name _____ Date 2-12-13

Address 547 NETTLETON DR E. WINDSOR

10 YDS.
15 YDS.
20 YDS. TRASH
30 YDS. $437.50
40 YDS.
Comp.

DO NOT OVERLOAD
2 WEEK LIMIT
NO CARDBOARD IN LOAD
NOT RESPONSIBLE FOR
ANY PROPERTY DAMAGE

Customer's Sig _____
Driver's Sig _____
☐ No One Available to Sign

PERMIT # 20130132
&
20130131

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: 1010 Falkenburg Rd. Brick, NJ 08724

Block: 205.01 Lot: 1

Contractor: All County Exteriors

Contractor's Address: 560 Cross St. Lakewood, NJ 08701

Type of Construction (minor, new home): Roof

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

Party responsible for removal: _____

Dumpster size: _____

Destination of debris: _____

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.

Alexandra Marzella
Signature

_____
Date

Alexandra Marzarella (agent)
Print Name

We do not have this information until the job is scheduled.

OT AN
LECTRICIAN'S
R PLUMBER'S
ICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

All County Exteriors, LLC
Raymond Marzarella, Jr.
560 Cross Street
Lakewood NJ 08701

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
All County Exteriors, LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/08/2012 TO 12/31/2013
VALID
SIGNATURE

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRA
CERTIFICATE ID CARD IS LC
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

11/08/2012 TO 12/31/2013
VALID

13VH01860400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

All County Exteriors, LLC EXPIRATION DATE **2013**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 01860400** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC

HOME [ ]
BUSINESS [ ]

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPON

HOME [ ]
BUSINESS [ ]

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should b within reasonable proximity of your original license/registration/certificate at your principal office or place business.

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(f)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

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.

(X) Check if contractor.

Agent Name **All County Exteriors**

Address **560 Cross Street**

Lakewood, NJ 08701

Telephone (**732**) **370-2780**

Signature Alexandra Maynada

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.