Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers,
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 528 LOT 27 QUALIFICATION CODE _____ ADDRESS (SITE) 464 Central Avenue PERMIT NO. 16-3918

CONSTRUCTION PERMIT APPLICATION

C-16-005405

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

I. IDENTIFICATION

1. Proposed Work Site at: 464 Central Ave., Brick, NJ 08723
2. Name of Owner in Fee: Paul + Priscilla Skyta
   Tel. [redacted] e-mail _____
   Address See above (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 3/31/2017
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 06-1682798 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	$ 250 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 50		
8. Subtotal	$ 200		
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 ✓

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)

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	5,876								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	5,876								

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	0	
Lost, Sale	0	
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 12/15/2020
Control Number C-16-005405
Permit Number 16-3918
Permit Issue Date 11/09/2016
Certificate Number 16-3918

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 464 CENTRAL AVE. Brick Township, NJ Block: 528 Lot: 27 Qual:

Owner in Fee: SKYTA, PAUL & PRISCILLA

Owner Address: 464 CENTRAL AVENUE BRICK NJ 08723

Telephone:

Contractor ALL COUNTY EXTERIORS, LLC

Address 560 CROSS STREET LAKEWOOD NJ 08701

Telephone: (732) 370-2780 Fax: (732) 370-9542 Federal Emp. Number: 22-2409381

License Number or Builders Registration Number:

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: ROOFING

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

Date Printed: 12/15/2020

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

Fee: $0.00
Check Number:
Collected By:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 11/9/16

Date Issued Permit # 16-3918

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

Block 528 Lot 27 Qualification Code

Work Site Location 464 Central Avenue, Brick, NJ 08723

Owner in Fee: Paul & Priscella Skyta

T [redacted] e-mail

Address see above

Contractor: All County Exteriors (street / municipality) Tel. (732) 370-2780 (zip code)

Address 560 Cross St. Lakewood, NJ 08701 e-mail ali@allcountyonline.com

Contractor License No. or Builder Registration No. 13VH01860400 Exp. Date 03/31/2017

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

Federal Emp. ID No. 061682798 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 [✓] CA
Date: 12/09/20
Approved by: KCH

INSPECTIONS Type:	Failure	Failure	Approval (Dates (Month/Day))	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12/09/20	KCH
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. $ ____
2. Rehabilitation $ 5,876
3. Total (1+ 2) $ 5,876

U.C.C. F110 (rev. 11/09)
Internet version

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: [signature]

Print name here: Alexandra Marzarella

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 1 layer of roof. 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 $

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 11/9/16

Date Issued Permit # 16-3918

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

Block 528 Lot 27 Qualification Code

Work Site Location 464 Central Avenue, Brick, NJ 08723

Owner in Fee: Paul & Priscella Skyta

Tel. [redacted] e-mail

Address see above
street municipality zip code

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

Address 560 Cross St. Lakewood, NJ 08701 e-mail ali@allcountyonline.com

Contractor License No. or Builder Registration No. 13VH01860400 Exp. Date 03/31/2017

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

Federal Emp. ID No. 061682798 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 [ ] CA
Date:
Approved by:

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				
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. $ _____
2. Rehabilitation $ 5,876
3. Total (1+ 2) $ 5,876

U.C.C. F110 (rev. 11/09)
Internet version

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 1 layer of roof. 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 $

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PERMIT:

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 464 Central Avenue

BLOCK: 528 **LOT:** 27

CONTRACTOR: All County Exteriors

CONTRACTOR'S ADDRESS: 560 Cross St. Lakewood, NJ 08701

Type of Construction(minor, new home): Minor

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

Party responsible for removal: _____

Dumpster Size: _____

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Alexandra Wagner
Signature

__/__/__
Date

Alexandra Mazzarella
Print Name

GAF Quality You Can Trust... From North America's Largest Roofing Manufacturer™ (/)

English (http://www.gaf.cc

Spanish (http://es.gaf.com)

Roofing (/) | Residential Products (/roofing/residential/products) | Shingles (/roofing/residential/products/shingles) | Timberline (/roofing/residential/products/shingles/timberline) | High Definition (/roofing/residential/products/shingles/timberline/high_definition) | Features (/roofing/residential/products/shingles/timberline/high_definition/features)

Shingle Features (/Roofing/Residential/Products/Shingles/Timberline/High_Definition/Features) | Shingle Colors (/Roofing/Residential/Products/Shingles/Timberline/High_Definition/Colors) | Photo Gallery (/Roofing/Residential/Products/Shingles/Timberline/High_Definition) | Instructions, Warranties & Codes (/Roofing/Residential/Products/Shingles/Timberline/High_Definition/Resources) | Product Reviews (/Roofing/Residential/Products/Shingles/Timberline/High_Definition/Reviews)

Timberline HD® Shingles - Shingle Features

Timberline HD® Lifetime High Definition® Shingles

"Value And Performance In A Genuine **Wood-Shake Look**"

For Homeowners

- **Great Value...**

  Architecturally stylish but practically priced—with a Lifetime ltd. warranty.

- **Dimensional Look...**

  Features GAF's "High Definition" color blends and enhanced shadow effect for a genuine wood-shake look.

- **Safer...**

  Class A fire rating from Underwriters Laboratories, the highest rating possible.

- **High Performance...**

  Designed with Advanced Protection® technology, which minimizes the use of natural resources while providing superior protection for your home (visit www.gaf.com/aps (/aps) to learn more).

- **StainGuard® Protection...**

  Helps ensure the beauty of your roof against unsightly blue-green algae [See Details]

- **Stays In Place...**

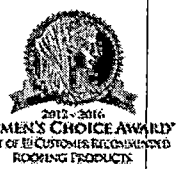
  Dura Grip™ Adhesive seals each shingle tightly and reduces the risk of shingle blow-off. Shingles warranted to withstand winds up to 130 mph. [See Details]

- **Micro Weave™ Core...**

  Offers a strong foundation that helps resist cracking and splitting

- **FiberTech™ Components (Core)...**

  Incorporates fibers that are noncombustible, helping to provide a UL Class A fire rating — the highest roofing fire rating possible



Specifications

- Fiberglass asphalt shingle
- Lifetime ltd. transferable warranty (See Details)
- Smart Choice® protection for the first 10 years (See Details)
- 130 mph ltd. wind warranty (See Details)
- Listed Class A Fire – UL 790
- Passes ASTM D7158, Class H
- ASTM D3018 Type 1
- ASTM D3161 Type 1, Class F
- ASTM D3462 (See Details)
- StainGuard® Algae Discoloration ltd. warranty (available in most areas)
- Energy Star Qualified (white only)
- Miami-Dade County Product Control Approved (See Details)
- Florida Building Code approved
- Texas Department of Insurance approved (See Details)
- ICC Approved (See Details)
- CSA A123.5-98 (See Details)
- Approximately 64 Pieces/Sq.
- Approximately 3 Bundles/Sq.
- Approximately 256 Nails/Sq.
- 5 5/8" exposure

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

03/31/2016 TO 03/31/2017
VALID

13VH01860400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

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
03/31/2016 TO 03/31/2017
VALID
SIGNATURE
13VH01860400
License/Registration/Certificate # ACTING DIRECTOR

PLEASE DETACH HERE

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

PLEASE DETACH HERE

All County Exteriors, LLC EXPIRATION DATE 2017

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

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

HOME ☐
BUSINESS ☐

TELEPHONE

CONSTRUCTION PERMIT

Date Issued 11/09/2016
Control # C-16-005405
Permit # 16-3918

IDENTIFICATION Block: 528 Lot: 27 Qualifier
Work Site Location: 464 CENTRAL AVE. Brick Township, NJ
Owner in Fee SKYTA, PAUL & PRISCILLA
464 CENTRAL AVENUE BRICK NJ 08723
Telephone:

Contractor ALL COUNTY EXTERIORS, LLC
Address 560 CROSS STREET LAKEWOOD NJ 08701
Telephone: (732) 370-2780
Lic. No. or Bldrs. Reg. No. 13VH01860400 13VH01860400
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:
ROOFING

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 $5,876

Construction Official

11/9/16
Date

PAYMENTS (Office Use Only)

Building	$250
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$261
Check No.	6265
Cash	$0
Credit	$0
Collected By	Christopher Winters

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

11/09/16

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.

- [x] 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:

- [x] 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.

Champion Container Trailers LLC
P. O. Box 4291
Brick, NJ 08723
732-477-3595 Fax: 732-477-4188

Invoice

Date	Invoice #
12/12/2016	16-519

Bill To
All County Exteriors 560 Cross Street Lakewood, NJ 08701

Location #35970 Sidetra
464 Central Avenue Brick, NJ 464 Central Ave 27/528 RF 16.3918

Terms	Phone
Due on receipt	732-604-3814

Description	Amount
REMOVE DEBRIS AND DUMP	
Hauling Fee	200.00
Dumping Fee	243.60
Receipt Attached	
THANK YOU FOR YOUR BUSINESS!	

Total	$443.60
Payments/Credits	$0.00
Balance Due	$443.60

MAZZA
SCRAP METAL & RECYCLING

Mazza & Sons, Inc.

3230 Shafto Rd
Tinton Falls, NJ 07753
(732) 922-9292
FACILITY ID# 195599
DEP Facility: 1336001136

In Ticket: 289193
Date: 12/12/2016
Time: 14:15:31 - 14:35:10

Customer: 0004920001/CHAMPION 1 ESCRO
Truck: XB678J
Truck Type: TRUCK/Truck

Comment: TRL 11

Gross: 16360 LB In Scale 2
Tare: 10560 LB Out Scale 3
Net: 5800 LB

Tons: 2.90

Materials & Services

Origin: 1507/Brick Twp.
Material: CD/C & D
Quantity: 2.90 Ton
Rate: @80.00/TON
Amount: @ 232.00

Host Fee:	@	2.90
Recycling Tax:	@	8.70
Total Taxes/Fees:	@	11.60
Total Amount:	@	243.60

In Operator: MAZZADEMO\SCALE2
Out Operator: MAZZADEMO\SCALE3

Driver Signature:

****