

BLOCK

LOT

QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.



CONSTRUCTION PERMIT APPLICATION

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

CID-001506

I. IDENTIFICATION

1. Proposed Work Site at: 1609 RDGE STREET

2. Name of Owner in Fee: LISA VETAK

Tel. [REDACTED] e-mail [REDACTED]

Address 1609 RDGE STREET BRCK NJ 08724

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: M K CONTRACTING Tel. (908) 596 0266

Address 1609 RDGE STREET BRCK NJ 08724

License No. OR, if new home, Builder Reg. No. 13VH0479330A Exp. Date 12/31/2010

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

Federal Emp. ID No. N/A FAX: ()

5. Architect or Engineer N/A Contact

Address e-mail

Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun MIKE KAUFMAN

Tel. (908) 596 0266 FAX: ()

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 2

2. Height of Structure 35 ft.

3. Area — Largest Floor 1100 sq. ft.

4. New Building Area sq. ft.

5. Volume of New Structure cu. ft.

6. Max. Live Load

7. Max. Occupancy Load

8. If Industrialized Building: State Approved HUD

9. Total Land Area Disturbed sq. ft.

10. Flood Hazard Zone

11. Base Flood Elevation ft.

12. Wetlands yes no ☒

(office use only)

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)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
						Approval	Rejection

TOTAL COST

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
- Gained, Rental
- Lost, Sale
- Lost, Rental

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools. Spas and Hot Tubs
11. ☐ LPGas Tanks

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.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 Lino Velazquez Date 5/8/10

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 M K CONTRACTING
Address 1609 RIDGE ST BRICK NJ 08724
Telephone (908) 596 0266
Signature [Signature]

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



CONSTRUCTION PERMIT

Date Issued 5-14-10
Control # C-10-001506
Permit # 10-1112

IDENTIFICATION Block: 832 Lot: 11 Qualifier _____
Work Site Location: 1609 EDGE ST Brick Township, NJ Contractor M K Contracting
Address 1609 Edge Street Brick NJ 08724
Owner in Fee VETEK, LISA Telephone: (908) 596-0266
1609 EDGE ST. BRICK NJ 08724 Lic. No. or Bldrs. Reg. No. 13VH04793300
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

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 \$2,800

Construction Official [Signature]

Date 5-13-10

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	\$5
CO Fee	
Other	\$0
Total	\$55
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/28/2012
Control Number C-10-001506
Permit Number 10-1113
Permit Issue Date 5/14/2010
Certificate Number 10-1113

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1609 EDGE ST Brick Township, NJ Block: 832 Lot: 11 Qual: _____
Owner in Fee: VETEK, LISA
Owner Address: 1609 EDGE ST BRICK NJ 08724
Telephone: _____
Contractor M K Contracting
Address 1609 Edge Street Brick NJ 08724
Telephone: (908) 596-0266 Fax: _____
License Number or Builders Registration Number: 13VH04793300 Federal Emp. 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: NEW 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: 3/28/2012

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

Page 1

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: 1609 EDGE STREET

Block: 12 Lot: 11-12-13

Contractor: M.K. CONTRACTING

Contractor's Address: 1609 EDGE STREET

Type of Construction (minor, new home): ROOF

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

A Party responsible for removal: VAN SANT

Dumpster size: 30 YARD

Destination of debris: O.C. 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-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.

Michael Kaufman
Signature

5/7/2010
Date

MIKE KAUFMAN
Print Name

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTICOLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

MK Contracting
Mike Kaufman
330 B Joe Parker Rd
Lakewood NJ 08701

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

10/29/2009 TO 12/31/2010

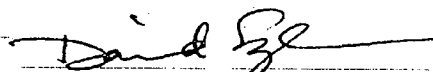
VALID

13VH04793300

LICENSE/REGISTRATION/CERTIFICATION #



Signature of Licensee/Registrant/Certificate Holder



DIRECTOR



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 832 Lot 11, 12, 13 Qualification Code _____

Work Site Location 1609 N. J. HEDON STREET

Owner in Fee: LISA VETAK

Tel. _____ e-mail _____

Address 1609 HEDON STREET Municipality _____

Contractor: AK CONTRACTING Tel. 908, 596 0266

Address 1609 HEDON STREET e-mail _____

Contractor License No. or Builder Registration No. 13V#049300 Exp. Date 12/31/2003

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

Federal Emp. ID No. 26-3274304 FAX: () _____

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: KA/JC

Subcode Approval for Certificate

☐ CO ☐ CCO ☒ CA

Date: 3-20-12

Approved by: KA/JC

Barrier-Free

Inspection

Initial

Dates (Month/Day)

Failure

Approval

Initial

Failure

Approval

Initial

Failure

Approval

Initial

Failure

Approval

Initial

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

Roof

TRAP OFF - IN STATE

1 CAR

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☒ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Retaining Wall

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other

☐ Demolition

Height (exceeds 6') _____ Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

Date Received

Control #

Date Issued

Permit #

10-1113

5-14-10

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy

U.C.C. F110

(rev. 12/07)



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 835 Lot 11, 12, 13 Qualification Code _____

Work Site Location 2237 N. J. 521

Own USA _____

Tel. 1-800-526-5267 e-mail _____

Address 1000 N. J. 5267 municipality _____

Contractor: W.K. NIKRANING Tel. 908, 596 0244 2D code _____

Address 1601 BUCKLE STREET e-mail _____

Contractor License No. or Builder Registration No. 135110193304 Exp. Date 1/31/2004

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

Federal Emp. ID No. 26-3271304 FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Type:	Failure	Approval	Initial
☐ No Plans Required					
☐ All		Footings			
☐ Footings/Foundations		Footings Bonding			
☐ Structural/Framework		Foundation			
☐ Exterior		Slab			
☐ Interior		Frame			
☐ Truss Sys./Bracing					
☐ Barrier-Free					
Joint Plan Review Required:					
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator		
SUBCODE APPROVAL for PERMIT					
Date:		Finishes -Base Layer			
Approved by:		Finishes -Final			
SUBCODE APPROVAL for CERTIFICATE					
☐ CO	☐ CCO	☐ CA			
Date:		Energy			
Approved by:		Mechanical			
Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr.	Class	Present	Proposed
No. of Stories			If Industrialized Building:			
Height of Structure	ft.		State Approved			HUD
Area — Largest Floor	sq. ft.		Est. Cost of Bldg. Work:			
New Bldg. Area/All Floors	sq. ft.		1. New Bldg.			\$
Volume of New Structure	cu. ft.		2. Rehabilitation			\$
Max. Live Load			3. Total (1+2)			\$
Max. Occupancy Load						

U.C.C. F110
(rev. 12/07)

Date Received
Control #

10-1113

Date Issued
Permit #

5-14-10

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

Roof

FEE (Office Use Only)

\$

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☒ 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

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy



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 83 Lot 11, 12, 13 Qualification Code _____

Work Site Location _____

Owner in Fee: 1000 800 5000 e-mail _____

Tel. () _____

Address _____

Contractor AK 1000 1000 1000 Street 1000 1000 1000 Municipality 1000 1000 1000 Tel. 1000 1000 1000 20 code 1000 1000 1000

Address _____ e-mail _____

Contractor License No. or Builder Registration No. 1000 1000 1000 Exp. Date _____

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

Federal Emp. ID No. 1000 1000 1000 FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Approval	Initial
☐	No Plans Required				
☐	All	Footings			
☐	Footings/Foundations	Foundation Bonding			
☐	Structural/Framework	Foundation			
☐	Exterior	Slab			
☐	Interior	Frame			
☐	Truss Sys./Bracing				
☐	Barrier-Free				
☐	Insulation				
☐	Finishes -Base Layer				
☐	Finishes -Final				
☐	Energy				
☐	Mechanical				
☐	TCO				
☐	Other				
☐	Final				
☐	Barrier-Free				

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: _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

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

Volume of New Structure _____ 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 \$ _____

3. Total (1+2) \$ _____

U.C.C. F110
(rev. 12/07)

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 _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof

FEE (Office Use Only)

\$ _____

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☒ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Retaining Wall

☐ Asbestos Abatement

☐ Lead Haz. Abatement

☐ Radon Remediation

☐ Other

☐ Demolition

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy

10-1113

5-14-10