BLOCK 838 LOT 16 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 17-0805

CONSTRUCTION PERMIT APPLICATION

C16-001930

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

I. IDENTIFICATION

1. Proposed Work Site at: 1672 Forge Pond Rd
2. Name of Owner in Fee: FILI, JOSEPH
   Tel. [redacted] e-mail [redacted]
   Address 1672 Forge Pond Rd (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Power Home Remodeling Group Tel. (888) 736-6335 x 2429
   Address 2501 Seaport Dr e-mail tmclean@powerhrg.com
   Chester PA 19013
   License No. OR, if new home, Builder Reg. No. 13VH07116800 Exp. Date 03/31/2017
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 233030708 FAX: (610) 874-5030
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Trey McLean
   Tel. (888) 736-6335 x 2429 FAX: (610) 874-5030

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 350		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 30		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 280		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ 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 ____

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

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	$16,968.66	OK							
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$16,968.66								

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/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

RECEIVED APR 2 6 2016

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Trey McLean

Address 2501 Seaport Dr

Chester PA 19013

Telephone (888) 736-6335 x 2429

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
3/15/17	Sent email to Contractor	CH

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/31/2017
Control Number C-16-001930
Permit Number 17-0805
Permit Issue Date 3/16/2017
Certificate Number 17-0805

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1672 FORGE POND RD. Brick Township, NJ Block: 838 Lot: 16 Qual:

Owner in Fee: FILI, JOSEPH

Owner Address: 1672 FORGE POND RD BRICK NJ 08724

Telephone: [redacted]

Contractor POWER HOME REMODELING GROUP

Address 2501 SEAPORT DRIVE - 1ST FLOOR CHESTER PA 19013

Telephone: (888) 736-6335 Fax: (610) 874-5030

License Number or Builders Registration Number: 13VH07116800 Federal Emp. Number: 233030708

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 REMOVE AND REPLACE 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 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: 3/31/2017

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 3/16/17

Date Issued Permit # 17-0805

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

Block 838 Lot 16 Qualification Code

Work Site Location 1672 Forge Pond Rd

Owner in Fee: FILI, JOSEPH

Tel. [redacted] e-mail [redacted]

Address 1672 Forge Pond Rd (street) Brick (municipality) 08724 (zip code)

Contractor: Power Home Remodeling Group Tel. (888) 736-6335 x 24

Address 2501 Seaport Dr e-mail tmclean@powerhrg.com

Chester PA 19013

Contractor License No. or Builder Registration No. 13VH07116800 Exp. Date 03/31/2017

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 233030708 FAX: (610) 874-5030

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: 03/28/17
Approved by: KCH

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			03/28/17	KCH
Barrier-Free				

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) $ $16,968.66

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: Trey McLean

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

18.25 SQ Roofing

Remove and replace shingles

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

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

CONSTRUCTION PERMIT

Date Issued 3/16/2017
Control # C-16-001930
Permit # 17-0805

IDENTIFICATION Block: 838 Lot: 16 Qualifier
Work Site Location: 1672 FORGE POND RD. Brick Township, NJ
Owner in Fee FILI, JOSEPH
1672 FORGE POND RD BRICK NJ 08724
Telephon [redacted]

Contractor POWER HOME REMODELING GROUP
Address 2501 SEAPORT DRIVE - 1ST FLOOR CHESTER PA 19013
Telephone: (888) 736-6335 / X2453
Lic. No. or Bldrs. Reg. No. 13VH07116800 13VH07116800
Federal Employee. No. 233050706

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 REMOVE AND REPLACE SHINGLES

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 $16,968

D. Neuman Jr. /mp 3/16/17
Construction Official Date

PAYMENTS (Office Use Only)

Building	$250
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$32
CO Fee	
Other	$0
Total	$282
Check No.	0111
Cash	$0
Credit	$0
Collected By	Nichol Ponsi

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:

- [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.

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 3/16/17

Date Issued / Permit # 17-0805

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

Block 838 Lot 16 Qualification Code _____

Work Site Location 1672 Forge Pond Rd

Owner in Fee: FILI, JOSEPH

Tel. [redacted] e-mail [redacted]

Address 1672 Forge Pond Rd (street) Brick (municipality) 08724 (zip code)

Contractor: Power Home Remodeling Group Tel. (888) 736-6335 x 24

Address 2501 Seaport Dr e-mail tmclean@powerhrg.com

Chester PA 19013

Contractor License No. or Builder Registration No. 13VH07116800 Exp. Date 03/31/2017

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 233030708 FAX: (610) 874-5030

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 _____ 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) $ $16,968.66

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: _____

Print name here: Trey McLean

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

18.25 SQ Roofing

Remove and replace shingles

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

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 #

Date Issued
Permit #

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

Block 838 Lot 16 Qualification Code _____

Work Site Location 1672 Forge Pond Rd

Owner in Fee: FILI JOSEPH

Tel. [redacted] e-mail [redacted]

Address 1672 Forge Pond Rd (street) Brick (municipality) 08724 (zip code)

Contractor: Power Home Remodeling Group Tel. (888) 736-6335 x 24

Address 2501 Seaport Dr e-mail tmclean@powerhrg.com

Chester PA 19013

Contractor License No. or Builder Registration No. 13VH07116800 Exp. Date 03/31/2017

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 233030708 FAX: (610) 874-5030

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:	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				
Barrier-Free				

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) $ $16,968.66

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: _____

Print name here: Trey McLean

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

18.25 SQ Roofing

Remove and replace 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 #

Date Issued
Permit #

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

Block 838 Lot 16 Qualification Code

Work Site Location 1672 Forge Pond Rd

Owner in Fee: FILI, JOSEPH

Tel. [redacted] e-mail [redacted]m

Address 1672 Forge Pond Rd (street) Brick (municipality) 08724 (zip code)

Contractor: Power Home Remodeling Group Tel. (888) 736-6335 x 24

Address 2501 Seaport Dr e-mail tmclean@powerhrg.com

Chester PA 19013

Contractor License No. or Builder Registration No. 13VH07116800 Exp. Date 03/31/2017

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 233030708 FAX: (610) 874-5030

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:	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				
Barrier-Free				

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) $ $16,968.66

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: Trey McLean

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

18.25 SQ Roofing

Remove and replace 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.

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1672 Forge Pond Rd

BLOCK: 838 **LOT:** 16

CONTRACTOR: Power Home Remodeling Group

CONTRACTOR'S ADDRESS: 2501 Seaport Dr, Chester PA 19013

Type of Construction(minor, new home): Minor

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

Party responsible for removal: BP Environmental Services

Dumpster Size: 20 yard

Destination of Debris: Marpal Transfer Station, 1861 Wayside Road, Tinton Falls, Nj 07724

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."

Signature

4 / 25 / 16
Date

Trey McLean
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

Power Home Remodeling Group LLC
Adam Kaliner, Jeffrey Kaliner, Corey Schiller
2501 Seaport Dr
Ste B110
Chester PA 19013

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

02/01/2016 TO 03/31/2017
VALID

13VH07116800
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
Power Home Remodeling Group LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
02/01/2016 TO 03/31/2017
VALID
SIGNATURE
13VH07116800
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

Power Home Remodeling Group LLC EXPIRATION DATE **2017**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 07116000** . 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 BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

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

Upon completion of permit approval, if possible, please e-mail permit to:

TMCLEAN@POWERHRG.COM

If e-mailing is not possible, please mail permit to contractor at address below.

Thank you.

Power Home Remodeling Group
Attn: Trey McLean
2501 Seaport Drive, First Floor
Chester, PA 19013