

BLOCK 849 LOT 28 QUALIFICATION CODE _____ADDRESS (SITE) 1721 FORGE POND RD PERMIT NO. 10-1110

CONSTRUCTION PERMIT APPLICATION

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

10-001509**I. IDENTIFICATION**

1. Proposed Work Site at: 1721 FORGE POND RD

2. Name of Owner in Fee: LINDA SMITH
Tel. _____ e-mail _____
Address 1721 FORGE POND RD
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: EVERETT THORNE CO INC Tel. (732)
Address 988 LAKENOOD FARMDALE RD e-mail _____
HOWELL NJ 07731
License No. OR, if new home, Builder Reg. No. 13VH00554200 Exp. Date 12/31/10
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 21-070644 FAX: () _____

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun PETER THORNE
Tel. (732) 886 7500 FAX: (732) 886 7550

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
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	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
☐ 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
<u>1870</u>						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 _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name EVERETT THORNE CO INC

Address 988 LAKEWOOD - FARMINGDALE RD
HOWELL N.J 07731

Telephone (732) 886 7500

Signature Steve Thorne

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/26/2011
Control Number C-10-001509
Permit Number 10-1110
Permit Issue Date 05/13/2010
Certificate Number 10-1110

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1721 FORGE POND RD. Brick Township, NJ Block: 849 Lot: 28 Qual: _____
Owner in Fee: SMITH, SIDNEY H. & LINDA L.
Owner Address: 1721 FORGE POND RD. BRICK NJ 08724
Telephone: _____
Contractor Everett H. Throne Co., Inc.
Address 988 Lakewood-Farmingdale Road Howell NJ 07731
Telephone: (732) 886-7500 Fax: _____
License Number or Builders Registration Number: 13VH00554200 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: 04/26/2011

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

Page 1



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

5-17-16
C-10-001509
16-1116

IDENTIFICATION Block: 849 Lot: 28
Work Site Location: 1721 FORGE POND RD. Brick Township, NJ

Qualifier

Contractor Everett H. Throne Co., Inc.
Address 988 Lakewood-Farmingdale Road Howell NJ 07731

Owner in Fee SMITH, SIDNEY H. & LINDA L.
1721 FORGE POND RD. BRICK NJ 08724

Telephone: (732) 886-7500
Lic. No. or Bldrs. Reg. No. 13VH00554200
Federal Employee No.

Telephone:

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 \$1,870

PAYMENTS (Office Use Only)

Building	\$50
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$53
Check No.	1555
Cash	\$0
Credit	\$0
Collected By	

Construction Official

Date

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

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.

06/17/16 7:54PM 00155047843
BUILDING \$50.00
DCA \$3.00
TOTAL \$53.00



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 849 Lot 28 Qualification Code _____

Work Site Location BRICK N.J. 1721 FORGE POOD RD

Owner in Fee: LINDA SMITH

Tel. _____ e-mail _____

Address 1721 FORGE POOD RD BRICK N.J. 08724

Contractor: EVERETT THERRE CO INC Tel. (732) 886 7500

Address 988 LAKEWOOD-FARMINGDALE RD Zip code 07731

Contractor License No. or Builder Registration No. 13VH00554200 Exp. Date 12/31/10

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

Federal Emp. ID No. 21-070644 FAX: (732) 886 7550

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

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

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 Linda Smith

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL NEW GAF SOVEREIGN SHINGLES, INSTALLED OVER EXISTING ROOF (EXISTING ROOF 1 LAYER)

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Sliding
- ☐ Fence _____ Height (exceeds 6') Sq. Ft.
- ☐ 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 \$	

1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received 10-1110
Control # 5-13-10
Date Issued
Permit #



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 _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner/In Charge _____

Tel. _____ -mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor _____ Tel. (_____) _____ e-mail _____

Address _____

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

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

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

JOB SUMMARY (Office Use Only)

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

Const. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1 + 2) \$ _____

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

1. Remove West End Garage
2. Remove, demolish and
3. Rebuild West End Garage
(approx. 1000 sq. ft.)

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ 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 \$ _____



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 28 Lot 28 Qualification Code 28

Work Site Location 1721 FORGE POND RD

Owner In Fee KINDA SMITH

Tel [REDACTED] e-mail [REDACTED]

Address 1721 FORGE POND RD BRICK N.J. 08724

Contractor EVERETT THORPE CO INC 732 886 7520

Address 988 LAKEWOOD-FARMINGDALE RD BRICK N.J. 08724

Address HOWELL N.J. 07731

Contractor License No. or Builder Registration No. 13VH00554200 Exp. Date 12/31/10

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

Federal Emp. ID No. 21-070644 FAX: (732) 586 7550

DATE 12/31/10

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group: Present	Proposed	Constr. Class Present	Proposed
No. of Stories		If Industrialized Building:	
Height of Structure		State Approved	HUD
Area — Largest Floor		Est. Cost of Bldg. Work:	
New Bldg. Area/All Floors		1. New Bldg.	\$ <u>7870.00</u>
Volume of New Structure		2. Rehabilitation	\$ <u>7870.00</u>
Max. Live Load		3. Total (1 + 2)	\$ <u>15740.00</u>
Max. Occupancy Load			

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature [Signature]

Date Received 10-1110
Control # 5-13-10
Date Issued
Permit #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL NEW GAF SOVEREIGN SHINGLES, INSTALLED OVER EXISTING ROOF (EXISTING ROOF 1 LAYER)

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

FEE (Office Use Only)

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

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: 1721 FORGE POND RD.

Block: 849 Lot: 28

Contractor: EVERETT THORNE CO INC

Contractor's Address: 988 LAKEWOOD - FARMINGDALE RD HOWELL

Type of Construction (minor, new home): NEW ROOF

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

Party responsible for removal: EVERETT THORNE CO INC

Dumpster size: NONE

Destination of debris: MAZZA RECYCLING

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.

Signature

PETER THORNE

Print Name

Date

5/12/10

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

Everett H. Throne Co., Inc.
Peter W. Throne
988 Lakewood-Farmingdale Rd
Howell NJ 07731

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

11/04/2009 TO 12/31/2010
VALID

13VH00554200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

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

Everett H. Throne Co., Inc.

EXPIRATION DATE 2010

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 00554200 . 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.

21-070644