BLOCK 835 LOT 27 QUALIFICATION CODE _____ ADDRESS (SITE) 1681 Rt. 88 W. Brick PERMIT NO. 04-4165

~~Township of Howell~~
~~Preventorium Road - P.O. Box 580~~
~~Howell, New Jersey 07731~~

NEW JERSEY UNIFORM CONSTRUCTION CODE

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Propsed Work Site at: 1681 Rt. 88 W., Brick
2. Name of Owner in Fee: Mercadante, James Tel [redacted]
   Address 1681 Rt. 88 W., Brick, NJ 08724
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Deera-Plex, Inc. Tel [redacted]
   Address 1681 Rt. 88 W. Brick, NJ 08724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date
   Federal Employee No. 22-3082296 FAX [redacted]
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (____) _____ FAX (____) _____

rip roof reroof over existing roof with timberline 30yr.

## 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 | $ | | |
| 9. | DCA Training Fee | 1 | | |
| 10. | Subtotal | | | |
| 11. | Cert. of Occupancy | | | |
| 12. | Other | | | |
| 13. | TOTAL | $ 51 | | |

## 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. | Construction Classification | |
| 7. | Total Land Area Disturbed ____ sq. ft. | |
| 8. | Flood Hazard Zone | |
| 9. | Base Flood Elevation ____ ft. | |
| 10. | Wetlands yes ____ no ____ | |
| 11. | Max. Live Load | |
| 12. | Max. Occupancy Load | |

## II. PROPOSED WORK

| | | Est. Cost | OPTIONAL (for office use only) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
| 1. | ☐ Minor Work | | | | | | | 2-13-07 | | |
| 2. | ☐ New Building | | | | | | | | | |
| 3. | ☐ Addition | | | | | | | | | |
| 4. | ☐ Alteration | | | | | | | | | |
| 5. | ☐ Fire Protection | | | | | | | | | |
| 6. | ☐ Plumbing | | | | | | | | | |
| 7. | ☐ Electrical | | | | | | | | | |
| 8. | ☐ Elevator Devices | | | | | | | | | |
| 9. | ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. | ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. | ☐ Demolition | | | | | | | | | |
| | TOTAL COSTS | 900.00 | | | | | | | | |

## III. DO YOU WANT: (optional)

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

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☑ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR-B 10677595

U.C.C. F100-1 (rev. 3/96)

**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.vii:

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. 5:32-2.15(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 Dura-Plex, Inc.

Address 1681 Rt. 88 East,
Brick, NJ 08724

Telephone (732) 458-4061

Signature James Mercadante

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

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 02/13/2007
Tracking Number
Permit Number 04-4165
Permit Issue Date 09/28/2004
Certificate Number 04-4165

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 1681 ROUTE 88 WEST RE-ROOF , NJ Block: 835 Lot: 27 Qual:

Owner in Fee: MERCADANTE, JAMES

Owner Address: 1681 ROUTE 88 WEST BRICK NJ 08724-

Telephone: [redacted]

Contractor

Address

Telephone: Fax:

License Number or Builders Registration Number: 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:

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: 10382
Collected By:

*Date Printed: 02/13/2007*

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/28/2004
Control #
Permit # 04-4165

UCC NEW JERSEY

# CONSTRUCTION PERMIT

IDENTIFICATION Block 835 Lot 27 Qual

Work Site Location 1681 ROUTE 88 WEST
RE-ROOF
Owner in Fee HERCADANTE, JAMES
Address 1681 ROUTE 88 WEST
BRICK, NJ 08724-
Telephone [redacted]

Contractor DURA PLEX INC
Address 1681 RT 88 W
BRICK, NJ 08724-
Telephone (732)458-4061
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3092296

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
RE-ROOF/GOING OVER EXISTING

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 $ 900

D Neuman Jr JM 09/28/2004
Construction Official Date

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 50 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA State Permit Fee | 1 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 51 |
| Check No. | 10382 |
| Cash | |
| Collected By | JML |

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

09/28/04 8:43AM 001558#3067
XX07 SERV.007

| | |
|---|---|
| #4165 | |
| BUILDING | $50.00 |
| DCA | $1.00 |
| CHECK | $51.00 |

C3E NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/28/2004
Date Issued 09/28/2004
Control #
Permit # 04-4165

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

Block 835 Lot 27 Qual
Work Site Location 1681 ROUTE 88 WEST
RE-ROOF
Owner in Fee HERCADANTE, JAMES
Address 1681 ROUTE 88 WEST
BRICK, NJ 08724-
Tele [redacted]
Contractor DURA PLEX INC
Address 1681 RT 88 W
BRICK, NJ 08724-
Tele.(732)458-4061 Fax (732)458-5019
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 22-3082286

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

RE-ROOF/GOING OVER EXISTING

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

| INSPECTIONS | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Type | | | | |
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| BarrierFree | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| BarrierFree | | | | |

| TYPE OF WORK | FEE (Office Use Only) |
|---|---|
| [ ] New Building | $ 0 |
| [ ] Addition | 0 |
| [X] Alteration | 0 |
| [X] Roofing | 50 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
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.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 900
3. Total (1+2) $ 900

Industrialized Building:
[ ] State Approved
[ ] HUD

| | |
|---|---|
| Administrative Surcharge | $ 0 |
| Minimum Fee | $ 0 |
| TOTAL FEE | $ 50 |
| DCA State Permit Fee | $ 1 |

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

C3E NJ UCCABS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/28/2004
Date Issued 09/28/2004
Control #
Permit # 04-4165

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

Block 835 Lot 27 Qual

Work Site Location 1681 ROUTE 88 WEST
RE-ROOF

Owner in Fee MERCADANTE, JAMES
Address 1681 ROUTE 88 WEST
BRICK, NJ 08724-
Tele [redacted]

Contractor DURA PLEX INC
Address 1681 RT 88 W
BRICK, NJ 08724-
Tele.(732)458-4081 Fax (732)458-5019
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3082296

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

RE-ROOF/GOING OVER EXISTING

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

| INSPECTIONS | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Type | | | | |
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| BarrierFree | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| BarrierFree | | | | |

| TYPE OF WORK | FEE (Office Use Only) |
|---|---|
| [ ] New Building | $ 0 |
| [ ] Addition | 0 |
| [X] Alteration | 0 |
| [X] Roofing | 50 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
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.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 900
3. Total (1+2) $ 900

Industrialized Building:
[ ] State Approved
[ ] HUD

| | |
|---|---|
| Administrative Surcharge | $ 0 |
| Minimum Fee | $ 0 |
| TOTAL FEE | $ 50 |
| DCA State Permit Fee | $ 1 |

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

C3E NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/28/2004
Date Issued 09/28/2004
Control #
Permit # 04-4165

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

Block 835 Lot 27 Qual
Work Site Location 1681 ROUTE 88 WEST
RE-ROOF
Owner in Fee MERCADANTE, JAMES
Address 1681 ROUTE 88 WEST
BRICK, NJ 08724-
Tele [redacted]
Contractor OURA PLEX INC
Address 1681 RT 88 W
BRICK, NJ 08724-
Tele.(732)458-4061 Fax (732)458-5019
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3082296

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

RE-ROOF/GOING OVER EXISTING

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-13-07
Approved By:

| INSPECTIONS | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Type | | | | |
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| BarrierFree | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| BarrierFree | | | | |

| TYPE OF WORK | FEE (Office Use Only) |
|---|---|
| [ ] New Building | $ 0 |
| [ ] Addition | 0 |
| [X] Alteration | 0 |
| [X] Roofing | 50 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
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.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 900
3. Total (1+2) $ 900

Industrialized Building:
[ ] State Approved
[ ] HUD

| | |
|---|---|
| Administrative Surcharge | $ 0 |
| Minimum Fee | $ 0 |
| TOTAL FEE | $ 50 |
| DCA State Permit Fee | $ 1 |

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

# Township of Brick
## Counter Form
(PLEASE PRINT)

Site Location: 1681 Rt. 88 (w) Brick
Block: 835 Lot: 57
Owner's Name: Mercadante, James
Owner's Mailing Address: 1681 Rt. 88 W.
Brick, NJ 08724
Phone: ( [redacted]

## BUILDING

Contractor: Dura-Plex, Inc.
Address: 1681 Rt. 88 (w).
Brick, NJ 08724
Phone#: 732-458-4061
Lis #
Federal Emp # or SSN 22-3082296

### Technical Data

Description of Work:

rip roof, reroof over existing roof with timberline 30 yr.

### Type of Work

| | |
|---|---|
| ___New Building | ___Siding |
| ___Addition | ___Fence |
| ___Alteration | ___Pool |
| ✓ Roofing | ___Demolition |
| ___Asbestos Abatement | ___Sign _____sq ft |

### Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work: 900.00

Signature: James Mercadante

Please Print Name James Mercadante

## ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

### Technical Data

| Item | Quantity |
|---|---|
| Lighting Fixtures | |
| Receptacles | |
| Switches | |
| Detectors | |
| Light Poles | |
| Motors w/ Fract. HP | |
| Emergency & Exit Lights | |
| Communication Points | |
| Alarm Devices/FAC Panel | |
| Total | |
| Pool | |
| Spa/Hot Tub/Storable Pool | |
| Electric Range | K |
| Oven/Surface Unit | K |
| Electric Water Heater | K |
| Electric Dryer | K |
| Dishwasher | K |
| Garbage Disposal | |
| A/C Unit –Central Air | K |
| Space Heater/Air Handler | K |
| Baseboard Heating | K |
| Motors 1+ HP | |
| Transformer/Generator | K |
| Light Stander | AM |
| Service | AM |
| Subpanel | AM |
| Motor Control Center | AM |
| Sign/Outline Light | K |
| Furnace | |
| Steam Boiler | |
| Other: | |

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

# Counter Form
PLEASE PRINT

## PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

## FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

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 1681 Rt. 88 W., Brick, NJ 08724

Block 835 Lock 27

Contractor Dura-Plex, Inc.

Contractor's Address 1681 Rt. 88 W., Brick, NJ 08724

Type of Construction (minor, new home) _____

Type of Debris (shingles, siding, wood, etc.) roof shingles

Party Responsible for removal Marpal

Dumpster Size 30 yd.

Destination of Debris Discard Ocean Cty. 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.

James Mercadante 9.27.04

Signature Date

James Mercadante

Print Name