

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 Shore Sign & Banne

Address 1214 Rt 37 East

Toms River, NJ 08753

Telephone (732) 270-6020

Signature [Signature]

- 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 _____
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 ISSUED	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. _____	_____	_____	_____

IMPORTANT

A.H.B.T. - EXEMPT

FOR OFFICE USE ONLY

**ANY BUILDING QUESTIONS
CALL 732-262-1027**

Constituent Contact Report

[illegible]

☒ Zoning Application deemed complete

Initialed:

Date:

☐ Zoning Application approved

Initialed:

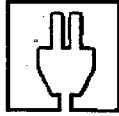
Date:

☐ Zoning permit updates:

Date: 9/11/06



ELECTRICAL 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 23 Qualification Code _____
Work Site Location 1683 State Hwy 88

Owner in Fee J. Butler & J. Bladen
Address 1683 Rt 88 Brick

Contractor EXPLORE ELECTRIC
Address 2822 ODYSSEY WAY
Tel (732) 295-7433 FAX (732) 235-6035
Contractor License No. 148993

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
☒ No Plans Required			Rough			
Joint Plan Review Required:						
☐ Building	☐ Plumbing		Barrier-Free			
☐ Fire	☐ Elevator		Trench			
☐ Elec. Plans Approved			Temp. Serv.			
Date: <u>9-27-06</u>			Constr. Serv.			
Approved by: <u>WW</u>			TCO			
			Other			
			Service			
			Final			
			Barrier-Free			
			Temp. Cut-in-Card Date Issued			
			Final Cut-in-Card Date Issued			
			Annual Pool Inspection			
			Date of Grounding and Bonding			
			Certification			

SUBCODE APPROVAL	Date	Initial
☐ CO ☐ CCO ☐ CA	<u>12-23-05</u>	<u>WW</u>
Approved by: <u>WW</u>		

Date Received
Control #

06-3318
10-10-06

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 and perform the work noted on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights _____
Storable Pool/Spa/Hot Tub _____
KW Elec. Range/Receptacle _____
KW Oven/Surface Unit _____
KW Elec. Water Heater _____
KW Elec. Dryer/Receptacle _____
KW Dishwasher _____
HP Garbage Disposal _____
KW Central A/C Unit _____
HP/KW Space Heater/Air Handler _____
KW Baseboard Heat _____
HP Motors 1/4 HP _____
KW Transformer/Generator _____
AMP Service _____
AMP Subpanels _____
AMP Motor Control Center _____
KW Elec. Sign/Outline Light _____

1500 watts

COMMERCIAL

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

40 SQUARE FEET

96 in

1683

Neuropsychology & Counseling Associates, LLC

Comprehensive Behavioral Health Care and Rehabilitation

Treating Children, Adolescents and Adults

Theodore J. Batlas, Psy.D. Jay. B Gordon, Ph.D.

Psychiatry Raymond M Baum, MD

Cavity Busters

Cosmetic Implants, Reconstructive Dentistry

Spiros Karas, DMD

732-836-3002

Responsive Physical Therapy

Lisa Sacz, P.T.

The Center For Visual Rehabilitation

Norman R. Einhorn, O.D., M.S., F.A.A.O

40 in

GROUND LEVEL

12 in

12 in

CONCRETE

36 in

36 in

CONCRETE

APPROVED FOR ZONING ONLY
SUNSHINE ZONING OFFICER
DATE 9-22-06 JC

9.25.06
JC



CONSTRUCTION PERMIT

Date Issued 10/10/2006
Control # C-06-104463
Permit # 06-3318

IDENTIFICATION Block: 835 Lot: 21 Qualifier
Work Site Location: 1683 ROUTE 88 Brick Township, NJ Contractor SHORE SIGN & BANNER
Address 1214 ROUTE 37 EAST TOMS RIVER NJ
Owner in Fee SHORE NEUROBEHAVIORAL ASSOC LLC
Address 1683 ROUTE 88 BRICK NJ 08724 Telephone: (732) 270-6020
Telephone: Lic. No. or Bldrs. Reg. No.
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:

SIGN INSTALLATION REMOVE CURRENT SIGN INSTALL NEW, MOUNTED ON 4X4 POSTS

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 \$2,200

Construction Official

Date

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	\$40
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$30
Total	\$113
Check No.	2188
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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.

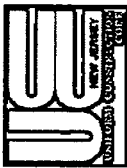
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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.



ELECTRICAL 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 23 Qualification Code _____
Work Site Location: 1683 State Hwy 88

Owner in Fee T. Butcher & J.B. Gaudin
Address 1683 State Hwy 88

Contractor EXPLOSION ELECTRIC
Address 2822 ODYSSEY WAY

Tel (732) 243-7435 FAX (732) 253-6035
Contractor License No. 14890

Federal Emp. No. _____
B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required			Type: Rough				
Joint Plan Review Required:			Barrier-Free				
[] Building [] Plumbing			Trench				
[] Fire [] Elevator			Temp. Serv.				
[] Elec. Plans Approved			Constr. Serv.				
Date: <u>9/27/06</u>			TCO				
Approved by: <u>WW</u>			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued				
Date: _____			Annual Pool Inspection				
Approved by: _____			Date of Grounding and Bonding				
			Certification				

Date Received
Control #

Date Issued
Permit #

06-3318
10-10-06

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certified Landscape/Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

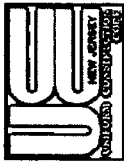
AMP Motor Control Center

KW Elec. Sign/Outline Light

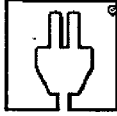
1500 watts

FEE (Office Use Only)

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$



ELECTRICAL 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 833 Lot 23 Qualification Code _____
Work Site Location 1683 State Hwy 88

Owner in Fee 1 Butler & J Bagdon
Address 1683 St 88 Block 136K

Tel () _____

Contractor LAPRICK CONCRETE

Address 2827 ODYSSEY WAY

Tel 732-245-7435 FAX (732) 233-6035

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type:	Failure
Joint Plan Review Required:			Rough	Initial
[] Building	[] Plumbing		Barrier-Free	
[] Fire	[] Elevator		Trench	
[] Elec. Plans Approved			Temp. Serv.	
Date: <u>4/27/06</u>			Constr. Serv.	
Approved by: <u>WW</u>			TCO	
			Other	
			Service	
			Final	
			Barrier-Free	
			Temp. Cut-in-Card Date Issued	
			Final Cut-in-Card Date Issued	
			Annual Pool Inspection	
			Date of Grounding and Bonding Certification	

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Stamp

[] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

1500 Watts

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 833 Lot 23 Qualification Code _____
Work Site Location 1683 State Hwy 88

Owner in Fee J Butler & JB Goshen
Address 1683 Rt 88, Brick, NJ

Tel. _____
Contractor Zhare Sign & Banner
Address 1214 Rt 37, East 08753
Tel. (732) 270-6020 FAX (732) 270-6054

Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type:				
☒ All	<u>9/25/06</u>	<u>TH</u>	☐ Footing				
☐ Foundation			☐ Footing Bonding				
☐ Frame			☐ Slab				
☐ Other			☐ Frame				
			☐ Truss Sys./Bracing				
			☐ Barrier-Free				
Joint Plan Review Required:			☐ Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			☐ Finishes -Base Layer				
			☐ Finishes -Final				
SUBCODE APPROVAL			☐ Energy				
☐ CO ☐ CCO ☐ CA			☐ Mechanical				
Date:			☐ TCO				
Approved by:			☐ Other				
			☐ Final				
			☐ Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

Remove Current Sign.
Install new 40 sq ft sign,
Post & Panel, in new location.
Mounted on 4"x4" Posts.
Height of sign 10'.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☒ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = 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 833 Lot 23 Qualification Code _____
Work Site Location 1683 State Hwy 88

Owner in Fee T. Butkus + J.B. Goshier
Address 1683 Rt 88, Brick NJ

Tel. _____
Contractor James L. Goshier + Banner
Address 1214 Rte 37 East 08753
Tel. (732) 270-6020 FAX (732) 270-6054

Cont. _____
Fede. _____

JO	PLAN REVIEW	Date	Initial	INSPCTIONS	Type	Failure	Dates (Month/Day)	Approval	Initial
☒	No Plans Required	9-23-06	TH	Footings	Footings				
☐	All			Footings Bonding	Footings				
☐	Footings			Foundation	Foundation				
☐	Foundation			Slab	Slab				
☐	Frame			Frame	Frame				
☐	Other			Truss Sys./Bracing	Truss Sys./Bracing				
☐	Barrier-Free			Barrier-Free	Barrier-Free				
☐	Insulation			Insulation	Insulation				
☐	Finishes -Base Layer			Finishes -Base Layer	Finishes -Base Layer				
☐	Finishes -Final			Finishes -Final	Finishes -Final				
☐	Energy			Energy	Energy				
☐	Mechanical			Mechanical	Mechanical				
☐	TCO			TCO	TCO				
☐	Other			Other	Other				
☐	Final			Final	Final				
☐	Barrier-Free			Barrier-Free	Barrier-Free				

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____ Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove current sign.
Install new 40 sq ft sign,
Post & Panel, in new location.
Mounted on 4"x4" Posts.
Height of sign 10'.

TYPE OF WORK:

- ☐ New Building
 - ☐ Addition
 - ☐ Rehabilitation
 - ☐ Roofing
 - ☐ Siding
 - ☐ Fence
 - ☒ Sign
 - ☐ Pool
 - ☐ Asbestos Abatement Subchapter 8
 - ☐ Lead Haz. Abatement NJAC 5:17
 - ☐ Other
 - ☐ Demolition
- Height (exceeds 6') _____ Sq. Ft. _____

FEE (Office Use Only)

\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$