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AUG 21 1997



CONSTRUCTION PERMIT APPLICATION

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

DIV. OF INSPECTION

I. IDENTIFICATION

- Proposed Work-site at: 1669 RT 88 WEST
- Name of Owner in Fee: NEWTON Tel. (941) 992-2898
Address 25178 GOLF LAKE CIRCLE BOHITA SPRINGS FLORIDA 34135
street municipality zip code
- Ownership in Fee: Public _____ Private ☒
- Principal Contractor: TWIN INC Tel. (908) 240-3780
Address 100 RT 37 T.R. NJ.
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 22327254 Social Security No. _____
- Architect or Engineer _____ Tel. () _____
Address _____
- Responsible Person in Charge of Work: M. Luyten Tel. (908) 240-3780

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>600</u>		
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	\$ <u>2</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>602</u>		

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area—Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____ sq. ft.
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

II. PROPOSED WORK

- ☒ Minor work (single trade)
- ☐ Small Job (\$5,000 and no prior approvals)
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abatement
- ☐ Demolition

Est. Cost

2,000.00

Ru. Roof

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>AS</u>	<u>8/21/97</u>				<u>9/9/97</u>		<u>ch</u>

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2 ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

- State Specific Use:

- Use Group:

Retail Store
3. Change in Use Group, Indicate Former:

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 New Jersey 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.

(V) Check if contractor.

Agent Name TWIN INC

Address 100 R+ 37

T.R. N.J.

Telephone (908) 240-3780

Signature M. Layton Date 8/21/87

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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

Name of Code & Edition

Name of Code & Edition

Other

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Mechanical _____

Energy _____
Barrier Free _____
Flood Hazard _____
As Built Elevation Cert. _____
Other _____

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

☐ Temporary Certificate of Occupancy
☐ Temporary Certificate of Occupancy
☐ Continued Certificate of Occupancy
☐ Certificate of Occupancy
☐ Certificate of Approval
☐ None

No. _____

No. _____

No. _____

No. _____

No. _____



CONSTRUCTION PERMIT

Date Issued

8/21/97

Control #

Permit #

2512-97

IDENTIFICATION Block

835

Lot

37

Work Site Location

Holey Rt. 88 West.

Contractor

Twin Inn.

Address

100 RT 37

TOMS MILLS NJ

Owner in Fee

NEWTON.

Address

25118 GOLF LAKE FR.

BONITA SPRINGS FLORIDA 34135

Tele. ()

(407) 99-2898

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

12 321254

or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Rt. Roof - over 1 Layer

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 \$

2,000.00

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building

100

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

2

Cert. of Occ.

Other

Total

100

Check No.

Cash

Collected By:

J. Curran

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

8/21/97
2512-97

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 835 Lot 37

Work Site Location 1669 Rt 88 West

73210000

Owner in Fee RAY NEWTON

Address 25178 GOLF LAKE DRIVE

BOHITA SPRINGS FLORIDA. 34135

Tele. (941) 992-2898

Contractor TEVIN INC.

Address 100 Rt 37

T.R. 145.

Tele. (908) 240-3780

Lic. No. or Bids. Reg. No. _____

Federal Emp. No. 22327254 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
						Failure	Approval
☐ No Plans Req.				Footing			
☐ All				Foundation			
☐ Footing				Slab			
☐ Foundation				Frame			
☐ Frame				Insulation			
☐ Other				Finishes:			
Joint Plan Review Required:				Energy			
☐ Elec. ☐ Plumb. ☐ Fire				Mechanical			
SUBCODE APPROVAL				TCO			
☐ CO ☐ CC ☐ 187				Other			
Date: <u>9/24/97</u>				Final			
Approved By: <u>[Signature]</u>							

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$ <u>2,400.00</u>
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

COVER - RE ROOF
OVER 1-LAYER

COMMERCIAL

TYPE OF WORK:	Height (6' or over)
☐ New Building	
☐ Addition	
☐ Alteration	
☒ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Demolition	

	Administrative Surcharge	Minimum Fee	DCA TRAINING FEE	TOTAL FEE
Paid ☐ Check # _____	\$	\$	\$	\$
Collected by: _____	\$	\$	\$	\$



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
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Permit #

8/21/97
2512-97

A. IDENTIFICATION--APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 835 Lot 37

Work Site Location 1669 Rt 88 West

BRECKTOWN

Owner in Fee RAY NEWTON

Address 25178 GOLF LAKE DRIVE

BOVITA SPRINGS FLORIDA 34135

Telephone 941 992-2898

Contractor TWIN INC.

Address 160 Rt 37

T.R. N.S.

Telephone 908 240-3780

Lic. No. or Bids. Reg. No. 22327254

Federal Emp. No. 22327254 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Req.			Type:				
☐ All			Footings				
☐ Foundation			Foundation				
☐ Slab			Slab				
☐ Frame			Frame				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes:				
☐ Elec. ☐ Plumb. ☐ Fire			Energy				
SUBCODE APPROVAL			Mechanical				
☐ CO ☐ CCO ☐ CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories Ft.

Height of Structure Ft.

Area--Largest Floor Sq. Ft.

New Bldg. Area/All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Alteration \$

3. Total (1+2) \$ 2,400.00

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 M. Rayford

Twin Inc

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

COVER-RE ROOF
OVER 1-LAYER

(Office Use Only)
FEE

\$

\$

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