

BLOCK

935

LOT

4

QUALIFICATION CODE

ADDRESS (SITE)

1673 Hwy PP W007

PERMIT NO.

04 4342



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Now roof over dca
2. Name of Owner in Fee: Bruce Di Nallo
Address 2814 Williamsonville Drive Wall N.J. 07719
street municipality zip code
3. Ownership in fee: Public ☐ Private ☒
4. Principal Contractor: Dura Plex Tel. 202 458 4001
Address 1681 Rte 88 Brick NJ 08824
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>835</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge	\$ <u>10</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>245</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

OPTIONAL (for office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ a. Repair
☐ b. Alteration
☐ c. Renovation
☐ d. Reconstruction
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

Est. Cost

Plans
Rec'd byDate
Rec'dRejection
DateApproval
DateRe-
viewerResubmission Dates
Approval

Rejection

Re-
viewer

TOTAL COSTS

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 *[Signature]*

Date 10/7/14

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 *Bruce Riccio*

Address 1673 Hwy 99 West

Berlin, N.J.

Telephone (732) 458-2000

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 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. _____	_____	_____	_____

Constituent Contact Report

Constituent Contact Report

[illegible]

Date: _____

Date: _____

Figure 1. The proposed model of the effect of the COVID-19 pandemic on the financial performance of the manufacturing sector in Indonesia.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/13/2007
Tracking Number _____
Permit Number 04-4342
Permit Issue Date 10/07/2004
Certificate Number 04-4342

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1673 ROUTE 88 ROOF, NJ Block: 835 Lot: 4 Qual: _____
Owner in Fee: DE COTIIS
Owner Address: 2814 WILLIAMSBURG DRIVE WALL NJ 07719-
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: B 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 _____

Date Printed: 02/13/2007

Fee: \$0.00

Check Number: 8908

Collected By: _____

Page 1

TOWNSHIP OF BRICK
401 OAKSIDE BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 10/07/2004
Control #
Permit # 04-4342

IDENTIFICATION Block 935 Lot 4 Zoning _____
Work Site Location 1673 ROUTE 88
Owner in Fee DE COTTIS
Address 2816 MILLBUSHING DRIVE
MILL, NJ 07116-
Telephone _____
Contractor DURA PLEX INC.
Address 1681 RT 88 W
BRICK, NJ 08726-
Telephone (732) 558-4061
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. 22-3082285

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:
ROOF 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 \$ 7,500

Construction official

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

PAYMENTS (Office Use only)

Building 235
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other _____
DCA State Permit Fee 10
Cert. of Occupancy 0
Other _____
Total 245
Check No. 8908
Cash _____
Collected By ERP

Date

10/07/04 11:51AM 00155843339
XX07 SERV.007

#044342
BUILDING \$235.00
DCA \$10.00
CHECK \$245.00

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

Block 835 Lot 4 Parcel
 Work Site Location 1673 ROUTE 88
 BOX

Owner in Fee DE COTTIS
 Address 2814 WILLAMSBURG DRIVE
 WALI, NJ 07719-

Tel:
 Contractor DURA PLEX INC
 Address 1881 RT 88 W
 BRICK, NJ 08724-

Tel: (321)558-4061 Fax (321)558-5019
 Lic. No. or Bldgs. Reg. No.
 Federal Exp. No. 22-3082296

C. CERTIFICATION BY 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**

ROOF OVER EXISTING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Dates (month/day)	Failure	Approval	Initial
☐ No Plans Req.				Footings				
☐ All				Foundation				
☐ Footing				Slab				
☐ Foundation				Frame				
☐ Frame				Barrierfree				
☐ Other				Insulation				
Joint Plan Review Required:				Finishes				
☐ Elect ☐ Plumb ☐ Fire				Energy				
SUBCODE APPROVAL ☐ Elev				Mechanical				
☐ CO ☐ OOD ☐ CA				TO				
Date: _____				Other				
Approved By: _____				Final				
				Barrierfree				

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ _____
☐ Addition	\$ _____
☒ Alteration	\$ 235
☐ Roofing	\$ _____
☐ Siding	\$ _____
☐ Fence _____ Height (exceeds 6')	\$ _____
☐ Sign _____ Sq. Ft.	\$ _____
☐ Pool	\$ _____
☐ Asbestos Abatement Subchapter 8	\$ _____
☐ Lead Haz. Abatement N/A/C 5:17	\$ _____
☐ Other _____	\$ _____
☐ Demolition	\$ _____

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B Est. Cost of Bldg. Work: _____
 Constr. Class Present Proposed _____
 No. of Stories 0 1. New Bldg. \$ _____
 Height of Structure _____ 2. Alteration \$ 7,500
 Area Largest Floor _____ 3. Total (1+2) \$ 7,500
 New Bldg. Area/All Floors _____ Sq. Ft.
 Volume of New Structure _____ Cu. Ft.
 Total Land Area Disturbed _____ Sq. Ft.

Industrialized buildings: _____
 State Approved _____
 HMO _____
 Paid ☐ Check \$ _____
 Collected by: _____
 Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 TOTAL FEE \$ 235
 DCA State Permit Fee \$ 10

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

Block 835 Lot 4 Aerial
Work Site Location 1673 ROUTE 89
R03E

Owner in Fee DE COTIIS
Address 2014 VILLAMARSH DRIVE
HILL, NJ 07119

Tel: [REDACTED]
Contractor WWA PLEX INC.
Address 1891 RT 88 W
BRICK, NJ 08726

Tele: (732) 558-1001 Fax (732) 558-5019
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-3182286

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
ROOF OVER EXISTING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type	Failure	Failure Approval
☐ All			Footings		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Freeze			Freeze		
☐ Other			BarrierFree		
Joint Plan Review Required:			Insulation		
☐ Elect ☐ Plumb ☐ Fire			Finishes		
SPECIFIC APPROVAL ☐ Elev			Energy		
☐ CO ☐ EOD ☐ CA			Mechanical		
Date:			TOD		
Approved By:			Other		
			Final		
			BarrierFree		

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☒ Alteration	235
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement N.J.C. 5:17	
☐ other	
☐ other	
☐ Demolition	

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B
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 \$ 7,500
3. Total (1+2) \$ 7,500

Industrialized Building:
☐ State Approved
☐ HUD

Paid ☐ Check \$
Collected By: DCA State Permit Fee
Administrative Surcharge
Minimum Fee
TOTAL FEE
235
10

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1673 Hwy 88 WCH
Block: 835 Lot: 4
Owner's Name: Bruce De Cais
Owner's Mailing Address: 2814 Williamsburg Dr
WOL 117 0719
Phone: [REDACTED]

BUILDING

Contractor: ~~Brick~~ Dura Plex
Address: 1681 Hwy 88 WCH
Brick, N.J. 08724
Phone#: 732 458 4061
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

roof over
existing

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft
☐ Fireplace wd/gas

Building Characteristics

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

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Cost of Site Work \$ 7500

Total Cost of New Building Work: \$ _____

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

Signature: B. A. [Signature]

Please Print Name _____

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 (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit -Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: _____

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

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 (Toilet) _____	
Urinals/Bidets _____	
Bath Tub (w/or w/out shower head) _____	
Lavatory (BR Sink) _____	
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 _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Pool Heater _____	
Other: _____	

Estimated Cost of Plumbing Work _____

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

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:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____