BLOCK 835 LOT 37 QUALIFICATION CODE _____ ADDRESS (SITE) 1669 Rt. 88 West PERMIT NO. 11-2594

# CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

## I. IDENTIFICATION

1. Proposed Work Site at: 1669 Rt 88 West Brick
2. Name of Owner in Fee: Gangi Graphics
   Tel. (732) 840-8680 e-mail _____
   Address 1669 (street) Rt. 88 West (municipality) Brick (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Whitman Construction LLC Tel. (732) 295-0875
   Address 2511 Lakewood rd. e-mail _____
   Pt. Pleasant NJ 08742
   License No. OR, if new home, Builder Reg. No. 13VH00013100 Exp. Date 12/31/11
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ ✓ | | |
| 2. Electrical | CP | | |
| 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)*

FOR OFFICE USE ONLY (Optional)

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| ☑ Building | 8,599.99 | | | 8/25/11 | | | | | |
| ☐ Electrical | | | | | | | | | |
| ☐ Plumbing | | | | | | | | | |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | | | | | | | | |
| TOTAL COST | 8,599.99 | | | | | | | | |

## 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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

**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(f)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 Whitson Construction LLC
Address 2511 Lakewood rd.
Pt. Pleasant NJ 08742
Telephone 732 295-0815
Signature Melanie Whitson

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 10/4/2011
Control Number C-11-003153
Permit Number 11-2594
Permit Issue Date 8/25/2011
Certificate Number 11-2594

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 1669 ROUTE 88 Brick Township, NJ Block: 835 Lot: 37 Qual:

Owner in Fee: 1669 ROUTE 88 WEST LLC

Owner Address: 1669 ROUTE 88 BRICK NJ 08724

Telephone:

Contractor WHITMAN CONST CO

Address 2511 LAKEWOOD RD PT PLEASANT NJ 08742-

Telephone: (732) 295-0875 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3558985

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: 10/4/2011* U.C.C. F260 (rev. 08/05)

# CONSTRUCTION PERMIT

Date Issued 08/25/2011
Control # C-11-003153
Permit # 11-2594

IDENTIFICATION Block: 835 Lot: 37 Qualifier
Work Site Location: 1669 ROUTE 88 Brick Township, NJ
Owner in Fee 1669 ROUTE 88 WEST LLC
1669 ROUTE 88 BRICK NJ 08724
Telephone:

Contractor WHITMAN CONST CO
Address 2511 LAKEWOOD RD PT PLEASANT NJ 08742-
Telephone: (732) 295-0875
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3558985

**Is hereby granted permission to perform the following work:**

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

DESCRIPTION OF WORK:
NEW ROOF

**Note: If constuction 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** $8,600

Construction Official _____ Date _____

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $258 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $15 |
| CO Fee | |
| Other | $0 |
| Total | $273 |
| Check No. | 10151 |
| Cash | $0 |
| Credit | $0 |
| Collected By | Russell Martone |

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.

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received: 8-25-2011
Control #:
Date Issued:
Permit #: 11-2594

**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 Qualification Code
Work Site Location 1669 Rt. 88 West Brick

Owner in Fee: Gang; Graphics
Tel. (732) 840-8680 e-mail
Address 1669 Rt. 88 West Brick
street municipality zip code
Contractor: Whitman Construction LLC. Tel. (732) 295-0875
Address 2511 Lakewood rd. e-mail
Pt. Pleasant NJ 08742
Contractor License No. or Builder Registration No. 13VH00613100 Exp. Date 12/31/11
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial
- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9/29/11
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 9/27/11 | |
| 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

**Constr. Class** Present Proposed
If Industrialized Building:
State Approved HUD

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 8,599.99

U.C.C. F110
(rev. 11/09)

**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.
Sign here: Melanie Whitman
Print name here: Melanie Whitman

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
Roofing- Tearoff 2 layer

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] 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
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

MARPAL DISPOSAL
PO BOX 188
LINCROFT NJ 07738

Ticket: 033875
Date: 08/31/11
Time In: 4:26 pm
Time Out: 4:40 pm

Customer: 000020 D&D DISPOSAL

Vehicle: DDDF08 D&D DISPOSAL DEF #11043

Waste Type: TYPE 13C C&D
Lic: X68866Y

Cont/Trlr: 403557

Reference:
Origin: BRICK

00 Gross Weight 45,780.00 lb
Tare Weight 31,680.00 lb
Net Weight 14,100.00 lb
Net Tons: 7.05 TN
20.00 YD

| Material | Quantity | | Rate | NJ Fee | Total |
|---|---|---|---|---|---|
| C&D | 7.05 | TN | $84.00 | $21.15 | $613.35 |
| FUEL RECOVERY FEE | 7.05 | TN | $2.00 | | $14.10 |

Whitman RG1669GR

Acct/WO#000000

Check#:
Net Amount: $627.45
Tendered: 40.00

Driver:

Weighmaster:

THE WALTER R. EARLE CORP
655 SOUTH HOPE CHAPEL RD
JACKSON, NJ 08527
732-657-8551

Date: 08/31/11 Ticket #: 653282
Time: 11:21 Plant: P1
*** Recycled ***

Customer: 00006941 Job: 6943
D&D DISPOSAL INC. BRICKTOWN
PO BOX 4618
TOMS RIVER, NJ 8754 P.O.#:
732-341-6900

Carrier: DDDISP
D&D DISPOSAL INC Phase: 0
Truck: DD8
License: Zone:

Product: JR83 DEFAULT ZONE NAME
R&S IN
JMF:
(Daily) Loads: 1 Amount: 3.34 Tn 3.03 Mg
(To-Date) Loads: 12 Amount: 44.21 Tn 40.11 Mg

Gross: 19.21 Tn 38420 lb 17.43 Mg
Tare: 15.87 Tn 31740 lb 14.40 Mg
Net: 3.34 Tn 6680 lb 3.03 Mg

Received By:
Weighmaster: LARRY CORREA NJWMS# 30175

RS 18366R

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 8.25.2011
Control #
Date Issued
Permit # 11-2594

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

Block 635 Lot 37 Qualification Code
Work Site Location 1669 Rt 88 West Brick

Owner in Fee: Garg Graphics
Tel. (732) 840-8680 e-mail
Address 1669 Rt 88 West Brick
street municipality zip code
Contractor: Whitman Construction LLC Tel. (732) 295-0875
Address 251 Lovelwood rd. e-mail
Ot Pleasant NJ 08742
Contractor License No. or Builder Registration No. 13VH06131700 Exp. Date 12/31/11
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| 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

**Constr. Class** Present Proposed
If Industrialized Building:
State Approved HUD

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 5,599.99

U.C.C..F110
(rev. 11/09)

**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.
Sign here: Melanie Whitman
Print name here: Melanie Whitman

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Roofing- Tearoff 2 layer

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] 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 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 11-2594

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

Block 635 Lot 37 Qualification Code

Work Site Location 164 Rt 28 West Orange

Owner in Fee:

Tel. ( ) e-mail

Address
street municipality zip code

Contractor: Tel. ( )

Address e-mail

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

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

Federal Emp. ID No. FAX: ( )

**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.

Sign here:

Print name here:

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Roofing - Tecota 2 layer

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] 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 $

**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

**Constr. Class** Present Proposed

If Industrialized Building:
State Approved HUD

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 5,99.99

U.C.C. F110
(rev. 11/09)

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

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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**

Whitman Construction, LLC - Steve Whitman Roofing & Siding, LL
Stteven F. Whitman
2511 Lakewood Road
Point Pleasant Beach NJ 08742

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

12/17/2009 TO 12/31/2010
VALID

13VH00613100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
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Whitman Construction, LLC - Steve Whitman Roofing & Siding, LLC
Home Improvement Contractor

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12/17/2009 TO 12/31/2010
VALID
SIGNATURE
DIRECTOR
13VH00613100
License/Registration/Certificate #

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

TOWNSHIP OF BRICK

Debris Form

Work Site Address: 1669 Rt. 88 West Brick

Block: _____ Lot: _____

Contractor: Whitman Construction LLC

Contractor's Address: 2511 lakewood rd. pt. pleasant NJ

Type of Construction (minor, new home): Shingles

Type of Debris (shingles, siding, wood, etc.): Roofing

Party responsible for removal: _____

Dumpster size: _____

Destination of debris: Ocean County Dump

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.

Melanie Whitman

Signature

8/25/11

Date

Melanie Whitman

Print Name.