

PERMIT NO. 00-1111

CONSTRUCTION PERMIT APPLICATION

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

CVb-102245

- | | | Update | Update |
|--|---------|---------|-------------------|
| V. FEE SUMMARY (for office use only) | | | |
| 1. Building | \$ 75 ✓ | | |
| 2. Electrical | \$ 50 ✓ | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | \$ 1 | | |
| 7. Less 20% for State Plan Review | | | |
| 8. Subtotal | \$ | | |
| 9. State Permit Fee Surcharge | \$ | | |
| 10. Subtotal | \$ | | |
| 11. Cert. of Occupancy | 30 | | |
| 12. Other Z/F | 150 | | |
| 13. TOTAL | \$ 180 | | |
| VI. BUILDING/SITE CHARACTERISTICS | | | |
| 1. Number of Stories | | | (office use only) |
| 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 | | | |

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 _____

OPTIONAL (for office use only)	Approval	Relocation
--------------------------------	----------	------------

II. PROPOSED WORK

- | | Est. Cost | Rec'd by | Rec'd Date | Date | Viewer | Approval | Rejection | viewer |
|---|-----------|--------------------|------------|---------|--------------------|----------|-----------|--------|
| 1. ☐ Minor Work | | <i>[Signature]</i> | 5/31/04 | 6-13-04 | <i>[Signature]</i> | | | |
| 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 | | | | | | | | |
| 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

Kim Keisig

Date

5/31/06

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

Address

Telephone ()

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. _____	_____	_____	_____	_____

Block 835
Lot 19

Reception Area
Box

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
	1) Home Top Contractors Register	AK
	2) Bookshelves Pool/Filter	✓
	3) Contractors	✓
	4) Plot plan w/ pool drawn to scale	✓

☐ Zoning Application deemed complete

Initialed: _____

Date: _____

☐ Zoning Application approved

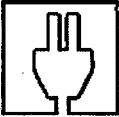
Initialed: _____

Date: _____

☐ Zoning permit updates:



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 19 Qualification Code _____
Work Site Location 11657 Hoffman St
Brooklyn 08724

Owner in Fee _____
Address 11657 Hoffman St
Brooklyn 08724
Tel (732) 458-4574
Contractor JKD
Address _____
Tel () _____ FAX () _____
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 \$ 30

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.			
			Constr. Serv.			
Date: <u>6/19/06</u>			TCO			
Approved by: <u>WV</u>			Other <u>Bond + trench</u>			<u>6/29/06</u>
SUBCODE APPROVAL						
☐ CO	☐ CCO	<u>81</u> CA	Services			
			Final			<u>6/29/06</u>
			Barrier-Free			
			Temp. Cut-in-Card Date Issued			
			Final Cut-in-Card Date Issued			
Date: <u>6/29/06</u>			Annual Pool Inspection			
Approved by: <u>WV</u>			Date of Grounding and Bonding Certification			

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.

JKD
Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec. Contractor ☐ Certifd 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/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



CONSTRUCTION PERMIT

Date Issued 6/14/2006
Control # C-06-102249
Permit # 06-1947

IDENTIFICATION Block: 835 Lot: 19 Qualifier _____
Work Site Location: 1657 HOFFMAN ST Brick Township, NJ Contractor KERRIGAN, DANIEL & KIM A
Address 1657 HOFFMAN ST BRICK NJ 08724
Owner in Fee KERRIGAN, DANIEL & KIM A Telephone: (732) 458-4574
Address 1657 HOFFMAN ST BRICK NJ 08724 Lic. No. or Bldrs. Reg. No. _____
Telephone: (732) 458-4574 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:

ABOVE GROUND SWIMMING POOL 21' ROUND IN SIZE

Note: If construction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$1,050

Construction Official _____ Date 6/14/2006

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	\$75
Electrical	\$50
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$30
Total	\$156
Check No.	751
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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.

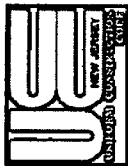
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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 19 Qualification Code _____
Work Site Location 11057 Hoffman St
Back in 08724

Owner in Fee _____
Address 11057 Hoffman St
Back in 08724
Tel (732) 458-4574
Contractor HP
Address _____
Tel () _____ FAX () _____
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 \$ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Initial	Failure	Approval	Initial
☒ No Plans Required					
Joint Plan Review Required:					
☐ Building	☐ Plumbing				
☐ Fire	☐ Elevator				
☐ Elec. Plans Approved					
Date: <u>6/14/06</u>					
Approved by: <u>UN</u>					
SUBCODE APPROVAL					
☐ CO	☐ CCO	☐ CA			
Date: _____					
Approved by: _____					
Date of Grounding and Bonding Certification					

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 Signature

☐ Licensed Elec. Contractor ☐ Certifd 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

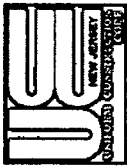
TOTAL NUMBERS

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+ HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

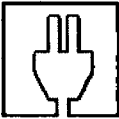
Administrative Surcharge	\$
Minimum Fee	\$
State Permit Surcharge Fee	\$
TOTAL FEE	\$

FEE (Office Use Only)

Date Received 06-19-06
Control # _____
Date Issued 06-14-06
Permit # _____



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 825 Lot 19 Qualification Code _____
Work Site Location 11657 Hoffman St
Box 11 08724

Owner in Fee _____
Address 11657 Hoffman St
Box 11 08724
Tel (732) 458-4574
Contractor _____
Address _____
Tel (____) _____ FAX (____) _____
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 \$ 30

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
		No Plans Required		Type:	Failure	Approval	Initial
☒ Joint Plan Review Required:				Rough			
☐ Building		☐ Plumbing		Barrier-Free			
☐ Fire		☐ Elevator		Trench			
☐ Elec. Plans Approved				Temp. Serv.			
Date: <u>6/14/06</u>				Constr. Serv.			
Approved by: <u>[Signature]</u>				TCO			
				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			

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.

[Signature]
Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec. Contractor ☐ Certifd 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/+ HP	_____
KW Transformer/Generator	_____
AMP Service	_____
AMP Subpanels	_____
AMP Motor Control Center	_____
KW Elec. Sign/Outline Light	_____

\$

FEE (Office Use Only)

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



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received
Control #
Date Issued
Permit #

06-1949
6-17-86

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

Block 835 Lot 19 Qualification Code
Work Site Location

Owner in Fee
Address 1657 140th Ave St.
BRICK NJ 08724
Tel. (732) 458-4574
Contractor EAST COAST POOL INSTALLATION
Address 313 RT. 33
MORRISTOWN, NJ 07726
Tel. (732) 792-0900 FAX ()
Contractor License No. or Builder Registration No. # 22-185-7519
Federal Emp. No. # 22-185-7519

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required	<u>6-13-86</u>	<u>PM</u>	Type:				
☐ All			Footings				
☐ Footings			Footings Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Finishes -Base Layer				
			Finishes -Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			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

AG pool
21 FT. Round
Any Access To Pool Must Meet Code.

FEE (Office Use Only)

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

TYPE OF WORK:

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



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 835 Lot 19 Qualification Code _____
Work Site Location _____

Owner in Fee _____
Address 1657 HOLLAND ST.
BRICK NJ 08724
Tel. (732) 458-4574
Contractor EAST COAST POOL INSTALLATION
Address 213 RT. 33
MORRISTOWN NJ 07726
Tel. (732) 792-0900 FAX () _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No. # 22-185-7519

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required	<u>6-13-06</u>	<u>FA</u>	Type:				
☐ All			Footings				
☐ Footings			Footings Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Finishes -Base Layer				
			Finishes -Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			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 _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

AG POOL
21 FT. Round-

Any Access To Pool Must Meet Code

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

Date Received
Control #
Date Issued
Permit #

06-1949
6-17-06