BLOCK 1210.03 LOT 200 QUALIFICATION CODE _____ ADDRESS (SITE) 111 MANSFIELD DR. PERMIT NO. 09-2634

CONSTRUCTION PERMIT APPLICATION

09-003745

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

I. IDENTIFICATION

1. Proposed Work Site at: 111 MANSFIELD DR.
2. Name of Owner in Fee: MR & MRS - JAVE AZERRAFI
   Tel. [redacted] e-mail _____
   Address 111 MANSFIELD DR. (street) BRICK (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ALMCO PLUS Tel. (732) 687-6254
   Address 43 NOAL RD e-mail _____
   MIDDLETOWN, NJ. 07748
   License No. OR, if new home, Builder Reg. No. 13VH04524600 Exp. Date 12/31/09
   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 NOEL PAGAN
   Tel. (732) 687-6254 FAX: ( ) _____

9/10/

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50		
2. Electrical			
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		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 60		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	7 ft.	
3. Area — Largest Floor	260 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
- ☑ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		KD	10/15/09		10-15-09	JM			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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.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 ALLIED PLUS

Address 43 TINDALL RD -
MIDDLETOWN, NJ. 07748

Telephone (732) 687-6254

Signature Allied Plus

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 12/03/2009
Control Number C-09-003745
Permit Number 09-2634
Permit Issue Date 10/22/2009
Certificate Number 09-2634

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 111 MANSFIELD DR. Brick Township, NJ Block: 1210.03 Lot: 200 Qual:

Owner in Fee: AZZARETTI, JANE

Owner Address: 111 MANSFIELD DR BRICK NJ 08724

Telephone: [redacted]

Contractor ALUMCO PLUS INC

Address 43 TINDALL ROAD MIDDLETOWN NJ 07748

Telephone: (732) 671-8786 Fax:

License Number or Builders Registration Number: 13VH04524600 Federal Emp. Number:

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 REPLACE H/O DAMAED ALUM ROOF WITH A NEW 3" ALUM INSULATED ROOF APPROX 21X13

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: 12/03/2009 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 10/22/09
Control # C-09-003745
Permit # 09-21034

IDENTIFICATION Block: 1210.03 Lot: 200 Qualifier
Work Site Location: 111 MANSFIELD DR. Brick Township, NJ

Owner in Fee AZZARETTI, JANE
111 MANSFIELD DR BRICK NJ 08724

Telephone: [redacted]

Contractor ALUMCO PLUS INC
Address 43 TINDALL ROAD MIDDLETOWN NJ 07748

Telephone: (732) 671-8786
Lic. No. or Bldrs. Reg. No. 13VH04524600
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
NEW ROOF REPLACE H/O DAMAED ALUM ROOF WITH A NEW 3" ALUM INSULATED ROOF APPROX 21X13

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 $5,600

Construction Official [signature] Date 1...509

U.C.C. F170
equiv (rev 8/03)

PAYMENTS (Office Use Only)	
Building	$50
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$0
Total	$60
Check No.	1325
Cash	$0
Credit	$0
Collected By	

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.

XX01 SERV.001
#2634
BUILDING $50.00
DCA $10.00
CHECK $60.00

☐ 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
Control # 09-2634

Date Issued
Permit # 10/22/09

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

Block 1210.03 Lot 200 Qualification Code

Work Site Location 111 MANSFIELD DR. BRICK, NJ.

Owner in Fee: MRS. JANE AZZARELLI

Tel. [redacted] e-mail

Address 111 MANSFIELD DR. BRICK, NJ.
street municipality zip code

Contractor: ALLAMCO PLUS Tel. (732) 681-6259

Address 43 TINDALL RD. e-mail
MIDDLETOWN, NJ.

Contractor License No. or Builder Registration No. 13VH04524600 Exp. Date 12/31/09

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

Federal Emp. ID No. FAX: (732) 671-8796

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	10-15-09	JL
[ ] 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 [X] CA
Date: 12/2/09
Approved by: KA

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			12-1-09	JL
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories 1
Height of Structure 7 ft.
Area — Largest Floor 260 sq. ft.
New Bldg. Area/All Floors 260 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) $ 5600

U.C.C. F110
(rev. 12/07)

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

REPLACE A/O DAMAGED ALUM. ROOF WITH A NEW 3" ALUM. INSULATED ROOF APPROX 21'X13'

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 REPAIR/REPLACE
[ ] 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 # 09-2634

Date Issued
Permit # 10/22/09

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

Block 12101.03 Lot 200 Qualification Code _____

Work Site Location 111 MANSFIELD DR. BRICK, N.J.

Owner in Fee: MRS. JANE AZZEREHI

Tel [redacted] e-mail _____

Address 111 MANSFIELD DR. BRICK, N.J.
(street / municipality)

Contractor: ALLIANCE PLUS Tel. (732) 661-6259

Address 43 TINDALL RD. MIDDLETOWN, N.J. e-mail _____
(zip code)

Contractor License No. or Builder Registration No. 13VH04524600 Exp. Date 12/31/09

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

Federal Emp. ID No. _____ FAX: (732) 671-8796

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	10-15-09	RL
[ ] 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	Dates (Month/Day) Failure	Approval	Initial
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 _____ 1
Height of Structure _____ 7 ft.
Area — Largest Floor _____ 160 sq. ft.
New Bldg. Area/All Floors _____ 260 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) $ 5600

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
REPLACE H/O DAMAGED ALUM. ROOF WITH A NEW 3" ALUM. INSULATED ROOF APPROX 21'X13'

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 REPAIR/REPLACE
[ ] Demolition

FEE (Office Use Only)
$ _____

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

U.C.C. F110
(rev. 12/07)

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 #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

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: (____) _____

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) $_____

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

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

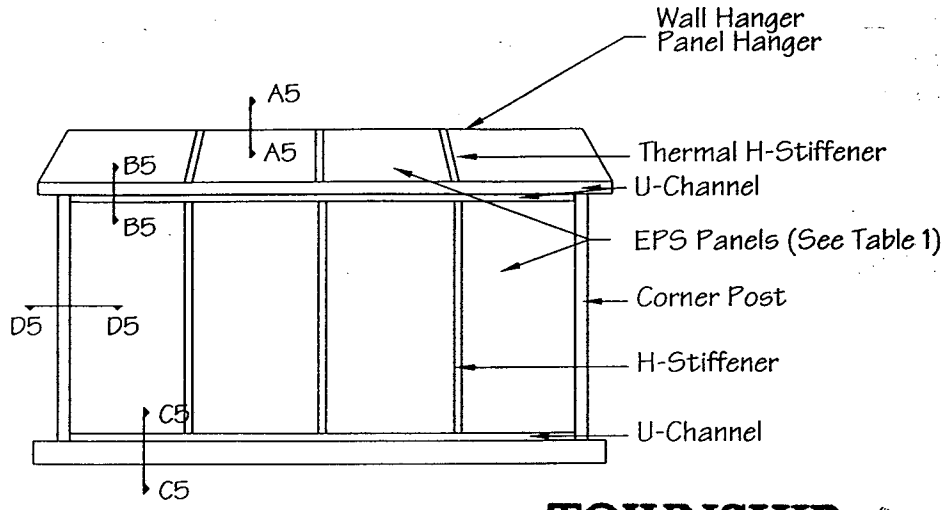
FEE (Office Use Only)
$ _____

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

U.C.C. F110
(rev. 12/07)

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

STUDIO ROOM FRONT WALL



TYPICAL STUDIO ROOM FRONT WALL

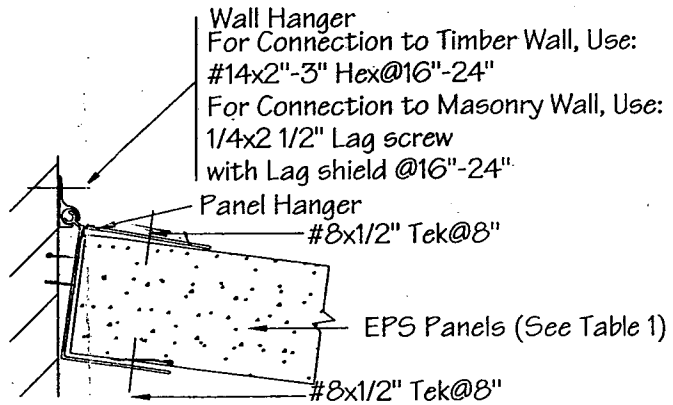
TOWNSHIP

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode	JG	10-15-09
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		
Construction Official		

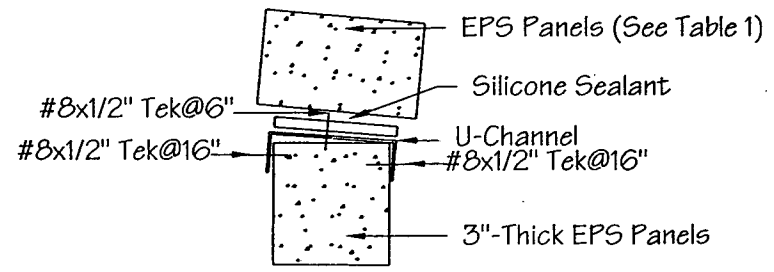
NOTES FOR STUDIO ROOM CONSTRUCTION

1. STRUCTURAL MEMBERS SHALL COMPRISE 6063 T6 ALUMINUM EXTRUSIONS.
2. ALLOWABLE LOADS ARE BASED UPON THE LESSOR OF THE ULTIMATE LOAD/2.5 OR THE LOAD AT SPAN/180.
3. EPS REFERS TO POLYSTYRENE PANELS WITH COATED ALUMINUM SKINS BONDED TO POLYSTYRENE CORE MATERIAL & CONNECTED TO ADJACENT PANELS WITH THERMAL Hs. (PANELS AVAILABLE IN 3", 4 1/2" AND 6" THICKNESSES.)
4. WIND LOADS = 55 PSF FOR 120 MPH EXPOSURE A,B,C
5. SNOW LOADS = 20 PSF
6. DEAD LOADS = 5 PSF
7. ROOF SPANS MAY NOT EXCEED 18 FT.
8. HEIGHT OF FRONT-WALL MAY NOT EXCEED 8 FT.
9. SOLID 3"-THICK EPS PANELS USED IN FRONT WALLS WILL SUPPORT 497 PLF
10. ABBREVIATIONS:
    - EPS = POLYSTYRENE PANELS
    - U = U-CHANNEL
    - H = THERMALLY-BROKEN H-STIFFENER
    - PSF = POUNDS / SQ. FOOT
    - PLF = POUNDS / LINEAL FOOT
    - P = PANEL
    - FT = FEET
    - ALUM. = ALUMINUM

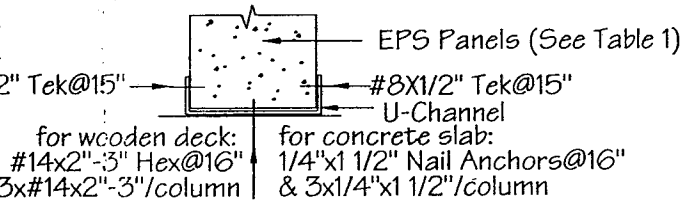
TYPICAL STUDIO ROOM DETAILS



SECTION A-5



SECTION B-5



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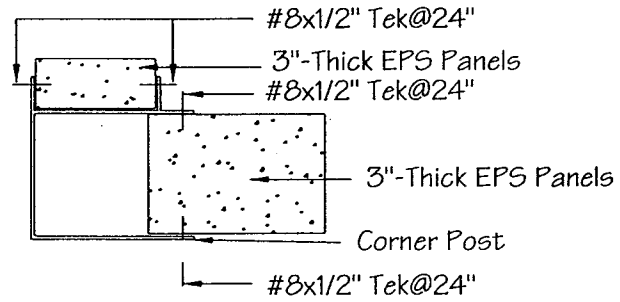


SECTION D-5

TABLE 1 - EPS ROOF PANEL THICKNESSES vs SPAN FOR 20 PSF LIVE LOAD

8 FT	10 FT	12 FT	14 FT	16 FT	18 FT
3"EPS+H	3"EPS+H	3"EPS+H	4.5"EPS+H	4.5"EPS+H	6"EPS+H

Accutech Engineering LLC
795 Linden Road, Toms River, NJ 08753
Phone 732-606-0067
Fax 732-606-0069
CERT. OF AUTHORIZATION #: 24GA28081000
LESLIE RAMDEEN, P.E. NJ LIC. 40285

PROJECT:	DISTRIBUTED BY: TUERS ALUMINUM, LLC	STUDIO ROOM
DRAWN BY: SCALE: NTS	DWG NO.: Studio Room DATE:	

Accutech Engineering, LLC
795 Linden Road
Toms River, NJ 08753
Phone (732) 606-0067 Fax (732) 606-0069

NOTES FOR STUDIO ROOM

1) Structural members shall comprise 6063 T6 aluminum extrusions supplied by Craft-Bilt Manufacturing Company.
2) Roof panels shall consist of 3", 4.5" or 6" aluminum panels with either honeycomb or polystyrene cores.
3) Maximum spans over door shall be 87"
4) Maximum roof panel spans are based upon the lessor of the ulitmate load / 2.5 or load at span / 120.
5) All structures shall be installed according to Craft-Bilt Manufacturing Company recommendations.
6) **Loadings:**

ROOF:	
Snow load	30 PSF
Wind load	20 PSF
Dead load	5 PSF
DECK:	
Live load	60 PSF
Estimated dead load	10 PSF

7) **Timber Design Stresses:**

Species Southern Pine No. 2	
Bending stress Fb	1400 PSI (Repetitive)
Compression perpendicular to grain Fc	565 PSI
Shear parallel to grain Fv	90 PSI
Compression parellel to grain Fc	975 PSI
Modulus of elasticity E	1,600,000 PSI

All timbers shall be pressure treated

8) **Soil Bearing Capacity:**
Footing should rest on soil having a minimum bearing capacity of 2,000 PSF.
9) **Footings:**
Footings shall be located below the frost line. Footings shall be sized according to the applied loads and local soil bearing capacity. Concrete is to have a minimum compressive strengthh of 3,000 PSI at 28 days.

Leslie Ramdeen, P.E.
NJPE#40285

Accutech Engineering, LLC
795 Linden Road
Toms River, NJ 08753
Phone (732) 606-0067 Fax (732) 606-0069

RE: Calculation for Roof Loads
for Florida Studio Rooms

Point Load
Horizontal roof projection 12ft
Distance between supports 6'c/c
Load Area per vertical support = 12'/2 x6' (interior span-worst case)
=36sf
Snow Load 30psf
Wind load 20ps
Dead Load 5psf
Design Load W = 1.4DL +1.6LL
=1.4(5) +1.6(50)
=80psf
Total load/support= 80psf x 36sf=2880 lbs
Support area= 3"x8"=24sq. in
Load/area = 2880/28=120psi
Concrete Compressive strength =3000psi >120psi **Point Load Bearing OK**

1. **Snow Load** = Allowable snow load x Roof area
30psf x 12'x14'
360lbs

2. **Drift Snow Load** (hd) $Hd = 0.43(Wb)^{1/3} \times (Pg+10)^{1/4} - 1.5$
where Wb=25ft
Pg=20psf
$Hd = 0.43(25)^{1/3} \times (20+10)^{1/4} - 2.5$
=1.4ft
For Majority of STUDIO ROOMS Hr<1.4 **Drift load OK**

3. **Sliding Load**:
Horizontal difference in upper and lower roof level less than 1.4' for STUDIO ROOMS
(i.e $\frac{Hr-Hb}{Hb}<0.2$

Sliding Load OK

Leslie Ramdeen,P.E.
NJPE#40285

THIS IS TO CERTIFY THAT THE

Division of Consumer Affairs

HAS REGISTERED

Pagman Enterprises, Inc. dba AlumcoPlus
Charles Mancione
43 Tindall Road
Middletown NJ 07748

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

12/08/2008 TO 12/31/2009
VALID

13VH04524600
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Pagman Enterprises, Inc. dba AlumcoPlus
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

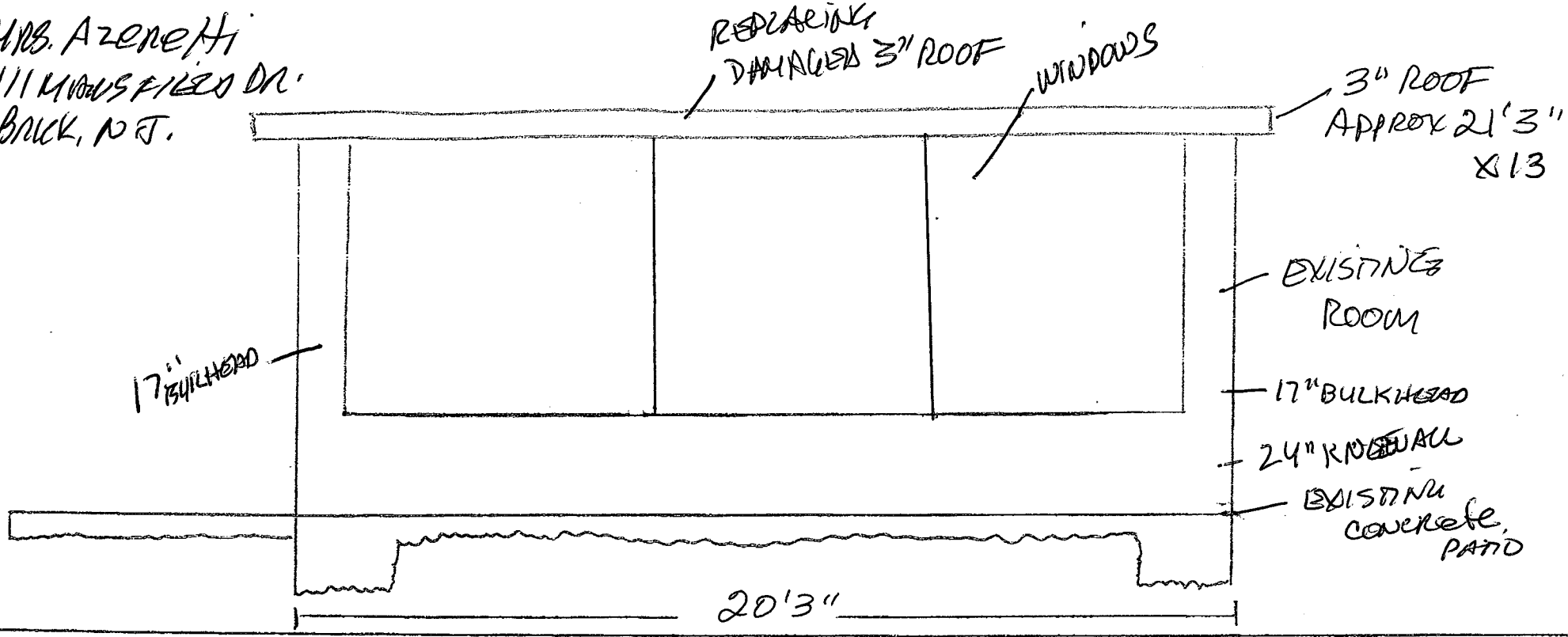
12/08/2008 TO 12/31/2009
VALID

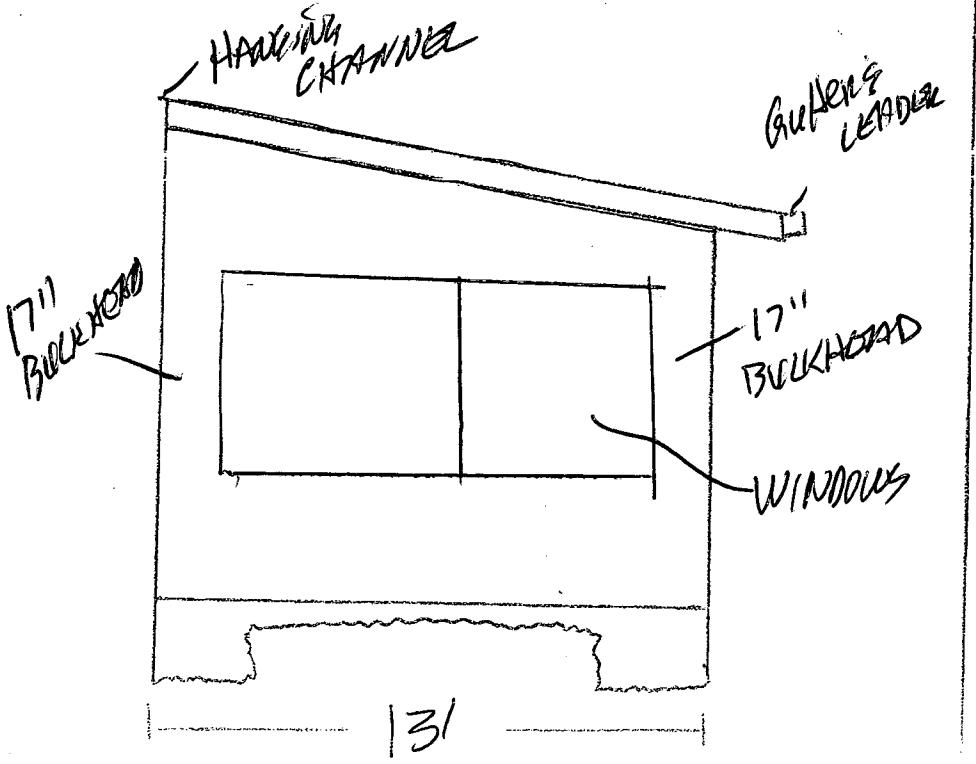
SIGNATURE

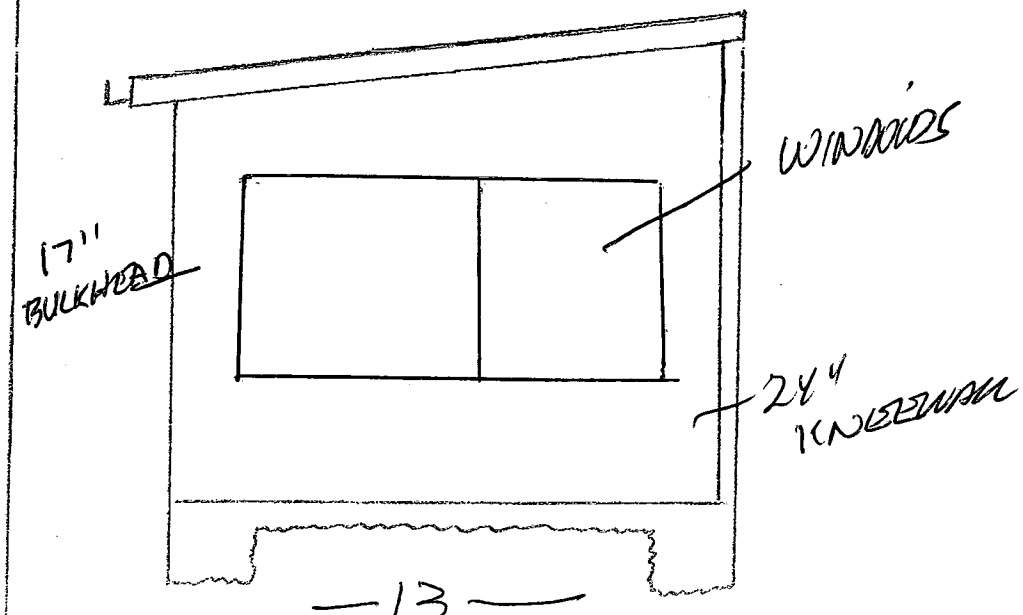
13VH04524600
License/Registration/Certificate #

DIRECTOR

MRS. AZENEHI
111 MOUNTFIELD DR.
BRICK, N.J.







UPON COMPLETION CALL Mike Sloane PHONE 458 5657 Revised 4/02

GREENBRIAR II HOMEOWNERS ASSOCIATION
ARCHITECTURAL CONTROL COMMITTEE

• $25.00 REFUNDABLE APPLICATION DEPOSIT •

(CHECK PLEASE, NO CASH)

DATE: 9/22/09	MEMBER Jane Azzaretti	ADDRESS 111 Mansfield Dr	
PHONE 202-9343	MODEL Dartmoor	BLOCK # 1210-3	LOT # 2000

APPROVAL REQUESTED FOR:

EXTERIOR ADDITION ☐ EXTERIOR ALTERATION ☐

PLANTING CHANGE ☐ LAWN INSTALLATION ☐

ENCROACHMENT ON COMMON LAND ☐ OTHER _____

CONTRACTOR	ADDRESS	PHONE #

I Description of Work: Specify Location, Materials, Dimensions and all relevant information pertaining to this Committee's consideration. Application must include: A) sketch or diagram of the proposed work or B) a Survey if the ground is to be broken outside the unit's three foot perimeter:
Any excavation, in keeping with NJ Statutes 2C:17-4 and 2C:17-5 requires notification of the Underground Utilities Mark-Out company at 1-800-272-1000 between 3 to 10 days **prior to any excavation commencing.** The Association's irrigation contractor must also be called to mark out the irrigation system.

Replacing porch roof.
Color is white.

II Project will commence on or about _____ and be completed on or about _____.

III* A full refund of the $25.00 Deposit will be made upon satisfactory completion of work in accordance with the requirements of this Application. Non-compliance will result in forfeiture of deposit. Also, when non-compliance or a violation exist, fines may be imposed in accordance with the Association's Governing Documents.

IV* No Homeowner shall encroach on Common Land. No Fence, Patios, Statues or Picnic Tables are allowed on Common Land. No trees, bushes or gardens are permitted on Common Land without approval of the Architectural Control Committee. Once authorized, it then becomes the responsibility of the Homeowner to see that maintenance is provided. Should the Association require that the land be vacated, the Homeowner will have 30 days in which to comply. Should the land or irrigation system require any restoration by the Association, the Homeowner will bear the burden of all costs involved. Should the Association be forced to litigate, the homeowner will assume all legal cost.

V Be it understood that under the terms of the By Laws, Maintenance Standards and Rules, the Architectural Control Committee is responsible for the approval of all applications. All members, by reason of their Purchase Agreement have agreed to accept the committee's determination. Be it further understood that when required, a Township Permit must be obtained by the Homeowner or Homeowner's contractor. Said permit must be prominently displayed.

VI The Association's consent to the alteration or addition requested herein does not in any manner relieve the applicant member from abiding by the Bricktown Zoning Ordinance or Building Code which applies to the above referenced Block and Lot number.

VII The Association assumes no responsibility, written or implied for the member's conformation or non-conformation to said Zoning Ordinance or Building Code. All of the above requirements are the sole responsibility of the Homeowner Applicant.

VIII Site clean-up, restoration and repair of any damage to Common Land, streets, sidewalks or any other construction areas are the sole responsibility of the Homeowner Applicant. Upon completion of all work, the Architectural Control Committee must be notified for Final Inspection. It is recommended that final contractor payment be withheld until this Final Inspection is completed.

HOMEOWNERS SIGNATURE: Jane T. Agzarelli

For Committee Use Only:

☑ APPROVED ☐ ADDITIONAL INFORMATION REQUIRED—*See Below*

☐ APPROVED WITH STIPULATION

☐ DISAPPROVED—SEE BELOW

COMMENTS: _____

ARCHITECTURAL CONTROL COMMITTEE

Pete Vinelli	J. Scarsone

COMMITTEE CHAIRMAN Mele Stern DATE: 9/22/09

For Office Use Only:

DATE APP. RECD. 9/22/09

DEPOSIT RECD. 9/22/09 - $25.00

APP. APPROVED 9/22/09

WORK COMPLETED _____

WORK INSPECTED _____

DEPOSIT RETURNED _____

ATTACHMENT TO THE GREENBRIAR II HOMEOWNERS ASSOCIATION ARCHITECTURAL CONTROL APPLICATION

The following are homeowner's responsibilities when performing any exterior work:

PERMITS

- **Any permit required by Brick Township – zoning, building, variance, etc.**
- **Any other State or Federal permit, if required**

MARK OUTS

- **Any work requiring breaking ground must have utilities marked-out prior to commencement. Call 1-800-272-1000 for utility mark outs.**
- **Mark out for Irrigation must also be done. Call Federal Irrigation at 732-349-9905. If irrigation lines or sprinkler heads must be moved or repaired, homeowner is responsible for any cost involved.**

AWNINGS *(Article II, Section 2.13, page 10)*

- **Permitted only at the rear of the unit**
- **Awnings must be retractable**
- **Awning material must be a muted, solid color; no stripes or patterns.**

DRIVEWAYS *(Article II, Section 2.26, page 12)*

- **May be replaced without approval if material is the same as originally installed.**
- **Needs approval for any change in material.**

FLAGPOLES *(Article II, Section 2.12, page 9)*

- **Permitted provided it does not exceed 16' in height.**
- **Must be within landscaped area in front of unit.**

FRONT DOOR REPLACEMENT *(Article II, Section 2.31, page 13)*

- **Application must be submitted for approval.**

GARAGE DOOR REPLACEMENT *(Article II, Section 2.25, page 12)*

- **Submit application with type, style, and color.**

LAWN ORNAMENTS *(Article II, Section 2.6, page 8)*

- **Six (6) garden ornaments less than 3 feet tall are permitted without approval, but must be within the 3-foot perimeter of the residence.**

MAILBOXES *(Article II, Section 2.27, page 12)*

- **Must be black. One-piece unit allowed. Does not need approval.**
- **Maintenance staff will install.**
- **Relocating mailbox must be approved. Owner responsible for installation.**

OVER

OUTDOOR ANTENNAS *(Article II, Section 2.21, page 11)*

- **Must adhere to guidelines as specified in the *Maintenance Standards and Rules*. Does not need prior approval.**

PAINTING *(Article II, Section 2.23, page 11)*

- **Submit color chip(s) with proposed color with application – color charts available in office, which designate approved colors**
- **No two-tone painting of any type allowed**

PLANTINGS *(Article II, Section 2.5, page 7)*

- **Within the three-foot perimeter around residence does not need approval.**
- **Vegetable garden must be confined either to rear of unit or along either side, but no more than half the distance from the rear to the front.**
- **Flowerbed permitted within five-foot diameter around base of front yard tree without approval.**
- **Any planting or work on common ground must be approved.**

PORCHES AND PATIOS *(Article II, Section 2.7, pages 8-9)*

- **Refer to the *Maintenance Standards and Rules* for specific requirements.**

ROOFS *(Article II, Section 2.32, page 13)*

- **Must have committee approval in order to get Brick Township permit.**

SKYLIGHTS *(Article II, Section 2.8, page 9)*

- **2 low silhouette skylights allowed. Must be approved by the committee. Dimensions must not exceed 24" x 48" no more than 6" high.**

SOFFITS *(Article II, Section 2.30, page 13)*

- **Application must be submitted.**

SOLAR PANELS *(Article II, Section 2.33, page 13)*

- **Application must be submitted for approval. Township permit also required.**

WINDOWS *(Article II, Section 2.9, page 9)*

- **Any window facing the street must have grids.**

THIS IS NOT A COMPLETE LIST - *Please refer to the Greenbriar II Maintenance Standards and Rules for complete details, restrictions and guidelines.*

IF IN DOUBT – PLEASE CONTACT THE OFFICE AT 732-458-3400

OVER

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 111 MANSFIELD DR. BRICK, N.J.

Block: 1210.03 Lot: 200

Contractor: ALUMCO PLUS

Contractor's Address: 43 NEWMAN RD. MIDDLETOWN, N.J. 07748

Type of Construction (minor, new home): REPAIR - REPLACE DAMAGED ALUM. ROOF

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

Party responsible for removal: ALUMCO PLUS.

Dumpster size: NONE

Destination of debris: OCEAN COUNTY DISPOSAL

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.

Signature

10/15/09
Date

NOEL R. PAGAN
Print Name