BLOCK 1385.07 LOT 16 QUALIFICATION CODE _____ ADDRESS (SITE) 640 Winding River Rd. PERMIT NO. 09-0691

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work Site at: 640 Winding River Rd.
2. Name: ✓ heed Palkhiwald
   Tel. [redacted] e-mail _____
   Address 640 Winding River Rd, Brick, NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: All County Exteriors Tel. ( 732 ) 370-2780
   Address 560 Cross Street, Lakewood, NJ 08701 e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH01860400 Exp. Date 12/31/2007
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 06-1682798 FAX: ( 732 ) 370-9542
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ____ ) _____ FAX: ( ____ ) _____
6. Responsible Person in Charge once Work has Begun Ross Marzarella
   Tel. ( 732 ) 370-2780 FAX: ( 732 ) 370-9542

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

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 50 | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | 50 | | |
| 7. Less 20% for State Plan Review | $ 10 | | |
| 8. Subtotal | $ | | |
| 9. State Permit Surcharge Fee | | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ 0 | | |

## VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure 8 ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area 6 sq. ft.
5. Volume of New Structure 0 cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed 0 sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation 0 ft.
10. Wetlands yes _____ no X
11. Max. Live Load 0
12. Max. Occupancy Load 0

## 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 | 6,838. | | | | | | | | |
| ☐ Electrical | | | | | | | | | |
| ☐ Plumbing | | | | | | | | | |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | | | | | | | | |
| TOTAL COSTS | 6,838. | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

| | All Units | Income-restricted |
|---|---|---|
| Before Construction | 0 | |
| After Construction | 0 | |
| Net Gain or Loss | 0 | |

B. NON-RESIDENTIAL *(primary use)*

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

C. MIXED USE -List secondary use(s):

## 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

**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.

( X Check if contractor.

Agent Name **All County Exteriors**

Address **560 Cross Street**

**Lakewood, NJ 08701**

Telephone ( **732** ) **370-2780**

Signature Patricia Cruz

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 04/19/2010
Control Number C-09-001079
Permit Number 09-0691
Permit Issue Date 04/15/2009
Certificate Number 09-0691

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 640 WINDING RIVER RD. Brick Township, NJ Block: 1385.07 Lot: 10 Qual:

Owner in Fee: PALKHIWALA, BURGISE & KHURSHEED

Owner Address: 640 WINDING RIVER RD BRICK NJ 08724

Telephone: [redacted]

Contractor ALL COUNTY EXTERIORS, LLC

Address 560 CROSS STREET LAKEWOOD NJ 08701

Telephone: (732) 370-2780 Fax: (732) 370-9542

License Number or Builders Registration Number: Federal Emp. Number: 22-2409381

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: 04/19/2010* U.C.C. F260 (rev. 08/05)

# CONSTRUCTION PERMIT

Date Issued 04/15/2009
Control # C-09-001079
Permit # 09-0691

IDENTIFICATION Block: 1385.07 Lot: 10 Qualifier
Work Site Location: 640 WINDING RIVER RD. Brick Township, NJ
Owner in Fee PALKHIWALA, BURGISE & KHURSHEED
640 WINDING RIVER RD BRICK NJ 08724
Telephone: [redacted]

Contractor ALL COUNTY EXTERIORS, LLC
Address 560 CROSS STREET LAKEWOOD NJ 08701
Telephone: (732) 370-2780
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2409381

**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** $6,838

Construction Official Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $50 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $12 |
| CO Fee | |
| Other | $0 |
| Total | $62 |
| Check No. | 2565 |
| Cash | $0 |
| Credit | $0 |
| Collected By | Kim Bogan |

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
Control #

Date Issued
Permit # 09-0691
4/15/09

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

Block 1385.07 Lot 10 Qualification Code

Work Site Location 640 Winging River Rd.

Owner in Fee: Kurshad Palkhiwala

Tel. [redacted] e-mail

Address 640 Winging River Rd. (street) Brick, NJ (municipality) 08724 (zip code)

Contractor: All County Exteriors Tel. ( 732 ) 370-2780

Address 560 Cross St., Lakewood, NJ 08701 e-mail

Contractor License No. or Builder Registration No. 13VH01860400 Exp. Date 12/31/2009

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

Federal Emp. ID No. 06-1682798 FAX: ( 732 ) 370-9542

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/16/10
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | 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 | | | 4/13/10 | KW |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
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. $ 00.00
2. Rehabilitation $ 6,838.00
3. Total (1+ 2) $ 6,838.00

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Patricia Craig
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
Remove 1 layer of roof & install GAF T/L 30yr. Shingles -

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] 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 $

...ntainer Trailers LLC
...91
...08723
...7-3595 Fax: 732-477-2167

Dump Receipt for:
Block- 1385.07
Lot- 10
Permit # 09-0691

# Invoice

| Date | Invoice # |
|---|---|
| 5/14/2009 | 9-118 |

| Bill To | Location |
|---|---|
| All County Exteriors<br>560 Cross Street<br>Lakewood, NJ 08701 | 640 Winding River Road<br>Brick, NJ<br>Palkhiwala |

| Terms | Phone |
|---|---|
| Due on receipt | |

| Description | Amount |
|---|---|
| REMOVE DEBRIS AND DUMP | |
| Hauling Fee - FIRST TRAILER | 175.00 |
| Dumping Fee | 445.48 |

**Receipt Attached**

**THANK YOU FOR YOUR BUSINESS!**

| | |
|---|---|
| **Total** | $620.48 |

Pg.2

B- 1385.07
L- 10
P- 09-0691

MAZZA
FACILITY ID# 195589
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: JIM WEIMER
Deposit: BOB ALBANESE
BILL TO: 3720
CHAMPION 1

Vehicle ID: CXG478Z
Reference: TRL#4

Origin: BRICK, OCEAN
DATE IN: 05/14/2009 TIME IN: 09:20:26
DATE OUT: 05/14/2009 TIME OUT: 09:34

INBOUND TICKET Number: 02-367648

| | | |
|---|---|---|
| | SCALE 2 GROSS WT. | 23220 LB |
| | SCALE 3 TARE WT. | 12860 LB |
| | NET WEIGHT | 10360 LB |

| Qty | Description | Amount |
|---|---|---|
| 5.18 | CONSTRUCTION & DEMOL | 429.94 |
| | RE TAX | 15.54 |
| | NET CHARGE AMOUNT: | 445.48 |

X _____

COPY

Tg. 3

B- 1385.07
L- 10
P- 09-0691

ALL COUNTY EXTERIORS, LLC
560 CROSS STREET
LAKEWOOD NJ 08701
732-370-2780

License: 13VH01860400

# Subcontract Invoice

Invoice#: 9-123

Date: 05/16/2009

**Billed To:** ALL COUNTY EXTERIORS, LLC
560 CROSS STREET
LAKEWOOD NJ 08701

**Project:** PALKHIWALA 640 WINDING RIVER
640 Winding River Rd.
Brick NJ 08724

**Due Date:** 05/16/2009 **Terms:** **Order#**

| Part# | Description | Quantity | Unit | Price | Total |
|---|---|---|---|---|---|
| | Dumpster | 1.00 | | 508.68 | 508.68 |

| Invoice | Paid | Discount | Retention | Disc Available |
|---|---|---|---|---|
| 508.68 | 508.68 | | | |

**Please Pay This Amount**

Pg. 4 B-1385.07 P-09-0691
L-10

**mpion Container Trailers LLC**

. O. Box 4291
Brick, NJ 08723
732-477-3595 Fax: 732-477-2167

# Invoice

| Date | Invoice # |
|---|---|
| 5/16/2009 | 9-123 |

| Bill To | Location |
|---|---|
| All County Exteriors<br>560 Cross Street<br>Lakewood, NJ 08701 | 640 Winding River Road<br>Brick, NJ |

| Terms | Phone |
|---|---|
| Due on receipt | |

| Description | Amount |
|---|---|
| REMOVE DEBRIS AND DUMP<br>Hauling Fee - SECOND TRAILER<br>Dumping Fee<br><br>Eddy<br><br>**Receipt Attached**<br><br>**THANK YOU FOR YOUR BUSINESS!** | |
| | **Total** |

Pg. 5 B-1585.07
L- 10
P-09-0691

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD.TINTON FALLS,NJ

Weighed: ART EDWARDS
Deposit: JIM WEIMER
BILL TO: 3720
CHAMPION 1

Vehicle ID: CXG478Z
Reference: TRL#4

Origin: BRICK, OCEAN
DATE IN: 05/16/2008 TIME IN: 10:25:37
DATE OUT: 05/16/2009 TIME OUT: 10:40

INBOUND TICKET Number: 02-368227

| | | |
|---|---|---|
| SCALE 2 GROSS WT. | 20740 | LB |
| SCALE 3 TARE WT. | 12980 | LB |
| NET WEIGHT | 7760 | LB |

| Qty | Description | Amount |
|---|---|---|
| 3.88 | CONSTRUCTION & DEMOL | 322.04 |
| | RE TAX | 11.64 |
| | NET CHARGE AMOUNT: | 333.68 |

X _____

2nd Tisher

COPY

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 09-0691
4/15/09

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

Block 1385.07 Lot 10 Qualification Code

Work Site Location 640 Winging River Rd.

Owner in Fee: Kurshed Palkhiwala

Tel [redacted] e-mail

Address 640 Winding River Rd. Brick, NJ 08724
street municipality zip code

Contractor: **All County Exteriors** Tel. ( 732 ) 370-2780

Address **560 Cross St., Lakewood, NJ 08701** e-mail

Contractor License No. or Builder Registration No. **13VH01860400** Exp. Date **12/31/2008**

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

Federal Emp. ID No. **06-1682798** FAX: ( 732 ) 370-9542

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | 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
Constr. Class Present Proposed
No. of Stories
Height of Structure 0 Ft.
Area — Largest Floor 6 Sq. Ft.
New Bldg. Area/All Floors 6 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

**Est. Cost of Bldg. Work:**
1. New Bldg. $ 00.00
2. Rehabilitation $ 6,838.00
3. Total (1+ 2) $ 6,838.00

U.C.C. F110 (rev. 7/06)
Internet version

**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.

Kathleen Craig
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
Remove 1 layer of roof & install GAF T/L 30yr. Shingles.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] 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 $

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 09-0691
4/15/09

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

Block 1385.17 Lot 10 Qualification Code

Work Site Location 640 Winding River Rd.

Owner in Fee: Kurshed Palkhiwala

Tel. [redacted] e-mail

Address 640 Winding River Rd. Brick, NJ 08724
street municipality zip code

Contractor: All County Exteriors Tel. ( 732 ) 370-2780

Address 560 Cross St., Lakewood, NJ 08701 e-mail

Contractor License No. or Builder Registration No. 13VH01860400 Exp. Date 12/31/2008

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

Federal Emp. ID No. 06-1682798 FAX: ( 732 ) 370-9542

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | 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 _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ 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. $ N/A
2. Rehabilitation $ 6,838.00
3. Total (1+ 2) $ 6,838.00

U.C.C. F110 (rev. 7/06)
Internet version

**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.

Nathan Craig
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
Remove 1 layer of roof + install GAF T/L 30yr. Shingles.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] 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 $

*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: 640 Winding River Rd.

Block: 1385.07 Lot: 10

Contractor: ALL County Exteriors

Contractor's Address 560 Cross St Lakewood, NJ 08701

Type of Construction (minor, new home): Roofing, sing family

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

Party responsible for removal: Ocean Carting, Lakewood

Dumpster size: 20 yd.

Destination of debris: Mazza

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.

Patricia Craig
Signature

04/09/09
Date

Patricia Craig
Print Name

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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**

All County Exteriors, LLC
Raymond Marzarella, Jr.
560 Cross Street
Lakewood NJ 08701

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

**12/10/2008 TO 12/31/2009**
VALID

**13VH01860400**
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR