

received 11-22-11



# CONSTRUCTION PERMIT APPLICATION

called 12/13/11 left msg

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

**I. IDENTIFICATION**

1. Proposed Work Site at: 113 SILVER AVE

2. Name of Owner in Fee: Joseph Brigandi JR  
Tel. ( ) e-mail  
Address: 113 SILVER AVE Cheshire 06028  
City Municipality Zip code

3. Ownership in Fee: Public  Private  Municipal

4. Principal Contractor: Alternatives Electric Tel. [REDACTED]  
Address: 397 Elk Rd e-mail AE@GOSOLAR.COM  
Monroeville PA 08113 CONCAST.NET

License No. OR, if new home, Builder Reg. No. [REDACTED] 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 HARDY METCAL  
Tel. ( ) FAX: ( )

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

		Update	Update
1. Building	\$ 120		
2. Electrical			
3. Plumbing	60		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	180		
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ 82		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	208		
13. TOTAL	\$		

B  
E

**VI. BUILDING/SITE CHARACTERISTICS** (office use only)

- Number of Stories
- Height of Structure
- Area - Largest Floor
- New Building Area
- Volume of New Structure
- Max. Live Load
- Max. Occupancy Load
- If Industrialized Building: State Approved  HUD
- Total Land Area Disturbed
- Flood Hazard Zone
- Base Flood Elevation
- Wetlands yes  no

Solar Proof

**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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<input checked="" type="checkbox"/> Building	12,000				12-12-11	[Signature]			
<input checked="" type="checkbox"/> Electrical	1,000				11/22/11	[Signature]			
<input type="checkbox"/> Plumbing									
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									
<b>TOTAL COST</b>									

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL (primary use)**

- State Specific Use:
- Use Group, Proposed:
- Change in Use Group, Indicate Present:
- No. of dwelling units: Total Units Income-restricted

Gained, Sale \_\_\_\_\_  
Gained, Rental \_\_\_\_\_  
Lost, Sale \_\_\_\_\_  
Lost, Rental \_\_\_\_\_

**B. NON-RESIDENTIAL (primary use)**

- State Specific Use:
- Use Group, Proposed:
- 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:

- Partial Releases
- Prototype Processing

**IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**

- Elevators/Escalators/Lifts/  
Dumbwaiters/Moving Walks
- High Pressure Boilers
- Pressure Vessels
- Refrigeration Systems
- Cross-Connections/Backflow Preventers
- Hazardous Uses/Places of Assembly
- Sprinklers
- Smoke Control Systems in Open Wells
- Underground Storage Tanks
- Swimming Pools, Spas and Hot Tubs
- 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(a)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 Altgenator Electric Inc

Address 337 Elk Rd

MANROEVILLE NJ

Telephone ( [REDACTED] )

Signature [Signature]

**III.  LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.**

### UCC NEW JERSEY CERTIFICATE

#### IDENTIFICATION

Block 4 Lot 2 Qual \_\_\_\_\_  
 Work Site Location 113 SILVER AVENUE  
 Owner in Fee/Occupant BRIGANDI, JOSEPH  
 Address 113 SILVER AVENUE  
GLASSBORO, NJ 08028-  
 Telephone \_\_\_\_\_  
 Contractor ALTERNATIVE ELECTRIC INC  
 Address 337 ELK ROAD  
MONROEVILLE, NJ 08343-  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_

Home Warranty No. \_\_\_\_\_  
 State  Private \_\_\_\_\_  
 Use Group R-3  
 Maximum Live Load 0  
 Construction Classification \_\_\_\_\_  
 Maximum Occupancy Load 0  
 Description of Work/Use:

RESHINGLE AND INSTALL FLASHING AND RACKING FOR SOLAR SYSTEM

**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.

**TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than \_\_\_\_\_ or the owner will be subject to fine or order to vacate:

**CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17**

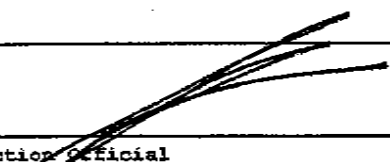
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:  
 Total removal of lead-based paint hazards in scope of work  
 Partial or limited time period (\_\_\_\_ years); see file

**CERTIFICATE OF 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.

**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 \_\_\_\_\_.

  
 \_\_\_\_\_  
 Construction Official  
 U.C.C. P260 (rev. 3/96)

Fee \$ \_\_\_\_\_ 0  
 Paid  Check No. 302  
 Collected by: TAF

PAGE 03/05  
09/12/2013 18:19

THE BOROUGH OF GLASSBORO  
CONSTRUCTION OFFICE  
(856) 881-9230 X 88310

Date Issued 12/20/11  
Control #  
Permit # 11-683

### UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 4 Lot 2 Qual \_\_\_\_\_

Work Site Location 113 SILVER AVENUE  
Owner in Fee BRIGANDI, JOSEPH  
Address 113 SILVER AVENUE  
GLASSBORO, NJ 08028-  
Telephone [REDACTED]

Contractor ALTERNATIVE ELECTRIC INC  
Address 337 ELK ROAD  
MONROEVILLE, NJ 08343-  
Telephone [REDACTED]  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Emp. No. [REDACTED]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

RESHINGLE AND INSTALL FLASHING AND RACKING FOR SOLAR SYSTEM

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

Estimated Cost of Work \$ 13,000

\_\_\_\_\_  
Construction Official

12/20/11  
Date

PAYMENTS (Office Use Only)

Building	<u>120</u>
Electrical	<u>60</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>22</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>202</u>
Check No.	<u>302</u>
Cash	_____
Collected By	<u>TAF</u>

BUILDING  
SUBCODE  
TECHNICAL SECTION

Date Issued 12/20/11  
Control #  
Permit # 11-683

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

Block 4 Lot 2 Qual \_\_\_\_\_  
Work Site Location 113 SILVER AVENUE

Owner in Fee BRIGANDI, JOSEPH  
Address 113 SILVER AVENUE  
GLASSBORO, NJ 08028-

Tele. \_\_\_\_\_  
Contractor ALTERNATIVE ELECTRIC INC  
Address 337 ELK ROAD  
MONROEVILLE, NJ 08343-

Tele. \_\_\_\_\_ Fax \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Req.	_____	_____	Type	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	BarrierFree	_____	_____	_____	_____
Joint Plan Review Required:			Insulation	_____	_____	_____	_____
<input type="checkbox"/> Elect	<input type="checkbox"/> Plumb	<input type="checkbox"/> Fire	Finishes	_____	_____	_____	_____
SUBCODE APPROVAL <input type="checkbox"/> Elev			Energy	_____	_____	_____	_____
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Mechanical	_____	_____	_____	_____
Date: _____			TCO	_____	_____	_____	_____
Approved By: _____			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			BarrierFree	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	Est. Cost of Bldg. Work:
Constr. Class Present	_____	Proposed _____	1. New Bldg. \$ _____ 0
No. of Stories	_____ 0		2. Alteration \$ _____ 12,000
Height of Structure	_____ 0	Ft.	3. Total (1+2) \$ _____ 12,000
Area Largest Floor	_____ 0	Sq. Ft.	
New Bldg. Area/All Floors	_____ 0	Sq. Ft.	Industrialized Building:
Volume of New Structure	_____ 0	Cu. Ft.	<input type="checkbox"/> State Approved
Total Land Area Disturbed	_____ 0	Sq. Ft.	<input type="checkbox"/> HUD

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

RESHINGLE AND INSTALL FLASHING AND RACKING FOR SOLAR SYSTEM

TYPE OF WORK	FEE (Office Use Only)
<input type="checkbox"/> New Building	\$ _____ 0
<input type="checkbox"/> Addition	_____ 0
<input checked="" type="checkbox"/> Alteration	_____ 60
<input checked="" type="checkbox"/> Roofing	_____ 0
<input type="checkbox"/> Siding	_____ 0
<input type="checkbox"/> Fence _____ 0 Height (exceeds 6')	_____ 0
<input type="checkbox"/> Sign _____ 0 Sq. Ft.	_____ 0
<input type="checkbox"/> Pool - Above Ground	_____ 0
<input type="checkbox"/> Pool - In Ground	_____ 0
<input type="checkbox"/> Asbestos Abatement Subchapter 8	_____ 0
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	_____ 0
<input checked="" type="checkbox"/> Other FLASHING/RACKIN	_____ 60
Other _____	_____ 0
Other _____	_____ 0
<input type="checkbox"/> Demolition	_____ 0

Administrative Surcharge	\$ _____ 0
Paid <input checked="" type="checkbox"/> Check # 302	Minimum Fee \$ _____ 0
Collected by: <u>EAF</u>	TOTAL FEE \$ _____ 120
	DCA State Permit Fee \$ _____ 20