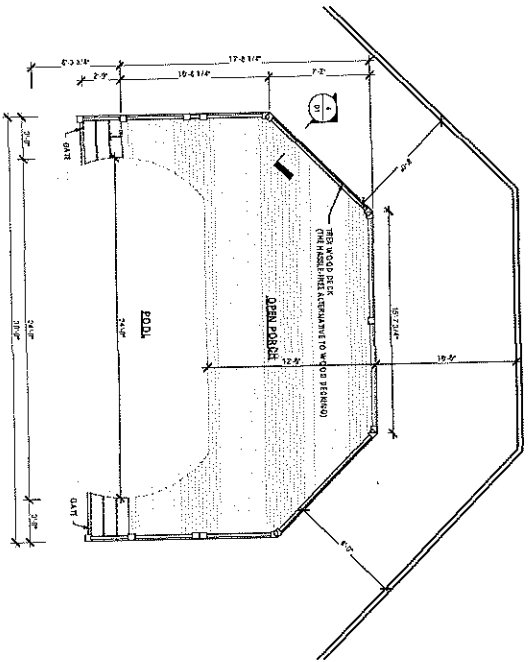
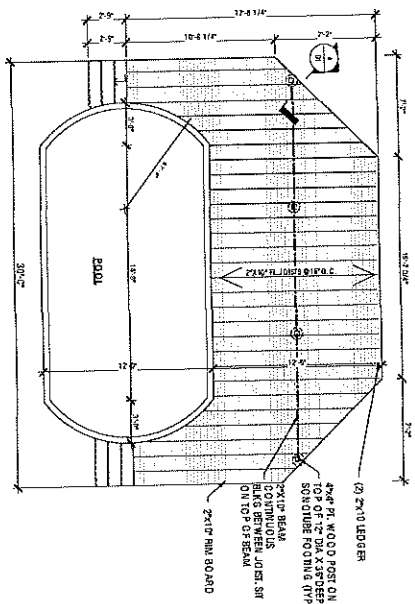


OWNER'S INFORMATION

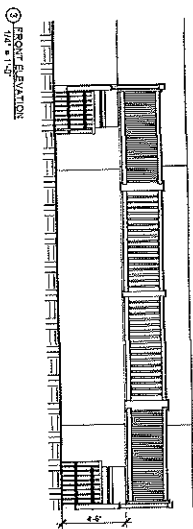
DOMINIQUE FEMIA



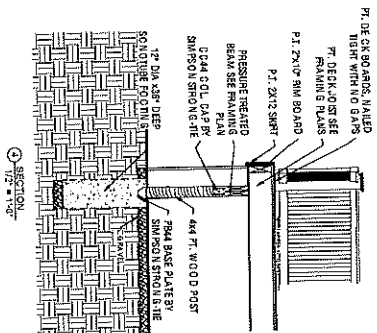
③ DECK FLOOR PLAN
1/4" = 1'-0"



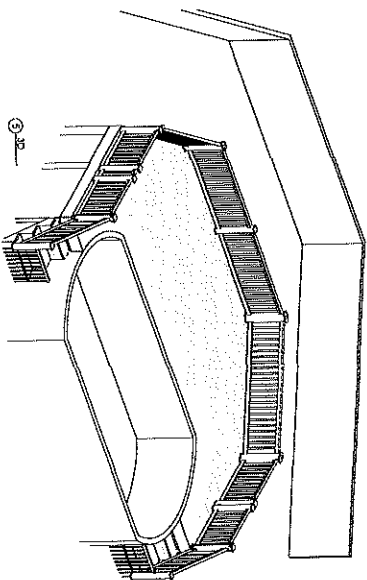
④ DECK FRAMING FLOOR PLAN
1/4" = 1'-0"



② FRONT ELEVATION
1/4" = 1'-0"



① SECTION A-A
1/2" = 1'-0"



123 CHURCH ST. IN
KEYPORT NJ
DECK

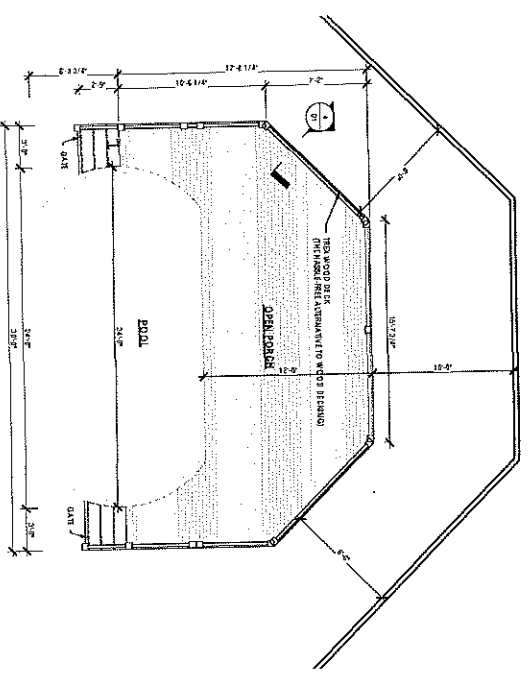
PLANS & DETAILS

DATE	04/2021
PROJECT NUMBER	2021
DESIGNED BY	
CHECKED BY	
01	
PROJECT NUMBER	123-CH-2021

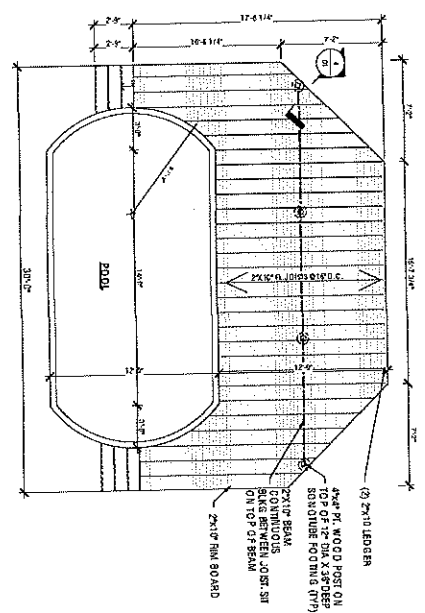
OWNER'S INFORMATION

DOMINIQUE FEMIA

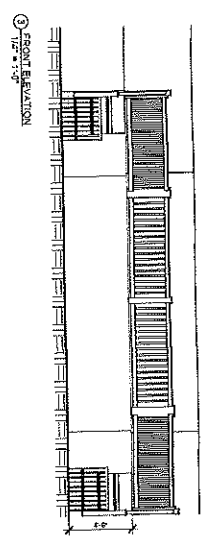
123 CHURCH ST. IN KEYPORT NJ	
DECK	
PLANS & DETAILS	
DATE	04/2021
PROJECT NO.	2021
DRAWN BY	
CHECKED BY	
SCALE	
01	
PROJECT NUMBER	4210-00-014



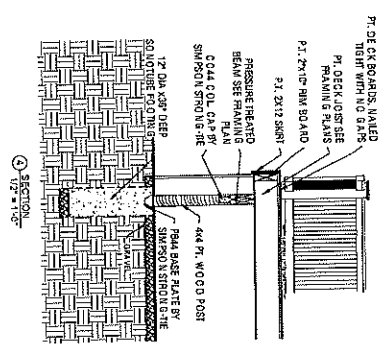
2 DECK FLOOR PLAN
1/8" = 1'-0"



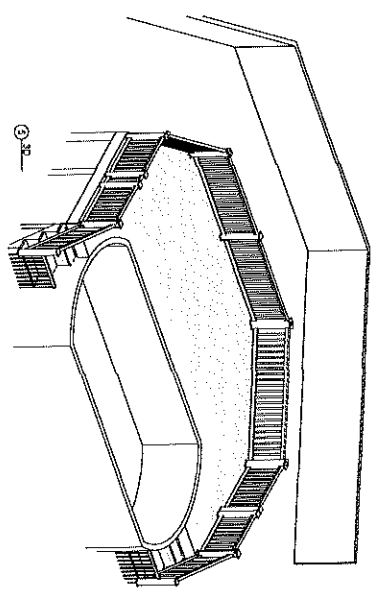
1 DECK FRAMING FLOOR PLAN
1/8" = 1'-0"



3 FRONT ELEVATION
1/8" = 1'-0"



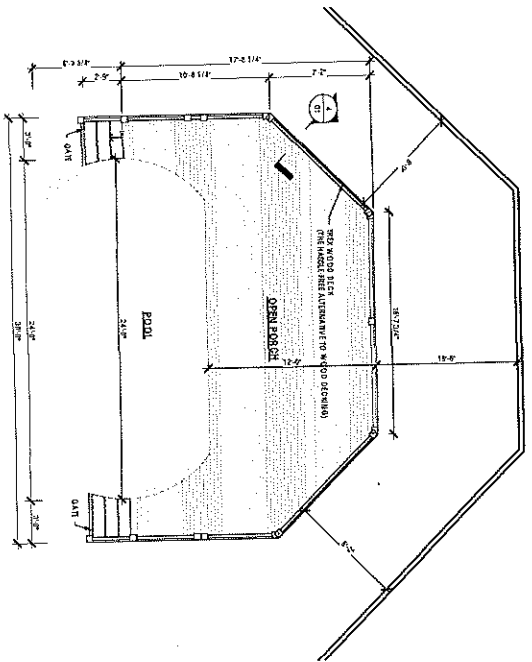
4 RAILING
1/8" = 1'-0"



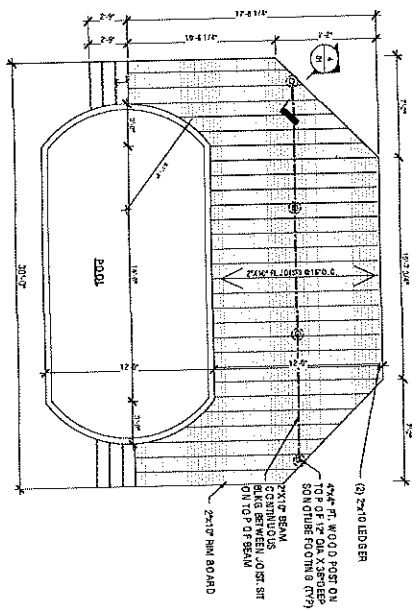
5 PERSPECTIVE
1/8" = 1'-0"

OWNER'S INFORMATION

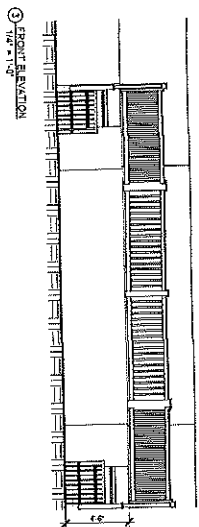
DOMINIQUE FEMIA



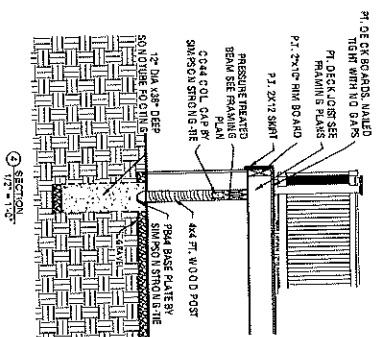
② DECK FLOOR PLAN
1/4" = 1'-0"



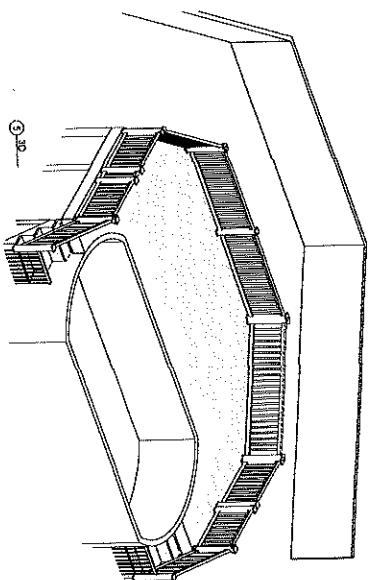
① DECK FRAMING FLOOR PLAN
1/4" = 1'-0"



③ FRONT ELEVATION
1/4" = 1'-0"



④ SECTION
1/4" = 1'-0"



⑤

123 CHURCH ST. IN
KEYPORT NJ
DECK

PLANS & DETAILS

DATE	04/2021
PROJECT NO.	2021
DATE BY	
SHOWN BY	
SCALE	01
DATE	04/2021
PROJECT NO.	2021
DATE BY	
SHOWN BY	
SCALE	01

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	AUTHORIZED REPRESENTATIVE 	CERTIFICATE HOLDER
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COVERAGE										EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.																			
CERTIFICATE NUMBER: UDC-4510840-CGL-20										06/09/2020 06/09/2021									
TYPE OF INSURANCE ADDL SUBR INSD WVD										POLICY EFF POLICY EXP									
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PRO-JECT ☐ LOC OTHER:										06/09/2020 06/09/2021									
AUTOMOBILE LIABILITY OWNED AUTOS HIRED AUTOS ANY AUTO										06/09/2020 06/09/2021									
UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE OCCUR										06/09/2020 06/09/2021									
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N N/A										06/09/2020 06/09/2021									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										06/09/2020 06/09/2021									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										06/09/2020 06/09/2021									

		CERTIFICATE OF LIABILITY INSURANCE		06/10/2020 DATE (MM/DD/YYYY)
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).				
PRODUCER Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022		INSURED Tocchini Construction LLC 155 Clinton Pl Apt. 3C Hackensack NJ 07601		
CONTACT NAME: PHONE (A/C, No. Ext): (888) 202-3007 E-MAIL contact@hiscox.com ADDRESS:		INSURER A: Hiscox Insurance Company Inc 10200 NAIC #		
INSURER(S) AFFORDING COVERAGE NAIC #		INSURER F: INSURER E: INSURER D: INSURER C: INSURER B: INSURER A:		
(A/C, No.) FAX		REVISION NUMBER:		

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
TOCCHINI CONSTRUCTION LLC
Home Improvement Contractor

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION

NOT AN ELECTRICIANS OR PLUMBERS LICENSE

02/05/2021 TO 03/31/2022

VALID SIGNATURE

13VH11052200

License/Registration/Certificate #


ACTING DIRECTOR