

Lynda Doyle

From: Tom Rogers
Sent: Tuesday, December 29, 2020 9:19 AM
To: Lynda Doyle; Sabine O'Connor
Subject: FW: OPRA request - 10 Fair Haven Rd

FYI.....

Thomas S. Rogers, RMC
Administrator/Municipal Clerk
www.rumsonnj.gov
Twitter: @Rumson_Borough
Tel: 732-842-3300

-----Original Message-----

From: Ronald DiPaola [mailto:opra+request-19297-1abdccac@requests.opramachine.com]
Sent: Tuesday, December 29, 2020 8:59 AM
To: Tom Rogers <TRogers@rumsonnj.gov>
Subject: OPRA request - 10 Fair Haven Rd

Dear Rumson Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:

All permits year 2000 to present on property know as 10 Fair Haven Rd

Yours faithfully,
Ronald DiPaola

84-17

** House was demolished in 2019 - New Home Built 2019 -*

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-19297-1abdccac@requests.opramachine.com

Is trogers@rumsonnj.gov the wrong address for OPRA requests to Rumson Borough? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=rumson_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

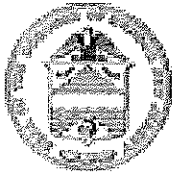
<https://opramachine.com/help/officers>

View this OPRA request & responses online:

https://opramachine.com/request/10_fair_haven_rd

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.



Rumson Borough
80 East River Road
Rumson, New Jersey 07760

Date Issued 1/29/2019
Control Number C-18-00794
Permit Number 1900004
Permit Issue Date 1/4/2019
Certificate Number 1900004

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 10 FAIR HAVEN ROAD Rumson Borough, NJ Block: 84 Lot: 17 Qual: _____
Owner In Fee: ATLANTIC BUILDERS CUSTOM HOMES LLC
Owner Address: 10 FAIR HAVEN ROAD RUMSON NJ 07760
Telephone: (732) 741-8700
Contractor ATLANTIC BUILDERS
Address PO BOX 6373 FAIR HAVEN NJ 07704
Telephone: (732) 261-5157 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: Type V
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: DEMOLITION SINGLE FAMILY DWELLING

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**

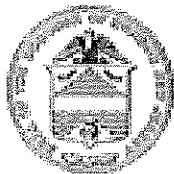
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **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:

Fee: \$0.00
Check Number: _____
Collected By: _____



Rumson Borough
80 East River Road
Rumson, New Jersey 07760

Date Issued 12/11/2019
Control Number C-19-00023
Permit Number 1900041
Permit Issue Date 2/1/2019
Certificate Number _____

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 10 FAIR HAVEN ROAD Rumson Borough, NJ Block: 84 Lot: 17 Qual: _____
Owner in Fee: ATLANTIC BUILDERS CUSTOM HOMES LLC
Owner Address: 10 FAIR HAVEN ROAD RUMSON NJ 07760
Telephone: (732) 996-0063
Contractor: ATLANTIC BUILDERS
Address: PO BOX 6373 FAIR HAVEN NJ 07704
Telephone: (732) 261-5157 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____
Home Warranty Number: 2-10 HOME BUYERS WARRANTY #NJ135842 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 SINGLE FAMILY HOME

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.

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Conditions to be met:

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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:

Fee: \$100.00

Check Number: 2883

Collected By: Lynda Doyle

Construction Official

Date Printed: 12/29/2020

U.C.C. F260 (rev. 08/05)

Page 1



FIRE 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 34 Lot 17 Qualification Code

Work Site Location: 10 FAIR HAVEN ROAD, Rumson Borough, NJ

Owner in Fee: ATLANTIC BUILDERS CUSTOM HOMES, LLC

Address: 10 FAIR HAVEN ROAD, RUMSON NJ 07760

Tel. (732) 996-0063

Contractor: B.C. ELECTRIC CONTRACTING

Tel. (732) 309-7436

Address: 89 LAUREL DRIVE, LITTLE SILVER, NJ 07739

Email

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Expiration Date:

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

Federal Employee No.

Fax

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Const. Class Present Proposed

Heating Systems: New or Modification to Existing

or Conversion or Replacement

Type: Gas Oil Electric Solar

Other

Location:

Total Cost of Fire Protection Work \$1,000

Fuel Storage Tank:

Fuel Type Flammable or Combustible

Capacity

Fire Alarm System: New or Existing

Location of Panel:

Fire Suppression/Standpipe System:

New or Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

No Plan Required

Partial Underslab Utilities Approved

Date: by:

Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

Building Plumbing

Electrical Elevator

Date:

SUBCODE APPROVAL for PERMIT

CO COO CA

Date:

INSPECTIONS

Type:

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Flam/Cumust Tank

Fireplace Venting

Final

Other

Dates (Month/Day)

Failure

Failure

Approval

Initial

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SINGLE FAMILY HOME.

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

System

110v Interconnected

CO Detectors/110v

Alarm Devices (i.e. smoke, heat, pulls, water/flow)

Supervisory Devices (tamper, low/high air)

Signaling Devices (horn/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO2 Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fire Appliances Gas Oil Solid

Fireplace Venting/Metal Chimney

Other

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.

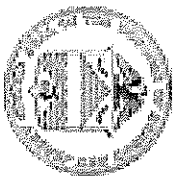
Applicant's Signature/Contractor's Seal and Signature and Printed Name
☐ Certified Contractor ☐ Exempt Applicant

Date Received 1/11/2019
Control # C-19-00023
Date Issued 2/1/2019
Permit # 1900041

NUMBER FEE (Office Use Only)

9 \$75.00

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE \$175



Runson Borough
80 East River Road
Runson, New Jersey 07760

Inspection Activity Report

Inspections for Permit Number 1900041

Permit Number
1900041

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner	Location	Work Type	Work Description	Inspection Comments
02/20/2019	SUPERIOR WALL #1	Nick Fabiano	Building	Pass	ATLANTIC BUILDERS CUSTOM HOMES LLC	New		NEW SINGLE FAMILY HOME	Agent B.C. ELECTRIC CONTRACTING Phone: (732) 309-7436/
02/20/2019	SLAB/UNDERGR OUND	James Annunuro	Plumbing	Pass	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New		NEW SINGLE FAMILY HOME	Agent B.C. ELECTRIC CONTRACTING Phone: (732) 309-7436/
02/27/2019	SEWER CONNECTION	James Annunuro	Plumbing	Pass	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New		NEW SINGLE FAMILY HOME	Agent B.C. ELECTRIC CONTRACTING Phone: (732) 309-7436/
02/27/2019	WATER	James Annunuro	Plumbing	Pass	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New		NEW SINGLE FAMILY HOME	Agent B.C. ELECTRIC CONTRACTING Phone: (732) 309-7436/
06/10/2019	ROUGH	Eugene Ferry Inactive	Plumbing	Pass	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New		NEW SINGLE FAMILY HOME	Agent B.C. ELECTRIC CONTRACTING Phone: (732) 309-7436/
07/02/2019	ROUGH	Dennis Perras	Electrical	Pass	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New		NEW SINGLE FAMILY HOME	Agent B.C. ELECTRIC CONTRACTING Phone: (732) 309-7436/ CF and SD conflict...corrective action required
07/02/2019	ROUGH	Scott Melski	Fire	Fail	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New		NEW SINGLE FAMILY HOME	Agent B.C. ELECTRIC CONTRACTING Phone: (732) 309-7436/
07/02/2019	GAS PIPING	Eugene Ferry Inactive	Plumbing	Pass	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New		NEW SINGLE FAMILY HOME	Agent B.C. ELECTRIC CONTRACTING Phone: (732) 309-7436/



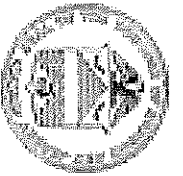
Rumson Borough
80 East River Road
Rumson, New Jersey 07760

Inspection Activity Report

Inspections for Permit Number 1900041

1900041

07/10/2019	FRAMING	Dennis Peras	Building	Fail	ATLANTIC BUILDERS CUSTOM HOMES LLC 10 FAIR HAVEN ROAD	New	NEW SINGLE FAMILY HOME	Agent: B.C. ELECTRIC CONTRACTING Phone: (732) 309-7436/ ok to insulate, builder has list of items. new frame check list required, hangar checks, TJI layout required to verify hangars, ceiling fan/ smoke conflict needs to be resolved.
07/17/2019	Framing Reinsp	Dennis Peras	Building		ATLANTIC BUILDERS CUSTOM HOMES LLC	New	NEW SINGLE FAMILY HOME	Agent: B.C. ELECTRIC CONTRACTING Phone: (732) 309-7436/
07/17/2019	SERVICE	Dennis Peras	Electrical	Not Ready	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New	NEW SINGLE FAMILY HOME	Agent: B.C. ELECTRIC CONTRACTING Phone: (732) 309-7436/
07/17/2019	INSULATION	Dennis Peras	Building	Fail	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New	NEW SINGLE FAMILY HOME	ALSO TRENCH Agent: B.C. ELECTRIC CONTRACTING Phone: (732) 309-7436/
07/22/2019	Framing Reinsp	Dennis Peras	Building	Pass	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New	NEW SINGLE FAMILY HOME	Agent: ATLANTIC BUILDERS Phone: (732) 261-5157/
07/22/2019	INSULATION	Dennis Peras	Building	Pass	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New	NEW SINGLE FAMILY HOME	Agent: ATLANTIC BUILDERS Phone: (732) 261-5157/
07/22/2019	SERVICE	Dennis Peras	Electrical	Pass	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New	NEW SINGLE FAMILY HOME	Agent: ATLANTIC BUILDERS Phone: (732) 261-5157/
12/05/2019	Final	Dennis Peras	Building	Pass	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New	NEW SINGLE FAMILY HOME	Agent: ATLANTIC BUILDERS Phone: (732) 261-5157/
12/05/2019	Final	Dennis Peras	Electrical	Pass	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New	NEW SINGLE FAMILY HOME	Agent: ATLANTIC BUILDERS Phone: (732) 261-5157/
12/05/2019	Final	Scott Meiski	Fire	Pass	10 FAIR HAVEN ROAD ATLANTIC BUILDERS CUSTOM HOMES LLC	New	NEW SINGLE FAMILY HOME	Agent: ATLANTIC BUILDERS Phone: (732) 261-5157/



Runson Borough
80 East River Road
Runson, New Jersey 07760

1900041

12/05/2019 Final

James
Armature

Plumbing

Pass

ATLANTIC BUILDERS
CUSTOM HOMES LLC
10 FAIR HAVEN ROAD

New

NEW SINGLE FAMILY HOME

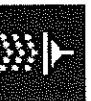
Agent: ATLANTIC BUILDERS
Phone: (732) 261-5157/

Inspection Activity Report

Inspections for Permit Number 1900041



PLUMBING 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 84 Lot 17 Qualification Code _____
Work Site Location: 10 FAIR HAVEN ROAD Rumson Borough, NJ

Owner in Fee: ATLANTIC BUILDERS CUSTOM HOMES LLC

Address 10 FAIR HAVEN ROAD RUMSON NJ 07760

Tel. (732) 986-0063 Email _____

Contractor: ASAP PLUMBING & HEATING

Address 24 HARVARD STREET RED BANK NJ 07701

Tel. (732) 530-1217 Fax: _____

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

Contractor License No. _____ Expiration Date: _____

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____

Building Sewer Size _____ ☐ Public Sewer

Water Service Size _____ ☐ Public Water

Estimated Cost of Plumbing Work \$15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

☐ No Plan Required

☐ Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

Truss Sys./Bracing _____

INSPECTIONS _____

Type: _____ Failure _____ Approval _____ Initial _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____

Other _____

Proposed _____ R-5 _____

Applicant's Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW SINGLE FAMILY HOME.

Date Received 11/11/2019
Control # C-19-00023
Date Issued 2/1/2019
Permit # 1900041

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

NO. FIXTURE/EQUIPMENT FEE (Office Use Only)

8 Water Closet \$160

2 Urinal/Bidet \$40

2 Bath Tub \$40

9 Lavatory \$180

5 Shower \$100

3 Floor Drain \$60

1 Sink \$20

1 Dishwasher \$20

1 Drinking Fountain \$20

2 Washing Machine \$40

1 Hose Bibb \$75

6 Water Heater \$300

1 Fuel Oil Piping \$100

1 Gas Piping \$100

1 LP Gas Tank \$100

1 Steam Boiler \$100

1 Hot Water Boiler \$75

1 Sewer Pump \$75

1 Interceptor/Separator \$75

1 Backflow Preventor \$75

1 Greasetrap \$100

1 Sewer Connector \$100

5 Water Service Connection \$100

2 Stacks \$100

2 Other Condensate Drains \$120

☐ Private Septic
☐ Private Well

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee _____
TOTAL FEE \$1,590

☐ Licensed Plumbing Contractor

☐ Exempt Applicant

U.C.C.F130 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



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 84 Lot 17 Qualification Code _____

Work Site Location: 10 FAIR HAVEN ROAD Rumson Borough, NJ

Owner in Fee: ATLANTIC BUILDERS CUSTOM HOMES LLC

Address 10 FAIR HAVEN ROAD RUMSON NJ 07760

Tel. (732) 996-0063 Email _____

Contractor: B.C. ELECTRIC CONTRACTING

Address 89 LAUREL DRIVE LITTLE SILVER NJ 07739

Tel. (732) 309-7436 Fax _____

Lic No. _____ Exp. Date _____

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

Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____ R-5 _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$22,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ Required			Type:				
☐ Partial/Underlab Approved			Rough				
☐ Partial Underlab Utilities Approved			Barrier-Free				
Date: _____ by: _____			Trench				
☐ Electrical Plans Approved			Temp. Serv.				
Date: _____ by: _____			Constr. Serv.				
☐ Joint Plan Review Required			TCO				
☐ Building ☐ Plumbing			Other				
☐ Fire ☐ Elevator			Service				
SUBCODE APPROVAL for PERMIT			Final				
Date: _____			Barrier-Free				
Approved by: _____			Temp. Cut-in-Card Date Issued				
SUBCODE APPROVAL for CERTIFICATE			Final Cut-in-Card Date Issued				
☐ CO ☐ CCO ☐ CA			Annual Pool Inspection				
Date: _____			Date of Grounding and Bonding				
Approved by: _____			Certification				

Date Received 1/11/2019
Date Issued 2/1/2019
Control # C-19-00023
Permit # 1900041

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name
☐ Licensed Elec Contr ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

DESCRIPTION OF WORK
NEW SINGLE FAMILY HOME.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
97		Lighting Fixtures	
83		Receptacles	
60		Switches	
9		Detectors	
		Light Poles	
		Motors - Fract. HP	
10		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
259		TOTAL NUMBERS	\$360
		Pool Permit/with UV Lights	
		Storable Pool/Spa/Hot Tub	
1	2	KW Elec. Range/Receptical	\$20
		KW Over/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	\$20
1	2	KW Dishwasher	\$20
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	\$200
1	300	AMP Service	\$200
1	100	AMP Subpanels	\$100
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	\$720



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received 1/11/2019
Control # C-19-00023
Date Issued 2/11/2019
Permit # 1900041

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 84 Lot 17 Qualification Code
Work Site Location: 10 FAIR HAVEN ROAD, Rumson Borough, NJ

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SINGLE FAMILY HOME.

Owner in Fee: ATLANTIC BUILDERS CUSTOM HOMES LLC
Address 10 FAIR HAVEN ROAD, RUMSON NJ 07760
Tel. (732) 996-0063 Email
Contractor: ATLANTIC BUILDERS
Address PO BOX 6373, FAIR HAVEN NJ 07704
Tel. (732) 261-5157 Fax
Contractor License No. or, if new home, Bldrs Reg. No. Exp.
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

INSPECTIONS

Type: Failure Failure Approval Initial

Footings Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

Insulation

Finishes-Base Layer

Finishes-Final

Energy

Mechanical

TCO

Other

Final

Barrier-Free

Proposed R-5

State Approved

HUD

Est. Cost of Bldg. Work:

1. New Bldg. \$600,000

2. Rehabilitation

3. Total (1+2) \$600,000

Total Land Area Disturbed Sq. Ft.

TYPE OF WORK

☒ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence Height (exceeds 6') Sq. Ft.

☐ Sign

☐ Pool

☐ Retaining Wall Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz Abatement NJAC 5:17

☐ Radon Remediation

☐ Other

☐ Demolition

FEE (Office Use Only)

\$5,557

Administrative Surcharge

Minimum Fee

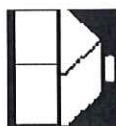
State Permit Surcharge Fee \$412

TOTAL FEE \$5,969

Rumson / Fair Haven Interlocal
80 East River Rd
Rumson NJ 07760
(732)842-3022



BUILDING SUBCODE TECHNICAL SECTION



UCCARS I
Permit No.: 041702
Date Issued: 07/12/2002
Version: Base

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

Block 84 Lot 17 Qualification Code

Work Site Location 10 FAIR HAVEN ROAD

Owner in Fee STEWART

Address E-mail

Owner Telephone

Contractor

Address

Contractor Telephone

Contractor License No.

Home Imprv. Reg No.

Exempt Reason:

Federal Emp ID No.

Responsible Person

Telephone

Job Summary (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Required

☐ Footing/Foundations

☐ Structural/Framework

☐ Exterior

☐ Interior

☐ Building Plans

☐ Joint Plan Review Required: ☐ Electrical

☐ Plum. ☐ Fire ☐ Mech. ☐ Elevator

SUBCODE APPROVAL FOR PERMIT

Date:

Approved by:

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCL ☒ CA

Date:

Approved by:

B. BUILDING CHARACTERISTICS

Code/Use Group: Present ICC R-3

Construction Class: Present

Number of Stories

Height of Structure

Area - Largest Floor

New Building Area

Volume of New Structure

Max. Live Load

Max. Occupancy Load

INSPECTIONS Dates (Month/Day)
Type: Failure Approval Initial

☐ Footing

☐ Footing Bonding

☐ Foundation

☐ Slab

☐ Frame

☐ Frame, Truss System/

☐ Frame, Barrier-Free

☐ Insulation

☐ Finishes, Base Layer

☐ Finishes, Final

☐ Energy

☐ Mechanical

☐ TCO

☐ Other

☐ Final

☐ Final, Barrier-Free

Proposed ICC R-3

Proposed

If Industrialized Building:

State Approved HUD

Estimated Cost of Building 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.

Applicant's Signature/Contractor's Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMODEL BATH(HILTON,GEO,BELLY'S)

Qty/Size and/or Cost Type of Work Fee Amount

Administrative Fee \$0.00

Total Subcode Fee \$55.00

\$55.00

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JOB SUMMARY

INSPECTIONS

Type	Result	Date	Initials	Inspector's Comments
Footing				Closed
Foundation				
Slab				
Frame	Passed	07/19/02	PER	
Frame - Barrier Free				
Insulation	Passed	07/19/02	PER	
Finishes				
Energy				
Mechanical				
TCO				
Other				Closed
Final	Passed	10/30/03	PER	
Final - Barrier Free				
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Frame, Truss System/Bracing				
Frame, Barrier-Free				
Insulation				Closed
Finishes, Base Layer				
Finishes, Final				
Energy				
Mechanical				
Final, Barrier-Free				
TCO				
Other				
Final				
Other Inspection - Local				

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JOB SUMMARY

INSPECTIONS

Type

Result

Date

Initials

Inspector's Comments

Requirement

Special Inspection -Class I
Building

Closed

Periodic Inspection

Courtesy Inspection

Underground Storage Tank Pre-
Installation

Underground Storage Tank
Installation

Underground Storage Tank
Removal

Exterior Sheathing

Forms

Roofing

Sheetrock

Above Ceiling

Post CO

Compliance Inspection, Notice of
Violation

Compliance Inspection, Unsafe
Structure

Compliance Inspection, Imminent
Hazard

Rough

Sill Plate

Closed

Closed

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ELECTRICAL SUBCODE TECHNICAL SECTION



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Block 84 Lot 17 Qualification Code _____

Work Site Location 10 FAIR HAVEN ROAD
STEWART

Owner in Fee _____

Address _____

Owner Telephone _____

Contractor _____

Contractor Tel. _____

Contractor License No. _____

Home Imprv. Reg No. _____

Exempt Reason: _____

Federal Emp ID No. _____

Responsible Person _____

Telephone _____

B. ELECTRICAL CHARACTERISTICS _____

Use Group Present ICC R-3 Proposed ICC R-3

[] Pole/Pad # _____ **[] Temporary** **[] Other** _____

Building Occupied As _____ **Utility Co** _____

Est. Cost of Elec. Work _____

Closed

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMODEL BATH(HILTON,GEO,BELLYS)

Closed

Qty/Size and/or Cost	Items	Fee Amount
	Administrative Fee	\$0.00
	Total Subcode Fee	\$50.00
		\$50.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval Initial
☒ No Plans Required	_____	_____	Rough	_____	_____
☐ Underslab Utilities	_____	_____	Rough, Barrier-Free	_____	_____
☐ Electric Plans	_____	_____	Trench	_____	_____
Joint Plan Review Required: ☐ Building	_____	_____	Temporary Service	_____	_____
☐ Plumb ☐ Fire ☐ Mech. ☐ Elevator	_____	_____	Construction Service	_____	_____
SUBCODE APPROVAL for PERMIT			TCO	_____	_____
Date: _____			Other	_____	_____
Approved by: _____			Service	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Final	_____	_____
☐ CO ☐ CCL ☒ CA	_____	_____	Final, Barrier-Free	_____	_____
Date: _____	_____	_____	Temp. Cut-in-Card Issued Date	_____	_____
Approved by: _____	_____	_____	Final Cut-in-Card Issued Date	_____	_____
Grounding and Bonding Certification Date _____					

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.

☐ Licensed Electrical Contractor ☐ Certified Landscape Irrigation Contractor ☐ Exempt Applicant

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ELECTRICAL SUBCODE TECHNICAL SECTION



UCCARS 1
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JOB SUMMARY

INSPECTIONS

Type	Result	Date	Initials	Inspector's Comments
Rough	Passed	07/17/02	ERH	Closed
Temporary Service				
Construction Service				
Service				
TCO				
Other				
Final				
Rough				
Rough, Barrier-Free				
Trench				
Temporary Service				
Construction Service				
TCO				
Other				
Service				
Final				
Final, Barrier-Free				
Other Inspection -Local Requirement				
Special Inspection -Class I Building				
Periodic Inspection				
Courtesy Inspection				
Pool Bonding				
Deck Mat				
Above Ceiling				
Post CO				
Partial Rough				
Compliance Inspection, Notice of				
Violation				

Closed

Closed

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**ELECTRICAL SUBCODE
TECHNICAL SECTION**



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JOB SUMMARY

INSPECTIONS

Type	Result	Date	Initials	Inspector's Comments
Compliance Inspection, Unsafe Structure				
Compliance Inspection, Imminent Hazard				
Solar Panel				

Closed

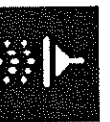
Closed

Closed

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PLUMBING SUBCODE TECHNICAL SECTION



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Block 84 Lot 17 Qualification Code

Work Site Location 10 FAIR HAVEN ROAD

Owner in Fee STEWART

Address _____ E-mail _____

Owner Telephone _____

Contractor _____

Address _____ E-mail _____

Telephone _____ Exp Date _____

License No. _____

Home Imprv. Reg No. _____ FAX _____

Exempt Reason: _____

Federal Emp ID No. _____

Responsible Person _____

Telephone _____

B. PLUMBING CHARACTERISTICS

Code/Use Group: Present ICC R-3 Proposed ICC R-3

Building Sewer Size: _____ in. **Building Sewer:** _____

Water Service Size: _____ in. **Water Service:** _____

Estimated Cost of Plumbing Work:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required			Slab					
☐ Underslab Utilities			Rough					
☐ Plumbing Plans			Water					
☐ Plumbing Required:			Sewer					
☐ Building ☐ Electrical ☐ Fire Prot.			Fixtures					
☐ Mechanical ☐ Elevator			Gas Equipment					
SUBCODE APPROVAL FOR PERMIT			Gas Piping					
Date:			LP Gas Tank					
Approved by:			Fuel Oil Piping					
SUBCODE APPROVAL FOR CERTIFICATE			Solar					
☐ CO ☐ CCL ☒ CA			TCO					
Date:			Final					
Approved by:			Periodic Inspection					

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.

☐ Licensed Plumbing Contractor

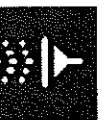
☐ Exempt Applicant

Applicant's Signature/Contractor's Seal and Signature

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JOB SUMMARY INSPECTIONS

Type	Result	Date	Initials	Inspector's Comments
Slab				closed
Rough	Passed	07/17/02	JA	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
Other				
Final	Failed	10/28/03	JA	Closed
Slab				
Rough				
Rough, Barrier-Free				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				closed
Solar				
Water Heater Bonding Jumper				
Final, Barrier-Free				
TCO				
Other				

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JOB SUMMARY

INSPECTIONS

Type	Result	Date	Initials	Inspector's Comments
Other Inspection -Local Requirement				
Special Inspection -Class I Building				
Periodic Inspection				
Courtesy Inspection				
Final				
Underground Storage Tank Pre-Installation				
Underground Storage Tank Installation				
Underground Storage Tank Removal				
Above Ceiling				
Post CO				
Partial Rough				
Swimming Pool Drain				
Compliance Inspection, Notice of Violation				
Compliance Inspection, Unsafe Structure				
Compliance Inspection, Imminent Hazard				
Trench				
Pan Test				