



Borough of Seaside Park
OFFICE OF CODE ENFORCEMENT
1201 Barnegat Avenue
Seaside Park, New Jersey 08752
(732) 793-5100

ZONING PERMIT APPLICATION

No Fee Required

NOTE: In addition to complying with the Borough's Zoning Regulations, all constructed alterations/additions must comply with §612 (Flood Plain Regulations) of the Seaside Park Development Regulations Ordinance.

PROPERTY INFORMATION. Block 15 Lot 18
Street Address of Work Site: 111 8th Ave
Lot Dimensions/Area: 50'x100' 5,000 S.F.

Zoning District: ☐ R-1 ☒ R-2 ☐ R-3 ☐ Commercial ☐ Boardwalk ☐ Hotel ☐ Public ☐ Marina

Current Use: ☐ Single Family Residence
☐ Two Family Residence
☒ Multiple Dwelling Units; Number of Units: 2
☐ Commercial; Number of Units: _____
☐ Hotel-Motel; Number of Dwelling Units: _____ # of Efficiencies _____ # of Rooms _____
☐ Mixed Use: Dwelling Units: _____; Commercial Units: _____
☐ Other _____

Proposed Use: _____ ☒ No Change in Use

DESCRIPTION OF WORK. Attach a plot plan, survey, or sketch of property showing dimension of buildings, setbacks and parking spaces.

(FRONT HOUSE) FINISH 2ND FLOOR OF CAPE COD
3 BEDROOMS - 1 BATHROOM

Does the proposed work: Change the number of dwelling units? ☐ Yes ☒ No
Reduce existing off-street parking? ☐ Yes ☒ No

APPLICANT CERTIFICATION. I hereby certify that the above statements and the information submitted with this application are true.

Name: THOMAS MIANULLI
Address: 111 8TH AVENUE SEASIDE PARK NJ Zip 08752
Telephone: [REDACTED]

☒ Property Owner ☐ Authorized Agent ☐ Contractor ☐ Other: _____

Applicant Signature: [Signature] Date: 7-9-01

☒ APPROVED (Subject to issuance of Construction Permits) 9/26/01 ☒ DENIED: 7/10/01

ANY DEVIATION FROM SUBMITTED PLANS WILL VOID APPROVAL

REQUIRES USE VARIANCE FOR EXPANSION OF NON-CONFORMING USE/STRUCTURE.
PER ZBA RESOLUTION, MAY 9/26/01

[Signature] 7/10/01
Zoning Officer Date

MEMORIALIZING RESOLUTION OF THE
BOROUGH OF SEASIDE PARK ZONING BOARD OF ADJUSTMENT
APPLICATION NO. ZBA/01-16

WHEREAS, the Borough of Seaside Park Zoning Board of Adjustment is a duly constituted Board of Adjustment pursuant to N.J.S.A. 40:55D-69, and Borough of Seaside Park Development Regulation Ordinance, Section 25-404 et. seq.; and

WHEREAS, THOMAS MIANULLI & TRACY MIANULLI, applicants, have applied to the Zoning Board of Adjustment of the Borough of Seaside Park to finish the second floor of an existing single family residence located on the front portion of the lot necessitating a special reasons variance premises located at 111 8th Avenue, also known as block 15, lot 18 as designated on the official tax map of the Borough of Seaside Park; and

WHEREAS, the applicant has provided proper notice to all property owners within 200 feet and all other pertinent parties; and

WHEREAS, the applicant has submitted to the Board an Affidavit of Publication in proper form; and

WHEREAS, the applicant is requesting a special reasons variance from the R-2 (medium density residential) Zone District to expand a preexisting non-conforming use/structure as the applicants have two separate and independent dwelling units located in 2 structures on a single lot which is a non-permitted use in the zone; and

WHEREAS, the Zoning Board of Adjustment has considered the application and the documents filed by the applicant; having heard the testimony on behalf of the applicant and witnesses, and having examined the exhibits submitted, and having heard the testimony of all interested parties during its meetings of August 27, 2001; and

WHEREAS, the Zoning Board of Adjustment after carefully considering all the evidence provided, has made the following findings of fact:

1. All those exhibits contained in the Board file and discussed during the hearing are hereby considered evidence for the purpose of this application.
2. The property is located in R-2 (medium density residential) Zone District which does not permit two principal structures on a single lot.
3. The applicant is seeking a special reasons variance for permission to

expand the existing residential structure located on the front portion of the lot (northern) which is immediately adjacent to 8th Avenue.

5. The applicants are the owners of the subject property.

6. THOMAS MIANULLI, was duly sworn and testified as follows:

A. He testified that the property is a preexisting non-conforming use as there currently are two principal dwellings on the their lot. He and his family reside in the front house which is a small Cape Code and seasonally rent out the rear cottage.

B. He testified the property has been in their family for approximately 32 years and that he and his wife have owned it for 10 years.

C. He testified he received a variance approximately 3 years ago to upgrade the front residence by constructing an addition to the first floor and adding a new attic above. He testified he mistakenly understood he would be able to develop the attic as living space but was informed otherwise when he attempted to secure building permits before bringing this current application. The prior variance was memorialized in resolution number 97-20. He testified it was always his intent to finish off the second floor.

D. He testified to the contents of exhibits A-1 to A-11, colored photographs depicting existing conditions at the site.

E. He testified the application proposed to remove two downstairs bedrooms and add three new bedrooms upstairs for a total of 3 bedrooms in the home. He testified his daughters have grown up and need additional living space at this point.

F. He testified that prior construction permit approvals included approval for all utility improvements in the second floor.

7. The meeting was open to the public as there were members of the public who wished to be heard.

8. NICK GUSZ, 116 8th Avenue, was duly sworn and testified that he believes there will be no negative impact on the neighborhood. The applicant is not expanding the footprint of the building and the site currently and does not provide a parking problem. The application will not increase the density at the site. Finally, he testified he is in favor of the application.

9. NICK MATICH, 108 8th Avenue was duly sworn and testified that there have

been no negative incidents arising out of the rear rental building. Further, he feels the aesthetics of the site will be improved by the application, and there will not be a negative impact on the neighbors or their property. He testified the applicants have always been "good neighbors".

10. DAVID O'LEARY, 110 8th Avenue, was duly sworn and testified that he is in "support" of the application. Further, he has lived in the neighborhood for three or four years and feels the applicants are "good people".

11. LINDA STEFANIK, was duly sworn and testified she is a local business owner in Seaside Park. She testified the existence of the second principal structure, the rear cottage, is not intrusive on the neighborhood and is in favor of the application for development.

12. The meeting was thereafter closed to the public as there where no additional members of the public who wished to be heard.

13. The Board considered the testimony of the applicant and the witnesses and all exhibits contained in the Board files, and same is hereby incorporated as the findings of fact of the Zoning Board of Adjustment.

WHEREAS, the Borough of Seaside Park Zoning Board of Adjustment has determined that special reasons exist to grant a departure from the development regulations ordinances for the following reasons:

1. The site is particularly suited for the development because the existing structures and use of the subject lot are pre-existing non-conforming circumstances in a medium density zone district.
2. The construction proposed by the applicants do not substantially expand this non-conforming condition because the space already exists in the attic area and in the development consists solely of finishing this space as living area. In addition, the total number of bedrooms will increase only by one bedroom.
3. Permitting the applicants to expand the single family residential structure located adjacent to 8th Avenue will allow the applicants to continue to occupy said residency year round even as there family continues to grow.
4. The proposed development contributes to the health, safety and the welfare

of the occupants by permitting one bedroom for each child.

WHEREAS, the Borough of Seaside Park Zoning Board of Adjustment has determined that failure to grant the variances requested will result in undue hardship for the following reasons:

1. The subject structures are pre-existing non-conforming conditions which have existed for many years.
2. The proposed development will not expand the exterior walls or foundation of the structure in any manner. The application simply finishes off existing attic space into livable area.

WHEREAS, the Borough of Seaside Park Zoning Board of Adjustment has determined that the variances can be granted without substantial detriment to the public good, and will not substantially impair the intent and purpose of the zone plan and zoning ordinances of the Borough of Seaside Park for the following reasons:

1. The R-2 (medium density residential) Zone District permits two family uses. The number of dwelling units on the lot is not a non-conforming condition, only the fact that the dwelling units are in separate principal structures. The development requested by the applicant does not increase the number of dwelling units, nor does it temporally expand any of the existing dwelling units.
2. The density and intensity of the site will not be changed by the development.
3. The bulk non-conformities are preexisting non-conforming conditions which are not being expanded by the applicants.

NOW, THEREFORE, be it resolved by the Borough of Seaside Park Zoning Board of Adjustment on this 24th day of September, 2001 that the application of THOMAS MIANULLI & TRACY MIANULLI, for a special reasons variances shall be granted subject, however, to the following conditions:

1. The applicant shall strictly adhere to the architectural plan and building plan submitted to the Board, as amended and discussed during the hearings. Any deviation from said submission shall be subject to further review and approval of the Zoning Board of Adjustment.

2. The variances granted herein are subject to the time limitations set forth in Local Ordinance 404E.

3. The applicant shall obtain any and all other federal, state, county, local or CAFRA approvals as required by law.

4. The applicant shall provide performance bonds and inspection fees in accordance with the Seaside Park Borough Ordinances or any other law or regulation as required.

5. Proof of payment of real estate taxes to date.

6. Payment of any outstanding application or escrow fees, if any.

Moved by: Mr. Gardner.

Seconded by: Mrs. Boag.

ROLL CALL

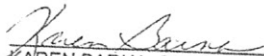
Those in Favor: Mr. Stack, Mr. Hughes, Mr. Gardner, Mrs. Boag, Mr. Mulloy.

Those Opposed: None.

Those Abstaining: None.

CERTIFICATION

I, KAREN BARNA, secretary of the Borough of Seaside Park Zoning Board, hereby certify the above Resolution to be a true and correct copy of a Resolution adopted by the Borough of Seaside Park Zoning Board on September 24, 2001.


KAREN BARNA, SECRETARY

111 8th Ave

BLOCK 15 LOT 18 QUALIFICATION CODE ADDRESS (SITE) 111 8TH AVE. PERMIT NO. 20129-28



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 111 8TH AVE

2. Name of Owner in Fee: TOM MIAVULLI
Address: 111 8TH AVE. SEASIDE PARK NJ 08072
City: SEASIDE PARK

3. Ownership in Fee: Public ☒ Private ☐

4. Principal Contractor: _____ Tel: () _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

5. Architect or Engineer: _____ Tel: () _____

Address: _____ Contact: _____

6. Responsible Person in Charge once Work has Begun
Tel: () _____ FAX: () _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ 28,075	116
2. Electrical	\$ 58	58
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review		
8. Subtotal		
9. State Permit Surcharge Fee	\$ 21	4
10. Subtotal		
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ 466	120

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.

2. Height of Structure _____ sq. ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands: yes _____ no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Re-submission Dates	Re-viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☒ b. Alteration								
☒ c. Renovation	2600		4/24/12					
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	2600							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: All Units, restrict Before Construction _____ After Construction _____ Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

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



Borough of Seaside Park
1201 Barnegat Ave.
Seaside Park, NJ 08752
732-793-5100

Block: 15 Lot: 18 Qual: _____
Work Site Location: 109-11 EIGHTH AVE
SEASIDE PARK
Owner in Fee: MIANULLI, THOMAS D & TRACY A
Address: 111 EIGHTH AVE
SEASIDE NJ 08752

Telephone: _____
Agent/Contractor: MIANULLI, THOMAS D & TRACY A
Address: 111 EIGHTH AVE
SEASIDE NJ 08752

Telephone: _____
Lic. No./Bldrs. Reg. No.: _____ Federal Emp. No.: _____
Social Security No.: _____

☐ 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 will be subject to fine or order to vacate:

William Schultz Construction Official

U.C.C. 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CERTIFICATE IDENTIFICATION

Date Issued: 09/06/2012
Control #: 66050
Permit #: 20129288

Hone Warranty No: _____
Type of Warranty Plan: ☐ State ☒ Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: KITCHEN RENOVATION

Update Desc. of Wk/Use:
150 AMP SERVICE UPGRADE & 60 AMP OVEN

☐ 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 _____

Fees: \$0.00

Paid/ X Check No.: 200

Collected by: CW



BUILDING SUBCODE TECHNICAL SECTION



BERKELEY TOWNSHIP
P.O. Box B
Bayville, NJ 08721

Date Received Control # 4/26/12
Date Issued Permit # 20129 288

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

Block 15 Lot 18 Qualification Code _____
Work Site Location 111 8TH AVENUE, SEASIDE PARK

Owner in Fee: TARA PIANELLI
Tel: _____ e-mail: _____
Address 111 8TH AVENUE SEASIDE PARK 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		INSPECTIONS		Dates (Month/Day)	
	Initial	Initial	Failure	Failure	Initial	Initial	Initial
☒ No Plans Required	<u>4/24/12 RN</u>						
☒ All							
☐ Footings/Foundations							
☐ Structural/Framework							
☐ Exterior							
☐ Interior							
Joint Plan Review Required:							
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator				
SUBCODE APPROVAL for PERMIT							
Date:	<u>4/26/12</u>						
Approved by: <u>GM</u>							
SUBCODE APPROVAL for CERTIFICATE							
☐ CO	☐ CCO	☒ CA					
Date:	<u>7/17/12</u>						
Approved by: <u>gm</u>							

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. \$ 21600

2. Rehabilitation \$ 21600

3. Total (1+2) \$ 43200

U.C.P. #110 (re _____)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Kitchen Renovation

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Retaining Wall

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☐ Demolition

Height (exceeds 6') _____ Sq. Ft. _____

Sq. Ft. _____

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 228

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

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 15 Lot 18 Qualification Code _____
 Work Site Location 111 8th
 Owner in Fee: Tom Merrill
 Tel: [REDACTED] e-mail _____
 Address "ABove"

Contractor Mannhawn Electric Tel (607) 978-2551
Address 925 Sandy Circle e-mail _____
Mannhawn, NY
Contractor License No 16795 Exp. Date march-2015

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

Federal Emp. ID No. [REDACTED] FAX []

3. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed *150 Amp up-jump*

| Pole/Pad # _____ | Temporary | Other _____

Building Occupied as _____ Utility Co. *J.C. 1962*

JOB SUMMARY (Office Use Only)
PLAN REVIEW
☐ No Plans Required *5/24/12*
☐ Partial - Underslab Utilities Approved
 Date: _____ Approved by: _____

☐ Electric Plans Approved
 Date: _____ Approved by: _____

Joint Plan Review Required:
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elev

SUBCODE APPROVAL for PERMIT
 Date: *5/24/12*
 Approved by: *[Signature]*

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ POC ☐ CA
 Date: *9/12/12*
 Approved by: *[Signature]*

INSPECTIONS

Type:	Dates (Month/Day)	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding				

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

Certification _____ *Neel*

Applicant's Signature/Contractor's Seal and Signature _____
Certified Landscape Irrigation Contr' | Exempt Applicant _____

BERKELEY TOWNSHIP
P.O. Box B
Bayville, NJ 08721

Date Received	
Control #	
Date Issued	
Permit #	

D. TECHNICAL SITE DATA	DESCRIPTION OF WORK
1. PROJECT LOCATION	
2. PROJECT DESCRIPTION	
3. PROJECT SCOPE	
4. PROJECT SCHEDULE	
5. PROJECT BUDGET	
6. PROJECT RISK	
7. PROJECT TEAM	
8. PROJECT HISTORY	
9. PROJECT STATUS	
10. PROJECT COMMENTS	

Service - upgrade

QTY	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fraild HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/With UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Ranges/Receptacle	
		KW Over/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1 1/2 HP	
		KW Transformer/Generator	
		AMP (Service)	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Administrative Surcharge \$	
		Minimum Fee \$	
		State Permit Surcharge Fee \$	
		TOTAL FEE \$	

Administrative Surcharge \$	116.
Minimum Fee \$	116.
State Permit Surcharge Fee \$	116.
TOTAL FEE \$	116.



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 15 Lot 18
Work Site Location 111 84 Ave Qualification Code: _____

Owner in Fee: Tom & Tracy Manville e-mail: _____

Tel: _____ Address: 111 84 Ave SEASIDE PARK NJ 08753

Contractor: MANNAHAWK Electric Tel: (609) 978-2331

Address: 925 Sandy Circle e-mail: _____

Contractor License No. 14745 Exp. Date March-2015

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

Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present Residential Proposed Kitchen Renovation

Building Occupied as RT-3 [] Temporary [] Other 36142

Est. Cost of Elec. Work \$ 2,100 Utility Co. 36142

Job Summary (Office Use Only)

PLAN REVIEW 4/24/12 19

INSPECTIONS

Subcode Approval for Permit 4/24/12 19

Subcode Approval for Certificate 4/24/12 19

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.

Applicant's Signature/Contractor's Seal and Signature

BERKELEY TOWNSHIP
P.O. Box B
Bayville, NJ 08721



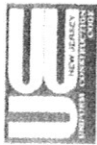
Date Received 4/26/12
Control # _____
Date Issued 20129288
Permit # _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Kitchen Renovation

QTY	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
10		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
26		TOTAL NUMBERS	80
		Pool Permit/with UV Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Control A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$ 95
Minimum Fee \$ 4
State Permit Surcharge Fee \$ 29
TOTAL FEE \$ 128



**PLUMBING SUBCODE
TECHNICAL SECTION**

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-4000.

Block 15 Address 111 8th Ave
City San Francisco State CA ZIP 94103
Contractor License No. 15111 Qualification Code 15111
Contractor Name Tom & Tracy Manville
Contractor Address San Francisco, CA

Contractor Phone 415-398-1812 FAX 415-398-1812
Contractor Email tom@manville.com
Contractor Website www.manville.com

B. PLUMBING CHARACTERISTICS

San Group 1 Proposed ✓
Public Sewer ✓ Private Sewer ✓
Public Water ✓ Private Well ✓
Use of Lead in Plumbing Work 12000

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.
Signature of Subcontractor/Contractor's Seal and Signature
Date 7/10/12 Approved by [Signature]
Subcontractor/Contractor's Seal and Signature
Date 7/10/12 Approved by [Signature]

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hot Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grease Trap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other <u>Water</u>	
	Other	
	Administrative Surcharge	\$ <u>58</u>
	Minimum Fee	\$
	State Permit Surcharge Fee	\$
	TOTAL FEE	\$

Date Received 4/26/12
Control # 20129 288
Date Issued
Permit #

1. Owner - Inspection Copy
2. City - Office Copy
3. Job - Office Copy
4. Job - Applicant Copy



Borough of Seaside Park
OFFICE OF CODE ENFORCEMENT
1201 Barnegat Avenue
Seaside Park, New Jersey 08752
(908) 793-5100

ZONING PERMIT APPLICATION

No Fee Required

NOTE: In addition to complying with the Borough's Zoning Regulations, all constructed alterations/additions must comply with §612 (Flood Plain Regulations) of the Seaside Park Development Regulations Ordinance.

PROPERTY INFORMATION. Block 15 Lot 18
Street Address of Work Site: 111 8th Ave.
Lot Dimensions/Area: 100 x 50

Zoning District: ☐ R-1 ☒ R-2 ☐ R-3 ☐ Commercial ☐ Boardwalk ☐ Hotel ☐ Public ☐ Marina

Current Use: ☐ Single Family Residence
☐ Two Family Residence
☒ Multiple Dwelling Units; Number of Units: 2
☐ Commercial; Number of Units: _____
☐ Hotel-Motel; Number of Dwelling Units: _____ # of Efficiencies _____ # of Rooms _____
☐ Mixed Use: Dwelling Units: _____; Commercial Units: _____
☐ Other _____

Proposed Use: _____ ☐ No Change in Use

DESCRIPTION OF WORK. Attach a plot plan, survey, or sketch of property showing dimension of buildings, setbacks and parking spaces.

put up a fence where there is
an existing one on one side
and part of back 4 foot fence

Does the proposed work: Change the number of dwelling units? ☐ Yes ☒ No
Reduce existing off-street parking? ☐ Yes ☒ No

APPLICANT CERTIFICATION. I hereby certify that the above statements and the information submitted with this application are true.

Name: Frank A. Mainelli
Address: 111 8th Ave Seaside Park Zip 08752
Telephone: [REDACTED]

☒ Property Owner ☐ Authorized Agent ☐ Contractor ☐ Other: _____

Applicant Signature: Frank A. Mainelli Date: 3-24-97

☒ APPROVED (Subject to issuance of Construction Permits)

☐ DENIED: _____

ANY DEVIATION FROM SUBMITTED PLANS WILL VOID APPROVAL

[Signature]
Zoning Officer

1 APR 97
Date



Borough of Seaside Park
Code Enforcement/Zoning Office
1201 Barnegat Ave.
Seaside Park NJ 08752

Zoning Permit Application
Permit # 12-054

732-793-5100 Fax 732-793-5123

Zoning fee 100.00 pd. CK# 201

Note: In addition to complying with the borough's Zoning Regulations, all constructed alterations/additions must comply with §612 (flood Plain Regulations) of Seaside Park Development Regulations Ordinance.

Property Information Block 15 Lot 18

Street Address of Worksite 111 8TH AVENUE

Lot Dimensions/area 50'x100' 5000 sq.

Zoning district ☒ RESIDENTIAL () BUSINESS () MIXED USE
() MULTI DWELLING () BOARDWALK () PUBLIC

Current Use _____
Single Family Residence _____
Two Family Residence _____
☒ Multiple Dwelling Units - Number of Units 2
Commercial- Number of units _____
Hotel-Motel - Number of Dwelling units _____ # of Efficiencies _____ # of Rooms _____
Mixed use - Dwelling Units _____ Commercial Units _____
Other _____

Proposed Use: _____ (☒) No Change is use

Description of work, Attach a plot plan, survey or sketch of property showing dimensions of buildings, set-backs and parking spaces.

RELOCATE KITCHEN CABINETS.

Knowledge of previous applications to Planning Board/Zoning Board of Adjustment () Yes (☒) No

Does the proposed work: Change the number of dwelling units? () Yes (☒) No
Reduce existing off-street Parking? () Yes (☒) No

Applicant Certification. I hereby certify that the above statements and the information submitted with this application are true.

Name TOM & TRACY MIANULLI

Address 111 8TH AVENUE

City SEASIDE PARK State NJ

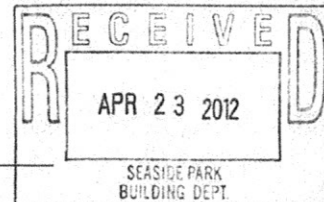
Zipcode 08752 Phone (HWC) [REDACTED]

☒ Property Owner ☐ Authorized Agent ☐ Contractor ☐ Other

Applicant Signature: [Signature] Date 4/18/2012

☒ Approved (Subject to issuance of construction permit) ☐ Denied

ANY DEVIATION FROM SUBMITTED PLANS WILL VOID APPROVAL



Zoning Officer: [Signature]

Date 4-24-12

**MEMORIALIZING RESOLUTION
OF THE
BOROUGH OF SEASIDE PARK ZONING BOARD OF ADJUSTMENT
APPLICATION NO. 97-20**

WHEREAS, the Borough of Seaside Park Zoning Board of Adjustment is a duly constituted Board of Adjustment pursuant to N.J.S.A. 40:55D-69, and Borough of Seaside Park Development Regulation Ordinance Article IV, Section 404 et seq.; and

WHEREAS, THOMAS MIANULLI AND TRACY MIANULLI, Applicants, have applied to the Seaside Park Zoning Board of Adjustment to construct an addition to the rear of the single-family residence located on the front portion of the lot, to construct an attic for additional storage space for the single-family residence located on the front portion of the lot, and to replace the existing metal roof and railing on the front porch with a new framed wooden roof and wooden railing necessitating a Special Reasons Variance and Bulk Variances for premises located in Block 15, Lot 18, as designated on the Tax Map of the Borough of Seaside Park; and

WHEREAS, the applicants have provided proper notice to all property owners within 200 feet and all other pertinent parties; and

WHEREAS, the applicants have submitted to the Board an Affidavit of Publication in proper form; and

WHEREAS, the applicants are requesting a Special Reasons Variance from the R-2 (Medium Density Residential) Zone District for expanding a pre-existing non-conforming use/structure as the applicants have two (2) separate and independent dwelling units located in two (2) structures on a single lot which is a non-permitted use in the Zone; and

WHEREAS, the Zoning Board of Adjustment has considered the application and documents filed by the applicant; having heard the testimony on behalf of the applicant and having examined the exhibits submitted, and having heard the testimony of all interested parties during its meeting of October 27, 1997; and

WHEREAS, the Zoning Board of Adjustment, after carefully considering all the evidence provided, has made the following findings of facts:

1. All those exhibits contained in the Board file and discussed during the hearing are hereby considered evidence for the purpose of this application.

2. The property in question is located in the R-2 (Medium Density Residential) Zone District which does not permit two (2) structures for dwelling purposes on a single lot.
3. The applicants are seeking a Special Reasons Variances and Bulk Variances for permission to expand the existing residential structure located on the front portion of the lot (northern) which is immediately adjacent to Eighth Avenue.
4. The subject property is owned by the applicants.
5. Thomas Mianulli was duly sworn and testified as follows:
 - A. The existing structure and lot has been owned by Mr. Mianulli's wife's family dating back to her grandparents, then her parents, and approximately six (6) months ago was purchased by the Mianullis.
 - B. As a result of the year-round occupancy by the Mianullis, there is a need to expand the existing single-family residential structure immediately adjacent to Eighth Avenue which is occupied by the Mianullis.
 - C. The purpose of the addition will be to add a bedroom and a utility room to be located within the structure.
 - D. There is no garage located on site, and, therefore, there is a need for additional storage space which is the purpose of adding the attic to the existing single-family dwelling occupied by the Mianullis.
 - E. The existing porch on the structure occupied by the Mianullis consists of an old aluminum roof which is not desirable aesthetically. The Mianullis intend to remove the existing porch and roof and reconstruct a wooden roof and railing to serve as the new porch in accordance with plans submitted to the Board. This new porch/roof structure will be consistent with those along Eighth Avenue.
 - F. The existing elevation of the structure occupied by the Mianullis is 6' x 8". The flood plane requirement in this Zone is 8'. Therefore, the Mianullis will have to bring the elevation of their first floor up to eight feet under the Code.
 - G. All the construction proposed is to provide year-round occupancy for the Mianullis.

H. The rear structure is a seasonal rental which is proposed to be unchanged by the Mianullis.

6. The Board members took specific note that there is an existing shed located to the rear of the property and to the rear of the seasonal structure located in the southeast portion of the lot. Board members took specific note that the structure is a pre-existing non-conforming structure violating setback requirements of the Zone and is immediately adjacent to the property owners of Lot 9 where there exists a two-story dwelling. The Board members raised this issue with the Mianullis who consented to removing the shed as a condition of approval and constructing a minor addition to the rear seasonal unit.

7. The meeting was opened to the public for comment and thereafter the public portion of the meeting was closed.

8. The Board considered the testimony of the applicants and it is hereby incorporated as the finding of facts of the Zoning Board of Adjustment.

WHEREAS, the Borough of Seaside Park Zoning Board of Adjustment has determined that special reasons exist to grant a departure from the Development Regulation Ordinance for the following reasons:

1. The existing structures and use of the subject lot are pre-existing non-conforming circumstances. The construction proposed by the applicants do not substantially expand this non-conforming condition.

2. Permitting the applicants to expand the single-family residential structure located adjacent to Eighth Avenue will allow the applicants to occupy said residency year-round which has been in the applicants' family for three generations.

3. By permitting the proposed construction, the utilities for the single-family residential structure located adjacent to Eighth Avenue will be able to be enclosed which provides for the welfare of the applicants.

4. The proposed removal of the existing shed reduces further encroachments and non-conforming structures located on the site.

WHEREAS, the Borough of Seaside Park Zoning Board of Adjustment has determined that failure to grant the variances requested will result in undue hardship for the following reasons.

1. The subject structures are pre-existing non-conforming conditions which have existed for many years.

2. By permitting the proposed construction, the pre-existing non-conforming shed will be removed and the outside utility service will be enclosed.

WHEREAS, the Borough of Seaside Park Zoning Board of Adjustment has determined that the variances requested can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the Zone Plan and the Zoning Ordinances of the Borough of Seaside Park for the following reasons:

1. The proposed reconstruction of the porch and roof line is aesthetically consistent with the character of those porches and roof lines existing on Eighth Avenue.

2. The proposed variances are pre-existing non-conforming conditions which are not being expanded by the applicants.

NOW, THEREFORE, be it resolved by the Seaside Park Zoning Board of Adjustment on this 24th day of November, 1997, that the application of THOMAS MIANULLI and TRACY MIANULLI, for a Special Reasons Variance and Bulk Variances, shall be granted subject, however, to the following conditions:

1. The applicants shall strictly adhere to the architectural plans submitted to the Board.

2. The new porch, rails and roof shall be constructed of wood materials.

3. The proposed reconstruction of the porch shall not encroach beyond the existing porch and cement stairs.

4. The shed located to the southeast portion of the site shall be removed prior to the issuance of any building permits.

5. The applicants shall be granted bulk variances to construct an addition to the rear seasonal dwelling unit which shall follow the eastern wall extending to the east approximately two feet, then south to line up with the existing southern wall to then run approximately four foot six inches back along horizontally to meet the southern wall of the structure.

*Shed not to be installed per corner 3 MAR 98
see Zoning Board*

6. That the variance is subject to the time limitations set forth in Local Ordinance Section 404E.

PERMIT NO. 97-242

ADDRESS (SITE) 1187H AVENUE

QUALIFICATION CODE

LOT 182

BLOCK 15

CONSTRUCTION PERMIT APPLICATION



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

I. IDENTIFICATION

1. Proposed Work Site at 111 3TH AVENUE, SEASIDE PARK, NJ
2. Name of Owner in Fee: THOMAS MINELLI
Address 111 3TH AVE, SEASIDE PARK, NJ
City State Zip Code
3. Ownership in Fee: Public Private ☒ ☐
4. Principal Contractor F.D.
Address
License No. OR, if new home, Builder Reg No. Exp. Date
Federal Employee No. FAX ()
5. Architect or Engineer Tel ()
Address
6. Responsible Person in Charge of Work
Tel () FAX ()

V. FEE SUMMARY (for office use only)

1. Building
2. Electrical
3. Plumbing
4. Fire Protection
5. Elevator Devices
6. Subtotal
7. Less 20% for State Plan Review
8. Subtotal
9. DCA Training Fee
10. Subtotal
11. Cert. of Occupancy
12. Other
13. TOTAL

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

[illegible]

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

1. ☐ Elevators/Escalators/Lifts/
2. ☐ Dumbwaiters/Moving Walks
3. ☐ High Pressure Boilers
4. ☐ Pressure Vessels
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL
1. ☐ Hotels (R-1)
 2. ☐ Multi-Family (R-2)
 3. ☐ Two-Family (R-3) BOCA
 4. ☐ Two-Family (R-4) CABO
 5. ☐ One-Family (R-3) BOCA
 6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

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



CERTIFICATE

Date Issued
Control #
Permit #

6-25-97
97-246

IDENTIFICATION

Block 15 Lot 18
Work Site Location 41 8th Ave.
Owner in Fee Seaside Park, Inc.
Address Seaside Park, New Jersey
Telephone [REDACTED]
Contractor [REDACTED]
Address [REDACTED]
Tele. () [REDACTED]
Lic. No. or Bldrs. Reg. No. [REDACTED]
Federal Emp. No. [REDACTED]
or Social Security No. [REDACTED]

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use: _____

ADDITION 9x10 UTILITY ROOM - BACKYARD
REPLACEMENT WINDOWS & NEW ROOF APPROPRIATE
WOOD ROOF TRAIL ON FRONT PORCH, NEW
SIDING, UPDATING ELECTRICAL, NEW TUB, NEW FILL,
NEW FURNACE, NEW AC, NEW

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 _____, 19____ or the owner will be subject to fine or order to vacate:

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 _____.

Fee \$ _____
Paid [] Check No. _____
Collected by: _____

[Signature]
CONSTRUCTION OFFICIAL



APPLICATION FOR CERTIFICATE

Date Received 6-23-98
Date Permit Issued 3-3-98
Control #
Permit # 97-342
Date Issued 6-25-98

IDENTIFICATION

Block 15 Lot 18
Work Site Location 1118th Ave Contractor Self
Seaside Park, NJ Address _____
Owner in Fee Thomas & Tracy Marulli Tel. () _____
Address same License No. _____
Tel. _____ Federal Employee No. _____

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP R-3 Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 24,000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE: X

ADDITION 9x10 UTILITY ROOM, BATHROOM, REPLACING WINDOWS, NEW ROOF STRUCTURE
WOOD ROOF, RAIL ON FRONT, ROOF NEW SPRING UPDATING CEILING, NEW PB,
NEW, PILE, NEW FURNITURE, NEW BASIN
SINGLE FAMILY RESIDENCE

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: _____

OWNER/AGENT

- ☒ OWNER
☐ AGENT



Date Received 2-10-98
Date Issued _____
Control # 97-242
Permit # Update

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

Block 13 Lot 18
Work Site Location 111 8th Ave.
Owner in Fee Seaside Park, Inc.
Contractor Thomas & Tracy Minoulli
Address 111 8th Ave.
Telephone Seaside Park, Inc.
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Req.	<u>1-13-98</u>	<u>DL</u>	Type: Footing				
☐ All			Foundation				
☐ Footing			Slab	<u>5-27-98</u>			<u>DL</u>
☐ Foundation			Frame	<u>5-4-98</u>			<u>DL</u>
☐ Frame			Insulation				
☐ Other			Finishes:				
Joint Plan Review Required:			Energy				
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical				
SUBCODE APPROVAL			TCO				
☐ CC ☐ CO ☐ CH	<u>6-23-98</u>	<u>ch</u>	Other	<u>4-17-98</u>			<u>DL</u>
Date:			Final				
Approved By:							

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 1162.54 Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 1162.00
2. Alteration \$ 662.00
3. Total (1+2) \$ 1824.00

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.

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

addition 944x1877. Utility room & bedroom
replacing windows
new roof structure
wood roof & rail on front porch
new siding
Paint updates 97-242

TYPE OF WORK

☐ New Building	☐ Addition	☐ Alteration	☒ Roofing	☒ Siding	☐ Fence	☐ Sign	☐ Pool	☐ Asbestos Abatement	☐ Other	☐ Demolition
					Height (6' or over)	Sq. Ft.				
(Office Use Only) DCA FEE \$ <u>280.00</u>										

Paid ☐ Check # _____
Collected by: _____
Administrative Surcharge \$ _____
Minimum Fee \$ 71.00
DCA TRAINING FEE \$ 291.00
TOTAL FEE \$ 362.00

CHANGE 01-
CONTRACTOR



SEE ORIGINAL MEETING
A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-372-1000.

Block 15 Lot 18
Work Site Location 111 S. 8th St
Owner in Fee T. M. HANCOCK
Address _____

Contractor HERITAGE OF OCEAN COUNTY INC.
Address 44 SILVER BAY RD
TOWNSHIP OF OCEAN NJ 08225
Tele. (732) 255-9300 Fax (732) 255-1438
Lic. No. 6226
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☒ No Plans Required	Type:	Slab	Failure	Approval	Initial
☐ Joint Plan Review Required	Slab				
☐ Building	Rough				
☐ Fire	Water				
☐ Plumbing Plans Approved	Sewer				
Date: <u>6-25-98</u>	Fixtures				
Approved by: <u>[Signature]</u>	Gas Equipment				
SUBCODE APPROVAL		Gas Piping			
☒ ACO	Solar				
☐ CCO	TCO				
Date: <u>6-28-98</u>	<u>Final</u> <u>6-25-98</u>				
Approved by: <u>[Signature]</u>					

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.

Signature — Contractor's Seal
[Signature]

1 Licensed Plumber/Contractor 1 Exempt Applicant



Date Received 6-25-98
Date Issued 6-25-98
Control # 97-242
Permit # _____

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grease/Trap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Administrative Surcharge	
	Minimum Fee	
	DCA Training Fee	
	TOTAL FEE	<u>51</u>

PLUMBING SUBCODE TECHNICAL SECTION



Date Received 3/3/90
Date Issued
Control #
Permit # 97-242

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

Block 15 Lot 18 Ark
Work Site Location 111 8th Ave S.S. Park
Owner in Fee Thomas & Tracy Mignulli
Address Same
Tele. [REDACTED]
Contractor W.J. Brannigan Plg & Htg.
Address 72 Riverview Ave Little Silver N.J.
07739
Tele. 733-747-3040
Lic. No. 9351
Federal Emp. No. [REDACTED] Social Security No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size 3/4" Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 6,000

JOB SUMMARY (Office Use Only)

PLANNING REVIEW:		INSPECTIONS		Dates (Month/Day)		Initial
Type	Slab	Failure	Failure	Failure	Approval	
Joint Plan Review Required:						
() Bldg. () Elec.						
() Fire () Elevator						
(X) Plumb. Plans Approved						
Date: <u>3-3-90</u>						
Approved by: <u>[Signature]</u>						
SUBCODE APPROVAL:						
() CO () CCO () CA						
Approved By: _____						
Date: _____						

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of _____
I am authorized to make this application _____
in the work listed on this application.

Signature—Contractor Seal

Plumbing Contractor () Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	
1	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
1	Shower	
1	Floor Drain	
1	Sink	
1	Dishwasher	
1	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	
1	Water Heater	
1	Fuel Oil Piping	
1	Gas Piping	
1	Steam Boiler	
1	Hot Water Boiler	
1	Sewer Pump	
1	Interceptor/Separator	
1	Backflow Preventer	
1	Greasetrap	
1	Water Cooled A/C	
1	or Refrigeration Unit	
1	Sewer Connection	
1	Water Service Connection	
1	Active Solar System	
1	Other	
Administrative Surcharge		
Paid () Check # <u>0143</u> Minimum Fee		
PCA Training Fee		
TOTAL		
Collected by: <u>[Signature]</u>		

U.C.C. Form F.1308
1 White - Inspector Copy
2 Canopy - Office Copy
3 Pink - Office Copy
4 Gold - Applicant Copy

OLC
Seaside Park 4-16-98
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 15
Work Site Location 111 8th Ave (Rear)
Owner in Fee/Occupant Seaside Park, N.J. 08052
Address Thomas & Tracey Hianull, S.A.M.E.
Tele. (973) 293-9340
Lic. No. 4685
Federal Emp. No. [Redacted]

B. ELECTRICAL CHARACTERISTICS
Contractor J.R. Appleby Elect. Cont. Inc.
Address 1208 SE Central Ave
Seaside Park, N.J. 08052
Lic. No. 4685
Use Group Present [] Temporary [] Other []
Building Occupied as Dwelling
Est. Cost of Elec. Work \$ 40,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[] Building [] Plumbing
[] Fire [] Elevator
[] Elec. Plans Approved
Date 4-14-98
Approved by [Signature]
SUBCODE APPROVAL
[] CO [] SCC [X] CA
Date: 6-22-98
Approved by [Signature]

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.

Applicant's Signature/Contractor's Signature
[Signature]
[Signature]
Licensed Electrical Contractor [] Exempt Applicant []



D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
TOTAL NUMBERS		
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Ranges/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/4 HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

Administrative Surcharge \$
Minimum Fee \$
DCA Training Fee \$
TOTAL FEE \$ 400

APR 17 1998 003146

FEE (Office Use Only)

ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 15, this office. CALL UNIT DIA NO. 5-800-272-1000.

Work Site Location 151 8th Ave Lot 15

Owner in Fee Seaside Park, N.J. 08752

Address SAME Thomas & Tracey Mianelli, SAME

Contractor V.K. Appleby Elect. Cont. INC.

Address 1208 S.E. Central Ave.

Tele. (202) 793-7340

Federal Emp. No. 4685

or Social Security No. [REDACTED]

3. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
 | Pole/Pad # _____ | Temporary _____ | Other _____
 Building Occupied as Dwelling Utility Co. GPU
 1st. Cost of Elec. Work \$ 2300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW: ☐ No Plans Required ☐ Plans Required

Joint Plan Review Required

☐ Bldg. ☐ Plumb.
☐ Fire ☐ Elevator
☐ Elec. Plans Approved

Date: _____
Approved by: _____

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ A CA

Date: 6-22-81

Approved By: [Signature]

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 () Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
12		Fixtures (1)
28		Receptacles (2)
18		Switches (3)
53		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
1		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
		Kw A/C Unit
		Burglar Alarms
		Intercoms Panels
4		Smoke Detectors
		hp Whirlpool/spa
		Pool Bonding
		hp Pool Filter Motor
		Pool Lights
		Kw Water Heater(s)
1		Kw Central heat:
		oil, gas or elec.
		Kw Baseboard Heat Units
		Thermostats
		hp Heat Pump
		hp Pump(s)
		Amp Motor Control Center/Sub Panels
		Signs
2	1/2	Light Standards
		hp Motors—Fractional H.P.
		hp Motors—All Others
		Kw Transformers
		Kw Generators
		Amp Service Entrance
		Other

Paid ☒ Check #	0125	
		Administrative Surcharge
		Minimum Fee
		DCA Training Fee
26		TOTAL FEE
Collected by:		

U.C.C. Form F-120B

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



Borough of Seaside Park
OFFICE OF CODE ENFORCEMENT
1201 Barnegat Avenue
Seaside Park, New Jersey 08752
(908) 793-5100

ZONING PERMIT APPLICATION

No Fee Required

NOTE: In addition to complying with the Borough's Zoning Regulations, all constructed alterations/additions must comply with §612 (Flood Plain Regulations) of the Seaside Park Development Regulations Ordinance.

PROPERTY INFORMATION. Block 15 Lot 8
Street Address of Work Site: 111 8th Ave
Lot Dimensions/Area: 50x100

Zoning District: ☒ R-1 ☐ R-2 ☐ R-3 ☐ Commercial ☐ Boardwalk ☐ Hotel ☐ Public ☐ Marina

Current Use: ☐ Single Family Residence

☒ Two Family Residence

☐ Multiple Dwelling Units; Number of Units: _____

☐ Commercial; Number of Units: _____

☐ Hotel-Motel; Number of Dwelling Units: _____ # of Efficiencies _____ # of Rooms _____

☐ Mixed Use: Dwelling Units: _____ Commercial Units: _____

☐ Other _____

Proposed Use: _____

☐ No Change in Use

DESCRIPTION OF WORK. Attach a plot plan, survey, or sketch of property showing dimension of buildings, setbacks and parking spaces.

PER BOARD OF ADJUSTMENT VARIANCE
NO ADDITION WILL BE MADE TO THE SEASONAL BUILDING

Does the proposed work: Change the number of dwelling units? ☐ Yes ☒ No

Reduce existing off-street parking? ☐ Yes ☒ No

APPLICANT CERTIFICATION. I hereby certify that the above statements and the information submitted with this application are true.

Name: THOMAS A. JERRY MIZULLI

Address: 111 8TH AVE SEASIDE PARK, NJ

Zip 08752

Telephone: _____

☒ Property Owner

☐ Authorized Agent

☐ Contractor

☐ Other: _____

Applicant Signature: _____

Date: 3 March 96

☒ APPROVED (Subject to issuance of Construction Permits)

☐ DENIED: _____

ANY DEVIATION FROM SUBMITTED PLANS WILL VOID APPROVAL

[Signature]
Zoning Officer

3 March 96
Date



Borough of Seaside Park
OFFICE OF CODE ENFORCEMENT
1201 Barnegat Avenue
Seaside Park, New Jersey 08752
(908) 793-5100

ZONING PERMIT APPLICATION
No Fee Required

NOTE: In addition to complying with the Borough's Zoning Regulations, all constructed alterations/additions must comply with §612 (Flood Plain Regulations) of the Seaside Park Development Regulations Ordinance.

PROPERTY INFORMATION. Block 15 Lot 18
Street Address of Work Site: 111 8TH AVE
Lot Dimensions/Area: 50' X 100' 5,000 S.F.

Zoning District: ☐ R-1 ☒ R-2 ☐ R-3 ☐ Commercial ☐ Boardwalk ☐ Hotel ☐ Public ☐ Marina

Current Use: ☐ Single Family Residence
☐ Two Family Residence
☐ Multiple Dwelling Units; Number of Units: _____
☐ Commercial; Number of Units: _____
☐ Hotel-Motel; Number of Dwelling Units: _____ # of Efficiencies _____ # of Rooms _____
☐ Mixed Use; Dwelling Units: _____; Commercial Units: _____
☒ Other: #1 OWNER OCCUPIED,

Proposed Use: 2ND SUMMER RENTAL ☐ No Change in Use

DESCRIPTION OF WORK. Attach a plot plan, survey, or sketch of property showing dimension of buildings, setbacks and parking spaces.

- ① ADD 9.1' X 13.9' ADDITION REAR OF FRONT DWELLING
- ② CHANGE ROOF PITCH TO ADD ATTIL STORAGE SPACE OF FRONT DWELLING
- ③ REPLACE METAL ROOF; CHANGING EXISTING ROOF WITH NEW FLAMED ROOF; WOOD RAFTERS OF FRONT DWLG.

Does the proposed work: Change the number of dwelling units? ☐ Yes ☒ No
Reduce existing off-street parking? ☐ Yes ☒ No

APPLICANT CERTIFICATION. I hereby certify that the above statements and the information submitted with this application are true.

Name: THOMAS D. MIANULLI
Address: 111 8TH AVENUE SEASIDE PARK, NJ Zip 08752
Telephone: [REDACTED]

☒ Property Owner ☐ Authorized Agent ☐ Contractor ☐ Other: _____

Applicant Signature: [Signature] Date: 12-4-97

☒ APPROVED (Subject to issuance of Construction Permits) ☐ DENIED: _____

ANY DEVIATION FROM SUBMITTED PLANS WILL VOID APPROVAL

[Signature]
Zoning Officer

9 Jan 97
Date



Borough of Seaside Park
OFFICE OF CODE ENFORCEMENT
1201 Barnegat Avenue
Seaside Park, New Jersey 08752
(908) 793-5100

ZONING PERMIT APPLICATION

No Fee Required

NOTE: In addition to complying with the Borough's Zoning Regulations, all constructed alterations/additions must comply with §612 (Flood Plain Regulations) of the Seaside Park Development Regulations Ordinance.

PROPERTY INFORMATION. Block 15 Lot 18
Street Address of Work Site: 111 8th Ave.
Lot Dimensions/Area: 30 x 100

Zoning District: ☐ R-1 ☐ R-2 ☐ R-3 ☐ Commercial ☐ Boardwalk ☐ Hotel ☐ Public ☐ Marina

Current Use: ☒ Single Family Residence
☐ Two Family Residence
☐ Multiple Dwelling Units: Number of Units: _____
☐ Commercial: Number of Units: _____
☐ Hotel-Motel: Number of Dwelling Units: _____ # of Efficiencies _____ # of Rooms _____
☐ Mixed Use: Dwelling Units: _____; Commercial Units: _____
☐ Other _____

Proposed Use: _____ ☐ No Change in Use

DESCRIPTION OF WORK. Attach a plot plan, survey, or sketch of property showing dimension of buildings, setbacks and parking spaces.

add on to rear dwelling

Does the proposed work: Change the number of dwelling units? ☐ Yes ☒ No
Reduce existing off-street parking? ☐ Yes ☒ No

APPLICANT CERTIFICATION. I hereby certify that the above statements and the information submitted with this application are true.

Name: Tracy Mianulli
Address: 111 8th Ave - Seaside Park Zip 08752
Telephone: [REDACTED]

☒ Property Owner ☐ Authorized Agent ☐ Contractor Other: _____

Applicant Signature: Tracy Mianulli Date: 8-11-97

☒ APPROVED (Subject to issuance of Construction Permits) _____ DENIED: _____

ANY DEVIATION FROM SUBMITTED PLANS WILL VOID APPROVAL

ok For Rear Requires PLANS
may go to Board to Raise Roof (26/Aug/97)

[Signature]
Zoning Officer

19 Aug 97
Date

BLOCK 15 LOT 15 QUALIFICATION CODE ADDRESS (SITE) 111 D HANE PERMIT NO. 2017-12-01



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 111 SPHARRE
2. Name of Owner in Fee: TOM HANAU
3. Ownership in Fee: Public
4. Principal Contractor: HACE PLUMBING
Address: 7 COURTNEY WOOD LAKE
License No. OR, if new home, Builder Reg. No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX:
5. Architect or Engineer
Address: FAX:
Tel.: FAX:
6. Responsible Person in Charge once Work has Begun
Tel.: FAX:

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$	95	58
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$	16	
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$		
10. Subtotal	\$		
11. Cert. of Occupancy	\$		
12. Other	\$		
13. TOTAL	\$	169	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.
2. Height of Structure _____ sq. ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ cu. ft.
5. Volume of New Structure _____
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 _____

III. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

FOR OFFICE USE ONLY (Optional)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
			2/19/13	RAJ		
			2-17-13	KS		

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs	
	7. ☐ Sprinklers/Standpipes	11. ☐ LPGas Tanks	

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

UCC-F100-1 (rev. 8/09)

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

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
C. MIXED USE (primary use)
D. Construct. Classification: Present _____ Proposed _____



Borough of Seaside Park
313 SW Central Ave.
Seaside Park, NJ 08752
732-7935100

Block: 15 Lot: 18 Qual: _____

Work Site Location:

109-11 EIGHTH AVE

SEASIDE PARK

Owner in Fee: MIANULLI, THOMAS D & TRACY A

Address: 111 EIGHTH AVE

SEASIDE NJ 08752

Telephone: _____

Agent/Contractor:

MIANULLI, THOMAS D & TRACY A

Address: _____

111 EIGHTH AVE

SEASIDE NJ 08752

Telephone: _____

Lic. No./ Bldrs. Reg. No.: _____

Social Security No.: _____

Federal Emp. No.: _____

☐ **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 will be subject to fine or order to vacate: _____

CERTIFICATE

IDENTIFICATION

Date Issued: 09/03/2013
Control #: 66680
Permit #: 20139252

Home Warranty No: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: _____

REPLACE BOILER, WH & ELECTRIC DUE TO FLOODING

Update Desc. of Wk/Use: _____

☐ **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 _____

Bob Nora Construction Official

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees \$0.00

Paid/ ☐ Check No. _____

Collected by: _____



ELECTRICAL SUBCODE TECHNICAL SECTION



BERKELEY TOWNSHIP

P.O. Box B
Bayville, NJ 08721

Date Received
Control # 2/25/13

Date Issued
Permit # 20139252

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

Block 15 Lot 13
Work Site Location 11 BTH Avenue
TOM MIAZULLI

Owner In Fee: _____
Tel: _____ e-mail: _____
Address: _____
Contractor: TOM MIAZULLI Tel: () _____
Address: _____ e-mail: _____

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

B. ELECTRICAL CHARACTERISTICS
Federal Emp. ID No. _____ FAX: () _____
Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)		PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
PLAN REVIEW	INSPECTIONS	Initial	Approval	Failure	Approval	Initial	Approval
No Plans Required <u>2/19/13</u>	Type: _____	<u>RM</u>	<u>RM</u>	<u>3/5/13</u>	<u>RM</u>	<u>RM</u>	<u>RM</u>
[] Partial Underlab Utilities Approved	Rough						
Date: _____ Approved by: _____	Barrier-Free						
[] Electric Plans Approved	Trench						
Date: _____ Approved by: _____	Temp. Serv.						
Joint Plan Review Required:	Const. Serv.						
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO						
SUBCODE APPROVAL FOR PERMIT	Other						
Date: <u>2/19/13</u> Approved by: <u>RM</u>	Service						
Subcode Approval for Certificate	Final						
Date: <u>4/10/13</u> Approved by: <u>RM</u>	Barrier-Free						
Temp. Cut-In-Card Date Issued	Temp. Cut-In-Card Date Issued						
Final Cut-In-Card Date Issued	Final Cut-In-Card Date Issued						
Annual Pool Inspection	Annual Pool Inspection						
Date of Grounding and Bonding	Date of Grounding and Bonding						
Certification	Certification						

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.

Applicant's Signature/Contractor's Seal and Signature: _____
[] used Elec. Contractor [] Certified Landscape Irrigation Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REQUIRED RECEPTACLES

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>25</u>		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Frnd. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/With UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Ranges/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Administrative Surcharge \$	
		Minimum Fee \$	
		State Permit Surcharge Fee \$	
		TOTAL FEE \$	



ELECTRICAL SUBCODE TECHNICAL SECTION



BERKELEY TOWNSHIP

P.O. Box B
Bayville, NJ 08721

Date Received
Control # 2/25/13

Date Issued
Permit # 20139252

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

Block 15 Lot 18 Qualification Code _____

Work Site Location 111 BNA Avenue

Owner In Care: Tom Michael

Tel. _____ e-mail _____

Address _____

City _____ Tel. (____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required 2/19/13 Type: _____

☐ Partial ☐ Underlaid Utilities Approved

Date: _____ Approved by: _____

☐ Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev. _____

SUBCODE APPROVAL PERMIT

Date: _____ Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA _____

Date: _____ Approved by: _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

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.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr' ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replaced receptacles

FEE (Office Use Only)

QTY. SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



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 15 Lot 18 Qualification Code _____
Work Site Location 111 8TH AVENUE
Owner in Fee: 22 ASHDE PARK, NJ 08752

Tel. () e-mail _____
Address _____
Contractor: HAADEM PLUMBING Tel. 232 249-1402
Address 2 COURT'S WAY PISCATAWAY e-mail _____
Contractor License No. 4765 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
		Type:	Failure	Failure	Approval
☒ Partial Plans Required		Slab			Initial
☒ Partial - Under-slab Utilities Approved		Rough			
Date: <u>2-17-13</u> Approved by: <u>[Signature]</u>		Water			
☒ Plumbing Plans Approved		Sewer			
Date: _____ Approved by: _____		Fixtures			
Joint Plan Review Required		Gas Equipment			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping			
SUBCODE APPROVAL FOR PERMIT					
Date: <u>2-17-13</u>		LP Gas Tank			
Approved by: <u>[Signature]</u>		Fuel Oil Piping			
SUBCODE APPROVAL FOR CERTIFICATE					
☐ CO ☐ CCO ☒ SCA		Solar			
Date: <u>3-1-13</u>					
Approved by: <u>[Signature]</u>					

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.

Applicant's Signature/Contractor's Seal and Signature
[Signature]

[] Licensed [] Joint Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Bank's N.W.N

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
<u>1</u>	Water Heater	<u>15</u>
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
<u>1</u>	Hot Water Boiler	<u>65</u>
	Sewer Pump	
<u>1</u>	Interceptor/Separator	<u>15</u>
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ 95

TOTAL FEE \$ _____

Date Received 2/25/13
Control # _____
Date Issued 2/25/13
Permit # 20134252

U.C.C. F100-1 (rev 3/86)



APPLICATION FOR CERTIFICATE

Date Received 12-31-01
Date Permit Issued 10-2-01
Control # 01-218
Date Issued

IDENTIFICATION

Block 15 Lot 18
Work Site Location 111 8th Ave Contractor Self
Seaside Park Address _____
Owner in Fee Thomas & Tracy Mariani
Address 111 8th Ave Tel. (____) _____
Seaside Park License No. _____
Tel. _____ Federal Employee No. _____

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 12,000.

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

finish upstairs

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: _____

OWNER/AGENT

- ☒ OWNER
☐ AGENT

FRAN HOUSE



BUILDING 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 15
Work Site Location 111 8TH AVENUE Lot 13
SEASIDE PARK NJ
Owner in Fee THOMAS MIANULLI
Address 111 8TH AVENUE SEASIDE PARK NJ
Tele. [REDACTED]
Contractor SELF
Address
Tele. () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Dates (Month/Day)		
[] No Plans Required					Failure	Approval	Initial
[x] All	9.26.01		Footing				
[] Foundation			Slab				
[] Frame			Frame				
[] Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
[] Elec. [] Plumb. [] Fire [] Elevator			Finishes				
SUBCODE APPROVAL			Energy				
[x] CO [] CCO [] CA			Mechanical				
Date: 11.13.01			TCO				
Approved by: [Signature]			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$ 6,000
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			1. CLO APG
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			



Date Received 10-2-01
Date Issued
Control # 01-218
Permit #

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FINISH 2ND FLOOR OF CAGE
COD

TYPE OF WORK:

[] New Building	
[] Addition	
[x] Alteration	
[] Roofing	
[] Siding	
[] Fence	
[] Sign	
[] Pool	
[] Asbestos Abatement Subchapter 8	
[] Lead Haz. Abatement NJAC 5.17	
[] Other	
[] Demolition	

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$ 120
DCA Training Fee	\$ 10
TOTAL FEE	\$ 130

U.C.C. F110 (rev 3/99)

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

Front House



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

Block 15 Lot 18
Work Site Location 111 8TH AVENUE SEASIDE PARK NJ
Owner in Fee DETHAS HANULLI
Address 111 8TH AVENUE SEASIDE PARK NJ
Tele [REDACTED]
Contractor ACP
Address _____
Tele () _____ Fax () _____
Lic. No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Slab	Failure	Approval	Initial	
☐ No Plans Required					
Joint Plan Review Required:					
☐ Building	☐ Electric				
☐ Fire	☐ Elevator				
☒ Plumbing Plans Approved					
Date: <u>11-2-01</u>					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL					
☒ CO	☐ CCO				
Date: <u>11-3-01</u>	☐ CA				
Approved by: <u>[Signature]</u>					

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.

Signature — Contractor's Seal

☐ Licensed Plumbing Contractor ☒ Exempt Applicant

UCC F130
(rev. 3/98)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received 10-2-01
Control # _____
Permit # 01-218

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	\$ <u>8</u>
1	Urinal/Bidet	
1	Bath Tub	\$ <u>8</u>
1	Lavatory	
1	Shower	
1	Floor Drain	\$ <u>8</u>
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	\$ <u>8</u>
	Other	
	Other	

Administrative Surcharge	\$
Minimum Fee	\$ <u>40</u>
DCA Training Fee	\$
TOTAL FEE	\$

Flora House



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 15 Lot 13
 Work Site Location BEARDE PARK N.J.
 Owner in Fee THOMAS MIAJULI
 Address 111 8TH AVENUE
SENIOR DAIL 21
 Tele. [REDACTED]
 Contractor SELF
 Address _____
 Tele. () _____ Fax () _____
 Lic. No. _____
 Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
Heating Systems	[] New [] Existing [] HVAC	
Type:	[] Gas [] Oil [] Electric [] Solar	
	[] Other _____	
Location:		
Fire Alarm System	New [] Existing []	
Location of Panel:		
Fire Suppression/Standpipe System	New [] Existing []	
Location of Main Control Valve:		

Total Cost of Fire Protection Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type:	Failure Approval Initial
Joint Plan Review Required:	Alarm System	11-13-01
[] Building [] Plumbing	Suppression Sys.	
[] Electric [] Elevator	Standpipe	
Fire Plans Approved	Fire Pump	
Date: <u>9-27-01</u>	Pre-Eng. System	
Approved by: <u>[Signature]</u>	Mechanical	
SUBCODE APPROVAL	Smoke Control	
[] CO [] CCO	TCO	
Date: <u>11-13-01</u>	Final	11-13-01
Approved by: <u>[Signature]</u>	Other	10-9-01

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 _____



Date Received 10-2-01
 Date Issued _____
 Control # _____
 Permit # 01-218

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
FINISH 2ND FLOOR OF CAPE COD

Water Supply Source _____
 Method of Alarm/Suppression System Supervision _____

Storage Tanks	FEE (Office Use Only)
Type: [] Flammable Liquid [] Combustible Liquid	
[] LPG [] LNG Capacity _____ Fuel _____	
Alarm Systems [] 110v Interconnected NUMBER _____	
[] System _____	
Alarm Devices (i.e., smoke, heat, pulls, water/flow) <u>5</u>	
Supervisory Devices (i.e., lamps, low/high air) _____	
Signaling Devices (i.e., horns/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 _____	
CO ₂ Suppression _____	
Foam Suppression _____	
Halon Suppression _____	
Other _____	
Kitchen Hood Exhaust System _____	
Smoke Control System _____	
Gas [] or Oil [] Fired Appliances _____	
Other _____	
Administrative Surcharge \$ _____	
Minimum Fee \$ _____	
DCA Training Fee \$ _____	
TOTAL FEE \$ <u>35</u>	

UCC F140
 (rev 3/99)

11/11/11 11:11 AM

FRONT
SSP HOUSE

**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 15 Lot 18
Work Site Location 111 8th Ave
Owner in Fee/Occupant Seaside Park
Address 111 8th Ave Miami
City Seaside Park
Contractor SEI
Address _____
Tele. () _____ Fax () _____
Lic. No. _____
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS
Use Group Present Proposed 2nd
[] Pole/Pad # [] Temporary [] Other
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 2,500

JOB SUMMARY (Office Use Only)
PLAN REVIEW
☒ No Plans Required 10-5-01
☐ Joint Plan Review Required:
[] Building [] Plumbing
[] Fire [] Elevator
[] Elec. Plans Approved
Date: _____ Approved by: _____
INSPECTIONS
Type: _____ Dates (Month/Day)
Rough _____ Failure _____ Approval _____ Initial _____
Temp. Serv. _____
Constr. Serv. _____
TCO _____
Other _____
Service _____
Final 3/91 11-13-01 11-20-01
Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
SUBCODE APPROVAL
[] CO [] CCO [X] CA
Date: 11-20-01
Approved by: Inspector

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.
Seaside Park
Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant



Date Received _____
Date Issued _____
Control # _____
Permit # _____

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
<u>20</u>		Lighting Fixtures
<u>20</u>		Receptacles
<u>4</u>		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/2 HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)
Administrative Surcharge \$ 10.00
Minimum Fee \$ 10.00
DCA Training Fee \$ 0.00
TOTAL FEE \$ 10.00