12/3

Michelle Clark 2020-73

From: Amy Burr Esq. <opra+request-18607-c1f75f5c@requests.opramachine.com>
Sent: Friday, November 20, 2020 2:34 PM
To: Clerk
Subject: OPRA request - 119 Asbury Ave, Atlantic Highlands, NJ 07716 Block: 37 Lot: 28

Dear Atlantic Highlands 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 t
Records requested:
Entire Bldg file including any & all permits (Open & Closed) Variance Applications Violation Notices Letters of No Interest Information confirming home does not have t
the Bldg file

Yours faithfully,
Amy P Burr, esq
20 Bingham Ave Suite A
Rumson, NJ 07760
732-741-1435

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-18607-c1f75f5c@requests.opramachine.com

Is clerk@ahnj.com the wrong address for OPRA requests to Atlantic Highlands Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=atlantic_highlands_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/119_asbury_ave_atlantic_highland

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

BLOCK 37 LOT 28 QUALIFICATION CODE ______ ADDRESS (SITE) 119 Asbury Ave. PERMIT NO. 234-01

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 119 Asbury Ave.
2. Name of Owner in Fee: Corey Tel. (732) 291-3124
   Address 119 Asbury Ave. (street) Atlantic Hlnds (municipality) 07716 (zip code)
3. Ownership in Fee: Public ___ Private ___
4. Principal Contractor: C & C HEATING & COOLING Tel. ( ) ______
   Address 354 HWY 36 BELFORD, NJ 07718
   License No. OR, if new home, Builder Reg. No. (732) 495-0600 Exp. Date ______
   Federal Employee No. 221169215 FAX: ( ) ______
5. Architect or Engineer ______ Tel. ( ) ______
   Address ______
6. Responsible Person in Charge of Work C Baker
   Tel. ( ) ______ FAX ( ) ______

V. FEE SUMMARY (for office use only)

			Update	Update
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

		(office use only)
1.	Number of Stories	
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	

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☑ Plumbing		EWL	9-4-01		9-4-01	EWL			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	2,200.00								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

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:

U.C.C. F100-1 (rev. 3/96)

24/01 All Interior Work Heating + Air Cond [illegible]

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address C & C HEATING & COOLING
354 HWY 36
BELFORD, NJ 07718

Telephone ((732) 495-0600

Signature _____

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/24/01
Control #
Permit # 234-01

IDENTIFICATION Block 37 Lot 28
Work Site Location 119 Asbury Ave Atlantic Highlands
Owner in Fee Corey
Address Dame
Tel. (732) 291-3124

Contractor C & C HEATING & COOLING
Address 354 HWY 36 BELFORD, NJ 07718 (732) 495-0600
Tel. ( )
Lic. No. or Bldrs. Reg. No. 22246921/9

Is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
replacing furnace & A/C

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

Estimated Cost of Work $ 3800

Joseph [illegible]
Construction Official

9/24/01
Date

PAYMENTS (Office Use Only)

Building	
Electrical	50 -
Plumbing	70 -
Fire Protection	35. -
Elevator Devices	
Other	
DCA Training Fee	1.76
Cert. of Occupancy	
Other	
Total	156.76
Check No.	24405
Cash	
Collected by	dcg

(see reverse side)

U.C.C. F170
(rev. 5/2K)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/24/01
Date Issued
Control # 234-01
Permit # Replacing

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

Block 37 Lot 28
Work Site Location 119 Asbury Avenue Atlantic Highlands
Owner in Fee Corey
Address Same
Tele. (732) 291-3124
Contractor C & C HEATING & COOLING
Address 354 HWY 36 BELFORD, NJ 07718
Tele. ( ) Fax (732) 495-0600
Lic. No.
Federal Emp. No. 222469219

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 $ 1000 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9-A-01
Approved by: AM

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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

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	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other A/C	25 -
1	Other Furnace	25 -
	Other	

ck # 24405 Dep

Administrative Surcharge	$	70 -
Minimum Fee	$	
DCA Training Fee	$	80
TOTAL FEE	$	70.80

FIRE SUBCODE TECHNICAL SECTION

Date Received 9/24/01
Date Issued
Control #
Permit # 234-01

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

Block 37 Lot 28
Work Site Location 119 Asbury Avenue Atlantic Highlands
Owner in Fee Casey
Address Same
Tele. (732) 291-3124
Contractor C & C HEATING & COOLING
Address 354 HWY 36 BELFORD, NJ 07718
Tele. (732) 495-0600
Lic. No.
Federal Emp. No. 222469219

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 300 -

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 9/4/01
Approved by: Work

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
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.

Baker
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: replacing furnace + A/C

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., 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		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		25 -
Other FURNACE		

ck # 24405 dcg

Administrative Surcharge	$ 35 -
Minimum Fee	$
DCA Training Fee	$ 16
TOTAL FEE	$ 35.16

U.C.C. F140
(rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # replacing

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

Block 37 Lot 28
Work Site Location 119 Ordway Avenue Atlantic Highlands
Owner in Fee Corey Deane
Address
Tele. (732) 291-3124
Contractor Vandenbloomsbury / C & C HEATING & COOLING
Address 354 HWY 36 BELFORD, NJ 07718
Tele. (732) 495-0600
Lic. No. 11454
Federal Emp. No. 222469219 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1000 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 8/30/01
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
1	___ Kw	A/C Unit	25.-
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ 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	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
1	___	Other furnace	25.-

Paid [X] Check # 24405
Collected by: Acy

Administrative Surcharge	$ 50-
Minimum Fee	$
DCA Training Fee	$ .80
TOTAL FEE	$ 50.80

U.C.C. Form F-120B
MTDD 5

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

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLK _____ LOT _____ PERMIT # _____

WORK SITE ADDRESS 119 Asbury Ave.

Applicant Corey

Certifying Individual _____ Company C & C HEATING & COOLING

Address 119 Asbury Ave. (Street) - Atl. Highs. (City) N.J. 354 HWY 36

BELFORD, NJ 07718

Tel. (732) 291-3124 (732) 495-0600

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its ...ious use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for ... appliance being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Lou DeFalco 9/4/01

Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ Signature _____ Date

Direct Vent Appliance:

No certification required:

_____ Signature _____ Date

...S FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPEC-...ON.

U.C.C. F370
(rev. 3/96)

REQUEST FOR PERMIT

TOWNSHIP: Alt. Hinds DATE: _____

CUSTOMER'S NAME: Casey

CUSTOMER'S ADDRESS: 119 Asbury Ave

PERMIT FEE: _____

Chimney Cut.
Diane
Fax 291-3100

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLK _____ LOT _____ PERMIT # _____

WORK SITE ADDRESS 119 Asbury Avenue

Applicant Corey

Certifying Individual _____ Company C & C HEATING & COOLING

Address 119 Asbury Ave (Street) Ocn N Vrsl (City) 354 HWY 36 (Zip Code)

Tel. (_____) _____

BELFORD, NJ 07718
(732) 495-0600

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [✓] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its ...ious use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for ... appliance being installed.

_____
Signature Date

✓ **Oil to Oil or Gas to Gas Replacements:**

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature 8/22/01
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

...S FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPEC-...ON.

U.C.C. F370
(rev. 3/96)

BLOCK 37 LOT 28 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 054-98

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 119 Asbury Ave
2. Name of Owner in Fee: Vincent & Jeanne Corey Tel. (732) 291-3124
   Address 119 Asbury Ave (street) Atlantic Highlands (municipality), NJ 07716 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Les Parteman Jr Tel. (732) 671-9590
   Address 14 Kenneth Terrace East, Middletown, NJ 07748
   License No. OR, if new home, Builder Reg. No. 5785 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)

			Update	Update
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

		(office use only)
1.	Number of Stories	
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	

II. PROPOSED WORK

		Est. Cost	OPTIONAL (for office use only)							
			Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

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:

M&M GRAPHICS/MICROGRAPHIX, INC. 1-800-537-1314 U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

X Signature Kurt A Cuy Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor

Agent Name Les Bolemon Jr.

Address 14 Kenneth Terr East

Middletown NJ

Telephone (732) 671 9580

Signature _____

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

CONSTRUCTION PERMIT

Date Issued 3/25/93
Control # —
Permit # 054-93

IDENTIFICATION Block 37 Lot 28

Work Site Location 119 Asbury Ave
Atlantic Highlands, NJ 07716

Owner in Fee Vincent & Joanne Corey

Address 119 Asbury Ave
Atlantic Highlands, NJ 07716

Tel. (732) 291-3124

Contractor Les Parleman Jr

Address 14 Kenneth Terrace East
Middletown, NJ 07748

Tel. (732) 671-9590

Lic. No. or Bldrs. Reg. No. #5785

Fed. Emp. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
Hook up to Sanitary Sewer System

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

Estimated Cost of Work $ 1,100.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building	25.-
Electrical	
Plumbing	35.-
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	.88
Cert. of Occupancy	
Other	
Total	Con. 88
Check No.	731
Cash	—
Collected by	CB

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

M&M GRAPHICS/MICROGRAPHIX, INC. 1-800-537-1314

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/25/98
Date Issued
Control #
Permit # 057-98

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

Block 37 Lot 28
Work Site Location 119 Asbury Avenue, Atlantic Highlands, NJ 07716

Owner in Fee Vincent & Jeanne Corey
Address 119 Asbury Ave, Atlantic Highlands NJ 07716

Tele. (732) 291-3124
Contractor Les Parleman, Jr
Address 14 Kenneth Terrace East, Middletown, NJ 07748

Tele. (732) 671-9590 Fax (671) 0921
Lic. No. or Bldrs. Reg. No. #5785
Federal Emp. No. SO Se. # 571-57-1795

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fill [redacted]
Septic
Tank

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other SEPTIC ABANDON	3/98	AV

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

pd 3/25/98 731

FEE (Office Use Only)
$

Administrative Surcharge	$
Minimum Fee	$ 25-
DCA Training Fee	$
TOTAL FEE	$ 25-

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ _____

U.C.C. F110
(rev. 3/96)

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

M&M GRAPHICS/MICROGRAPHIX, INC. 1-800-537-1314

119 Asbury Ave.

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/25/98
Date Issued
Control #
Permit # 054-98

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

Block ~~37~~ 37 Lot 28

Work Site Location

Owner in Fee Cokey

Address

Tele. (____)

Contractor

Address

Tele. (____) Fax (____)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other SEPTIC ABANDON	3/12	AV

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
*Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+ 2) $ ____

* Septic Abandonment 4/19/98 - not ready

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Septic

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence ____ Height (exceeds 6')
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other ____
[ ] Demolition

pd ck 731

FEE (Office Use Only)

$ ____

Administrative Surcharge $ ____
Minimum Fee $ 25
DCA Training Fee $ ____
TOTAL FEE $ 25

U.C.C. F110
(rev. 3/96)

1 White = Inspector Copy
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M&M GRAPHICS/MICROGRAPHIX, INC. 1-800-537-1314

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/25/98
Date Issued
Control # 05-98
Permit #

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

Block 37 Lot 28
Work Site Location 119 Asbury Avenue, Atlantic Highlands, NJ

Owner in Fee Vincent & Jeanne Corey
Address 119 Asbury Avenue, Atlantic Highlands, NJ 07716

Tele. (732) 291-3124
Contractor Les Perleman, Jr
Address 14 Kenneth Terrace East, Middletown, NJ 07748

Tele. (732) 671-9590 Fax ( )
Lic. No. 5785
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 $ 1,100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 3/19/98
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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

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	
	Greasetrap	
✓	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	35-
DCA Training Fee	$	0.35
TOTAL FEE	$	35.35

Ck# 731

U.C.C. F130
(rev. 3/96)

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M&M GRAPHICS/MICROGRAPHIX, INC. 1-800-537-1314

119 Asbury Ave.

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/25/98
Date Issued
Control #
Permit # 05-1-98

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

Block 37 Lot 28
Work Site Location 119 Asbury

Owner in Fee Vincent + Jeanne Cokey
Address 119 Asbury Ocean

Tele. ( )
Contractor
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 $ 1100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 3/31/98
Approved by: [signature]

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

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough				
Water				
Sewer			4/9	FW *
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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

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	
✓	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	35.00
DCA Training Fee	$	3.00
TOTAL FEE	$	38.00

Ck# 731

* Need Septic Abandonment

U.C.C. F130
(rev. 3/96)

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4 Gold = Applicant Copy

M&M GRAPHICS/MICROGRAPHIX, INC. 1-800-537-1314

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/6/95
Date Issued
Control #
Permit # 059-95

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

Block 37 Lot 28
Work Site Location 119 Asbury Avenue Atlantic Highlands N.J. 07716
Owner in Fee Vince Corey
Address 119 Asbury Avenue Atlantic Highlands N.J. 07716
Tele. (908) 291-3124
Contractor Hank Sullivan Electric, Inc.
Address 21 Galway Drive Hazlet N.J. 07730
Tele. (908) 888-8028
Lic. No. 13144
Federal Emp. No. 22-3337992 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [X] Other Upgrade Service
Building Occupied as Single Family Utility Co. JCP&L
Est. Cost of Elec. Work $ 650.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4/6/95
Approved by: J. Olsen

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Henry E. Sullivan III
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ 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	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	100 Amp	Service Entrance	
	___	Other	

	Administrative Surcharge	$ 9
Paid [~~ ~~] Check # 116	Minimum Fee	$ 46
	DCA Training Fee	$ .52
Collected by: DOB	TOTAL FEE	$ 55.52

U.C.C. Form F-120B

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

119 Asbury Ave.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/6/15
Date Issued
Control #
Permit # 037-15

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

Block 37 Lot 28
Work Site Location 119 Asbury Avenue Atlantic Highlands N.J. 07716
Owner in Fee Vince Corey
Address 119 Asbury Avenue Atlantic Highlands N.J. 07716
Tele. (908) 291-3124
Contractor Hank Sullivan Electric, Inc.
Address 21 Galway Drive Hazlet N.J. 07730
Tele. (908) 888-8028
Lic. No. 13144
Federal Emp. No. 22-3337992 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [X] Other Upgrade Service
Building Occupied as Single Family Utility Co. JCP&L
Est. Cost of Elec. Work $ 650.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4/6/15
Approved by:

SUBCODE APPROVAL
[ ] CO [~~CCO~~] [ ] CA
Date: 6 8 15
Approved By:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service			6/8/15	
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Henry E. Sullivan III
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

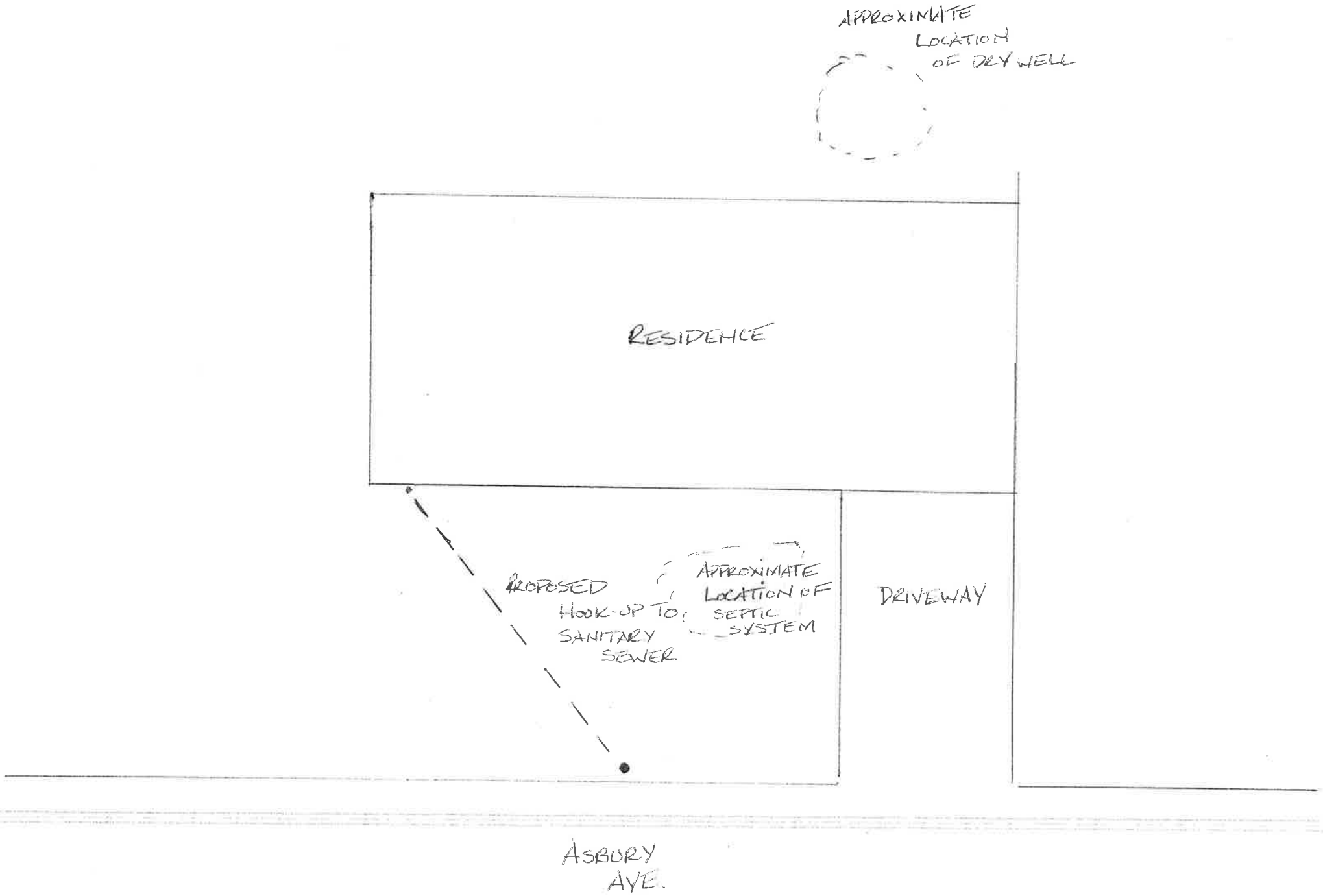
D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ 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	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	100 Amp	Service Entrance	
	___	Other	

	Administrative Surcharge	$ 9
Paid [~~-~~] Check # 116	Minimum Fee	$ 46
	DCA Training Fee	$ .52
Collected by: DCS	TOTAL FEE	$ 55.52

U.C.C. Form F-120B

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


APPROXIMATE
LOCATION
OF DRY WELL
RESIDENCE
PROPOSED
HOOK-UP TO
SANITARY
SEWER
APPROXIMATE
LOCATION OF
SEPTIC
SYSTEM
DRIVEWAY
ASBURY
AVE.

BLOCK 37 LOT 28 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 067-03

Survey w/ Deed Plan in.

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 119 Asbury Ave.
2. Name of Owner in Fee: Jeanne + Vincent Corey Tel. (732) 291-3124
   Address 119 Asbury Ave. Atl. Hlds. 07716
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: _____ Tel. ( ) _____
   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)

			Update	Update
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

		(office use only)
1.	Number of Stories	
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	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☑ Alteration					3/26/03	JR			
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	3,500								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

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:

Date Issued 10/27/03
Control #
Permit # 067-03

CERTIFICATE

IDENTIFICATION

Block 37 Lot 28
Work Site Location 119 Asbury Avenue
Atlantic Highlands, NJ 07716
Owner in Fee/Occupant Mr. & Mrs. Corey
Address same

Tele. (732) 291-3124
Contractor self
Address

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

New Deck

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (_____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

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

Fee $
Paid [X] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 3/96)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/31/03
Date Issued
Control #
Permit # 067-03

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

Block 37 Lot 28
Work Site Location 119 Asbury Ave. Atl. Hlds.
Owner in Fee Jeanne and Vincent Corey
Address 119 Asbury Ave. Atl. Hlds
Tele. (732) 291-3127
Contractor
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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.

Jeanne Corey
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Deck
14" DIAMETER FOOTING FOR 6X6 POST
4' MAXIMUM SPACING ON BALUSTERS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame DECK		
[ ] Other 3/24/03		J.

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence Height (exceeds 6')
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other
[ ] Demolition

FEE (Office Use Only)

$	
	75.00
Administrative Surcharge	$ 75.00
Minimum Fee	$
DCA Training Fee	$ 3.36
TOTAL FEE	$ 78.36

U.C.C. F110
(rev. 3/96)

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

119 Asbury Ave

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/31/03
Date Issued
Control #
Permit # 167-03

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

Block 77 Lot 38

Work Site Location 119 Asbury Ave All Hlds

Owner in Fee Jeanne and Vincent Carey

Address 119 Asbury Ave
All Hlds

Tele. (732) 291-3124

Contractor

Address

Tele. ( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

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.

Jeanne Carey
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Deck
14" Diameter Footing for 6x6 Post
4' Maximum Spacing on Girders

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [✓] Other Deck — 3/31 — J

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 10/7/03
Approved by: JC

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓			10/7/03	JC
Barrier-Free				

Dates (Month/Day)

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [✓] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence ______ Height (exceeds 6')
  - [ ] Sign ______ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement Subchapter 8
  - [ ] Lead Haz. Abatement NJAC 5:17
  - [ ] Other
- [ ] Demolition

FEE (Office Use Only)
$
75.00

Administrative Surcharge $ 75.00
Minimum Fee $
DCA Training Fee $ 3.36
TOTAL FEE $ 78.36

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class 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.
Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $

U.C.C. F110
(rev. 3/96)

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4 Gold = Applicant Copy

Borough of Atlantic Highlands 100 First Avenue, Atlantic Highlands, N.J. 07716

ZONING PERMIT

BLOCK 37 LOT 28 ZONE R

DATE 3/28/03 PERMIT # 19-03

PROPERTY LOCATION 119 Asbury Av.

PROPERTY OWNER Jeanne + Vincent Corey

TELEPHONE # 732-291-3124

This is to certify that the above described premises together with any building hereon, are used or proposed to be used as of for:

Which is a:

V Use permitted by Ordinance.

_____ Use permitted by variance approved on subject to any special conditions attached to the grant thereof.

_____ VALID NONCONFORMING USE as established by ( ) finding of the Zoning Board of Adjustment, or ( ) by the undersigned zoning officer on the basis of evidence supplied by applicant as specified on the reverse hereof. Also specified on the reverse hereof is a detail statement of all aspects of the nonconforming use.

_____ There is a nonconforming structure on the premises by reason of insufficient ( ) setback, ( ) side yard, ( ) rear yard, ( ) other (specify), _____

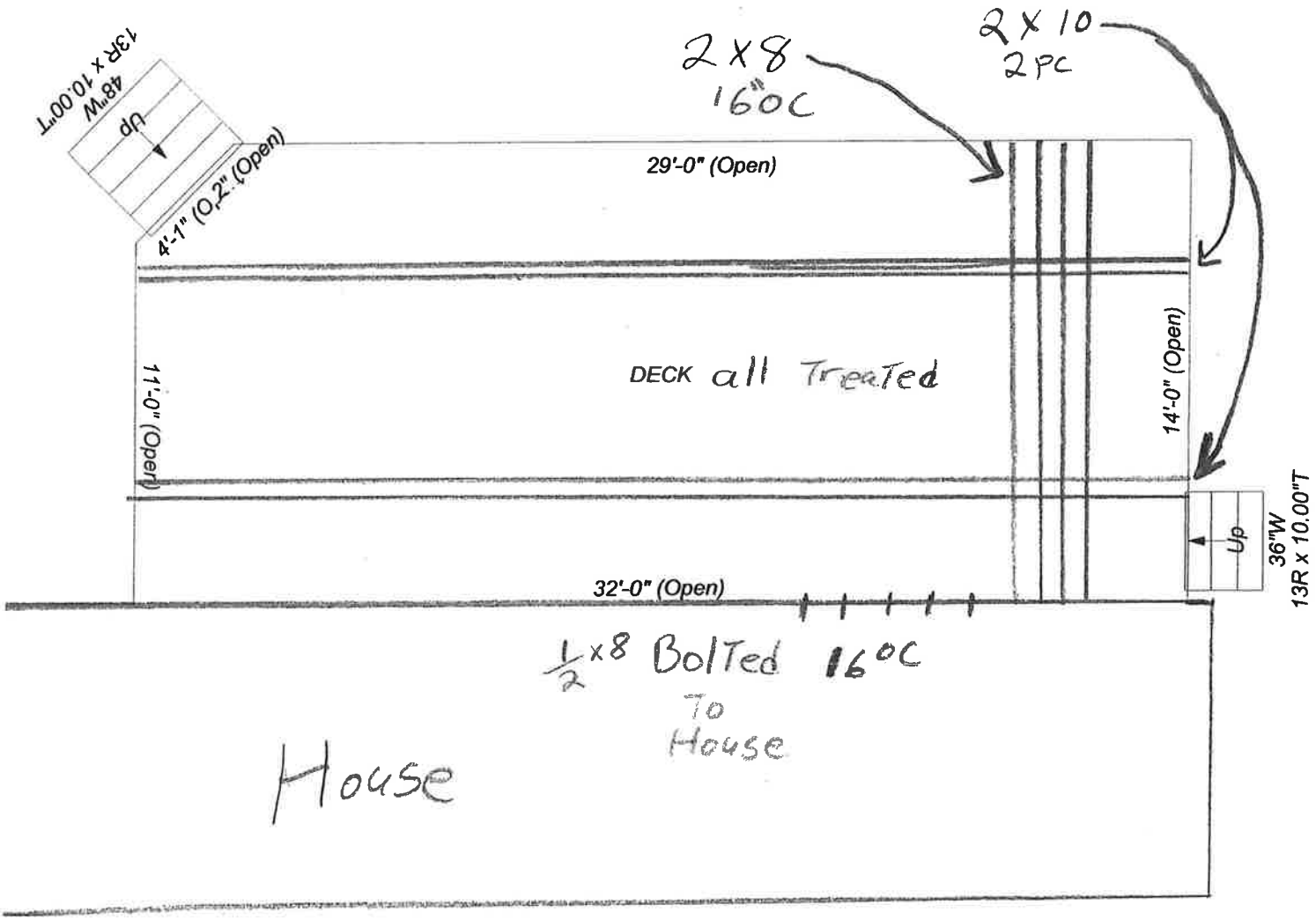
_____ There is a proposed structure on the premises by reason of insufficient ( ) setback, ( ) side yard, ( ) rear yard, ( ) other (specify), _____

ZONING OFFICER: R. J. Smith DATE: 3/25/03

Deck Rear Yard 14 x 32

119 asbury ave

Block 37
Lot 28



Jeanne Corey

Footing Detail