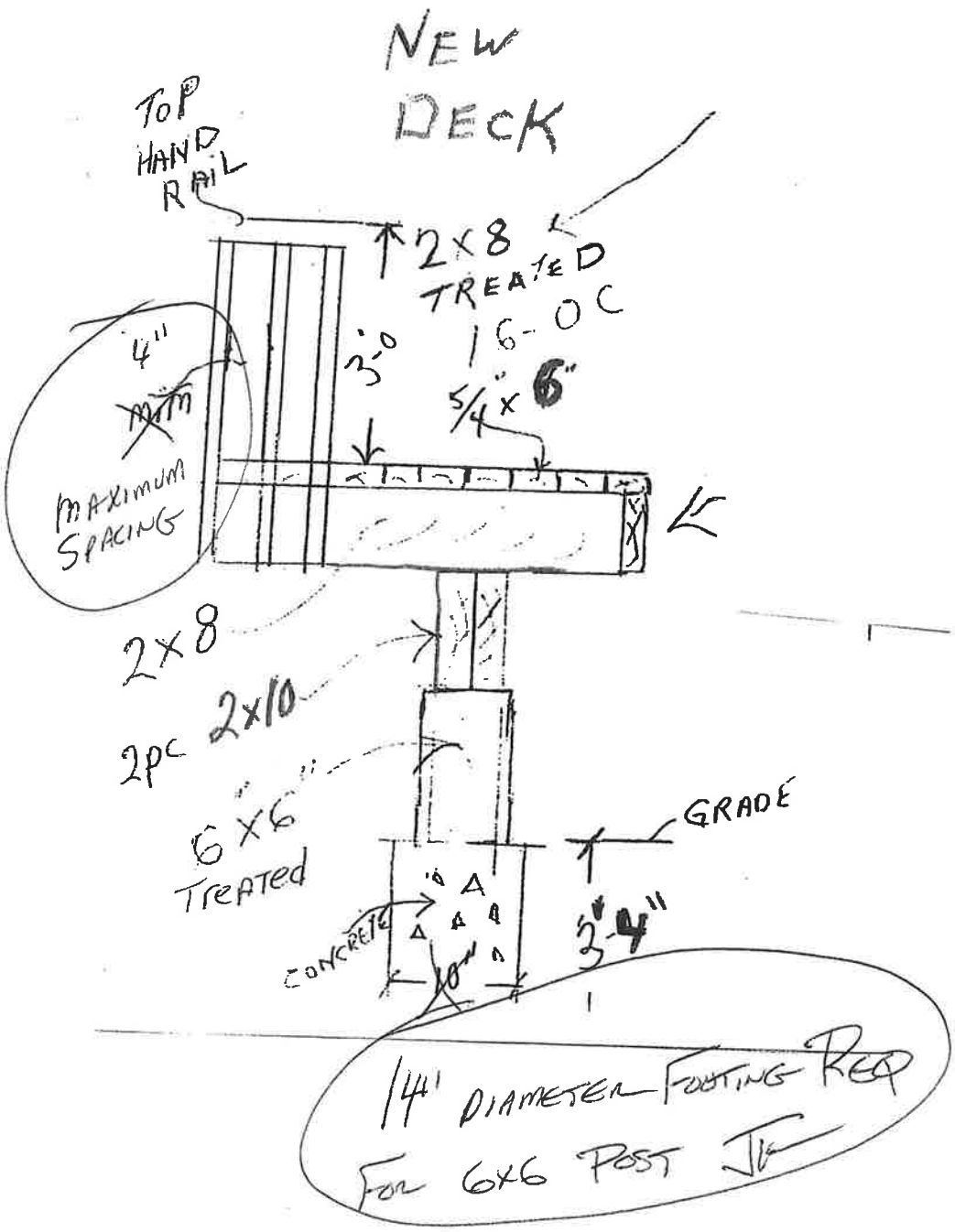

NEW
DECK
TOP
HAND
RAIL
2x8
TREATED
16-OC
4"
MAXIMUM
SPACING
3'-0
5/4" x 6"
2x8
2pc 2x10
6"x6"
Treated
GRADE
CONCRETE
10"
3'-4"
14" DIAMETER FOOTING REQ
FOR 6x6 POST

BOROUGH OF ATLANTIC HIGHLANDS

100 FIRST AVENUE ❖ ATLANTIC HIGHLANDS, NEW JERSEY 07716

Administration	732-291-1444	Tax Collection	732-291-3297
Planning/Zoning Board	732-291-1444	Water/Sewer Department	732-872-0233
Municipal Court	732-291-3225	Municipal Harbor	732-291-1670
Building & Code Enforcement	732-291-1122	FAX Number	732-291-9725

APPLICATION FOR INSTALLATION OF A SWIMMING POOL

Ordinance # 0-76-6

PERMIT # 100-05 *DATE* 5/18/05 *CHECK#* 3067

BLOCK 37 *LOT* 28 *ZONE* R-1

****

Property Location: 119 Asbury Ave.

Property Owner: Vincent and Jeanne Corey *Phone #* 732 291-3124

Address is different: _____

Type of Pool: *In Ground* ____ *Above Ground* X *Above Ground Deck* ____

Type of Construction: *Liner* X *Tile* ____ *Concrete* ____ *Other* ____

Size of Pool 24" *Shape* Circle

Describe Filtering System: Proline Cellular Media Filter, 100 Sq. Ft. Filter w/ base, 1.5 HP/ 1 Speed Pumped Motor, 3600 Gallons per hour flow rate

Make and Model of Pool (Attach Manufacturers Specifications): Atlantic Beach - Model 24' round, Atlantic Beach - Make

Name, Address & Phone # of Company installing Pool: KiKi Pool Installer, Inc. 732-441-9490

OWNER SIGNATURE: Jeanne Corey *DATE:* 4/16/05

****

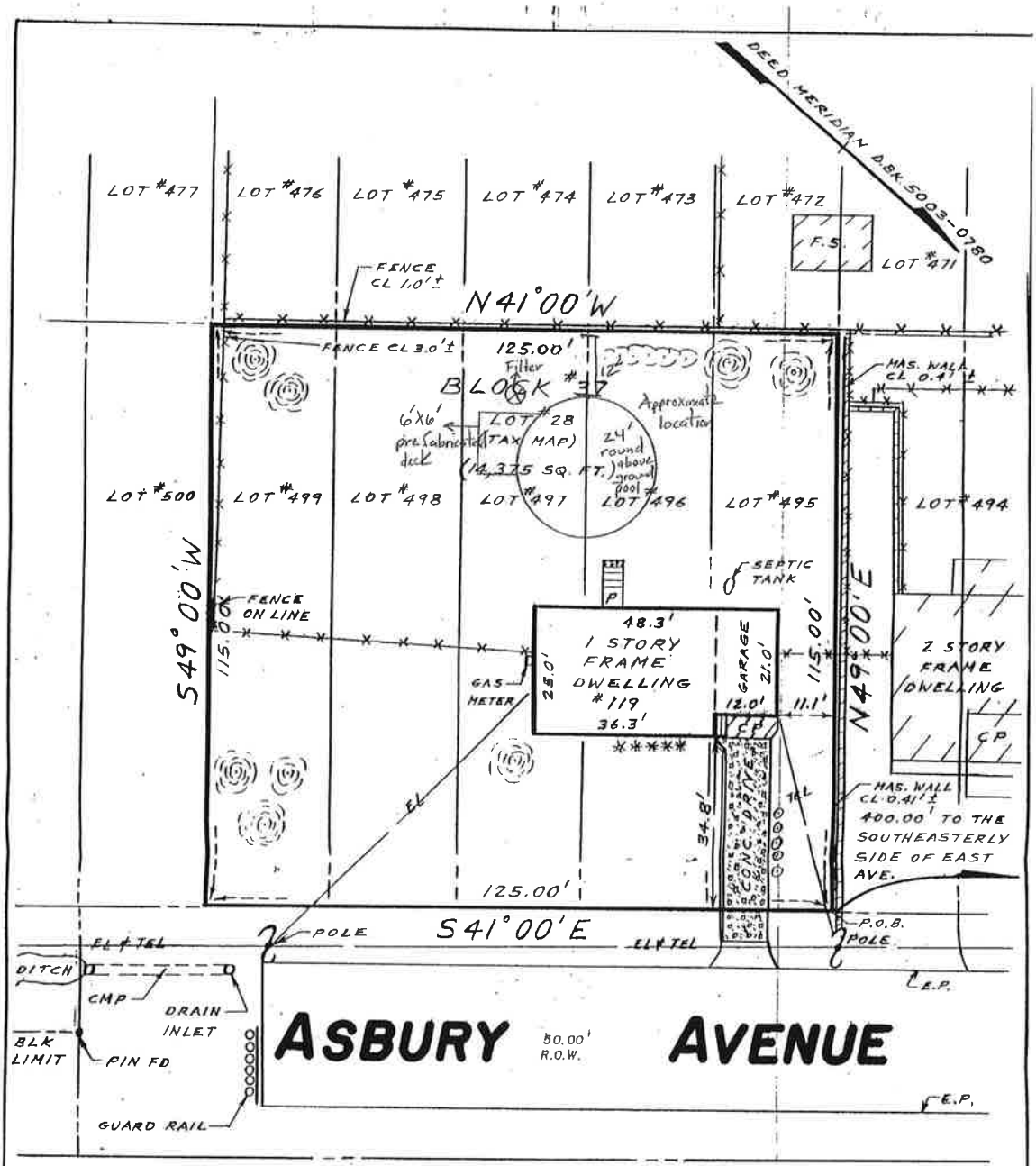
THE FOLLOWING REGULATIONS APPLY TO INSTALLATION OF POOLS:

1. *No pool may be installed or altered until a permit has been issued.*
2. *Pool walls must be kept 10 feet from side and rear yard lines.*
3. *The pool must be equipped to be completely emptied. The method of disposal of waste water (dry well, tapped to sewerline, etc.) must be approved prior to issuance of any permit.*
4. *All electrical installations must be inspected and approved pursuant to the National Electrical Code.*
5. *This application must be accompanied by a clear copy of a property survey showing the exact location of the pool, distances from all property lines and structures, and location of the filter.*
6. *A properly installed 4' fence, with self locking gates must be installed..*
7. *No pool can be filled until approval has been given.*

Thank you $50

Pool approved with setbacks shown

ZONING APPROVAL 5/18/05 Zoning Off



The property is also known as Lots 495,496,497,498 & 499 on Map of Woodland Park, Atlantic Highlands, New Jersey, dated November 10, 1921 (unfiled).

Certified to;

"Christine Clifford

Travelers Mortgage Insurance Inc.
and/or its assigns

Century/Intercounty Title Agency, Inc.
CHF 28799

Chicago Title Insurance Company

Susan L. Goldring, Esquire"

Note; no corner markers set as per written contractual agreement

Location Survey

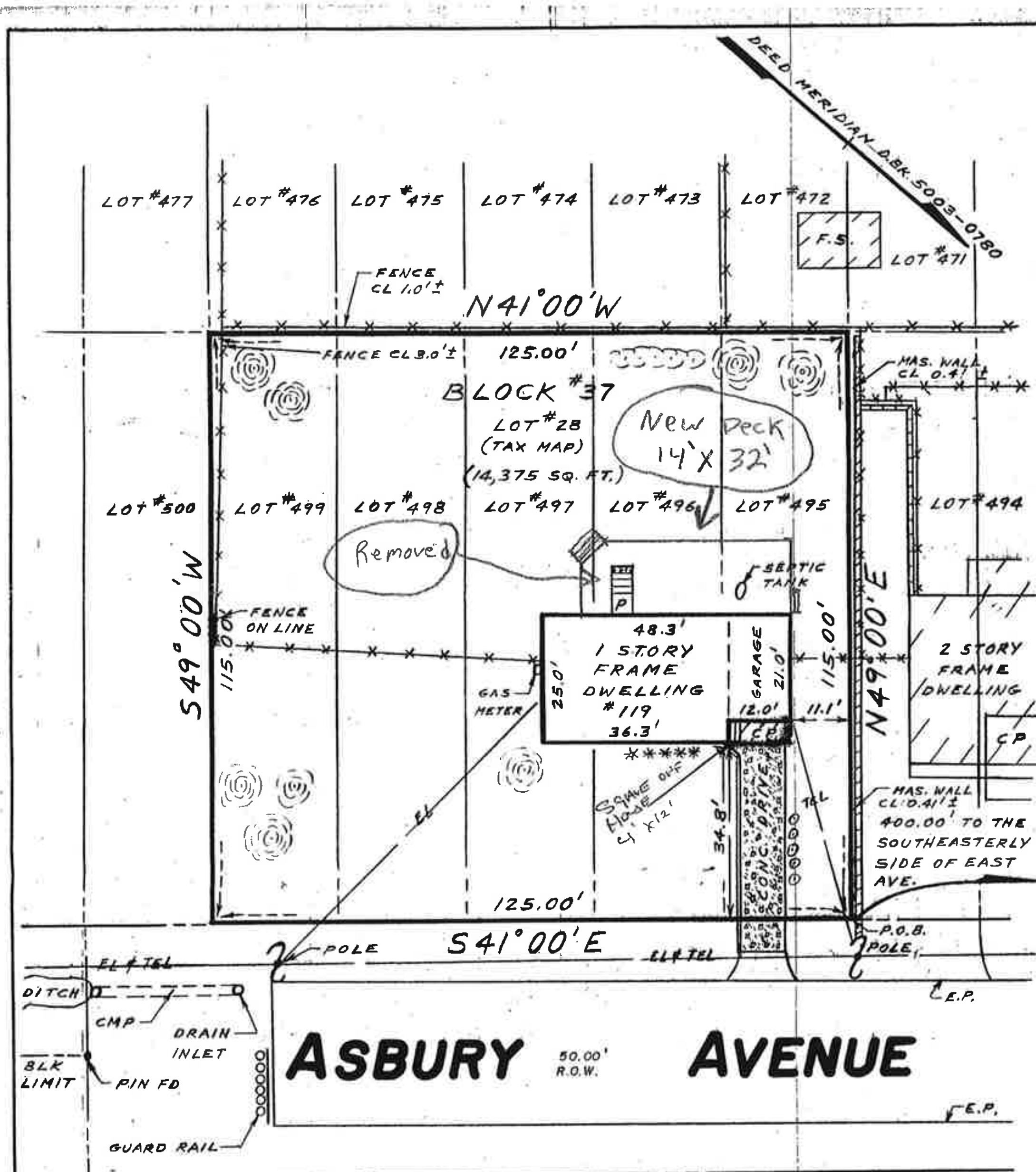
of

Lot 28, Block 37 on the Official Tax Map of the Borough of Atlantic Highlands, Monmouth County, New Jersey

Thomas A. Finnegan — Land Surveyor

Belford, NJ — Lic. #10624

Scale 1"=20' — July 20, 1990


DEED MERIDIAN D.BK. 5003-0780
LOT #477
LOT #476
LOT #475
LOT #474
LOT #473
LOT #472
F.S.
LOT #471
FENCE CL 1.0'±
N41°00'W
FENCE CL 3.0'±
125.00'
MAS. WALL CL 0.4'±
BLOCK #37
LOT #28 (TAX MAP)
(14,375 SQ. FT.)
New Deck 14'X32'
LOT #500
LOT #499
LOT #498
LOT #497
LOT #496
LOT #495
LOT #494
Removed
SEPTIC TANK
FENCE ON LINE
S49°00'W
115.00'
48.3'
1 STORY FRAME DWELLING #119
36.3'
25.0'
GAS METER
GARAGE
21.0'
12.0'
11.1'
CP
115.00'
N49°00'E
2 STORY FRAME DWELLING
CP
Stone Patio 4'x12'
34.8'
CONC. DRIVE
TEL
EL
MAS. WALL CL 0.41'±
400.00' TO THE SOUTHEASTERLY SIDE OF EAST AVE.
125.00'
P.O.B.
POLE
S41°00'E
EL & TEL
EL & TEL
POLE
E.P.
DITCH
CMP
DRAIN INLET
BLK LIMIT
PIN FD
ASBURY AVENUE
50.00' R.O.W.
E.P.
GUARD RAIL

The property is also known as Lots 495,496,497,498 & 499 on Map of Woodland Park, Atlantic Highlands, New Jersey, dated November 10, 1921 (unfiled).

Septic filled in with Stone w/ Brick with lid on top 4/25/03 B/F

Certified to;

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Chicago Title Insurance Company

Susan L. Goldring, Esquire"

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of

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Thomas A. Finnegan
Belford, NJ
Scale 1"=20'

Land Surveyor
Lic. #10624
July 20, 1990

AH

BLOCK 37 LOT 28 QUALIFICATION CODE _____ ADDRESS (SITE) 119 Asbury Ave PERMIT NO. 231-01

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: Vincent & Jeanne Carey 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: GARY THORNE Tel. (732) 787-1632
   Address 567 Monmouth Ave Belford NJ 07718
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 153-38-8961 FAX: (732) 495-6578
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work GARY THORNE
   Tel. (732) 787-1632 FAX (732) 495-6578

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	1	
2.	Height of Structure	14 ft.	
3.	Area — Largest Floor	sq. ft.	
4.	New Building Area	288 sq. ft.	
5.	Volume of New Structure	2304 cu. ft.	
6.	Construction Classification	R-4 CABO	
7.	Total Land Area Disturbed	48 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	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	20,340								
5.	☑ Fire Protection	360 CO								
6.	☑ Plumbing	1,500 CO								
7.	☑ Electrical	900 CO								
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	23,100 CO								

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:

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/8/01
Date Issued 2/20/01
Control #
Permit # 031-01

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 Ave, Atlantic Highlands, NJ 07716

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

Tele. (732) 291-3124
Contractor Gary Thone
Address 567 Woodmont Ave
Belford NJ. 07718
Tele. (732) 787-1632 Fax (732) 495-6578
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.

⊗ Vincent A Corey
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Convert existing 12x24' Garage To Family Room & ½ Bath
Re full roof

ALL WORK TO CONFORM TO CODE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other Alteration 2/01		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 $ 12,500 -
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

ck # 1497 dcz

FEE (Office Use Only)

$
300 -

Administrative Surcharge	$
Minimum Fee	$ 300. -
DCA Training Fee	$ 10 -
TOTAL FEE	$ 310. -

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 2/20/01
Control #
Permit # 031-01

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 Ave
Atlantic Highlands, NJ 07716
Owner in Fee/Occupant Vincent & Jeanne Carey
Address 119 Asbury Ave
Atlantic Highlands, NJ 07716
Tele. (732) 291-3124
Contractor W Farley & Sons
Address 145 Center Ave
Atlantic Highlands
Tele. ( ) 291-7079 Fax ( )
Lic. No. 1929
Federal Emp. No. 153385492

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 900 00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 2-8-01
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
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.

W Farley & Sons
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
4		Lighting Fixtures
20		Receptacles
10		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
34		.....
		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/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		.....
		.....

FEE (Office Use Only)

$ 45.-

Ck # 1497

Administrative Surcharge	$
Minimum Fee	$ 45.-
DCA Training Fee	$ .72
TOTAL FEE	$ 45.72

U.C.C. F120
(rev. 3/96)

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 2/20/01
Control #
Permit # 031-01

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 Ave
Atlantic Highlands, NJ 07716
Owner in Fee Vincent & Jeanne Carey
Address 119 Asbury Ave
Atlantic Highlands, NJ 07716
Tele. (732) 291-3124
Contractor Louis Scagnelli
Address 16 Kentucky Ave
Middletown
Tele. (732) 4955844 Fax (732) 7873634
Lic. No. 10108
Federal Emp. No. 22 3611384

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 $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 2/9/01
Approved by: [signature]

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

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

Louis Scagnelli
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 10.-
	Urinal/Bidet	
	Bath Tub	
	Lavatory R&R	
	Shower	
	Floor Drain	
1	Sink	10.-
	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	$	20.-
Minimum Fee	$	
DCA Training Fee	$	1.20
TOTAL FEE	$	31.20

Ck # 1497 2/20/01

ALL WORK TO CONFORM TO NSPC

U.C.C. F130
(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

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/20/01
Control #
Permit # 031-01

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 AVE
ATLANTIC HIGHLANDS NJ. 07716
Owner in Fee Vincent & Jean Covey
Address 119 Asbury AVE
ATLANTIC HIGHLANDS NJ. 07716
Tele. (732) 291-3124
Contractor W Farley & Sons
Address 145 Center ave
Atlantic Highlands
Tele. (____) 291-2379 Fax (____)
Lic. No. 1979
Federal Emp. No. 53 3885492

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 $ 360 00

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: ____
Approved by: ____

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.

W Farley & Sons
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Convert garage to fam Room

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

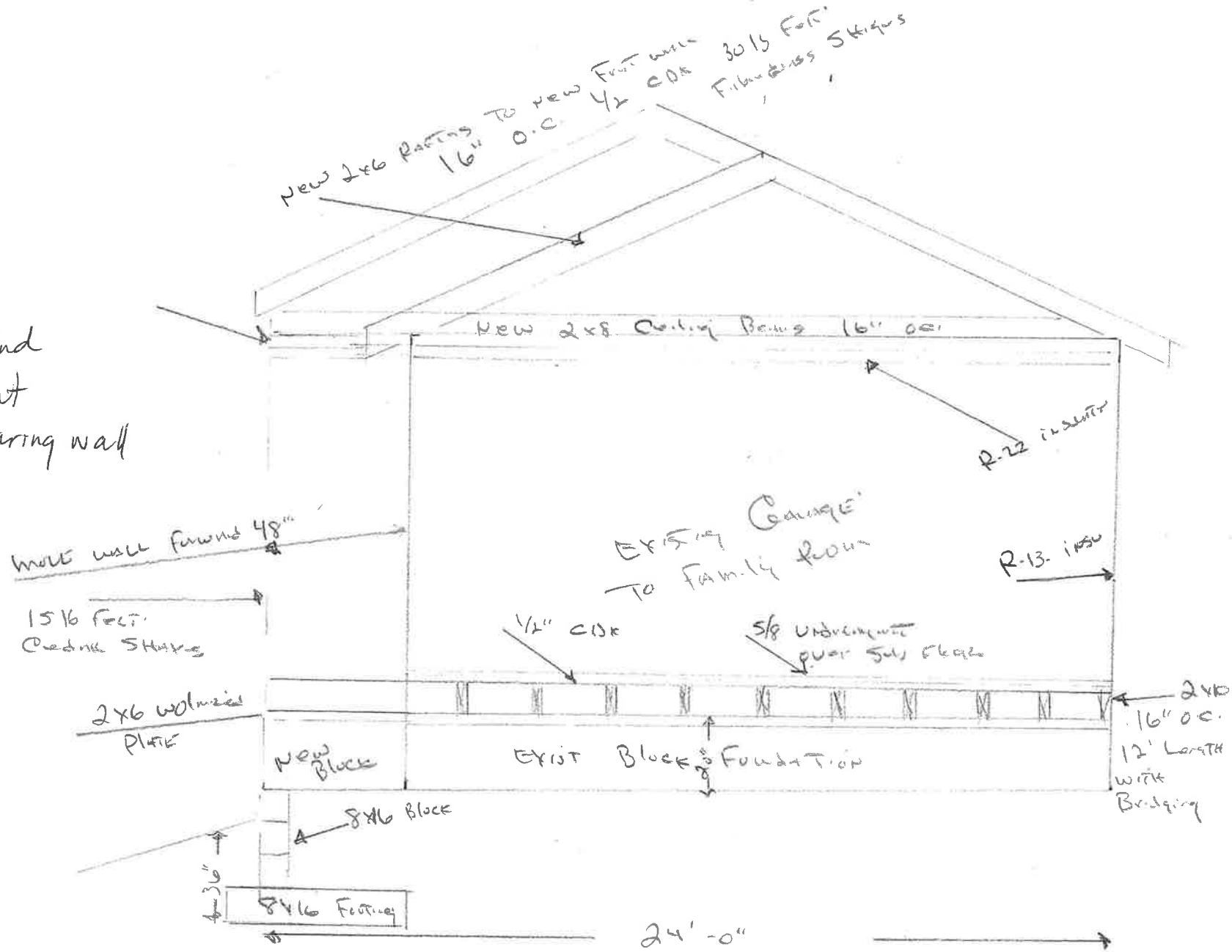
		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices Smoke Detectors		
TOTAL	4	50 -
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 ____		

SMOKE DETECTORS TO CODE

ck # 1497 dlg

Administrative Surcharge	$	
Minimum Fee	$	50 -
DCA Training Fee	$	.29
TOTAL FEE	$	50.29

Gable End
Taking out
Non-bearing wall



Mr thus Vincent Covey -291-3124
Lot 28 Block 37

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

ZONING PERMIT

BLOCK 37 LOT 28 ZONE R-1

DATE 1/29/01 PERMIT # 6-01

PROPERTY LOCATION 119 Asbury Av.

PROPERTY OWNER Vincent + Jeanne 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:

✓ Use permitted by Ordinance.

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

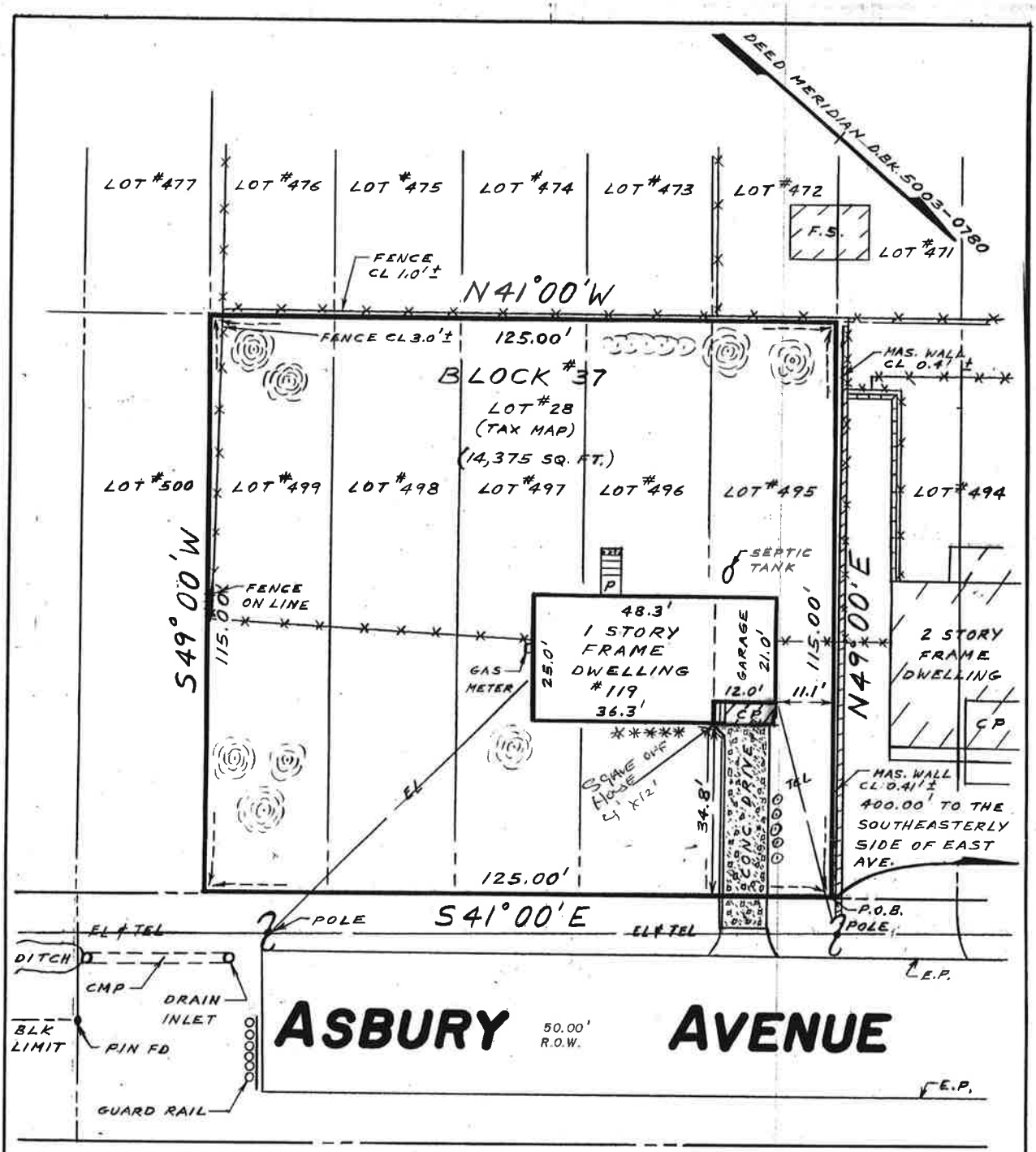
____ VALID NONCONFORMING USE as established by ( ) finding of the Zoning Board of Adjustment, or ( ) by the undersigned zoning officer on the basis of evidence supplied by applicant as specified on the reverse hereof. Also specified on the reverse hereof is a detail statement of all aspects of the nonconforming 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: Bernard J. Trotta DATE: 1/29/01 bjt

Convert Garage to Family Room 12 x 24 + half Bath



The property is also known as Lots 495,496,497,498 & 499 on Map of Woodland Park, Atlantic Highlands, New Jersey, dated November 10, 1921 (unfiled).

Certified to;

"Christine Clifford

Travelers Mortgage Insurance Inc.
and/or its assigns

Century/Intercounty Title Agency, Inc.
CHF 28799

Chicago Title Insurance Company

Susan L. Goldring, Esquire"

Note; no corner markers set as per
written contractual agreement

Location Survey

of

Lot 28, Block 37 on the Official Tax

Map of the Borough of Atlantic Highlands,

Monmouth County, New Jersey

Thomas A. Finnegan — Land Surveyor

Belford, NJ — Lic. #10624

Scale 1"=20' — July 20, 1990