Michelle Clark 2025-00123

From: Francis Villafuerte <opra+request-80552-14f90f8e@requests.opramachine.com>
Sent: Wednesday, September 10, 2025 10:01 AM
To: Clerk
Subject: [EXTERNAL] OPRA request - 121 Center Ave, Atlantic Highlands, NJ 07716; 05-00140-0000-00005

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Atlantic Highlands Borough,

Please accept this electronic request for public records made under OPRA and the common law right of access. I am not required to fill out an official form or use a particular software platform to submit my request per NJSA 47:1A-6(f), which states that an email from a requestor including all of the information required on the adopted form shall suffice in place of a completed form as a valid government record request.

I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

I WILL NOT use the requested government records for a commercial purpose.

I AM NOT seeking records in connection with a legal proceeding.

Records requested:

Kindly provide us with the list of open and closed permits for the property referenced above.

My preferred delivery method for response(s) to this request is by E-mail as attachments. Please confirm you have received this request. If you are not the custodian of records, please forward my request to that person and provide their email address to me for future reference.

Yours faithfully,

ATLANTIC HIGHLANDS
100 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716
732-2911444

CERTIFICATE
IDENTIFICATION

Date Issued: 08/28/2025
Control #: 7472
Permit #: 20250032

Block: 8 Lot : 29 Qualification Code: _____
Work Site Location: 280 OCEAN BLVD
ATLANTIC HIGHLANDS
Owner in Fee: SPINELLO, STEVEN & DENISE
Address: 280 OCEAN BLVD
ATLANTIC HIGHLANDS NJ 07716
Telephone: 908 902-5424
Agent/Contractor: C & C CONTRACTING, INC
Address: 970 RIVER ROAD
CROYDON PA 19021
Telephone: 800 945-2833
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
Social Security No.: _____

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 HVAC

[ ] **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.

[X] **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 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

JOHN P KEANE Construction Official

Fees: $0.00
Paid[X]Check No.: 17697
Collected by: EM

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control #

Date Issued 2 3 2025
Permit # 20250032

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

Block 8 Lot 6.29 Qualification Code 9

Work Site Location 280 Ocean Boulevard
Atlantic Highlands, NJ 07716

Owner in Fee: Steve Spinello

Tel. (908) 902-5424 e-mail spinsurf74@gmail.com

Address Same As Above
street municipality zip code

Contractor: C&C Air Conditioning, Inc. Tel. (732) 495-0600

Address Christopher H. Baker e-mail info@candcair.com
752 Route 36 Belford, NJ 07718

Contractor License No. 19HC00397900 Exp. Date 06/30/2026

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222469219 FAX: (732) 495-6040

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement

Type: [ ] Hydronic [X] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 2/26/25
Approved by: MV
SUBCODE APPPROVAL for CERTIFICATE
[X] CA 8/16/2025 [ ] CCO
Date:
Approved by: MV

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Chris Baker

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Lennox Furnace, Condenser & Coil

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 170
TOTAL FEE $

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 2 3 2025
Permit # 20250032

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

Block 8 Lot 29 Qualification Code

Work Site Location 280 Ocean Boulevard
Atlantic Highlands, NJ 07716

Owner in Fee: Steve Spinello

Tel. (908) 902-5424 e-mail spinsurf74@gmail.com

Address Same as above
street municipality zip code

Contractor: Mike Leto Tel. (732) 495-0600

Address C&C Air Conditioning e-mail info@candcair.com
5 Eastwood Blvd Manalapan 07726

Contractor License No. 34E101479300 Exp. Date 03/31/2027

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222469219 FAX: (732) 495-6040

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] 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: 6/12/25
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6/12/25
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6/12/25	
Barrier-Free				

Dates (Month/Day)

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 sign/Contractor sign and seal here:

Print name here: Michael A. Leto

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace Furnace, Condenser & Coil

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		Disconnect	
1		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	
1	10	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	
1		furnace	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 260

U.C.C. F120 (rev. 01/21)
Internet version

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

CERTIFICATE

Date Issued 10/12/94
Control # 215-94
Permit # 0215-94

IDENTIFICATION

Block 146 Lot 5
Work Site Location 121 Center Ave.
Atlantic Highlands, NJ 07716
Owner In Fee Christopher & Betsy Safara
Address 121 Center Ave.
Atlantic Highlands, NJ 07716
Tele. (908) 872-2171
Contractor Same as above
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. 086-34-1841

Home Warranty No. ---
Use Group R-3
Maximum Live Load 60 P.S.F.
Description of Work/Use:

Renovate House

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification 5b
Maximum Occupancy Load 60

CERTIFICATE OF OCCUPANCY/APPROVAL

☑ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19 _____ or the owner will be subject to a fine or order to vacate:

Fee $ 25.00
Paid [ ] Check No. 1449
Collected by: DDB

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11/30/95
Control #
Permit # 011-95

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

Block 140 Lot 5
Work Site Location 121 Center Ave.
Owner in Fee Christopher & Betsy Safara
Address 121 Center Ave Atlantic Highlands, N.J.
Tele. (908) 872-2171
Contractor Christopher J. Safara
Address 121 Center Ave Atlantic Highlands N.J. 07716
Tele. (908) 872-2171
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. 086-34-1841

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	1-31	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present — Proposed ✓
Constr. Class Present — Proposed —
No. of Stories 1
Height of Structure 16' Ft.
Area—Largest Floor 24' x 26' 624 Sq. Ft.
Total Bldg. Area/All Floors 624 Sq. Ft.
Volume of Structure 9984 Cu. Ft.
Total Land Area Disturbed 700 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 3000.00
2. Alteration $
3. Total (1+2) $

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

garage

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only) FEE

$	
Administrative Surcharge	$ 15.97
Minimum Fee	$ 100.-
TOTAL FEE	$ 115.97

Paid [✓] Check # Cash
Collected by: SA

U.C.C. Form F-110A 1 White = Office Copy 2 Canary = Office Copy 3 Pink = Applicant Copy 4 Hard = Inspector Copy

121 Center Ave

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tele. (____) _____
Contractor _____
Address _____
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security 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.

_____
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date 12-19-95
Approved By: M

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			12-19	
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			12-19-95	

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of 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
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE

$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-110A 1 White - Office Copy 2 Canary - Office Copy 3 Pink - Applicant Copy 4 Hard - Inspector Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received —
Date Issued 11/1/94
Control #
Permit # 349-94

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

Block 140 Lot 5
Work Site Location 121 CENTER AVE ATLANTIC HIGHLANDS NJ
Owner in Fee CHRISTOPHER + ELIZABETH SAFARA / MARTIN BY AGT
Address 90 E GARFIELD AVE ATLANTIC HIGHLANDS NJ
Tele. (908) 872-2171
Contractor Richard Sutch INC.
Address PO BOX 355 LEONARDO, N.J.
Tele. (908) 291-8614
Lic. No. 7654
Federal Emp. No. 22-2786990 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10 Aug 94
Approved by:

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

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 Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	
	Urinal/Bidet	
2	Bath Tub	
3	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
1	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ .40
Paid [ ] Check # 1487 Minimum Fee $ 50.-
DCA Training Fee $
Collected by: CAB TOTAL $ 50.40

UCC Form F-130B

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

121 Center Ave.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11/1/94
Control #
Permit # 5-17-94

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

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tele. ( ) _____
Contractor Richard Sutch INC.
Address PO Box 353 LEONARDO, N.J.
Tele. (908) 291-8614
Lic. No. 6534
Federal Emp. No 22-2786990 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water ✓ Private Well _____
Estimated Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 11-30-94
Approved by: _____

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Approved By: _____
Date 12-12-94

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough			11/29/94	
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 Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	
	Urinal/Bidet	
2	Bath Tub	
3	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
1	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	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ .40
Paid [✓] Check # 1881 Minimum Fee $ 35.
DCA Training Fee $ 3.00
Collected by: DOB TOTAL $ 38.40

UCC Form F-130B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/4/94
Control #
Permit # 215-94

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

Block 140 Lot 5
Work Site Location 121 Center Ave Atlantic Highlands N.J. 07716
Owner in Fee Christopher J. & Sandra Martin Byrne
Address 90 East Garfield Ave Atlantic Highlands N.J. 07716
Tele. (908) 872-2171
Contractor Homeowner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. 086-34-1841

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	10-3-94	TL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5b Proposed 5b
No. of Stories 3
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 15000

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

Put extra house
- new sheetrock + painting -

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only) FEE

Administrative Surcharge	$ 12.00
Paid [✓] Check # 1449 Minimum Fee	$ 225.00
Collected by: TOTAL FEE	$ 237.00

U.C.C. Form F-110A 1 White = Office Copy 2 Canary = Office Copy 3 Pink = Applicant Copy 4 Hard = Inspector Copy

121 Center Ave.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tele. (____) _____
Contractor _____
Address _____
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security 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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Solar Panels. Foundations only -

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-5-94
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame ✓			11-21-94	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other ✓				
Final			12-8-94	

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only) FEE

$ _____

Administrative Surcharge $ _____
Paid [✓] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of 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. Form F-110A

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

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

ZONING PERMIT

BLOCK 140 LOT 5 ZONE R-1

DATE 1/30/95 PERMIT # 95-3

PROPERTY LOCATION 121 Center Av

PROPERTY OWNER Christopher & Betsy Safara

TELEPHONE # 908-872-2171

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.

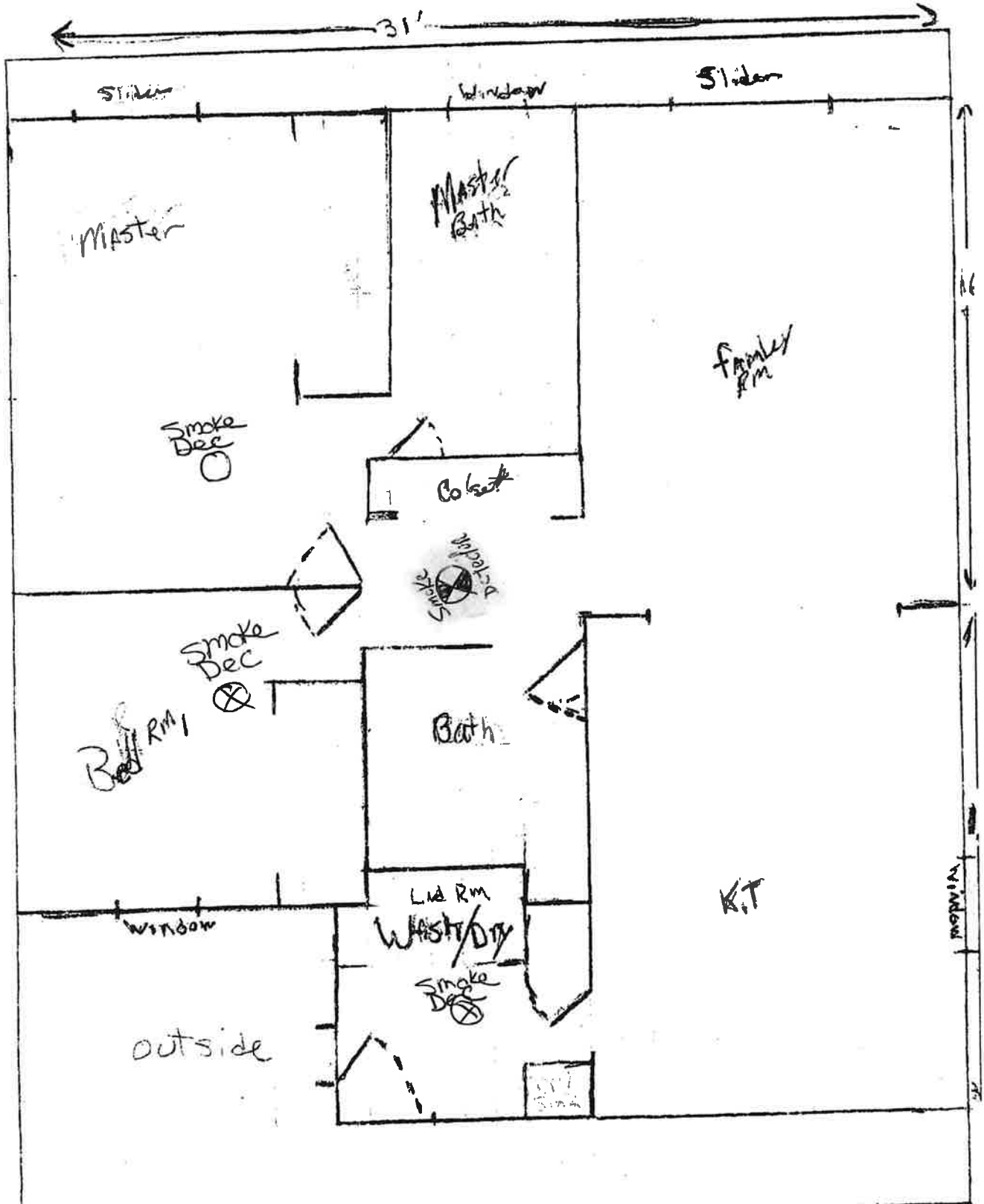
____ VALID NONCONFORMING USE as established by ( ) finding of the Zoning Board of Adjustment, or ( ) by the undersigned zoning officer on the basis of evidence supplied by applicant as specified on the reverse hereof. Also specified on the reverse hereof is a detail statement of all aspects of the nonconforming 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: B J Scott DATE: 1/30/95

Garage 24 x 26 x 16 ht.



REV. NO.	DESCRIPTION	DESIGN:	SCALE: 1/4" = 1'
DATE	Fire Protection	DRAWN:	DATE:
Perini Slattery		CHKD:	DWG.
		APRVD:	

121 Center Ave

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5-19-99
Date Issued
Control #
Permit # 11899

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

Block 140 Lot 5
Work Site Location 121 Center Ave.
Atlantic Highlands N.J. 07716
Owner in Fee Christopher Safara
Address 121 Center Ave.
Atlantic Highlands N.J.07716
Tele. (732) 872 2171
Contractor [illegible] POOLS & SUPPLIES
Address [illegible] LAKEWOOD ROAD
[illegible] S RIVER, NJ 08755
Tele. ( ) Fax 732-244-2190
Lic. No. or Bldrs. Reg. No. FED ID #22-2379962
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.

William Wagner
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Fiberglass ingroung pool
12 X24 3 ft. to5.6 deep

Install 4 ft chain link fence around pool area to meet all codes By others

(Note - Must have self closing gates)

ALL WORK TO CONFORM TO CODE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other inground pool	5-19-99	

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	8-17-99			
Barrier-Free	10-5-99			

NOT READY FOR FINAL 1AD

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [X] Fence 4ft c/ Height (exceeds 6')
  [ ] Sign _____ Sq. Ft.
  [X] Pool inground pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other
[ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge	$	75-
Minimum Fee	$	
DCA Training Fee	$	12.00
TOTAL FEE	$	87-

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 $ 15,000.00
3. Total (1+ 2) $ 15,000.00

6-15 NOT READY FOR Pool collar

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

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

Township of Middletown

121 Center Ave.

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/6/99
Date Issued
Control #
Permit # 145-99

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

Block 140 Lot 5
Work Site Location 121 Center Ave
Owner in Fee Christopher J Saffara
Address 121 Center Ave
Atlantic Highlands, N.J.
Tele. (732) 872-2171
Contractor Hueston Electric
Address 76 Center Ave
Leonardo N.J. 07737
Tele. (732) 291-7207
Lic. No. 12702
Federal Emp. No. _____ or Social Security No. 142-60-1427

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [X] Other underground Pool
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6/99
Approved by: E. Ryan

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6/99
Approved By: E. Ryan

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-29	

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.

X _____
Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
1		Switches (3)	
1		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	
1		Pool Bonding	
1	1½ 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	
2	½ 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	
	___	Other	

Paid [X] Check # 3255
Collected by: POB

Administrative Surcharge	$ _____
Minimum Fee	$ 75.-
DCA Training Fee	$ .16
TOTAL FEE	$ 75.16

U.C.C. Form F-120B

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

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 #*_____ *DATE* 5-11-99 *CHECK#*_____

BLOCK 140 *LOT* 5 *ZONE* R 1

****

Property Location: 121 CENTER AVE ATLANTIC HIGHLANDS

Property Owner: CHRISTOPHER SAFARA *Phone #* 732-872-2171

Address is different: SAME

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

Type of Construction: *Liner*____ *Tile*____ *Concrete*____ *Other* FIBER GLASS

Size of Pool 12 x 24 *Shape* OVAL COCOA BEACH

Describe Filtering System: SAND FILTER W/ MOTOR

Make and Model of Pool (Attach Manufacturers Specifications):

SAN JUAN - COCOA BEACH

Name, Address & Phone # of Company installing Pool: DOVER POOLS & SUPPLIES
1740 LAKEWOOD ROAD
TOMS RIVER, NJ 08755
732-244-2190
FED ID #22-2379962

Agent

OWNER SIGNATURE: William Wyatt *DATE:* 5-11-99

****

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 around all pools, unless, for above-ground pools, a deck with an approved swing-up and self-locking stair is provided.*
7. *No pool can be filled until approval has been given.*

ZONING APPROVAL_____

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

ZONING PERMIT

BLOCK 140 LOT 5 ZONE R-1

DATE 5/12/99 PERMIT # 32-99

PROPERTY LOCATION 121 Center Av.

PROPERTY OWNER Christopher Safarea.

TELEPHONE # 872-2171

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: R.J. Fratta DATE: 5/12/99

12 X 24 Inground Pool enclosed with 4'0 fence with self Closing gates on all exits

DOVER POOLS & SUPPLIES

1745 Lakewood Road Toms River, N.J. 08755

(732) 244-2190

Additional Locations:
Pine Creek Square, Route 9, Marlboro, N.J. 07746 (732) 536-0700
507 Route 72 West, Manahawkin, N.J. 08050 (609) 978-8500

Date 5-6-1999

Township of: Atlantic Highlands

RE:

Customer Name Christopher Safara

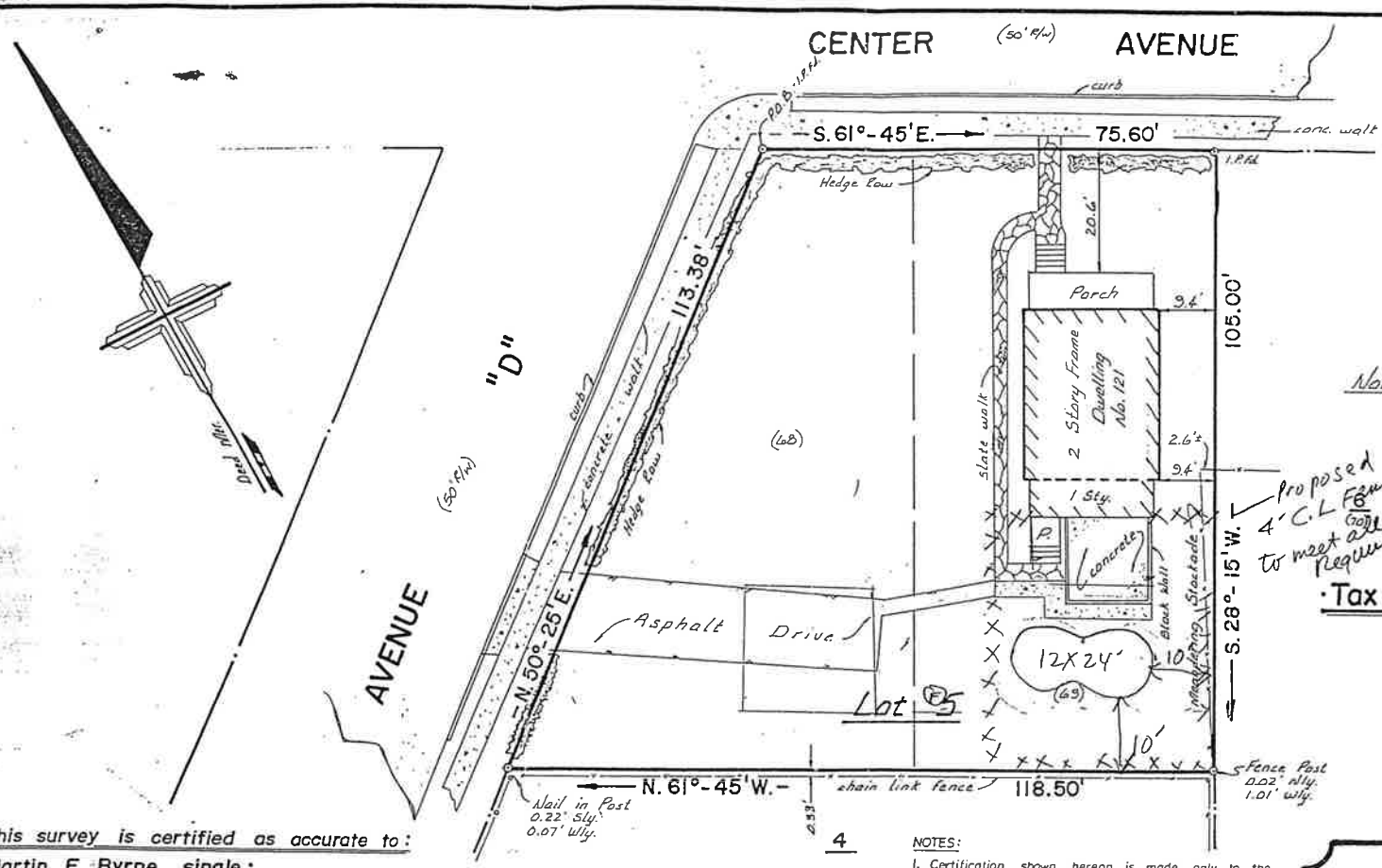
Address 121 Center Ave.

Lot 5 Block 140

Attn: Building Official

Please take notice that Dover Pools & Supplies is not the fence contractor for this project. The work we will be doing is limited to the information contained in the contract and we are not under contract with the homeowner for the fence work. This is to be contracted by a separate contract with the homeowner & a fence contractor and Dover Pools & Supplies is no way responsible for this work. It is to be done by others.

Yours truly,
Burton Greene
President



Note: Being also known as Lots 6B as shown on "Map of Buildin. Lots for Sale at Atlantic High. by John S. Hubbard". Dated and filed in the Mon. Co. Cl. Off. on Sept. 19, 1882 in Cas 22-5.

·Tax Map Block 140·

This survey is certified as accurate to:

Martin F. Byrne, single;
The Provident Savings Bank, its successors and/or assigns;
Transamerica Title Insurance Company, and
Morton P. Kramer, Esq.

NOTES:

1. Certification shown hereon is made only to the parties named hereon and is not transferable to subsequent owners.
2. Subsurface utilities and other underground improvements are not shown hereon.
3. All corners set as per contractural agreement with ultimate user.
4. Deed Reference: DB 3827, Pg 414
5. Lot Area = 10,196.63 sq. ft.

SURVEY OF PROPERTY

situate in the

BORO OF ATLANTIC HIGHLANDS, MON. CO.

TAX MAP BLOCK 140 LOT 5
(as shown on current Official Tax Map)

Scale: 1" = 20' | Date: Aug. 8, 199·

LeRoy C. Stroby (date) 3/8/94

LeRoy C. Stroby, PLS
N.J. Licensed Land Surveyor No. 25485
100 Washington St., Unit 5, Long Branch, N.J. 07740
Ph. 1-908-229-6538

Drwn. LCS | Chk'd. LCS | File S-94-186 | Sheet 1 of 1

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/3/04
Date Issued
Control #
Permit # 032-04

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

Block 140 Lot 5
Work Site Location 121 Conlon Ave
Atlantic Highlands
Owner in Fee Christopher & Elizabeth Soltys
Address 121 Conlon Ave
Tele. (732) 872-2171
Contractor Kanigan Elect
Address 1 Marin Place, Mid. 07748
Tele. (732) 615-0005 Fax ( ) 615-0588
Lic. No. 10837
Federal Emp. No. 156-54-5270

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 $ 200

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: 4/27/04 WOTB
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ADDITION 24x16 (384 sq)
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Carbon Monoxide (CO) alarms are required to be installed in the immediate vicinity of each sleeping area. CO alarms shall be battery-operated, hard-wired or of the plug-in type.

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity Fuel
Alarm Systems
[ ] Gov. Interconnected NUMBER
[ ] Systems

	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow) 1-15	50
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	
Other	

HVAC 5-23.6.33(f)1 - If addition is 25% or more of largest floor of existing building, hardwired, interconnected smoke detectors with battery backup - are required in all bedrooms - outside bedroom area and on all levels of home (existing areas of basic included)

Administrative Surcharge	$ 50
Minimum Fee	$ 27
DCA Training Fee	$
TOTAL FEE	$ 50.27

0767

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/3/04
Date Issued —
Control #
Permit # 032-04

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

Block 140 Lot 5
Work Site Location 121 Center Avenue
Atlantic Highlands N.J
Owner in Fee Same SAFARA, Chris & Liz.
Address
Tele. (732) 872-2171
Contractor Self
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2 story addition to existing house

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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				

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)

Administrative Surcharge	$ 165 -
Minimum Fee	$
DCA Training Fee	$ 17.47
TOTAL FEE	$ 182.47

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 2
Height of Structure 26 Ft.
Area — Largest Floor 440 Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure 1st 3520 / 2nd 3072 Cu. Ft. 6592
Total Land Area Disturbed 440 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 30,000

OL # 0762

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/3/04
Date Issued
Control #
Permit # 032-04

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

Block 140 Lot 5
Work Site Location 121 Center Ave. Atlantic Highlands
Owner in Fee/Occupant SAFARA
Address
Tele. ( )
Contractor KERRIGAN ELECTRIC
Address 1 MARLTY PLACE, MDD. N.J 07748
Tele. (732) 615-0005 Fax ( ) 615-0588
Lic. No. 10837
Federal Emp. No. 156-59-5270

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 5000

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: 1/29/04
Approved by:

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

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			9/30/04	ER
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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

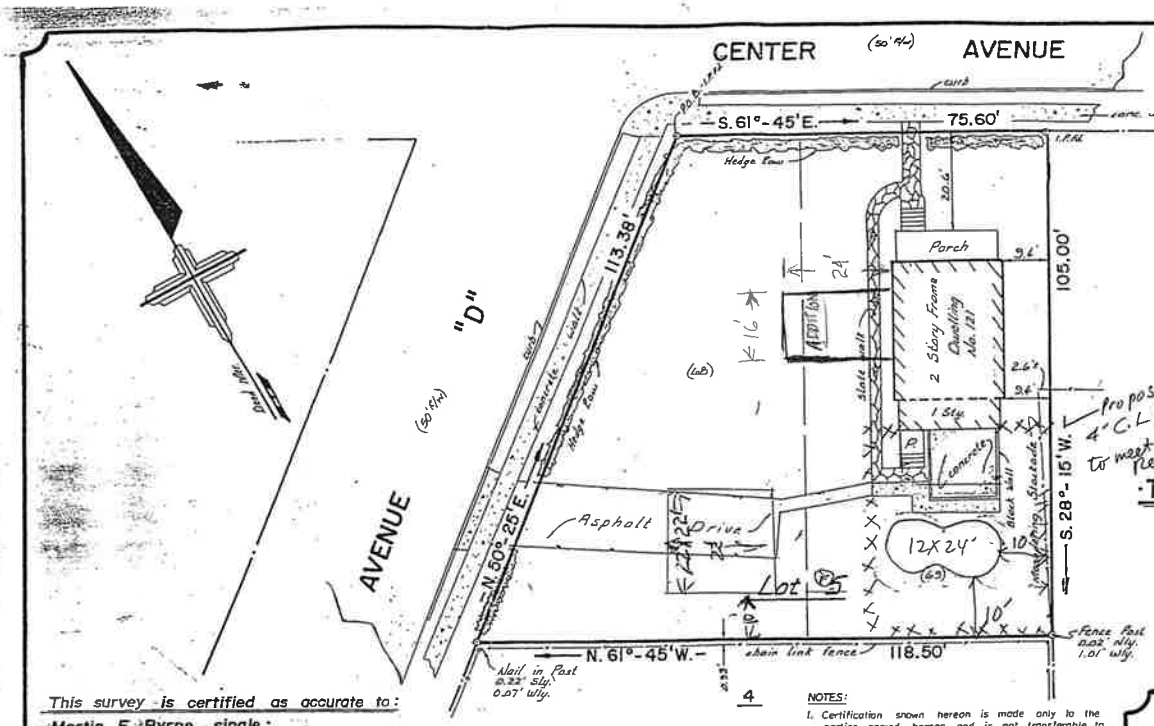
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
20		Receptacles	
4		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot 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/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	50-
Minimum Fee	$	6.75
DCA Training Fee	$	
TOTAL FEE	$	56.75

CK# 0762

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

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



This survey is certified as accurate to:
Martin F. Byrne, single;
The Provident Savings Bank, its successors and/or assigns;
Transamerica Title Insurance Company, and
Morton P. Kramer, Esq.

NOTES:
1. Certification shown hereon is made only to the parties named hereon and is not transferable to subsequent owners.
2. Subsurface utilities and other underground improvements are not shown hereon.
3. All corners set as per contractural agreement with ultimate user.
4. Deed Reference: DB 3827, Pg. 414
5. Lot Area = 10,196.63 sq. Ft.

SURVEY OF PROPERTY

situate in the
BORO OF ATLANTIC HIGHLANDS, MON. CO.

TAX MAP BLOCK 140 LOT 5
(as shown on current Official Tax Map)

Scale: 1" = 20' | Date: Aug. 8, 199<

LeRoy C. Stroby (date) 8/8/94

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Drwn. LCS | Ck'd. LCS | File 5-94-186 | Sheet 1 of 1