



CONSTRUCTION PERMIT APPLICATION

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

1. Proposed Work: 13 Bawn
Arn More Appleton

2. Name of Owner in Fee: [redacted] e-mail _____

Address 169 Parish Lane Wayne NJ 07470 zip code _____

3. Ownership in Fee: Public _____ Private X municipality _____

4. Principal Contractor: Atlantic Windows & Door Tel. [redacted]

Address 1600 Wood RD Wall NJ 07719 e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date Dec 31/14
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13M1001960
Federal Emp. ID No. 22-3152952 FAX: (____) _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun William Baker
Tel. 1722 _____ FAX: (____) _____

1a. PROPOSED WORK					
☐	Minor Work	☐	New Building	☐	Addition
☐	Repair	☐	Alteration	☐	Renovation
☐	Asbestos Abat. -Subch. 8	☐	Lead Hazard Abatement	☐	Radon Remediation

1b. SUBCODES
(Check all that apply)

☒ Building

☐ Electrical

☐ Plumbing

☐ Fire Protection

☐ Elevator

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer
20,000				07/24/98	SL

TOTAL COST	
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DOES ORIGINALLY YOUR BILLING CONTAIN ANY OF THE

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/

2. ☐ Dumbwaiters/Moving Walks

3. ☐ High Pressure Boilers

3. ☐ Pressure Vessels

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Walks

6. ☐ Hazardous Uses/PIPs

7. ☐ Sprinklers/Standpipes

U.C.C. F100-1 (rev. 8/08)

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$	500	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$	34	
9. State Permit Surcharge Fee	\$		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	534	

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. Max. Live Load	_____	_____	_____
7. Max. Occupancy Load	_____	_____	_____
8. If Industrialized Building: State Approved	_____	HUD	_____
9. Total Land Area Disturbed	_____	_____	sq. ft.
10. Flood Hazard Zone	_____	_____	_____
11. Base Flood Elevation	_____	_____	ft.
12. Wetlands	yes _____ no _____	_____	_____

VII. DESCRIPTION OF BUILDING USE A. RESIDENTIAL (primary use) 1. State Specific Use: _____ 2. Use Group, Proposed: _____ 3. Change in Use Group, Indicate Present: _____ 4. No. of dwelling units: <u>Total Units</u> <i>Income-restricted</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>Gained, Sale</td> <td></td> <td></td> </tr> <tr> <td>Gained, Rental</td> <td></td> <td></td> </tr> <tr> <td>Lost, Sale</td> <td></td> <td></td> </tr> <tr> <td>Lost, Rental</td> <td></td> <td></td> </tr> </table>				Gained, Sale			Gained, Rental			Lost, Sale			Lost, Rental		
Gained, Sale																
Gained, Rental																
Lost, Sale																
Lost, Rental																
B. NON-RESIDENTIAL (primary use) 1. State Specific Use: _____ 2. Use Group, Proposed: _____ 3. Change in Use Group, Indicate Present: _____ C. MIXED USE -List secondary use(s): _____ D. Construct. Classification: Present _____ Proposed _____																

Backflow Preventers	8. ☐	Smoke Control Systems in Open Wells	12. ☐	Fire Alarm
of Assembly	9. ☐	Underground Storage Tanks		
	10. ☐	Swimming Pools, Spas and Hot Tubs		
	11. ☐	LPGas Tanks		

Lavallette Borough Bldg Dept
1306 Grand Central Ave.
Lavallette NJ 08735
(732)793-7477



CERTIFICATE

1515 - LAVALLETTE BORO

Date Issued: 08/11/2015
Permit # 14-00386
Certificate: 1400386.1

IDENTIFICATION

Block 10 Lot 18 Qualifier
Work Site Location 13 Brown Avenue
Lavallette, NJ 08735
Owner in Fee Ann Marie Appleton
Address 439 Parrish Drive
Wayne, NJ 07470
Telephone [REDACTED]
Contractor Atlantic Window & Door, Inc.
Address 3250 Rt. 35 North
Lavallette, NJ 08735
Telephone [REDACTED] TAX
Lic No/Bldrs Reg No. [REDACTED] Fed. Emp. No. 223152952

Home Warranty No.
Type of Warranty Plan [] State [] Private
Use Group I/R-5
Maximum Live Load
Construction Class VB
Max. Occupancy Load
Description of Work/Use
NEW REAR DECK - 26'X20'

Home Imprv. Reg No. / Exempt
Reason -

☐ 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 the 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

☐ 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 (0 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 \$0.00
Paid [] \$0.00
Check No.
Collected by:

Kenneth E. Keel

CONSTRUCTION OFFICIAL

PermitsNJ

PNJF260 rev. (5/2013)

Printed On: 08/11/2015 09:51



BUILDING SUBCODE TECHNICAL SECTION



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

Block 10 Lot 18 Qualification Code _____
Work Site Location 13 Brown

Owner in Fee: Ann Marie Appleton
Tel: 908 658 0518 e-mail: _____
Address 169 Persh Lane Wayne NJ 07470
Contractor: Atlantic Window + Door Tel: 732 241 1111
Address 1608 Quaker RD e-mail: _____
Wayne NJ 07719

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 137440019600
Federal Emp. ID No. 22-3152952 FAX: () _____

JOB SUMMARY (Office Use Only)		PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Initial	Type	Failure	Approval	Initial	
☒ All	<u>07/12/14</u>	<u>P</u>	Footing Required			<u>09/05/14</u>	<u>WEL</u>
☐ Footings/Foundations			Footing Bonding				
☐ Structural/Framework			Foundation				
☐ Exterior			Slab			<u>09/12/14</u>	<u>WEL</u>
☐ Interior			Frame				
Joint Plan Review Required:			Truss Sys./Bracing				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free				
SUBCODE APPROVAL for PERMIT			Insulation				
Date: <u>07/12/2014</u>			Finishes -Base Layer				
Approved by: <u>RL</u>			Finishes -Final				
SUBCODE APPROVAL for CERTIFICATE			Energy				
☐ CO ☐ CCO ☐ W/CA			Mechanical				
Date: <u>08/10/15</u>			TCO				
Approved by: <u>WEL</u>			Other			<u>12/10/12</u>	<u>75</u>
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed RS Constr. Class Present _____ Proposed SB

No. of Stories _____ If Industrialized Building: State Approved _____ HUD _____

Height of Structure _____ ft. Est. Cost of Bldg. Work: _____

Area — Largest Floor _____ sq. ft. 1. New Bldg. \$ _____

New Bldg. Area/All Floors _____ sq. ft. 2. Rehabilitation \$ _____

Volume of New Structure 40 cu. ft. 3. Total (1+2) \$ 20,000

Max. Live Load _____ d 5' U.C.C. F1 (rev. 11/05)

Max. Occupancy _____

Date Received
Control # 7-28-1
Date Issued
Permit # 14-00386

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.

Sign here: William Keker

Print name here: William Keker

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Build Rear Deck new

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$ 500

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 34
TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Reorder (2) 534-3000

APPLETON
13 Brown Avenue
Lavallette, New Jersey
08735

Block 10
Lot 18

July 7, 2014

Gary Royer,
Zoning / Code Enforcement Officer - *Building Dept.*
Borough of Lavallette
1306 Grand Central Avenue,
Lavallette, NJ 08735

FILE COPY

Please consider my application for a permit to construct
a back yard deck based on the attached drawings. Thank
you for your consideration, and I hope to hear back with
an approval soon.

Very truly yours,
Annemarie Appleton

Annemarie Appleton

RELEASED

LAVALLETTES CONSTRUCTION DEPT.

DATE 07/26/14

CLDG CODES OFFICIAL 07.12.14 Sh

ELECT
PLG

FIRE

CONSTRUCTION OFFICIAL 07/26/14 Kell

Homeowner

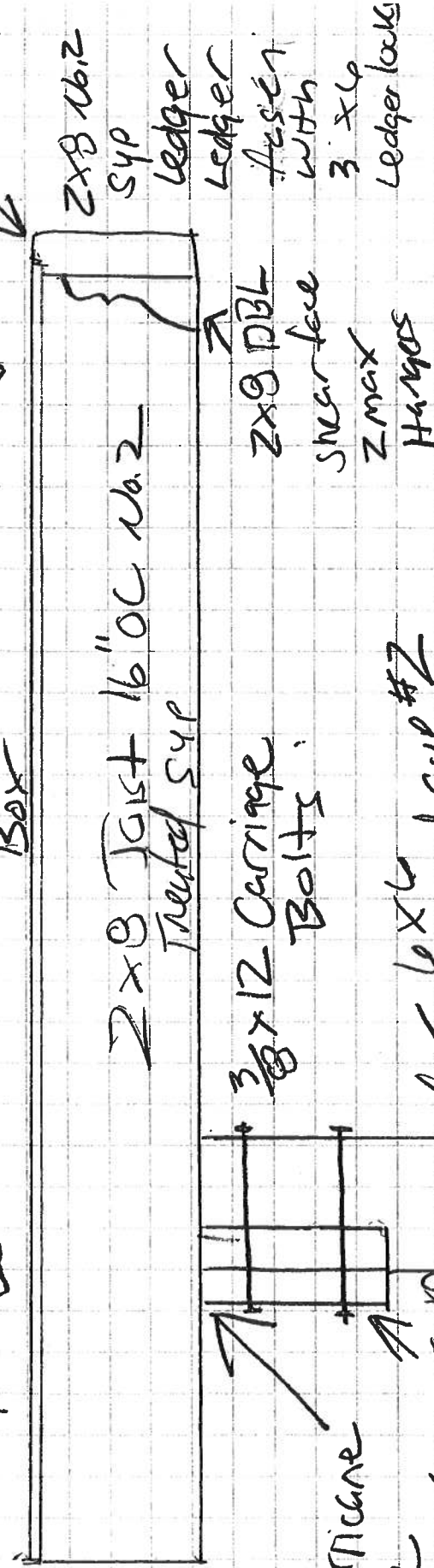
Deck cross section

5/4 x 6 ABRK Deck

Deck Rail 36" H

less Than 4 Inch spacing Post & Box

Well Finish Inside



6x6 Treated syp #2 Posts

6x6 Zmax Post Base ABRK

Deck

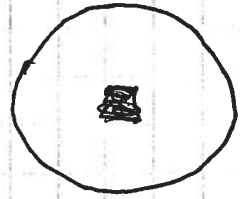
54"

Above grade

12x48"

CONCRETE Footing

Footing Detail



Black 10 L x 10



BOROUGH OF LAVALLETTE

ZONING / CODE ENFORCEMENT

1306 Grand Central Avenue
Lavallette, NJ 08735
(732) 793-5105
Fax (732) 830-8248
www.zoning@lavallette.org

RECEIVED
JUL 10 2014
BY: [Signature]

BLOCK 10
LOT 18

FEE PAID

\$ 50.00

ZONING PERMIT APPLICATION

ZONING DISTRICT R-A RESIDENTIAL (R-A), (R-B), (R-C), (R-D), BUSINESS (B-1) (B-2)

STREET ADDRESS/WORK SITE 13 Brown

CURRENT USE: SINGLE FAMILY ☒ MULTI-FAMILY ☐ COMMERCIAL ☐
MIXED USE ☐ NO CHANGE IN USE ☐ PROPOSED USE ☐

DESCRIPTION OF WORK CONSTRUCT REAR DECK 20' X 26'

- Attach a plot plan, survey or sketch of property showing dimensions of all buildings, structures, improvements, set backs and parking spaces. (existing and proposed)
- Additions, renovations or new construction require a complete building folder with two sets of detailed construction plans submitted with zoning application.
- Zoning inspection of foundation is required prior to framing and further construction.
- Certification of ridge height is required.

APPLICANT CERTIFICATION

I hereby certify that the information provided by me on this form is true, accurate and complete. I further certify that I have reviewed and understand all information contained on both sides of this form.

NAME William Keller ADDRESS 1600 DUBOIS RD WELLET

PHONE [REDACTED] AUTHORIZED AGENT/CONTRACTOR William Keller Atlantic Window

OWNER SIGNATURE _____ DATE July 9-14

Contractor DCA registration number 13U460019600

This application when approved is subject to issuance of construction permits. Any deviation from submitted plans and/or drawings would void this approval.

Conditions for approval is applicable _____

This application is denied as it violates Lavallette Borough Ordinance # _____

To wit: _____
PLEASE COMPLETE BOTH SIDES OF THIS FORM

REVISED 4/28/14

APPROVED: [Signature] DENIED: _____ DATE 7-11-14

Application Fees: \$100.00 New construction of a structure or accessory structure
\$200.00 Bulkhead
\$ 25.00 Shed, fence, roofing, siding, windows, curbs/sidewalks
\$ 50.00 All other