

2/31/11. Spoke w/Atlantic W&D

3 BLOCK 10 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 11-00214



CONSTRUCTION PERMIT APPLICATION

29 2011

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

I. IDENTIFICATION

1. Proposed Work Site at: 13 Brown Ave
2. Name of Owner in Charge: Wayne 07478
Address: 439 Parish Drive Municipality: Wayne Zip code: 07478
3. Ownership in Fee: Public ☒ Private ☒
4. Principal Contractor: Atlantic World Tel: 974-1111
Address: 3250 Rt. 35 License No. 13V400019600 Exp. Date 12-31-11
Federal Employee No. 223152952 FAX: 974-1111
5. Architect or Engineer: William Keller Tel: 974-1111
Address: 13 Brown Ave Contact: William Keller
6. Responsible Person in Charge once Work has Begun: Wayne FAX: 974-1111

V. FEE SUMMARY (for office use only)

1. Building	\$	435	Update
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$	31	
9. State Permit Surcharge Fee	\$		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	486	

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work							Approval	Rejection
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☒ c. Renovation	30,000							
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	30,000							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

4. No. of dwelling units: All Units ☐ Income-restricted ☐

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:

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

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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



CERTIFICATE

1515 - LAVALLETTE BORO

Date Issued: 01/17/2014
Permit # 11-00214
Certificate: 1100214.1

IDENTIFICATION

Block 10 Lot 18 Qualifier

Work Site Location 13 Brown Avenue
Lavallette, NJ 08735

Owner in Fee Yolanda M. Simonelli
Address 439 Parrish Drive
Wayne, NJ 07470

Telephone Contractor Atlantic Window & Door, Inc.
Address 3250 Rt. 35N
Lavallette, NJ 08735

Telephone (732) 793-2944 FAX (732) 793-2944
Lic No/Bldrs Reg No. Fed. Emp. No.223152952

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 subject to fine or order to vacate.

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

SIDING DECK RENOVATIONS - FIBERGLASS DECKING & NEW RAILINGS

☐ 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. Koeh

CONSTRUCTION OFFICIAL

PermitsNJ

PNJF260 rev. (5/2013)

Printed On: 01/17/2014 08:32



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 Ave

Owner in Fee: Yolandis Simonelli e-mail _____
Tel. 973-611-1111 Address 439 Parish Dr Wayne NJ 07470 ZIP code 07470
Contractor: Atlantic Woods & Decks Tel. 973-611-1111
Address 3250 Atlantic Blvd North Plainfield NJ 07061 e-mail _____
Contractor License No. or Builder Registration No. 12-31-11
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 134HD0019600
Federal Emp. ID No. 22-3152952 FAX: 973-611-1111

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type	Failure	Approval
☒ No Plans Required	<u>08/31/11</u>	<u>YCA</u>	Footings		
☐ All			Footings Bonding		
☐ Footings/Foundations			Foundation		
☐ Structural/Framework			Slab		
☐ Exterior			Frame		
☐ Interior			Truss Sys./Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec.	☐ Plumb.	☐ Fire	Insulation		
SUBCODE APPROVAL FOR PERMIT			Finishes - Base Layer		
Date:	<u>08/31/11</u>		Finishes - Final		
Approved by:	<u>YCA</u>		Energy		
SUBCODE APPROVAL FOR CERTIFICATE			Mechanical		
☐ CO	☐ CCO	☒ CA	TCO		
Date:	<u>01/16/14</u>		Other		
Approved by:	<u>YCA</u>		Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupant _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ 30,000

2. Rehabilitation \$ 30,000

3. Total (1+2) \$ 60,000

U.C.C. Form (rev. 12/)

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 Yolandis Simonelli

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Reside of Ardo Fiberglass Deck with New Railings

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☒ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Retaining Wall

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

FEE (Office Use Only)

435

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

AUG 29 2011

BY: Siding 20,000
Deck 10,000

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

ACTUAL RECEIPT NUMBER

APR 17 2011 5:24 PM



BOROUGH OF LAVALLETTE

ZONING / CODE ENFORCEMENT

RECEIVED
AUG 29 2011

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

FEE PAID

\$ 25.00

BY:

BLOCK 10

LOT 18

ZONING PERMIT APPLICATION

ZONING DISTRICT R-1A 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 New Siding, Re-fiber glass Deck

- 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 Kellor ADDRESS 3250 Rt. 35 N Lavallette
PHONE [REDACTED] AUTHORIZED AGENT/CONTRACTOR Atlantic Window & Door

OWNER SIGNATURE _____ DATE Aug 29-11

Contractor DCA registration number 13VH00019600

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 9/15/09

APPROVED: PC Perry DENIED: _____ DATE 8-30-11

Application Fees

- \$ 25.00 Shed, fence, roofing, siding, and windows
- \$100.00 Construction of new building
- \$ 50.00 All other