

Cert No: 2020-01736

Manchester Township
Bureau of Inspections

1 Colonial Drive
Manchester, NJ 08759

Certificate of ReOccupancy

Block 52.10 Lot 26 Qual _____

Date Issued 5/21/2021

Location: 17 Buckingham Drive
No.

☒ RESALE

☐ RENTAL

FOR RENTAL USE ONLY:

☐ TEMPORARY REOCC.
GOOD FOR _____ DAYS

Owner: _____

☐ TRANSFER OF TITLE
ONLY NO OCCUPANCY

Address: _____

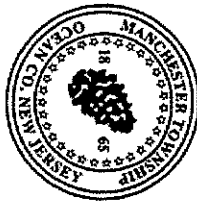
Telephone: _____

An inspection was made of the above premises on () by this agency. As of the date of the inspection there are no existing violations of the International Property Maintenance Code Occupancy of more than () persons is prohibited.

The Township of Manchester does not guarantee or warranty to purchaser, mortgagee or any other party in interest that the premises are free from latent or other undiscovered defects, nor shall the municipality be liable for damages or injuries caused to persons or property as the result of any violation not reported herein.

The issuance of this signed Certificate of ReOccupancy indicates all **Smoke Detectors, Carbon Monoxide Alarm(s) and Fire Extinguisher** compliances have been approved as per the Uniform Fire Code.


Signature of Inspector



Township of Manchester
1 Colonial Drive
Manchester, NJ 08759
(732) 657-8121

CERTIFICATE IDENTIFICATION

Date Issued: 5/14/2021
Control Number: 2020-2837
Permit Number: 21-CP-0002

Block: 52.10 Lot: 26 Qual:
Work Site Location: 17 BUCKINGHAM DR NO

MANCHESTER TOWNSHIP, NJ

Owner in Fee: PRISM DEVELOPMENT GROUP LLC

Address: 230 WEST PARKWAY STE 7-1

POMPTON PLAINS, NJ 07444

Telephone: 732-740-2698

Agent/ Contractor: ATLANTIC SHORE HEATING & AIR

Address: 5 HALSEY DRIVE

BRICK, NJ 08723

Telephone: (732)604-5450

Lic. No./Bldrs. Reg. No.: 13VH03688500

Federal Emp. No.:

Home Warranty No.:

Type of Warranty Plan: ☐ State ☐ Private

☐ 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 will be subject to fine or order to vacate.

Use Group: R-5
Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp. Date:

Description of Work/ Use:
GAS CONVERSION, GAS PIPING, FURNACE, A/C, LIGHTS,
RECEPTACLE HOT WATER HEATER

☐ 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

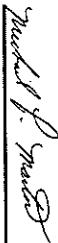
☐ Partial or limited time period (years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the buildings 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


Michael Martin
Construction Official

1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

Paid ☐ Fees \$0.00
Date



Township of Manchester
1 Colonial Drive
Manchester, NJ 08759
Phone: (732) 657-8121
Fax: (732) 657-7348

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: 52.10 Lot: 26 Qualifier:

Work Site Location 17 BUCKINGHAM DR NO

MANCHESTER TOWNSHIP NJ

PRISM DEVELOPMENT GROUP LLC

Owner in Fee

732-740-2698

Telephone

230 WEST PARKWAY STE 7-1

Address

Use Group(s): R-5

Federal Emp. No.

Lic. No. / Bids. Reg. No. 13VH03688500

BRICK NJ 08723

5 HALSEY DRIVE

(732)604-5450

Telephone

Address

ATLANTIC SHORE HEATING & AIR

Contractor

is hereby granted permission to perform the following work:

[X] Electrical

[X] Mechanical

DESCRIPTION OF WORK:

GAS CONVERSION, GAS PIPING, FURNACE, A/C

ESTIMATED COST OF WORK:

Cost of Construction: \$0.00

Cost of Alteration: \$7,020.00

Cost of Demolition: \$0.00

Total Cost: \$7,020.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void

Construction Official

Michael Martin

Date: 5/26/2021

Check Amount:

\$324.00

Payment Date:

1/4/2021

Collected By:

AT

Reference No:

2151

Total Check Amount

\$324.00

Grand Total:

\$324.00

Notes:

:: Failure to obtain all required inspections may result in administrative action
:: Final inspections are required before final payment is to be made to contractor
:: An approved set of plans must be kept at the worksite at all times



Township of Manchester

ELECTRICAL SUBCODE TECHNICAL SECTION #1



Date Received 12/10/2020 Date Issued 1/4/2021
Control # 2020-2837 Permit # 21-CP-0002

QTY. SIZE ITEMS

FEE (Office Use only)

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

Block 52.10 Lot 26 Qualification Code

Work Site Location 17 BUCKINGHAM DR NO

Owner In Fee PRISM DEVELOPMENT GROUP LLC

Telephone 732-740-2698 e-mail

Address 230 WEST PARKWAY STE 7-1, POMPTON PLAINS NJ 07444

Contractor ATLANTIC SHORE HEATING & AIR CONDITIONING

Telephone (732)604-5450 e-mail

Address 5 HALSEY DRIVE, BRICK NJ 08723

Contractor License No.

Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH03688500

Federal Emp. ID No.

Fax

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed

☐ Pole/ Pad #

☐ Temporary

☐ Other:

Building Occupied as

1. New/ Addition:

2. Rehabilitation: \$ 120.00

3. Demolition:

Est. Cost of Electrical Work (1+2+3): \$ 120.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)		
	Type:	Failure	Failure	Approval Initial
☐ No Plans Required	Rough	_____	_____	_____
☐ Partial - Underslab Utilities Approved	Barrier-Free	_____	_____	_____
Date: _____	Trench	_____	_____	_____
☐ Electric Plans Approved	Temp. Serv	_____	_____	_____
Date: _____	Constr. Serv	_____	_____	_____
Joint Plan Review Required:	TCO	_____	_____	_____
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elevator	Other	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Service	_____	_____	_____
Date: _____	Final	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free	_____	_____	_____
☐ CO ☐ CCO ☐ CA	Temp Cut-in-Card Date Issued	_____	_____	_____
Date: _____	Final Cut-in-Card Date Issued	_____	_____	_____
Approved by: _____	Annual Pool Inspection	_____	_____	_____
	Date of Grounding and Bonding Cert.	_____	_____	_____

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:

Print name

here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GAS CONVERSION, GAS PIPING, FURNACE, A/C

TOTAL NUMBERS

Other 1:

Other 2:

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 Htr./ Air

KW Baseboard Heat

HP Motors 1/ +HP

KW Transformer/ Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/ Outlet Light

KW Photovoltaic Systems

Other 3:

Other 4:

Other 5:

Other 6:

Other 7:

Other 8:

Other 9:

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$ 75.00

\$ 75.00



Township of Manchester
MECHANICAL SUBCODE
TECHNICAL SECTION #1



Date Received 12/10/2020
Control # 2020-2837

Date Issued 1/4/2021
Permit # 21-CP-0002

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

Block 52.10 Lot 26 Qualification Code

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Contractor ATLANTIC SHORE HEATING & AIR CONDITIONING

Telephone (732)604-5450 e-mail

Address 5 HALSEY DRIVE, BRICK NJ 08723

Contractor License No. or Builder Registration Number 19HC00447500 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH03688500

Federal Emp. ID No. Fax

B. MECHANICAL CHARACTERISTICS

Use Group: R-5

Heating System work: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other:

1. New Building 2. Rehabilitation \$ 6,900.00

3. Demolition Estimated Cost of Elevator Work (1+2+3) : \$ 6,900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Mechanical Plans Approved

Date: Approved by:

☐ Elevator Layout Drawings

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire

☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date:

Approved by:

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:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GAS CONVERSION, GAS PIPING, FURNACE, A/C

NO. FIXTURE/EQUIPMENT

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

Other 1:

Other 2:

Other 3: AC F

Other 4: R

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

Fee (Office Use Only)

\$ 85.00

\$ 131.00

\$ 20.00

\$ 13.00

\$ 249.00