BLOCK 69 LOT 36 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 04-219

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: 1907 Central
2. Name of Owner in Fee: Menpe Tel. ( ) _____
   Address _____ Lane _____
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Deisner Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

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 _____
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. 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 _____

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)							
		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									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature Hazel Meade Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

69 36

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X						
☐ Planning Board									
☐ Zoning Board			X						
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department			X						
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X								
☐ N.J. Department of Transportation	X		X		X				
☐ N.J. Department of Environmental Protection	X		X		X				
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition	
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	
		Other	

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy					
☐ Temporary Certificate of Compliance					
☐ Continued Certificate of Occupancy					
☐ Certificate of Compliance					
☐ Certificate of Occupancy					
☐ Certificate of Approval					
☐ Lead Abatement Clearance Certificate					

04/19

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued ~~03~~ 03-09-04
Control #
Permit # 04-219

IDENTIFICATION Block 69 Lot 36
Work Site Location 1907 Central
Wall
Owner in Fee Menke
Address Same.
Tel. ( ) 4

Contractor Owner
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

10 x 12 Shed Anchored

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 2000

Greg Kirk — Construction Official

3/8/04 — Date

PAYMENTS (Office Use Only)

Building	33 -
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1 -
Cert. of Occupancy	
Other	
Total	34 -
Check No.	134
Cash	
Collected by	

(see reverse side)

U.C.C. F170
(rev. 5/2K)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

69
36

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3-9-04
Date Issued
Control #
Permit # 04-219

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

Block 69 Lot 36
Work Site Location 1907 Central Wall, NJ
Owner in Fee Merkel
Address Same
Tele. ( ) Owner
Contractor
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
[V] No Plans Required 3/8/04 AR
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
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 U
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. $ 200-
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.

X Hazel Merkel
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

10x12 Shed
Anchored

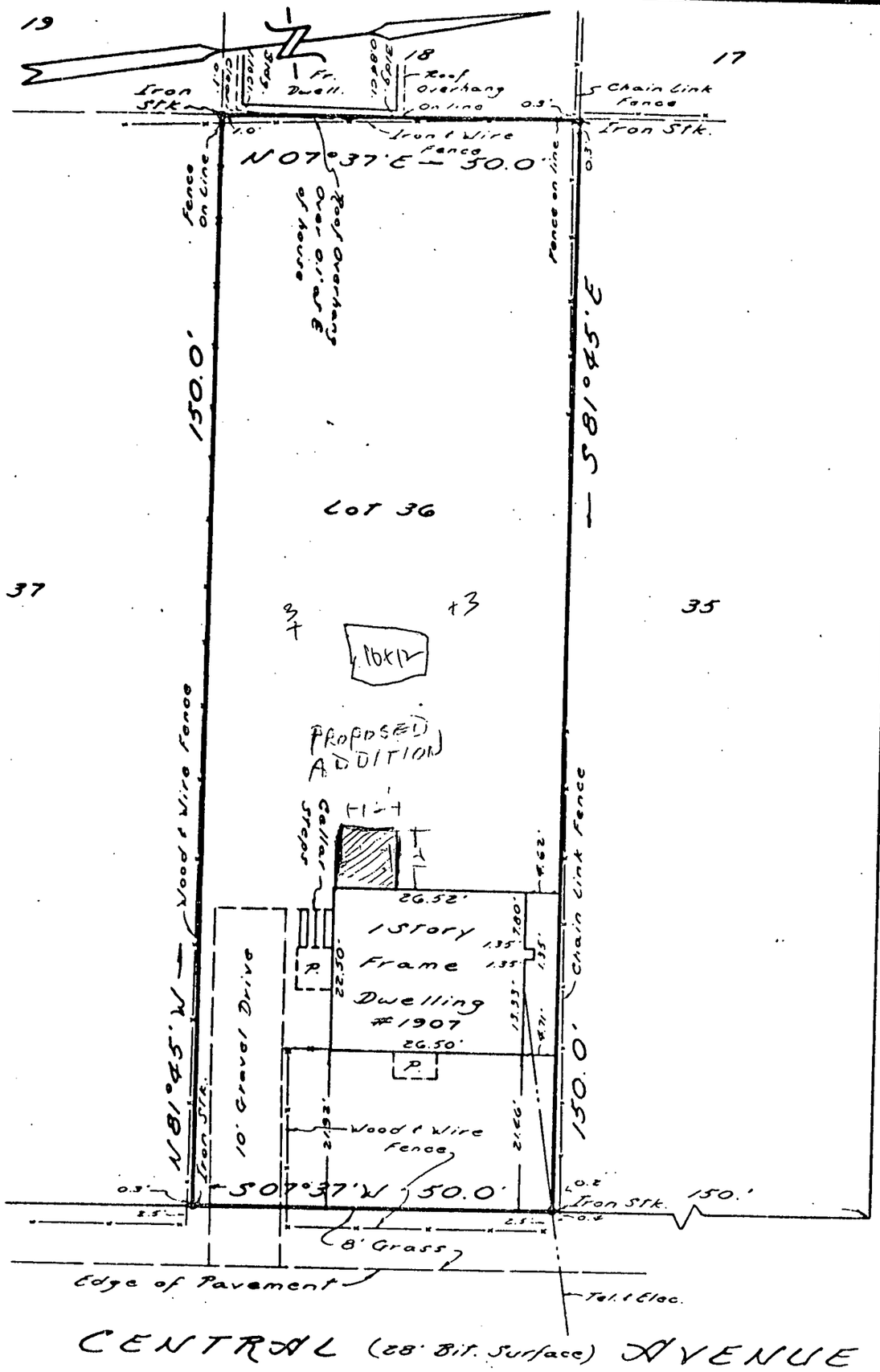
TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[V] Other Shed
[ ] Demolition

FEE (Office Use Only)

	$
	33-
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1-
TOTAL FEE	$ 34-

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

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



SURVEY OF PROPERTY

In the

TOWNSHIP OF WALL

MONMOUTH COUNTY, NEW JERSEY

RECEIVED
LAND USE OFFICE
DATE 9/11/80

Scale: 1" = 20'

Surveyed— Augest 7, 1975

The Birdsall Corp.

Robert L. Farry Date 8/8/75

ROBERT L. FARRY LAND SURVEYOR LIC. NO. 13444

South Belmar, N. J.

LOT NO. 36

BLOCK NO. 69

MAP OF WALL TWP. TAX MAP

Also known as Lot 36 Plan of Lots belonging to the Estate of Hannah M. Newman

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3-9-04
Date Issued
Control #
Permit # 04219

69
36

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

Block 69 Lot 36
Work Site Location 1907 Central
Union NJ
Owner in Fee Meeker
Address
Lanoka
Tele. ( ) —
Contractor Coleman
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	3/3/04	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 2/10/06
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			2-10-06	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
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. $ 200-
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

10x12 Shed
Anchored

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 Shed
[ ] Demolition

042 0143
R-25
CK

FEE (Office Use Only)	
	$
	33-
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1-
TOTAL FEE	$ 34-

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Hard = Applicant Copy

06-127

TOWNSHIP OF WALL
2700 ALLAIRE ROAD
WALL, N.J. 07719
(732) 449-8444

CERTIFICATE OF OCCUPANCY/APPROVAL

Building Permit No. 04-219

Control #_____ Zoning Permit No 0470143

IDENTIFICATION Block 69 Lot 36

Work Site Location 1907 Central Ave

Owner in Fee Menke

Address Same

Tele.

Contractor Owner

Address

Tele. (_____)

Lic. No. or Bldrs. Reg. No._____ Exp. Date_____

Federal Emp. No._____

or Social Security No._____

☐ **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, all applicable land use ordinances and Township approvals, and that the property 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 _____,20____ or the owner will be subject to a fine or order to vacate:

Type of Warranty Plan: [ ] State [ ] Private

Construction Classification_____

Maximum Occupancy Load_____

Zone R-7.5

Land Use Designation SFD

ESTIMATED COST $ 200

Home Warranty No. N/A

Use Group U

Maximum Live Load_____

Description of Work/Use: 10 X 12 Anchored shed

Construction Official, Township of Wall

Dated: 2-24-06

Land Use Officer, Township of Wall

C.O. No. 06-127

BM - 2-24-06

Name Menke, Mrs. Hazel Date 6-24-71

Street 1907 Central Ave. P. No. 4830

B Lic 69 Lot 36 Zone R 8

Cost $40. Fee $3.00

Description Replace roof over porch

C. O. Issued Tel:

7-27-71-(F)

PLATE No. ..... BLOCK 69 LOT 36

Application For Building Permit

Wall Township, N. J., 6-24-71

THE UNDERSIGNED, in compliance with the Building Code and Zoning Ordinances of the Township of Wall, N. J., hereby makes application for a permit for the following described construction:

1. General Description Replace roof over porch
2. Location 1907 Central ave
3. Estimated Value $40. Fee 3.00 C. Permit # 4830
4. From Side Property Lines, ... Ft. From Rear Property Lines, ... Ft.
   From Side Property Lines, ... Ft. From Front Property Lines, ... Ft.
5. Zone Classification: R8
6. Contractor ..... Phone No. .....
7. Address 1907 Central ave
8. I, ..., the owner of a structure located in Blk. ....., Lot ....., in the Township of Wall, hereby agree to pay the cost of the inspection of any plans or specifications or the progress of any work in connection therewith by the Municipal Engineer.
9. If construction is of such character that Plans and Specifications are not necessary give detail description below:

Regardless of any variation in plans as submitted, we hereby agree to perform such construction, as described above in accordance with the Building Code and Zoning Ordinance of the Township of Wall, N. J.

Mrs Hazel Meeke ..... Owner

..... Address

E J Dawson ..... Agent

Actng Building Inspector ..... Address

Name Menke, H. Date 5-1-74

Street 1907 Central Ave. P. No. 7301

B Lic 69 Lot 36 Zone R 10

Cost $300. Fee $3.00

Description Roof

C. O. Issued Tel:

F

8-20-74 final K.A.

PLATE No. ..... BLOCK 69 LOT 36

Application For Building Permit

5-1

Wall Township, N. J., ~~4-30~~ 74

THE UNDERSIGNED, in compliance with the Building Code and Zoning Ordinances of the Township of Wall, N. J., hereby makes application for a permit for the following described construction:

1. General Description Reroof
2. Location 1907 Central Ave.
3. Estimated Value $300 Fee $3.00 (C) Permit # 7301
4. From Side Property Lines, ... Ft. From Rear Property Lines, ... Ft.
   From Side Property Lines, ... Ft. From Front Property Lines, ... Ft.
5. Zone Classification: R.10
6. Contractor Owner Phone No. .....
7. Address .....
8. I, H. Menke, the owner of a structure located in Blk. 69, Lot 36, in the Township of Wall, hereby agree to pay the cost of the inspection of any plans or specifications or the progress of any work in connection therewith by the Municipal Engineer.
9. If construction is of such character that Plans and Specifications are not necessary give detail description below:

Regardless of any variation in plans as submitted, we hereby agree to perform such construction, as described above in accordance with the Building Code and Zoning Ordinance of the Township of Wall, N. J.

Mr Harold Menke Owner

..... Address

Robert W. Crowther Agent

Building Inspector ..... Address

Name Menke, Harold & Hazel

Date 9-11-80

Street Con. John Kicak
1907 Central Ave.

P. No. 375

B Lic 69

Lot 36

Zone R-10

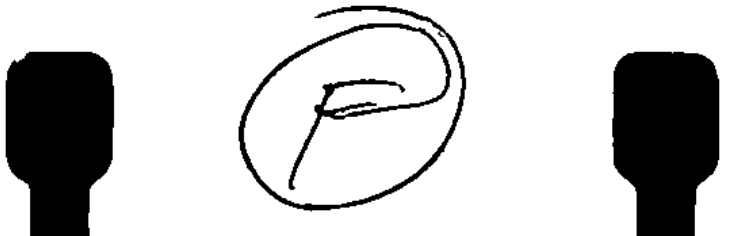
Cost $3,200.00

Fee $27.00

Description 12 x 12 one story addition.

C. O. Issued 10-21-80

Tel:



9-23-80 footing RFI
9-29-80 foundation RFI
10-8-80 framing
10-20-80 final OK BC

TOWNSHIP OF WALL CERTIFICATE OF OCCUPANCY

Building Permit No. 375

OWNER Harold & Hazel Menke LOT NO. 36 BLOCK NO. 69

ADDRESS OF PROPERTY 1907 Central Ave ZONE R10

ESTIMATED COST $ 3,200.00

TYPE OF STRUCTURE 12' X 12' One Story Addition

USE Single family dwelling

1. I, Robert H Crowther, Construction Official of the Township of Wall, do hereby certify that in my determination the above described building has been completed in accordance with the provisions of the State Uniform Construction Code and all applicable ordinances of the Township of Wall.

2. I, Freda G. Mercer, Land Use Officer of the Township of Wall, do hereby certify that in my determination the above described project and the proposed use thereof comply with the Zoning Ordinances of the Township of Wall and the conditions imposed by the appropriate governmental agencies of the Township of Wall.

3. By the issuance of this permit, neither the Township of Wall nor any of its officers, agents or employees make any representation or warranty, either express or implied with respect to the premises described above.

Dated: Oct. 21 1980

Robert H Crowther
Construction Official, Township of Wall

Dated: October 22, 1980

Freda G. Mercer
Land Use Officer, Township of Wall

BUILDING PERMIT - TOWNSHIP OF WALL

BUILDING PERMIT NO. 375

DATE: Sept 11 1980

Permission is hereby granted to Harold & Hazel Menke to

12X12 Addition building on Block 69, Lot 36,

Street Address 1907 Central Ave, in accordance with plans on file in the

office of the Construction Official of the Township of Wall made by _____

and dated Sept 11 1980.

Surcharge $1.61

Zone R10 Estimated Cost of Work $ 3200.00

Zoning Permit Issued Sept 11 1980 Fee for Permit $ 27.00

This permit is issued subject to the provisions of the State Uniform Construction Code; all applicable Township Ordinances and regulations of the Board of Health of the Township of Wall, New Jersey. This permit shall expire if the authorized work is not commenced within one (1) year of the date of issuance hereof, or if the authorized work is suspended or abandoned for a period of six (6) months after the time of commencing the work.

PLEASE CALL FOR ALL
NECESSARY INSPECTIONS

Robert H Crowther

Construction Official

September 18, 1980

To: Building Inspecter
Wall Township, N. J.

We, the undersigned, agree to construct the depth of the addition on the rear of 1907 Central ave, the same as that of the existing basement.

Owner: Harold Menduse Date: 9-18-80

Contractor: John Kyall Jr Date: 9-18-80
KICAK BUILDERS

Received
Construction Official
Date 9-18-80

TOWNSHIP OF WALL

ZONING PERMIT

Z 80-2258

Date of Issue: 9/11/80

Block 69 Lot 36 Zone R-10

Property Address 1907 Central Ave., W. Belmar

Owner Harold & Hazel Menke Address same

Applicant owner Address

Applicant's Authorization

Construction (if any) 12' X 12' one story addition - bedroom

Use Single family residence

Trade Name

Conditions Locate as per plot plan submitted

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Theodore H. Mercer

Zoning Officer

WALL TOWNSHIP APPLICANT'S DECLARATION

I, Harold Moscatiello, for the purpose of inducing the Building Inspector to accept the plans and specifications submitted by me and to issue a building permit, declare as follows:

I am the applicant named in, and who signed, the annexed application for a building permit to be issued by the Building Inspector of the Township of Wall in the County of Monmouth, State of New Jersey, for the (construction) (alteration) (addition) of a building in said Township.

As permitted by the statute the plans and specifications which accompany said application were prepared by me, as I am myself acting as the designer of said (building) (alteration) (addition) which is to be constructed by me for my own occupancy.

Sworn and subscribed to before
me this 11 day
of Sept, 1980
Robert B. Crowther
Notary Public of New Jersey

Harold Moscatiello
Applicant

Robert B. Crowther
Building Inspector

Sept. 11 1980
Date

PLATE	BLOCK	LOT
	69	36

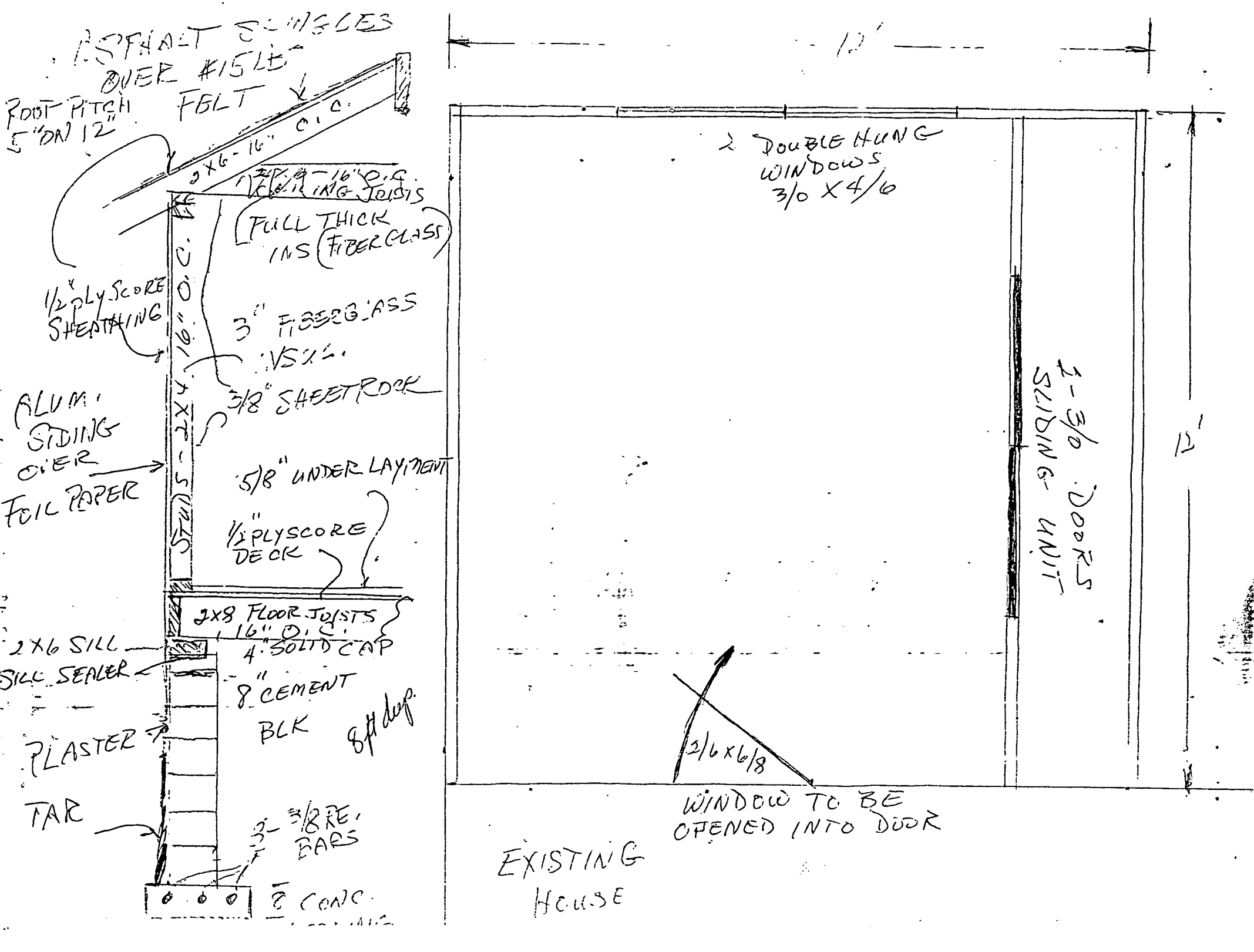

ASPHALT SHINGLES
OVER #15 LB
FELT
ROOF PITCH
5" ON 12"
2x6 - 16" O.C.
CEILING JOISTS
FULL THICK
INS (FIBERGLASS)
1/2" PLY SCORE
SHEATHING
3" FIBERGLASS
3/8" SHEETROCK
ALUM.
SIDING
OVER
FOIL PAPER
STUDS - 2X4 - 16" O.C.
5/8" UNDER LAYMENT
1/2" PLYSCORE
DECK
2X8 FLOOR JOISTS
16" O.C.
4" SOLID CAP
2X6 SILL
SILL SEALER
8" CEMENT
BLK
8ft dep.
PLASTER
TAR
3 - 3/8 RE.
BARS
CONC.
12'
2 DOUBLE HUNG
WINDOWS
3/0 X 4/6
1 - 3/0 DOORS
SLIDING UNIT
12'
2/6 x 6/8
WINDOW TO BE
OPENED INTO DOOR
EXISTING
HOUSE

PLATE No. ..... BLOCK 69 LOT 36

Application For Building Permit

Wall Township, N. J., Sept 11 1980

THE UNDERSIGNED, in compliance with the Building Code and Zoning Ordinances of the Township of Wall, N. J., hereby makes application for a permit for the following described construction:

1. General Description 12X12 One Story Addition 2688.48 Cu ft
2. Location 1907 Central Ave
3. Estimated Value $32,000.00 Fee 27.00 Surcharge 1.61 Permit # 375
4. From Side Property Lines, ... Ft. From Rear Property Lines, ... Ft.
   From Side Property Lines, ... Ft. From Front Property Lines, ... Ft.
5. Zone Classification: R10
6. Contractor John Kijak ..... Phone No. .....
7. Address Wall, N.J.
8. I, Harold + Hazel Menke, the owner of a structure located in Blk. 69, Lot 36, in the Township of Wall, hereby agree to pay the cost of the inspection of any plans or specifications or the progress of any work in connection therewith by the Municipal Engineer.
9. If construction is of such character that Plans and Specifications are not necessary give detail description below:

approved by Land Use Approval
~~no plans~~ see attached.

See letter attached

plan & affidavit attached.

Regardless of any variation in plans as submitted, we hereby agree to perform such construction, as described above in accordance with the Building Code and Zoning Ordinance of the Township of Wall, N. J.

Mrs Menke
Harold Menke ..... Owner

1907 Central ave ..... Address

W Belmar N.J. ..... Agent

Robert M Crowther
Building Inspector ..... Address

PLUMBING DEPARTMENT
MUNICIPAL BUILDING

WALL TOWNSHIP

Date Aug 8 1974

Plumbing Contractor [redacted]

Workmanship

License # 15336

For Harold Menke

Block 69 Lot 36

Location 1907 Central Ave

NO FEE

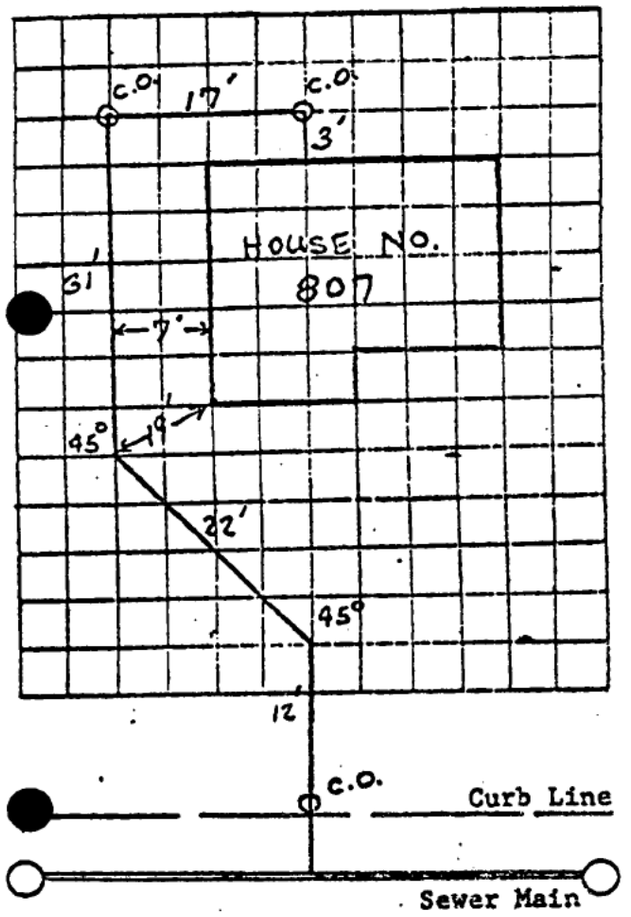
SEWER PERMIT

0038

Plumbing Inspector Robert W Smith

State License No. 5582

SAMPLE OF SKETCH THAT MUST BE COMPLETED ON APPLICATION FORM



JONES ST.
(Street)

PIPE MATERIAL PVC Schedule 40
PIPE DIAMETER 4"
SLOPE 1/8" per foot

APPLICATION FOR SEWER CONNECTION

TOWNSHIP OF WALL

Permit No.
Date
Fee Pa:

Property Owner (Please Print) HAROLD MENKE
Present Address 1907 CENTRAL AVE
Telephone No.

Address of Sewer Connection 1907 CENTRAL AVE
Lot No. 36
Block No. 69

Licensed Plumber & Lic. No. Wegeman 5334
Address WALL TOWNSHIP
Telephone No.

NOTES:
Show all required information on this sketch, on back of sheet, or on attachments.

Type of Structure:
Single Family Dwelling YES
Other

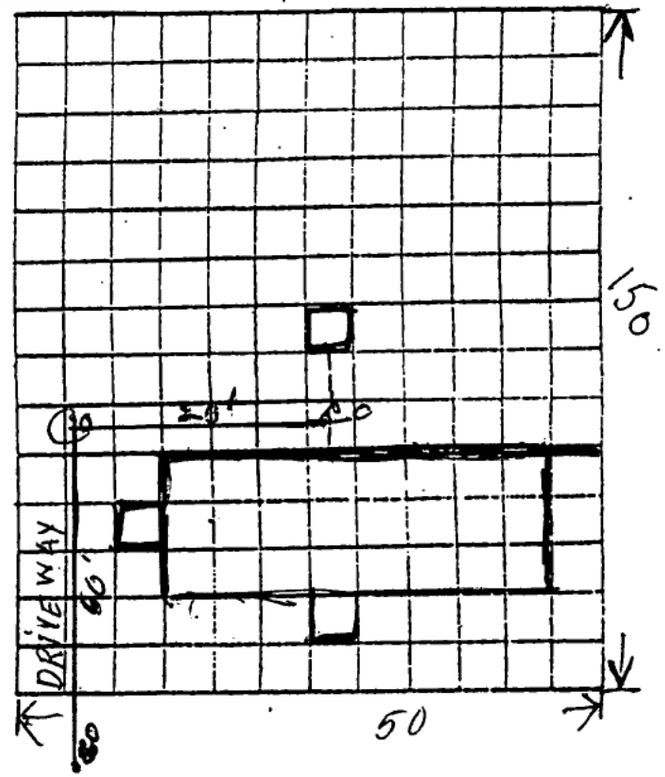
Date by which connection must be made (60) days after notification

Signed by Harold Menke
(Property Owner)

Application Approved by Robert M Crowther

Inspected by Chuck 8-17-29
Date

Final Approval Chuck 8-17-29
Date



1907 CENTRAL AVE
(Street)

PIPE MATERIAL ASB - 40
PIPE DIAMETER 4"
SLOPE 1/4 to 2 per foot

TOWNSHIP OF WALL
SEWER DEPARTMENT
ORDER FOR SEWER SERVICE

Date AUG 8 1979 158

Name HAROLD & HAZEL MERW

Address 1307 CENTRAL AVE., NB

Block No. 69 Lot No. 36

This is a request for sewer service

Signed by _____
Applicant

Due and payable with this application—rent for service ending June 30th.

Sewer Hook Up $ 100.00

Rent Paid - - - - - $ 137.50

Total Received CASH $ 237.50

Received by _____
Wall Township Sewer Department

TOWNSHIP OF WALL
NORTHEAST SANITARY SEWER SYSTEM

Contract No. 1
Drawing No. _____

SEWER HOUSE CONNECTION FORM

STREET: 1907 CENTRAL AVE

OWNER'S NAME: HAROLD MENKE PHONE: 681-3880

TAX MAP BLOCK: 69 LOT: 36
(Please insert above information)

Dear Property Owner:

The Township of Wall is in the final stage of planning for its sanitary sewerage facilities for which construction will start this summer. We are now collecting data so as to locate your Sewer Lateral connection at a place where you want it. Therefore, we request that you fill in this form and return it to us as soon as possible.

RECEIVED
AUG 14 1978
BIRDSALL, GERKEN & DOLAN

The sewer contractor will extend a 4-inch diameter pipe to a point one foot inside the edge of the road at the location you specify. The sewer from that point to your house will be your responsibility.

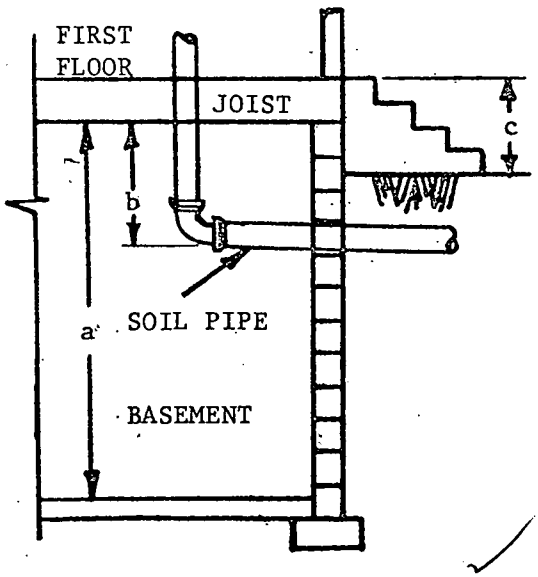
It is suggested that you consult with a plumber, if you have any questions, as to the most economical location and depth for your house connection. For corner lots, a connection to the side street can be installed if a sewer is planned for the side street.

Please complete the two (2) copies of this form, keep one (1) copy for your records and return one (1) copy within two (2) weeks from mailing date to:

BIRDSALL, GERKEN & DOLAN, P.A.
P. O. BOX 1429 / 2807 HURLEY POND ROAD
WALL, NEW JERSEY 07719

(BUILDING INFORMATION):

1. Type of House (Please check one) Ranch _____ Split Level _____
   Bi-Level ____ Other BUNGALLO
2. The building has a basement _____, crawl space ✓
   The building is a slab house _____, other _____
3. Is it a corner house: Yes _____ No ✓
4. Sanitary Facilities in the Basement (please check which ever applies)
   Bathroom ✓ Shower _____ Washing Machine _____ Other _____
5. Location of Septic Tank: Rear ✓ Front _____
   Approximate distance from Septic Tank to Street: _____ feet.
6. Please check one: Is house above ✓, below ____, or level ____ with the center of street.
   Distance above 2 ft., below _____ to nearest ¼ foot.
7. Please fill in the dimensions shown to the nearest inch.
   a. Cellar Height (from top of cellar floor to bottom of joist) _____FT. _____INCH.
   b. Soil Pipe from ceiling (from bottom of soil pipe to bottom of joist) _____FT. _____ INCH.
   c. Entrance height (from top of ground to bottom of door) _____FT._____INCH.

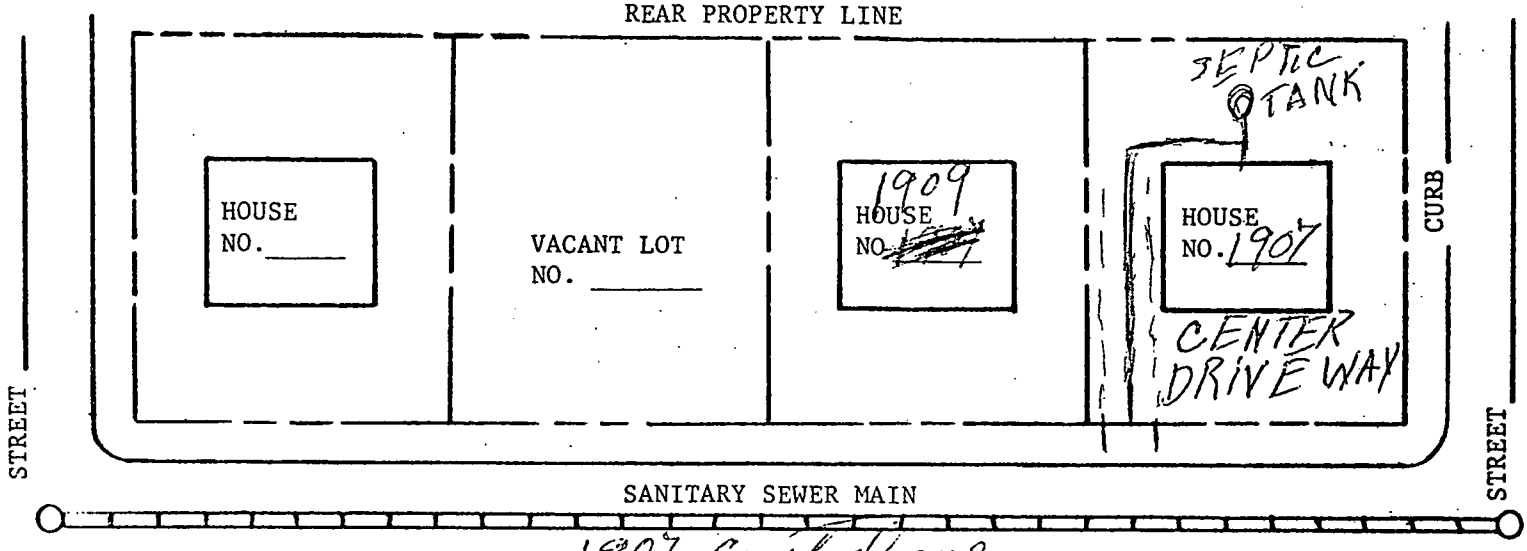


8. Indicate if any interior plumbing changes are to be made where the soil pipe is to exit the building; approximate depth in the ground at the proposed point of exit. _____

9. Please indicate on the approximate sketch below where you want the sewer connection to your property located for house, or vacant lot.

(Please give distance from property line, utility pole (indicate pole no.) fire hydrant, or some permanent structure. Please indicate NORTH.)

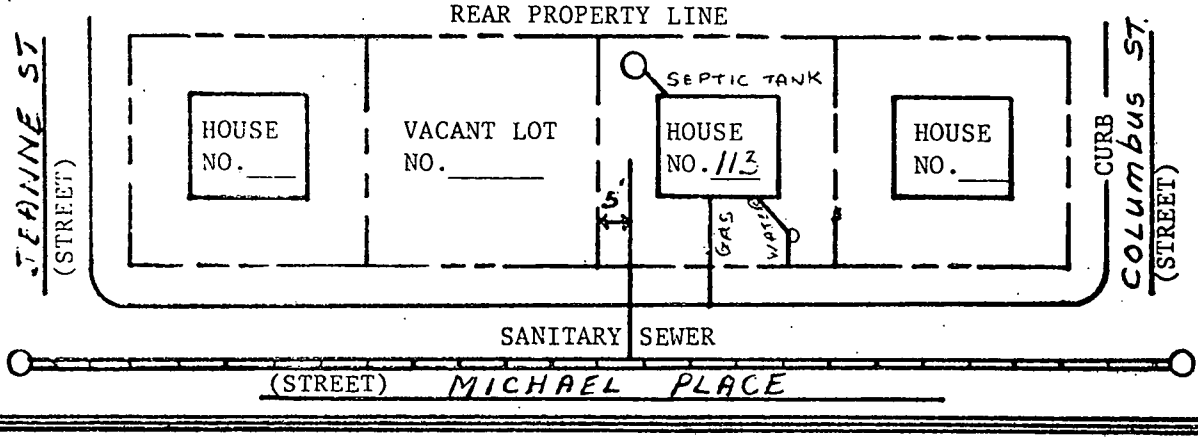
a. Desired depth, at the edge of the road, to the bottom of the new sewer connection pipe _____ Feet _____ inches



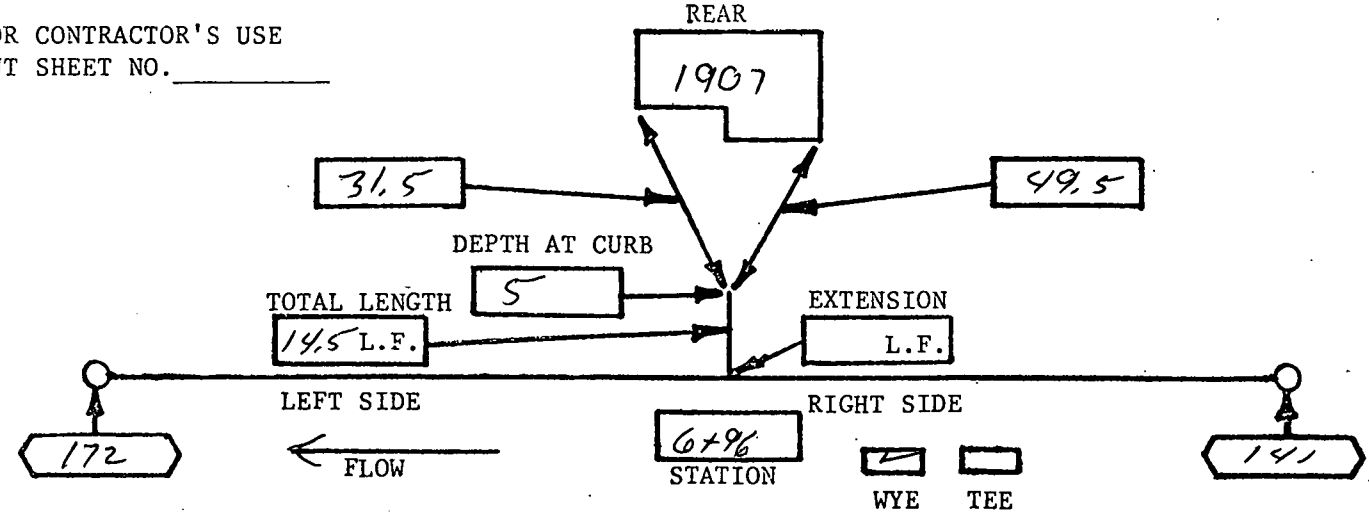
STREET 1907 Central Ave

DATE 7-26-78 OWNER'S SIGNATURE Harold Mueller

EXAMPLE OF PROPERLY FILLED OUT LOCATION FORM



FOR CONTRACTOR'S USE
CUT SHEET NO. _____



CONTRACTOR'S REPRESENTATIVE

ENGINEER'S REPRESENTATIVE

EO-22'

GARDEN STATE ELECTRICAL INSPECTIONS
DUPLICATE MUNICIPAL RECORD

Final
H V O L

Owner Harold Menke No. on Meter Board B 69 L 36

Occupant SAME

Location 1907 Central Av Wall
No. Street Town or City State

has been inspected and is in accordance with the National Electrical Code or the Company's rules.

Installed by .....

This card is issued solely for the purpose of confirming to local authorities that approval of service introduction has been issued to Lighting Company. Not to be used or accepted as a "cut in" card.

No. 140

Date 10/7/80

Wright Inspector

Garden State Electrical Inspection Services, Inc., 614 Central Ave, East Orange, N. J. 07018

	ROUGH WIRING OUTLETS		K.W. WATER HEATER
1	~~OUTLETS~~ Switch		H.P. AIR CONDITIONER
3	RECEPTACLES	WIRING & CONTROLS FOR	BURNER
1	MEDIUM BASE FIXTURES		H.P. PUMP
	MOGUL BASE FIXTURES		K.W. OVEN
	FLUORESCENT FIXTURES		H.P. GARBAGE DISPOSAL UNIT
	MERCURY VAPOR FIXTURES		K.W DISHWASHER
	AMP. SERVICE EQUIPMENT		K.W. DRYER
	AMP. SERVICE CONDUCTORS	AMP.	RECEPTACLE
	K.W. SURFACE UNIT		FRAC. H.P. VENT FANS
	K.W. RANGE		

MOTORS H.P. MARK NUMBER OF EACH SIZE		1/20	1/12	1/10	⅛	⅙	¼	⅓	½	¾	1	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100

APPARATUS

APP. # Blk 69 Lot 36 Permit # 1202

Building Permit #375 WALL TOWNSHIP NEW JERSEY #1202

GARDEN STATE ELECTRICAL INSPECTION SERVICES, INC.

614 CENTRAL AVENUE EAST ORANGE, N. J. 07018
Phone: 201 – 674-8738 – 674-8739

Desiring Certificate of Approval, application is made for inspection of electrical installation in the premises described below. On demand, applicant agrees to pay for inspection service in accord with schedule of charges. (See Reverse Side.)

PLEASE PRINT DATE Oct 7 1980

City or Town Wall Township County Monmouth State New Jersey

Address 1907 Central Ave Block 69 Lot 36

Pole Number Occupant Same

Owner Harold Menkc Occupied As Dwelling

Owner's Mailing Address Same.

Correct Location Building – New ☐ Old ☒

App. For – Rough Wiring ☒ Fixtures ☒ or

Work – New ☒ Additional ☒ READY FOR INSPECTION ON 19

Fee Remitted – $ 20.00 16.00 & 16.00 by Check ☒ Cash ☐ Money Order ☐ Make payable to G.S.E.I.S., INC.

LIST ALL EQUIPMENT AND WIRING

NUMBER OF ROUGH WIRING OUTLETS		NUMBER OF FIXTURES		SERVICES, ELEC. HEAT, AIR CONDITIONERS-BURNERS-DRYERS-HEATERS-RANGES, ETC.					
				NUMBER	TYPE OF DEVICE	H.P. OR K.W.	NUMBER	TYPE OF DEVICE	H.P. OR K.W
SWITCHES	1	MEDIUM BASE	1						
LIGHTING	1	MOGUL BASE							
RECEPTACLES	3	FLUORESCENT							
ELEC. HEAT		SERVICE							

MOTORS H. P. MARK NUMBER OF EACH SIZE	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100	125	150	200

APPLICANT'S NAME Edward Bradley SIZE OF MAIN SUB-MAIN

APPLICANT'S ADDRESS 1115 Burnt Tavern BRANCHES NO. OF CIRCUITS 1

CITY Ft. Pleasant STATE NJ ZIP CODE 08742 LICENSE # 2446 PERMIT # 2446

AUTHORIZED SIGNATURE Edward Bradley NAME OF UTILITY OFFICE TO BE NOTIFIED

SPACE BELOW FOR USE OF INSPECTORS ONLY

ROUGH WIRING OUTLETS	AMP SERVICE EQUIPMENT	H.P. PUMP
SWITCHES	AMP SERVICE CONDUCTORS	K.W. OVEN
RECEPTACLES	K.W. SURFACE UNIT	H.P. GARBAGE DISPOSAL UNIT
MEDIUM BASE FIXTURES	K.W. RANGE	K.W. DISHWASHER
MOGUL BASE FIXTURES	K.W. WATER HEATER	K.W. DRYER
FLUORESCENT FIXTURES	H.P. AIR CONDITIONER	AMP. RECEPTACLES
MERCURY VAPOR OR QUARTZ FIXTURES	WIRING & CONTROLS FOR BURNER	FRAC. H.P. VENT FANS

MOTORS H.P MARK NUMBER OF EACH SIZE	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100	125	150	200

APPARATUS

MISC. INFO.

DATE REC'D DATE INSPECTED

ISSUE CERTIFICATE ☐ R.W. ☐ FINAL ☐ DUP.

ISSUE LETTER ☐ APPROVAL ☐ SWIMMING POOL ☐ NURSING HOME

☐ PROGRESS ☐ DEFECTIVE

NOTIFIED	RE-PORT	CARD	FEE PAID
CONTRACTOR			Check No.
OWNER			Money Order
OCCUPANT			Cash
AGENT			Charge
ELECT. LT. CO.			

TEMP. CARD # FINAL CARD # LIC NO.

DATE DATE

DISTRICT OFFICES:

PATERSON, N.J. 07502
345 TOTOWA AVENUE
Phone: 201–345-6500

EAST RUTHERFORD, N.J. 07073
151 PARK AVE.
P.O. BOX 432
Phone: 201 939-4481
939-4482

INSPECTOR
DOVER, N.J. 07801
45 E. BLACKWELL ST.
P.O. BOX 66
Phone: 201–361-6545

CRYSTAL BROOK PROFESSIONAL BLDG.
P.O. BOX 205 RT. 35
EATONTOWN, N.J. 07724
Phone: 201–542-1800

GLASSBORO, N.J. 08028
30-32 NO. DELSEA DRIVE
Phone: 609–881-4200

POMPTON LAKES, N.J. 07442
115 BEECH AVE.
Phone: 201–835-2818

DATE INSPECTOR

PRESENT STATUS	NOTIFIED				* (NOTES)
	CONTR.	UTILITY	MUNI.		
1. ☐ R. W. REQUESTED					
2. ☐ FIXTURE APPROVAL					
3. ☐ ELEC. CERTIFICATE					
3. ☐ LETTER OF APPROVAL					
5. ☐ L.A. NURSING HOMES					
☐ PROGRESS					
7. ☐ N.C. 7. ☐ N.S.					
8. ☐ LKD. 7. ☐ N.U.L.					
☐ OK. TO COVER*					
☐ TEMP.				R	
9. ☐ DEFECTIVE*				C	

DATE INSPECTOR

PRESENT STATUS	NOTIFIED				* (NOTES)
	CONTR.	UTILITY	MUNI.		
1. ☐ R. W. REQUESTED					
2. ☐ FIXTURE APPROVAL					
3. ☐ ELEC. CERTIFICATE					
3. ☐ LETTER OF APPROVAL					
5. ☐ L.A. NURSING HOMES					
☐ PROGRESS					
7. ☐ N.C. 7. ☐ N.S.					
8. ☐ LKD. 7. ☐ N.U.L.					
☐ OK. TO COVER*					
☐ TEMP.				R	
9. ☐ DEFECTIVE*				C	

DATE INSPECTOR

PRESENT STATUS	NOTIFIED				* (NOTES)
	CONTR.	UTILITY	MUNI.		
1. ☐ R. W. REQUESTED					
2. ☐ FIXTURE APPROVAL					
3. ☐ ELEC. CERTIFICATE					
3. ☐ LETTER OF APPROVAL					
5. ☐ L.A. NURSING HOMES					
☐ PROGRESS					
7. ☐ N.C. 7. ☐ N.S.					
8. ☐ LKD. 7. ☐ N.U.L.					
☐ OK. TO COVER*					
☐ TEMP.				R	
9. ☐ DEFECTIVE*				C	

DATE INSPECTOR

PRESENT STATUS	NOTIFIED				* (NOTES)
	CONTR.	UTILITY	MUNI.		
1. ☐ R. W. REQUESTED					
2. ☐ FIXTURE APPROVAL					
3. ☐ ELEC. CERTIFICATE					
3. ☐ LETTER OF APPROVAL					
5. ☐ L.A. NURSING HOMES					
☐ PROGRESS					
7. ☐ N.C. 7. ☐ N.S.					
8. ☐ LKD. 7. ☐ N.U.L.					
☐ OK. TO COVER*					
☐ TEMP.				R	
9. ☐ DEFECTIVE*				C	

DATE INSPECTOR

PRESENT STATUS	NOTIFIED				* (NOTES)
	CONTR.	UTILITY	MUNI.		
1. ☐ R. W. REQUESTED					
2. ☐ FIXTURE APPROVAL					
3. ☐ ELEC. CERTIFICATE					
3. ☐ LETTER OF APPROVAL					
5. ☐ L.A. NURSING HOMES					
☐ PROGRESS					
7. ☐ N.C. 7. ☐ N.S.					
8. ☐ LKD. 7. ☐ N.U.L.					
☐ OK. TO COVER*					
☐ TEMP.				R	
9. ☐ DEFECTIVE*				C	

DATE INSPECTOR

PRESENT STATUS	NOTIFIED				* (NOTES)
	CONTR.	UTILITY	MUNI.		
1. ☐ R. W. REQUESTED					
2. ☐ FIXTURE APPROVAL					
3. ☐ ELEC. CERTIFICATE					
3. ☐ LETTER OF APPROVAL					
5. ☐ L.A. NURSING HOMES					
☐ PROGRESS					
7. ☐ N.C. 7. ☐ N.S.					
8. ☐ LKD. 7. ☐ N.U.L.					
☐ OK. TO COVER*					
☐ TEMP.				R	
9. ☐ DEFECTIVE*				C	

No. 1202

ELECTRICAL PERMIT

TOWNSHIP OF WALL, N.J.

Date Oct 8, 19 80

This certifies that the building located at 1907 Central Ave in the Township of Wall, N.J.

Lot No. 36 Block No. 69

Owned by Harold Menke

Electrician Edward Bradley

All electrical construction and electrical equipment shall be reasonably safe to persons and property and in conformity with the provisions of this ordinance and the applicable statutes by of the State of New Jersey and all orders, rules and regulations issued by the authority thereof. Auth: ORD # 39 1976.

Subject to all privileges, requirements, limitations and conditions prescribed by law.

Filed: Oct 8 19 80

Fee $ 10.00 + 10.00

Robert M Crowther
Construction Official

CONSTRUCTION OFFICIAL

CERTIFICATE OF OCCUPANCY

7301
Permit No.

I, Robert W. Crowther, Building Inspector of the Township of Wall, in the County of Monmouth, Pursuant to Section 30 of an ordinance of the Township of Wall entitled, "An Ordinance to Regulate, Control and Prescribe the Method and Manner of Building, Constructing, Altering and Repairing Houses and all other Buildings and Structures to be Erected in the Township of Wall, Appointing a Building Inspector and Prescribing his Duties and Powers," do hereby certify that the building

erected by H. Menke

at 1907 Central Ave

Type of structure Roof

Block No. 69, Lot No. 36 and the proposed use thereof are in conformity with the provisions of the aforesaid ordinance in my determination.

Dated 8-22, 1974

$300
Estimated Cost

Robert W. Crowther
Building Inspector

CERTIFICATE OF OCCUPANCY

..... Plate

I, Robert W Crowther, Building Inspector of the Township of Wall, in the County of Monmouth, Pursuant to Section 30 of an ordinance of the Township of Wall entitled, "An Ordinance to Regulate, Control and Prescribe the Method and Manner of Building, Constructing, Altering and Repairing Houses and all other Buildings and Structures to be Erected in the Township of Wall, Appointing a Building Inspector and Prescribing his Duties and Powers," do hereby certify that the building erected by Hazel Menke

Type of structure Replace roof over porch.

at 1907 Central Ave.

Block No. 69, Lot No. 36 and the proposed use thereof are in conformity with the provisions of the aforesaid ordinance in my determination.

Dated 7-27, 19 71

Robert W Crowther
Building Inspector

$40.
Estimated Cost

H 4830

Office of Building Inspector — Township of Wall
BUILDING PERMIT

No. 7301

Plate .....

4-30, 19 74

Permission is hereby granted to Harold Hunter

to Troop

building on Block 69 Lot 36

Street 1907 Central Ave

in accordance with plans and specifications on file in my office, made by .....

Zone R10

Estimated Cost of Work $ 300

Fee for Permit - - - $ 3.00

This permit is issued subject to the provisions of the Building Code; all Township Ordinances and the rules and regulations of the Board of Health of the Township of Wall, New Jersey.

Robert W. Crowther

Building Inspector

BLOCK 69 LOT 36 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 00-1538

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: 1907 Central ave West Palmer
2. Name of Owner in Fee: Hazel Menke Tel. (
   Address 1907 Centralave (street) WestBelmar (municipality) 07719 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Harold Josefowitz Tel.
   Address 406 Lake dr Allenhurst NJ 07711
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Harold Josefowitz
   Tel. FAX (_____) _____

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	
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.	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	

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									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature Hazel Menke Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

U.C.C. F100-2 (rev. 3/96)

OFFICE DATE RECEIVED: 6/9/96

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X						
☐ Planning Board									
☐ Zoning Board			X						
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department			X						
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X		X		X				
☐ N.J. Department of Transportation	X		X		X				
☐ N.J. Department of Environmental Protection	X		X		X				
☐ Utility Dig No.			X		X				
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition	
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	
		Other	

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy					
☐ Temporary Certificate of Compliance					
☐ Continued Certificate of Occupancy					
☐ Certificate of Compliance					
☐ Certificate of Occupancy					
☐ Certificate of Approval					
☐ Lead Abatement Clearance Certificate					

U.C.C. F100-3 (rev. 3/96)

00-538

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 10-20-00
Control #
Permit # 00-1538

IDENTIFICATION Block 69 Lot 36

Work Site Location 1907 Central ave West Belmar

Owner in Fee Hazel Menke

Address 1907 Central ave West Belmar

Tel. ( )

Contractor Harold Josefowitz

Address 406 Lake drive Allenhurst NJ 07711

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

- [X] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

Tear off and Replace Shingles

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 800.00

Construction Official

10-20-00
Date

PAYMENTS (Office Use Only)

Building	33 -
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1 -
Cert. of Occupancy	
Other	
Total	34 -
Check No.	
Cash	34 -
Collected by	

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10-20-00
Date Issued
Control #
Permit # 00-1538

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

Block 69 Lot 36
Work Site Location 1907 Central ave
West Belmar NJ 07719
Owner in Fee Hazel Menke
Address 1907 Central ave
West Belmar 07719
Tele.
Contractor Harold Joscfowitz
Address 406 Lake dr
allenhurst NJ 07711
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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:	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 $
3. Total (1+ 2) $ ~800.00

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.

Hazel Menke
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Tear off and replace Shingles

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)

	$ 33
Administrative Surcharge	$
Minimum Fee	$ 17
DCA Training Fee	$
TOTAL FEE	$ 34

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10-20-00
Date Issued
Control #
Permit # 00-1538

69
36

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

Block 69 Lot 36
Work Site Location 1907 Central ave
West Belmar NJ 07719
Owner in Fee Hazel Menke
Address 1907 Central ave
West Belmar 07719
Tele.
Contractor Jerald Josephite
Address 406 Lake dr
Allenhurst NJ 07711
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.

X Hazel Menke
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Tear off and replace Shingles

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: 3/12/02
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			3/12/02	
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 $
3. Total (1+ 2) $ 800.00

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)
$ 33

Administrative Surcharge	$
Minimum Fee	$ 1
DCA Training Fee	$ 34
TOTAL FEE	$

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

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

02-461

TOWNSHIP OF WALL
2700 ALLAIRE ROAD
WALL, N.J. 07719
(732) 449-8444

UNIFORM CONSTRUCTION CODE

CERTIFICATE OF OCCUPANCY/APPROVAL

Building Permit No. 00-1538

Control #_____ Zoning Permit No. N/A

IDENTIFICATION Block 69 Lot 36

Work Site Location 1907 Crestal Ave Wall, NJ

Owner in Fee Hazel Menke

Address Same

Tele. (_____)_____

Contractor Harold Josefowitz

Address 406 Lake Rd. Allenhurst, NJ 07711

Tele. (_____)_____

Lic. No. or Bldrs. Reg. No._____ Exp. Date_____

Federal Emp. No._____

or Social Security No._____

☐ **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, all applicable land use ordinances and Township approvals, and that the property 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 _____,20____ or the owner will be subject to a fine or order to vacate:

Type of Warranty Plan: [ ] State [ ] Private

Construction Classification_____

Maximum Occupancy Load_____

Zone_____

Land Use Designation Single family dwelling

ESTIMATED COST $ 800.-

Home Warranty No. NA

Use Group R-3

Maximum Live Load_____

Description of Work/Use: Tear off & Reroof

Construction Official, Township of Wall

Land Use Officer, Township of Wall

Dated: 3-21-02

C.O. No. 02-461