

Melissa Nelson

From: Victoria Coppola
Sent: Thursday, March 28, 2024 10:04 AM
To: Melissa Nelson
Subject: FW: OPRA request - 304-308 Franklin Ave

Please see below OPRA. 304, 306, 308 Franklin Ave

-----Original Message-----

From: Diane Stabley <municipalclerk@seaside-heightsnj.org>
Sent: Thursday, March 21, 2024 11:38 AM
To: Melissa Nelson <mnelson@seaside-heightsnj.org>
Cc: Victoria Coppola <vcoppola@seaside-heightsnj.org>
Subject: FW: OPRA request - 304-308 Franklin Ave

-----Original Message-----

From: Prairie Rugilo <opra+request-59642-363c6fe2@requests.opramachine.com>
Sent: Monday, March 18, 2024 9:28 AM
To: Diane Stabley <municipalclerk@seaside-heightsnj.org>
Subject: OPRA request - 304-308 Franklin Ave

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 Seaside Heights Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:

- All open and closed permits on properties 304, 306, 308 Franklin Ave, Seaside Heights NJ
- Grading plans that were submitted with permits for all 3 properties, mentioned above.
- Plans to protect adjoining properties and vehicles that were submitted with the initial permit or after. The UCC provides that "owners who undertake construction, rehabilitation or demolition work at their properties shall protect adjoining properties from damage caused by the work." (N.J.A.C. 5:23-2.34.) This section requires that "the measures to be taken to safeguard adjoining properties shall be submitted with the permit application for review and approval by the construction official." (See N.J.A.C. 5:23-2.34(a) and (c).)

Thank you for your time.

Yours faithfully,

Prairie Rugilo

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-59642-363c6fe2@requests.opramachine.com

Is municipalclerk@seaside-heightsnj.org the wrong address for OPRA requests to Seaside Heights Borough? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=seaside_heights_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

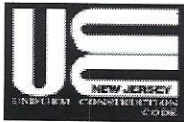
<https://opramachine.com/help/officers>

View this OPRA request & responses online:

https://opramachine.com/request/304_308_franklin_ave

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.



CONSTRUCTION PERMIT

Date Issued 10/12/2022
Control # 10009113
Permit # 22-00135

IDENTIFICATION Block: 28 Lot: 6.01 Qualifier
Work Site Location: 304 FRANKLIN AVE Seaside Heights Borough, NJ Contractor WP PROPERTY LLC
Owner in Fee MALONE, CHRISTOPHER G Address 432 WESTBOURNE AVE LONG BRANCH NJ 07740
1277 OSFORD ROAD BRIDGEWATER NJ NJ 08807 Telephone: (732) 768-7046
Telephone: (908) 910-5265 Lic. No. or Bldrs. Reg. No. 052091
Federal Employee 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:

NEW SINGLE FAMILY DWELLING NEW SFD

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 \$315,100

Construction Official

10/12/2022
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$1,903
Electrical	\$250
Plumbing	\$596
Fire Protection	\$220
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$152
CO Fee	\$50.00
Other	\$0
Total	\$3,171
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



2. Inspections

<u>Inspection Date</u>	<u>Subcode</u>	<u>Inspector</u>	<u>Permit Number</u>	<u>Location Address</u>	<u>Subcodes</u>	<u>InspectionType</u>	<u>Result</u>	<u>Result Comments</u>	<u>Description Comments</u>	<u>Application Status</u>
01/23/2023	Electrical	Jack Greagori	22-00135	304 FRANKLIN AVE	B P E F	ROUGH INSP	Pass	Wesley 7327687046	NEW SFD	CO and Close Date Issued JG
01/23/2023	Electrical	Jack Greagori	22-00135	304 FRANKLIN AVE	B P E F	SERVICE INSP	Pass	Wesley 7327687046 hold cut in card for service card	NEW SFD	CO and Close Date Issued JG
01/26/2023	Plumbing	Marc Panzitta	22-00135	304 FRANKLIN AVE	B P E F	ROUGH INSP	Fail	WESLEY 7327687046 Partial rough ok, must set shower pans and test.	NEW SFD	CO and Close Date Issued MP
01/30/2023	Building	John Gerrity	22-00135	304 FRANKLIN AVE	B P E F	FRAMING	Pass	WESLEY 7327687046	NEW SFD	CO and Close Date Issued JG2
02/06/2023	Building	John Gerrity	22-00135	304 FRANKLIN AVE	B P E F	INSULATE INSP	Pass	Wesley 7327687046	NEW SFD	CO and Close Date Issued JG2
05/31/2023	Electrical	Jack Greagori	22-00135	304 FRANKLIN AVE	B P E F	FINAL INSP	Pass		NEW SFD	CO and Close Date Issued Agent: Phone
06/01/2023	Fire	Tony Cirz	22-00135	304 FRANKLIN AVE	B P E F	FINAL INSP	Fail	No gas to building	NEW SFD	CO and Close Date Issued Agent: Phone
06/06/2023	Plumbing	Marc Panzitta	22-00135	304 FRANKLIN AVE	B P E F	FINAL INSP	Pass		NEW SFD	CO and Close Date Issued Agent: Phone RICH
06/06/2023	Fire	Tony Cirz	22-00135	304 FRANKLIN AVE	B P E F	FINAL INSP	Pass		NEW SFD	CO and Close Date Issued WESLI
06/07/2023	Building	John Gerrity	22-00135	304 FRANKLIN AVE	B P E F	FINAL INSP	Pass		NEW SFD	CO and Close Date Issued
11/16/2022	Building	John Gerrity	22-00135	304 FRANKLIN AVE	B P E F	PILING INSP	Pass	Wesley 7327687046	NEW SFD	CO and Close Date Issued JG2
11/28/2022	Building	John Gerrity	22-00135	304 FRANKLIN AVE	B P E F	SHEATHING INSP	Pass		NEW SFD	CO and Close Date Issued JG2
11/28/2022	Building	John Gerrity	22-00135	304 FRANKLIN AVE	B P E F	OPEN DECK	Pass	WESLEY 7327687046	NEW SFD	CO and Close Date Issued JG2
12/14/2022	Building	John Gerrity	22-00135	304 FRANKLIN AVE	B P E F	SLAB INSP	Pass	WESLEY 7327687046	NEW SFD	CO and Close Date Issued JG2
Grand Totals										



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 28 Lot 6.01 Qualification Code _____
Work Site Location: 304 FRANKLIN AVE Seaside Heights Borough, NJ

Owner in Fee: MALONE, CHRISTOPHER G
Address 1277 OSFORD ROAD BRIDGEWATER NJ NJ 08807
Tel. (908) 910-5265 Email _____
Contractor: WP PROPERTY LLC
Address 432 WESTBOURNE AVE LONG BRANCH NJ 07740
Tel. (732) 768-7046 Fax. _____
Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type:	Failure	Failure	Approval
☐ No Plan Required	_____	Footing	_____	_____	Initial
☐ All	_____	Footing Bonding	_____	_____	_____
☐ Footing/Foundation	_____	Foundation	_____	_____	_____
☐ Struct/Framework	_____	Slab	_____	_____	_____
☐ Exterior	_____	Frame	_____	_____	_____
☐ Interior	_____	Truss Sys./Bracing	_____	_____	_____
Joint Plan Review Required	_____	Barrier-Free	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	Insulation	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Finishes-Base Layer	_____	_____	_____
Date: _____		Finishes-Final	_____	_____	_____
Approved by: _____		Energy	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Mechanical	_____	_____	_____
☐ CO ☐ CCO ☐ CA		TCO	_____	_____	_____
Date: _____		Other	_____	_____	_____
Approved by: _____		Final	_____	_____	_____
		Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS		If Industrial Building:	
Use Group	Present	Proposed	State Approved
Constr. Class	Present	_____	_____
Number of Stories	_____	_____	_____
Height of Structure	_____ Ft.	_____	_____
Area - Largest Floor	_____ Sq. Ft.	_____	_____
New Bldg. Area / All Floors	<u>2422</u> Sq. Ft.	_____	_____
Volume of New Structure	<u>41000</u> Cu. Ft.	_____	_____
Total Land Area Disturbed	_____ Sq. Ft.	_____	_____

Est. Cost of Bldg. Work:
1. New Bldg. \$16,000
2. Rehabilitation _____
3. Total (1+2) \$16,000

U.C.C F110 (rev. 11/09)

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

Date Received 10/12/2022
Control # 10009113
Date Issued 10/12/2022
Permit # 22-00135

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SINGLE FAMILY DWELLING, NEW SFD

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)

\$983

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$152

TOTAL FEE \$2,055



PLUMBING 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 28 Lot 6.01 Qualification Code _____
Work Site Location: 304 FRANKLIN AVE Seaside Heights Borough, NJ

Owner in Fee: MALONE, CHRISTOPHER G
Address 1277 OSFORD ROAD BRIDGEWATER NJ NJ 08807
Email _____

Tel. (908) 910-5265
Contractor: DAVER CONTRACTING
Address 151 RIPTIDE AVE MANAHAWKIN NJ

Tel. (908) 910-9450 Fax _____
Home improvement Contractor Registration No. or Exemption Reason (is applicable): _____
Contractor License No. 19HC00926700 Expiration Date: 3/31/2024
Federal Employee No. 3526266616

B. PLUMBING CHARACTERISTICS
Use Group Present R-5 Proposed R-5
Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic
Water Service Size _____ ☐ Public Water ☐ Private Well
Estimated Cost of Plumbing Work \$17,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Initial Date _____
☐ No Plan Required
☐ Partial Underslab Utilities Approved Date: _____ by: _____
☐ Plumbing Plans Approved Date: _____
Approved by: _____
Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: _____
Approved by: _____

Truss Sys./Bracing
INSPECTIONS
Type: Failure Dates (Month/Day) Initial
Slab _____
Rough _____
Water _____
Sewer _____
Fixtures _____
Gas Equipment _____
Gas Piping _____
LPGas Tank _____
Fuel Oil Piping _____
Solar _____
TCO _____
Final _____
Other _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

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

Date Received 10/12/2022
Control # 10009113
Date Issued 10/12/2022
Permit # 22-00135

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK NEW SINGLE FAMILY DWELLING, NEW SFD		
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	\$32
	Urinal/Bidet	
	Bath Tub	
5	Lavatory	\$40
3	Shower	\$24
	Floor Drain	
5	Sink	\$40
1	Dishwasher	\$8
	Drinking Fountain	
1	Washing Machine	\$8
2	Hose Bibb	\$16
1	Water Heater	\$8
	Fuel Oil Piping	
4	Gas Piping	\$50
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
1	Sewer Connector	\$50
1	Water Service Connection	\$50
2	Stacks	\$16
	Other	
☐ Private Septic		Administrative Surcharge
☐ Private Well		Minimum Fee
		State Permit Surcharge Fee \$152
		TOTAL FEE \$748



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 10/12/2022
Date Issued 10/12/2022
Control # 10009113
Permit # 22-00135

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SINGLE FAMILY DWELLING, NEW SFD

QTY.	SIZE	ITEMS	FEE (Office Use Only)
24		Lighting Fixtures	
52		Receptacles	
32		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
3		Communication Points	
		Alarm Devices/F.A.C. Panel	
111		TOTAL NUMBERS	\$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
1		KW Dishwasher	\$10
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	\$50
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2		Air Handler	\$20

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$152

TOTAL FEE \$402

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

Block 28 Lot 6.01 Qualification Code

Work Site Location: 304 FRANKLIN AVE Seaside Heights Borough, NJ

Owner in Fee: MALONE, CHRISTOPHER G

Address 1277 OSFORD ROAD BRIDGEWATER NJ NJ 08807

Email

Tel. (908) 910-5265

Contractor: SIGIS ELECTRIC LLC

Address 465 AURORA DRIVE BRICK NJ 08723

Email

Tel. (848) 333-7473 Fax.

Lic No. 17354 Exp. Date 3/31/2024

Home improvement Contractor Registration No. or Exemption Reason (is applicable):

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

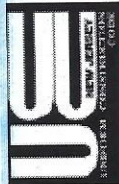
☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	DATES (Month/Day)	
☐ No Plan Required			Failure	Approval
☐ Partial/Underslab Approved				
☐ Partial Underslab Utilities Approved				
Date: by:				
☐ Electrical Plans Approved				
Date: by:				
Joint Plan Review Required				
☐ Building ☐ Plumbing				
☐ Fire ☐ Elevator				
SUBCODE APPROVAL for PERMIT				
Date:				
Approved by:				
SUBCODE APPROVAL for CERTIFICATE				
☐ CO ☐ CCO ☐ CA				
Date:				
Approved by:				



FIRE 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 28 Lot 6.01 Qualification Code _____

Work Site Location: 304 FRANKLIN AVE Seaside Heights Borough, NJ

Owner in Fee: MALONE, CHRISTOPHER G

Address 1277 OSFORD ROAD BRIDGEWATER NJ NJ 08807 Email _____

Tel. (908) 910-5265

Contractor: BONIFIDE MECHANICAL LLC Tel. (732) 757-9138

Address 1037 SHELIA DR TOMS RIVER NJ 08753 Email RICHBONI1@GMAIL.COM

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Expiration Date: _____

Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Employee No. _____ Fax: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5 Fuel Type ☐ Flammable or ☐ Combustible

Constr. Class Present _____ Proposed _____ Capacity _____

Heating Systems: ☐ New or ☐ Modification to Existing ☐ New or ☐ Existing

or ☐ Conversion or ☐ Replacement Location of Panel: _____

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$1,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Initial	Type:	Failure	Approval	Initial
☐ No Plan Required		Alarm System			
☐ Partial Underslab Utilities Approved		Suppression Sys.			
Date: _____ by: _____		Standpipe			
☐ Fire Protection Plans Approved		Fire Pump			
Date: _____		Pre-Eng. System			
Approved by: _____		Mechanical			
☐ Building Review Required		Smoke Control			
☐ Building Electrical Elevator		TCO			
SUBCODE APPROVAL for PERMIT		Flam/Cumbust Tank			
Date: _____		Fireplace Venting			
Approved by: _____		Final			
SUBCODE APPROVAL for CERTIFICATE		Other			
☐ CO ☐ CCO ☐ CA					
Date: _____					
Approved by: _____					

Date Received 10/12/2022
Control # 10009113
Date Issued 10/12/2022
Permit # 22-00135

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's Signature/Contractor's Seal and Signature and Printed Name
☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW SINGLE FAMILY DWELLING, NEW SFD

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____ NUMBER _____ FEE (Office Use Only) _____

Alarm Systems

☐ System
☐ 110v Interconnected
☐ CO Detectors/110v

Alarm Devices (i.e. smoke, heat, pulls, water/flow) _____

Supervisory Devices (tamper, low/high air) _____

Signaling Devices (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 _____

CO2 Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fire Appliances ☐ Gas ☒ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$152

TOTAL FEE \$372



CONSTRUCTION PERMIT

Date Issued 4/6/2023
Control # 10009299
Permit # 23-00064

IDENTIFICATION Block: 28 Lot: 6.02 Qualifier
Work Site Location: 306 FRANKLIN AVE Seaside Heights Borough, NJ Contractor WP PROPERTY LLC
Owner in Fee KOSTIHA, JOSEPH M & LOUISA J Address 432 WESTBOURNE AVE LONG BRANCH NJ 07740
1669 JAY BIRD LN TOMS RIVER NJ NJ 08755 - 2196 Telephone: (732) 768-7046
Telephone: (908) 910-5265 Lic. No. or Bldrs. Reg. No. 052091
Federal Employee. 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:

NEW SINGLE FAMILY DWELLING NEW SFD

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 \$48,100

Construction Official

4/6/2023
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$1,925
Electrical	\$210
Plumbing	\$466
Fire Protection	\$350
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$122
CO Fee	\$50.00
Other	\$0
Total	\$3,123
Check No.	2242
Cash	\$0
Credit	\$0
Collected By	Melissa Nelson

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



2. Inspections

<u>Inspection Date</u>	<u>Subcode</u>	<u>Inspector</u>	<u>Permit Number</u>	<u>Location Address</u>	<u>Subcode</u>	<u>Inspection Type</u>	<u>Result</u>	<u>Work Description</u>	<u>Comments</u>	<u>Application Status</u>	<u>Comments</u>	<u>Block</u>
12/18/2023	Electrical	Jack Greagori	23-00064+A	306 FRANKLIN AVE	E F	SERVICE	Fail	Load center cover can not be verified. voids UL listing	COC ELECTRIC & FIRE	CA and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6	28 6.C
12/18/2023	Electrical	Jack Greagori	23-00064+A	306 FRANKLIN AVE	E F	ROUGH	Fail	Load center cover can not be modified. modifications void UL listing	COC ELECTRIC & FIRE	CA and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6	28 6.C
10/23/2023	Building	John Gerrity	23-00064	306 FRANKLIN AVE	B P E F	INSULATE INSP	Pass	NEW SFD		CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/ Insulation checklist on site	28 6.C
10/18/2023	Building	John Gerrity	23-00064	306 FRANKLIN AVE	B P E F	FRAMING	Pass	NEW SFD		CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.C
10/12/2023	Electrical	Jack Greagori	23-00064	306 FRANKLIN AVE	B P E F	ROUGH	Pass	NEW SFD		CO and Close Date Issued	Wesley 7327687046	28 6.C
10/11/2023	Building	John Gerrity	23-00064	306 FRANKLIN AVE	B P E F	FRAMING	Fail	NEW SFD		CO and Close Date Issued	Wesley 7327687046	28 6.C



2. Inspections

Inspection Date	Subcode	Inspector	Permit Number	Location Address	Subcode	Inspection Type	Result	Work Description	Application Status	Comments	Block
10/04/2023	Electrical	Jack Greagori	23-00064+A	306 FRANKLIN AVE	E F	SERVICE	Fail	COC ELECTRIC & FIRE	CA and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6	28 6.C
10/04/2023	Electrical	Jack Greagori	23-00064+A	306 FRANKLIN AVE	E F	ROUGH	Fail	COC ELECTRIC & FIRE	CA and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6	28 6.C
09/27/2023	Electrical	Jack Greagori	23-00064	306 FRANKLIN AVE	B P E F	ROUGH	Fail	garage 20amp must be garage only. cannot access upper floors no stairs	CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.C
09/27/2023	Electrical	Jack Greagori	23-00064	306 FRANKLIN AVE	B P E F	SERVICE	Fail	main breaker exceeds 67" Loadcenter mounted to break away construction	CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.C
09/26/2023	Plumbing	Marc Panzitta	23-00064	306 FRANKLIN AVE	B P E F	ROUGH	Fail	partial rough ok drop test, must set tub and test.	CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.C



2. Inspections

<u>Inspection Date</u>	<u>Subcode</u>	<u>Inspector</u>	<u>Permit Number</u>	<u>Location Address</u>	<u>Subcode</u>	<u>Inspection Type</u>	<u>Result</u>	<u>Result Comments</u>	<u>Work Description</u>	<u>Application Status</u>	<u>Comments</u>	<u>Block</u>
08/28/2023	Building	John Gerrity	23-00064	306 FRANKLIN AVE	B P E F	SLAB	Pass		NEW SFD	CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.C
08/21/2023	Building	John Gerrity	23-00064	306 FRANKLIN AVE	B P E F	SLAB INSP	Fail	Not ready	NEW SFD	CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.C
07/10/2023	Building	John Gerrity	23-00064	306 FRANKLIN AVE	B P E F	SHEATHING INSP	Pass		NEW SFD	CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6	28 6.C
05/22/2023	Building	John Gerrity	23-00064	306 FRANKLIN AVE	B P E F	OPEN DECK	Pass		NEW SFD	CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.C
05/17/2023	Building	John Gerrity	23-00064	306 FRANKLIN AVE	B P E F	PILING INSP	Pass		NEW SFD	CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.C
01/31/2024	Electrical	Jack Greagori	23-00064+A	306 FRANKLIN AVE	E F	Final	Pass		COC ELECTRIC & FIRE	CA and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.C



2. Inspections

<u>Inspection Date</u>	<u>Subcode</u>	<u>Inspector</u>	<u>Permit Number</u>	<u>Location Address</u>	<u>Subcode</u>	<u>Inspection Type</u>	<u>Result</u>	<u>Result Comments</u>	<u>Work Description Comments</u>	<u>Application Status</u>	<u>Comments</u>	<u>Block</u>
01/30/2024	Plumbing	Marc Panzitta	23-00064	306 FRANKLIN AVE	B P E F	Final	Pass	Pass temps 118degs	NEW SFD	CO and Close Date Issued	Rich 7327579 138	28 6.0
01/29/2024	Electrical	Jack Greagori	23-00064+A	306 FRANKLIN AVE	E F	Final	Fail	Panel door does not open!! Inspection stopped. Whole house must be walked again due to some various changes specifically with air conditioning system.	COC ELECTRIC & FIRE	CA and Close Date Issued	Wes 7327687 046	28 6.0
01/25/2024	Fire	Tony Ciriz	23-00064+A	306 FRANKLIN AVE	E F	Final	Pass		COC ELECTRIC & FIRE	CA and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.0
01/25/2024	Fire	Tony Ciriz	23-00064	306 FRANKLIN AVE	B P E F	Final	Pass		NEW SFD	CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.0
01/24/2024	Building	John Gerrity	23-00064	306 FRANKLIN AVE	B P E F	Final	Pass		NEW SFD	CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.0



2. Inspections

<u>Inspection Date</u>	<u>Subcode</u>	<u>Inspector</u>	<u>Permit Number</u>	<u>Location Address</u>	<u>Subcode</u> <u>s</u>	<u>Inspection Type</u> <u>e</u>	<u>Result</u> <u>Comments</u>	<u>Work Description</u> <u>Comments</u>	<u>Application Status</u>	<u>Comments</u> <u>nts</u>	<u>Block</u> <u>k</u>
01/24/2024	Electrical	Jack Greagori	23-00064	306 FRANKLIN AVE	B P E F	Final	Fail	NEW SFD	CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.C
01/24/2024	Electrical	Jack Greagori	23-00064+A	306 FRANKLIN AVE	E F	Final	Fail	COC ELECTRIC & FIRE	CA and Close Date Issued	Wes 7327687 046	28 6.C
01/18/2024	Fire	Tony Ciriz	23-00064+A	306 FRANKLIN AVE	E F	Final	Not Ready	COC ELECTRIC & FIRE	CA and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6	28 6.C
01/17/2024	Electrical	Jack Greagori	23-00064+A	306 FRANKLIN AVE	E F	Final	Fail	COC ELECTRIC & FIRE	CA and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6	28 6.C
01/17/2024	Building	John Gerrity	23-00064	306 FRANKLIN AVE	B P E F	Final	Fail	NEW SFD	CO and Close Date Issued	Agent: WP PROPE RTY LLC Phone: (732) 768-704 6/	28 6.C
Grand Totals											



PLUMBING 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 28 Lot 6.02 Qualification Code

Work Site Location: 306 FRANKLIN AVE Seaside Heights Borough, NJ

Owner in Fee: KOSTIHA, JOSEPH M & LOUISA J

Address 1669 JAY BIRD LN TOMS RIVER NJ NJ 08755 - 2196

Email

Tel. (908) 910-5265

Contractor: BONIFIDE MECHANICAL LLC

Address 1037 SHELIA DR TOMS RIVER NJ 08753 - 2196

Email RICHBONI1@GMAIL.COM

Fax

Tel. (732) 757-9138

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Contractor License No. 36BI01230700 Expiration Date: 7/1/2024

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Estimated Cost of Plumbing Work \$22,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Initial

No Plan Required

Partial Underslab Utilities Approved

Date: by:

Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

Building Electrical

Fire Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

CO CCO CA

Date:

Approved by:

INSPECTIONS

Type: Failure Approval Initial

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Other

Truss Sys./Bracing

Dates (Month/Day)

Failure Approval Initial

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

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Other

Truss Sys./Bracing

Dates (Month/Day)

Failure Approval Initial

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Rough

Water

Sewer

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Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final



ELECTRICAL SUBCODE
TECHNICAL SECTION



Date Received 4/6/2023
Date Issued 4/6/2023
Control # 10009299
Permit # 23-00064

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW SINGLE FAMILY DWELLING, NEW SFD

QTY.	SIZE	ITEMS	FEE (Office Use Only)
24		Lighting Fixtures	
52		Receptacles	
32		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
108		TOTAL NUMBERS	\$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
1		KW Dishwasher	\$10
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	\$50
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2		Air Handler	\$20

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE \$210

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

Block 28 Lot 6.02 Qualification Code
Work Site Location: 306 FRANKLIN AVE Seaside Heights Borough, NJ
Owner in Fee: KOSTIHA, JOSEPH M & LOUISA J
Address 1669 JAY BIRD LN TOMS RIVER NJ 08755 - 2196
Tel. (908) 910-5265 Email
Contractor: SIGIS ELECTRIC LLC
Address 465 AURORA DRIVE BRICK NJ 08723 - 2196
Tel. (848) 333-7473 Fax
Lic No. 17354 Exp. Date 3/31/2024
Home improvement Contractor Registration No. or Exemption Reason (is applicable):
Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$10,000

JOB SUMMARY (Office Use Only)

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



**FIRE SUBCODE
TECHNICAL SECTION**



Date Received 4/6/2023
Control # 10009299
Date Issued 4/6/2023
Permit # 23-00064

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

Block 28 Lot 6.02 Qualification Code _____

Work Site Location: 306 FRANKLIN AVE Seaside Heights Borough, NJ

Owner in Fee: KOSTIHA, JOSEPH M & LOUISA J

Address 1669 JAY BIRD LN TOMS RIVER NJ NJ 08755 - 2196 Email _____

Tel. (908) 910-5265

Contractor: DAVER CONTRACTING Tel. (908) 910-9450

Address 151 RIPTIDE AVE MANAHAWKIN NJ - 2196 Email _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Expiration Date: _____

Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Employee No. 3526266616 Fax. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed _____ Fuel Type ☐ Flammable or ☐ Combustible

Constr. Class Present _____ Proposed _____ Capacity _____

Heating Systems: ☐ New or ☐ Modification to Existing

or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$100

Fuel Storage Tank:

Fuel Type ☐ Flammable or ☐ Combustible

Capacity _____

Fire Alarm System: ☐ New or ☐ Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve: _____

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's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SINGLE FAMILY DWELLING, NEW SFD

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e. smoke, heat, pulls, water/flow) _____

Supervisory Devices (tampers, low/high air) _____

Signaling Devices (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 _____

CO2 Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fire Appliances ☐ Gas ☒ Oil ☐ Solid

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



CONSTRUCTION PERMIT

Date Issued 9/20/2023
Control # C-23-00206
Permit # 23-00064+A

IDENTIFICATION Block: 28 Lot: 6.02 Qualifier
Work Site Location: 306 FRANKLIN AVE Seaside Heights Borough, NJ Contractor WP PROPERTY LLC
Address 432 WEST BOURNE AVE LONG BRANCH NJ
Owner in Fee KOSTIHA, JOSEPH M & LOUISA J
1669 JAY BIRD LN TOMS RIVER NJ NJ 08755 - 2196 Telephone: (732) 768-7046
Telephone: (908) 910-5265 Lic. No. or Bldrs. Reg. No.
Federal Employee. 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:

CHANGE OF CONTRACTOR COC ELECTRIC & FIRE

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 \$13,500

Construction Official 9/20/2023
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$100
Plumbing	\$0
Fire Protection	\$100
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$26
CO Fee	
Other	\$40
Total	\$266
Check No.	2141
Cash	\$0
Credit	\$0
Collected By	Melissa Nelson

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 4/6/2023
Date Issued 9/20/2023
Control # C-23-00206
Permit # 23-00064-A

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr'r ☐ Cert'd Landscape Irrigation Contr'r ☐ Exempt Applicant
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK CHANGE OF CONTRACTOR, COC ELECTRIC & FIRE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	200	AMP Subpanels	\$50
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		COC	\$50

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$23
TOTAL FEE \$123

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

Block 28 Lot 6.02 Qualification Code _____
Work Site Location: 306 FRANKLIN AVE Seaside Heights Borough, NJ
Owner in Fee: KOSTIHA, JOSEPH M & LOUISA J
Address 1669 JAY BIRD LN TOMS RIVER NJ NJ 08755 - 2196
Tel. (908) 910-5265 Email _____
Contractor: SIGIS ELECTRIC LLC
Address 465 AURORA DRIVE BRICK NJ 08723 - 2196
Tel. (848) 333-7473 Fax _____
Lic No. 17354 Exp. Date 3/31/2024
Home improvement Contractor Registration No. or Exemption Reason (is applicable): _____
Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____ R-5 _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$12,000

JOB SUMMARY (Office Use Only)

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



FIRE 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 28 Lot 6.02 Qualification Code _____

Work Site Location: 306 FRANKLIN AVE Seaside Heights Borough, NJ

Owner in Fee: KOSTIHA, JOSEPH M & LOUISA J

Address 1669 JAY BIRD LN TOMS RIVER NJ NJ 08755 - 2196 Email _____

Tel. (908) 910-5265

Contractor: DAVER CONTRACTING Tel. (908) 910-9450

Address 151 RIPTIDE AVE MANAHAWKIN NJ - 2196 Email _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Expiration Date: _____

Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Employee No. 3526266616 Fax: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____ R-5 _____ Fuel Type ☐ Flammable or ☐ Combustible Capacity _____

Constr. Class _____ Present _____ Proposed _____

Heating Systems: ☒ New or ☐ Modification to Existing

or ☐ Conversion or ☐ Replacement

Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$1,500

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type:	Initial	Failure	Approval
☐ No Plan Required		Alarm System			
☐ Partial Underslab Utilities Approved		Suppression Sys.			
Date: _____ by: _____		Standpipe			
☐ Fire Protection Plans Approved		Fire Pump			
Date: _____		Pre-Eng. System			
Approved by: _____		Mechanical			
☐ Building Review Required		Smoke Control			
☐ Building Electrical Elevator		TCO			
SUBCODE APPROVAL for PERMIT		Flam/Cumbust Tank			
Date: _____		Fireplace Venting			
Approved by: _____		Final			
SUBCODE APPROVAL for CERTIFICATE		Other			
☐ CO ☐ CCO ☒ CA					
Date: _____					
Approved by: _____					

Date Received 4/6/2023
Control # C-23-00206
Date Issued 9/20/2023
Permit # 23-00064+A

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's Signature/Contractor's Seal and Signature and Printed Name
☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CHANGE OF CONTRACTOR, COC ELECTRIC & FIRE

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____ NUMBER _____ FEE (Office Use Only) _____

Alarm Systems

☐ System

☒ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e. smoke, heat, pulls, water/flow) _____ 10

Supervisory Devices (tamper, low/high air) _____

Signaling Devices (horn/strobes, bells) _____

Other Devices _____

TOTAL _____ 10

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 _____

CO2 Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fire Appliances ☐ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney _____

Other _____ 1

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$3

TOTAL FEE \$103



CONSTRUCTION PERMIT

Date Issued 3/9/2023
Control # 10009216
Permit # 23-00035

IDENTIFICATION Block: 28 Lot: 6 Qualifier _____
Work Site Location: 308 FRANKLIN AVE, NJ Contractor WP PROPERTY LLC
Address 432 WESTBOURNE AVE LONG BRANCH NJ 07740
Owner in Fee KOSTIHA, JOSEPH M & LOUISA J
1669 JAY BIRD LN TOMS RIVER NJ NJ 08755 - 2196 Telephone: (732) 768-7046
Lic. No. or Bldrs. Reg. No. 052091
Telephone: (908) 910-5265 Federal Employee. 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:

DEMO

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 \$26,000

PAYMENTS (Office Use Only)

Building	\$55
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$55
Check No.	
Cash	\$0
Credit	\$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

Construction Official

3/9/2023
Date

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

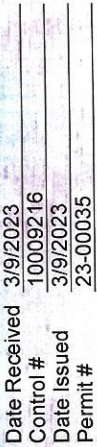
☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



2. Inspections

<u>Inspection Date</u>	<u>Subcode</u>	<u>Inspector</u>	<u>Permit Number</u>	<u>Location Address</u>	<u>Subcode</u>	<u>InspectionType</u>	<u>Result</u>	<u>Comments</u>	<u>Comments</u>	<u>Application Status</u>	<u>Comm ents</u>	<u>Block</u>	<u>Lot</u>	<u>Applicant Name</u>
03/22/2023	Building	John Gerrity	23-00035	308 FRANKLIN AVE	B	DEMO INSP	Pass	DEMO		CA and Close Date Issued	JG2	28	6	
Grand Totals														





CONSTRUCTION PERMIT

Date Issued 4/6/2023
Control # 10009298
Permit # 23-00065

IDENTIFICATION Block: 28 Lot: 6.03 Qualifier _____
Work Site Location: 308 FRANKLIN AVE Seaside Heights Borough, NJ Contractor WP PROPERTY LLC
Address 432 WESTBOURNE AVE LONG BRANCH NJ 07740
Owner in Fee KOSTIHA, JOSEPH M & LOUISA J
1669 JAY BIRD LN TOMS RIVER NJ NJ 08755 - 2196 Telephone: (732) 768-7046
Lic. No. or Bldrs. Reg. No. 052091
Telephone: (908) 910-5265 Federal Employee. 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:

NEW SFD

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 \$348,100

PAYMENTS (Office Use Only)

Building	\$1,383
Electrical	\$210
Plumbing	\$466
Fire Protection	\$350
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$152
CO Fee	
Other	\$512
Total	\$3,073
Check No.	
Cash	\$0
Credit	\$0
Collected By	

Construction Official

4/6/2023
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



2. Inspections

<u>Inspection Date</u>	<u>Subcode</u>	<u>Inspector</u>	<u>Permit Number</u>	<u>Location Address</u>	<u>Subcodes</u>	<u>InspectionType</u>	<u>Result</u>	<u>Comments</u>	<u>Inspection Status</u>	<u>Inspection Comments</u>	<u>Block</u>
03/06/2024	Building	John Gerrity	23-000065	308 FRANKLIN AVE	B P E F	PILING INSP	Cancelled	NEW SFD	Open	Agent: WP PROPERTY LLC Phone: (732) 768-7046/	28 6.0
03/11/2024	Building	John Gerrity	23-000065	308 FRANKLIN AVE	B P E F	PILING INSP	Pass	NEW SFD	Open	Agent: WP PROPERTY LLC Phone: (732) 768-7046 Need Pile Certs/Pile Locations	28 6.0
03/20/2024	Building	John Gerrity	23-000065	308 FRANKLIN AVE	B P E F	OPEN DECK	Pass	NEW SFD	Open	Agent: WP PROPERTY LLC Phone: (732) 768-7046	28 6.0
Grand Totals											



**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 28 Lot 6.03 Qualification Code _____
Work Site Location: 308 FRANKLIN AVE Seaside Heights Borough, NJ

Owner in Fee: KOSTIHA, JOSEPH M & LOUISA J
Address 1669 JAY BIRD LN TOMS RIVER NJ NJ 08755 - 2196
Tel. (908) 910-5265 Email _____
Contractor: WP PROPERTY LLC
Address 432 WESTBOURNE AVE LONG BRANCH NJ 07740 - 2196
Tel. (732) 768-7046 Fax: _____
Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)		
PLAN REVIEW	Date	Initial
☐ No Plan Required	_____	_____
☐ All	_____	_____
☐ Footing/Foundation	_____	_____
☐ Struct/Framework	_____	_____
☐ Exterior	_____	_____
☐ Interior	_____	_____
Joint Plan Review Required		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____
SUBCODE APPROVAL for PERMIT		
Date: _____	_____	_____
Approved by: _____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA	_____	_____
Date: _____	_____	_____
Approved by: _____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group _____ Present R-5

Constr. Class _____ Present _____

Number of Stories 3

Height of Structure 39.05 Ft.

Area - Largest Floor 950 Sq. Ft.

New Bldg. Area / All Floors 2422 Sq. Ft.

Volume of New Structure 32780 Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$300,000

2. Rehabilitation _____

3. Total (1+2) \$316,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____
Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SFD

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 Piles
☐ Demolition

FEE (Office Use Only)

\$983

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$152

TOTAL FEE \$1,535



PLUMBING 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 28 Lot 6.03 Qualification Code _____
Work Site Location: 308 FRANKLIN AVE Seaside Heights Borough, NJ

Owner in Fee: KOSTIHA, JOSEPH M & LOUISA J
Address 1669 JAY BIRD LN TOMS RIVER NJ NJ 08755 - 2196
Tel. (908) 910-5265 Email _____

Contractor: BONIFIDE MECHANICAL LLC
Address 1037 SHELIA DR TOMS RIVER NJ 08753 - 2196
Tel. (732) 757-9138 Fax. _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Contractor License No. 36BI01230700 Expiration Date: 7/1/2024
Federal Employee No. _____

B. PLUMBING CHARACTERISTICS
Use Group Present R-5 Proposed R-5
Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic
Water Service Size _____ ☐ Public Water ☐ Private Well
Estimated Cost of Plumbing Work \$22,000

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	
☐ No Plan Required			
☐ Partial Underslab Utilities Approved			
Date: _____ by: _____			
☐ Plumbing Plans Approved			
Date: _____			
Approved by: _____			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F-130 (rev. 11/09)

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

Date Received 4/6/2023
Control # 10009298
Date Issued 4/6/2023
Permit # 23-00065

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK		FEE (Office Use Only)	
NEW SFD	NO.	FIXTURE/EQUIPMENT	
	4	Water Closet	\$32
		Urinal/Bidet	
	1	Bath Tub	\$8
	4	Lavatory	\$32
	3	Shower	\$24
		Floor Drain	
	1	Sink	\$8
	1	Dishwasher	\$8
		Drinking Fountain	
	1	Washing Machine	\$8
	2	Hose Bibb	\$16
	1	Water Heater	\$8
		Fuel Oil Piping	
	1	Gas Piping	\$50
		LP Gas Tank	
		Steam Boiler	
		Hot Water Boiler	
		Sewer Pump	
		Interceptor/Separator	
		Backflow Preventor	
		Greasetrap	
	1	Sewer Connector	\$50
	1	Water Service Connection	\$50
	2	Stacks	\$16
		Other	
		☐ Private Septic	Administrative Surcharge
		☐ Private Well	Minimum Fee
			State Permit Surcharge Fee
			TOTAL FEE

\$466



ELECTRICAL 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 28 Lot 6.03 Qualification Code _____
Work Site Location: 308 FRANKLIN AVE Seaside Heights Borough, NJ

Owner in Fee: KOSTIHA, JOSEPH M & LOUISA J
Address 1669 JAY BIRD LN TOMS RIVER NJ NJ 08755 - 2196

Tel. (908) 910-5265 Email _____
Contractor: SIGIS ELECTRIC LLC

Address 465 AURORA DRIVE BRICK NJ 08723 - 2196 Email _____
Tel. (848) 333-7473 Fax _____

Lic No. 17354 Exp. Date 3/31/2024
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$10,000

JOB SUMMARY (Office Use Only)

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

U.C.C F120 (rev. 11/09)

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

Date Received 4/6/2023
Date Issued 4/6/2023
Control # 10009298
Permit # 23-00065

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name _____
☐ Licensed Elec Contr'r ☐ Certif'd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW SFD

QTY.	SIZE	ITEMS	FEE (Office Use Only)
24		Lighting Fixtures	
52		Receptacles	
32		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
108		TOTAL NUMBERS	\$50
		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	
1		KW Dishwasher	\$10
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	\$50
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2		Air Handler	\$20

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee _____
TOTAL FEE \$210



FIRE 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 28 Lot 6.03 Qualification Code _____

Work Site Location: 308 FRANKLIN AVE Seaside Heights Borough, NJ

Owner in Fee: KOSTIHA, JOSEPH M & LOUISA J

Address 1669 JAY BIRD LN TOMS RIVER NJ NJ 08755 - 2196 Email _____

Tel. (908) 910-5265

Contractor: DAVER CONTRACTING Tel. (908) 910-9450 Email _____

Address 151 RIPTIDE AVE MANAHAWKIN NJ - 2196

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Expiration Date: _____

Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Employee No. 3526266616 Fax: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5 Fuel Type ☐ Flammable or ☐ Combustible Capacity _____

Constr. Class Present _____ Proposed _____

Heating Systems: ☐ New or ☐ Modification to Existing

or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$100

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Initial	Type:	Failure	Approval	Initial
☐ No Plan Required		Alarm System			
☐ Partial Underslab Utilities Approved		Suppression Sys.			
Date: _____ by: _____		Standpipe			
☐ Fire Protection Plans Approved		Fire Pump			
Date: _____		Pre-Eng. System			
Approved by: _____		Mechanical			
☐ Building Electrical		Smoke Control			
☐ Plumbing Elevator		TCO			
SUBCODE APPROVAL for PERMIT		Flam/Combust Tank			
Date: _____		Fireplace Venting			
Approved by: _____		Final			
SUBCODE APPROVAL for CERTIFICATE		Other			
☐ CO ☐ CCO ☐ CA					
Date: _____					
Approved by: _____					

Date Received 4/6/2023
Control # 10009298
Date Issued 4/6/2023
Permit # 23-00065

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's Signature/Contractor's Seal and Signature and Printed Name
☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
NEW SFD

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____ NUMBER _____ FEE (Office Use Only) _____

Alarm Systems _____

☐ System ☐ 110v Interconnected ☐ CO Detectors/110v

Alarm Devices (i.e. smoke, heat, pulls, water/flow) _____

Supervisory Devices (tamper, low/high air) _____

Signaling Devices (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 _____

CO2 Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fire Appliances ☐ Gas ☒ Oil ☐ Solid _____ \$240

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee _____

TOTAL FEE \$350



CONSTRUCTION PERMIT

Date Issued _____
Control # C-24-00081
Permit # _____

IDENTIFICATION Block: 28 Lot: 6.03
Work Site Location: 308 FRANKLIN AVE Seaside Heights Borough, NJ

Qualifier _____
Contractor Wp Properties
Address NJ

Owner in Fee KOSTIHA, JOSEPH M & LOUISA J
1669 JAY BIRD LN TOMS RIVER NJ 08755

Telephone: (732) 768-7046
Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. _____

Telephone: (908) 910-5265

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:

ALTERATIONS Plan Update

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 \$1

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$50
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$51
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received 3/19/2024
Control # C-24-00081
Date Issued
Permit #

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

Block 28 Lot 6.03 Qualification Code _____

Work Site Location: 308 FRANKLIN AVE Seaside Heights Borough, NJ

Owner in Fee: KOSTIHA, JOSEPH M & LOUISA J

Address 1669 JAY BIRD LN TOMS RIVER NJ 08755

Tel. (908) 910-5265 Email _____

Contractor: WP PROPERTY LLC

Address 432 WESTBOURNE AVE LONG BRANCH NJ 07740

Email _____

Tel. (732) 768-7046 Fax. _____

Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____

Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

☐ No Plan Required

☐ All

☐ Footing/Foundation

☐ Struct/Framework

☐ Exterior

☐ Interior

Joint Plan Review Required

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group _____

Present _____

Constr. Class _____

Present _____

Number 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.

INSPECTIONS

Type: _____

Failure _____

Dates (Month/Day) _____

Initial _____

Footing _____

Footing Bonding _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Proposed _____

Proposed _____

If Industrial Building: _____

State Approved _____

HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. _____

2. Rehabilitation _____ \$1

3. Total (1+2) _____ \$1

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ALTERATIONS, Plan Update

TYPE OF WORK

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.

☐ Sign _____ Sq. Ft.

☐ Pool

☐ Retaining Wall _____ Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz Abatement NJAC 5:17

☐ Radon Remediation

☒ Other _____

☐ Plan Update

☐ Demolition

FEE (Office Use Only)

Administrative Surcharge _____

Minimum Fee \$50

State Permit Surcharge Fee \$1

TOTAL FEE \$51