BLOCK 11.26 LOT 11 QUALIFICATION CODE 00485-15 ADDRESS (SITE) 420 Mermaid Ave PERMIT NO. 15-00467

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 420 Mermaid Ave Beachwood 08722
2. Name of Owner in Fee: Carolyn Bubai
   Tel. (732) 773-3986 e-mail
   Address 420 Mermaid Ave (street) Beachwood (municipality) 08722 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Blue Ridge Heating, Corp. Tel. (732) 341-5744
   Address 200 Grant Ave e-mail
   Pine Beach 08741
   License No. OR, If new home, Builder Reg. No. 13VH00212700 Exp. Date 6/16
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) BA#0015500
   Federal Emp. ID No. 22 2870398 FAX: (732) 473-
5. Architect or Engineer ____ Contact
   Address ____ e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun William Thurber
   Tel. (732) 341-5744 FAX: (732) 473-10 18

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 60		
2. Electrical	60		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	20		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 140		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area — Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
Total Land Area Disturbed ____ sq. ft.	
Flood Hazard Zone	
Base Flood Elevation ____ ft.	
Wetlands	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building									
☑ Electrical	300 -		1/10/15		1/18/15				
☑ Plumbing	10,267.50								
☐ Fire Protection									
☐ Elevator									
TOTAL COST	10,567.50								

IIc. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental
B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
C. MIXED USE -List secondary use(s):
D. Construct. Classification: Present
   Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ 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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Emergency replacement of gas furnace, vlv cmp and air handler

Closed

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

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(f)1.bc

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 _____ 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. 5:23-2.15(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.

(X) Check if contractor.

Agent Name Blue Ridge Heating + Cooling

Address 202 Grant Ave

Pine Beach 08741

Telephone (732) 341-5744

Signature _____

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

Beachwood Interlocal Office
1600 Pinewald Road
Beachwood NJ 08722
(732)286-6000

CERTIFICATE

1504 - BEACHWOOD BORO

Date Issued: 12/04/2015
Permit # 15-00467
Certificate: 1500467.1

IDENTIFICATION

Block 11.26 Lot 11 Qualifier

Work Site Location: 420 MERMAID AVE, Beachwood, NJ 08722

Owner in Fee: BALDI, CAROLYN A
Address: 420 MERMAID AVE, BEACHWOOD, NJ 08722
Telephone: (732) 773-3986

Contractor: Blue Ridge Heating & Cooling
Address: 200 Grant Avenue, Pine Beach, NJ 08741
Telephone: (732) 341-5744 FAX

Lic No/Bldrs Reg No. Fed. Emp. No. 222870398

Home Imprv. Reg No. / Exempt
Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group I/R-5
Maximum Live Load
Construction Class VB
Max. Occupancy Load
Description of Work/Use
replace furnace and air cond and hot water heater

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____or will be

☐ **CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (0years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

_____ .

Wayne Gibson KK
CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00]
Collected by:

Check No.

PermitsNJ

PNJF260 rev. (5/2013)
Printed On: 02/16/2016 12:22

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/24/15

Date Issued / Permit # 15-00467

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

Block 11.24 Lot 11 Qualification Code

Work Site Location 420 Mermaid Ave

Buechwood 08722

Owner in Fee: Carolyn Baldi

Tel. (732) 773-3986 e-mail

Address 420 Mermaid Ave Buechwood 08722

Contractor: Blue Ridge Heating + Cooling Tel. (732) 341-5744

Address 200 Grand Ave e-mail

Point Beach 08741

Contractor License No. 19HC00212700 Exp Date 6/16

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 134600458600

Federal Emp. ID No. 22 2870398 FAX: (732) 477-1015

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 10,267.60

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev

SUBCODE APPROVAL for PERMIT

Date: 11/18/15

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 12/4/15

Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment	12/4		12/4	SW
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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 and perform the work listed on this application.

Applicant's Signature / Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Emergency replacement of gas furnace, a/c condenser and heater.

QTY.	FIXTURE / EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other A/C Cond Replace	
1	Other Gas Replace	

PVC Flue Pipe
Hole Drilling

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

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PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 11/24/15
Date Issued Permit # 15-00467

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

Block 11.26 Lot 11 Qualification Code
Work Site Location 420 Mermaid Ave Beachwood
Owner In Fee: Carlos Baldi
Tel. (732) 773-3626 e-mail
Address 420 Mermaid Ave Beachwood 08721 (street, municipality, zip code)
Contractor: Robert Robinson Tel. (732) 270-3275
Address 512 Cranberry e-mail
Toms River 08753
Contractor License No. 9064 Exp Date 4/17
Home Improvement Contractor Registration No. or Exemption Reason (if applicable)
Federal Emp. ID No 135-48-3548 FAX ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1900 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev
SUBCODE APPROVAL for PERMIT
Date: 11/17/15
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/4/15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment	12/2/15		12/4/15	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature / Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant Robert Robinson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace of Water Heater

QTY.	FIXTURE / EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Water Heater (water connection only)
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
	Other
	Other

PVC Flue Pipe
Hole Driller

FEE (Office Use Only)	
$	Exempt
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

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ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/24/15
Date Issued / Permit # 15-00467

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

Block 11.26 Lot 11 Qualification Code

Work Site Location 420 mermaid Ave
Brielle NJ

Owner in Fee CAROLN BALDI

Tel (732) 723 - 3936 e-mail

Address 5 Sand

Contractor Steven Shan ELECTRIC Tel 732 1269-0997

Address 5 colton ct. e-mail
Bayville NJ 08721

Contractor License No 9575 Exp Date 2018

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

Federal Emp. ID No 142-68-5049 FAX (732) 473-1018

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date Approved by:

[ ] Electric Plans Approved
Date Approved by:

Joint Plan Review Required
[ ] Bldg [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL for PERMIT
Date
Approved by

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date 12/2/15
Approved by

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv				
Constr. Serv				
TCO				
Other				
Service				
Final			12/2/15	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Steven Shan

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacing Water Heater.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	15A	Circuit To Water Heater	FNC

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

U.C.C. F120 (rev. 11/08) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Reorder call: (732) 534-3000

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1426 LOT 11 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 420 Merrick Ave

Owner is Fee Carolyn Baker

Verifying Individual William J Hubbard Company Blue Ribbon Heating + Cooling

Address 200 Grant Ave Brick Beach NJ 08791

Tel: (732) 341-5744 Fax: (732) 473-1918

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: Size _____

- [X] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (Input/hour)
Appliance 1:	_____	Oil / Gas / Other: _____	_____
Appliance 2:	_____	Oil / Gas / Other: _____	_____
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____ Signature _____ Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

WJH Signature 11/16/12 Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ Signature _____ Date

FOR MINOR AND EMRGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

UCC F320 (rev. 01/12)

BlueRidge
Heating&Cooling

200 Grant Avenue
Pine Beach, NJ 08741
732-341-5744
www.BlueRidgeHVAC.com

Lot: 11

Block: 11.26

Name: Carolyn Baldi

Address: 420 Mermaid Ave Beachwood 08722

To Whom It May Concern:

We are replacing an existing gas furnace/boiler 80,000 btus with a

80,000 btus gas furnace/boiler.

We are replacing an existing 3T tons condenser and coil/air handler with a

3T tons condenser and coil/air handler.

If you have any questions please do not hesitate to contact us at 732-341-5744 or fax at 732-473-1018.

Sincerely,

Bill Stueber
President

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 11.26 LOT 11 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 420 Mermaid Ave Beachwood, NJ 08722

Owner is Fee Carolyn Baldi

Verifying Individual William J Hudson Company Blue Ridge Heating + Cooling

Address 205 Grand Ave Pine Beach NJ 08741
Street City State Zip Code

Tel: (732) 341-5744 Fax: (732) 473-1018

Check the Appropriate Box(es):

Type of Replacement:
- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: Size _____
- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [X] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	furnace	Oil / (Gas) / Other:	80,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: Z flex Model: GAKIT0435 UL Listing: 1777

Material of Liner: Stainless Steel _____ Aluminum X

Size of Appliance Vent: 4" Size of Liner: 4" Height of Chimney: 18'

Length of Connector: 6' Vent Connector Rise: 2'

How does the appliance vent? [X] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil-to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

[signature] 11/2/15
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMRGENGY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

U.C.C. F370 (rev. 01/12)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/24/15
Date Issued / Permit # 15-004467

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

Block 11.24 Lot 11 Qualification Code
Work Site Location 420 Mermaid Ave
Beachwood 08722
Owner in Fee: Cynthia Baldi
Tel. (732) 773-5986 e-mail
Address 420 Mermaid Ave Beachwood 08722
Contractor: Shaw Electric Tel. (732) 349-0997
Address 5 Colton Ct e-mail
Bayville NJ 08721
Contractor License No. 9575 Exp. Date 03/2015
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 147-68-5049 FAX: (732) 473 1018

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 300 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[ ] Electrical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plub. [ ] Fire [ ] Elev

SUBCODE APPROVAL for PERMIT
Date: 11/18/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/2/15
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Fee				
Trench				
Temp. Srv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/2/15	
Barrier-Fee				
Tem. Cut-In-Card Date Issued				
Final Cut-In-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

Applicant's Signature / Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Emergency replacement of gas furnace, a/c unit.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW ELec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	30A	KW Central A/C Unit Replace	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	15A	Furnace Gas Replace	

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

UCC F120 (rev. 12/07)

1. White = Inspector Copy 2. Canary = Office copy 3. Pink = Office Copy 4. Gold = Applicant Copy

BERKELEY TOWNSHIP
P.O. Box B
Bayville, NJ 08721

CONSTRUCTION PERMIT

Date Issued 11/24/15
Permit # 15-00407

IDENTIFICATION Block 11.26 Lot 11 Qualification Code

Work Site Location 420 Mermaid Ave
Barnegat 08722

Owner in Fee Carolyn Bossi
Address 420 Mermaid Ave
Barnegat 08722
Tel. (732) 773-3986

Contractor Blue Ridge Heating & Cooling
Address 200 Grant Ave
Pine Beach 08741
Tel. (732) 341-5744
Lic. No. or Bldrs. Reg. No.
HTC 0131700

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Emergency replacement of furnace. A/C cond
[redacted]

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 $ 10,547.50

Construction Official

11/18/15
Date

U.C.C. FT3F (Rev. 01/06)

PAYMENTS (Office Use Only)	
Building	60
Electrical	
Plumbing	60
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	20
Cert. of Occupancy	
Other	
Total	140
Check No.	4873
Cash	
Collected by	

(see reverse side)

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

[redacted]

X BLOCK 11.26 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 04-137

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: [illegible] Brentmoor Lane Brentwood
2. Name of Owner in Fee: [illegible] Baldi Tel. (732) 328-6950
   Address 43 [illegible] Brentmoor Lane Brentwood NJ 08722
   street municipality zip code
3. Ownership is Public _____ Private _____
4. Principal Contractor: Bldg Tel. (____) _____
   Address _____
5. License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employer ID No. _____ FAX (____) _____
   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	$ 3500		
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	5.00		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 40.00		

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 Class/fication _____
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	X 3,500.00				4-9-04	RD			
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

UCC F100-1 (rev. 3/98)

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.vi:

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 Carolyn Baldi Date April 21-04

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.

CERTIFICATE

Date Issued
Control #
Permit # 04-137

IDENTIFICATION

Block 1126 Lot 11
Work Site Location
Owner in Fee/Occupant
Address
Tele. ( ) 222-1550
Contractor
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy

☐ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (_____ years), see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. F200
(rev. 3/98)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4-21-04
Date Issued
Control # 04-137
Permit #

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

Block 11.02 Lot 11
Work Site Location 430 mermaid ave
Beachwood
Owner in Fee Dr. & Carolyn Baldi
Address 430 mermaid ave
Beachwood NJ
Tele (732) 278-6950
Contractor self
Address N/A
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.
Signature Carolyn Baldi

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
reroof

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)
$ 35.00
Administrative Surcharge $ 5.00
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 40.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required 4/21 DV
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required
[ ] Elec [ ] Plumb. [ ] Fire [ ] Elevator
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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 $ 3,500
3. Total (1+ 2) $

UCC F110 (rev 3/98)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION PERMIT

Date Issued 4-21-84
Control #
Permit # 04-137

11.26

X IDENTIFICATION Block 11 [redacted] 26 Lot 11

X Work Site Location 420 Mermaid ave Beachwood N.J.

X Owner in Fee Carolyn Bubi

X Address 420 Mermaid ave

X Tel (732) 278-6950

X Contractor self

Address 430 Mermaid ave Beachwood NJ. 08722

Tel (232) 278-6950

Lic. No. or Bldrs. Reg. No.

Fed. Emp. 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

X DESCRIPTION OF WORK re roof

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.

X Estimated Cost of Work $ 3,570.00

D. Dizyl
Construction Official

Date

PAYMENTS (Office Use Only)

Building	35.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	5.00
Cert. of Occupancy	
Other	
Total	40.00
Check No.	543
Cash	
Collected by	

(see reverse side)

UCC F170
(rev. 3/96)

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

BLOCK 11.26 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 420 Mermaid PERMIT NO 97-370

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1 Propsed Work Site at 420 mermaid ave
2 Name of Owner in Fee Carolyn Seymour Tel (505) 1930
Address Beachwood L
3 Ownership in Fee Public _____ Private _____
4 Principal Contractor SELF 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 Homeowner
Tel (505) 1930 FAX (____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1	Building	$		
2	Electrical		58	
3	Plumbing		46	
4	Fire Protection			
5	Elevator Devices			
6	Subtotal	$		
7	Less 20% for State Plan Review			
8	Subtotal	$	2.00	
9	DCA Training Fee			
10	Subtotal			
11	Cert. of Occupancy			
12	Other			
13	TOTAL	$	106.00	

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	3,000								
2	New Building					10.30.97	TRD			
3	Addition									
4	Alteration									
5	Fire Protection					10.10.97	GH			
6	Plumbing					10.10.97	TRD			
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/Dumbwaters/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 [X] 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

UCC F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

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 (X) 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.vi:

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 (X) Fire Protection

I further certify that I will perform the following work:
C.3 ( ) Electrical C.4 (X) 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 wilfully false, I am subject to punishment.

Signature Carolyn Seymore Date 10-10-97

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 wilfully 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

125,000 BTU - 50 GAL WTR HTR

Comfortmaker®

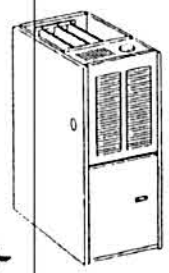
Air Conditioning & Heating

609-695-0459

GNJ Series
SPECIFICATIONS
High Efficiency Gas Fired
Upflow/Horizontal Furnace

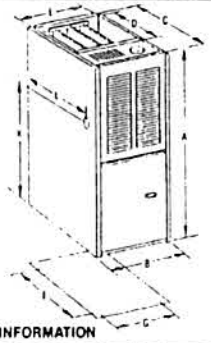
STANDARD FEATURES

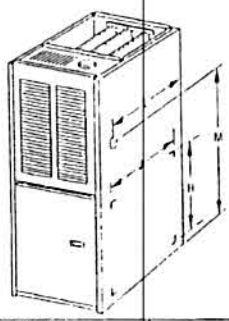
- A.G.A. DESIGN CERTIFIED
- CGA APPROVED
- CATEGORY I VERTICAL VENTING
- FULLY ASSEMBLED AND PREWIRED
- INDUCED DRAFT POWER VENTOR
- THERMALLY LINED ONE PIECE STEEL CABINET
- RPJ II ALUMINIZED STEEL HEAT EXCHANGER
- BLOCKED FLUE SAFETY SWITCH
- TOTAL FURNACE CONTROL WITH BLOWER SWITCHING, 100% SAFETY SHUT-OFF, MULTI-TRY DIRECT IGNITION, DIAGNOSTIC LIGHT, AND T1 TIMER FEATURE
- HUMIDIFIER AND ELECTRONIC AIR CLEANER TERMINALS
- 24 VOLT TRANSFORMER
- MULTI-SPEED DIRECT DRIVE MOTOR
- LARGE PERMANENT FILTER WITH FILTER RACK
- 1 YEAR MOTOR AND CONTROL WARRANTY (LIMITED)
- 20 YEAR HEAT EXCHANGER WARRANTY (LIMITED)



WARRANTIES: (LIMITED)

Standard warranties of motor and controls are extended for a period of one year. Furnace Heat Exchangers are warranted for a period of 20 years against defects in workmanship or material. Limited warranties applicable to this equipment are set forth in the manufacturer's published warranty statement, which is available from our office (address on this literature) and from local distributors of our products in your area (see your phone directory).





DIMENSIONAL INFORMATION

MODEL GNJ	CABINET			SUPPLY AIR		RETURN AIR BOTTOM		RETURN AIR SIDE		GAS CONNECTION		
	A	B	C	D	E	F	G	H	J	K	L	M
050A012	40	15½	28½	18½	14	23⅛	12⅝	12⅛	22½	28⅛	26	23⅛
075A012	40	15½	28½	18½	14	23⅛	12⅝	12⅛	22½	28⅛	26	23⅛
075A016	40	19⅛	28½	18½	17⅝	23⅛	14⅛	14⅛	22½	28⅛	26	23⅛
100A012	40	19⅛	28½	18½	17⅝	23⅛	14⅛	14⅛	22½	28⅛	26	23⅛
100A016	40	19⅛	28½	18½	17⅝	23⅛	14⅛	14⅛	22½	28⅛	26	23⅛
100A020	40	22⅛	28½	18½	21⅛	23⅛	18⅛	14⅛	22½	28⅛	26	23⅛
125A020	40	22⅛	28½	18½	21⅛	23⅛	18⅛	14⅛	22½	28⅛	26	23⅛
150A020	40	22⅛	28½	18½	21⅛	23⅛	18⅛	14⅛	22½	28⅛	26	23⅛

7612 078

PRINTED JULY 1994

PERMIT #1

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-10-97
Control #
Permit # 97-370

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-4480

Name: Nab
Work Site Location: 420 MERMAID AVE
BEACH WOOD
Owner or Tenant: CAROLYN SEYMORE
Address: SAME

Tel: 505 1930
Contractor: SELF
Address:

Tel:
Fax:
Federal Empl. No.: or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Sprinkler: Present Proposed
Standpipe: Present Proposed
Heating Systems: X New | | Existing
Type: |X| Gas | | Oil | | Electrical | | Solar
| | Other
Location:

Total Est. Cost of Fire Prot. Work $ 3000.00 | | Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
| | No Plans Required
| | Plan Review Required
Recd | | Plans
Date | | Elevator
X Fire Plans Approved
Date 10-10-97
Approved by
SUBCODE APPROVAL
Date 10-23-97

INSPECTIONS Type	Dates (Month Day) Failure	Approval	Initial
Suppression Test			
Fire Alarm Test			
Smoke Test			
Mech			
T			
Or	10-23-97		
Or			
Other			

C. CERTIFICATION IN . . . OF OATH

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

SIGNATURE

NAT Pool, 10-1897

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks | | Capacity ____ Fuel ____
Combustible Liquid Storage Tanks | | Capacity ____ Fuel ____
L.P.G. Storage Tanks | | Capacity ____ Fuel ____
L.N.G. Storage Tanks | | Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ ____
Paid | | Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by ____ TOTAL FEE $ ____

UCC Form F 1408 1 White - Inspector Copy 2 Canary - Office Copy 3 Pink - Office Copy 4 Gold - Applicant Copy

CERTIFICATE

Date Issued 10-2-95
Control #
Permit # 47-370

IDENTIFICATION

Block 11.26 Lot 11
Work Site Location 420 Mermaid Ave.
Beachwood
Owner in Fee Carolyn Seymour
Address Same

Tele ( ) 505 1930
Contractor Self
Address

Tele ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work Use:
IN GROUND DEMO OF OIL TANK
INSTALL NEW GAS FIRED
WATER HEATER & FURNACE
& GAS PIPING

CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy

CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy

CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate

Fee $ _____
Paid [ ] Check No. _____
Collected by _____

Frederick D. Bolon
CONSTRUCTION OFFICIAL

U.C.C. Form F 260B

1 WHITE APPLICANT 2 CANARY OFFICE 3 PINK TAX ASSESSOR

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10-16-97
Date Issued
Control #
Permit # 97-370

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

Block 11.26 Lot 1
Work Site Location 420 Mermaid Ave
Owner or Fire Beachwood Carolyn Seymore
Address Same
Telephone ( ) 505-1930
Contractor ICI F
Address
Telephone ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Const. Class: Present Proposed
Heating Systems: [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Elect. Ltd. [ ] Solar
[ ] Other
Location
Total Est. Cost of Fire Prot. Work ON TANK PERMIT

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Plan Review Required
[ ] Bldg [ ] Plumb
[ ] Elec [ ] Elevator
Fire Plans Approved
Date 10-22-97
Approved by

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] OA
Date 10-22-97
Approved by

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

Dates (Month/Day)

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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks [ ] Capacity ____ Fuel ____
Combustible Liquid Storage Tanks [ ] Capacity ____ Fuel ____
L.P.G. Storage Tanks [ ] Capacity ____ Fuel ____
L.N.G. Storage Tanks [ ] Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre Engineered Systems		
CO2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	FURNACE	46 —
OTHER		

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 46 —

Paid [ ] Check # 196
Collected by

UCC Form F 1408 1 White - Inspector Copy 2 Canary - Office Copy 3 Pink - Office Copy 4 Gold - Applicant Copy

PERMIT UPDATE

Date Update Issued
Control #
Permit # 97-370
Date Permit Issued 10/10/97

IDENTIFICATION Block 11.26 Lot 11
Work Site Location 420 MERMAID AVE
BEECHWOOD N.J.
Owner in Fee CAROLYN SEYMORE
Address SAME
Tele (732) 505-1930

Contractor
Address N.O.
Tele (___) ___
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK
1-FURNACE (FIRE) 46.00
2- GAS APPLIANCES (PLUMBING) 16.00
62.00

Estimated Cost of Work $ ON ORIGINAL APPLICATION

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	16.00
Plumbing	46.00
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	62.00
Check No.	106
Cash	
Collected By	

UCC Form F-1908

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

97

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-10-97
Control #
Permit # 97-370

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

Block 11.26 Lot 11
Work Site Location 424 Mermaid Ave Beachwood
Owner in Fee Self. Carolyn Seymour
Address
Tele ( ) 505 1930
Contractor Self
Address
Tele ( )
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg [ ] Elec
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date 10.10.97
Approved by SM

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] DCA
Approved By
Date 10/24/97

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			10/24/97	
Solar				
TCO FINAL			10-24-97	

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 and perform the work listed on this application.

Signature - Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

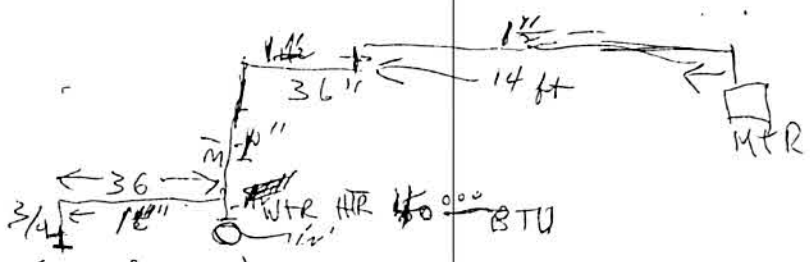
D. TECHNICAL SITE DATA (List all fixtures)

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	8
	Fuel Oil Piping	
1	Gas Piping	30
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 2.00
DCA Training Fee $ _____
Collected by _____ TOTAL $ 60.00

UCC Form # 1308 1 White - Inspector Copy 2 Canary - Copy 3 Pink - Office Copy 4 Gold - Owner Copy

Owner Carolyn Seymore
420 Mermaid Blvd
Beachwood, N. J. 08722
Lot + Block Bl 11.26 L. 11



Total Run 23 ft

11.5
4V
16T

Approved 10-10-97

420 Mermaid

CONSTRUCTION PERMIT

Date Issued 10/10/97
Control #
Permit # 97-370

IDENTIFICATION Block 1.26 Lot

Work Site Location 420 MERMAID AVE BEACHWOOD
Owner in Fee SELF
Address
Tele ( ) 505 1930

Contractor SELF
Address SAME
Tele ( ) 505 1930
Lic No or Bldrs Reg No Exp Date
Federal Emp No
or Social Security No

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK

DIRECT REPLACEMENT
FURNACE, WTR. HTR.
GAS PIPING. FUEL OIL TANK

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 $ 3000 00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	58
Fire Protection	46
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occ	
Other	
Total	106
Check No	
Cash	
Collected By	

(see reverse side)

UCC Form F 170C 1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - OFFICE 4 GOLD - APPLICANT

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ PERMIT # _____

WORK SITE ADDRESS 420 Mermaid Ave.

Applicant Vincent Powell

Certifying Individual _____ Company Central PA AC

Address 247 Dogwood Ln Beach Haven NJ 08731

Street City State Zip Code

Tel (609) 6930459

Check the Appropriate Box

Type of Replacement:

- [X] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [X] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

_____ Signature _____ Date

Oil to ~~Oil or Gas~~ to Gas Replacements:

I hereby certify that the existing ~~chimney/vent is free and clear of obstruction. I further~~ certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Vincent Powell 10-10-97

Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ Signature _____ Date

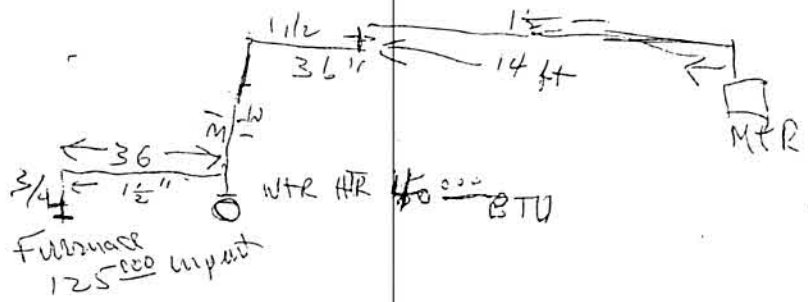
Direct Vent Appliance:

No certification required

_____ Signature _____ Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION

UCC F370
(rev 3/96)



Total Run 23 ft

Approved 10-10-97

420 Mermaid

BLOCK 11.26 LOT 11 ADDRESS (SITE) 420 Mermaid Ave PERMIT NO 96-285

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at 420 Mermaid Ave
2. Name of Owner in Fee Seymore, CARROLL Tel (908) 505-1970
   Address 420 Mermaid Ave Beachwood 08722
   (street, route, city, zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor Pool Town, Inc Tel 908, 505 9000
   Address 4881 US Hwy 9 N. Howell 07731
   License No (If a new home, Builder Reg No) ____ Exp Date ____
   Federal Emp No 22-276-3604 Social Security No ____
5. Architect or Engineer ____ Tel. (___) ____
   Address ____
6. Responsible Person in Charge of Work Pool Town, Inc. Tel (908) 505-9000

V. FEE SUMMARY (for office use only)

			Update	Update
1	Building	$ 100.00		
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	8.00		
10	Subtotal	$		
11	Cert of Occupancy			
12	Other			
13	TOTAL	$ 108.00		

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 ____ sq ft	
	no ____	
11.	Max Live Load	
12.	Max Occupancy Load	

II. PROPOSED WORK

		Est. Cost
1	[ ] Minor work (single trade)	10,000
2	[ ] Small Job ($5,000 and no prior approvals)	
3	[ ] New Building	
4	[ ] Addition	
5	[ ] Alteration	
6	[ ] Fire Protection	
7	[ ] Plumbing	
8	[ ] Electrical	
9	[ ] Elevator Devices	
10	[ ] Asbestos Abatement	
11	[ ] Demolition	
	TOTAL COSTS	

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
			9/4/96	OD			

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

UCC Form F 1009

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 _____ 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 New Jersey 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 Tool Town, Inc.

Address 4881 US Hwy 9

Howell NJ 07731

Telephone (908) 505-9000

Signature Jeanne Clark Date 8/29/96

CERTIFICATE

Date Issued 8-29-97
Control #
Permit # 96-285

IDENTIFICATION

Block 11.26 Lot 11
Work Site Location 420 Mumford Ave
Manchester NJ 08722
Owner in Fee Stepansky, Carolyn
Address Same

Tele (908) 505-1930
Contractor Pool Town, INC.
Address 4851 U.S. Highway 9
Howell NJ 07731
Tele (908) 905-9000
Lic No or Bldrs Reg No
Federal Emp No
or Social Security No 22-276-3004

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:
18 x 36 inground pool

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

Fee $
Paid [ ] Check No
Collected by:

Michael W Golon
CONSTRUCTION OFFICIAL

UCC Form F-260B

1 WHITE - APPLICANT 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR

[ ] NOTICE OF VIOLATION AND ORDER TO TERMINATE

[✓] NOTICE AND ORDER OF PENALTY

Date Issued 8/13/97
Control #
Permit # 96-285

IDENTIFICATION

Work Site Location 420 Mermaid Avenue Block 11.26 Lot 11
Beachwood, NJ
Owner in Fee Carolyn Seymore Agent/Contractor
Address Address

ACTION

DATE OF NOTICE 8/13/97 COMPLIANCE DUE DATE 9/3/97 DATE OF INSPECTION 8/11/97

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that: See attached sheet

You are hereby ordered to terminate the said violations on or before ______.
No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[ ] Failure to comply with this Order will subject you to a penalty of $ ______ per week.

[x] You are hereby ordered to pay a penalty in the amount of $ 100.00 for each violation for a total penalty of $ 200.00. Each week that any of the said violations remain outstanding after 9/3/97 shall result in an additional penalty of $ 500.00 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the COUNTY of Ocean, within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 100.00 to be forwarded with your application to the Construction Board of Appeals office at P.O. Box 2191 239 Washington St. Mott Place Complex
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: Herbert Golom, Construction Official
Wednesday & Friday 8 am - 12 noon (908-286-6000 Ext. 219)

Notice of Violation and Order to Terminate: ______ Date: 8/13/97

Notice and Order of Penalty: [signature] Date: 8/13/97

UCC F210
Rev 3/93

PENALTY ABATED
8/25/97 [initials]