Borough of Beachwood
Ocean County
1600 Pinewald Road
Beachwood, New Jersey 08722

(908) 286-6000
Fax: (908) 349-8390

1. N.J.A.C. 5:23-2.18 (b) 1.
Has not called for final building inspection.

2. N.J.A.C. 5:23-2.18

Has been using the swimming pool without the issuance of a Certificate of Approval.

P 395 019 304

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not Use for International Mail (See reverse)

Sent to	Carolyn Seymore
Street & Number	121 Meadowside Dr
Post Office, State, & ZIP Code	Beechwood
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.32
Postmark or Date	

PS Form 3800, April 1995

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9-4-96
Date Issued
Control #
Permit # 96-285

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 420 Mermaid Ave
Beachwood 08722
Owner in Fee ~~Address~~ Seymore, CAROLYN
Address Same
Tel. (908) 505-1430
Contractor Pool Town Inc.
Address 4581 US Hwy 9
Howell NJ 07731
Tel. (908) 505-9000
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-376-3664 or Social Security 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 Clarence Clark

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Proposed 18 x 36' inground Pool. Existing 4' chain link fence w/ self closing, latching gate per owner. Where fence ties to dwelling, door alarms are to be installed by owner.
7-14-97 talked with owner
8-11-97 not covered

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Req 9-4-96 AD
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required
[ ] Elec [ ] Plumb [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date 8-29-97
Approved By AD

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other COLLAR		6-4-97 A	8-26-97 AD	
Final			8-29-97 AD	

E-25597

TYPE OF WORK

[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [✓] Pool
  [ ] Asbestos Abatement
  [ ] Other
  [ ] Other
[ ] Demolition

(Office Use Only) FEE

$ 100.00

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Const. 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 Living Area (Includes _____ Sq. Ft.

Est. Cost of Bldg. Work:

1 New Bldg $
2 Alteration $
3 Total (1 + 2) $ 10,000.00

Paid [✓] Check # 2516
Collected by

Administrative Surcharge	$
Minimum Fee	$ 8.00
DCA TRAINING FEE	$
TOTAL FEE	$ 108.00

UCC Form # 1109 — 1 White - Inspector Copy; 2 Canary ( ) Copy; 3 Pink - Office Copy; 4 Gold ( ) Copy

22 x 10

2 MOTT PLACE
Beachwood TOMS RIVER, NJ 908 349-2170
(13) m-11

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # SEP. 3960080449

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 420 Mermaid Ave Beachwood NJ 08722
Owner in Fee Seymore
Address Same
Tele. (908) 505-1930
Contractor BAYVIEW ELECTRIC INC
Address 336 MARYLAND AVENUE BAYVILLE, NJ 08721
Tele (908) 269-9583
Lic No 8631
Federal Emp No 222-854-609/000 or Social Security No

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Warehouse
| | Pole/Pad # | | Temporary | | Other
Building Occupied as Utility Co
Est. Cost of Elec. Work $ 400.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
|X| No Plans Required
Joint Plan Review Required
| | Bldg | | Plumb
| | Fire | | Elevator
| | Elec Plans Approved
Date 9/5/96
Approved by MBC16999

SUBCODE APPROVAL
| | CO | | CCO | | FA
Date 9/30/96
Approved By MBC16999

INSPECTIONS

Type	Failure Date (Month/Day)	Failure Date (Month/Day)	Approval Date (Month/Day)	Initial
Rough				
Temporary				
Constr Sery				
TCO Pool			9/30/96	MBC16999
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

William Whitmore
Signature Contractor Seal

|X| Licensed Electrical Contractor | | Exempt Applicant

D. TECHNICAL SITE DATA

NO	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
1		Receptacles (2)	
1		Switches (3)	
		Total 1 + 2 + 3	
	___Kw	Range	
	___Kw	Oven(s)	
	___Kw	Surface Unit	
	___hp	Dishwasher	
	___hp	Garbage Disposal	
	___Kw	Dryer	
	___Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___hp	Whirlpool/spa	
1		Pool Bonding	
1	1.5 hp	Pool Filter Motor	
		Pool Lights	
	___Kw	Water Heater(s)	
	___Kw	Central heat oil, gas or elec	
	___Kw	Baseboard Heat Units	
		Thermostats	
	___hp	Heat Pump	
	___hp	Pump(s)	
	___Amp	Motor Control Center/Sub Panels	
		Signs	
	____	Light Standards	
	___hp	Motors—Fractional H.P.	
	___hp	Motors—All Others	
	___Kw	Transformers	
	___Kw	Generators	
	___Amp	Service Entrance	
	____	Other	

Paid |X| Check # 279
BC Collected by

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 42.-

UCC Form # 1208 1 Attn - Inspector Copy 2 Canary - Office Copy 3 Pink - Office Copy 4 Gold - Applicant Copy

BOROUGH OF BEACHWOOD

315 ATLANTIC CITY BLVD.
BEACHWOOD, NEW JERSEY 08722
908 • 286-6009

For Office Use
Date: 3/4/21
Zoning #:
Construction #:
Fee:

REQUEST FOR ZONING REVIEW

OWNER: _____ TEL #: _____

CONTRACTOR: _____ TEL #: _____

ADDRESS OF CONSTRUCTION: _____ BLOCK & LOTS: _____

PROPOSED PROJECT: _____ DIMENSIONS: _____

SET BACKS: Front ____ Rear ____ Sides ____ COVERAGE: _____

DISTANCE BETWEEN STRUCTURES: ____ ELEVATIONS: Foundation ____ Road ____

APPROVALS: Planning Board ____ Board of Adjustment ____ Other ____

I have read and am familiar with Codes and Ordinances of the Borough of Beachwood. The proposed project will not constitute nor create a non-conforming use or structure. I will not add nor delete from the requested project specifications without approval. I accept responsibility for any and all violations created by the requested project and understand such violations must be removed and/or abated as directed by the Zoning Officer.

_____ Owner or Agent

_____ Date

APPROVED: Y DISAPPROVED: ____ REMARKS: _____

_____ Zoning Officer

3/4/21 Date

CERTIFICATE OF ZONING COMPLIANCE

To the best of my knowledge the finished project conforms to the Codes and Ordinances of the Borough of Beachwood.

APPROVED: ____ DISAPPROVED: ____ REMARKS: _____

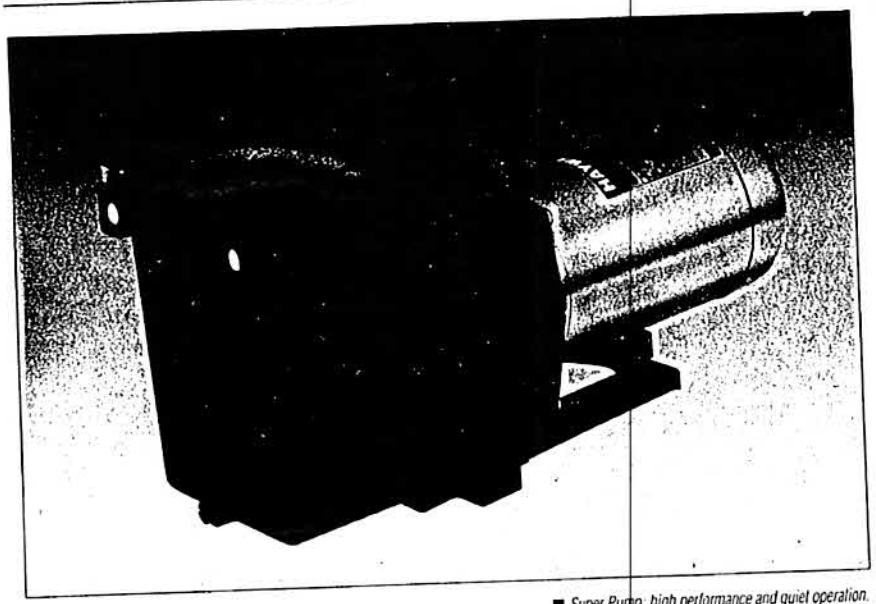
_____ Zoning Officer

_____ Date

NOTE: A. Disapprovals may be appealed to the Beachwood Board of Adjustment.
B. All requests shall be furnished with a Map of Survey (3 copies) showing proposed set backs, elevations, dimensions, easements and any other information requested by the Zoning Officer.
C. FOR CONSTRUCTION REQUIRING FOUNDATIONS AS-BUILT MAPS OF SURVEY (3 COPIES) SHALL BE SUBMITTED FOLLOWING COMPLETION AND PRIOR TO THE BUILDING INSPECTOR'S APPROVAL.

Super Pump®

HIGH-PERFORMANCE PUMP SERIES



■ *Super Pump: high performance and quiet operation.*

Hayward's Super Pump is a series of large capacity, high technology pumps that blend cost-efficient design with durable corrosion-proof construction.

Designed for pools of all types and sizes, Super Pump features a large "see-thru" strainer cover, super-size debris basket and exclusive "service-ease" design for extra convenience.

Totally Hayward

For super performance and safe, quiet operation, Super Pump sets a new standard of excellence and value. And you know its quality throughout because its made by Hayward — the first choice of pool professionals.

HAYWARD®

Hydrogen, Oxygen and Hayward. The elements of clear water™

HIGH-PERFORMANCE PUMPS

Super Pump® High Performance Pump Series

Exclusive, Swing-Aside Hand Knobs make strainer cover removal easy. No tools required...no loose parts... no clamps.

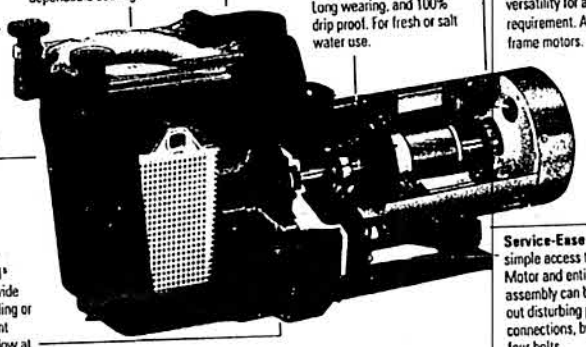
Lexan® See-Thru Strainer Cover lets you see when basket needs cleaning and eliminates guesswork. Special self-adjusting seal assures dependable sealing.

All Components Molded of Corrosion-Proof PermaGlass™ for extra durability and long life.

Heavy-Duty, High-Performance Motor with air-flow ventilation for quieter, cooler operation.

Heat Resistant, Industrial Size Ceramic Seal. Long wearing, and 100% drip proof. For fresh or salt water use.

Mounting Base provides stable, stress-free support, plus versatility for any installation requirement. Adapts 48 and 56 frame motors.



Super-Size Housing has extra air handling capacity to assure rapid priming.

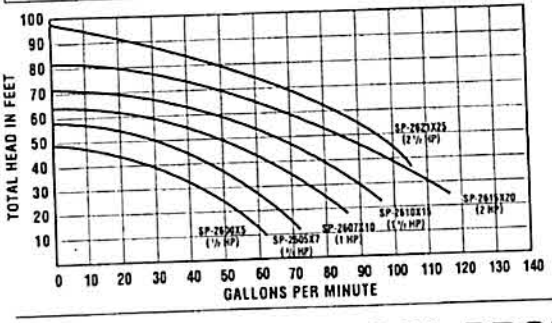
Totally Balanced, Corrosion-Proof Noryl® Impeller has smooth, wide openings to prevent fouling or clogging. Energy-efficient design produces more flow at equivalent horsepower.

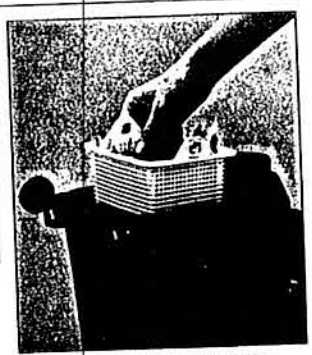
Service-Ease Design gives simple access to all internal parts. Motor and entire drive group assembly can be removed, without disturbing pipe or mounting connections, by disengaging just four bolts.

Overall Dimensions

Model	HP	Pipe Size	Dimension "A"
SP-2600X5	1/2	1 1/2"	11 1/4"
SP-2605X7	3/4	1 1/2"	11 5/8"
SP-2607X10	1	1 1/2"	11 7/8"
SP-2610X15	1 1/2	1 1/2"	12 1/4"
SP-2615X20	2	2"	13 1/4"
SP-2621X25	2 1/2	2"	13 3/4"

Super Pumps are also available with dual speed motors





SUPER-SIZE 110 CUBIC INCH BASKET has extra leaf-holding capacity and extends time between cleanings. Rigid construction with load-extender ribbing assures free flowing operation for heavy debris loads.

Super Pump® Series Pumps are listed by:

UL® NSF® CSA®

HAYWARD POOL PRODUCTS, INC.

Hayward Pool Products, Inc
900 Fairmount Avenue
Elizabeth, NJ 07207

Hayward Pool Products, Inc.
2875 Pomona Boulevard
Pomona, CA 91768

Hayward Pool Products Canada
2880 Plymouth Drive
Oakville, Ontario L6H 5R4

Hayward S.A.
Zone Industrielle de Jumet
B-6040 Charleroi, Belgium

25-93

HOMEOWNER'S FORM

TO: OCEAN COUNTY CONSTRUCTION INSPECTION DEPARTMENT

ATTN: PLUMBING SUBCODE OFFICIAL

REF: N.S.P.C. 10.5.3 C

7.23.1

DATE Aug 30-96

THIS IS TO CERTIFY THAT I, (NAME) Carolyn Seymore,

ADDRESS 420 Mumair Ave Beachwood NJ 08722

TELEPHONE NUMBER 908 505-1930

THIS IS TO CERTIFY THAT THE SWIMMING POOL INSTALLED AT THE ABOVE PREMISE IS NOT PROVIDED WITH A PERMANENT WATER SUPPLY AS NOTED IN N.S.P.C. 7.23.1.

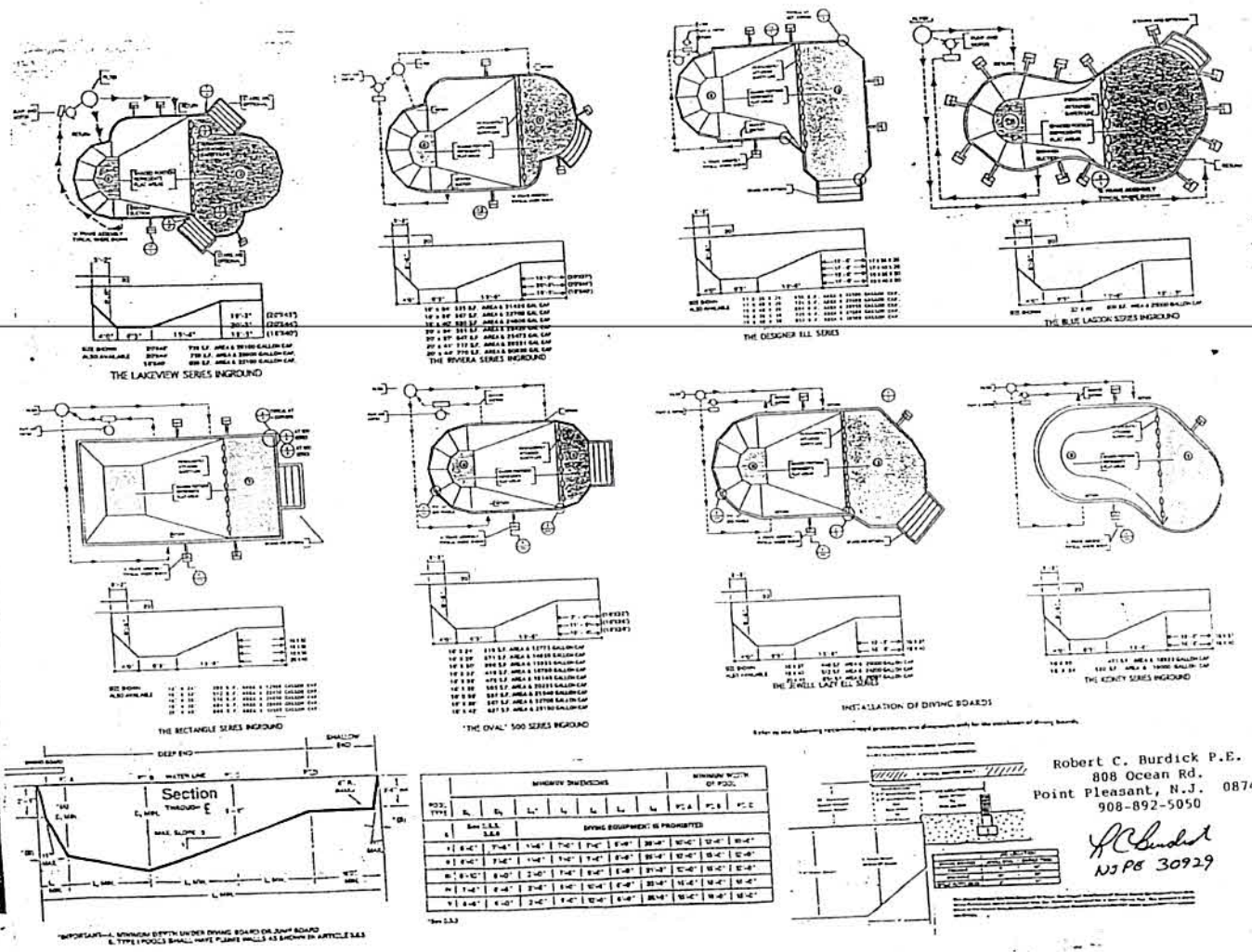
I FURTHER CERTIFY THAT ANY OUTLET USED TO FILL THIS POOL IS PROVIDED WITH PROTECTION AGAINST BACK SIPHONAGE AS IN N.S.P.C. 10.5.3 A

Carolyn Seymore
HOMEOWNER'S SIGNATURE

14670R12-ED

Patricia A. Finn

PATRICIA A. FINN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires May 19, 1998

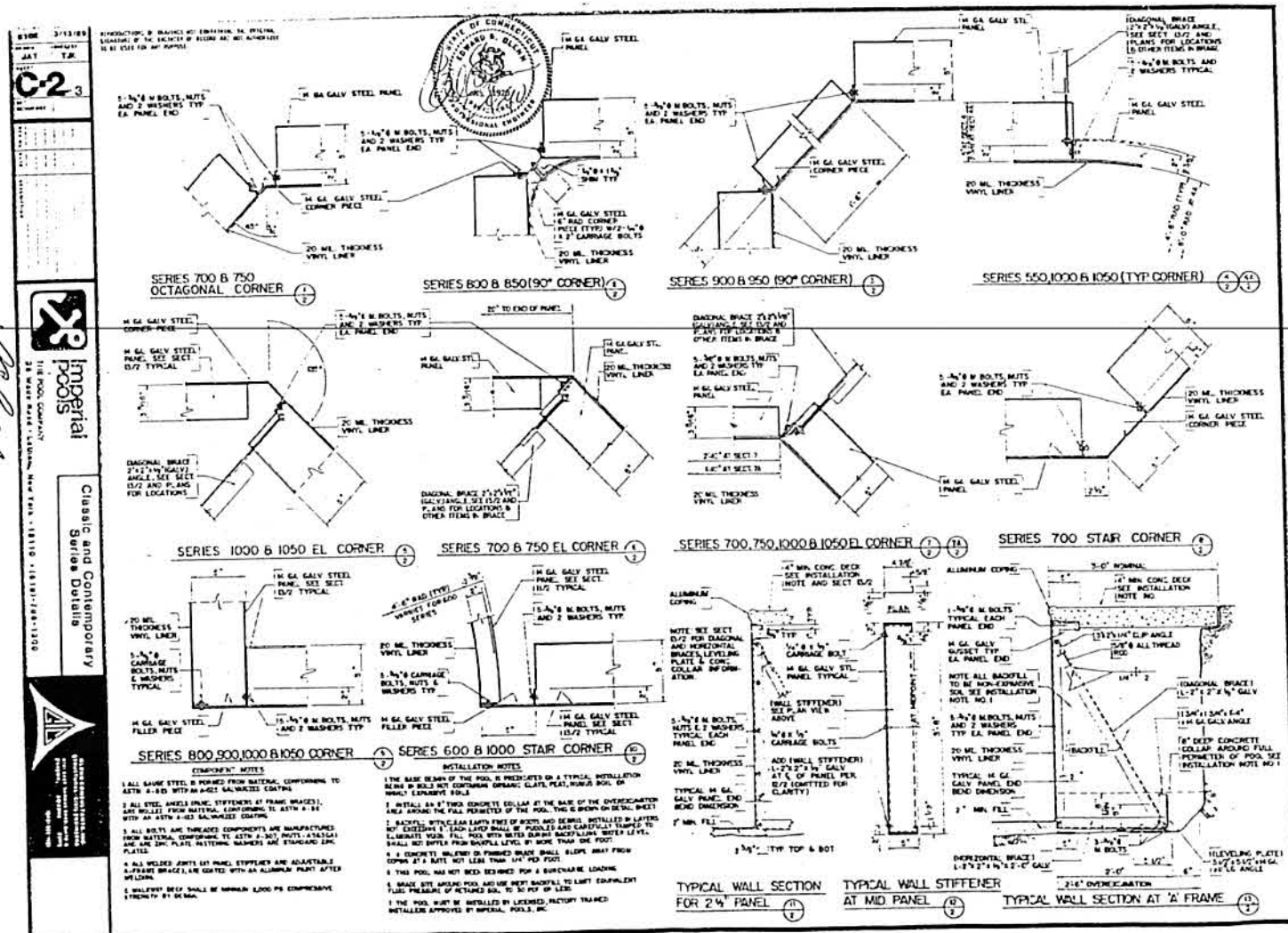


Robert C. Burdick P.E.
808 Ocean Rd.
Point Pleasant, N.J. 08742
908-892-5050

NJPE 30929

22x1m

25x1m


C-2
Imperial Pools
Classic and Contemporary Series Details
SERIES 700 & 750 OCTAGONAL CORNER
SERIES 800 & 850 (90° CORNER)
SERIES 900 & 950 (90° CORNER)
SERIES 550,1000 & 1050 (TYP. CORNER)
SERIES 1000 & 1050 EL CORNER
SERIES 700 & 750 EL CORNER
SERIES 700,750,1000 & 1050 EL CORNER
SERIES 700 STAIR CORNER
SERIES 800,900,1000 & 1050 CORNER
SERIES 600 & 1000 STAIR CORNER
TYPICAL WALL SECTION FOR 2'6" PANEL
TYPICAL WALL STIFFENER AT MID PANEL
TYPICAL WALL SECTION AT 'A' FRAME
COMPONENT NOTES
INSTALLATION NOTES

BLOCK 11.27 LOT ~~27~~ 7 ADDRESS (SITE) 445 Mermaid Ave PERMIT NO. 96-883

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 445 Mermaid Av.
2. Name of Owner Anthony Palmiere Tel. (908) 240-0525
   Address Same (street, municipality, zip code)
3. Ownership Public ____ Private ____
4. Principal Contractor: Offshore Pools Tel. (908) 255-0032
   Address 1830 Hooper Av. Toms River
   License No OR, if new home, Builder Reg No ____ Exp Date ____
   Federal Emp No 22-3096954 Social Security No ____
5. Architect or Engineer ____ Tel. (___) ____
   Address ____
6. Responsible Person in Charge of Work Michael Newman Tel. (908) 255-0032

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	$ 9.00		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 109.00		

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)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	14,500.00
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	11,500.00

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
			4-24-96	RH			

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-1000

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 CUSTOM Pools

Address 1830 Hooper Ave.

Toms River, NJ 08753

Telephone (908) 255-0032

Signature _____ Date _____

CERTIFICATE

Date Issued 5-07-97
Control #
Permit # 96-083

IDENTIFICATION

Block 11.27 Lot 2
Work Site Location 175 MEXMAID AVE BEACHWOOD, N.J
Owner in Fee ANTHONY JACQUIERE
Address SAME
Tele. (908) 240-0571
Contractor OFF SHORE POOLS
Address 18060 HOOVER AVE JAMAICA RIVER, N.J
Tele. (201) 255-6032
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3096954
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: INGROUND 18'x36' GRECIAN SWIMMING POOL COMPLETE

☐ **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

CONSTRUCTION OFFICIAL

U.C.C. Form F-2600

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

CONSTRUCTION PERMIT

Date Issued 4/23/91
Control #
Permit # BW 162-91

IDENTIFICATION Block 11.26 Lot 11

Work Site Location 420 MERMAID AVE BEACHWOOD NJ

Owner in Fee CAROLINE SEYMORE
Address SAME

Tele. (908) 505 1930

Contractor OWNED
Address

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

is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

SHED

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 $ 300

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	43
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	43 —
Check No.	164
Cash	
Collected By:	W.C.M.

(see reverse side)

U.C.C. Form F-170A

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

BLOCK 11.26 LOT 5.01/11 ADDRESS (SITE) 420 MERMAID AVE. PERMIT NO. BW 152-91

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 N.J.
2. Name of Owner in Fee: Carolyn Seymour Tel. (908) 505-1930
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: owner Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work owner Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 43 —		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 43 —		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of 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. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost
1. ☒ Minor Work (single trade)	300.00
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	300 —

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

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-100A

32 x

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. (X) 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 Seymour Date 4-23-91

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 _____

Address _____

_____

Telephone (___) _____

Signature _____ Date _____

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4/23/91
Control #
Permit # BW 1C-91

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

Block 11-36 Lot 11
Work Site Location 730 Commercial Ave.
Owner in Fee
Address
Tele. ( )
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4/26/91
Approved By: William C Thompson

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [X] Other Sign

(Office Use Only)
FEE $ 43 —

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: WCTT TOTAL FEE $ 43 —

UCC Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

BOROUGH OF BEACHWOOD
315 ATLANTIC CITY BLVD.
BEACHWOOD, NEW JERSEY 08722
201 • 244-6544

For Office Use
Date: 23 APR 91
Zoning #: R.101-91
Construction #: B.M.156-91
Fee: $10—

REQUEST FOR ZONING REVIEW

OWNER: SEYMORE, C. TEL #: 505-1930
CONTRACTOR: SELF TEL #:
ADDRESS OF CONSTRUCTION: 420 MERMAID BLOCK & LOTS: 11.26/1
PROPOSED PROJECT: SHED DIMENSIONS: 10'X12'
SET BACKS: Front — Rear — Sides — COVERAGE: —
DISTANCE BETWEEN STRUCTURES: ____ ELEVATIONS: Foundation ____ Road ____
APPROVALS: Planning Board ____ Board of Adjustment ____ Other ____

I have read and am familiar with Codes and Ordinances of the Borough of Beachwood. The proposed project will not constitute nor create a non-conforming use or structure. I will not add nor delete from the requested project specifications without approval. I accept responsibility for any and all violations created by the requested project and understand such violations must be removed and/or abated as directed by the Zoning Officer.

Owner or Agent — Date: 23 APR 91

APPROVED: ✓ DISAPPROVED: ____ REMARKS: ____

Zoning Officer — Date: 23 Apr. 91

CERTIFICATE OF ZONING COMPLIANCE

To the best of my knowledge the finished project conforms to the Codes and Ordinances of the Borough of Beachwood.

APPROVED: ____ DISAPPROVED: ____ REMARKS: ____

Zoning Officer — Date

NOTE: A. Disapprovals may be appealed to the Beachwood Board of Adjustment.
B. All requests shall be furnished with a Map of Survey (3 copies) showing proposed set backs, elevations, dimensions, easements and any other information requested by the Zoning Officer.
C. FOR CONSTRUCTION REQUIRING FOUNDATION AS-BUILT MAPS OF SURVEY (3 COPIES) SHALL BE SUBMITTED FOLLOWING COMPLETION AND PRIOR TO THE BUILDING INSPECTOR'S APPROVAL.

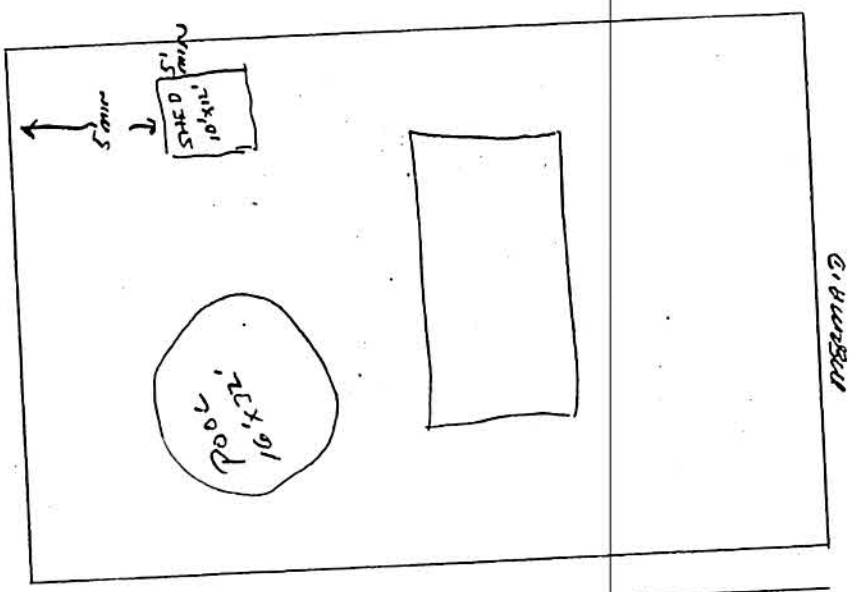
R101-91 SHED 10'x12'

PROPERTY SKETCH

DATE: 23 APR 91

1. NAME: Seymore, C.
2. ADDRESS: 420 Mermaid
3. BLOCK & LOTS: 11.26/11

INDICATE AND IDENTIFY LOCATION AND DISTANCES TO PROPERTY LINES ALL EXISTING STRUCTURES ON OWN AND ADJOINING PROPERTIES, ADJACENT STREETS AND THEIR NAMES, SANITARY AND STORM SEWERS, WATER LINES, EASEMENTS AND RIGHT OF WAYS.



COMMENTS: _____

THIS IS TO CERTIFY THE INFORMATION CONTAINED HEREIN IS TRUE, ACCURATE AND CORRECT.

23 APR 91
Signature and Date

Note: THIS FORM IS ONLY TO BE USED FOR A ZONING REVIEW FOR ITEMS OF MINOR NATURE WHEN A PLOT PLAN/MAP OF SURVEY IS NOT AVAILABLE. ADDITIONAL INFORMATION MAY BE REQUIRED AT THE ZONING OFFICER'S DISCRETION DEPENDING ON THE CIRCUMSTANCES OF EACH CASE.

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

PERMIT NO. BW-278-87
DATE ISSUED 6-18-87
Block 1926 Lot 41
Subdivision

A. IDENTIFICATION

Owner Carolyn Schmidt
Address 420 Mermaid Ave
Beachwood, NJ
Tel. ( ) 286-0843
Work Site Address Same

Agent Garden State A/C
Address PO Box 740
Freehold, NJ 07728
Tel. (201) 462-7800
Lic. No. 2745
Federal Emp. No. 21-0744087

PAYMENTS

Permit Fee $ 25.00
Fee Remitted $
☐ Check No. 8886
☐ Cash
☐ Other
Collected By

is hereby granted permission to perform the following work:

☐ BUILDING ☒ ELECTRICAL
☒ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

AIR Condition Unit

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: $ 3,094.00

W. J. MacMaster
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (6/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

CONSTRUCTION PERMIT APPLICATION

BLOCK NO. 1196 LOT NO. 11 SUBDIVISION PERMIT NO. Bw 278-87

I. IDENTIFICATION

1. Proposed Work at: 42 Mermaid Ave, Beachwood, NJ 08843
2. Owner Name: Carolyn Schmidt Tel. ( ) 286-
   Address: same as above
3. Principal Contractor: Haider State A/C Tel. ( ) 462-7880
   Address: P.O. Box 740, Freehold, NJ
   Lic. No. or Builder Reg. No: 2745 Federal Emp. No. 21-0744087
4. Architect or Engineer: Tel. ( )
   Address:
5. Responsible Person in Charge of Work: Rob Schmidt Tel. ( )

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals) Complete only II B, III and IV.A and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building Structure	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 25.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2) HMD Reg. No.
3. ☐ Two Family (R-3b)
4. ☐ One-Family (R-3a)

If new construction, enter no. of dwelling units:

If other than new construction, enter no. of dwelling units:
Before Construction:
After Construction:
Net Gain (or Loss):

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmaries (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouses (S-1)
21. ☐ Low-Hazard Warehouses (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use:

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5 ☐	☐	Electric
6 ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories:
15. Height of Structure: Ft.
16. Area—Largest Floor: Sq. Ft.
17. Bldg. Area—All Fls.: Sq. Ft.
18. Volume of Structure: Cu. Ft.
19. Total Land Area Disturbed: Sq. Ft.

CC Form F 100 R 83

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.
B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 Garden State A/C TEL.( ) 462-7800

ADDRESS PO Box 740
Freehold NJ

SIGNATURE Ron Schmitz

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED — Date Issued

☐ Temporary Certificate of Occupancy — _____
Date Expired _____

☐ Temporary Certificate of Occupancy — _____
Date Expired _____

☐ Certificate of Occupancy — _____
No. _____

☐ Certificate of Continued Occupancy — _____
No. _____

☐ Certificate of Approval — _____
No. _____

☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ .00
PLUMBING	.00
ELECTRICAL	.00
FIRE PROTECTION	.00
OTHER Air Conditioner	25.00
SUBTOTAL	$ .00
– LESS: 20% of subtotal (when plan review performed by state agency).	(.00)
D.C.A. TRAINING FEE .0006 x _____	.00
CERTIFICATE OF OCCUPANCY	.00
OTHER _____	.00
OTHER _____	.00
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 25.00

DATE 2-19-87 Collected By WCM

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.00
OTHER			.00
OTHER			.00
– LESS: Refunds			(.00)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ .00

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (V.A)	$ .00
COLLECTED AFTER PERMIT (V.B)	.00
TOTAL	$ [redacted]

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
MUNICIPALITY ____________

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PLUMBING SUBCODE
TECHNICAL SECTION

PERMIT NO. ____________
DATE ISSUED 6-18-8?
REVISION DATE ____________
Block ______ Lot ______
Subdivision ____________

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner ____________
Address ____________
Tel. ( ) ____________
Work Site Address ____________

Contractor ____________
Address ____________
Tel. ( ) ____________
Lic.No./Bus. Permit ____________
Federal Emp. No. ____________

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub		1	Air Conditioner Unit	2500
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Erector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other ______	
	Sewer Util. Connection			Other ______	
	Hose Bibb			Other ______	
	Water Cooler			Other ______	
	COLUMN 1	$		COLUMN 2	$

	Fee
COLUMN 1	$
COLUMN 2	$ 2500
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 2500

C. PLUMBING CHARACTERISTICS

USE GROUP: ______ Present ______ Proposed

Drainage – Material ______ Size ______
Building Sewer – Material ______ Size ______
Water Service – Material ______ Size ______
Venting – Material ______ Size ______

Estimated Cost of Plumbing Work: $ ______

D. COMMENTS

[illegible handwriting]

☐ Partial Releases ☐ Prototype Processing

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
MUNICIPALITY _____

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. BW 87
DATE ISSUED 6-18-87
REVISION DATE _____
Block 1126 Lot 41
Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Crosby Schmidt
Address 420 Pinewood Ave
Beachwood NJ
Tel. ( ) 286-0843
Work Site Address SAME

Contractor Gibson Plumbing
Address 348 Main Street
Freehold NJ 07728
Tel. ( ) 462-0552
Lic.No./Bus. Permit 3281
Federal Emp. No. 21-0726250

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub		1	Air Conditioner Unit	2500
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$ 2500
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee (Greater of Minimum or Subtotal)	$ 2500

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage –	Material	Size	
Building Sewer –	Material	Size	
Water Service –	Material	Size	
Venting –	Material	Size	

Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

AIR CONDITION UNIT

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F 130 (8/83) Green – Office Copy White – Applicant Copy Blue – Inspector Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Block 1121 Lot 41
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner
Address
Tel. No.
Work Site Address

Contractor
Address
Tel. No.
Lic.No./Bus. Permit
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal			Garbage Disposal	25.00
	Bathtub		1	Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
1	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1			COLUMN 2	

Fee	
COLUMN 1	$
COLUMN 2	$ 25.00
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee (Greater of Minimum or Subtotal)	$ 25.00

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Propo

Drainage –	Material		Size	
Building Sewer –	Material		Size	
Water Service –	Material		Size	
Venting –	Material		Size	

Estimated Cost of Plumbing Work: $

D. COMMENTS

Air Condition Unit

☐ Partial Release ☐ Prototype Processing

Form F 130 (8/83) Green – Office Copy White – Applicant Copy Blue – Tax Assessor

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date _____

Approved By _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date 2-1-88

Inspected By Wm J McMurk

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other Final				2-1-88

UCC Form F 130 (8/83)