City of Brigantine
Attn: Construction Office
Brigantine, NJ 08203
(609)266-7600 FAX *(609)266-6625*

Permit No. **201700645**
Control No. **24925**
Parcel(Block/Lot) **5601/6.02//C0**
Date

Construction Permit

Work Site Location 4801 ATL-BRIGANTINE BLVD

Owner in Fee..... **MAY, JOHN & CINDY**
Address..... 277 WEST KNOWLTON ROAD
MEDIA, PA 19063
Phone..... (610)764-8949

Contractor.... **HOMEOWNER**
Address.....
Phone.....
Lic No.....
Fed Emp No.

Permission is hereby granted to do the following work:

☑ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

REPAIR DECK/R&R DECK RAILINGS

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

Estimated Cost of Work: $1,500

Construction Official — Date 9/18/17

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

PAYMENTS * (Office Use Only)

Building	$55
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Mechanical	0
State Training Fee	3
Certificate of Occupancy	0
Other	0
Total	$58

PAID
Check#/Cash 3068
Paid SEP 20 2017
Collected By RH
CITY OF BRIGANTINE CONSTRUCTION OFFICE
Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

RECEIVED
SEP 1 2017

Date Received
Control #

Date Issued
Permit #

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

Block 5601 Lot 6.07 Qualification Code 600 B

Work Site Location 4801 Atlantic Brigantine Blvd

Owner in Fee: John P MAY

Tel. 616-764-8949 e-mail JPMAY312@gmail.com

Address _____
street municipality zip code

Contractor: SELF Tel. _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	9/11/17	RJS
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 1500.00

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: John P May

Print name here: John P May

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Decking & Rails
Install New Hangers for Support

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____
48.00

Administrative Surcharge	$
Minimum Fee	$ 55.00
State Permit Surcharge Fee	$ 3.00
TOTAL FEE	$ 58.00

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

City of Brigantine

Construction Office

1417 West Brigantine Avenue
Brigantine, New Jersey 08203
Phone (609) 266-7600 Ext. 261 – Fax (609) 266-6625

Plan Review Record

Site Address: 4801 Atl Brig Blvd Date: 9/6/17

Owner: May Block: 5601 Lot: 6.02

Project: Structural Repairs to 2nd Floor Deck Flood Zone: _____ BFE: _____ DFE: _____ NAVD 1988

[ ] Building [ ] Electric [ ] Plumbing [ ] Fire Use Group: _____ Const Type: _____

OK	NO	DATE	NO.	DESCRIPTION	CODE REF.
			1.	Plans as submitted do not address Alt Structural defects	
			2.	outer rim joist overspan - replace w/ double 2x10 Beam.	
			3.	Outer rim joist is not tied in to house properly-left end of beam	
			4.		
			5.		
			6.		
			7.		
	*	5A Notes		(1.) ~~All~~ structural elements shall be designed as 1 hour fire rated assemblies (~~provide details~~). (2.) ~~All membrane penetrations~~ in fire rated assemblies shall meet the ~~requirements of IBC 2009~~ NJ Edition Section 712.	

__ RES Check	__ Truss/I Joist Plan	Notes:
__ CAFRA	__ Architect Cert.	
__ CACD	__ Bulkhead Cert	

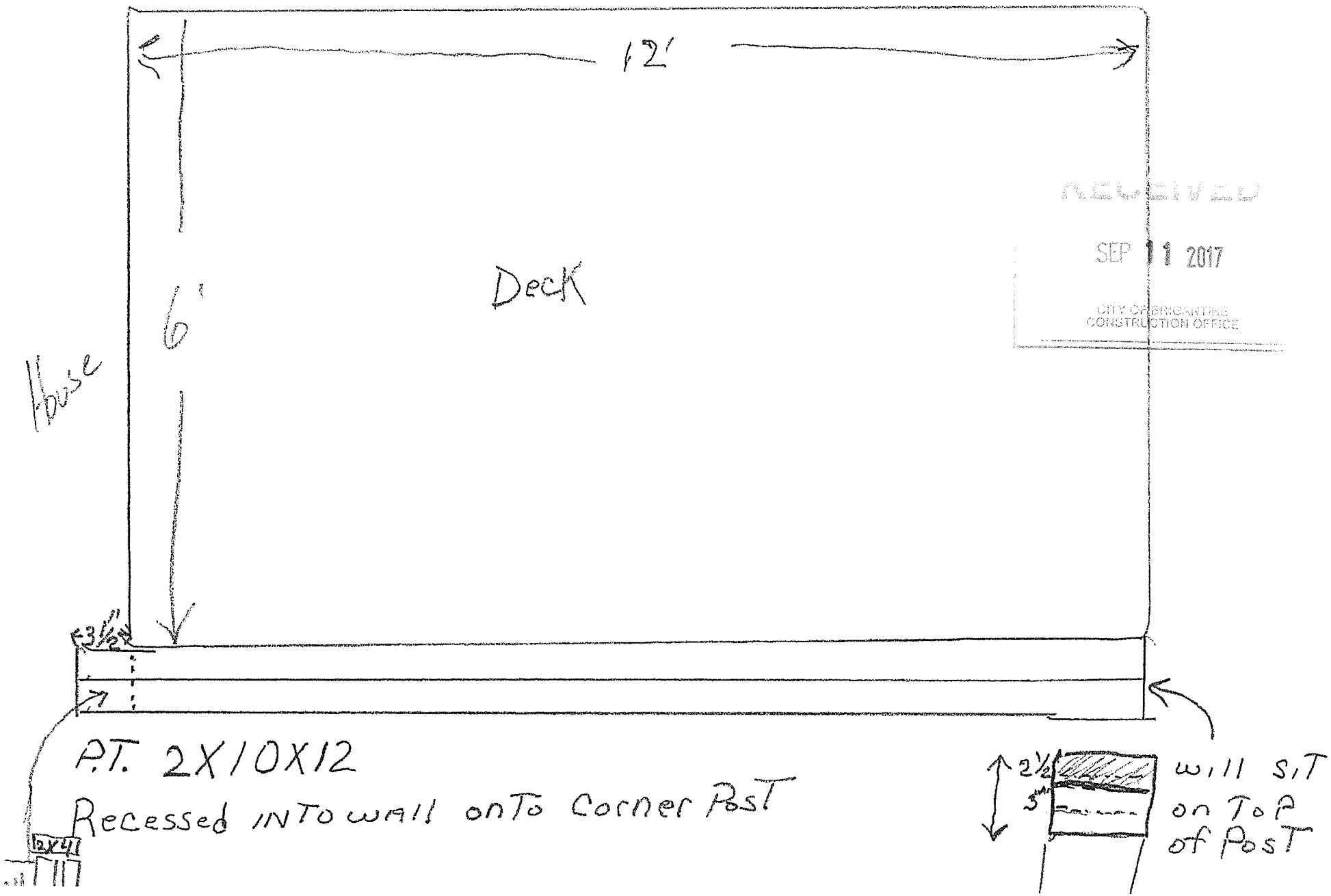
1. Date: _____ [ ] Phoned # 610-764-8949

[ ] Faxed # _____ [ ] Left Message [X] Spoke With JOHN MAY

2. Date: _____ [ ] Phoned # _____

[ ] Faxed # _____ [ ] Left Message [ ] Spoke With _____

2X4 walls House



Lag bolted into corner Post of house