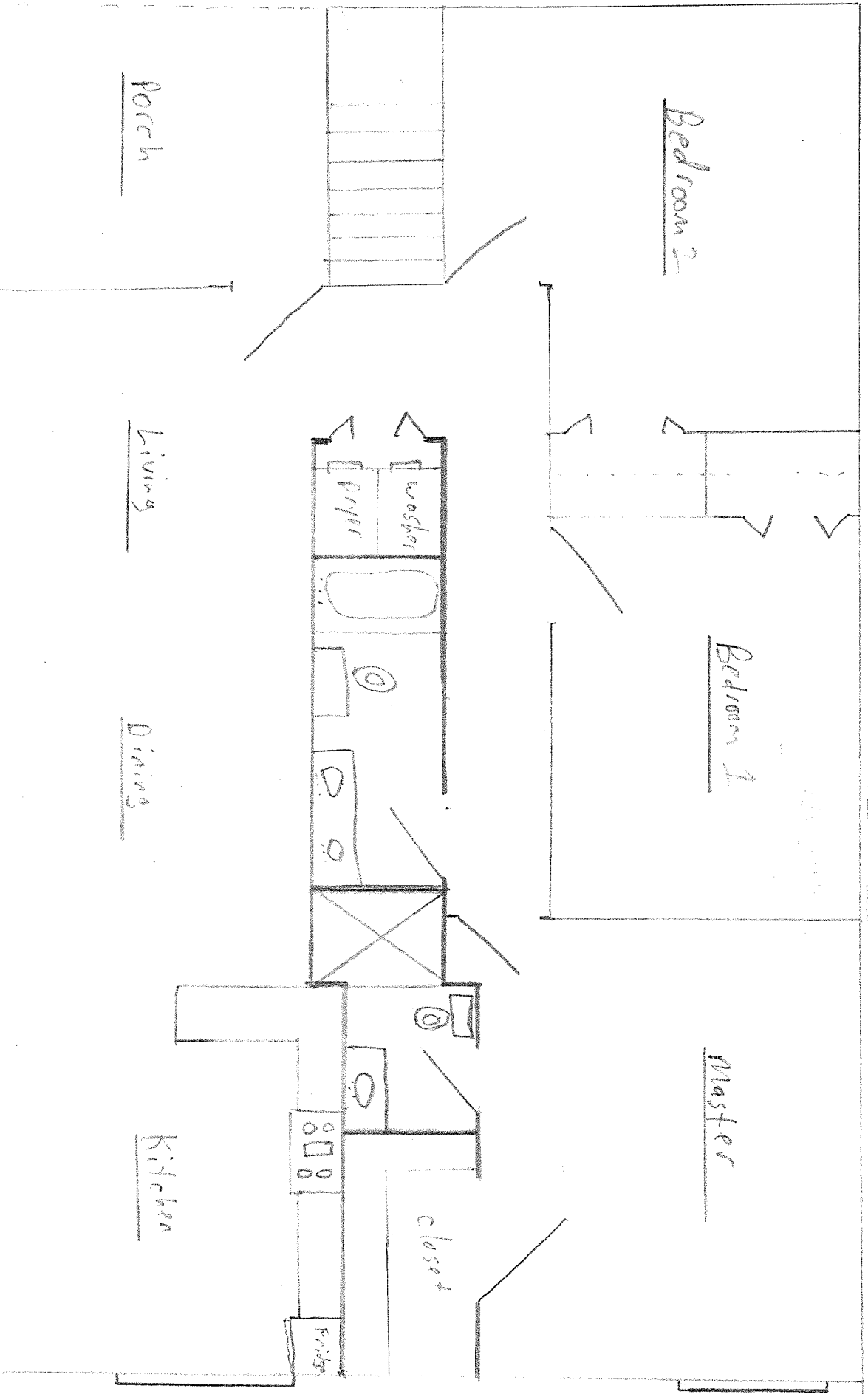
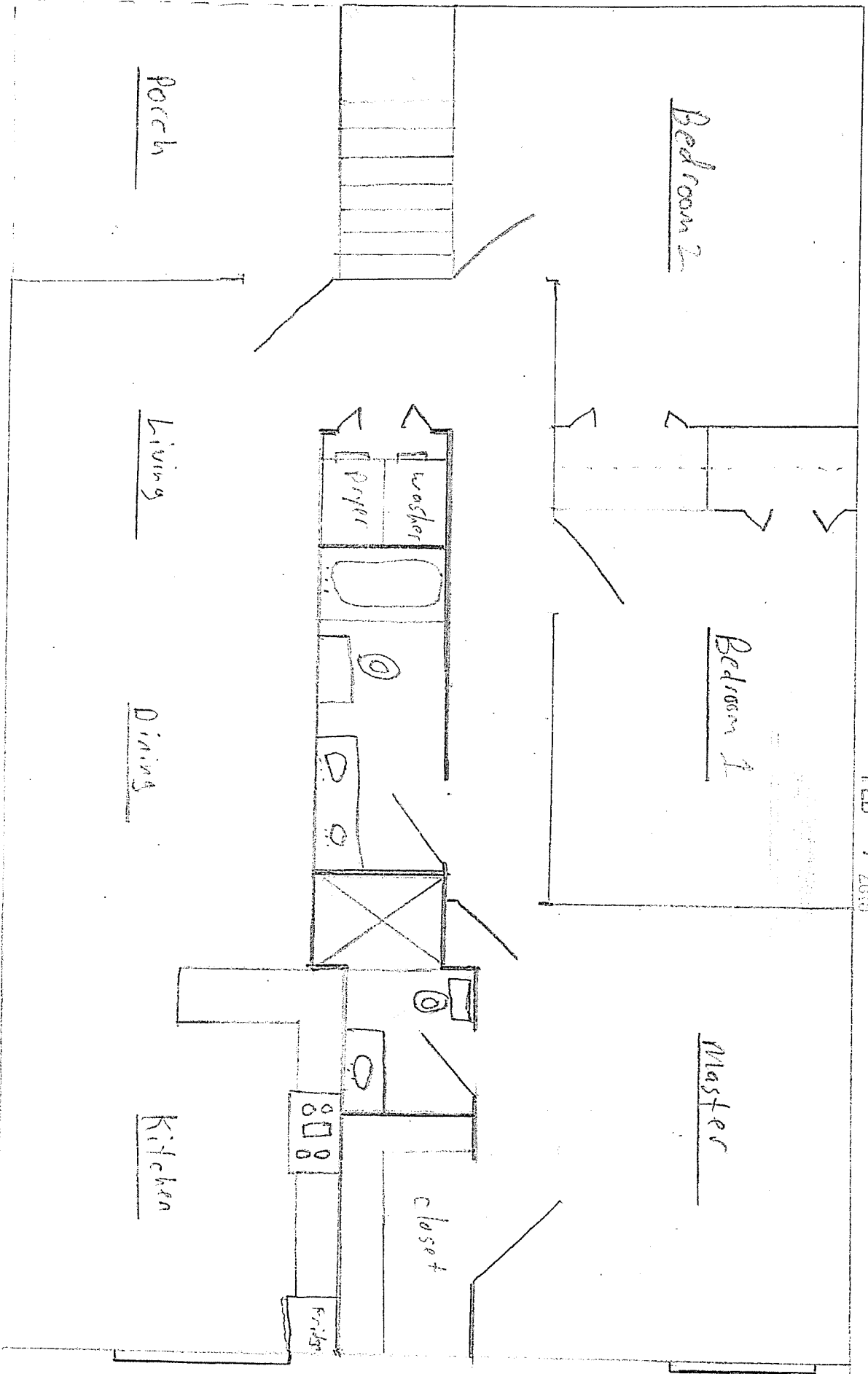


FEB 7 2000



4801 Atlantic Brigantine Blvd

FEB 7 2010



Bedroom 2

Bedroom 1

Master

Porch

Living

Dining

Kitchen

closet

800

800

4801 Atlantic Brigantine Blvd

City of Brigantine

Attn: Construction Office

Brigantine, NJ 08203

(609)266-7600

FAX (609)266-6625

Permit No. 201900055

Control No. 26211

Block/Lot 5601/6.01//C000A

Date 5/08/20

Certificate of Approval

IDENTIFICATION

Block/Lot 5601/6.01//C000A

Work Site Location 4801 ATL-BRIGANTINE BLVD

Owner in Fee/Occupant CRESCENZI, MARK

Address 4801A ATL-BRIGANTINE BLVD
BRIGANTINE, NJ 08203

Telephone (610)265-1307

Contractor

Address

Telephone FAX

Lic. No. or Bldgs. Reg. No.

Federal Emp. No.

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 or the owner will be subject to to fine or order to vacate:

Home Warranty No.

Type of Warranty Plan: ☐ State ☐ Private

Use Group

R-5

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

FRAMEWORK-water damage repair

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

Richard E. Stevens, Construction Official

R E Stevens 5/11/2020

U.C.C. F260
(rev. 3/96)

Permit Fee \$ 170

Paid ☐ Check No.

Cash

Collected by:

RB

City of Brigantine

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

Permit No. **201900055 B**
Control No. **26657**
Parcel(Block/Lot)**5601/6.01//C0**
Date

Construction Permit

Work Site Location 4801 ATL-BRIGANTINE BLVD

Owner in Fee..... CRESCENZI, MARK

Address..... 4801A ATL-BRIGANTINE BLVD
BRIGANTINE, NJ 08203

Phone..... (856)217-4347

Contractor... MUH PLUMBING LLC

Address..... 65 SOMERS AVE
OCEANVIEW, NJ 08230

Phone (609)457-1254

Lic No..... 13317-11/06/19

Fed Emp No. 83-1230435

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:

PLUMBING UPDATE-GAS PIPE TEST ONLY

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: \$500

REDHUN
Construction Official

9/6/19
Date

*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	\$0
Electrical	0
Plumbing	55
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	1
Certificate of Occupancy	0
Other	0
Total	\$56

Check#/Cash Cash

Paid ALL

Collected By HC

Total Administrative Fee: \$0

City of Brigantine

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

Permit No. **201900055 A**
Control No. **26593**
Parcel(Block/Lot)**5601/6.01//C0**
Date

Construction Permit

Work Site Location 4801 ATL-BRIGANTINE BLVD
Owner in Fee..... CRESCENZI, MARK
Address..... 4801A ATL-BRIGANTINE BLVD
BRIGANTINE, NJ 08203
Phone..... (856)217-4347

Contractor.... OWNER
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:

PLUMBING UPDATE

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: \$2,500

RE Stum
Construction Official

7/1/19
Date

*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	\$0
Electrical	0
Plumbing	55
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	5
Certificate of Occupancy	0
Other	0
Total	\$60

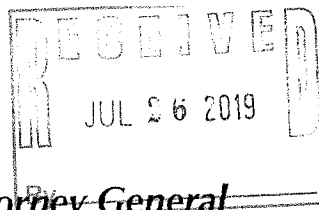
Check#/Cash... Cash
Paid 7/2/19
Collected By EM

Total Administrative Fee: \$0



PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Examiners of Master Plumbers
124 Halsey Street, 6th Floor, Newark NJ 07102



GURBIR S. GREWAL
Attorney General

PAUL R. RODRIGUEZ
Acting Director

Mailing Address:
P.O. Box 45008
Newark, NJ 07101
(973) 504-6420

5/6/2019

TO WHOM IT MAY CONCERN

Our records indicate that the holder of plumber license #36BI01331700 has applied to the Board of Master Plumbers for a pressure seal which has not been issued to him/her by the vendor.

Please accept this sealed letter as an interim device pending the furnishing of a seal to:

Matthew V. Harris
65 Somers Avenue
Ocean View, NJ 08230

This letter will be rendered invalid 180 days after the date of issuance.

Sincerely,

Kerrie Shahan
Acting Executive Director

KS: md

Plumbing Lic. # 13317



MVH Plumbing LLC.

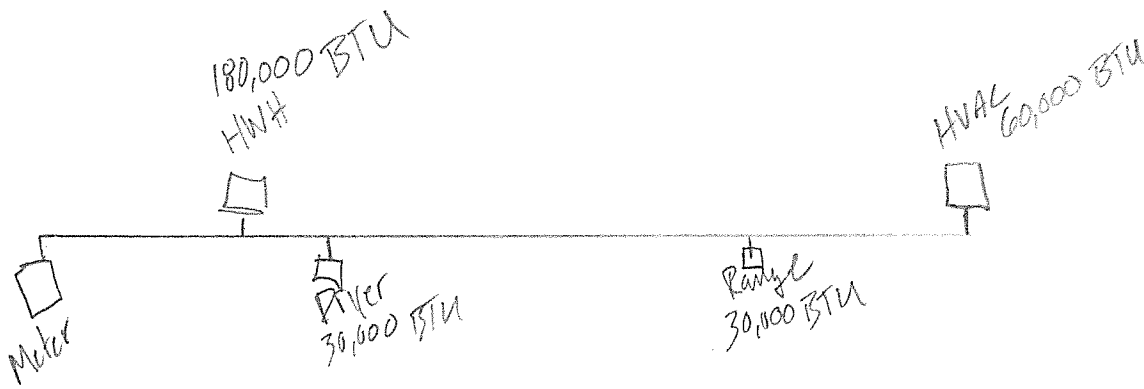
609-457-1254

65 Somers Ave.

MVHPLUMBING@GMAIL.COM

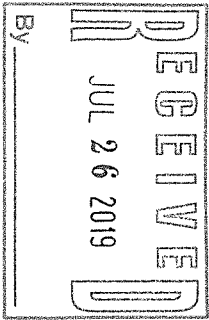
Ocean View NJ 08230

Gas Riser
4801 Atlantic Brigantone Blvd Apt A.
Brigantone, NJ 08203



TEST EXISTING
7.30-19 GS

Total
BTU's
300,000





PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Examiners of Master Plumbers
124 Halsey Street, 6th Floor, Newark NJ 07102

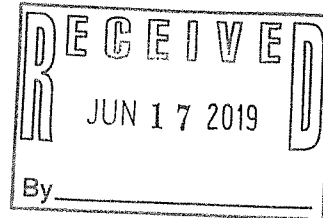


GURBIR S. GREWAL
Attorney General

PAUL R. RODRIGUEZ
Acting Director

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(973) 504-6420

5/6/2019



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65 Somers Avenue
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Sincerely,

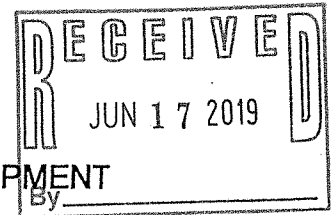
Kerrie Shahan
Acting Executive Director

KS: md

**saw original
w/ seal*



CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT



BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS _____

Applicant MVH Plumbing LLC
Certifying Individual Matthew Harris Company MVH Plumbing LLC
Address 65 Somers Ave Ocean View NS 08230
Street City State Zip Code

Tel. (____) _____

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☐ B Label Vent
☐ L Label Vent
☐ 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 hereby 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.

Signature Matthew Harris

Date 6/17/19

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.

City of Brigantine

Attn: Construction Office
1417 W Brigantine Ave
Brigantine, NJ 08203
(609)266-7600, FAX (609)266-6625



April 8, 2019

CRESCENZI, MARK
4801A ATL-BRIGANTINE BL
BRIGANTINE, NJ 08203

Subject : OVERDUE INSPECTION
Block/Lot: 5601/6.01//C000A, Permit# 201900055
4801 ATL-BRIGANTINE BLVD

Dear Permit Applicant:

With reference to the above permit number, according to our records inspections are overdue.

Permit #201900055 _____

Please contact this office at 609-266-7600 ext. 262 within ten (10) days of receipt of this notice and advise us of the status of the work that was approved under this permit. Please arrange for FINAL INSPECTION to be conducted.

Failure to obtain final inspection(s) will result in a penalty.

Respectfully,

CHRISTINE MURRAY
ADMIN. ASSISTANT

cc:

City of Brigantine

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

Permit No. **201900055**
Control No. **26211**
Parcel(Block/Lot)**5601/6.01//C0**
Date

Construction Permit

Work Site Location 4801 ATL-BRIGANTINE BLVD
Owner in Fee..... CRESCENZI, MARK
Address..... 4801A ATL-BRIGANTINE BLVD
BRIGANTINE, NJ 08203
Phone..... 6102651307

Contractor.... OWNER

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:

FRAMEWORK

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: \$5,000

RESTOR

Construction Official

Date

2/14/19

*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	\$160
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	10
Certificate of Occupancy	0
Other	0
Total	\$170

Check#/Cash.. CASH

Paid MAR 14 2019

Collected By HC

Total Administrative Fee \$0