



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION
1. Proposed Work Site at: 727 Prospect Ave
2. Name of Owner in Fee: Annette Sammarco
Tel. (732) 325-8300 e-mail
Address: 727 Prospect Ave Union Beach NJ 07735
3. Ownership in Fee: Public Private
4. Principal Contractor: McQuay Industrial LLC (732) 358-9687
Address 117 Hwy 35 Suite 7 e-mail
License No. OR, if new home, Builder Reg. No. 044354 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 210250304 Fax (732) 696-8432
5. Architect or Engineer Brick City Reconstruction Contact Patrick Lesbarrel
Address e-mail
Tel. (908) 902 9592 FAX ()
6. Responsible Person in Charge once Work has Begun Michael McEvoy
Tel (732) 696 8430 FAX (732) 696-8432

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)
1. Number of Stories 2
2. Height of Structure 34 ft.
3. Area—Largest Floor 608 sq. ft.
4. New Building Area 1208 sq. ft.
5. Volume of New Structure 21160 cu. ft.
6. Max. Live Load 40
7. Max Occupancy Load 30
8. If Industrialized Building: State Approved HUD
9. Total Land Area Disturbed 2500 sq. ft.
10. Flood Hazard Zone A
11. Base Flood Elevation
12. Wetlands yes no ✓

IIa. PROPOSED WORK:
☐ Minor Work ☐ New Building ☐ Addition ☐ Remodeling
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Mitigation ☐ Annual Permit
IIb. SUBCODES: (Check all that apply)
☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Elevator
FOR OFFICE USE ONLY (Optional)
Est. Cost Plans Rec'd by Date Rec'd Rejection Date Approval Date Re-viewer Resubmission Dates Re-viewer
6/1/13 LC
6/18/13 Dr
TOTAL COSTS

VII. DESCRIPTION OF BUILDING USE
A. RESIDENTIAL (primary use)
1. State Specific Use: Single Family Residential
2. Use Group, Proposed
3. Change in Use Group, Indicate Former:
4. Number 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. 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
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

FOLD

FOLD

1/8/15
IL OK ✓
NAPS OK ✓
OK ✓
202367 = HOW#
EXT EVN ✓
no. (RB) Need Cofee - Sent Letters \$163.

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☒ Water Authority									
☐ Police Department									
☐ Health Department									
☒ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building	Energy	
Electrical	Barrier Free	
Plumbing	Flood Hazard	
Fire Protection	As Built Elevation Cert.	
Mechanical	Other	

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.			
☐ Temporary Certificate of Compliance	No.			
☐ Continued Certificate of Occupancy	No.			
☐ Certificate of Compliance	No.			
☐ Certificate of Occupancy	No.			
☐ Certificate of Approval	No.			
☐ Lead Abatement Clearance Certificate	No.			

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.ix:

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 MM MCLW 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.

☒ Check if contractor.

Agent Name Dominic Fulginiti
Address 217 Hwy 35 Suite 7
Key Port NJ 07730
Telephone (732) 358-9687
Signature [Signature]

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

App 00660-13



CONSTRUCTION PERMIT

Date Issued:

Permit # ~~13-00548~~
#13-00548

IDENTIFICATION Block _____ Lot _____
Work Site Location 727 Prospect Ave
Union Beach
Owner in Fee Amsett + Samaroo
Address 727 Prospect Ave
Union Beach NJ 07735
Tel. (732) 325-8300

Qualification Code _____
Contractor McBury Investment LLC
Address 117 Hwy 3/5 Suite 7
Kayport NJ 07735
Tel. (732) 696-8430
Lic. No. or Bldrs. Reg. No. 044354

is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☒ BUILDING | ☒ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☒ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

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 \$ 150,000

Construction Official

6/13/13
Date

PAYMENTS (Office Use Only)	
Building	<u>595</u>
Electrical	<u>400</u>
Plumbing	<u>600</u>
Fire Protection	<u>75</u>
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>80</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>1,749⁰⁰</u>
Check No.	<u>761</u>
Cash	_____
Collected by	<u>MM</u>

(see reverse side)

3/13/44 INSULATION NOT READY CC



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

13-00548

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

Block 21a Lot 5 Qualification Code _____
Work Site Location 127 Prospect Ave

Owner in Fee: Anette Samaron

Tel. (732) 325-8300 e-mail _____

Address SAME

Contractor: Viking Mechanical Tel. (732) 946-0789

Address 22 Bordway Rd. e-mail _____
Marlboro NJ 07746

Contractor License No. 11965 Exp. Date 6/13

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

Federal Emp. ID No. 142-782-717 FAX: (732) 946-0789

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size 3" Public Sewer ☒ Private Septic _____

Water Service Size 1" Public Water ☒ Private Well _____

Est. Cost of Plumbing Work \$ 6000

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
☐ No Plans Required	Type: _____
☐ Partial - Underslab Utilities Approved	Slab _____
Date: _____ Approved by: _____	Rough _____
☐ Plumbing Plans Approved	Water _____
Date: _____ Approved by: _____	Sewer _____
Joint Plan Review Required:	Fixtures _____
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Equipment _____
SUBCODE APPROVAL for PERMIT	Gas Piping <u>1/15/14</u>
Date: _____	LPGas Tank _____
Approved by: _____	Fuel Oil Piping _____
SUBCODE APPROVAL for CERTIFICATE	Solar _____
☐ CO ☐ CCO ☐ PCA	TCO _____
Date: <u>9/25/14</u>	<u>Final 3/25</u>
Approved by: <u>[Signature]</u>	<u>9/25/14</u>

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 ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Build New House as per Plans

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

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ 600

8-25-14

~~SPARKS~~ NOT WORKING 9-16-14

16 CITED LITE MISSING

BATHROOM OUTLET

NEEDS EXTENSION

~~WORKING SIZE A/C BREAKER~~ 9-16-14

8-16-14

~~WAS SCISSOR BINDER~~

3/6/14 Needs House #
3/7/14 Not Ready for Final (30)



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 219 Lot 5 Qualification Code _____

Work Site Location 727 Prospect Ave

Union Bench NJ 07735

Owner in Fee: Annunzio Samano

Tel. (732) 325-8300 e-mail _____

Address 732 Prospect Ave Union Bench NJ 07735

Contractor: VSR Electric LLC municipality _____ Tel. (732) 264-4283

Address 180 Morning Side Ave e-mail _____

Union Bench NJ 07735

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

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

Fire Alarm Contractor No. _____ Exp. Date 2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 15438

Federal Emp. ID No. 202333372 FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R Proposed R

Constr. Class: Present _____ Proposed _____

Heating System: ☒ New OR ☐ Modification to Existing
OR ☐ Conversion OR ☐ Replacement

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$ 600

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible
Capacity _____

Fire Alarm System: ☐ New OR ☐ Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

☐ New OR ☐ Existing

Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: Vincent Rosato Sr.

D. TECHNICAL SITE DATA ☐ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK: New House as per Plans

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

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems	_____	_____
☐ System	_____	_____
☒ 110v Interconnected	_____	_____
☐ CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	<u>7</u>	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems	_____	_____
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems	_____	_____
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances ☒ Gas ☐ Oil ☐ Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

To reprint call (609) 390-1400
ALLEGRA
Marketing • Print • Mail

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 75

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
☐ No Plans Required		Alarm System	_____	_____	_____
☐ Partial - Underslab Utilities Approved		Suppression Sys.	_____	_____	_____
Date: _____ Approved by: _____		Standpipe	_____	_____	_____
☒ Fire Protection Plans Approved		Fire Pump	_____	_____	_____
Date: <u>6/13/13</u> Approved by: <u>[Signature]</u>		Pre-Eng. System	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____
Date: _____ Approved by: _____		Flam/Combust Tanks	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Fireplace Venting	_____	_____	_____
☒ CO ☐ CCO ☐ CA		Final	_____	_____	_____
Date: <u>8/2/14</u> Approved by: <u>[Signature]</u>		Other <u>Rack</u>	_____	_____	_____

Approved per Notes on Plans



Borough of Union Beach
BUILDING SUBCODE
TECHNICAL SECTION



Date Received **5/13/2013**
Control # **1689**

Date Issued **5/30/2013**
Permit # **1300548**

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

Block/Lot **219/5**

Work Site Location **727 PROSPECT AVE**

Owner in Fee: **SAMAROO, ANNETTE**

Tel. **(732)325-8300**

e-mail _____

Address: **727 PROSPECT AVENUE** **UNION BEACH, NJ 07735**

Street

municipality

zip code

Contractor: **Mc Evoy Enterprises LLC**

Tel. _____

Address: **117 Hwy 35, Suite 7, Keyport NJ 07735**

e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
[] All	_____	_____	Footing	_____	_____	_____	_____
[] Footing	_____	_____	Footing Bonding	_____	_____	_____	_____
[] Foundation	_____	_____	Foundation	_____	_____	_____	_____
[] Frame	_____	_____	Slab	_____	_____	_____	_____
[] Other	_____	_____	Frame	_____	_____	_____	_____
			Truss Sys./Bracing	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required			Insulation	_____	_____	_____	_____
[] Elec. [] Plumb [] Fire [] Elevator			Finishes-Base Layer	_____	_____	_____	_____
			Finishes-Final	_____	_____	_____	_____
			Energy	_____	_____	_____	_____
			Mechanical	_____	_____	_____	_____
			TCO	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Other	_____	_____	_____	_____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group Present **R-5** Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ FT

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors **1208** Sq. Ft.

Volume of New Structure **23800** Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work :

1. New Bldg. \$ **162,600**

2. Rehabilitation \$ _____

3. Total (1+2) \$ **162,600**

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

NEW CONSTRUCTION - MCEVOY - SENT LETTER TO PICK UP CO AND PAY FEE \$163-RB 4/8/15.

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8_
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ **0**

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



Date Received: 05/13/2013
Permit No.: 13-00548
Date Issued: 07/25/2013
Version: Base

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

Block	219	Lot	5	Qualification Code
-------	-----	-----	---	--------------------

Work Site Location 727 PROSPECT AVENUE, NEW CONSTRUCTION

Owner in Fee	SAMAROO, ANNETTE
--------------	------------------

Address 727 PROSPECT AVENUE, UNION BEACH, NJ 07735

Owner Phone (732) 325-8300 E-mail

Contractor	VSR Electric
-------------------	--------------

Address 180 Morningside Ave, Union Beach, NJ 07735

Contractor Phone (732) 754-4719 E-mail

Contractor License No. _____ Exp Date _____

Home Imprv. Reg No.

Exempt Reason: _____

Federal Emp ID No. _____ FAX _____

Responsible Person

Telephone _____

B. FIRE PROTECTION CHARACTERISTICS

Code/Use Group: Present _____ Proposed ICC R-5

Construction Class: Present _____ Proposed VB _____

Heating System: _____ **Fire Alarm System:** _____

Type: _____ Location of Panel: _____

Location: _____ Fire Suppression/Standpipe System: _____

Fuel Storage Tank: _____

Location: _____

Fuel Type:	Capacity:	Water Supply Source:
------------	-----------	----------------------

Estimated Cost of Fire Protection Work: \$600_____

JOB SUMMARY (Office Use Only)			INSPECTIONS			Dates (Month/Day)		
PLAN REVIEW	Date	Initial	Type	Failure	Approval	Initial		
☒ No Plans Req.			Alarm System					
☐ Underslab Utilities			Suppression System					
☐ Fire Protection Plans			Standpipe					
Joint Plan Review Required:			Fire Pump					
☐ Building ☐ Plumbing ☐ Electric ☐ Elev			Pre-Eng. System					
SUBCODE APPROVAL for PERMIT			Mechanical					
Date: <u>July 25, 2013</u>			Smoke Control					
Approved by: <u>David Olsen</u>			TCO					
SUBCODE APPROVAL for CERTIFICATE			Flammable/Combustible					
☐ CO ☐ CCL ☐ CA			Fireplace Venting					
Date: _____			Final					
Approved by: _____			Other					

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	DATE	TIME	LOCATION

Qty/Size and/or Cost	Type of Work	Fee Amount
1	110v Interconnected Alarms	
1	Gas-fired Appliances	\$50.00
	Administrative Fee	\$0.00
	Total Subcode Fee	\$75.00
		\$75.00

Borough of Union Beach
650 Poole Ave.
Union Beach NJ 07735
(732)739-1503



BUILDING SUBCODE TECHNICAL SECTION



Date Received: 05/13/2013
Permit No.: 13-00548
Date Issued: 07/25/2013
Version: Base

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

Block 219 Lot 5 Qualification Code _____

Work Site Location 727 PROSPECT AVENUE, NEW CONSTRUCTION

Owner in Fee SAMAROO, ANNETTE

Address 727 PROSPECT AVENUE, UNION BEACH, NJ 07735

Owner Telephone (732) 325-8300 **E-mail** _____

Contractor McEvoy Enterprises, LLC

Address 117 Hwy 35, Keyport, NJ 07735

Contractor Telephone (732) 358-9687 **E-mail** _____

Contractor License No. _____ **Exp. Date** _____

Home Imprv. Reg No. _____

Exempt Reason: _____

Federal Emp ID No. _____ **FAX** _____

Responsible Person _____

Telephone _____

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval	Initial
☒ No Plans Required	_____	_____	Footings	_____	_____	_____
☐ Footing/Foundations	_____	_____	Footings Bonding	_____	_____	_____
☐ Structural/Framework	_____	_____	Foundation	_____	_____	_____
☐ Exterior	_____	_____	Slab	_____	_____	_____
☐ Interior	_____	_____	Frame	_____	_____	_____
☐ Building Plans	_____	_____	Frame, Truss System/	_____	_____	_____
Joint Plan Review Required:	_____	_____	Frame, Barrier-Free	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____	Insulation	_____	_____	_____
SUBCODE APPROVAL for PERMIT	_____	_____	Finishes, Base Layer	_____	_____	_____
Date: <u>July 25, 2013</u>	_____	_____	Finishes, Final	_____	_____	_____
Approved by: <u>Bob Burlew</u>	_____	_____	Energy	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	_____	_____	Mechanical	_____	_____	_____
☐ CO ☐ CCL ☐ CA	_____	_____	TCO	_____	_____	_____
Date: _____	_____	_____	Other	_____	_____	_____
Approved by: _____	_____	_____	Final	_____	_____	_____
	_____	_____	Final, Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

Code/Use Group: Present

Construction Class: Present

Number of Stories 2

Height of Structure 34

Area - Largest Floor 608

New Building Area 600

Volume of New Structure 23,800

Max. Live Load 40

Max. Occupancy Load 30

Proposed ICC R-5

Proposed VB

If Industrialized Building:

State Approved HUD

Estimated Cost of Building Work:

1. New Bldg. \$150,000

2. Rehabilitation \$0

3. Total (1 + 2) \$150,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW HOUSE

Qty/Size and/or Cost	Type of Work	Fee Amount
23,800	New Building	\$595.00
	Administrative Fee	\$0.00
	Total Subcode Fee	\$595.00
		\$595.00

Borough of Union Beach
650 Poole Ave.
Union Beach NJ 07735
(732)739-1503



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received: 05/13/2013
Permit No.: 13-00548
Date Issued: 07/25/2013
Version: Base

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

Block 219 Lot 5 Qualification Code _____

Work Site Location 727 PROSPECT AVENUE, NEW CONSTRUCTION

Owner in Fee SAMAROO, ANNETTE

Address 727 PROSPECT AVENUE, UNION BEACH, NJ 07735

Owner Telephone (732) 325-8300 **E-mail** _____

Contractor VSR Electric

Address 180 Morningside Ave, Union Beach, NJ 07735

Contractor Tel. (732) 754-4719 **E-mail** _____

Contractor License No. _____ **Exp Date** _____

Home Imprv. Reg No. _____

Exempt Reason: _____

Federal Emp ID No. _____ **FAX** _____

Responsible Person _____

Telephone _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present **Proposed** ICC R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied As _____ **Utility Co** _____

Est. Cost of Elec. Work \$6,000

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval	Initial
☒ No Plans Required	_____	_____	Rough	_____	_____	_____
☐ Underslab Utilities	_____	_____	Rough, Barrier-Free	_____	_____	_____
☐ Electric Plans	_____	_____	Trench	_____	_____	_____
Joint Plan Review Required:			Temporary Service	_____	_____	_____
☐ Bldg.	☐ Plumb.	☐ Fire	Construction Service	_____	_____	_____
SUBCODE APPROVAL for PERMIT			TCO	_____	_____	_____
Date: <u>July 25, 2013</u>			Other	_____	_____	_____
Approved by: <u>Frank Cordasco</u>			Service	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Final	_____	_____	_____
☐ CO	☐ CCL	☐ CA	Final, Barrier-Free	_____	_____	_____
Date: _____			Temp. Cut-in-Card Issued Date	_____	_____	_____
Approved by: _____			Final Cut-in-Card Issued Date	_____	_____	_____
			Grounding and Bonding Certification Date	_____	_____	_____

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 Electrical Contractor ☐ Certified Landscape Irrigation Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Qty/Size and/or Cost	Items	Fee Amount
84	Receptacles, Fixtures, Devices (Grouped)	\$145.00
21	Lighting Fixtures	
38	Receptacles	
18	Switches	
7	Detectors	
1	Dishwasher	\$35.00
1	Central A/C Unit: 1 to 10 hp/kw	\$75.00
1	Space Heater/Air Handler: Less than 1 hp/kw	\$35.00
1	Service: 101 to 200 amps	\$110.00
	Administrative Fee	\$0.00
	Total Subcode Fee	\$400.00
		\$400.00

Borough of Union Beach
650 Poole Ave.
Union Beach NJ 07735
(732)739-1503



PLUMBING SUBCODE TECHNICAL SECTION



Date Received: 05/13/2013
Permit No.: 13-00548
Date Issued: 07/25/2013
Version: Base

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

Block 219 Lot 5 Qualification Code _____

Work Site Location 727 PROSPECT AVENUE, NEW CONSTRUCTION

Owner in Fee SAMAROO, ANNETTE

Address 727 PROSPECT AVENUE, UNION BEACH, NJ 07735

Owner Telephone (732) 325-8300 E-mail _____

Contractor VIKING MECHANICAL

Address 22 BOUNDARY RD., MARLBORO, NJ 07746

Telephone (866) 246-9721 E-mail _____

License No. _____ Exp Date _____

Home Imprv. Reg No. _____

Exempt Reason: _____

Federal Emp ID No. 14-2782717 FAX _____

Responsible Person _____

Telephone _____

B. PLUMBING CHARACTERISTICS

Code/Use Group: Present _____ Proposed ICC R-5

Building Sewer Size: _____ in. Building Sewer: _____

Water Service Size: _____ in. Water Service: _____

Estimated Cost of Plumbing Work: \$6,000

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW	Date	Initial	Type:	Failure	Approval	Initial	
☒ No Plans Required	_____	_____	Slab	_____	_____	_____	
☐ Underslab Utilities	_____	_____	Rough	_____	_____	_____	
☐ Plumbing Plans	_____	_____	Water	_____	<u>12/04/13</u>	<u>FK</u>	
Joint Plan Review Required	_____	_____	Sewer	_____	<u>12/04/13</u>	<u>FK</u>	
☐ Building ☐ Electric	_____	_____	Fixtures	_____	_____	_____	
☐ Fire ☐ Elevator	_____	_____	Gas Equipment	_____	_____	_____	
SUBCODE APPROVAL for PERMIT	_____	_____	Gas Piping	_____	_____	_____	
Date: <u>July 25, 2013</u>	_____	_____	LPGas Tank	_____	_____	_____	
Approved by: <u>Frank Kneipher</u>	_____	_____	Fuel Oil Piping	_____	_____	_____	
SUBCODE APPROVAL for CERTIFICATE	_____	_____	Solar	_____	_____	_____	
☐ CO ☐ CCL ☐ CA	_____	_____	TCO	_____	_____	_____	
Date: _____	_____	_____	Final	_____	_____	_____	
Approved by: _____	_____	_____	Periodic Inspection	_____	_____	_____	

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 ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Qty/Size and/or Cost	Fixture/Equipment	Fee Amount
2	Water Closet	\$50.00
1	Bath Tub	\$25.00
2	Lavatory	\$50.00
1	Sink	\$25.00
1	Dishwasher: Residential	\$25.00
1	Washing Machine: Residential	\$25.00
1	Hose Bibb	\$25.00
1	Water Heater: Residential	\$50.00
1	Gas Piping	\$75.00
1	Sewer Connection	\$100.00
1	Water Service Connection	\$100.00
1	Furnace: Residential	\$50.00
Administrative Fee		\$0.00
Total Subcode Fee		\$600.00
		\$600.00