Michelle Clark 2021-33

From: Amy Burr Esq. <opra+request-21581-cb87bcdf@requests.opramachine.com>
Sent: Wednesday, April 7, 2021 12:50 PM
To: Clerk
Subject: OPRA request - 88 E. Lincoln Ave, Atlantic Highlands , NJ 07716 Block: 67 Lot: 2

Dear Atlantic Highlands Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:
Entire Bldg file including any & all permits (Open & Closed) Variance Applications Violation Notices Letters of No Interest Information confirming home does not have to be lifted Any other records contained in the Bldg file

Yours faithfully,
Amy P. Burr, Esq
20 Bingham Ave, Rumson NJ 07760
732-741-1435

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-21581-cb87bcdf@requests.opramachine.com

Is clerk@ahnj.com the wrong address for OPRA requests to Atlantic Highlands Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=atlantic_highlands_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/88_e_lincoln_ave_atlantic_highla

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

BOROUGH OF ATLANTIC HIGHLANDS
BUILDING DEPARTMENT

100 FIRST AVENUE • ATLANTIC HIGHLANDS • N.J. • 07716 • (201) 291 • 1122

VIOLATION NOTICE

TO: Jack & GLoria Miller

88 E. Lincoln Ave.

Atlantic Highlands, NJ 07716

DATE: 2/24/92

RE: 88 E. Lincoln Ave.

BLOCK 67 LOT 2 ZONE R-1

Please be advised of an alleged violation of the following:

___ Failure to receive zoning approval.
X Working without a permit.
___ Failure to obtain a Certificate of Occupancy.
___ Other:

You are directed to :

X Contact the Building Department by 3/2/92.
___ Stop Work.
___ Pay monatary fine of $_____.
___ Show cause on or before _____ why further [illegible] should not be taken.
___ Remove and restore to its original condition.
___ Full compliance within _____ days expiration date _____ or receive a a monatary fine of $_____ per _____ for each and every day the violation continues.
___ Other:

applied for permits 3/3/92

By order of the Construction Official,

Gerald V. Menna

GVM/ddb

BOROUGH OF ATLANTIC HIGHLANDS
BUILDING DEPARTMENT

100 FIRST AVENUE • ATLANTIC HIGHLANDS • N.J. • 07716 • (201) 291 • 1122

C O M P L A I N T

DATE: 5/21/99

COMPLAINANT: Mr. Schloeder

ADDRESS: 92 E Lincoln Ave. Atl. Hlds. NJ

TELEPHONE #: 872-0031

NATURE OF COMPLAINT: Finishing off Basement + doing electric with no permits

PROPERTY ADD.: 88 E Lincoln Ave. BLOCK: 67 LOT: 2

VIOLATOR: Miller, Jack + Gloria

ADDRESS: 88 E. Lincoln Ave, Atl. Hlds, NJ 07716

TELEPHONE #:

INVESTIGATED BY: Send note to Have Glenn call

ACTION TAKEN:

ATLANTIC HIGHLANDS

ATLANTIC HIGHLANDS, NEW JERSEY 07716
732-291-1444 FAX 732-291-9725
WWW.AHNJ.COM

ZONING APPLICATION FOR FENCE

BLOCK 67 LOT 2

PROPERTY LOCATION:

88 E- Lincoln AVE

OWNER'S PHONE # 706-333-1366

CONTRACTOR NAME AND ADDRESS: Liberty Fence

68 Leonard Ave Leonardo

HEIGHT OF FENCE: 6' & 42" STYLE OF FENCE: 6- Board on Board 42"- PVC Spaced Picket

[redacted]

17-07-02

Office Use Only

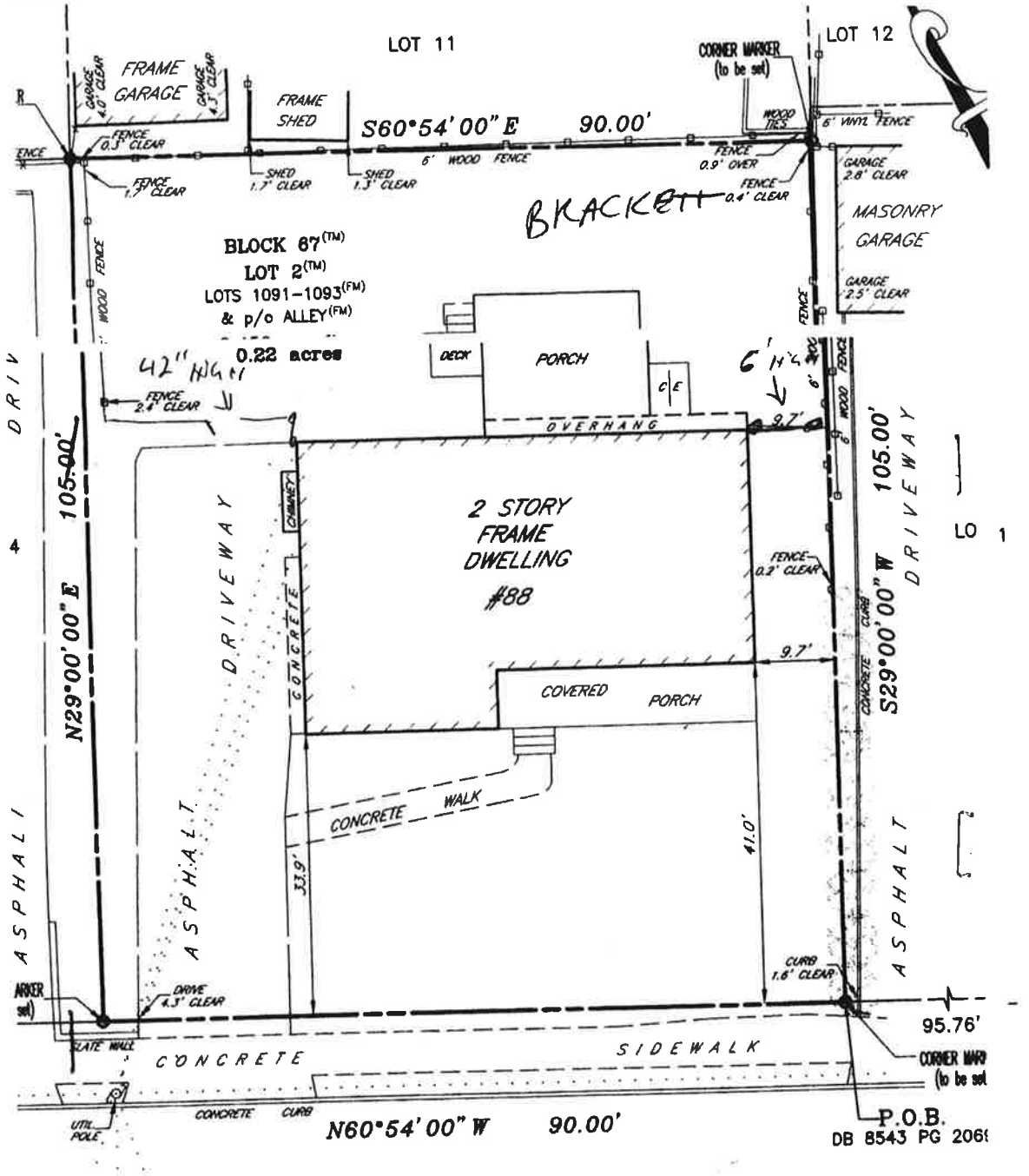
DATE RECEIVED 7-10-2017 CHECK # 4394

ZONING OFFICER Michelle Clark

APPROVAL DATE 7-10-2017 DENIAL DATE _____

IF DENIED GIVE REASON: _____

As per attached



LINCOLN AVENUE
(A.K.A. EAST LINCOLN AVENUE)
50' R.O.W.

THIS CERTIFICATION IS MADE ONLY TO ABOVE NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY ABOVE NAMED PURC NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF SUR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

EBY CERTIFY THIS SURVEY TO:

) A. BRACKETT and ELIZABETH A. BRACKETT, and and wife

.S FARGO BANK, NA, its successors and/or assigns heir interests may appear

)CIATED TITLE AGENCY (A-9816)

MONWEALTH LAND TITLE INSURANCE COMPANY

REFERENCES: DEED BOOK 8543 PAGE 206

MAP ENTITLED "MAP OF BUILDING LOTS C HIGHLANDS ASSOCIATION" FILED SEPTEMBER 17, 1887 IN CASE

"A written Waiver and Direction Not to Set Corner Markers has bee user pursuant to P.L.2003, c.14(C45:8-36.3) and N.J.A.

CONTROL LAYOUTS,
LAND SURVEYORS
CERTIFICATE OF AUTHORIZATION #24GA28
271 CLEVELAND AVENUE HIGHLAND PARK,

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 88 East Lincoln Ave, Atlantic Highlands, NJ 07716
2. Name of Owner in Fee: Dave Brackett
   Tel. (706) 333 - 1366 e-mail _____
   Address: _____ (street) _____ (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Superior Siding & Roofing Tel. (732) 229 - 1890
   Address 1309 Allaire Avenue, Ocean, NJ 07712 e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH01064500 Exp. Date 3.31.18
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 222896310 Fax (732) 229 6274
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX (_____) _____
6. Responsible Person in Charge once Work has Begun John Stillings
   Tel (732) 229 1890 FAX (732) 229 6274

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 102.4		
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	78		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 1102.		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area—Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	Max. Live Load	
7.	Max Occupancy Load	
8.	If Industrialized Building: State Approved _____ HUD _____	
9.	Total Land Area Distrubed sq. ft.	
10.	Flood Hazard Zone	
11.	Base Flood Elevation ft.	
12.	Wetlands yes _____ no _____	

IIa. PROPOSED WORK:

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

IIb. SUBCODES:

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[x] Building	40,950								
[ ] Electrical									
[ ] Plumbing									
[ ] Fire Protection									
[ ] Elevator									
TOTAL COSTS	40,950								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. 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. [x] Refrigeration Systems
5. [ ] Cross-Connections/Backflow Preventers
6. [ ] Hazardous Uses/Places of Assembly
7. [ ] Sprinklers
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Undergroound Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
11. [ ] LP Gas Tanks

08-15-17 03:35 RCVD

00276-17

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 _____ 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 SUPERIOR SIDING & ROOFING

Address 1309 ATLANTIC AVE

OCEAN, NJ

Telephone (732) 209 - 1890

Signature _____

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

Borough of Atlantic Highlands
100 First Ave
Atlantic Highlands NJ 07716
(732)291-1122

CERTIFICATE

1304 - ATLANTIC HIGHLANDS BORO

Date Issued: 10/30/2017
Permit # 17-00268
Certificate: 1700268.1

IDENTIFICATION

Block 67 Lot 2 Qualifier
Work Site Location 88 E LINCOLN AVE
Atlantic Highlands, NJ 07716
Owner in Fee BRACKETT, DAVID A & ELIZABETH A
Address 88 E LINCOLN AVE
ATLANTIC HIGHLANDS, NJ 07716
Telephone
Contractor SUPERIOR SIDING
Address 1309 ALLAIRE AVE
OCEAN, NJ 07740-7712
Telephone (732) 229-1890 FAX
Lic No/Bldrs Reg No. 13VH010645(Fed. Emp. No. 13VH01064500
Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/R-5
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
REMOVE EXISTING ROOFING. INSTALL ICE & WATER SHIELD ON EAVES & VALLEYS. INSTALL FELT PAPER OVER DECKING. INSTALL NEW GAF SHINGLES WITH 6 NAILS PER SHINGLE. GAF-TIMBERLINE SHINGLES INSTALL NEW VINYL

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

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

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

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

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00] Check No.
Collected by:

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-21-17
Control #
Permit # 1700268

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

Block 67 Lot 2 Qualification Code

Work Site Location 88 East Lincoln Avenue
Atlantic Highlands, NJ 07716

Owner in Fee: Dave Brackett

Tel. (706) 333 - 1366 e-mail

Address

Contractor: Superior Siding & Roofing (street / municipality) Tel. (732) 229-1890 (zip code)

Address 1309 Allaire Avenue
Ocean, NJ 07712

Contractor License No. or Builder Registration No. 13VH01064500 Exp. Date 3.31.18

Federal Emp. ID No. 222896310 FAX: (732) 229 - 6274

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove existing roofing. Install ice and water shield on eaves and valleys. Install felt paper over decking. Install new GAF shingles with 6 nails per shingle. Install new vinyl siding over entire house.
GAF - TIMBERLINE SHINGLES

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required		
[ ] All	8/16	
[ ] Footing		
[ ] Foundation	Roofing & Siding	
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 10/12/17

Approved by: JV

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/12/17	JV
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group: Present Proposed

Constr. Class Present Proposed

No. of Stories

Height of Structure Ft.

Area — Largest Floor Sq. Ft.

New Bldg. Area/All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work

1. ~~New Bldg.~~ $ 40,950
2. Rehabilitation $ -
3. Total (1+2) $ 40,950

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [X] Roofing
- [X] 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	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 1102.

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy 06/08

BLOCK 10.1 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 88 E. Lincoln Ave PERMIT NO. 1002-28

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 88 E LINCOLN AVE ATLANTIC HIGHLANDS
2. Name of Owner in Fee: David A. Brackett
   Tel. (706) 333 1366 e-mail davebrackett54@gmail.com
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Donald Merker, Jr Tel. (908) 309-1705
   Address 77 E. Lincoln Ave e-mail _____
   Atl. Hlds, NJ 07716
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (_____) _____ FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	60		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	1		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 61.		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories _____	
2. Height of Structure _____ ft.	
3. Area — Largest Floor _____ sq. ft.	
4. New Building Area _____ sq. ft.	
5. Volume of New Structure _____ cu. ft.	
6. Max. Live Load _____	
7. Max. Occupancy Load _____	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed _____ sq. ft.	
10. Flood Hazard Zone _____	
11. Base Flood Elevation _____ ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☒ Plumbing	100.00	EWL	7-27-17		7-27-17	EWL			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

100.00

07-26-17A03:40 RCVD

08/20-17

Borough of Atlantic Highlands
100 First Ave
Atlantic Highlands NJ 07716
(732)291-1122

CERTIFICATE

1304 - ATLANTIC HIGHLANDS BORO

Date Issued: 09/05/2017
Permit # 17-00252
Certificate: 1700252.1

IDENTIFICATION

Block 67 Lot 2 Qualifier
Work Site Location 88 E LINCOLN AVE
Atlantic Highlands, NJ 07716

Owner in Fee BRACKETT, DAVID A & ELIZABETH A
Address 88 E LINCOLN AVE
ATLANTIC HIGHLANDS, NJ 07716

Telephone
Contractor DONALD MERKEL, JR
Address 77 E. LINCOLN AVE
ATLANTIC HIGHLANDS, NJ 07716
Telephone (908) 309-1705 FAX
Lic No/Bldrs Reg No. Fed. Emp. No.

Home Imprv. Reg No. / Exempt
Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/R-5
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
GAS LINE TO GRILL ON DECK

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

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

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

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

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00] Check No.
Collected by:

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8-14-17
Permit # 1700252

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

Block 69 Lot 2 Qualification Code

Work Site Location 88 E LINCOLN AVE ATLANTIC HIGHLANDS

Owner in Fee: DAVID A. BRACKETT

Tel. (706) 333 1366 e-mail davebrackett54@gmail.com

Address

Contractor: Donald H. Merker, Jr. (street / municipality) Tel. (908) 309-1705 (zip code)

Address 77 E. Lincoln Ave. e-mail donmerk44@yahoo.com

Atl. Highlands

Contractor License No. 8440 Exp. Date 6/30/19

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

Federal Emp. ID No. FAX: (732) 872-4236

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size 1" Public Water X Private Well

Est. Cost of Plumbing Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 7-27-17 Approved by: EWZ
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 8-29-17
Approved by: EWZ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping Test	21 #		8-29-17	EWZ
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			8-29-17	EWZ

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Donald H. Merker Jr

Print name here: Donald H. Merker, Jr.

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

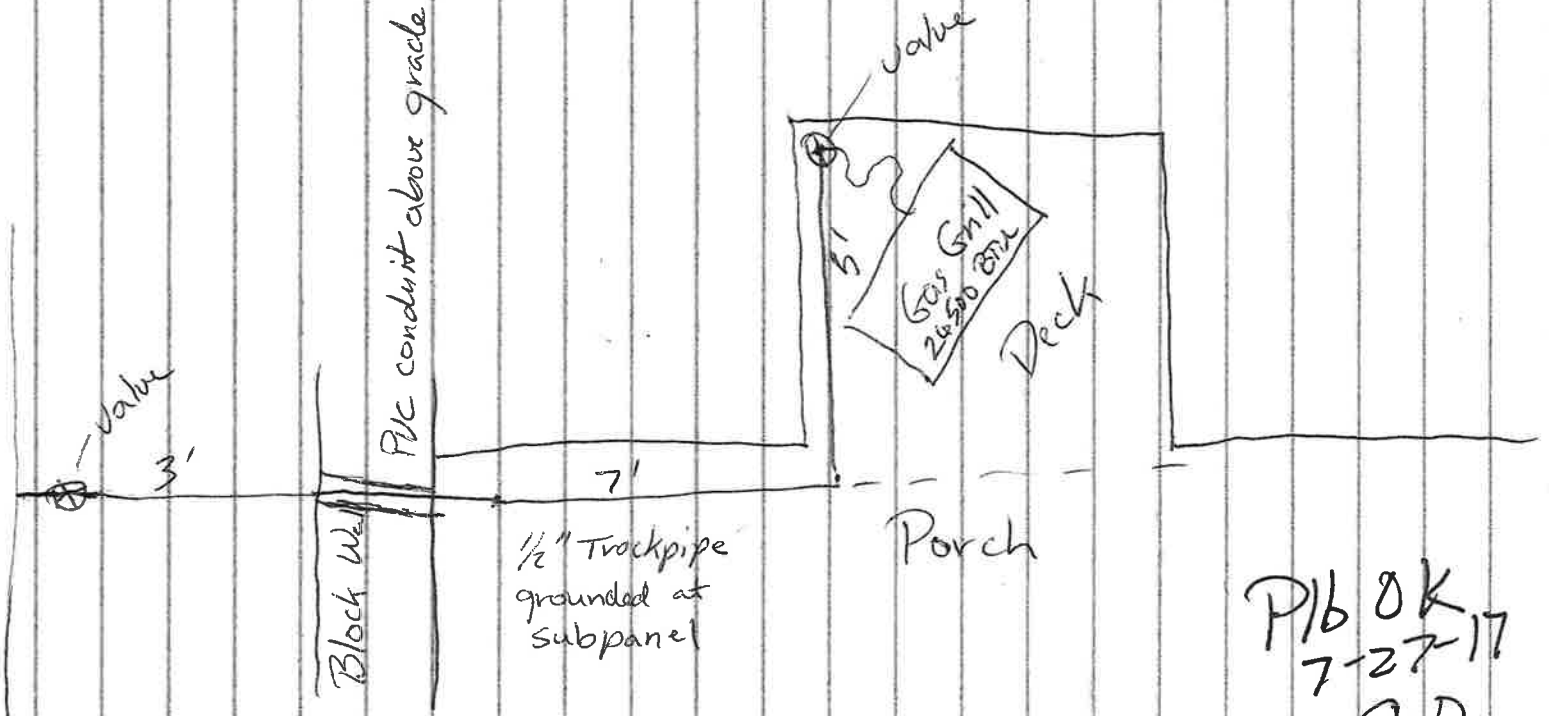
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Run Gas line to Grill

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

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 6[illegible]
TOTAL FEE	$

UCC F130 (rev. 11/09)
For reorder call: (609) 390-1400 Allegra Marketing • Print • Mail



PIB OK
7-27-17
EWD

88 E Lincoln Ave
Atlantic Highlands NJ
Dave Brackett, Owner
706-333-1366
Gas Line to Grill on Deck

BLOCK 61 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 88 E. LINCOLN AVE PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 88 E. LINCOLN AVE ATLANTIC HIGHLANDS
2. Name of Owner in Fee: JACK MILLER
   Tel. (732) 895-8472 e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: RN DE BARTOLIS PLS Tel. (908) 720-4373
   Address 561 BRICKYARD RD e-mail RNDEPLUMBINGCO@GMAIL.COM
   FREEHOLD, NJ 07728
   License No. OR, if new home, Builder Reg. No. 7991 Exp. Date 6-17
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3416998 FAX: (732) 780-2681
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	60		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	3		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 63		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☑ Plumbing	1,500.00				5-30-17	EJR			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

05-26-17 10:05 RCVD

L1951100

Borough of Atlantic Highlands
100 First Ave
Atlantic Highlands NJ 07716
(732)291-1122

CERTIFICATE

1304 - ATLANTIC HIGHLANDS BORO

Date Issued: 08/22/2017
Permit # 17-00170
Certificate: 1700170.1

IDENTIFICATION

Block 67 Lot 2 Qualifier
Work Site Location 88 E LINCOLN AVE
Atlantic Highlands, NJ 07716
Owner in Fee MILLER, JACK V & GLORIA W
Address 88 E LINCOLN AVE
ATLANTIC HIGHLANDS, NJ 07716
Telephone
Contractor RN DEBARTOLIS PLUMBING
Address 561 BRICK YARD RD
FREEHOLD, NJ 07728
Telephone (908) 770-4373 FAX
Lic No/Bldrs Reg No. 7991 Fed. Emp. No. 223410998

Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/R-5
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
REPLACE NATURAL GAS WATER HEATER TO EXISTING FLUE

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

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

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

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

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00] Check No.
Collected by:

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 6-15-17
Permit # 1700170

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

Block 67 Lot 2 Qualification Code

Work Site Location 88 E LINCOLN AVE
ATLATIC HIGHLANDS, NJ

Owner in Fee: JACK MILLER

Tel. (732) 895-8472 e-mail

Address 88 E LINCOLN AVE, ATLATIC HIGHLANDS
street municipality zip code

Contractor: RN DEBARTOLIS PLUMBING Tel. (908) 770-4373

Address 561 BRICKYARD RD e-mail RNDPLUMBINGCO@GMAIL.COM
FREEHOLD, NJ 07728

Contractor License No. 7991 Exp. Date 6-17

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

Federal Emp. ID No. 22-3410998 FAX: (732) 780-2681

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 5-30-17 Approved by: EWZ

[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 8-17-17
Approved by: EWZ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO Final			8-17-17	EWZ

Check gas furnace

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: RICHARD DEBARTOLIS

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE NAT GAS WATER HEATER TO EXISTING FLUE

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	60.-
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 3.
TOTAL FEE	$ 63.00

BLOCK 67 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 88 E. Lincoln Ave PERMIT NO. 1700137

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 88 E. Lincoln Ave, Atlantic Highlands, NJ 07716
2. Name of Owner in Fee: Jack Miller
   Tel. (732) 895-8472 e-mail jvmart88@yahoo.com
   Address 43 Pasture Lane, Trevett, ME 04571 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Sodon's Electric, Inc. Tel. (732) 291-1713
   Address 25 W. Highland Avenue e-mail marylu@sodonselectric.com
   Atlantic Highlands, NJ 07716
   License No. OR, if new home, Builder Reg. No. 5458 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 222401656 FAX: (732) 291-8702
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 110		
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	4		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 114		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	1,956				5/31/17	JP			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$1,956								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Borough of Atlantic Highlands
100 First Ave
Atlantic Highlands NJ 07716
(732)291-1122

CERTIFICATE

1304 - ATLANTIC HIGHLANDS BORO

Date Issued: 05/19/2017
Permit # 17-00137
Certificate: 1700137.1

IDENTIFICATION

Block 67 Lot 2 Qualifier

Work Site Location 88 E LINCOLN AVE
Atlantic Highlands, NJ 07716

Owner in Fee MILLER, JACK V & GLORIA W
Address 88 E LINCOLN AVE
ATLANTIC HIGHLANDS, NJ 07716

Telephone

Contractor Sodon's Electric Inc

Address 25 W. Highland Ave
Atlantic Highlands, NJ 07716

Telephone (732) 291-1713 FAX (732) 291-8702

Lic No/Bldrs Reg No. 5458 Fed. Emp. No. 222401656

Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.

Type of Warranty Plan [ ] State [ ] Private

Use Group ICC/R-5

Maximum Live Load

Construction Class

Max. Occupancy Load

Description of Work/Use

REPLACE EXISTING 1-150AMP PANEL

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

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

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

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

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00

Paid [$0.00] Check No.

Collected by:

CONSTRUCTION PERMIT

Date Issued 5-16-17
Permit # 1700137

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 88 E. Lincoln Ave. Atlantic Highlands NJ 07716
Owner In Fee Jack Miller
Address 43 Pasture Lane Trevett, ME 04571
Tel. (732) 895-8472

Contractor Sodon's Electric, Inc.
Address 25 W. Highland Avenue Atlantic Highlands, NJ 07716
Tel. (732) 291-1713
Lic. No. or Bldrs. Reg. No. 5458
Fed ID. 222401656

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
For house closing: Replace existing 1 -150 AMP panel

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 $ 1956.00

Construction Official

5-10-17
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	110
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	4
Cert. of Occupancy	
Other	
Total	114
Check No.	042032
Cash	
Collected by	Beth M

U.C.C. F178 (rev. 01/04)

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

(see reverse side)

OCS Printing (609) 396-4275

ELECTRICAL SUBCODE
TECHNICAL SECTION

DR# 337856463

Date Received
Control #
Date Issued 5-16-17
Permit # 1700137

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

Block 67 Lot 2 Qualification Code

Work Site Location Jack Miller
88 East Lincoln Avenue, Atlantic Highlands, NJ 07716

Owner in Fee: Jack Miller

Tel. (732) 895-8472 e-mail jvmart88@yahoo.com

Address 43 Pasture Lane, Trevett (street) ME (municipality) 04571 (zip code)

Contractor: Sodon's Electric, Inc. Tel. (732) 291-1713

Address 25 West Highland Avenue e-mail
Atlantic Highlands, NJ 07716 marylu@sodonselectric.com

Contractor License No. 5458 Exp. Date

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

Federal Emp. ID No. 222401656 FAX: (732) 291-8702

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $ 1,956

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 5/16/17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 5/16/17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/16/17	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Walter P. Sodon

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace existing 150A Panell for House Closing

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	150	AMP Service Replace Existing	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 134.00
TOTAL FEE $ 134.00

PD

U.C.C. F120 (rev. 11/09)
Internet version

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

CUT-IN-CARD

Municipality Boro of Atlantic Highlands

Location 88 E. Lincoln Ave Utility Co. JCP&L

DR # 337/86463 Block/Lot 67/2

Owner MILLER, JACK Occupant

"Installation of the above premises has been inspected
and is in accordance with N.E.C. and DCA requirements."

[X] Final [ ] Temporary This approval void after ____ days

Description of Service 150 AMP SERVICE--REPLACE EXISTING

Installed by SODON'S ELECTRIC, INC License no. 5458

Date 5/19/2017 Permit No. 1700137 Inspector Steve Winters

[ ] Called in FAXED Lic No. 9416

U.C.C. Form F-350B 1 White-Utility 2 Canary-Office/File 3 Pink-Office/Contractor

Merkel,Elizabeth 4/16 # 2016062901

From: Michelle Clark
Sent: Wednesday, April 7, 2021 1:01 PM
To: Amy Burr Esq.
Cc: Merkel,Elizabeth; Planning Board
Subject: RE: OPRA request - 88 E. Lincoln Ave, Atlantic Highlands , NJ 07716 Block: 67 Lot: 2

Ms. Burr,

I am in receipt of your OPRA Request, received today April 7, 2021, and will have a response to you within the allotted seven business days.

Regards,

Michelle Clark
Municipal Clerk
Borough of Atlantic Highlands
100 First Avenue
Atlantic Highlands, NJ 07716
clerk@ahnj.com
Visit- ahnj.com

-----Original Message-----
From: Amy Burr Esq. <opra+request-21581-cb87bcdf@requests.opramachine.com>
Sent: Wednesday, April 7, 2021 12:50 PM
To: Clerk <clerk@ahnj.com>
Subject: OPRA request - 88 E. Lincoln Ave, Atlantic Highlands , NJ 07716 Block: 67 Lot: 2

Dear Atlantic Highlands Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

BLOCK 67 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 88 E Lincoln Ave PERMIT NO. 11-117

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 88 E. Lincoln Ave
2. Name of Owner in Fee: Miller, Jack
   Tel. (732) 872-0065 e-mail _____
   Address same (street) Atlantic Highlands (municipality) 07716 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: MID-STATE HEATING & COOLING Tel. (732) 842-7199
   Address 31 PARK ROAD, TINTON FALLS, NJ 07724 e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00590600
   Federal Emp. ID No. 22-242-0659 FAX (732) 758-9466
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX (____) _____
6. Responsible Person in Charge once Work has Begun Mid-State Heating & Cooling
   Tel. (732) 842-7199 FAX (732) 758-9466

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. Height of Structure _____ ft.
3. Area – Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	4043				6/14/11				
☒ Plumbing	4921.								
☒ Fire Protection	486				6/14/11				
☐ Elevator									
TOTAL COST	9450								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: (All Units / Income-restricted)
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

D. Construction Classification:

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 3/07)

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 _____ 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.

Agent Name MID-STATE HEATING & COOLING

Address 31 PARK ROAD

TINTON FALLS, NJ 07724

Telephone (732) 842-7199

Signature

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

UCC F100-2 (rev 10/2005)

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 67 LOT 2 QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS 88 E Lincoln Ave Atlantic Highlands NJ 07716

Applicant Jack Miller

Certifying Individual Tom Comandini Company Mid-State

Address 31 Park Rd (Street) Tinton Falls (City) NJ (State) 07716 (Zip Code)

Tel. (732) 842-7199

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

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

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

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

_____ _____
Signature Date

Oil to Oil or Gas to Gas Replacements:

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

[signature] 6/1/11
Signature Date

Certification Not Submitted:

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

_____ _____
Signature Date

Direct Vent Appliance:

No certification required:

_____ _____
Signature Date

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

U.C.C. F370 (rev. 3/04)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 6-23-11

Date Issued / Permit # 11-117

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

Block 67 Lot 2 Qualification Code

Work Site Location 88 E. Lincoln Ave

Owner in Fee Miller, Jack

Tel. (732) 872-0065 e-mail

Address 59 me (street) Atlantic Highlands (municipality) NJ (code) 07716

Contractor Midstate Heating & Cool Tel. (732) 842-7199

Address 31 Park Rd. Tinton Falls NJ (e-mail) 07724

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

Federal Emp. No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [X] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 486

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

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace furnace, Coil & Condenser. Install chimney liner

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detector/110v		
Alarm Devices (i.e., smoke/heat/duct/water/flow)		
Supervisory Devices (i.e., tamper/gate/valve)		
Signaling Devices (i.e., horns/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		
Fired Appliances [X] Gas or [ ] Oil	1	85
Fireplace Venting/Metal Chimney	1	
Other		

Carbon Monoxide (CO) alarms are required to be installed in the immediate vicinity of each sleeping area. CO alarms shall be battery-operated, hard-wired or of the plug-in type.

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 6/14/11

Approved by: WDS

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			7-13-11	
Other				

Reorder From OCS Printing (609) 292-4375

U.C.C. (F140) (rev. 3/05)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6-23-11
Control #
Date Issued
Permit # 11-117

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

Block 67 Lot 2 Qualification Code
Work Site Location 88 E. Lincoln Ave

Owner in Fee: Miller, Jack
Tel (732) 872-0065 e-mail
Address same (street) Atlantic Highlands (municipality) NJ (zip code) 07716

Contractor: John Wolf Tel (732) 842-7199
Address 183 Carr Avenue e-mail
Keansburg, NJ 07734
Contractor License No. 9994 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable)
Federal Emp. ID No. 149-46-6591 FAX: (732) 758-9466

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 4043

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 Sign/Contractor sign and seal here:
Print name here:
[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Coil, Condenser, & Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		Furnace	
		TOTAL NUMBERS	$ 35
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	13.77	KW Central A/C Unit	35
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $ 70
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PE
Date: 6-14-11
Approved by:

SUBCODE APPR for CERTIFICATE
[ ] CO [ ] C [ ] CA
Date: 8/2/11
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Fee				
Trench				
Temp. S				
Co erv.				
Other				
Service				
Final	7/19/11		7/26/11	
Barrier-Fee				

Dates (Month/Day)

Temp. Cut-In-Card Date Issued
Final Cut-In-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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

U.C.C. F120 (rev. 11/09)

7/19/11 NO ACCESS - STOPPED by TWICE - [illegible] [illegible] [illegible]

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6-23-11
Control #
Date Issued
Permit # 11-117

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

Block 67 Lot 2 Qualification Code
Work Site Location 88 E. Lincoln Ave

Owner in Fee: Miller, Jack
Tel. (732) 872-0065 e-mail
Address 5ame (street) Atlantic Highlands (municipality) NJ (zip code) 07716

Contractor: John Wolf Tel. (732) 842-7199
Address 183 Carr Avenue e-mail
Keansburg, NJ 07734

Contractor License No. 9994 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 149-46-6591 FAX: (732) 758-9466

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 4043

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 Sign/Contractor sign and seal here:
Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Coil, Condenser, & Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		Furnace	
		TOTAL NUMBERS	$ 35
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	13.7	KW Central A/C Unit	35
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $ 70
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[ ] Electrical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plub. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6-14-11
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Fee				
Trench				
Temp. Srv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Fee				

Temp. Cut-In-Card Date Issued
Final Cut-In-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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

U.C.C. F120 (rev. 11/09)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 6-23-11

Date Issued / Permit # 11-117

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

Block 67 Lot 2 Qualification Code

Work Site Location 88 E. Lincoln Ave

Owner in Fee: Miller, Jack

Tel. (732) 872-0065 e-mail

Address 88 E. Lincoln Ave (street) Atlantic Highlands (municipality) NJ 07716 (zip code)

Contractor: DeMarco Plumbing & Heating Tel. (732) 450-0109

Address 11 Roma Court e-mail

Lincroft, NJ 07738

Contractor License No. 10829 Exp. Date

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

Federal Emp. ID No. 223778035 FAX: (732) 450-9938

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 4,921

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 6-13-11

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CO

Date: 7-13-11

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] ~~Licensed~~ Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace furnace, coil & condenser.

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

Administrative Surcharge	$ 50
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F130 (rev. 11/09) 1. White = Inspector Copy 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received: 6-23-11
Control #:
Date Issued:
Permit #: 11EG117

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

Block 67 Lot 2 Qualification Code

Work Site Location 88 E. Lincoln Ave

Owner in Fee: Miller, Jack

Tel. (732) 872 0065 e-mail

Address 88 E. Lincoln Ave (street) Atlantic Highlands (municipality) NJ 07716 (zip code)

Contractor: DeMarco Plumbing & Heating Tel. (732) 450-0109

Address 11 Roma Court e-mail

Lincroft, NJ 07738

Contractor License No. 10829 Exp. Date

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

Federal Emp. ID No. 223778035 FAX: (732) 450-9938

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 4,921

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace furnace, coil & condenser.

QTY.	FIXTURE / EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks Furnace	
1	Other Coil/Condenser	50

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 6/13/11

Approved by: ✓

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

U.C.C. P130 (rev. 11/09) 1. White = Inspector Copy 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

CONSTRUCTION PERMIT

Date Issued 6-23-11

Permit # 11-118

IDENTIFICATION Block 67 Lot 2 Qualification Code

Work Site Location 88 E. Lincoln Ave

Owner in Fee Miller, Jack

Address Same Atlantic Highlands NJ 07716

Tel. (732) 872-0665

Contractor Mid-State Heating & Cooling

Address 31 Park Road
Tinton Falls, NJ 07724

Tel. (732) 842-7199

Lic. No. or Bldrs. Reg. No. 13VH00590600

Is herby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Replace furnace, Coil & Condenser.

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 $ 9,450

Construction Official

Date

PAYMENTS (Office Use Only)

Building	
Electrical	70
Plumbing	50
Fire Protection	85
Elevator Devices	
Other	
DCA State Permit Fee	16
Cert. of Occupancy	
Other	
Total	221
Check No.	7822
Cash	
Collected by	(initials)

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

U.C.C. F170-2. (rev. 1/04)

NEW JERSEY UNIFORM FIRE CODE

CERTIFICATE OF INSPECTION

Issued by: Borough of Atlantic Highlands
Division of Fire Prevention
100 First Avenue
Atlantic Highlands, N.J. 07716

Date: 05/29/2019

LEA Code # 1304-001

Issued to: David A. Brackett
88 East Lincoln Avenue
Atlantic Highlands, N.J. 07716
Block: 67 Lot: 2
Fee Paid: 45.00

EXPIRATION SHALL BE SIXTY DAYS FROM THE ABOVE DATE.

TAKE NOTICE THAT THE AFOREMENTIONED LOCATION HAS BEEN INSPECTED BY THE DULY APPOINTED LOCAL ENFORCING AGENCY FOR THE JURISDICTION OF Atlantic Highlands, NEW JERSEY.

TAKE FURTHER NOTICE THAT THIS LOCATION CONFORMS TO THE APPLICABLE REGULATIONS OF THE UNIFORM FIRE CODE IN REGARDS TO SMOKE DETECTOR REQUIREMENTS IN A RESIDENCE AT THE TIME OF A CHANGE OF OCCUPANCY.

FLOOR LEVEL:	TYPE OF DETECTOR:	LOCATION OF DETECTOR:	OPERABLE?

Martin O. Hawley
Fire Marshal

THE BOROUGH OF ATLANTIC HIGHLANDS

CERTIFICATE OF OCCUPANCY NO. 99-2019 DATE: 5/29/2019

USE R3 BLOCK 67 LOT 2 ZONE R-1

THIS CERTIFIES THAT THE PROPERTY LOCATED AT 88 East Lincoln Ave.

IS APPROVED FOR USE OR OCCUPANCY, THE CERTIFICATE IS THEREFORE

ISSUED TO Dave Brackett TO OCCUPY OR

USE SAID PREMISES, BUILDINGS OR PART THEREOF FOR THE FOLLOWING PURPOSE:

Sale to Kevin and Margaret Hosmer

BY THE ISSUANCE OF THIS CERTIFICATE NEITHER THE BOROUGH NOR ANY OF ITS OFFICERS OR EMPLOYEES ASSUME ANY LIABILITY, EITHER EXPRESSED OR IMPLIED, IN CONNECTION WITH THIS INSPECTION AND CERTIFICATION, NOR DOES THE BOROUGH WARRANT THE CONDITION OR HABITABILITY OF THE PREMISES INSPECTED.

ISSUED BY: Robert W Batt

CODE ENFORCEMENT OFFICER

BOROUGH OF ATLANTIC HIGHLANDS

100 FIRST AVENUE
ATLANTIC HIGHLANDS, NJ 07716
732-291-1444 FAX 732-291-9725
WWW.AHNJ.COM

DIVISION OF FIRE PREVENTION

APPLICATION FOR CERTIFICATE OF SMOKE DETECTOR / CARBON MONOXIDE ALARM COMPLIANCE INSPECTION
(ORD. 03-2011)

User R3
Zone R-1

Block: 67 Lot: 2 Qual: _____ Apt. # _____

Address To Be Inspected: 88 E Lincoln Ave Atlantic Highlands

Building Owner:
Name: David A. Brackett Phone #: 732-288-8303
Address: 88 E. Lincoln Ave Atlantic Highlands 07716

Prospective Buyer/Tenant Information

	FULL NAME	*Gender*	*Age*
1.	Kevin Hosmer	M	55
2.	Margaret Hosmer	F	54
3.			
4.			
5.			

FEES:
Requests made 10 or more days prior to inspection - $45.00
Requests made 4 to 10 days prior to inspection - $90.00
Requests made fewer than 4 days prior to inspection - $161.00

Check # 1073 *Amount* 45.00 *Received by* MC 5-9-2019

*Inspections are performed on Wednesday between the hours of 2:00 pm and 5:00 pm. Please be sure that a representative is at the location during these hours to ensure the inspection can be completed. No inspections will be performed without a representative present.

BOROUGH OF ATLANTIC HIGHLANDS

100 FIRST AVENUE
ATLANTIC HIGHLANDS, NJ 07716
732-291-1444 FAX 732-291-9725
WWW.AHNJ.COM

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Sale 5/29

(ORD. 03-2011)

***A Certificate of Occupancy is required to be issued before transfer of title and/or occupancy. A non-refundable fee for rentals and sales must be paid to the Borough of Atlantic Highlands, by cash, check or money order. An adult must be present at the time of inspection. If a re-inspection is required the applicant and/or agent must contact this office within 30 days to either schedule a re-inspection or request an extension or the application will be voided.

Block: 67 Lot: 2 Qual: ____ Apt.# ____ Zone: R-1 Use R3

Property Owner / Seller: Dave Brackett *Phone #:* X

Property Address: 88 E. Lincoln Ave AH *Cell #:* 732 288 8303

Email Address: davebrackett54@gmail.com

Prospective Buyer(s)/Tenant(s)

		Full Name	*M/F*	*Age*
Primary				
Secondary				
Others	1	Kevin Hosmer	M	55
	2	Margaret Hosmer	F	54
	3			
	4			

Closing Date Sale: 5/29/19 *Rental:* ____

Term of Lease: ____

✓ *Single Family Dwelling* $75.00
__ *Apartment* $75.00
__ *Multi Family Dwelling* $75.00
__ *Condominium* $75.00

***If permits were taken out on property they MUST be finalized by the Building Department prior to C/O inspection OPEN____ CLOSED X NONE FOUND____

Signature of Applicant: David A. Brackett *Date:* 5/9/19

Code Enforcement Officer: Richard S Rait Approved ✓ Denied____ Date 5/14/19

____ *Re-inspection Required/Reason*

Other ____

Payment:
Amount $75.- ____ *Cash* 1072 *Check* *C/O #* ____

NO OPEN PERMITS

A14

BLOCK 67 LOT 2 ADDRESS (SITE) 88E Lincoln Ave PERMIT NO. 14098

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 88 E Lincoln Ave Atlantic Highlands
2. Name of Owner in Fee: Mr & Mrs Miller Tel. (732) 872-0065
   Address 88E Lincoln Ave (street) Atlantic Highlands (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: LASH Electric Co Tel. (732) 671-0085
   Address 127 Harvey Ave Linroft
   License No. OR, if new home, Builder Reg. No. 12611 Exp. Date 3-31-2000
   Federal Emp. No. 22-3314561 Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work Steve Lashoitz Tel. (732) 671-0085

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

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	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

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:

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

(X) Check if contractor.

Agent Name LASH Electric Co. Steve Lashenitz

Address 127 Harvey Ave

Lincroft

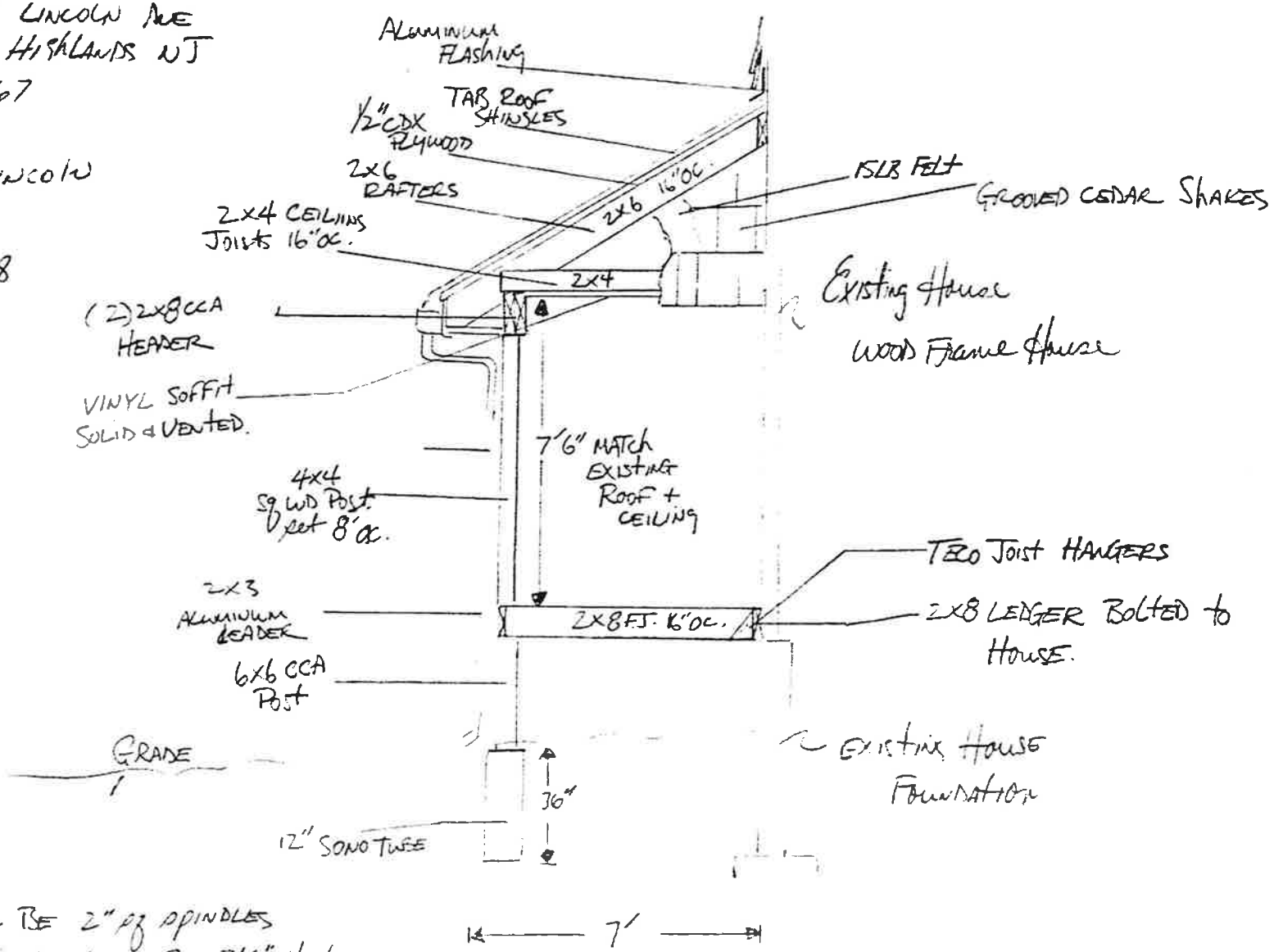
Telephone (732) 671-0085

Signature _____ Date 2-18-98

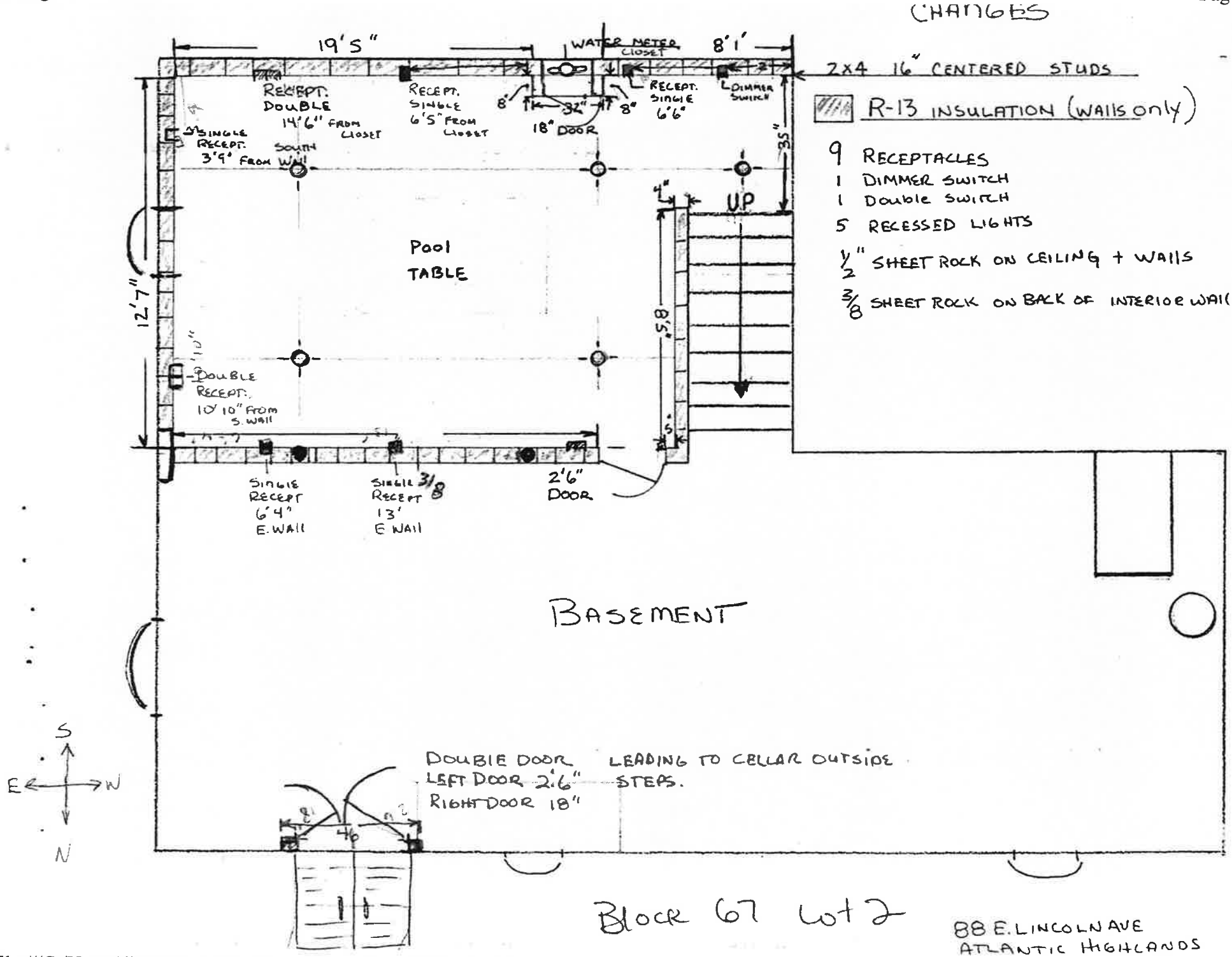
JACK + GLORIA MILLER
88 EAST LINCOLN AVE
ATLANTIC HIGHLANDS NJ

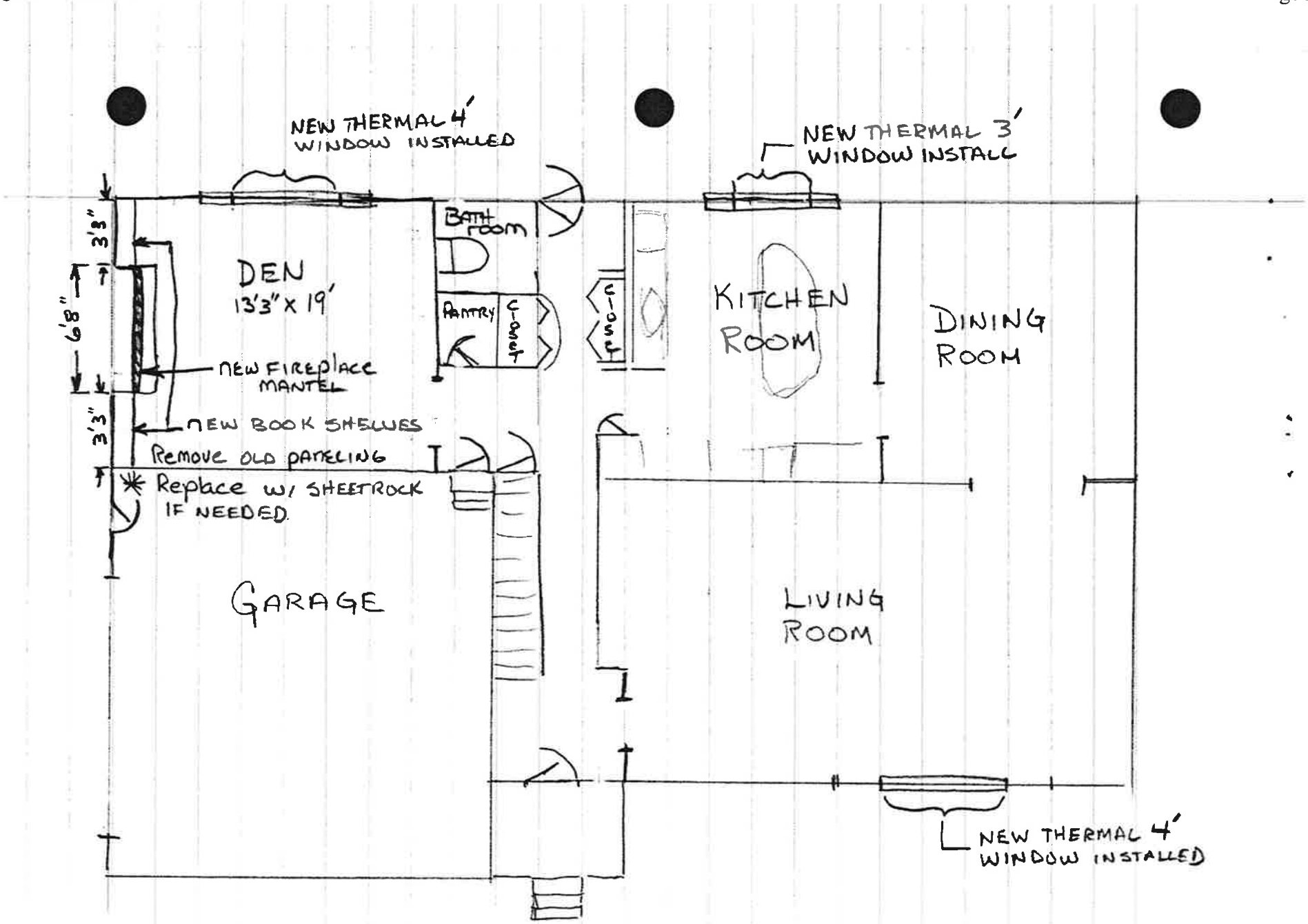
BLOCK 67
LOT 2
88 E. LINCOLN

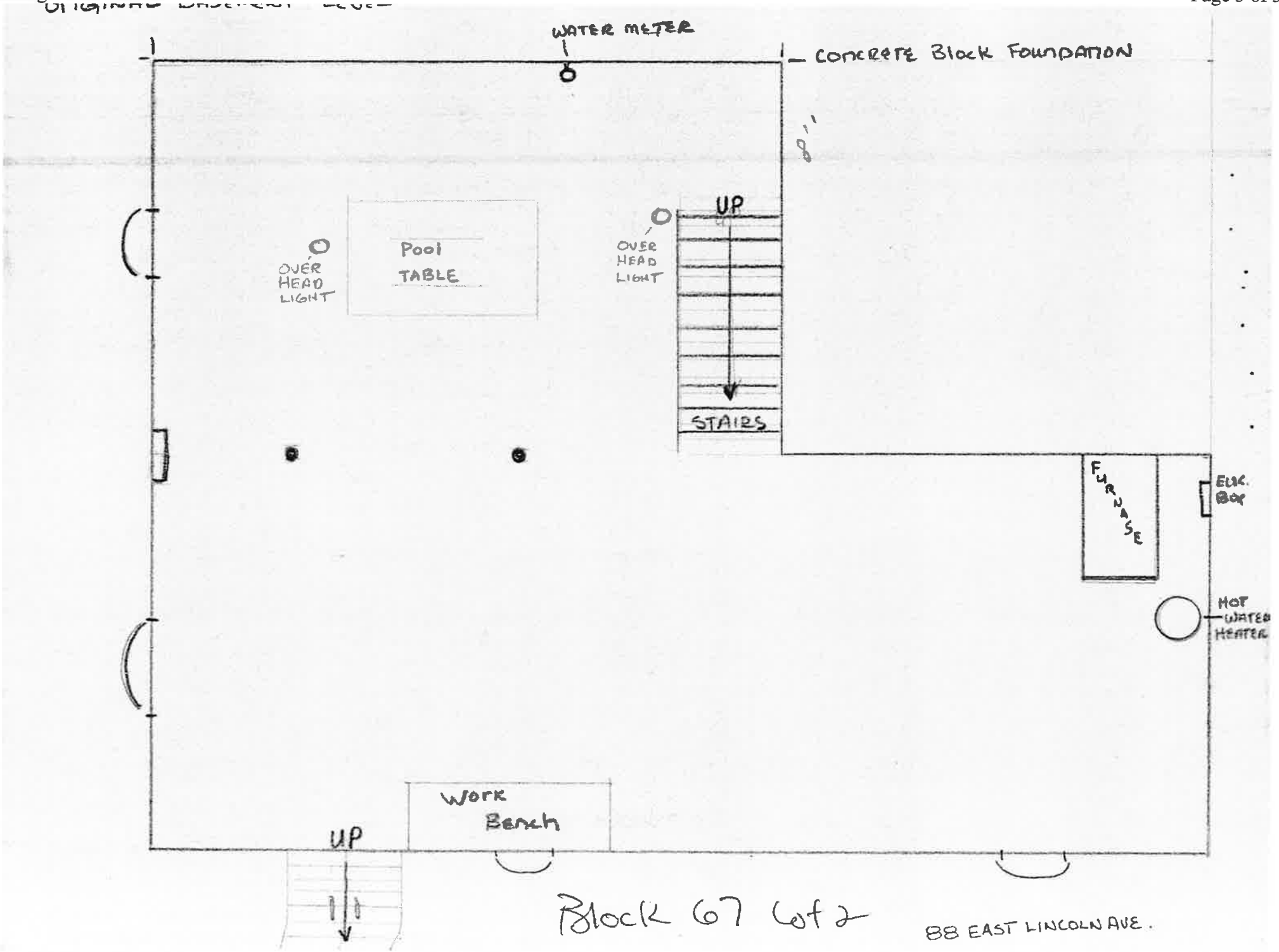
Permit
11-98

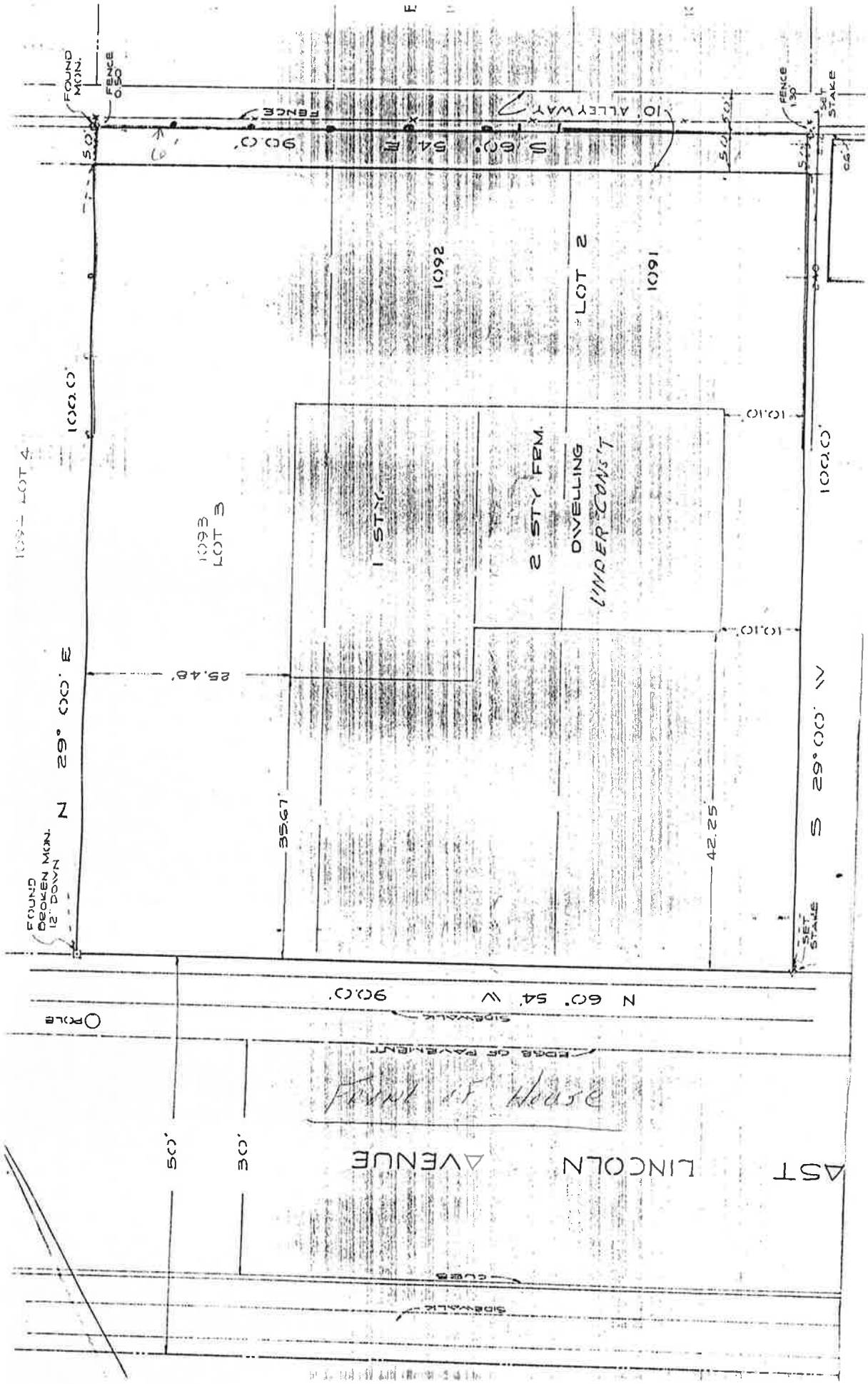


NOTE:
Rail shall be 2" sq spindles 3" OC. Rail shall be 3'6" high off deck surface.


CHANGES
19'5"
WATER METER CLOSET
8'1"
2x4 16" CENTERED STUDS
RECEPT. DOUBLE 14'6" FROM CLOSET
RECEPT. SINGLE 6'5" FROM CLOSET
8"
32"
8"
18" DOOR
RECEPT. SINGLE 6'6"
DIMMER SWITCH
SINGLE RECEPT. 3'9" FROM SOUTH WALL
35"
R-13 INSULATION (WALLS only)
9 RECEPTACLES
1 DIMMER SWITCH
1 Double SWITCH
5 RECESSED LIGHTS
1/2" SHEET ROCK ON CEILING + WALLS
3/8 SHEET ROCK ON BACK OF INTERIOR WALL
UP
Pool TABLE
12'7"
8'5"
DOUBLE RECEPT. 10' 10" From S. WALL
SINGLE RECEPT 6'4" E. WALL
SINGLE RECEPT 13' E WALL
3/8
2'6" DOOR
BASEMENT
S
E
W
N
DOUBLE DOOR LEADING TO CELLAR OUTSIDE STEPS.
LEFT DOOR 2'6"
RIGHT DOOR 18"
Block 67 Lot 2
88 E. LINCOLN AVE
ATLANTIC HIGHLANDS


NEW THERMAL 4'
WINDOW INSTALLED
NEW THERMAL 3'
WINDOW INSTALL
3'3"
6'8"
3'3"
DEN
13'3" X 19'
BATH room
PANTRY
CLOSET
CLOSET
KITCHEN
ROOM
DINING
ROOM
NEW FIREPLACE
MANTEL
NEW BOOK SHELVES
Remove OLD PANELING
Replace W/ SHEETROCK
IF NEEDED
GARAGE
LIVING
ROOM
NEW THERMAL 4'
WINDOW INSTALLED


WATER METER
CONCRETE BLOCK FOUNDATION
UP
OVER HEAD LIGHT
Pool TABLE
OVER HEAD LIGHT
STAIRS
FURNACE
ELEC. BOX
HOT WATER HEATER
Work Bench
UP
Block 67 Lot 2
88 EAST LINCOLN AVE.


FOUND MON.
FENCE 0.50
FENCE
10' ALLEY WAY
FENCE 1.50
SET STAKE
N 60° 54' W 90.00'
1092
1091
LOT 2
1093
LOT 3
1 STY.
2 STY FRM. DWELLING
UNDER CONST'T
100.00'
25.48'
N 29° 00' E
35.67'
42.25'
S 29° 00' W
FOUND BROKEN MON. 12' DOWN
SET STAKE
N 60° 54' W 90.00'
SIDEWALK
EDGE OF PAVEMENT
Front of House
50'
30'
LINCOLN AVENUE
CURB
SIDEWALK

BLOCK 12.1 LOT 23 ADDRESS (SITE) PERMIT NO.

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 88 E. Lincoln Ave.
2. Name of Owner in Fee: Jack & Gloria Miller Tel. (908) 872-0065
   Address Same (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Hurricane Fence Tel. (908) 264-0575
   Address 2005 State Highway 35, Middletown
   License No. OR, if new home, Builder Reg. No. N/A Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer N/A Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work OWNER Tel. (___) _____

X

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 25.-		
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	$ 25.-		

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)	
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	

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

UCC Form F-100A

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:

6/4/93 Chain link fence rear of property 6'0 R.J. Trott

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.

X Signature Gloria W. Miller Date 6-3-93

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 _____

BOROUGH OF ATLANTIC HIGHLANDS
BUILDING DEPARTMENT

100 FIRST AVENUE • ATLANTIC HIGHLANDS • N.J. • 07716 • (201) 291 • 1122

9/28/92

Jack Miller
88 E. Lincoln Ave.
Atlantic Highlands, NJ 07716

Re: Block 67, Lot 2

Dear Mr. Miller,

Please be advised that on 8/14/92 your building permit, permit #26-92, has been finaled and approved by the Construction Official.

If you have any questions or comments please contact this office.

Very Truly Yours,

Gerald V. Menna,
Construction Official

GVM/ddb

Borough of Atlantic Highlands 100 First Avenue, Atlantic Highlands, N.J. 07716

COPY

6/22/93

Jack & Gloria Miller
88 E. Lincoln Ave.
Atlantic Highlands, NJ 07716

Re: Block 67, Lot 2
88 E. Lincoln Ave.
Fence

Dear Mr. & Mrs. Miller,

Please be advised that your fence permit, permit #096-93, has been finaled and approved by the Construction Official on 6/17/93.

If you have any questions or comments please contact this office at 908-291-1122.

Very Truly Yours,

Gerald V. Menna,
Construction Official

GVM/ddb

Borough of Atlantic Highlands 100 First Avenue, Atlantic Highlands, N.J. 07716

ZONING PERMIT

BLOCK 67 LOT 2 ZONE R-1

DATE 6/4/93 PERMIT # 35-93

PROPERTY LOCATION 88 E. Lincoln Av.

PROPERTY OWNER Jack + Gloria M. Lee

TELEPHONE # 908-872-0065

This is to certify that the above described premises together with any building hereon, are used or proposed to be used as of for:

Which is a:

✓ Use permitted by Ordinance.

____ Use permitted by variance approved on subject to any special conditions attached to the grant thereof.

____ VALID NONCONFORMING USE as established by ( ) finding of the Zoning Board of Adjustment, or ( ) by the undersigned zoning officer on the basis of evidence supplied by applicant as specified on the reverse hereof. Also specified on the reverse hereof is a detail statement of all aspects of the nonconforming use.

____ There is a nonconforming structure on the premises by reason of insufficient ( ) setback, ( ) side yard, ( ) rear yard, ( ) other (specify), ____

____ There is a proposed structure on the premises by reason of insufficient ( ) setback, ( ) side yard, ( ) rear yard, ( ) other (specify), ____

Obtain Construction Permit from Board of Health

ZONING OFFICER: B.J. Smith DATE: 6/4/93

BOROUGH OF ATLANTIC HIGHLANDS
BUILDING DEPARTMENT

100 FIRST AVENUE • ATLANTIC HIGHLANDS • N.J. • 07716 • (201) 291 • 1122

C O M P L A I N T

DATE: 5/21/99

COMPLAINANT: Mr. Schloeder

ADDRESS: 92 E Lincoln Ave. Atl. Hlds. NJ

TELEPHONE #: 872-0031

NATURE OF COMPLAINT: Finishing off Basement + doing electric with no permits

PROPERTY ADD.: 88 E Lincoln Ave. BLOCK: 67 LOT: 2.

VIOLATOR: Miller, Jack + Gloria

ADDRESS: 88 E. Lincoln Ave, Atl. Hlds, NJ 07716

TELEPHONE #:

INVESTIGATED BY: Send note to Have Glenn call

ACTION TAKEN:

BOROUGH OF ATLANTIC HIGHLANDS
BUILDING DEPARTMENT

100 FIRST AVENUE • ATLANTIC HIGHLANDS • N.J. • 07716 • (201) 291 • 1122

VIOLATION NOTICE

TO: Jack & GLoria Miller

88 E. Lincoln Ave.

Atlantic Highlands, NJ 07716

DATE: 2/24/92

RE: 88 E. Lincoln Ave.

BLOCK 67 LOT 2 ZONE R-1

Please be advised of an alleged violation of the following:

___ Failure to receive zoning approval.
_X_ Working without a permit.
___ Failure to obtain a Certificate of Occupancy.
___ Other:

You are directed to :

_X_ Contact the Building Department by 3/2/92.
___ Stop Work.
___ Pay monatary fine of $_____.
___ Show cause on or before _____ why further Borough action should not be taken.
___ Remove and restore to its original condition.
___ Full compliance within _____ days expiration date _____ or receive a a monatary fine of $_____ per _____ for each and every day the violation continues.
___ Other:

applied for permits 3/3/92

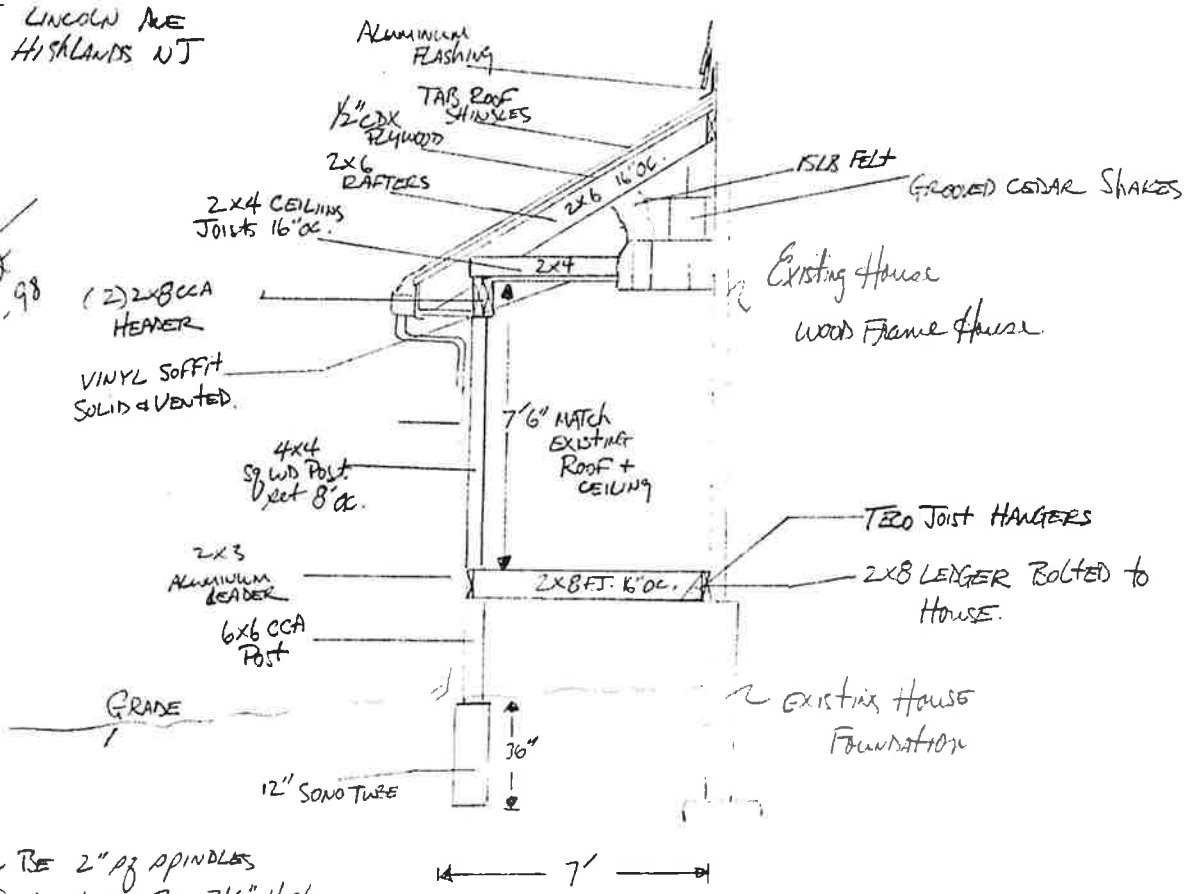
By order of the Construction Official,

Gerald V. Menna

GVM/ddb

JACK + GLORIA MILLER
88 EAST LINCOLN AVE
ATLANTIC HIGHLANDS NJ

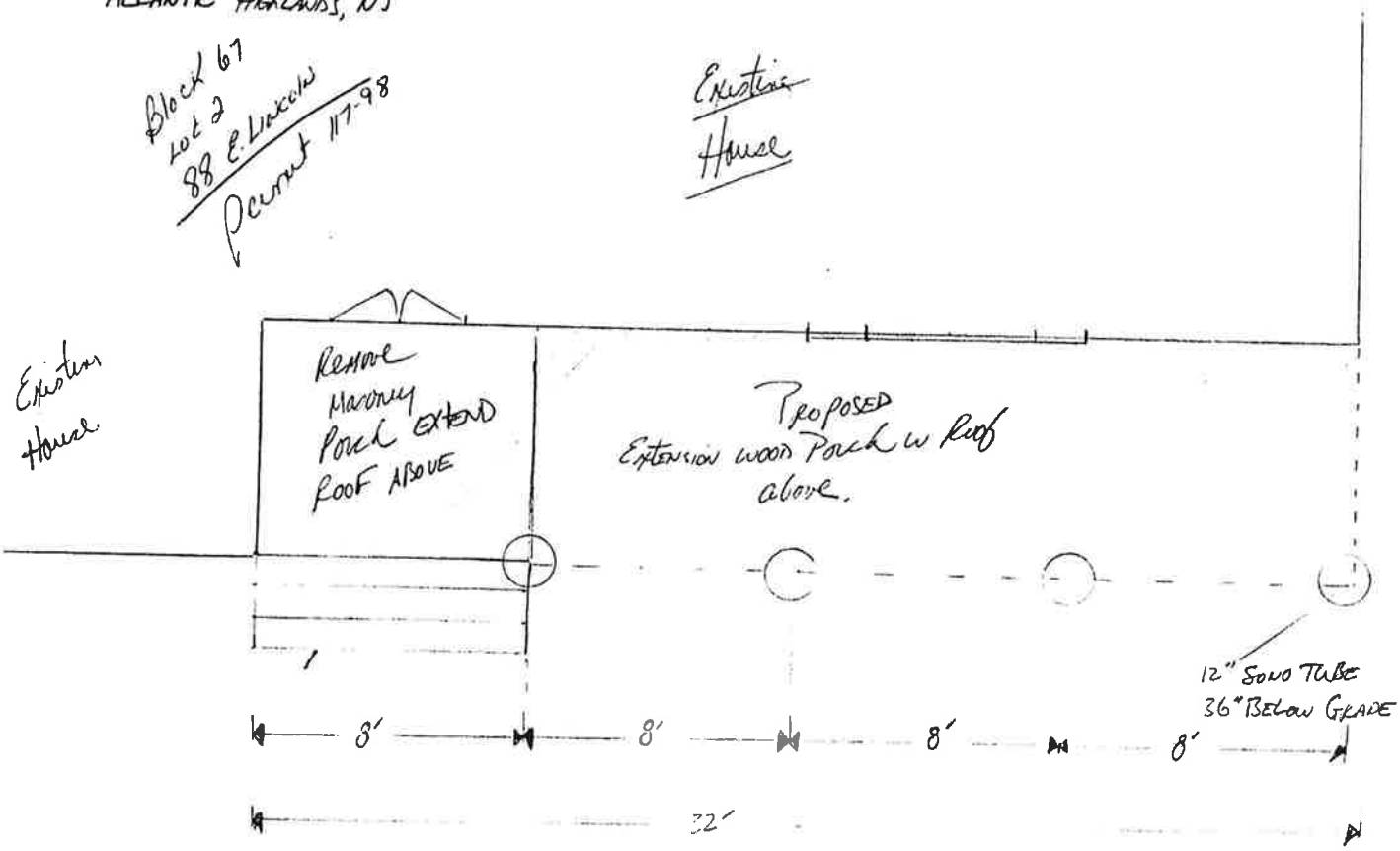
Block 67
Lot 2
88 LINCOLN
Permit
11-98



Note:
Rail Shall Be 2" sq spindles 3" oc. Rail Shall Be 3'6" High off Deck Surface.

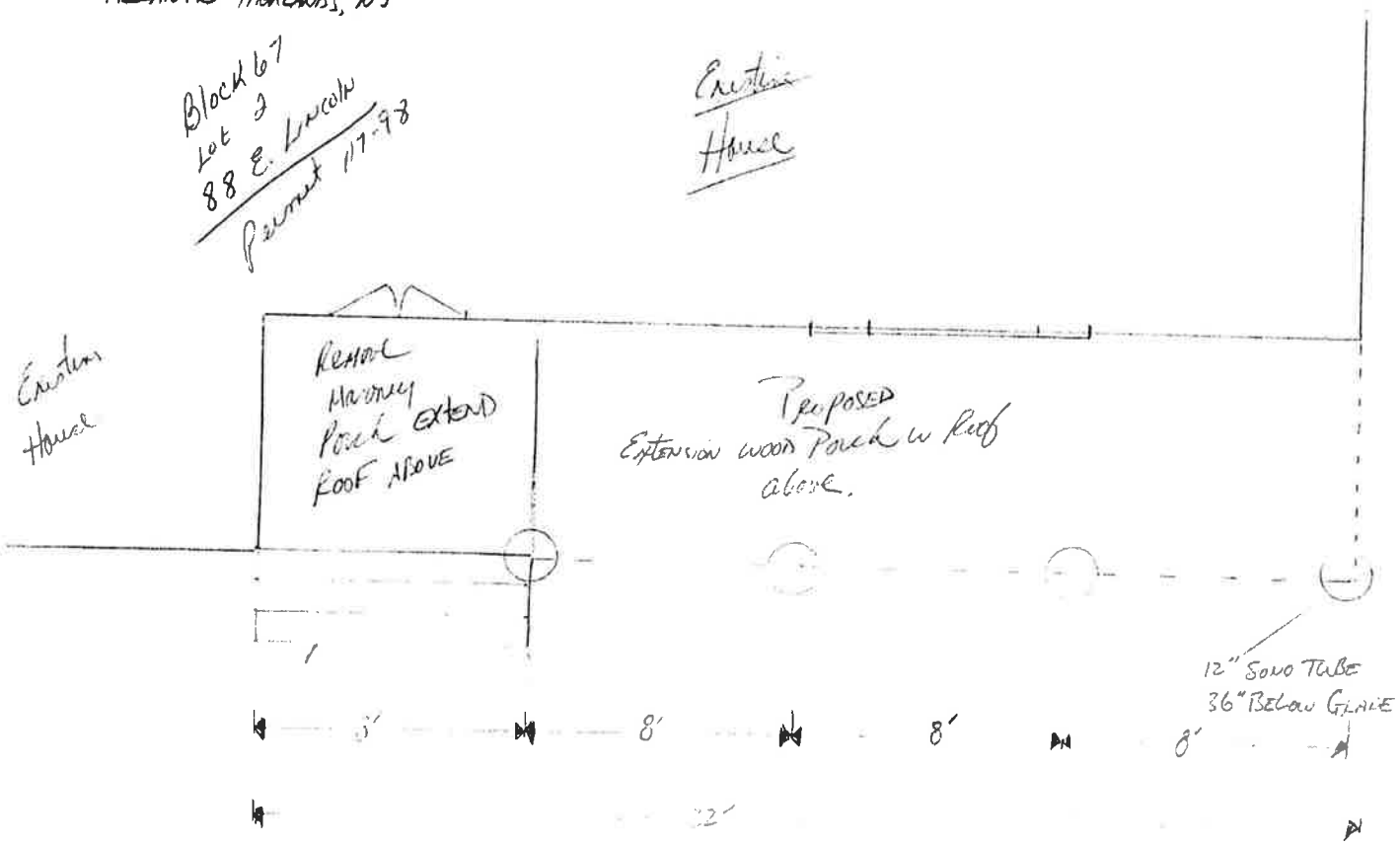
Jack + Gloria Miller
88 East Lincoln Ave
Atlantic Highlands, NJ

Block 67
Lot 2
88 E. Lincoln
Permit 117-98



JACK + GLORIA MILLER
88 EAST LINCOLN AVE
ATLANTIC HIGHLANDS, NJ

Block 67
Lot 3
88 E. Lincoln
Permit 11-98



BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/4/93
Date Issued 6/4/93
Control #
Permit # 096-93

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

Block 67 Lot 2
Work Site Location 88 E. Lincoln Ave. Atl. Hlnds.
Owner in Fee Jack & Gloria Miller
Address 88 E. Lincoln Av. Atl. Hlnds
Tele. (908) 872-0065
Contractor Hurricane Fence
Address 2005 State Hwy 35 Middletown
Tele. (908) 264-0575
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 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.

Gloria W. Miller
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

6' Fence across back and partially down sides of property. Back yard only.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[✓] All	6-4	JW	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5b Proposed 5b
No. of Stories 2
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) $ 1,853.94

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [X] Fence 6' Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only) FEE

Administrative Surcharge $
Paid [✓] Check # 220 Minimum Fee $
Collected by: DB TOTAL FEE $ 25.00

U.C.C. Form F-110A 1 White = Office Copy 2 Canary = Office Copy 3 Pink = Applicant Copy 4 Hard = Inspector Copy

88 E. Lincoln

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 96-03

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

Block 67 Lot 2
Work Site Location [illegible] Av.
Atl Hlds.
Owner in Fee [illegible] Miller
Address [illegible] Av.
Atl Hlds.
Tele. ( ) [illegible]
Contractor [illegible]
Address [illegible] Hwy [illegible]
[illegible]
Tele. ( ) [illegible]-0575
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. ______ or Social Security No. ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[✓] All	6-1	[illegible]	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [✓] CA			TCO				
Date: 6-17-97			Other				
Approved By: [signature]			Final			6-17-97	[initial]

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5b Proposed 5b
No. of Stories 2
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) $ 1,[illegible]

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] Miller
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

6' Fence [illegible] back and partially down sides of property. Back yard only.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[X] Fence 6' Height
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [✓] Check # 320 Minimum Fee $
Collected by: [signature] TOTAL FEE $ 25.00

U.C.C. Form F-110A
1 White = Office Copy
3 Pink = Applicant Copy
2 Canary = Office Copy
4 Hard = Inspector Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 2/16/94
Date Issued 4/16/94
Control # —
Permit # 017-94

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

Block 67 Lot 2
Work-Site Location 88 East Lincoln Ave
Atlantic Highlands
Owner in Fee Jack Miller
Address Same
Tele. ( ) 872-0065 work 493-4040
Contractor Bond Electric
Address Box 62
Rumson N.J. 07760
Tele. ( ) 842-1572
Lic. No. 2180
Federal Emp. No. 221 982 901 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Dew Utility Co.
Est. Cost of Elec. Work $ 700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date 2-17-94
Approved by

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
3		Fixtures (1)	
3		Receptacles (2)	
1		Switches (3)	
7		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	
		Pool Bonding	
	___ 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 # 7333
Collected by: DOB

Administrative Surcharge	$ 9
Minimum Fee	$ 36
DCA Training Fee	$ 5.50
TOTAL FEE	$ 50.50

U.C.C. Form F-1206 1 White—Office Copy 2 Canary—Office Copy 3 Pink—Applicant Copy 4 Hard—Inspector Copy

88 E. LINCOLN AVE.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 2/16/94
Date Issued 2/16/94
Control # —
Permit # 017-94

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

Block 67 Lot 2
Work Site Location 88 East LINCOLN AVE
ATLANTIC HIGHLANDS
Owner in Fee JACK MILLER
Address SAME

Tele. (___) 872-0065 work 493-4040
Contractor BOND ELECTRIC
Address BOX 62
RUMSON N.J. 07760
Tele. (___) 842-1572
Lic. No. 2180
Federal Emp. No. 221 952 901 or Social Security No. ___

B. ELECTRICAL CHARACTERISTICS

Use Group Present ___ Proposed ___
[ ] Pole/Pad # ___ [ ] Temporary [ ] Other ___
Building Occupied as New Utility Co. ___
Est. Cost of Elec. Work $ 700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 2-17-94
Approved by: T.C.

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ___
Approved By: ___

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
3		Fixtures (1)	
3		Receptacles (2)	
1		Switches (3)	
7		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	___
___		Pool Bonding	___
___	___ 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 # 7333
Collected by: DOB

Administrative Surcharge	$ 9
Minimum Fee	$ 46
DCA Training Fee	$ .56
TOTAL FEE	$ 55.56

U.C.C. Form F-1206 1 White Office Copy 2 Canary Office Copy 3 Pink Applicant Copy 4 Hard Inspector Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received –
Date Issued 3/3/92
Control # –
Permit # 26-92

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

Block 67 Lot 2
Work Site Location 88 EAST Lincoln Ave. Atlantic HIGHLANDS NJ 07716
Owner in Fee
Address Same as Work site location
Tele. (908) 872-0065
Contractor RICHARD FOSTER
Address 48 Little Silver Point Rd. Little Silver, NJ 07739
Tele. (908) 842-7424
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2657710 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.

X [signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK MAKE PLAYROOM IN CELLAR (no changes to foundation). Replace bookselves in den + MANTEL OVER FIREPLACE. Remove paneling FROM WALLS. Remove + Replace 3 windows on ground floor.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[✓] All	3/3/92	[illegible]	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present ____ Proposed ____
No. of Stories 2
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) $ 6000. –

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [X] Other playroom in cellar change 3 windows
[ ] Demolition
[X] Miscellaneous change Bookselves in Den.
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)

FEE	
	$
Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$ 25. –

Paid [✓] Check # 3341
Collected by: LPB

U.C.C. Form F-110A 1 White = Office Copy 2 Canary = Office Copy 3 Pink = Applicant Copy 4 Hard = Inspector Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location _____
_____
Owner in Fee _____
Address _____
_____
Tele. (___) _____
Contractor _____
Address _____
_____
Tele. (___) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ 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.

X _____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			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) $ _____

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

(Office Use Only) FEE

$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-110A 1 White = Office Copy 2 Canary = Office Copy 3 Pink = Applicant Copy 4 Hard = Inspector Copy

CONSTRUCTION PERMIT

Date Issued 3/3/92
Control # —
Permit # 96-92

IDENTIFICATION Block 67 Lot 2

Work Site Location 88 EAST LINCOLN AVE. Atlantic HIGHLANDS, N.J.
Owner in Fee JACKY Miller
Address Same as work site
Tele. (908) 872 0065

Contractor Richard Foster
Address 48 Little Silver Point Rd. Little Silver, NJ 07739
Tele. (908) 842-7424
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. 22-2657710
or Social Security No. _____

is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [x] OTHER replace 3 WINDOWS
[X] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK: MAKE GAMEROOM in cellar (NO changes to foundation.) Replace bookshelves in Den & mantel over FIREplace. Remove paneling from walls Remove & Replace 3 windows on ground Floor.

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 $ labor & Materials 6000.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)

Building	25. —
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	25. —
Check No.	3345
Cash	—
Collected By:	

(see reverse side)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form 1708

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1/30/98
Control #
Permit # 17-98

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

Block 67 Lot 2
Work Site Location 88 E. Lincoln Ave
Atlantic Highlands NJ.
Owner in Fee Jack + Gloria Miller
Address same
Tele. (732) 872-0061
Contractor J.C. Russomello Bldg. Inc
Address 497 Broadway Suite 4
Bayonne NJ. 07002
Tele. (800) 276-2314 Fax (201) 436-8918
Lic. No. or Bldrs. Reg. No. 123657 12/99
Federal Emp. No. 22 2466017

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

① Extend Existing Front Porch to End of House 7'out 32' Long (Wood Frame)

② Enclose existing Rear wood Deck w Aluminum Enclosure panels and wood Frame Roof.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other Porch Roof	1/98	
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

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

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

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$ 37.4-
DCA Training Fee	$ 17.60
TOTAL FEE	$ 37.60

ck # 8809

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3
Constr. Class	Present	Proposed
No. of Stories	2	
Height of Structure	Ft.	
Area — Largest Floor	Sq. Ft.	
New Bldg. Area/All Floors	Sq. Ft.	
Volume of New Structure	Cu. Ft.	
Total Land Area Disturbed	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 22,000.-
3. Total (1+ 2) $

U.C.C. F110
(rev 3/96)

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

M&M GRAPHICS/MICROGRAPHIX, INC 1-800-537-1314

CONSTRUCTION PERMIT

Date Issued 1/30/98
Control #
Permit # 117-98

IDENTIFICATION Block 67 Lot 243

Work Site Location 88 E. Lincoln Ave
Atlantic Highlands NJ
Owner in Fee JACK + Gloria MILLER
Address Same
Tele. 732 872-0061

Contractor T.L. Russomello Bldg Inc
Address 497 Broadway Suite 4
Keyport NJ 07735
Tele. (800) 276 2354
Lic. No. or Bldrs. Reg. No. 12359 Exp. Date 12/99
Federal Emp. No. 22 2466017
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

① Extend Existing Front Porch to End of House 7' out 32' Long. (wood Frame)
② Enclose Rear Deck w Aluminum Enclosure panels and wood Frame Roof.

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

Estimated Cost of Work $ 22,000.—

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	374—
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	17.60
Cert. of Occ.	
Other	
Total	391.60
Check No.	3309
Cash	—
Collected By:	CDS

(see reverse side)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.S.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge or work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-1700

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 3/2/98
Control #
Permit # 140-98

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

Block 67 Lot 2
Work Site Location 88 E Lincoln Ave
Atlantic Highlands
Owner in Fee Mr+Mrs Miller
Address 88 E Lincoln Ave
Atlantic Highlands
Tele. (732) 872-0665
Contractor LASH Electric Co
Address 127 Harvey Ave
Lincroft NJ
Tele. (732) 671-0085
Lic. No. 12611
Federal Emp. No. 22-3314561 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 2-23-98
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Fixtures (1)	
6		Receptacles (2)	
3		Switches (3)	
11		Total 1 + 2 + 3	35.—
	___ 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	
		Pool Bonding	
	___ 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 # 1998
Collected by: RCB

Administrative Surcharge	$
Minimum Fee	$ 35.00
DCA Training Fee	$ .32
TOTAL FEE	$ 35.32

U.C.C. Form F-1208 1 White = Office Copy 2 Canary = Office Copy 3 Pink = Applicant Copy 4 Hard = Inspector Copy

CONSTRUCTION PERMIT

Date Issued 3/2/98
Control # —
Permit # 140-98

IDENTIFICATION Block 67 Lot 2

Work Site Location 88 E Lincoln Ave
Atlantic Highlands
Owner in Fee Mr+Mrs Miller
Address 88 E Lincoln Ave
Atlantic Highlands
Tele. (732) 872-0065

Contractor LASH Electric Co
Address 127 Harvey Ave
Lincroft, NJ
Tele. (732) 671-0085
Lic. No. or Bldrs. Reg. No. 12611 Exp. Date 3-31-2000
Federal Emp. No. 22-3314561
or Social Security No. —

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: new rear porch wiring.

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 $ 400.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	35 -
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occ	
Other	
Total	35.32
Check No.	1993
Cash	—
Collected By:	OCS

(see reverse side)

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

REQUIRED INSPECTIONS

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☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-1700

BOROUGH OF
ATLANTIC HIGHLANDS

ATLANTIC HIGHLANDS, NEW JERSEY 07716
732-291-1444 FAX 732-291-9725
WWW.AHNJ.COM

ZONING APPLICATION FOR FENCE

BLOCK 67 LOT 2

PROPERTY LOCATION:

88 E- LINCOLN AVE

OWNER'S PHONE # 706-333-1366

CONTRACTOR NAME AND ADDRESS: LIBERTY FENCE

68 LEONARD AVE LEONARDO

HEIGHT OF FENCE: 6' & 42" STYLE OF FENCE: 6- BOARD ON BOARD 42"- PVC SPACED PICKET

[redacted]

17-07-02

Office Use Only

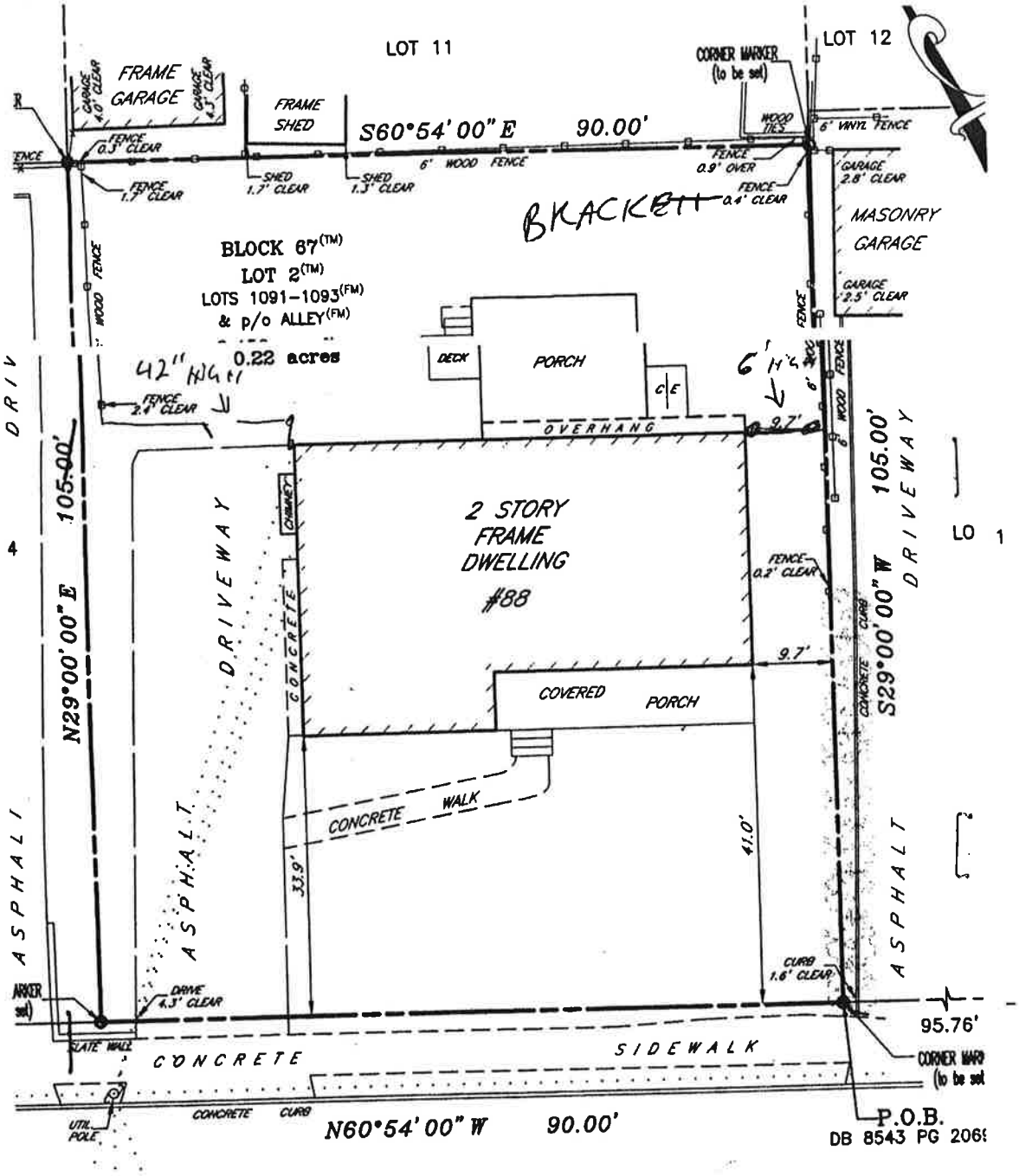
DATE RECEIVED 7-10-2017 CHECK # 4394

ZONING OFFICER Rachelle Clark

APPROVAL DATE 7-10-2017 DENIAL DATE _____

IF DENIED GIVE REASON: _____

As per attached



LINCOLN AVENUE
(A.K.A. EAST LINCOLN AVENUE)
50' R.O.W.

THIS CERTIFICATION IS MADE ONLY TO ABOVE NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY ABOVE NAMED PURC
NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF SUR
SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

EBY CERTIFY THIS SURVEY TO:

) A. BRACKETT and ELIZABETH A. BRACKETT, and and wife

.S FARGO BANK, NA, its successors and/or assigns heir interests may appear

)CIATED TITLE AGENCY (A-9816)

MONWEALTH LAND TITLE INSURANCE COMPANY

REFERENCES: DEED BOOK 8543 PAGE 206

MAP ENTITLED "MAP OF BUILDING LOTS C HIGHLANDS ASSOCIATION" FILED SEPTEMBER 17, 1887 IN CASE

"A written Waiver and Direction Not to Set Corner Markers has bee user pursuant to P.L.2003, c.14(C45:8-36.3) and N.J.A.

CONTROL LAYOUTS,
LAND SURVEYORS
CERTIFICATE OF AUTHORIZATION #24GA2E
271 CLEVELAND AVENUE HIGHLAND PARK,

THE BOROUGH OF ATLANTIC HIGHLANDS

CERTIFICATE OF OCCUPANCY NO. 91-17 **DATE:** 5/17/2017

USE R3 **BLOCK** 67 **LOT** 2 **ZONE** R1

THIS CERTIFIES THAT THE PROPERTY LOCATED AT 88 East Lincoln

IS APPROVED FOR USE OR OCCUPANCY, THE CERTIFICATE IS THEREFORE

ISSUED TO Jack and Gloria Miller **TO OCCUPY OR**

USE SAID PREMISES, BUILDINGS OR PART THEREOF FOR THE FOLLOWING

PURPOSE: Sale to David and Elizabeth Brackett

BY THE ISSUANCE OF THIS CERTIFICATE NEITHER THE BOROUGH NOR ANY OF ITS OFFICERS OR EMPLOYEES ASSUME ANY LIABILITY, EITHER EXPRESSED OR IMPLIED, IN CONNECTION WITH THIS INSPECTION AND CERTIFICATION, NOR DOES THE BOROUGH WARRANT THE CONDITION OR HABITABILITY OF THE PREMISES INSPECTED.

ISSUED BY: Richard K Rutt

CODE ENFORCEMENT OFFICER

NEW JERSEY UNIFORM FIRE CODE

CERTIFICATE OF INSPECTION

Issued by: Borough of Atlantic Highlands
Division of Fire Prevention
100 First Avenue
Atlantic Highlands, N.J. 07716

Date: 5/17/17

LEA Code # 1304-001

Issued to: MILLER
88 EAST LINCOLN AVE

Block: 67 Lot: 2
Fee Paid: 35.00

EXPIRATION SHALL BE THIRTY DAYS FROM THE ABOVE DATE.

TAKE NOTICE THAT THE AFOREMENTIONED LOCATION HAS BEEN INSPECTED BY THE DULY APPOINTED LOCAL ENFORCING AGENCY FOR THE JURISDICTION OF Atlantic Highlands, NEW JERSEY.

TAKE FURTHER NOTICE THAT THIS LOCATION CONFORMS TO THE APPLICABLE REGULATIONS OF THE UNIFORM FIRE CODE IN REGARDS TO SMOKE DETECTOR REQUIREMENTS IN A RESIDENCE AT THE TIME OF A CHANGE OF OCCUPANCY.

FLOOR LEVEL:	TYPE OF DETECTOR:	LOCATION OF DETECTOR:	OPERABLE?

Martin O. Hawley
Fire Marshal

BOROUGH OF ATLANTIC HIGHLANDS

100 First Avenue
Atlantic Highlands, New Jersey 07716
732-291-1444 Fax 732-291-9725
www.ahnj.com

Sale
5-10

APPLICATION FOR CERTIFICATE OF OCCUPANCY

(ORD 03-2011)

***A Certificate of Occupancy is required to be issued before transfer of title and/or occupancy. A non-refundable fee for rentals and sales must be paid to the Borough of Atlantic Highlands, by cash, check or money order. An adult must be present at the time of inspection. If a re-inspection is required the applicant and/or agent must contact this office within 30 days to either schedule a re-inspection or request an extension or the application will be voided.

Block 67 Lot 2 Zone _____

Property Owner / Seller JACK + GLORIA MILLER Phone # 732 687-5835 Mary Lynn Realtor
Property Address 98 EAST LINCOLN AVE Apartment/Unit # _____

Prospective Buyer(s)/Tenant(s)

	Full Name	Date of Birth	M/F	Age
Primary	DAVID BRACKETT		M	60+
Secondary	ELIZABETH BRACKETT		F	60+
Others 1				
2				
3				
4				

Closing Date 6-2-17 Rental Date _____

X Single Family Dwelling $75.00 ___ Multi Family Dwelling $75.00
___ Apartment $75.00 ___ Condominium $75.00

***If permits were taken out on property the MUST be finalized by the Building Department prior to C/O inspection

Signature of Applicant Mary Lynn Langhan Date 4-26-17

****

X Approved _____ Denied

Code Enforcement Officer Richard St. Paul Date _____

___ Temporary C/O ___ Re-Inspection Required

___ Other _____

Payment: Amount $ 75 Cash ___ Check 1058 C/O # 91-17

BOROUGH OF ATLANTIC HIGHLANDS

100 First Avenue
Atlantic Highlands, New Jersey 07716
732-291-1444 Fax 732-291-9725
www.ahnj.com

DIVISION OF FIRE PREVENTION

APPLICATION FOR CERTIFICATE OF SMOKE DETECTOR / CARBON MONOXIDE ALARM COMPLIANCE INSPECTION

Block 67 Lot 2

Address to be inspected 88 E LINCOLN AVE Apt # _____

Building Owner
Name JACK + GLORIA MILLER Phone # 732-687-5835
Address 88 E LINCOLN AVE

Buyer / Tenant Information

Full Name	Date of Birth	Gender	Age
1. DAVID BRACKETT		M	60+
2. ELIZABETH BRACKETT		F	60+
3.			
4.			
5.			

Fees

Requests made 10 or more days prior to inspection - $35.00
Requests made 4 to 10 days prior to inspection - $70.00
Requests made fewer than 4 days prior to inspection - $125.00

Check # 1059 Amount 35 Received by MC 4-26-17

***Inspections are performed on Wednesday's between the hours of 2:00 pm and 5:00 pm. Please be sure that a representative is at the location during these hours to ensure the inspection can be completed. No inspections will be performed without a representative present. There will be a 15 minute wait time.