



# CONSTRUCTION PERMIT APPLICATION

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

**I. IDENTIFICATION**  
 1. Proposed Work Site at: 85 WSYLVANIA AVE NEPTUNE CITY NJ 07753  
 2. Name of Owner in Fee: TFH PUBLICATIONS  
 Tel. ( 860 ) 631-2188 e-mail NEPTUNE CITY, N.J. 07753  
 Address 85 WSYLVANIA AVE NEPTUNE CITY, N.J. 07753  
 3. Ownership in Fee: Public Private municipally zip code  
 4. Principal Contractor: FREEMOLD WELDING & INC Tel. ( 732 ) 577-1516  
 Address 167 ASBURY AVE e-mail TAUTO@FREEMOLDWELD.COM  
FREEMOLD, N.J.  
 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 of Engineer ANDERSON CONTACT KASSA SOLOMON  
 Address 1617 JFK BLVD e-mail KASSA.SOLOMON@AORE.COM  
 Tel. ( 203 ) 223-0215 FAX: ( )  
 6. Responsible Person in Charge once Work has Begun  
 Tel. ( ) FAX: ( )

**V. FEE SUMMARY (for office use only)**

|                                   |    |        |        |
|-----------------------------------|----|--------|--------|
| 1. Building                       | \$ | Update | Update |
| 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**

|                                               |         |                   |
|-----------------------------------------------|---------|-------------------|
| 1. Number of Stories                          |         | (office use only) |
| 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)

|                                                     |           |               |           |                |               |           |                    |           |
|-----------------------------------------------------|-----------|---------------|-----------|----------------|---------------|-----------|--------------------|-----------|
| <input checked="" type="checkbox"/> Building        | Est. Cost | Plans Recd by | Date Recd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates | Re-viewer |
| <input checked="" type="checkbox"/> Electrical      |           | JC            | 8/6/19    | 8-7-19         |               | MF        | 9-10-19            | MF        |
| <input type="checkbox"/> Plumbing                   |           |               |           |                |               |           |                    |           |
| <input checked="" type="checkbox"/> Fire Protection |           |               |           |                |               |           |                    |           |
| <input type="checkbox"/> Elevator                   |           |               |           |                |               |           |                    |           |

TOTAL COST \$121,000

**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. <input type="checkbox"/> Elevators/Escalators/Lifts/ | 4. <input type="checkbox"/> Refrigeration Systems                 | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells | 12. <input type="checkbox"/> Fire Alarm |
| 2. <input type="checkbox"/> Dumbwaiters/Moving Walks    | 5. <input type="checkbox"/> Cross-Connections/Backflow Preventers | 9. <input type="checkbox"/> Underground Storage Tanks           |                                         |
| 3. <input type="checkbox"/> High Pressure Boilers       | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly     | 10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs  |                                         |
| 7. <input type="checkbox"/> Pressure Vessels            |                                                                   | 11. <input type="checkbox"/> LP Gas Tanks                       |                                         |



# CONSTRUCTION PERMIT

Date Issued 9/20/19  
Permit # #19-163

IDENTIFICATION Block 67 Lot 16.01 Qualification Code 16317  
Work Site Location 85 WISYMANIA AVE Contractor FREEMOLD WELDING INC.  
NEPIUNE CT. NJ 07753 Address 167 ASBURY AVE FREEMOLD NJ.  
Owner in Fee TFH Publications Tel. (732) 397-1516  
Address 85 W SYMANIA AVE Tel. (800) 631-2188  
Tel. (800) 631-2188 Lic. No. or Bids. Reg. No. \_\_\_\_\_

Is hereby granted permission to perform the following work:  
☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT  
☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION  
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☒ OTHER ALTERATION  
(Subchapter 8 only)

DESCRIPTION OF WORK: Install Structural Steel decking and concrete floor in 19'x22' opening in 2nd Floor of Nylonone addition

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 \$31,000.00

Construction Official [Signature] Date 9-10-19

U.C.C. F170 (rev. 07/04)  
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT (see reverse side)

| PAYMENTS (Office Use Only) |                    |
|----------------------------|--------------------|
| Building                   | <u>3675</u>        |
| Electrical                 | <u>72</u>          |
| Plumbing                   |                    |
| Fire Protection            | <u>86</u>          |
| Elevator Devices           |                    |
| Other <del>Permit</del>    | <u>2000</u>        |
| DCA State Permit Fee       | <u>230</u>         |
| Cert. of Occupancy         |                    |
| Other                      |                    |
| Total                      | <u>3965</u>        |
| Check No.                  | <u>CK # 277253</u> |
| Cash                       |                    |
| Collected by               | <u>9C</u>          |

To reorder call: Allegra Marketing Print Mail (609) 390-1400



# BUILDING SUBCODE TECHNICAL SECTION



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

Block 67 Lot 10377 116. Codification Code  
Work Site Location 85 WSYNTHA AVE NEPTUNE CITY N.J. 07753

Owner in Fee: TFH Publications

Tel. (800) 631-2188 e-mail \_\_\_\_\_

Address 85 WSYNTHA AVE NEPTUNE CITY N.J. 07753

Contractor: Freehold Welding Inc. Tel. (732) 577-1516 e-mail info@FreeholdWeld.com

Address 1674 Hudson Ave Freehold NJ 07728

Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                    | Date | Initial | INSPECTIONS          | Dates (Month/Day) | Failure | Approval | Initial |
|--------------------------------------------------------------------------------------------------------------------------------|------|---------|----------------------|-------------------|---------|----------|---------|
| <input type="checkbox"/> No Plans Required                                                                                     |      |         | Type                 |                   |         |          |         |
| <input type="checkbox"/> All                                                                                                   |      |         | Footings             |                   |         |          |         |
| <input type="checkbox"/> Footings/Foundations                                                                                  |      |         | Foundation           |                   |         |          |         |
| <input type="checkbox"/> Structural/Framework                                                                                  |      |         | Slab                 |                   |         |          |         |
| <input type="checkbox"/> Exterior                                                                                              |      |         | Frame                |                   |         |          |         |
| <input checked="" type="checkbox"/> Interior                                                                                   |      |         | Truss Sys/Bracing    |                   |         |          |         |
| <input checked="" type="checkbox"/> Joint Plan Review Required                                                                 |      |         | Barrier-Free         |                   |         |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |      |         | Insulation           |                   |         |          |         |
| SUBCODE APPROVAL FOR PERMIT                                                                                                    |      |         | Finishes -Base Layer |                   |         |          |         |
| Date: <u>9-10-09</u>                                                                                                           |      |         | Finishes -Final      |                   |         |          |         |
| Approved by: <u>[Signature]</u>                                                                                                |      |         | Energy               |                   |         |          |         |
| SUBCODE APPROVAL FOR CERTIFICATE                                                                                               |      |         | Mechanical           |                   |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           |      |         | TCO                  |                   |         |          |         |
| Date: _____                                                                                                                    |      |         | Other                |                   |         |          |         |
| Approved by: _____                                                                                                             |      |         | Final                |                   |         |          |         |
|                                                                                                                                |      |         | Barrier-Free         |                   |         |          |         |

## B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B

No. of Stories \_\_\_\_\_

Height of Structure \_\_\_\_\_ ft.

Area — Largest Floor \_\_\_\_\_ sq. ft.

New Bldg. Area/All Floors \_\_\_\_\_ sq. ft.

Volume of New Structure \_\_\_\_\_ cu. ft.

Max. Live Load \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

### Est. Cost of Bldg. Work:

1. New Bldg. \$ 121,000
2. Rehabilitation \$ 121,000
3. Total (1+2) \$ 242,000

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

## C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [Signature]

Print name here: Todd M. Deane

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

INSTALL DECKING AND CONCRETE FLOOR IN 19'x82' OPENING IN 2nd FLOOR OF NYLARBARE Addition

### TYPE OF WORK:

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

### FEE (Office Use Only)

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ 3675

For reader call: (609) 390-1400  
Allegra Marketing • Print • Mail

Date Received 9/20/14  
Control # \_\_\_\_\_  
Date Issued 14 19-163  
Permit # \_\_\_\_\_



# ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 61 Lot 6519 Qualification Code 000

Work Site Location 777 Meadows Ave Neptune City, NJ

Owner in Fee: 777 Meadows Ave

Tel. ( 732 ) 897-6845 e-mail

Address 85 West Sylvan Ave Neptune City, NJ Neptune City, NJ 07753

Contractor: Finesse Electric Corp. Tel. ( 732 ) 577-9671

Address 24 Jackson Mills Rd. e-mail

Freehold, NJ 07728

Contractor License No. 9048 Exp. Date 3/31/2018

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

Federal Emp. ID No. 22-3396664 FAX: ( 732 ) 577-5504

## B. ELECTRICAL CHARACTERISTICS

Use Group Present  Proposed

☐ Pole/Pad #  ☐ Temporary ☐ Other

Building Occupied as  Utility Co.

Est. Cost of Elec. Work \$

## JOB SUMMARY (Office Use Only)

### PLAIN REVIEW

☒ No Plans Required

☒ Partial-Under-slab Utilities Approved

Date:  Approved by:  Type:  Failure:  Approval:  Initial:

Date:  Approved by:  Trench:  Barrier-Free:

Date:  Approved by:  Temp. Serv.  Constr. Serv.

Date:  Approved by:  TCO  Other

Joint Plan Review Required:  Elev.  Service

☒ Bldg. ☒ Pumb. ☒ Elec. ☒ Elev.  Final

SUBCODE APPROVAL FOR PERMIT  Barrier-Free

Date:  Approved by:  Temp. Cut-in-Card Date Issued

SUBCODE APPROVAL FOR CERTIFICATE  Final Cut-in-Card Date Issued

Date:  Approved by:  Annual/Pool Inspection

Date:  Approved by:  Date of Grounding and Bonding

Date:  Approved by:  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:

Robert M. Mager

☒ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Storage for

QTY. SIZE ITEMS

3 Lighting Fixtures

4 Receptacles

1 Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

8

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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

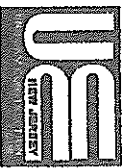
Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 72

To register call: ALLEGRA Marketing • Print • Mail

Date Received 9/20/19  
Control #   
Date Issued   
Permit # 14-163



# FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 61 Lot 16 P1 Qualification Code 100  
Work Site Location 1TH NYLABOR  
85 WEST SYLVANIA AVE NEPTUNE CITY  
Owner In Fee: 1TH NYLABOR  
Tel. 800 631-2188 e-mail NEPTUNE CITY  
Address 85 W SYLVANIA AVE NEPTUNE CITY 07753  
Contractor: automatic protection systems Municipality NEPTUNE CITY Tel. (732) 739-6320  
Address 368 broad st e-mail johnaps1@verizon.net

## keyport

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 00510  
Fire Protection Equipment, NJ Div of Fire Safety Installer No. Exp. Date  
Fire Alarm Contractor No. Exp. Date  
Home Improvement Contractor Registration No. or Exemption Reason FAX: (732) 739-0367  
Federal Emp. ID No. 223326002

## B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Proposed Fuel Storage Tank: Capacity  
Constr. Class: Present Proposed Proposed Fuel Type: [ ] Flammable or [ ] Combustible  
Heating System: [ ] New or [ ] Modification to Existing Fire Alarm System: [ ] New or [ ] Existing  
OR [ ] Conversion or [ ] Replacement Location of Panel: Fire Suppression/Standpipe System:  
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New or [X] Existing  
[ ] Other Location of Main Control Valve: warehouse

Location: warehouse  
Total Cost of Fire Protection Work \$ 86

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                  | INSPECTIONS        | Dates (Month/Day) | Initial  |
|------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|----------|
| <input type="checkbox"/> No Plans Required                                                                                   | Alarm System       | Failure           | Approval |
| <input type="checkbox"/> Partial -Underlab Utilities Approved                                                                | Suppression Sys.   |                   |          |
| Date: <u>9-10-19</u> Approved by: <u>AP</u>                                                                                  | Standpipe          |                   |          |
| <input checked="" type="checkbox"/> Fire Protection Plans Approved                                                           | Fire Pump          |                   |          |
| Date: <u>9-10-19</u> Approved by: <u>AP</u>                                                                                  | Pre-Eng. System    |                   |          |
| Joint Plan Review Required:                                                                                                  | Mechanical         |                   |          |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev. | Smoke Control      |                   |          |
| SUBCODE APPROVAL for PERMIT                                                                                                  | TCO                |                   |          |
| Date: <u>9-10-19</u> Approved by: <u>AP</u>                                                                                  | Flam/Combust Tanks |                   |          |
| SUBCODE APPROVAL for CERTIFICATE                                                                                             | Fireplace Venting  |                   |          |
| <input type="checkbox"/> CO <input type="checkbox"/> LCCO <input type="checkbox"/> CA                                        | Final              |                   |          |
| Date: <u>9-10-19</u> Approved by: <u>AP</u>                                                                                  | Other              |                   |          |

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) owner of record and am authorized to make this application.  
Applicant/Contractor John Condon  
sign here: John Condon  
Print name here: John Condon

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of Sprinklers  
Water Supply Source city  
Method of Alarm/Suppression System Supervision face

## Flammable/Combustible Tanks

Alarm Systems [ ] System  
[ ] 110v interconnected  
[ ] CO Detectors/110v  
Alarm Devices (i.e., smoke, heat, pulls, water/flow) [ ]  
Supervisory Devices (i.e., tamper, low/high air) [ ]  
Signaling Devices (i.e., horns/strobes, bells) [ ]  
Other Devices [ ]

TOTAL 0  
Suppression Systems [ ]  
Fire Pump [ ] GPM Type [ ]  
Dry Pipe/Alarm Valves [ ]  
Pre-action Valves [ ]  
Sprinkler Heads (Dry and Wet) 6

Standpipes [ ]  
Pre-engineered Systems [ ]  
Wet Chemical [ ]  
Dry Chemical [ ]  
CO<sub>2</sub> Suppression [ ]  
Foam Suppression [ ]  
FM200 Suppression [ ]  
Other [ ]

Other Systems [ ]  
Kitchen Hood Exhaust System [ ]  
Smoke Control System [ ]  
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid [ ]  
Fireplace Venting/Metal Chimney [ ]  
Other [ ]

Administrative Surcharge \$ 86  
Minimum Fee \$ 86  
State Permit Surcharge Fee \$ 86  
TOTAL FEE \$ 86

**BOROUGH OF NEPTUNE CITY**  
**106 W. SYLVANIA AVENUE**  
**NEPTUNE CITY, NJ 07753**  
**PHONE 732-776-9204**  
**FAX 732-776-8906**

## **PLAN REVIEW RECORD**

**PLAN REVIEW # 1**

**DATE: August 7, 2019**

**PROJECT LOCATION: 85 W. Sylvania Ave; Nylabone**

**DESCRIPTION OF WORK: Second Floor In-Fill with Structural Steel and Concrete**

**REVIEWED BY WILLIAM J. DOOLITTLE**  
**CONSTRUCTION OFFICIAL**  
**BUILDING SUBCODE OFFICIAL**

Numbers in brackets [ ] are the referenced code sections. Numbers with no preceding letters refer to the 2015 International Building Code, New Jersey Edition. Numbers preceded by R refer to the 2015 International Residential Code, New Jersey Edition. LA refer to the ICC/ANSI A117.1-2009 Accessible and Usable Buildings and Facilities. IMC refers to the 2015 International Mechanical Code. IFGC refers to the 2015 International Fuel Gas Code. UCC refers to 5:23, the New Jersey Uniform Construction Code. IFGC refers to the 2015 International Energy Conservation Code (if using RBScheck or COMcheck, be sure to use the currently adopted code).

1. Provide architectural floor plans that include new rooms, walls, doors, corridors, egress lighting, etc. associated and/or affected by the proposed area of floor in-fill.
2. Provide fire sprinkler plans for the first and second floor at the area of floor in-fill.



# NOTICE AND ORDER OF PENALTY

Permit #  
Date Issued  
Control #

## IDENTIFICATION

Block 67 Lot 16.01 Qualification Code

Work Site Location 75 W. SYLVANIA AVE NEPTUNE CITY, NJ 07753

Owner In Fee T.F.H. Publications #

Address 85 W. SYLVANIA AVE SUITE 1 NEPTUNE CITY, NJ 07753

To: ☒ Owner ☐ Other ☐ Agent/Contractor

## ACTION

☐ On \_\_\_\_\_, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A [ ] Notice of Violation and Order to Terminate [ ] Notice of Unsafe Structure [ ] Notice of Imminent Hazard was issued. Reinspection of the work site on \_\_\_\_\_ revealed the following violation(s) remain:

☒ On 5/14/24, 2019, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you [ ] made a false or misleading written statement, or omitted required information in an application or request for approval; or [ ] failed to obtain a construction permit; or [ ] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy. NJAC 5:23-2.14(a) installed a concrete floor for a second floor storage room.

☐ On \_\_\_\_\_, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A Stop Construction Order was issued. Reinspection of the work site on \_\_\_\_\_ revealed a failure to comply with that Stop Construction Order.

## PENALTY

Therefore, you are hereby ORDERED to pay a penalty in the amount of \$ 2,000.00 for each violation for a total penalty of \$ 2,000.00.

Further, take NOTICE that for each ☒ week [ ] day that any of the said violations remain outstanding after Aug. 23, 2019, an additional penalty of \$ 100.00 per ☒ week [ ] day shall result.

If you wish to contest this ORDER, you may request a hearing before the Construction Board of Appeals of the \_\_\_\_\_ of \_\_\_\_\_, within 15 days of receipt of this ORDER as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$ 100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: 1 Main Street, PO Box 1255, Freehold, NJ 07738-1255

If you have any questions concerning this matter, please call: 732-776-9204

NOTICE and ORDER of Penalty:

Construction Official

Date: 7-24-19

(Application will not be considered complete unless accompanied by the appeal fee. Fee shall be waived when appeal is based on failure of agency to act within a specified time frame.)

(Applicant)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Collected By: \_\_\_\_\_

Check No.: \_\_\_\_\_

Fees: \_\_\_\_\_

on pursuant to N.J.A.C. 5:23-2.37(s).

The Construction Board of Appeals has 10 business days to act.

Briefly state your position in this matter and explain why more pages required, additional pages may be required.

Specific section(s) of the Regulation in question

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Owner In Fee: \_\_\_\_\_

Work Site Location: \_\_\_\_\_

**T.F.H. PUBLICATIONS, INC.**  
85 WEST SYLVANIA, SUITE 1, NEPTUNE CITY, NJ 07753

DATE

REFERENCE

INVOICE AMOUNT

DISCOUNT

NET INVOICE

VOUCHER TOTAL

07/24/19

PENALTY072419

2,000.00

2,000.00

0.00

2,000.00

2,000.00

DETACH HERE BEFORE DEPOSITING

ATTACHED IS OUR CHECK IN FULL SETTLEMENT OF ITEMS SHOWN HEREON.  
IF NOT CORRECT PLEASE RETURN WITH EXPLANATION.

REMITTANCE ADVICE

Number: \_\_\_\_\_

Date: \_\_\_\_\_

Issued: \_\_\_\_\_

Number: \_\_\_\_\_

Number: \_\_\_\_\_

Issued: \_\_\_\_\_

Qual: \_\_\_\_\_

Please check with Bill Doolittle to see if TFH has gotten permits for the new exterior lighting that residents are upset about (diminishing their quality of life) on social media.

Borough Ordinance - Make a zoning complaint - 111-21. Lighting, landscaping and buffering.

A. Lighting. In connection with every site plan, the applicant shall submit plans for all proposed exterior lighting. These plans shall include the location, type of light, radius of light and intensity in footcandles. The following standards shall be followed:

(1) Adequate lighting shall be provided to ensure safe movement of persons and vehicles and for security purposes.

(2) The maximum height of freestanding lights shall be the same as the principal building but not exceeding twenty-five (25) feet.

(3) All lights shall be shielded to restrict the maximum apex angle of the cone of illumination to one hundred fifty degrees (150°).

(4) Where lights along property lines will be visible to adjacent residents, the lights shall be appropriately shielded.

9-26-19 @ 4:45 PM  
I called and spoke to  
John Colaizzo. No  
new lighting. Nothing  
exterior since the address  
which was board approved  
and inspected by  
Actions office -

# **BOROUGH OF NEPTUNE CITY**

**106 W. SYLVANIA AVENUE**

**NEPTUNE CITY, NJ 07753**

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## **PLAN REVIEW RECORD**

**PLAN REVIEW # 1**

**DATE: August 29, 2019**

**PROJECT LOCATION: 85 W. Sylvania Ave; Nylabone**

**DESCRIPTION OF WORK: Installation of Sprinklers in New Storage Room**

**REVIEWED BY WILLIAM J. DOOLITTLE      CONSTRUCTION OFFICIAL**  
**BUILDING AND FIRE SUBCODE OFFICIAL**

1. Provide information concerning the type of materials to be stored in the storage room and whether or not this will be high rack storage.
2. Provide sprinkler plans for the first floor below the proposed second floor in-fill area.