

-----Original Message-----

From: Larry Kotok [<mailto:opra+request-16154-03b41c14@requests.opramachine.com>]

Sent: Saturday, August 22, 2020 9:43 AM

To: OPRA requests at Margate City <casey_johanna@margate-nj.com>

Subject: OPRA request - Building Permits

Dear Margate City,

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:

Building permit and construction plans from 2010 for 8607 Winchester Ave.

Certificate of Occupancy

Yours faithfully,

Larry Kotok

OFFICE OF THE CONSTRUCTION OFFICIAL

Permit Options Report

Report Run from 01/01/2010 to 08/27/2020

Block No: 315 Lot No: 12

August 27, 2020 2:03:08PM

Permit #	Permit Date	Block	Lot	Work Site Address			Control No.	Close Date	Owner	Type	Use Group		
BFee	EFee	FFee	PFee	MFee	VFee	DCA Fees	Cert Fees	Tot Fees	New Cost	Alt Cost	Dem Cost	Sq Footage	Cu Footage
Description													
20100317	05/03/2010	315	12	8607 WINCHESTER AVE			21801	7/19/2010	BUCHALSKI, MARTIN AND DE 3		R-5		
\$900.00	\$175.00	\$174.00	\$303.00	\$0.00	\$0.00	\$85.00	\$40.00	\$1677.00	\$0.00	\$49150.00	\$0.00		
RENOVATE KITCHEN AND BATH. UPDATE LIVING ROOM AND LAUNDRY ON 1ST FLOOR. RENOVATE (2) BATHS, CONSTRUCT LOFT IN MASTER BEDROOM AND UPDATE. CONFORM STAIRWAY FROM MASTER BEDROOM TO 3RD FL													
20100029	01/13/2010	315	12	8607 WINCHESTER AVE			21430	1/19/2010	ESTATE OF EDWARD FINA	6	U		
\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$800.00		
REMOVE 1000 GAL UST #2 OIL													
20100308	05/03/2010	315	12	8607 WINCHESTER AVE			21605	7/19/2010	BUCHALSKI, MARTIN AND DE 3		R-5		
\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00	\$0.00	\$190.00	\$0.00	\$6000.00	\$0.00		
NON STRUCTURAL INTERIOR DEMO IN PREPARATION FOR RENOVATIONS													
20100317	07/14/2010	315	12	8607 WINCHESTER AVE			21912	7/19/2010	BUCHALSKI, MARTIN AND DE 3		R-5		
\$0.00	\$0.00	\$0.00	\$58.00	\$0.00	\$0.00	\$8.00	\$0.00	\$66.00	\$0.00	\$4800.00	\$0.00		
INSTALL GAS PIPING, WATER CLOSET, LAVATORY AND SHOWER													
20100317	05/25/2010	315	12	8607 WINCHESTER AVE			21823	7/19/2010	BUCHALSKI, MARTIN AND DE 32		R-5		
\$176.00	\$58.00	\$58.00	\$0.00	\$0.00	\$0.00	\$28.00	\$0.00	\$320.00	\$12300.00	\$400.00	\$0.00	726	7986
CONSTRUCT OF (2) DORMERS													
20100317	05/25/2010	315	12	8607 WINCHESTER AVE			21897	7/19/2010	BUCHALSKI, MARTIN AND DE 3		R-5		
\$0.00	\$58.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$0.00	\$59.00	\$0.00	\$500.00	\$0.00		
INSTALL SUPPLEMENTAL FIRE ALARM SYSTEM													
\$1356.00	\$291.00	\$232.00	\$361.00	\$0.00	\$0.00	\$132.00	\$40.00	\$2412.00	\$12300.00	\$60850.00	\$800.00	726	7986

No of Permits : 6



CITY OF MARGATE
101 North Washington Avenue
Margate NJ 08402
609-822-1974

Block: 315 Lot: 12 Qualification Code: _____

Work Site Location: 8607 WINCHESTER AVE

MARGATE

Owner in Fee: BUCHALSKI, MARTIN AND DEBRA

Address: 1 S. SUMERSET AVENUE

VENTNOR NJ 08406

Telephone: 609 471-9069

Agent/Contractor: REMARKABLE RENOVATIONS

Address: 1 S. SOMERSET AVENUE

VENTNOR NJ 08406

Telephone: 609 471-9069

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

☒ **CERTIFICATE OF OCCUPANCY**

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

☐ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:


GUY J. GALANTINO Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CERTIFICATE IDENTIFICATION

Date Issued: 07/19/2010

Control #: 21801

Permit #: 20100317

Home Warranty No: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: _____

RENOVATE KITCHEN AND BATH. UPDATE LIVING ROOM AND LAUNDRY ON 1ST FLOOR. RENOVATE (2) BATHS, CONSTRUCT LOFT IN MASTER BEDROOM AND UPDATE. CONFORM STAIRWAY FROM MASTER BEDROOM TO 3RD FLOOR LOFT. INSTALL COVERED ROOF OVER EXISTING PORCH.

Update Desc. of Wk/Use: _____

INSTALL GAS PIPING, WATER CLOSET, LAVATORY AND SHOWER, CONSTRUCT OF (2) DORMERS, INSTALL SUPPLEMENTAL FIRE ALARM SYSTEM

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

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

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period(____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Fees: \$40.00

Paid ☒ Check No.: 6250

Collected by: ND

JM



CITY OF MARGATE
101 NORTH WASHINGTON AVENUE
MARGATE, NJ 08402
609 - 822-1974

Permit Number: 20100317
Update Number:
Control Number: 21801
Application Date: 04/20/10
Permit Date: 5/3/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 315 Lot : 12 Qualifier :	
Work Site Location: 8607 WINCHESTER AVE MARGATE	Contractor: REMARKABLE RENOVATIONS
Owner In Fee: BUCHALSKI, MARTIN AND DEBRA	Address: 1 S. SOMERSET AVENUE
Address: 1 S. SUMERSET AVENUE	VENTNOR NJ 08406
VENTNOR NJ 08406	Telephone: (609) - 471-9069
Telephone: (609) - 471-9069	Lic. No. / Bldrs. Reg. No.:
Use Group(s): R-5	Federal Emp. No.:

is hereby granted permission to perform the following work :

☒ BUILDING	☒ PLUMBING	☐ DEMOLITION
☒ ELECTRICAL	☒ FIRE PROTECTION	☐ OTHER
☐ ELEVATOR DEVICES	☐ MECHANICAL	
☐ ASBESTOS ABATEMENT	☐ LEAD HAZARD ABATEMENT	

(Subchapter 8 only)

DESCRIPTION OF WORK:

RENOVATE KITCHEN AND BATH. UPDATE LIVING ROOM AND LAUNDRY ON 1ST FLOOR. RENOVATE (2) BATHS, CONSTRUCT LOFT IN MASTER BEDROOM AND UPDATE CONFORM STAIRWAY FROM MASTER BEDROOM TO 3RD FLOOR LOFT

ESTIMATED COST OF WORK:

Cost of Construction:	\$0.00
Cost of Alteration:	\$49,150.00
Cost of Demolition:	\$0.00

Total Cost:	\$49,150.00
--------------------	--------------------

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

Guy J. Galantino
GUY J. GALANTINO

5/4/10
Date

Construction Official

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

PAYMENTS	(Office Use Only)
Building	\$900.00
Electrical	\$175.00
Plumbing	\$303.00
Fire Protection	\$174.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$85.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	\$40.00
CCO Fee	
Minimum Fee	
Total	\$1,677.00
All Fees Waived	No

Amount to be Paid: **\$1,677.00**

Check Number: 6250

Check amount: \$1,677.00

Collected by: ND

Receipt No:

Total Cash Amount:

Total Check Amount: \$1,677.00

Total CC Amount:

Grand Total: \$1,677.00

Note: CALL FOR ALL INSPECTIONS, ALL WORK MUST COMPLY WITH APPROVED PRINTS, STATE & LOCAL CODES

DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974



BUILDING SUBCODE TECHNICAL SECTION



Date Received 3/16/10 inc/4/20/10 copy
Date Issued 5/3/10
Control #
Permit # 2010-0317

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

Block 315 Lot 12 Qualification Code _____

Work Site Location 8607 WINCHESTER AVE
MARGATE, NJ 08402

Owner in Fee: DEBRA BUCHALSKI

Tel. (609) 471-9069 e-mail olowndevelops@aol.com

Address 15 SOMERSET AVE, VENTNOR, 08406
street municipality zip code

Contractor: REMARKABLE RENOVATION Tel. (609) 471-9069

Address 15 SOMERSET AVE, VENTNOR

Contractor License No. or Builder Registration No. 13UH0448270 Exp. Date 12/31/10

Federal Emp. ID No. 26-0542765 FAX: () _____

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required			Footing					
☒ All <u>new</u>	<u>4/16/10</u>	<u>AB</u>	Footing Bonding					
☐ Footing			Foundation					
☐ Foundation			Slab					
☐ Frame			Frame					
☐ Other			Truss Sys./Bracing					
Joint Plan Review Required			Barrier-Free					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation					
			Finishes-Base Layer					
			Finishes-Final					
			Energy					
			Mechanical					
			TCO					
			Other					
			Final					
			Barrier-Free					

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed 28 Est. Cost of Bldg. Work

Constr. Class Present _____ Proposed 5B

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.

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.

[Signature]
Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1ST FLOOR RENOVATION -
KIT, BATH, UPDATE LR + LAUNDRY,
2ND FLOOR
UPDATE 2 BATHS, LOFTING M.B.
UPDATE + CONFORM STAIRWAY
FROM MB TO 3RD FLOOR
• UPDATE + COMPLY NEW PLUMBING
MECH, ELECTRICAL
• INSTALL 4x6 COVERED ROOF ON
EXISTING OPEN PORCH

TYPE OF WORK

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

FEE (Office Use Only)

\$ _____

900.

40

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ 51.

TOTAL FEE \$ 991.

UCC/F-110
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(856) 468-7933

CL# 6250-1611-AD 4/30/10

DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

3/16/10 m/ 4/29/10 comp
5/3/10
2010-0317

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

Block 315 Lot 12 Qualification Code _____

Work Site Location 8607 Winchester Ave

MARGATE

Owner in Fee: Debra Buchalski

Tel. (609) 471-9069 e-mail downdevelops@aol.com

Address 15 Somerset Ave, Ventnor, NJ 08406

Contractor: McBride and Company Tel. (609) 927-7117

Address 450 Adams Ave

Somers Point, NJ 08244

Contractor License No. 8478 Exp. Date 4/30/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04831200

Federal Emp. ID No. 22-2825379 FAX: (609) 922-4501

B. PLUMBING CHARACTERISTICS

Use Group: Present _____ Proposed _____

Building Sewer Size 4" Public Sewer ☒ Private Septic _____

Water Service Size 1" Public Water ☒ Private Well _____

Est. Cost of Plumbing Work \$ \$750

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial	
☒ No Plans Required		Slab					
Date _____ Initial _____		Rough					
Joint Plan Review Required		Water					
☐ Building ☐ Electric		Sewer					
☐ Fire ☐ Elevator		Fixtures					
☒ Plumbing Plans Approved		Gas Equipment					
Date: <u>4/22/10</u>		Gas Piping					
Approved by: _____		LPGas Tank					
SUBCODE APPROVAL		Fuel Oil Piping					
☐ CO ☐ CCO ☐ CA		Solar					
Date: _____		TCO					
Approved by: _____							

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

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>3</u>	Water Closet <u>REPLACE EXISTING</u>	<u>39-</u>
	Urinal/Bidet	
	Bath Tub	
<u>3</u>	Lavatory "	<u>39-</u>
<u>3</u>	Shower "	<u>39-</u>
	Floor Drain	
<u>1</u>	Sink	<u>13-</u>
<u>1</u>	Dishwasher	<u>13-</u>
	Drinking Fountain	
<u>1</u>	Washing Machine	<u>13-</u>
<u>1</u>	Hose Bibb	<u>13-</u>
<u>1</u>	Water Heater	<u>13-</u>
	Fuel Oil Piping	
<u>1</u>	Gas Piping	<u>82-</u>
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
<u>1</u>	Garbage Disposal	<u>13-</u>
<u>2</u>	Other <u>COND DRAINS</u>	<u>26-</u>

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

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

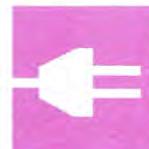
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(856) 468-7933

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4. White Tag-Office Copy

DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

3/16/10m / 4/20/10day
5/3/10
2010-0317

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

Block 315 Lot 12 Qualification Code _____

Work Site Location 8607 Winchester Ave
MARGATE

Owner in Fee: Debra Buchalski

Tel. (609) 471-9065 e-mail dawndevelops@aol.com

Address 15 Somerset Ave, Ventnor, NJ
street municipality zip code

Contractor: Action Elec Tel. (609) 390-1433

Address 14 Ventnor Rd

Murrows NJ 08023

Contractor License No. 9121 Exp. Date 4/12

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

Federal Emp. ID No. 22-3329478 FAX: () 390-0267

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Date Initial

Joint Plan Review Required

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: 4/27/10

Approved by: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: Failure Failure Approval Initial

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

Dates (Month/Day)

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

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

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

12 Lighting Fixture
10 Receptacles
8 Switches
— Detectors
— Light Poles
2 Motors—Fract. HP
6 Emergency & Exit Lights
— Communications Points
— Alarm Devices/F.A.C. Panel

38 TOTAL NUMBERS

1 905 Pool Permit/with UW Lights
1 3 Storable Pool/Spa/Hot Tub
1 503 KW Elec. Rang/Receptacle
1 503 KW Oven/Surface Unit
1 503 KW Elec. Water Heater
1 503 KW Elec. Dryer/Receptacle
1 2 KW Dishwasher
1 3/4 HP Garbage Disposal
2 3 KW Central A/C Unit
2 905 HP/KW Space Heater/Air Handler
— KW Baseboard Heat
— HP Motors 1/+ HP
— KW Transformer/Generator
EXISTING AMP Service
— AMP Subpanels
— AMP Motor Control Center
— KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 45.-
13.-
13.-
13.-
13.-
13.-
26.-
26.-
175.-
9.-
184.-

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(856) 468-7933

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

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2. Canary-Applicant Copy
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4. White Tag-Office Copy

DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974



FIRE SUBCODE TECHNICAL SECTION



Date Received 3/16/10 ue 4/20/10 Comp
Date Issued 5/3/10
Control #
Permit # 2010-0317

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

Block 315 Lot 12 Qualification Code _____
Work Site Location 8607 Winchester Ave

Owner in Fee: Debra Buchan
Tel. (609) 471-9669 e-mail downdevelops@aol.com
Address 15 Somerset Ave, Ventnor
street municipality zip code

Contractor: Action Elec Tel. (609) 390-1433
Address 14 VERNON RD
MARMON, NJ 08223

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div. of Fire Safety Installer No. _____
Fire Alarm Contractor No. 9121 Exp. Date 4/12
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-3325498 FAX: (609) 390-0267

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New OR [] Modification to Existing
OR [] Conversion OR [] Replacement

Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other

Location: _____
Total Cost of Fire Protection Work \$ 400

Fuel Storage Tank:

Fuel Type: [] Flammable or [] Combustible
Capacity _____

Fire Alarm System: [] New OR [] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:

[] New OR [] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
[] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
[] Fire Protection Plans Approved
Date: 4/22/10 Approved by: ay
Joint Plan Review Required: _____
[] Bldg. [] Elec. [] Plumb. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 4/22/10 Approved by: ay

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Dates (Month/Day)

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.

Applicant Signature/ Contractor's Signature
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
System		
110v Interconnected		
CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	<u>8</u>	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	<u>8</u>	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [] Gas [] Oil [] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

58.-
1.-
69.-

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DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974



FIRE SUBCODE TECHNICAL SECTION



Date Received 3/16/10
Date Issued 4/20/10
Control # 573/10
Permit # 2010-0317

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

Block 315 Lot 12 Qualification Code _____
Work Site Location 8607 Winchester Ave

Owner in Fee: Debra Buchalski
Tel. (609) 971-9069 e-mail downdevelops@aol.com
Address 1 Somerset Ave, Ventnor, NJ
Contractor: BARTHOLOMEW HURC Tel. (609) 653-2027
Address SWILLOWBROOK LANE
APT 10 08234

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 _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 149585258000 FAX: 609 653 8363

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New OR [] Modification to Existing
OR [] Conversion OR [] Replacement
Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other
Location: HEATING ROOM
Total Cost of Fire Protection Work \$ 5000.00

Fuel Storage Tank:

Fuel Type: [] Flammable or [] Combustible
Capacity _____
Fire Alarm System: [] New OR [] Existing
Location of Panel: _____
Fire Suppression/Standpipe System:
[] New OR [] Existing
Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

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

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK

REPLACE HEAT/AC

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

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

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 116.00

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(856) 468-7933

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
[] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
[] Fire Protection Plans Approved
Date: 4/22/10 Approved by: [Signature]
Joint Plan Review Required: _____
[] Bldg. [] Elec. [] Plumb. [] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4/23/10 Approved by: [Signature]
SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCO [] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Alarm System	_____	_____	_____	_____
Suppression Sys.	_____	_____	_____	_____
Standpipe	_____	_____	_____	_____
Fire Pump	_____	_____	_____	_____
Pre-Eng. System	_____	_____	_____	_____
Mechanical	_____	_____	_____	_____
Smoke Control	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Flam/Combust Tanks	_____	_____	_____	_____
Fireplace Venting	_____	_____	_____	_____
Final	_____	_____	_____	_____
Other	_____	_____	_____	_____

Dates (Month/Day)

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

101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974



ELECTRICAL 2
SUBCODE
TECHNICAL SECTION



Permit #

2010-0317+2

Federal Emp. ID No. 213-00-1959 FAX: ()

Estimated Cost of Electrical Work \$	500
--------------------------------------	-----

69

Approved by:

Certification

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

06/08

5-24-10
UCC/F-120
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(856) 468-7933

TOTAL FEE \$

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



CITY OF MARGATE
101 NORTH WASHINGTON AVENUE
MARGATE, NJ 08402
609 - 822-1974

Permit Number: 20100317
Update Number: 1
Control Number: 21823
Application Date: 05/07/10
Permit Date: 5/25/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 315	Lot : 12	Qualifier :	Work Site Location: 8607 WINCHESTER AVE MARGATE	Owner In Fee: BUCHALSKI, MARTIN AND DEBRA	Address: 1 S. SUMERSET AVENUE	VENTNOR NJ 08406	Telephone: (609) - 471-9069	Lic. No. / Bldrs. Reg. No.:	Federal Emp. No.:
is hereby granted permission to perform the following work :									
[X] BUILDING [] PLUMBING [] DEMOLITION									
[X] ELECTRICAL [X] FIRE PROTECTION [] OTHER									
[] ELEVATOR DEVICES [] MECHANICAL									
[] ASBESTOS ABATEMENT [] LEAD HAZARD ABATEMENT									
(Subchapter 8 only)									
DESCRIPTION OF WORK:									
CONSTRUCT OF (2) DORMERS									
ESTIMATED COST OF WORK:									
Cost of Construction: \$12,300.00									
Cost of Alteration: \$400.00									
Cost of Demolition: \$0.00									
Total Cost: \$12,700.00									

PAYMENTS (Office Use Only)	
Building	\$176.00
Electrical	\$58.00
Plumbing	
Fire Protection	\$58.00
Elevator Devices	
Mechanical	
VolFee (DCA)	\$27.00
AltFee (DCA)	\$1.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$320.00
All Fees Waived	No

Amount to be Paid: \$320.00
Check Number: 6267
Check amount: \$320.00

Collected by: DC
Receipt No:

Total Cash Amount:
Total Check Amount: \$320.00
Total CC Amount:

Grand Total: \$320.00

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

Construction Official
GUY J. GALANTINO

Date

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

Note: CALL FOR ALL INSPECTIONS, ALL WORK MUST COMPLY WITH APPROVED PRINTS AND R. RUBINS ZONING APPROVAL

DIVISION OF BUILDING & FIRE SAFETY

101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

5/7/10
5/24/10
2010-0317+1

21823
UPDATE

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

Block 315 Lot 12 Qualification Code _____

Work Site Location 8607 Winchester

MARGATE

Owner in Fee: Debra Buchalski

Tel. (609) 471-9069 e-mail downdevelops@aol.com

Address 1 S Somerset Ave Ventnor NJ 08406

street

municipality

zip code

Contractor: Remannable Renovations Tel. (609) 471-9069

Address 1 S Somerset Ave, Ventnor, NJ

Contractor License No. or Builder Registration No. 13VH0448 270 Exp. Date 12/31/10

Federal Emp. ID No. 26-0542765 FAX: (609) 471-9069

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.

Debra Buchalski
Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

~~Remannable Renovations~~
ADDITION OF 2 DORMERS
5A CONSTRUCTION

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial

☐ No Plans Required

☒ All study

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

Insulation

Finishes-Base Layer

Finishes-Final

Energy

Mechanical

TCO

Other

Final

Barrier-Free

Dates (Month/Day)

Failure

Failure

Approval

Initial

B. BUILDING CHARACTERISTICS

Use Group: Present RS Proposed _____

Constr. Class Present JA Proposed _____

No. of Stories _____

Height of Structure _____ Ft.

Area — Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors 725 Sq. Ft.

Volume of New Structure 7986 Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work

1. New Bldg. \$ 121,000

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

TYPE OF WORK

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence Height (exceeds 6')

☐ Sign Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other

☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ 175.-

State Permit Surcharge Fee \$ 29.-

TOTAL FEE \$ 203.-

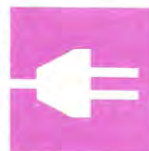
5/17/10
UCC/F-110 16267
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(856) 468-7933

DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974



ELECTRICAL SUBCODE TECHNICAL SECTION

UPDATE



Date Received 5/7/10
Date Issued 5/24/10
Control #
Permit # 9010-0317 +1

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

Block 315 Lot 12 Qualification Code
Work Site Location 8007 Winchelsea Margate NJ
Owner in Fee: DEBRA BUCHNICKI
Tel. () 471-9069 e-mail
Address #1 Somerset Ave Ventnor, zip code
Contractor: Action Elec Service Tel. (609) 390-1433
Address 14 Johnson Rd Marmora NJ 08223
Contractor License No. 9121 Exp. Date 4/12
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22 3329498 FAX: () 390-0267

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 500.00 ALK-400.- ADD-100.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: 5/11/10

Approved by:

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Dates (Month/Day)	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
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 I am authorized to make this application, and perform the work listed on this application.

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
2		Lighting Fixture
7		Receptacles
2		Switches
2		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/E.A.C. Panel

QTY.	SIZE	ITEMS
13		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Rang/Receptacle
1	4.5	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
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 45.-

13

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Administrative Surcharge \$
Minimum Fee \$ 58.-
State Permit Surcharge Fee \$ 1.-
TOTAL FEE \$ 59.-

DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974



FIRE SUBCODE TECHNICAL SECTION

UPDATE



Date Received 5/7/10
Date Issued 5/24/10
Control #
Permit # 2010-0317+1

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

Block 315 Lot 12 Qualification Code _____
Work Site Location 8607 Winchester Margate NJ
Owner in Fee: Debra Buchalski
Tel. () 71-9069 e-mail _____
Address #1 Somerset Ventnor street municipality zip code
Contractor: Action 266 Security Tel. () 398-1433
Address 14 Ventnor Rd Margate NJ 08223

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 9121
Fire Protection Equipment, NJ Div. of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date 4/12
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-3329498 FAX: () 390-0267

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New OR [] Modification to Existing
OR [] Conversion OR [] Replacement
Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____

Location: _____
Total Cost of Fire Protection Work \$ 200.00 ADD

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial	
[] No Plans Required		Alarm System	_____	_____	_____	_____	
[] Partial-Underslab Utilities Approved		Suppression Sys.	_____	_____	_____	_____	
Date: _____ Approved by: _____		Standpipe	_____	_____	_____	_____	
[] Fire Protection Plans Approved		Fire Pump	_____	_____	_____	_____	
Date: <u>5/4/10</u> Approved by: <u>CA</u>		Pre-Eng. System	_____	_____	_____	_____	
Joint Plan Review Required: _____		Mechanical	_____	_____	_____	_____	
[] Bldg. [] Elec. [] Plumb. [] Elev.		Smoke Control	_____	_____	_____	_____	
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____	_____	
Date: <u>5/11/10</u> Approved by: <u>CA</u>		Flam/Combust Tanks	_____	_____	_____	_____	
SUBCODE APPROVAL for CERTIFICATE		Fireplace Venting	_____	_____	_____	_____	
[] CO [] CCO [] CA		Final	_____	_____	_____	_____	
Date: _____		Other	_____	_____	_____	_____	
Approved by: _____							

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

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.

Applicant Signature/ Contractor's Signature
[X] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK

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

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

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 58

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(856) 468-7933



CITY OF MARGATE
101 NORTH WASHINGTON AVENUE
MARGATE, NJ 08402
609 - 822-1974

Permit Number: 20100317

Update Number: 2

Control Number: 21897

Application Date: 05/21/10

Permit Date: 5/25/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 315	Lot : 12	Qualifier :	
Work Site Location: 8607 WINCHESTER AVE MARGATE			Contractor: SHORE ALARM LLC
Owner In Fee: BUCHALSKI, MARTIN AND DEBRA			Address: 2939 SUNSET AVENUE
Address: 1 S. SUMERSET AVENUE			LONGPORT NJ -
VENTNOR NJ 08406			Telephone: (609) - 428-7067
Telephone: (609) - 471-9069			Lic. No. / Bldrs. Reg. No.:
Use Group(s): R-5			Federal Emp. No.: 21-3081959

is hereby granted permission to perform the following work :

☐ BUILDING	☐ PLUMBING	☐ DEMOLITION
☒ ELECTRICAL	☐ FIRE PROTECTION	☐ OTHER
☐ ELEVATOR DEVICES	☐ MECHANICAL	
☐ ASBESTOS ABATEMENT	☐ LEAD HAZARD ABATEMENT	

(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL SUPPLEMENTAL FIRE ALARM SYSTEM

ESTIMATED COST OF WORK:

Cost of Construction:	\$0.00
Cost of Alteration:	\$500.00
Cost of Demolition:	\$0.00

Total Cost:	\$500.00
--------------------	-----------------

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

GUY J. GALANTINO

Construction Official

Date

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

PAYMENTS (Office Use Only)

Building	
Electrical	\$58.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$1.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$59.00
All Fees Waived	No

Amount to be Paid: \$59.00

Check Number: 2243

Check amount: \$59.00

Collected by: JM

Receipt No:

Total Cash Amount:

Total Check Amount: \$59.00

Total CC Amount:

Grand Total: \$59.00

Note: CALL FOR ALL INSPECTIONS. MUST MEET ALL STATE AND LOCAL CODES

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

Block: 315 Lot: 12 Qualification Code:
Work Site Location: 8607 WINCHESTER AVE
Owner in Fee/Occupant: BUCHALSKI, MARTIN AND DEBRA
Address: 1 S. SUMERSET AVENUE
VENTNOR, NJ 08406

E-mail:
Telephone: (609) 471-9069
Contractor: SHORE ALARM LLC
ATTN:
Address: 2939 SUNSET AVENUE
LONGPORT NJ -

E-mail:
Home Improvement Registration No. or Exemption Reason:
Contractor License No.: Exp. Date: Federal Emp. No.: 21-3081959

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
1. New Building: \$0.00 2. Rehabilitation: \$500.00
3. Demolition: \$0.00 Est. Cost of Elec. Work (1+2+3): \$500.00

Job Summary (Office Use Only)			INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval	Initial
[] No Plans Required			Rough	_____	_____	_____
Joint Plan Review Required			Barrier-Free	_____	_____	_____
[] Building [] Plumbing			Trench	_____	_____	_____
[] Fire [] Elevator			Temp. Serv	_____	_____	_____
[] Elec. Plans Approved			Constr. Serv	_____	_____	_____
Date: _____			TCO	_____	_____	_____
Approved by: _____			Other	_____	_____	_____
			Service	_____	_____	_____
			Final	_____	_____	_____
SUBCODE APPROVAL			Barrier-Free	_____	_____	_____
[] CO [] CCO [] CA			Temp. Cut-in-Card Date Issued	_____	_____	_____
Date: _____			Final Cut-in-Card Date Issue	_____	_____	_____
Approved by: _____			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.

[] Licensed Electrical Contractor
[] Certified Landscape Irrigation Contractor
[] Exempt Applicant

Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS
Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motor-Fract. HP
Emergency & Exit Lights
Communication Points
Alarm Devices/F.A.C. Panel
Other 1:
Other 2:

1

TOTAL NUMBER: 1

\$45.00

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 Htr./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
KW Photovoltaic Systems
Other 3:
Other 4:
Other 5:
Other 6:
Other 7:
Other 8:
Other 9:

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$58.00

\$1.00

\$59.00



CITY OF MARGATE
101 North Washington Avenue
Margate NJ 08402
609-822-1974

CERTIFICATE IDENTIFICATION

Date Issued: 07/19/2010

Control #: 21605

Permit #: 20100308

Block: 315 Lot: 12 Qualification Code: _____

Work Site Location: 8607 WINCHESTER AVE

MARGATE

Owner in Fee: BUCHALSKI, MARTIN AND DEBRA

Address: 1 S. SUMERSET AVENUE

VENTNOR NJ 08406

Telephone: 609 471-9069

Agent/Contractor: AMERICAN CONTRACTORS SERVICES INC.

Address: 2547 FIRE ROAD, C-3

EGG HARBOR TOWNSHIP NJ 08234

Telephone: 609 407-0500

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: _____

NON STRUCTURAL INTERIOR DEMO IN PREPARATION FOR RENOVATIONS

Update Desc. of Wk/Use: _____

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

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

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

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period(____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

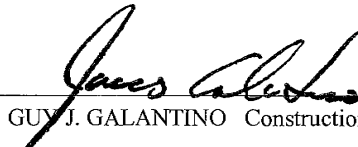
☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Fees: \$0.00

Paid ☒ Check No.: 6247

Collected by: DC


GUY J. GALANTINO Construction Official



CITY OF MARGATE
101 NORTH WASHINGTON AVENUE
MARGATE, NJ 08402
609 - 822-1974

Permit Number: 20100308
Update Number:
Control Number: 21605
Application Date: 03/16/10
Permit Date: 5/3/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 315 Lot : 12 Qualifier :	
Work Site Location: 8607 WINCHESTER AVE MARGATE	Contractor: AMERICAN CONTRACTORS SERVICES INC.
Owner In Fee: BUCHALSKI, MARTIN AND DEBRA	Address: 2547 FIRE ROAD, C-3
Address: 1 S. SUMERSET AVENUE	EGG HARBOR TOWNSHIP NJ
VENTNOR NJ 08406	08234
Telephone: (609) - 471-9069	Telephone: (609) - 407-0500
Use Group(s): R-5	Lic. No. / Bldrs. Reg. No.:
	Federal Emp. No.:

is hereby granted permission to perform the following work :

☒ BUILDING ☐ PLUMBING ☐ DEMOLITION
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ OTHER
☐ ELEVATOR DEVICES ☐ MECHANICAL
☐ ASBESTOS ABATEMENT ☐ LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

NON STRUCTURAL INTERIOR DEMO IN PREPARATION FOR RENOVATIONS

ESTIMATED COST OF WORK:

Cost of Construction: \$0.00
Cost of Alteration: \$6,000.00
Cost of Demolition: \$0.00

Total Cost: \$6,000.00

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

GUY J. GALANTINO

Date

Construction Official

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

Note: NON STRUCTURAL DEMO ONLY.

PAYMENTS	(Office Use Only)
Building	\$180.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$10.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$190.00
All Fees Waived	No

Amount to be Paid: \$190.00

Check Number: 6247

Check amount: \$190.00

Collected by: DC

Receipt No:

Total Cash Amount:

Total Check Amount: \$190.00

Total CC Amount:

Grand Total: \$190.00

DIVISION OF BUILDING & FIRE SAFETY

101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received 3/16/10
Date Issued 5/3/10
Control #
Permit # 2010-0308

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

Block 315 Lot 12 Qualification Code
Work Site Location 8607 WINCHESTER AVE

Owner in Fee: DEBRA BUCHALSKA
Tel. 609 471-9069 e-mail downdevelops@aol.com
Address 1 SOMERSET AVE, VENTNOR

Contractor: AMERICAN CONTRACTORS SERVICE TEL. 609 407-0500
Address 2547 FIRE RD C-3
E.I.T. N.J. 08224

Contractor License No. or Builder Registration No. 131401387600 Exp. Date 12/10
Federal Emp. ID No. 522346386 FAX: 609 407-0536

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.

Debra Buchalska
Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW STRUCTURAL
INTERIOR DEMO ONLY
IN PREPARATION FOR
RENOVATION

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required			Footings					
☐ All			Footings Bonding					
☐ Footing			Foundation					
☐ Foundation			Slab					
☐ Frame			Frame					
☒ Other	3/16/10		Truss Sys./Bracing					
Joint Plan Review Required			Barrier-Free					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation					
			Finishes-Base Layer					
			Finishes-Final					
			Energy					
			Mechanical					
			TCO					
			Other					
			Final					
			Barrier-Free					

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group: Present 28 Proposed _____
Constr. Class: Present 11 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. \$ _____
2. Rehabilitation \$ _____
3. Total (1+2) \$ 6000.00

TYPE OF WORK

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

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ 180.-
State Permit Surcharge Fee \$ 10.-
TOTAL FEE \$ 190.-

UCC/F-110
Professional Printing
(856) 468-7933



CITY OF MARGATE
101 NORTH WASHINGTON AVENUE
MARGATE, NJ 08402
609 - 822-1974

Permit Number: 20100317

Update Number: 3

Control Number: 21912

Application Date: 05/25/10

Permit Date: 7/14/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 315 Lot : 12 Qualifier :	
Work Site Location: 8607 WINCHESTER AVE MARGATE	Contractor: REMARKABLE RENOVATIONS
Owner In Fee: BUCHALSKI, MARTIN AND DEBRA	Address: 1 S. SOMERSET AVENUE
Address: 1 S. SUMERSET AVENUE	VENTNOR NJ 08406
VENTNOR NJ 08406	Telephone: (609) - 471-9069
Telephone: (609) - 471-9069	Lic. No. / Bldrs. Reg. No.:
Use Group(s): R-5	Federal Emp. No.:

is hereby granted permission to perform the following work :

☐ BUILDING	☒ PLUMBING	☐ DEMOLITION
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ OTHER
☐ ELEVATOR DEVICES	☐ MECHANICAL	
☐ ASBESTOS ABATEMENT	☐ LEAD HAZARD ABATEMENT	

(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL GAS PIPING, WATER CLOSET, LAVATORY AND SHOWER

ESTIMATED COST OF WORK:

Cost of Construction:	\$0.00
Cost of Alteration:	\$4,800.00
Cost of Demolition:	\$0.00

Total Cost:	\$4,800.00
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If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

GUY J. GALANTINO

Construction Official

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

Note: CALL FOR ALL INSPECTIONS. MUST MEET ALL STATE AND LOCAL CODES

PAYMENTS	(Office Use Only)
Building	
Electrical	
Plumbing	\$58.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$8.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$66.00
All Fees Waived	No

Amount to be Paid: \$66.00

Check Number: 6315

Check amount: \$66.00

Collected by: ND

Receipt No:

Total Cash Amount:

Total Check Amount: \$66.00

Total CC Amount:

Grand Total: \$66.00

DIVISION OF BUILDING & FIRE SAFETY

101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 5-25-10
Date Issued 7-14-10
Control #
Permit # 2010-0317-3

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

Block 315 Lot 127 Qualification Code

Work Site Location 8607 Winchester

Owner in Fee: BUCHALSKI MARTIN - DEBRA

Tel. () e-mail

Address

Contractor: ED'S Plumbing Inc. Tel. (609) 641-1662

Address 170 Alder Ave EHT NJ 08234

Contractor License No. 12124 Exp. Date 6/30/2011

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

Federal Emp. ID No. 20-0880931 FAX: ()

B. PLUMBING CHARACTERISTICS

Use Group: Present ☒ Proposed ☐

Building Sewer Size 4" Public Sewer ☒ Private Septic ☐

Water Service Size 1" Public Water ☒ Private Well ☐

Est. Cost of Plumbing Work \$ 5,000.00 4800.

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Slab				
Date Initial		Rough				
Joint Plan Review Required		Water				
☐ Building ☐ Electric		Sewer				
☐ Fire ☐ Elevator		Fixtures				
☒ Plumbing Plans Approved		Gas Equipment				
Date: 5/25/10		Gas Piping				
Approved by: [Signature]		LPGas Tank				
SUBCODE APPROVAL		Fuel Oil Piping				
☐ CO ☐ CCO ☐ CA		Solar				
Date:		TCO				
Approved by:						

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

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	\$ 13-
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	13-
1	Shower	13-
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
+	Gas Piping EXTRA FIRE ARREST	82-
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrapp	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

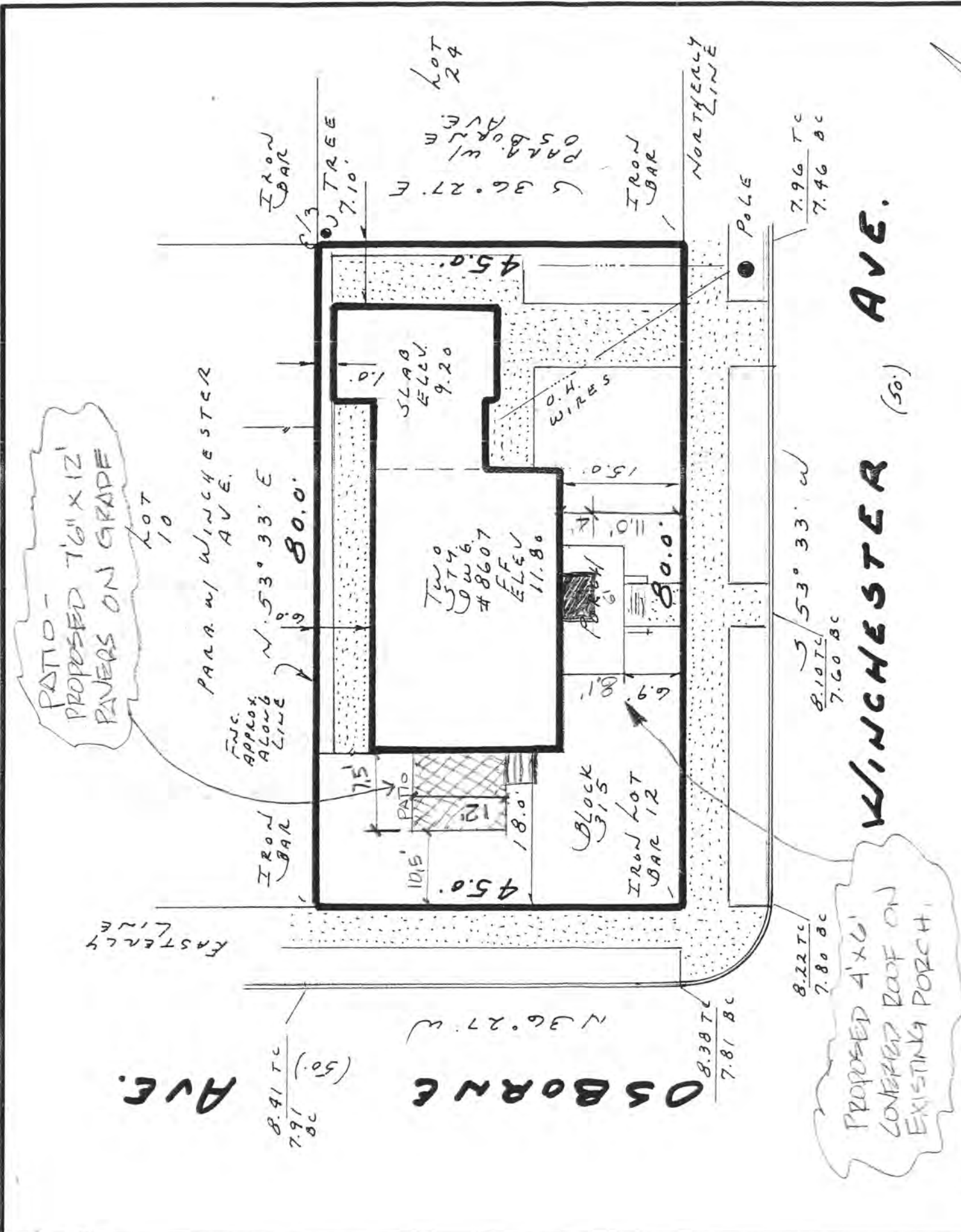
Administrative Surcharge \$ 125.58-
Minimum Fee \$ 8.-
State Permit Surcharge Fee \$ 130.66-
TOTAL FEE \$

NOT DONE PER CONTRACTOR - SEE LETTER

UCC/F-130
Professional Printing
(856) 468-7933

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

CR #6315-66-120 7/14/10



DEED DESCRIPTION

Description of a certain tract or parcel of land situate in the City of Margate, County of Atlantic, State of New Jersey, being designated as Lot 12 in Block 315 on the current official tax map and being more particularly described as follows:

Beginning at the intersection of the Northerly line of Winchester Ave. (50' wide) with the Easterly line of Osborne Ave. (50' wide) and from thence running:

1. North 36 degrees 27 minutes West along the Easterly line of Osborne Ave. a distance of 45.0 feet to a point in the division line between lots 10 and 12 block 315; thence
2. North 53 degrees 33 minutes East along last mentioned division line and parallel with Winchester Ave. a distance of 80.0 feet to a point in the division line between lots 24 and 12 block 315; thence
3. South 36 degrees 27 minutes East along last mentioned division line and parallel with Osborne Ave. a distance of 45.0 feet to a point in the Northerly line of Winchester Ave.; thence
4. South 53 degrees 33 minutes West along the Northerly line of Winchester Ave. 80.0 feet to a point in the Easterly line of Osborne Ave. and the point and place of Beginning

GENERAL NOTES:

Offsets are shown only for checking compliance with deed restrictions and zoning regulations. Offsets shall not be used for any other purposes. Surveyor shall not have any responsibility or liability if the offsets shown are used other than as intended.

This property is subject to any documents of record, either recorded or unrecorded, Underground Improvements, easements, property line agreements or other conditions unknown to the surveyor are not shown. Surveyor reserves the right to modify this survey should any such information become available.

Surveyor's signature and embossed seal signify that this survey was prepared in accordance with the current regulations adopted by the New Jersey State Board of Professional Engineers and Land Surveyors. Only signed and sealed copies of this survey shall be considered as true copies.

The illustration of riparian claims or regulated wetlands affecting subject property, if any, are not included as a part of surveyor's contract. Surveyor reserves the right to modify this survey should client specifically request these additional services.

This survey has been prepared only for the use of the named parties. Surveyor shall not have any responsibility or liability should this survey be used for resale of property, for use with survey affidavit, or for use by any other person or entity not specifically named, for any reasons other than as intended.

Property is located in a F.E.M.A. FIRM ZONE "A-B".

Surveyed in accordance with Commitment No.

Martin & Debra Buchalski
Trident Land Transfer Co NJ

In consideration of the mutual covenants and promises contained in the agreement between the above named parties and the undersigned, the provisions of which are incorporated herein by reference, I declare that this plan is based on a field survey made on 1/28/10 by me or under my immediate supervision in accordance with N.J.A.C. 13:40-5.1, and to the best of my professional knowledge, information and belief,

a) correctly represents the conditions found at and as of the date of the field survey, except such easements, if any, below the surface of the lands or on the surface of the lands and not visible,

b) except as shown on the plan, there are no discrepancies between the boundary lines of the subject property as shown on the plan and as described in the legal description of record.

This plan is made to provide information to the title insurer so that it may insure title to the lands shown herein and for the mortgage holder named above. This declaration is given solely to the above named parties for this transaction only and is not transferable, except as provided herein.

SURVEY OF PREMISES

SITUATE IN
CITY OF MARGATE
COUNTY OF ATLANTIC, N.J.

BLOCK 315 LOT 12

PAUL H. KOELLING
& ASSOCIATES, LLC

SURVEYING - PLANNING
2161 SHORE ROAD
LINWOOD, NJ 08221

phone (800) 927-0279 fax (800) 927-0188
CERTIFICATE OF AUTHORIZATION #24GA28133100

Date: JAN. 29, 2010 Sokalski
Scale: 1" = 15' Project No. 15914

PAUL H. KOELLING
PLS: N.J. LICENSE NO. 24GS02177100
PP: N.J. LICENSE NO. 33JL00200700