Permits All

(1/1/2020 - 1/31/2020, Filtered [January Permits] - 43 records)

Subcodes Used	Permit Number	Location Address	Application Date	Permit Issue Date	Application Status	Work Description	Work Description Comments
B P E F	2000001	431 MILTON AVE	10/24/2019	01/02/2020	Open	RENOVATION	RENOVATION OF UNFINISHED 2ND FLOOR SPACE TO CREATE A BEDROOM & BATHROOM SUITE
B	2000002	166 MONMOUTH BLVD	11/27/2019	01/06/2020	CA and Close Date Issued	INSULATION	REMOVE INSULATION IN CRAWL SPACE AND REPLACE WITH FOAM SPRAY INSULATION
B	2000004	42 POCANO AVE	12/02/2019	01/07/2020	CA and Close Date Issued	GENERATOR PLATFORM	GENERATOR PLATFORM ONLY
B	1900188+A	38 ONEIDA AVENUE	12/18/2019	01/07/2020	Finals Passed	PORCH	PERMIT UPDATE - FRONT PORCH & AS-BUILTS. REPAIRS AFTER HOUSE LIFT & HVAC. SUPER STORM SANDY
B E F	2000003	27 MORRIS PL	12/11/2019	01/07/2020	Finals Passed	ADDITION	2ND FLOOR ADDITION - ADD BEDROOM
B P E	2000007	6 GOSSELIN AVENUE	10/04/2019	01/08/2020	Open	SUMP PUMP	SUMP PUMP. 6 GOSSELIN AVENUE, FORT MONMOUTH, SOUTH, BUILDING 235
P	2000006	24 BUNGALOW PL	07/10/2015	01/08/2020	Open		Minor Work
B P E	2000009	20 GOSSELIN AVENUE	10/04/2019	01/08/2020	Open	SUMP PUMP	SUMP PUMP. 20 GOSSELIN AVENUE, SOUTH, BUILDING 241, FORT MONMOUTH
E	2000005	44 ALGONQUIN AVE	12/20/2019	01/08/2020	CA and Close Date Issued	CAR CHARGER SERVICE	200 AMP SERVICE UPGRADE & 50 AMP RECEPTACLE FOR CAR CHARGER
B	1900246+A	24 BUNGALOW PL	01/02/2020	01/08/2020	Open	DORMER PORCH	PERMIT UPDATE - REPLACE MASONRY PORCH WITH WOODEN PORCH. FRONT COVERED PORCH & DORMER AT ENTRY FOYER
B P E	2000008	14 GOSSELIN AVENUE	10/04/2019	01/08/2020	Open	SUMP PUMP	SUMP PUMP. 14 GOSSELIN AVENUE, SOUTH, BUILDING 239. FORT MONMOUTH
B P E	2000014	30 GOSSELIN AVENUE	10/04/2019	01/09/2020	Open	SUMP PUMP	SUMP PUMP. 30 GOSSELIN AVENUE, FORT MONMOUTH, SOUTH, BUILDING 247
B P E	2000013	29 GOSSELIN AVENUE	10/04/2019	01/09/2020	Open	SUMP PUMP	SUMP PUMP. 29 GOSSELIN AVENUE. BUILDING 248, SOUTH, FORT MONMOUTH
B P E	2000015	38 GOSSELIN AVENUE	10/04/2019	01/09/2020	Open	SUMP PUMP	SUMP PUMP. 38 GOSSELIN AVENUE, FORT MONMOUTH, SOUTH, BUILDING 251
B P E	2000012	28 GOSSELIN AVENUE	10/04/2019	01/09/2020	CA and Close Date Issued	SUMP PUMP	SUMP PUMP. 28 GOSSELIN AVENUE, FORT MONMOUTH, SOUTH, BUILDING 245

Date Printed: 10/13/2020

Permits All

(1/1/2020 - 1/31/2020, Filtered [January Permits] - 43 records)

	Subcodes Used	Permit Number	Location Address	Application Date	Permit Issue Date	Application Status	Work Description	Work Description Comments
✓	P	2000031	48 COMANCHE DR	12/06/2019	01/29/2020	CA and Close Date Issued	HOT WATER HEATER	REPLACE HOT WATER HEATER
✓	P	2000033	17 MAPLE AVE	12/10/2019	01/29/2020	CA and Close Date Issued	HOT WATER HEATER	HOT WATER HEATER REPLACEMENT
✓	P	2000032	19 COMANCHE DR	11/25/2019	01/29/2020	CA and Close Date Issued	HOT WATER HEATER	HOT WATER HEATER
✓	F	1900085+A	47 MOHICAN AVE	12/27/2019	01/29/2020	Finals Passed	ALARM DEVICES	SMOKE'S/CO'S. Interior Renovation
✓	P E	2000034	228 COMANCHE DR	10/31/2019	01/30/2020	Open	REPLACEMENT A/C UNIT REPLACEMENT FURNACE	REPLACE FURNACE & A/C
✓	P	1900346+A	281 E MAIN ST	01/21/2020	01/30/2020	CA and Close Date Issued	CHANGE OF CONTRACTOR	PLUMBING CHANGE OF CONTRACTOR. TENANT FIT OUT. 281 EAST MAIN STREET. FEDERICO'S ON MAIN STREET
✓	B	2000035	52 BRIDGEWATERS DR	08/01/2019	01/30/2020	CO and Close Date Issued	SHED ADDITION	ADD SHED ON RIGHT SIDE OF GARAGE
✓	P E	2000036	81 HORSESHOE CT	11/07/2019	01/31/2020	CA and Close Date Issued	A/C CONDENSER FURNACE	GAS FURNACE, COIL & CONDENSER
✓	B	2000037	113 COMANCHE DRIVE	01/15/2020	01/31/2020	Open	ADDITION INTERIOR ALTERATION(S)	

Grand Totals

Block 79 Lot 12.01 Qualification Code _____ Address (Site) 431 MILTON AVE Permit No. 2000001

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 431 MILTON AVE Oceanport Borough NJ 07757
2. Name of Owner in Fee: KOGUT,MICHAEL C. Tel. [redacted]
   Address 431 MILTON AVE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: KOGUT,MICHAEL C. Tel. [redacted]
   Address 431 MILTON AVE OCEANPORT NJ 07757
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	214		
2. Electrical	75		
3. Plumbing	80		
4. Fire Protection	100		
5. Elevator Devices			
6. Subtotal	469		
7. Less 20% for State Plan Review			
8. Subtotal	469		
9. State Permit Surcharge Fee	20		
10. Subtotal	489		
11. Cert of Occupancy	135		
12. Other			
13. TOTAL	624		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	7134	DW	10/24/2019		11/9/2019				
☑ Electrical	1059	JM	10/24/2019		10/30/2019				
☑ Plumbing	1583	JP	10/24/2019		10/30/2019				
☑ Fire Protection	275	DW	10/24/2019		11/10/2019				
☐ Elevator									

TOTAL COST 10051

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 12 Lot 18 Qualification Code _____ Address (Site) 166 MONMOUTH BLVD Permit No. 2000002

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 166 MONMOUTH BLVD Oceanport Borough NJ 07757
2. Name of Owner in Fee: DERAISMES, DEBORAH E Tel. [redacted]
   Address 166 MONMOUTH BLVD OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: HEALTHY WAY LLC Tel. (732) 741-1103
   Address 302 16TH AVENUE BELMAR NJ 07719
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	120		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	120		
7. Less 20% for State Plan Review			
8. Subtotal	120		
9. State Permit Surcharge Fee	8		
10. Subtotal	128		
11. Cert of Occupancy			
12. Other			
13. TOTAL	128		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	4000	DW	11/27/2019		11/30/2019				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 4000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 32 Lot 1 Qualification Code _____ Address (Site) 42 POCANO AVE Permit No. 2000004

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 42 POCANO AVE Oceanport Borough NJ 07757
2. Name of Owner in Fee: MCGANN, MARIANNE S Tel. [redacted]
   Address 42 POCANO AVE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: MCGANN, MARIANNE S Tel. [redacted]
   Address 42 POCANO AVE OCEANPORT NJ 07757
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	75		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	75		
7.	Less 20% for State Plan Review			
8.	Subtotal	75		
9.	State Permit Surcharge Fee	1		
10.	Subtotal	76		
11.	Cert of Occupancy			
12.	Other			
13.	TOTAL	76		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	300	DW	12/2/2019		12/7/2019				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 300

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 34 Lot 2 Qualification Code _____ Address (Site) 38 ONEIDA AVENUE Permit No. 1900188+A

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 38 ONEIDA AVENUE Oceanport Borough NJ 07757
2. Name of Owner in Fee: 6 STRINGS REAL ESTATE, LLC Tel. (732) 616-2343
   Address 281 CONCORD DRIVE WALL NJ 07715
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: ALL STAR CUSTOM HOME REMODELING, LLC Tel. (732) 616-2343
   Address 8 OVERLOOK DRIVE JACKSON NJ 08527
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 223684479 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	75		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee	5		
10. Subtotal	80		
11. Cert of Occupancy			
12. Other			
13. TOTAL	80		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	2500	DW	12/18/2019		12/21/2019				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 2500

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 60 Lot 9 Qualification Code _____ Address (Site) 27 MORRIS PL Permit No. 2000003

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 27 MORRIS PL Oceanport Borough NJ 07757
2. Name of Owner in Fee: PULLEY, GREGORY M JR. Tel. [redacted]
   Address 27 MORRIS PLACE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: PULLEY, GREGORY M JR. Tel. [redacted]
   Address 27 MORRIS PLACE OCEANPORT NJ 07757
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	95		
2. Electrical	75		
3. Plumbing			
4. Fire Protection	100		
5. Elevator Devices			
6. Subtotal	270		
7. Less 20% for State Plan Review			
8. Subtotal	270		
9. State Permit Surcharge Fee	12		
10. Subtotal	282		
11. Cert of Occupancy	135		
12. Other			
13. TOTAL	417		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	25 ft.	
3. Area - Largest Floor	684 sq. ft.	
4. New Building Area	1080 sq. ft.	
5. Volume of New Structure	3168 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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	40000	DW	12/11/2019		12/21/2019				
☑ Electrical	5000	JM	12/11/2019		12/12/2019				
☐ Plumbing									
☑ Fire Protection	50	DW	12/11/2019		12/21/2019				
☐ Elevator									

TOTAL COST 45050

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 110.03 Lot 1 Qualification Code _____ Address (Site) 6 GOSSELIN AVENUE Permit No. 2000007

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 6 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING, LP Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
   Email FWERNER@RPMDEV.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 222332364 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	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	200	DW	10/4/2019		10/12/2019				
☑ Electrical	200	MF	10/4/2019		10/11/2019				
☑ Plumbing	850	JP	10/4/2019		10/9/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1250

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 93 Lot 21 Qualification Code _____ Address (Site) 24 BUNGALOW PL Permit No. 2000006

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 24 BUNGALOW PL Oceanport NJ
2. Name of Owner in Fee: REMALEY, STEVE & DONNA Tel. _____
   Address 24 BUNGALOW PL OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: CP Burseth Plumbing Tel. (732) 277-1704
   Address 461 Angel Street Cliffwood NJ 07721
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	58		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	58		
7. Less 20% for State Plan Review			
8. Subtotal	58		
9. State Permit Surcharge Fee	2		
10. Subtotal	60		
11. Cert of Occupancy			
12. Other			
13. TOTAL	60		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☐ Electrical									
☑ Plumbing	1100								
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1100								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 110.03 Lot 1 Qualification Code _____ Address (Site) 20 GOSSELIN AVENUE Permit No. 2000009

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 20 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING, LP Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
   Email FWERNER@RPMDEV.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 222332364 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	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	200	DW	10/4/2019		10/12/2019				
☑ Electrical	200	MF	10/4/2019		10/11/2019				
☑ Plumbing	850	JP	10/4/2019		10/9/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1250

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 15 Lot 3.01 Qualification Code _____ Address (Site) 44 ALGONQUIN AVE Permit No. 2000005

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 44 ALGONQUIN AVE Oceanport Borough NJ 07757
2. Name of Owner in Fee: LESSER, DAVID & JENNA LEVY- Tel. [redacted]
   Address 44 ALGONQUIN AVE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: Savage Electric LLC Tel. (732) 996-0630
   Address 2410 Oak Street Point Pleasant Borough NJ 08742
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	185		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	185		
7. Less 20% for State Plan Review			
8. Subtotal	185		
9. State Permit Surcharge Fee	6		
10. Subtotal	191		
11. Cert of Occupancy			
12. Other			
13. TOTAL	191		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☑ Electrical	3000	JM	12/20/2019		12/30/2019				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 3000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 93 Lot 21.01 Qualification Code _____ Address (Site) 24 BUNGALOW PL Permit No. 1900246+A

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 24 BUNGALOW PL Oceanport Borough NJ 07757
2. Name of Owner in Fee: WALKER, CHARLES D & MEGHAN K Tel. [redacted]
   Address 24 BUNGALOW PL OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: SHORE GC GROUP INC Tel. (732) 856-8111
   Address 426 NJ 36 SUITE 4 HIGHLANDS NJ 07732
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	75		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee	1		
10. Subtotal	76		
11. Cert of Occupancy			
12. Other			
13. TOTAL	76		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	500	DW	12/6/2019		12/7/2019				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 500

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 110.03 Lot 1 Qualification Code _____ Address (Site) 14 GOSSELIN AVENUE Permit No. 2000008

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 14 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING, LP Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
   Email FWERNER@RPMDEV.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 222332364 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	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	200	DW	10/4/2019		10/12/2019				
☑ Electrical	200	MF	10/4/2019		10/11/2019				
☑ Plumbing	850	JP	10/4/2019		10/9/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1250

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 110.03 Lot 1 Qualification Code _____ Address (Site) 30 GOSSELIN AVENUE Permit No. 2000014

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 30 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING, LP Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
   Email FWERNER@RPMDEV.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 222332364 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	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	200	DW	10/4/2019		10/12/2019				
☑ Electrical	200	MF	10/4/2019		10/11/2019				
☑ Plumbing	850	JP	10/4/2019		10/9/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1250

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 110.03 Lot 2 Qualification Code _____ Address (Site) 29 GOSSELIN AVENUE Permit No. 2000013

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 29 GOSSELIN AVENUE SUMP PUMP OCEANPORT NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING LP Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
   Email FWERNER@RPMDEV.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 222332364 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	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	200	DW	10/4/2019		10/12/2019				
☑ Electrical	200	MF	10/4/2019		10/11/2019				
☑ Plumbing	850	JP	10/4/2019		10/9/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1250

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 110.03 Lot 1 Qualification Code _____ Address (Site) 38 GOSSELIN AVENUE Permit No. 2000015

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 38 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING, LP Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
   Email FWERNER@RPMDEV.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 222332364 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	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	200	DW	10/4/2019		10/12/2019				
☑ Electrical	200	MF	10/4/2019		10/11/2019				
☑ Plumbing	850	JP	10/4/2019		10/9/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1250

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 110.03 Lot 1 Qualification Code _____ Address (Site) 28 GOSSELIN AVENUE Permit No. 2000012

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 28 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING, LP Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
   Email FWERNER@RPMDEV.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 222332364 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	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	200	DW	10/4/2019		10/12/2019				
☑ Electrical	200	MF	10/4/2019		10/11/2019				
☑ Plumbing	850	JP	10/4/2019		10/9/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1250

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 110.03 Lot 1 Qualification Code _____ Address (Site) 42 GOSSELIN AVENUE Permit No. 2000016

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 42 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING, LP Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
   Email FWERNER@RPMDEV.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 222332364 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	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	200	DW	10/4/2019		10/12/2019				
☑ Electrical	200	MF	10/4/2019		10/11/2019				
☑ Plumbing	850	JP	10/4/2019		10/9/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1250

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 1 Lot 8 Qualification Code _____ Address (Site) 16 COMANCHE DR Permit No. 2000011

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 16 COMANCHE DR Oceanport Borough NJ 07757
2. Name of Owner in Fee: SCHLICK, CALVERT E III & CATHY L Tel. [redacted]
   Address 16 COMANCHE DRIVE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: RIVER ROAD DEVELOPMENT LLC Tel. (732) 284-3890
   Address 20 7TH AVENUE LONG BRANCH NJ 07740
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	225		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	225		
7. Less 20% for State Plan Review			
8. Subtotal	225		
9. State Permit Surcharge Fee	14		
10. Subtotal	239		
11. Cert of Occupancy			
12. Other			
13. TOTAL	239		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	7500	DW	12/4/2019		12/21/2019				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 7500

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 110.03 Lot 1 Qualification Code _____ Address (Site) 46 GOSSELIN AVENUE Permit No. 2000017

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 46 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING, LP Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
   Email FWERNER@RPMDEV.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 222332364 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	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	200	DW	10/4/2019		10/12/2019				
☑ Electrical	200	MF	10/4/2019		10/11/2019				
☑ Plumbing	850	JP	10/4/2019		10/9/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1250

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 110.03 Lot 1 Qualification Code _____ Address (Site) 22 GOSSELIN AVENUE Permit No. 2000010

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 22 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING, LP Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
   Address 77 PARK STREET MONTCLAIR NJ 07042
   Email FWERNER@RPMDEV.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 222332364 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	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	200	DW	10/4/2019		10/12/2019				
☑ Electrical	200	MF	10/4/2019		10/11/2019				
☑ Plumbing	850	JP	10/4/2019		10/9/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1250

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 124 Lot 5 Qualification Code _____ Address (Site) 38 SPRINGFIELD AVE Permit No. 1900307+A

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 38 SPRINGFIELD AVE Oceanport Borough NJ 07757
2. Name of Owner in Fee: US BANK NA MASTER TRUST Tel. (267) 270-2866
   Address 13801 WIRELESS WAY OKLAHOMA CITY OK 73134
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: RESI PRO Tel. (732) 682-3234
   Address 89 3RD AVENUE ATLANTIC HIGHLANDS NJ 07716
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	75		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee	2		
10. Subtotal	77		
11. Cert of Occupancy			
12. Other			
13. TOTAL	77		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☐ Building									
☐ Electrical									
☑ Plumbing	1300	JP	12/11/2019		12/16/2019				
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1300								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 72 Lot 4.02 Qualification Code _____ Address (Site) 4 BLUE POINT COVE Permit No. 2000018

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 4 BLUE POINT COVE Oceanport Borough NJ 07757
2. Name of Owner in Fee: MARTTINE, JAMES Tel. [redacted]
   Address 4 BLUE POINT COVE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: SANDRA SCANLON LLC Tel. (201) 865-0099
   Address 486 WEST STREET LONG BRANCH NJ 07740
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	300		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	300		
7. Less 20% for State Plan Review			
8. Subtotal	300		
9. State Permit Surcharge Fee	19		
10. Subtotal	319		
11. Cert of Occupancy			
12. Other			
13. TOTAL	319		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	10000	DW	12/13/2019		12/24/2019				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 10000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 121 Lot 5 Qualification Code _____ Address (Site) 274-278 E MAIN ST (OCEANPORT GARDENS) Permit No. 2000019

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 274-278 E MAIN ST (OCEANPORT GARDENS) Oceanport Borough NJ 07757
2. Name of Owner in Fee: OCEANPORT URBAN RENEWAL PRESERVATION Tel. (212) 801-3788
   Address 60 COLUMBUS CIRCLE NEW YORK NY 10023
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: GARRIDO ELECTRIC Tel. (973) 866-9935
   Address 5701 BLVD EAST WEST NEW YORK NJ 07093
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	75		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee	13		
10. Subtotal	88		
11. Cert of Occupancy			
12. Other			
13. TOTAL	88		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☑ Electrical	7000	JM	12/16/2019		12/18/2019				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 7000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-2
2. Use Group R-2
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: R-2
2. Use Group: R-2
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 35 Lot 4 Qualification Code _____ Address (Site) 544 SEAWANEKA AVE Permit No. 2000020

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 544 SEAWANEKA AVE Oceanport Borough NJ 07757
2. Name of Owner in Fee: INGRASSIA, CARL Tel. [redacted]
   Address 544 SEAWANEKA AVE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: TWO THUMBS UP LLC Tel. (732) 996-3508
   Address 346 BAY AVENUE HIGHLANDS NJ 07732
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	390		
2. Electrical			
3. Plumbing	75		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	465		
7. Less 20% for State Plan Review			
8. Subtotal	465		
9. State Permit Surcharge Fee	27		
10. Subtotal	492		
11. Cert of Occupancy			
12. Other			
13. TOTAL	492		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	13009	DW	12/9/2019		12/24/2019				
☐ Electrical									
☑ Plumbing	1250	JP	12/9/2019		12/23/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 14259

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 121 Lot 5 Qualification Code _____ Address (Site) 274-278 E MAIN STREET Permit No. 2000021

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 274-278 E MAIN STREET Oceanport Borough NJ 07757
2. Name of Owner in Fee: OCEANPORT URBAN RENEWAL PRESERVATION Tel. (212) 801-3788
   Address 60 COLUMBUS CIRCLE NEW YORK NY 10023
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: NATIONAL PLUMBING & HEATING, INC. Tel. (973) 424-9341
   Address 236 SOUTH 11th STREET NEWARK NJ 07107
   Email nationalplumbing@natph.com
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 22-3343625 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	380		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	380		
7. Less 20% for State Plan Review			
8. Subtotal	380		
9. State Permit Surcharge Fee	57		
10. Subtotal	437		
11. Cert of Occupancy			
12. Other			
13. TOTAL	437		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☐ Building									
☐ Electrical									
☑ Plumbing	30000	JP	1/9/2020		1/10/2020				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 30000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: _____
2. Use Group R-2
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: R-2
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 121.01 Lot 4 Qualification Code _____ Address (Site) 8 HASKELL WAY Permit No. 2000023

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 8 HASKELL WAY Oceanport Borough NJ 07757
2. Name of Owner in Fee: CZAJKOWSKI, JOHN D & ANNA Tel. [redacted]
   Address 8 HASKELL WAY OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: Corbin Electrical Services, Inc. Tel. (732) 536-0444
   Address 35 VANDERBURG ROAD MARLBORO NJ 07746
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 223121404 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	130		
3. Plumbing	120		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	19		
10. Subtotal	269		
11. Cert of Occupancy			
12. Other			
13. TOTAL	269		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☑ Electrical	9700	JM	12/26/2019		1/8/2020				
☑ Plumbing	650	JP	12/26/2019		1/6/2020				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 10350

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 116 Lot 25 Qualification Code _____ Address (Site) 64 MAIN STREET Permit No. 2000022

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 64 MAIN STREET Oceanport Borough NJ 07757
2. Name of Owner in Fee: MSA @ 64 MAIN STREET LLC (MICHAEL SAVARESE) Tel. [redacted]
   Address 34 SYCAMORE AVENUE LITTLE SILVER NJ 07739
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: JMT BUILDERS Tel. (732) 544-1960
   Address 10 Phipps Pl Tinton Falls NJ 07724
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	750		
2. Electrical	405		
3. Plumbing	810		
4. Fire Protection	320		
5. Elevator Devices			
6. Subtotal	2285		
7. Less 20% for State Plan Review			
8. Subtotal	2285		
9. State Permit Surcharge Fee	114		
10. Subtotal	2399		
11. Cert of Occupancy	218		
12. Other			
13. TOTAL	2617		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	28 ft.	
3. Area - Largest Floor	1263 sq. ft.	
4. New Building Area	2155 sq. ft.	
5. Volume of New Structure	19881 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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	25000	DW	12/12/2019		12/28/2019				
☑ Electrical	6500	JM	12/12/2019		12/18/2019				
☑ Plumbing	27000	JP	12/30/2019		12/30/2019		12/30/2019		
☑ Fire Protection	1500	DW	12/12/2019		12/28/2019				
☐ Elevator									

TOTAL COST 60000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 92 Lot 23 Qualification Code _____ Address (Site) 26 ASBURY AVENUE Permit No. 1900011+A

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 26 ASBURY AVENUE Oceanport NJ 07757
2. Name of Owner in Fee: Constantino Stampoulis Tel. [redacted]
   Address 26 ASBURY AVE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email [redacted]
4. Principal Contractor: Constantino Stampoulis Tel. [redacted]
   Address 26 ASBURY AVE OCEANPORT NJ 07757
   Email cstampoulis@aol.com
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	75		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee	1		
10. Subtotal	76		
11. Cert of Occupancy			
12. Other			
13. TOTAL	76		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☑ Electrical	350	JM	12/5/2019		12/9/2019				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 350

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: _____
2. Use Group R-5
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: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 65 Lot 37 Qualification Code _____ Address (Site) 196 MONMOUTH BLVD Permit No. 2000024

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 196 MONMOUTH BLVD Oceanport NJ
2. Name of Owner in Fee: LUCKY CHARM REAL ESTATE LLC Tel. _____
   Address 196 MONMOUTH BLVD OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: East Coast Exteriors Tel. (732) 229-4697
   Address 80 Jackson St Long Branch NJ 07740
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	90		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	90		
7. Less 20% for State Plan Review			
8. Subtotal	90		
9. State Permit Surcharge Fee			
10. Subtotal	90		
11. Cert of Occupancy			
12. Other			
13. TOTAL	90		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 3000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 133 Lot 18 Qualification Code _____ Address (Site) 1288 EATONTOWN BLVD Permit No. 2000025

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1288 EATONTOWN BLVD Oceanport Borough NJ 07757
2. Name of Owner in Fee: MELONI, MARC A & JAMIE Tel. [redacted]
   Address 1288 EATONTOWN BLVD OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: Mid-State Heating & Cooling, INC. Tel. (732) 842-7199
   Address 413 Oak Glen Road Howell NJ 07731
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	105		
3. Plumbing	170		
4. Fire Protection	110		
5. Elevator Devices			
6. Subtotal	385		
7. Less 20% for State Plan Review			
8. Subtotal	385		
9. State Permit Surcharge Fee	16		
10. Subtotal	401		
11. Cert of Occupancy			
12. Other			
13. TOTAL	401		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☑ Electrical	4000	JM	12/2/2019		10/31/2019				
☑ Plumbing	3000	JP	12/2/2019		11/4/2019				
☑ Fire Protection	1000	DW	12/2/2019		11/9/2019				
☐ Elevator									

TOTAL COST 8000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 12 Lot 18 Qualification Code _____ Address (Site) 166 MONMOUTH BLVD Permit No. 2000027

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 166 MONMOUTH BLVD Oceanport Borough NJ 07757
2. Name of Owner in Fee: DERAISMES, DEBORAH E Tel. [redacted]
   Address 166 MONMOUTH BLVD OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: 1 800 HEATERS, INC. Tel. (732) 970-8074
   Address 2 GOURMET LANE UNIT G & H EDISON NJ 08837
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 204463685 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	75		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee	2		
10. Subtotal	77		
11. Cert of Occupancy			
12. Other			
13. TOTAL	77		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☐ Electrical									
☑ Plumbing	1074	JP	11/20/2019		11/25/2019				
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1074								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 52 Lot 7 Qualification Code _____ Address (Site) 75 SENECA PL Permit No. 2000029

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 75 SENECA PL Oceanport Borough NJ 07757
2. Name of Owner in Fee: PASKIN, WENDY Tel. [redacted]
   Address 75 SENECA PLACE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: Coastal Air Conditioning, Inc Tel. (732) 316-5554
   Address 6 Phyllis Street Hazlet NJ 07730
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	75		
3. Plumbing	75		
4. Fire Protection	75		
5. Elevator Devices			
6. Subtotal	225		
7. Less 20% for State Plan Review			
8. Subtotal	225		
9. State Permit Surcharge Fee	7		
10. Subtotal	232		
11. Cert of Occupancy			
12. Other			
13. TOTAL	232		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☑ Electrical	400	JM	10/24/2019		10/30/2019				
☑ Plumbing	3000	JP	10/24/2019		11/4/2019				
☑ Fire Protection	100	DW	10/24/2019		11/9/2019				
☐ Elevator									

TOTAL COST 3500

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 133 Lot 42 Qualification Code _____ Address (Site) 2 IRMA PL Permit No. 2000028

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2 IRMA PL Oceanport Borough NJ 07757
2. Name of Owner in Fee: IANNUZZELLI, JOSEPH & JOANMARIE Tel. [redacted]
   Address 2 IRMA PLACE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: 1 800 HEATERS, INC. Tel. (732) 970-8074
   Address 2 GOURMET LANE UNIT G & H EDISON NJ 08837
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 204463685 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	75		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee	3		
10. Subtotal	78		
11. Cert of Occupancy			
12. Other			
13. TOTAL	78		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☐ Building									
☐ Electrical									
☑ Plumbing	1389	JP	11/20/2019		11/25/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1389

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 61 Lot 6 Qualification Code _____ Address (Site) 18 MORRIS PL Permit No. 2000026

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 18 MORRIS PL Oceanport Borough NJ 07757
2. Name of Owner in Fee: FISHER, SCOTT ROBERT & DAWN Tel. [redacted]
   Address 18 MORRIS PL OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: ARCTIC AIR CONDITIONING Tel. (732) 251-1111
   Address 1 PLEASANT VALLEY ROAD OLD BRIDGE NJ 08857
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	110		
3. Plumbing	95		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	205		
7. Less 20% for State Plan Review			
8. Subtotal	205		
9. State Permit Surcharge Fee	13		
10. Subtotal	218		
11. Cert of Occupancy			
12. Other			
13. TOTAL	218		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☑ Electrical	600	JM	6/17/2019		6/18/2019				
☑ Plumbing	6400	JP	6/17/2019		6/17/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 7000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 5 Lot 10 Qualification Code _____ Address (Site) 55 COMANCHE DR Permit No. 2000030

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 55 COMANCHE DR Oceanport Borough NJ 07757
2. Name of Owner in Fee: FREDERICH, LYNN Tel. [redacted]
   Address 55 COMANCHE DR OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: Viscon Builders, LLC Tel. (732) 933-7770
   Address 530 Prospect Avenue Little Silver NJ 07739
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 043820284 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	780		
2. Electrical	75		
3. Plumbing	75		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	930		
7. Less 20% for State Plan Review			
8. Subtotal	930		
9. State Permit Surcharge Fee	64		
10. Subtotal	994		
11. Cert of Occupancy			
12. Other			
13. TOTAL	994		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	26000	DW	12/9/2019		12/21/2019				
☑ Electrical	3850	JM	12/9/2019		12/18/2019				
☑ Plumbing	4200	JP	12/9/2019		12/18/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 34050

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 58 Lot 8 Qualification Code _____ Address (Site) 48 COMANCHE DR Permit No. 2000031

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 48 COMANCHE DR Oceanport Borough NJ 07757
2. Name of Owner in Fee: BARILE, BRIAN & MARY Tel. [redacted]
   Address 48 COMANCHE DR OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: Browns Heating ,Cooling & Plumbing Tel. (732) 741-0694
   Address 88 Birch Ave Little Silver NJ 07739
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	75		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee	6		
10. Subtotal	81		
11. Cert of Occupancy			
12. Other			
13. TOTAL	81		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☐ Building									
☐ Electrical									
☑ Plumbing	3150	JP	12/6/2019		12/16/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 3150

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 129 Lot 6 Qualification Code _____ Address (Site) 17 MAPLE AVE Permit No. 2000033

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 17 MAPLE AVE Oceanport Borough NJ 07757
2. Name of Owner in Fee: KEATS, MICHAEL A. & LAURA A. Tel. [redacted]
   Address 57 MAPLE AVE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: NJR PLUMBING SERVICES - NJR HOME SERVICES Tel. 732 9198090
   Address 1415 WYCKOFF ROAD WALL NJ 07719
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 223609806 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	75		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee	2		
10. Subtotal	77		
11. Cert of Occupancy			
12. Other			
13. TOTAL	77		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☐ Electrical									
☑ Plumbing	1220	JP	12/10/2019		12/17/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1220

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 4 Lot 16 Qualification Code _____ Address (Site) 19 COMANCHE DR Permit No. 2000032

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 19 COMANCHE DR Oceanport Borough NJ 07757
2. Name of Owner in Fee: RIMALOVER, JAMES A & MARIE Tel. [redacted]
   Address 19 COMANCHE DR OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: NJR PLUMBING SERVICES Tel. (732) 919-8172
   Address 1415 WYCKOFF ROAD WALL NJ 07719
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 223609806 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	75		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee	2		
10. Subtotal	77		
11. Cert of Occupancy			
12. Other			
13. TOTAL	77		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☐ Electrical									
☑ Plumbing	1220	JP	11/25/2019		11/26/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1220

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 26 Lot 14 Qualification Code _____ Address (Site) 47 MOHICAN AVE Permit No. 1900085+A

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 47 MOHICAN AVE Oceanport NJ 07757
2. Name of Owner in Fee: JOHN ARCHER Tel. [redacted]
   Address 47 MOHICAN AVENUE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: JOHN ARCHER Tel. [redacted]
   Address 47 MOHICAN AVENUE OCEANPORT NJ 07757
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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			
4. Fire Protection	100		
5. Elevator Devices			
6. Subtotal	100		
7. Less 20% for State Plan Review			
8. Subtotal	100		
9. State Permit Surcharge Fee	1		
10. Subtotal	101		
11. Cert of Occupancy			
12. Other			
13. TOTAL	101		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☑ Fire Protection	300	DW	12/27/2019		1/12/2020				
☐ Elevator									

TOTAL COST 300

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 31 Lot 5 Qualification Code _____ Address (Site) 228 COMANCHE DR Permit No. 2000034

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 228 COMANCHE DR Oceanport Borough NJ 07757
2. Name of Owner in Fee: FLYNN, JULIA H Tel. _____
   Address 228 COMANCHE DR OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: AIR EXPERTS, INC. Tel. (732) 681-9090
   Address 727C 17th AVENUE LAKE COMO NJ 07719
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 223324128 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	130		
3. Plumbing	150		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	280		
7. Less 20% for State Plan Review			
8. Subtotal	280		
9. State Permit Surcharge Fee	10		
10. Subtotal	290		
11. Cert of Occupancy			
12. Other			
13. TOTAL	290		

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☑ Electrical	2550	JM	10/31/2019		11/6/2019				
☑ Plumbing	2450	JP	10/31/2019		11/4/2019				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 5000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 101 Lot 2 Qualification Code _____ Address (Site) 281 E MAIN ST Permit No. 1900346+A

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 281 E MAIN ST FEDERICO'S ON MAIN STREET (VICTOR MAZZA) Oceanport Borough NJ 07757
2. Name of Owner in Fee: COLLARD, THOMAS & MEGAN Tel. [redacted]
   Address 48 SHREWSBURY AVENUE RUMSON NJ 07760
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: MARTELLI DEVELOPMENT GROUP, LLC Tel. (732) 431-3333
   Address 716 NEWMAN SPRINGS ROAD LINCROFT NJ 07738
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. 208528814 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	75		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee			
10. Subtotal	75		
11. Cert of Occupancy			
12. Other			
13. TOTAL	75		

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	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☐ Building									
☐ Electrical									
☑ Plumbing		JP	1/21/2020		1/21/2020				
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: B
2. Use Group B
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: B
2. Use Group: B
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 88 Lot 21.01 Qualification Code _____ Address (Site) 52 BRIDGEWATERS DR Permit No. 2000035

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 52 BRIDGEWATERS DR Oceanport Borough NJ 07757
2. Name of Owner in Fee: SILVA, DENES Tel. [redacted]
   Address 52 BRIDGEWATERS DR OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: SILVA, DENES Tel. [redacted]
   Address 52 BRIDGEWATERS DR OCEANPORT NJ 07757
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	75		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee	7		
10. Subtotal	82		
11. Cert of Occupancy	135		
12. Other			
13. TOTAL	217		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	13 ft.	
3. Area - Largest Floor	176 sq. ft.	
4. New Building Area	176 sq. ft.	
5. Volume of New Structure	1848 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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	3500	DW	12/26/2019		1/25/2020		1/25/2020		
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 3500

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
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: R-5
2. Use Group: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

Block 44 Lot 7 Qualification Code _____ Address (Site) 113 COMANCHE DRIVE Permit No. 2000037

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 113 COMANCHE DRIVE Oceanport Borough NJ 07757
2. Name of Owner in Fee: GRIMES, GARY J & KARA L Tel. _____
   Address 113 COMANCHE DRIVE OCEANPORT NJ 07747
3. Ownership in Fee: ☐ Public ☑ Private Email [redacted]
4. Principal Contractor: GRIMES, GARY J & KARA L Tel. _____
   Address 113 COMANCHE DRIVE OCEANPORT NJ 07747
   Email [redacted]
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. 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	744		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	744		
7. Less 20% for State Plan Review			
8. Subtotal	744		
9. State Permit Surcharge Fee	83		
10. Subtotal	827		
11. Cert of Occupancy	135		
12. Other			
13. TOTAL	962		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	24 ft.	
3. Area - Largest Floor	320 sq. ft.	
4. New Building Area	643 sq. ft.	
5. Volume of New Structure	19788 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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	33000	DW	1/15/2020		1/18/2020				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 33000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: _____
2. Use Group R-5
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: R-5
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?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm