



City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
Phone: 609-347-5660
Fax: 609-347-6437

Permit Number: 18-CP-000922
Update Number: 1
Control Number: 2019-000480
Application Date: 4/29/2019
Permit Date: 11/1/2019

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: 174 Lot: 1 Qualifier:

Work Site Location 2722 ATLANTIC AVE

ATLANTIC CITY NJ 08401

Owner in Fee

BENETTON HOLDINGS LLC

Telephone

Address

POB 247

LAKEWOOD NJ 08701

Contractor

GLOBAL ELECTRIC SVCS, LLC

Telephone

609-576-6244

Address

617 RISLEY AVENUE

PLEASANTVILLE NEW JERSEY 08232

Lic. No. / Bldrs. Reg. No

Federal Emp. No.

Use Group(s): R-5

Is hereby granted permission to perform the following work:

☒ [X] Electrical

☒ [X] Fire

DESCRIPTION OF WORK:

INSTALL 2 EMERGENCY EXIT COMBO UNITS

ESTIMATED COST OF WORK:

Cost of Construction: \$0.00

Cost of Alteration: \$600.00

Cost of Demolition: \$0.00

Total Cost: \$600.00

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

Anthony Cox, Sr.

Construction Official

Date: 11/1/2019

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

Notes:

PAYMENTS (Office Use Only)

Building	
Electrical	\$65.00
Plumbing	
Fire Protection	\$65.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$2.00
DCA Minimum Fee	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$132.00
No Fees Waived	

Amount to be Paid: \$0.00

Cash Amount: \$132.00

Payment Date: 11/1/2019

Collected By: Lamont Thomas

Reference No: REF#76260

Total Cash Amount \$132.00

Grand Total: \$132.00



City of Atlantic City

FIRE PROTECTION SUBCODE TECHNICAL SECTION #1



Date Received 4/29/2019
Control # 2019-000480

Date issued 11/11/2019
Permit # 18-CF-000922

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

INSTALL 2 EMERGENCY EXIT-COMBO UNITS

Water Supply Source:

Method of Alarm/Suppression System Supervision:

NUMBER

Fee (Office Use Only)

Flammable/Combustible Tanks

Alarm Systems

[] System

[X] 110V Interconnected

[] CO Detectors / 110V

Alarm Devices (i.e., smoke, heat, pull, waterflow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices:

TOTAL

Other Devices:

Suppression Systems

Type: GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO2 Suppression

Foam Suppression

FM200 Suppression

Other:

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances (i.e., gas, oil, solid)

Fireplace Venting / Metal Chimney

Other:

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

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

Block 174

Lot 1

Qualification Code

Work Site Location

2722 ATLANTIC AVE

Owner In Fee

BENETTON HOLDINGS LLC

Telephone

e-mail

Address

POB 247, LAKEWOOD NJ 08701

Contractor

GLOBAL ELECTRIC SVCS, LLC

Telephone

609-576-6244 e-mail

Address

617 RISLEY AVENUE, PLEASANTVILLE NEW JERSEY 08232

Fire Alarm Contractor No.

Exp. Date

Federal Emp. ID No.

Fax

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

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

Home Improvement Contractor Registration No. or Exemption Reason

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed

Constr. Class Present Proposed

Heating System: [] New or [] Modification to Existing

[] Conversion or [] Replacement or [] HVAC Fire Alarm System: [] New or [] Existing

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

[] Other:

Location:

1. New Building

2. Rehabilitation \$ 300.00

3. Demolition

Total Cost of Fire Protection (1+2+3) Work: \$ 300.00

Fire Suppression/ Standpipe System:

[] New or [] Existing

Location of Main Control Valve:

[] New or [] Existing

Other:

Fire Alarm System:

[] New or [] Existing

Other:

Fire Alarm System:

[] New or [] Existing

Other:

Fire Alarm System:

[] New or [] Existing

Other:

Fire Alarm System:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial/Underslab Utilities Approved

Date: Approved by:

[] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[] Bldg. [] Elec. [] Plumb. [] Elevator

SUBCODE APPROVAL FOR PERMIT

Date: Approved by:

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] COO [] JCA

Date: Approved by:

INSPECTIONS

Type:

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TICO

Flam./Combust. Tanks

Fireplace Venting

Final

Other

Dates (Month/Day)

Failure

Failure

Approval

Initial



City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
Phone: 609-347-5660
Fax: 609-347-6437

Permit Number: 19-CP-000374
Update Number:
Control Number: 2019-000516
Application Date: 5/8/2019
Permit Date: 5/30/2019

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: 174 Lot: 1 Qualifier:

Work Site Location 2722 ATLANTIC AVE
ATLANTIC CITY NEW JERSEY 08401

Owner In Fee BENETTON HOLDINGS LLC

Telephone 732-523-0601

Address 101 CHASE AVE, SUITE 304
LAKEWOOD NEW JERSEY 08701

Use Group(s): B

Contractor A BELL & SON MECHANICAL, INC.
Telephone 609-338-2072
Address 1734 GRANT AVE
ATLANTIC CITY NEW JERSEY 08401

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

is hereby granted permission to perform the following work:

☒ Building ☒ Plumbing

DESCRIPTION OF WORK:
REPLACE PLUMBING FIXTURES & DAMAGED FRONT
WALL.

ESTIMATED COST OF WORK:

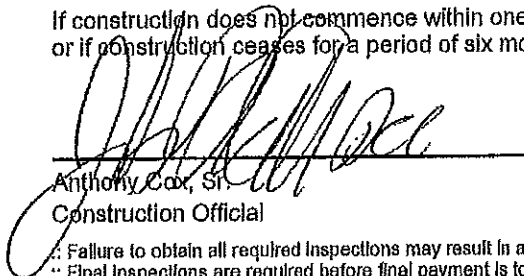
Cost of Construction: \$0.00

Cost of Alteration: \$3,000.00

Cost of Demolition: \$0.00

Total Cost: \$3,000.00

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


Anthony Cox, Sr.
Construction Official

Date: 5/30/2019

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

Notes:

PAYMENTS (Office Use Only)

Building	\$68.00
Electrical	
Plumbing	\$136.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$6.00
DCA Minimum Fee	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$210.00
No Fees Waived	

Amount to be Paid: \$0.00

Cash Amount: \$210.00
Payment Date: 5/30/2019
Collected By: Quwana Price
Reference No: CASH/REF#74048

Total Cash Amount: \$210.00

Grand Total: \$210.00



City of Atlantic City
PLUMBING SUBCODE
TECHNICAL SECTION #1



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

Block 174

Lot 1

Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner in Fee BENNETT HOLDINGS LLC

Telephone 732-523-0601 e-mail

Address 101 CHASE AVE, SUITE 304, LAKEWOOD NEW JERSEY 08701

Contractor A BELL & SON MECHANICAL, INC.

Telephone 609-338-2072 e-mail

Address 1734 GRANT AVE, ATLANTIC CITY NEW JERSEY 08401

Contractor License No.

Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No.

Fax

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed

Building Sewer Size

Public Sewer

Private Septic

Water Service Size

Public Water

Private Well

1. New/ Addition:

2. Rehabilitation: \$ 1,000.00

Est. Cost of Plumbing Work (1+2+3): \$ 1,000.00

3. Demolition:

JOB SUMMARY (Office Use Only)			
PLAN REVIEW			
☐ No Plans Required	INSPECTIONS	Dates (Month/Day)	
☐ Partial - Under/Slab, Utilities Approved	Type:	Failure	Approval
Date:	Slab	Failure	Approval
Date:	Rough	Failure	Approval
Date:	Water	Failure	Approval
Date:	Sewer	Failure	Approval
Date:	Fixtures	Failure	Approval
Date:	Gas Equipment	Failure	Approval
Date:	LP Gas Piping	Failure	Approval
Date:	Fuel Oil Piping	Failure	Approval
Date:	Solar	Failure	Approval
Date:	TCO	Failure	Approval
Date:	Final	Failure	Approval

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____
Print name: _____
[] Licensed Plumbing Contractor [] Exempt Applicant

Applicant: When submitting this form to your local Consumption Code Enforcement Office, please provide one original plus three copies.

U.C.C. F130 (rev. 11/09)

Date Received 5/8/2019 Date Issued 5/30/2019
Control # 2019-000516 Permit # 19-CP-000374

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
REPLACE PLUMBING FIXTURES.

QTY.

FIXTURE/EQUIPMENT:

FEE (Office Use only)

1	Water Closet	\$ 15.00
2	Urinal/ Bidet	\$ 30.00
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/ Separator	
	Backflow Preventer (R)	
	Backflow Preventer (C)	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	
	Other 4:	
	Other 5:	
	Other 6:	

\$ 91.00

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$ 2.00

\$ 138.00



City of Atlantic City

BUILDING SUBCODE TECHNICAL SECTION #1



Date Received 5/3/2019
Control # 2019-000516
Date issued 5/30/2019
Permit # 19-CP-000374

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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner in Fee BENETTON HOLDINGS LLC

Telephone 732-523-0601 e-mail

Address 101 CHASE AVE, SUITE 304, LAKEWOOD NEW JERSEY 08701

Contractor A BELL & SON MECHANICAL, INC.

Telephone 609-338-2072 e-mail

Address 1734 GRANT AVE, ATLANTIC CITY NEW JERSEY 08401

Contractor License No. or Builder Registration Number

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

Exp. Date

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE PLUMBING FIXTURES & DAMAGED FRONT WALL.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6')
- ☐ Pylon Sign Sq. Ft.
- ☐ Ground or Wall Sign Sq. Ft.
- ☐ Pool (above ground)
- ☐ Pool (below ground)
- ☐ Retaining Wall Sq. Ft.
- ☐ Asbestos Abatement subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other 1
- ☐ Other 2
- ☐ Other 3
- ☐ Other 4
- ☐ Other 5
- ☐ Other 6
- ☐ Demolition

FEE (Office Use Only)

\$ 68.00

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
☐ No Plans Required			Type:	Failure	Failure	Approval
☐ All			Footings			
☐ Footings/ Foundations			Footings Bonding			
☐ Structural/ Framework			Foundation			
☐ Exterior			Slab			
☐ Interior			Frame			
Joint Plan Review Required:			Truss Sys./ Bracing			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free			
SUBCODE APPROVAL for PERMIT			Insulation			
Approved by:			Finishes-Base Layer			
			Finishes-Final			
			Energy			
			Mechanical			
			TCO			
			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed

No. of Stories

Height of Structure ft

Area- Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Total Land Area Distributed sq. ft.

Max. Live Load Max. Occupancy Load

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee (Volume)
State Permit Surcharge Fee (Alterations)
TOTAL FEE

\$ 4.00
\$ 72.00

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

U.C.C. F110 (rev. 1/10/09)



City of Atlantic City

BUILDING SUBCODE TECHNICAL SECTION #1



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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner In Fee BENETTON HOLDINGS LLC

Telephone 732-523-0601 e-mail

Address 101 CHASE AVE, SUITE 304, LAKEWOOD NEW JERSEY 08701

Contractor A BELL & SON MECHANICAL, INC.

Telephone 609-338-2072 e-mail

Address 1734 GRANT AVE, ATLANTIC CITY NEW JERSEY 08401

Contractor License No. or Builder Registration Number

Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
Type:	Failure	Failure	Approval	Initial
☐ No Plans Required			Footings	
☐ All			Footings Bonding	
☐ Footings/ Foundations			Foundation	
☐ Structural/ Framework			Slab	
☐ Exterior			Frame	
☐ Interior			Truss Sys/ Bracing	
Joint Plan Review Required:			Barter-Free	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation	
SUBCODE APPROVAL for PERMIT			Finishes-Base Layer	
Date:			Finishes-Final	
Approved by:			Energy	
SUBCODE APPROVAL for CERTIFICATE			Mechanical	
☐ I CO ☐ I PO ☐ I CA			TCCO	
Date: 10/18/19			Other	
Approved by: [Signature]			Final	
			Barter-Free	

B. BUILDING CHARACTERISTICS

Use Group	Present	B	Proposed
No. of Stories			
Height of Structure ft.			
Area- Largest Floor sq. ft.			
New Bldg. Area/All Floors sq. ft.			
Volume of New Structure cu. ft.			
Total Land Area Distributed sq. ft.			
Max. Live Load			
Max. Occupancy Load			

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE PLUMBING FIXTURES & DAMAGED FRONT WALL.

TYPE OF WORK:

☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence Height (exceeds 6')
☐ Pylon Sign Sq. Ft.
☐ Ground or Wall Sign Sq. Ft.
☐ Pool (above ground)
☐ Pool (below ground)
☐ Retaining Wall Sq. ft.
☐ Asbestos Abatement subchapter 8
☐ Lead Haz. Abatement N.J.A.C. 5:17
☐ Radon Remediation
☐ Other 1
☐ Other 2
☐ Other 3
☐ Other 4
☐ Other 5
☐ Other 6
☐ Demolition

FEE (Office Use Only)

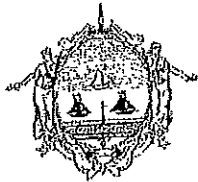
State Permit Surcharge Fee (Volume)	\$ 4.00
State Permit Surcharge Fee (Alterations)	\$ 72.00
TOTAL FEE	

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

U.C.C. F110 (rev. 1/10/09)

Date Received 5/8/2019
Control # 2019-000516
Date Issued 5/30/2019
Permit # 19-CP-000374

PTG
OK 4/4



City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
Phone: 609-347-5660
Fax: 609-347-6437

Permit Number: 18-CP-000630
Update Number:
Control Number: 2018-000930
Application Date: 7/3/2018
Permit Date: 7/23/2018

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: 174 Lot: 1 Qualifier:

Work Site Location 2722 ATLANTIC AVE

ATLANTIC CITY NJ 08401

Owner in Fee BENETTON HOLDINGS LLC

Telephone

Address POB 247

LAKEWOOD NJ 08701

Use Group(s): R-3

Contractor IMPERIAL J&Y, LLC

Telephone

Address 9 IIAN COURT
LAKEWOOD NJ 08701

Lic. No. / Bldrs. Reg. No

Federal Emp. No.

is hereby granted permission to perform the following work:

[X] Building

DESCRIPTION OF WORK:
FIRE ESCAPE REPAIRS

ESTIMATED COST OF WORK:

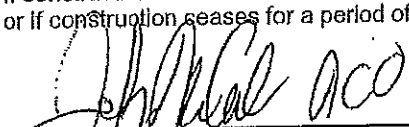
Cost of Construction: \$0.00

Cost of Alteration: \$800.00

Cost of Demolition: \$0.00

Total Cost: \$800.00

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


Wallace Shields
Construction Official

Date: 7/23/2018

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

Notes:

PAYMENTS (Office Use Only)

Building	\$65.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$2.00
DCA Minimum Fee	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$67.00
No Fees Waived	

Amount to be Paid: \$0.00

Check Amount: \$67.00
Payment Date: 7/23/2018
Collected By: Cynthia Wright
Reference No: CHECK #1363

Total Check Amount \$67.00

Grand Total: \$67.00



City of Atlantic City

BUILDING SUBCODE TECHNICAL SECTION #1



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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner in Fee BENETTON HOLDINGS LLC

Telephone e-mail

Address POB 247, LAKEWOOD NJ 08701

Contractor IMPERIAL J&Y, LLC

Telephone e-mail

Address 9 ILAN COURT, LAKEWOOD NJ 08701

Contractor License No. or Builder Registration Number

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

Exp. Date

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

Date Received 7/3/2018

Control # 2018-000930

Date Issued 7/23/2018

Permit # 18-CP-000630

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FIRE ESCAPE REPAIRS

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6')
- ☐ Pylon Sign Sq. Ft.
- ☐ Ground or Wall Sign Sq. Ft.
- ☐ Pool (above ground)
- ☐ Pool (below ground)
- ☐ Retaining Wall Sq. Ft.
- ☐ Asbestos Abatement subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other 1
- ☐ Other 2
- ☐ Other 3
- ☐ Other 4
- ☐ Other 5
- ☐ Other 6
- ☐ Demolition

FEE (Office Use Only)

\$ 27.00

Administrative Surcharge

Minimum Fee \$ 65.00

State Permit Surcharge Fee (Volume) \$ 2.00

State Permit Surcharge Fee (Alterations) \$ 67.00

TOTAL FEE

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed

No. of Stories

Height of Structure ft.

Area- Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Total Land Area Distributed sq. ft.

Max. Live Load Max. Occupancy/Load

Constr. Class Present Proposed
if Industrialized Building:
State Approved ☐ HUD ☐

Est. Cost of Bldg. Work:

1. New Building

2. Rehabilitation

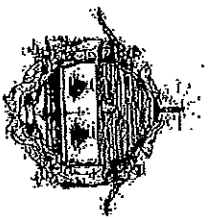
3. Demolition

4. Total (1+2+3)

\$ 800.00

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

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



City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
609-347-5660

CERTIFICATE IDENTIFICATION

Date issued: 4/10/2018
Control Number: 2017-001064
Permit Number: 17-CP-000868

Block: 174 Lot:1 Qual:

Work Site Location: 2722 ATLANTIC AVE

ATLANTIC CITY, NEW JERSEY 08401

Owner in Fee: PELANDIS, M & C & TZOUIMAKARIS, I

Address: 5702 VENTNOR AVE

VENTNOR, NEW JERSEY 08406

Telephone: 609-517-5646

Agent/ Contractor: T-MOBILE NORTHEAST, LLC

Address: 510 VIRGINIA AVE

FT WASHINGTON, PA 19034

Telephone: 856-693-0412

Lic. No./Bldrs. Reg. No.:

Federal Emp. No.:

Home Warranty No.:

Type of Warranty Plan: ☐ State ☐ Private

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/ COMPLIANCE

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

Use Group: R-5

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp. Date:

Description of Work/ Use:

REPLACE (5) ANTENNAS & INSTALL (3) CABLE LINES.

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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

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

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

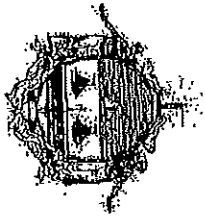
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Anthony Cox, Sr.
Construction Official

1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

Paid ☐

Fees \$0.00
Date



City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
609-347-5660

CERTIFICATE IDENTIFICATION

Date Issued: 8/12/2019
Control Number: 2018-001042
Permit Number: 19-CP-000071

Block: 174 Lot: 1 Qual:

Work Site Location: 2722 ATLANTIC AVE

ATLANTIC CITY, NJ 08401

Owner in Fee: BENETTON HOLDINGS LLC

Address: POB 247

LAKEWOOD, NJ 08701

Telephone:

Agent/ Contractor: KELLY KELSEY

Address: 475 VIRGINIA DR

FORT WASHINGTON, PA 19034

Telephone: 610-306-9345

Lic. No./Bldgs. Reg. No.: PA

Federal Emp. No.:

Home Warranty No.:

Type of Warranty Plan: ☐ State ☐ Private

☐ CERTIFICATE OF OCCUPANCY

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

☐ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/ COMPLIANCE

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

Use Group: U

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp. Date:

Description of Work/ Use:

SWAP 3 ANTENNA'S ADD 3 RRUS ADD1 HYBRID CABLE MOUNT
MODIFICATIONS IN 1 SECTOR

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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

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

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

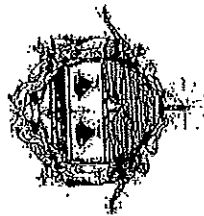
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Anthony Cox, Sr.
Construction Official

1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

Paid ☐

Fees \$0.00
Date



City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
609-347-5660

CERTIFICATE IDENTIFICATION

Date Issued: 8/12/2019
Control Number: 2018-001042
Permit Number: 19-CP-000071

Block: 174 Lot: 1 Quali:

Work Site Location: 2722 ATLANTIC AVE

ATLANTIC CITY, NJ 08401

Owner in Fee: BENNETT HOLDINGS LLC

Address: POB 247

LAKEWOOD, NJ 08701

Telephone:

Agent/ Contractor: KELLY KELSEY

Address: 475 VIRGINIA DR

FORT WASHINGTON, PA 19034

Telephone: 610-306-9345

Lic. No./Bldrs. Reg. No.: PA

Federal Emp. No.:

Home Warranty No.:

Type of Warranty Plan: ☐ State ☐ Private

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/ COMPLIANCE

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

Use Group: U

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp. Date:

Description of Work/ Use:

SWAP 3 ANTENNA'S ADD 3 ERGS ADD1 HYBRID CABLE MOUNT
MODIFICATIONS IN 1 SECTOR

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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

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

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

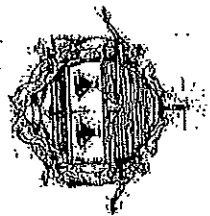
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Anthony Cox, Sr.
Construction Official

1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

Paid ☐

Fees \$0.00
Date



City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
609-347-5660

CERTIFICATE IDENTIFICATION

Date Issued: 10/17/2019
Control Number: 2019-000295
Permit Number: 19-CF-000226

Block: 174 Lot: 1 Qual:

Work Site Location: 2722 ATLANTIC AVE

ATLANTIC CITY, NEW JERSEY 08401

Owner in Fee: BENETTON HOLDINGS LLC

Address: 101 CHASE AVENUE

LAKEWOOD, NEW JERSEY 08701

Telephone: 732-810-8107

Agent/ Contractor: A BELL & SON MECHANICAL, INC.

Address: 1734 GRANT AVE

ATLANTIC CITY, NEW JERSEY 08401

Telephone: 609-338-2072

Lic. No./Bldrs. Reg. No.:

Federal Emp. No.:

Home Warranty No.:

Type of Warranty Plan: ☐ State ☐ Private

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/ COMPLIANCE

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

Use Group: R-5

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp. Date:

Description of Work/ Use:

REPLACE PLUMBING FIXTURES, , CONSTRUCT NEW WALL, , INSTALL
MOP SINK, , CONSTRUCT PARTITION, COUNTER & DRYWALL.

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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

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

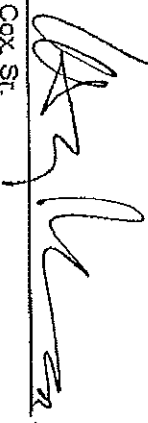
☐ Partial or limited time period (years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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


Anthony Cox, Sr.
Construction Official

1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

Paid ☐

Fees \$0.00
Date

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

Date Issued 06/14/2013
Control #
Permit # 0058-13

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 174 Lot 1 Sub 1
Work Site Location 2728 ATLANTIC AVENUE
Owner in Fee/Occupant PELANDIS H & C TZOURAKARIS
Address 2722 ATLANTIC
ATLANTIC CITY, NJ 08401-
Telephone (609) 517-5646
Contractor
Address
Telephone () Fax ()
City, State, Zip
Federal Emp. No.

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No. _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group _____
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use: _____

BURTON'S BAIL BONDS

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (____ years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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

INSPECTION OFFICIAL


C.S. F250 (rev. 3/96) NJ UCCANS 5.26

Fee \$ 151
Paid LXI Check No. 6385
Collected by: MP

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Date Issued 02/14/2012
Contract #
Permit # 11-0484

Block 174 Lot 1 Sub 1
Site Location 2722 ATLANTIC AVE
Owner in Fee/Occupant PELANDIS, MICHAEL
Address 5702 VENIMOR AVENUE
VENIMOR, NJ 08402-
Telephone (609)517-5646
Contractor CELL CONNECT INC.
Address 1272 PROVIDENCE ROAD ST.110
SECAUNE, PA 19018-
Telephone (610)478-8400 Fax ()
Lic. No. of Bldgs. Reg. No.
Federal Emp. No.

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

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/CLEARANCE
If this is a Temporary Certificate of Occupancy or Clearance, the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

Home Warranty No. _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group R-2
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
INSTALL ROOFTOP WIRELESS SITE

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per N.J.A.C. 17:27, to the following extent:
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (____ years); see file

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

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

Fee \$ _____
Paid by Check No. 1086
Collected by: MR

CITY OF ATLANTIC CITY
DIVISION/OF CONSTRUCTION

Date Issued 05/30/2013
Control #
Permit # 12-0617

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Block 174 Lot 1 Quail
Site Location 2722 ATLANTIC AVE
Owner in Fee/Occupant PELANDIS, MICHAEL
Address 5702 VENTNOR AVENUE
VENTNOR, NJ 08402-
Telephone (609)517-5646
Contractor STELLAR CONTRACTING
Address P.O. BOX 298
GLASSBORO, NJ 08028-
Telephone (609)517-5646 Fax (856)881-4876
C. No. or Bldgs. Reg. No.
General Emp. No. 64-3690744

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No. _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group R-2
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

FIBERLINE, ANTENNA AND GROUNDING

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (____ years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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

Fee \$ 0
Paid EXJ Check No. 5447
Collected by: CYN

INSTRUCTION OFFICIAL

P.C. FZAO (rev. 3/76) NJ 102385 3.26

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

Date Issued 08/22/2014
Control #
Permit # 14-0863

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block / 174- Lot 1
Work/ Site Location 2722 ATLANTIC AVE
C/O 3 SO. IOWA AVE #2B
Owner in Fee/ Occupant PELANDIS, MICHAEL
Address 5702 VENTNOR AVENUE
VENTNOR, NJ 08402-
Telephone (609) 517-5646
Contractor AAA LEAD PROFESSIONALS LLC
Address 6 WHITE DOVE CT
LAKEWOOD, NJ 08701-
Telephone (732) 668-9078 Fax ()
Lic. No. of Bldgs. Reg. No.
Federal Emp. No.

☐ CERTIFICATE OF OCCUPANCY

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

☐ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/ COMPLIANCE

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

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group R-2

Maximum Live Load 0

Construction Classification _____

Maximum Occupancy Load 0

Description of Work/Use:

REMOVE , ENCAPSULATE; LEAD HAZARD ABATEMENT NJAC

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

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

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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

Fee \$ 0
Paid EXJ Check No. 2747
Collected by: MP

CONSTRUCTION OFFICIAL
U.C.C. F240 (rev. 3/96) NJ UCCS 3-26

ITY OF ATLANTIC CITY
IVISION OF CONSTRUCTION

UCC NEW JERSEY
CERTIFICATE

Date Issued 02/02/2015
Control #
Permit # 14-1330

IDENTIFICATION

ock 174 Lot 1 Equal
rk Site Location 2722 ATLANTIC AVE
ner in Fee/Occupant PELANDIS, MICHAEL
Address 5702 VENTNOR AVENUE
VENTNOR, NJ 08402-
Telephone (609)517-5446
Contractor NORTHWESTERN OPERATIONS GROUP
Address 1 WEST MAIN STREET
SOMERVILLE, NJ 08876-
Telephone (610)992-4101 Fax ()
ic. No. or Bids. Reg. No.
ederal Emp. No. 41-2185329

1 CERTIFICATE OF OCCUPANCY

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

NO CERTIFICATE OF APPROVAL

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

1 TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group U

Maximum Live Load 0

Construction Classification _____

Maximum Occupancy Load 0

Description of Work/Use:

REPLACE 3 EXISTING ANTENNAS WITH 3 PANEL ANTENNAS

1 CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

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

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

1 CERTIFICATE OF CONTINUED OCCUPANCY

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

1 CERTIFICATE OF COMPLIANCE

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

Fee \$ _____

Paid EXI Check No. _____ 2464
Collected by: _____ MP

CONSTRUCTION OFFICIAL
U.C.C. Form (rev. 3/96) NJ UCCAS 5.26

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

Date Issued 01/10/2005
Control #
Permit # 04-0842

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Block 174 Lot 1
Work Site Location 2722 ATLANTIC AVE
Owner in Fee/Occupant PELANDIS, MICHAEL
Address 5702 VENTNOR AVE
VENTNOR, NJ 08406-
Telephone (609)484-2359
Contractor PELANDIS CO
Address 5702 VENTNOR AVE
VENTNOR, NJ 08406-
Telephone (609)517-5446 Fax ()
Lic. No. or Bldgs. Reg. No. 2104
Federal Emp. No.

1 CERTIFICATE OF OCCUPANCY

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

X1 CERTIFICATE OF APPROVAL

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

1 TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No.
Type of Warranty Plan: 1 State 1 Private
Use Group R-2
Maximum live load 0
Construction Classification
Maximum Occupancy load 0
Description of Work/Use:
REPAIR 3 EXISTING TERRACE FRAME, FLOORS, RAILINGS AND
DOORS, ROOF REPAIRS.

1 CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per N.J.A.C. 17:27, to the following extent:
1 Total removal of lead-based paint hazards in scope of work
1 Partial or limited time period (____ years); see file

1 CERTIFICATE OF CONTINUED OCCUPANCY

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

1 CERTIFICATE OF COMPLIANCE

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

Fee \$ 0
Paid EXJ Check No. 1031
Collected by: CYM

CONSTRUCTION OFFICE
U.C.C. Form (rev. 3/76) NJ UNIFORM 1.22E

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

Date Issued 06/09/2004
Control #
Permit # 04-0685

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 174 Lot 1 Sub 1
Work Site Location 2722 ATLANTIC AVE
S/B (3 S IONA AVE)
Owner in Fee/Occupant PELABDIS, MICHAEL
Address 5702 VENTNOR AVE
VENTNOR, NJ 08406-
Telephone (609)484-2559
Contractor ANDREADIS ELEC
Address 6185 TUMBLE LANE
MAYS LANDING, NJ 08330-
Telephone (609)909-9188 Fax ()
Lic. No. or Bldgs. Reg. No. 7543
Federal Emp. No. 22-2792606

1 CERTIFICATE OF OCCUPANCY

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

2 CERTIFICATE OF APPROVAL

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

3 TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No. _____

Type of Warranty Plans I 3 State I 3 Private

Use Group R-2

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

RECONNECT HALLWAY LIGHTING.

1 CERTIFICATE OF CLEARANCE - LEAD ASBESTOS 5117

This serves notice that based on written certification, lead abatement was performed as per N.J.A.C. 17:27, to the following extent:

I 1 Total removal of lead-based paint hazards in scope of work

I 1 Partial or limited time period () years; see file

2 CERTIFICATE OF CONTINUED OCCUPANCY

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

3 CERTIFICATE OF COMPLIANCE

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

CONSTRUCTION OFFICIAL

U.C.C. Form (rev. 3/79) NJ DECS 5.24E

Fee \$ 0
Paid By Check No. 4384
Collected by: CYN

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Date Issued 06/15/2004
Control #
Permit # 04-0673

Block 174 Lot 1 Dist
Work Site Location 2722-26 ATLANTIC AVE
Owner in Fee/Occupant PELANDIS, MICHAEL
Address 5702 VENTNOR AVE
VENTNOR, NJ 08406-
Telephone (409)484-2529
Contractor ANDREADIS ELEC
Address 4185 104TH LANE
MAYS LANDING, NJ 08330-
Telephone (609)909-9188 Fax ()
Lic. No. of Bldgs. Reg. No. 7543
Federal Emp. No. 22-2792606

Home Warranty No.
Type of Warranty Plan: I I State I I Private
Use Group M
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
RECONNECT ELEC

I I CERTIFICATE OF OCCUPANCY

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

II CERTIFICATE OF APPROVAL

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

I I TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

I I CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per N.J.A.C. 17:27, to the following extent:
I I Total removal of lead-based paint hazards in scope of work
I I Partial or limited time period () years; see file

I I CERTIFICATE OF CONTINUED OCCUPANCY

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

I I CERTIFICATE OF COMPLIANCE

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

CONSTRUCTION OFFICER
U.C.C. Form (Rev. 3/98) NJ UCC-200 5-29E

Fee \$ 0
Paid EXJ Check No. X
Collected by: DC

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

Date Issued 06/15/2004
Control #
Permit # 04-0672

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Block 174 Lot 1 Sub 1
Work Site Location 2722-28 ATLANTIC AVE
Owner in Fee/Occupant PELANDIS, MICHAEL
Address 5702 VENTNOR AVE
VENTNOR, NJ 08406-
Telephone (609)484-2559
Contractor ANDREADIS ELEC
Address 4185 TORRE LANE
MAYS LANDING, NJ 08330-
Telephone (609)909-9188 Fax ()
Lic. No. or Bldgs. Reg. No. 7543
Federal Emp. No. 22-2792805

1 CERTIFICATE OF OCCUPANCY

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

1 CERTIFICATE OF APPROVAL

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

1 TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No. _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group M
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use: _____
RECONNECT ELEC

1 CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (____ years); see file

1 CERTIFICATE OF CONTAINED OCCUPANCY

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

1 CERTIFICATE OF COMPLIANCE

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

CONSTRUCTION DIVISION
U.C.C. FEES (REV. 3/95) NJ 02285 5.22E

Fee \$ 0
Paid LXI Check No. 3
Collected by: DC

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

IDENTIFICATION

NEW JERSEY
CERTIFICATE

Date Issued 06/15/2004
Control #
Permit # 04-0671

Block 174 Lot 1 Sub 1
Work Site Location 2722-32 ATLANTIC AVE
Owner in Fee/Occupant PELANDIS, MICHAEL
Address 5702 YEATMAN AVE
YEATMAN, NJ 08406-
Telephone (609)484-2559
Contractor AMOREADIS ELEC
Address 6185 TOWHEE LANE
MAYS LANDING, NJ 08330-
Telephone (609)909-9188 Fax ()
Lic. No. or Bldgs. Reg. No. 7543
Federal Emp. No. 22-2792606

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

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

Name Warranty No. _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group N
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Uses

RECONNECT ELEC

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per N.J.A.C. 5:17, to the following extent:
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (____ years); see file

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

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

Fee \$ _____
Paid BY Check No. _____
Collected by: _____

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Date Issued 06/15/2004
Control #
Permit # 04-0670

Block 174 Lot 1 Subd 1
Work Site Location 2722-30 ATLANTIC AVE
Owner in Fee/Occupant PELANDIS, MICHAEL
Address 5702 VENTNOR AVE
VENTNOR, NJ 08406-
Telephone (609)484-2557
Contractor ANDREASIS ELEC
Address 6185 TOMHEE LANE
MAYS LANDING, NJ 08330-
Telephone (609)909-9188 Fax ()
Lic. No. of Bldgs. Reg. No. 7543
Federal Emp. No. 22-2792606

1 CERTIFICATE OF OCCUPANCY

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

11 CERTIFICATE OF APPROVAL

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

1 TEMPORARY CERTIFICATE OF OCCUPANCY/OCCUPANCE

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

Home Warranty No. _____
Type of Warranty Plans: ☐ State ☐ Private
Use Group R-3
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use: _____

RECONNECT ELEC

1 CERTIFICATE OF REMOVAL - LEAD ABATEMENT 5:17

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

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (____ years); see file

1 CERTIFICATE OF CONTINUED OCCUPANCY

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

1 CERTIFICATE OF COMPLIANCE

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

Fee \$ 0
Paid EXJ Check No. X
Collected by: DC

CONSTRUCTION DIVISION
G.C.C. FORM (REV. 2/76) NJ UCCANS 5.24E

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

Date Issued 06/15/2004
Control #
Permit # 04-0669

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Block 174 Lot 1 (Sub)
Work Site Location 2722-24 ATLANTIC AVE
Owner in Fee/Occupant PELANDIS, MICHAEL
Address 5702 VENTNOR AVE
VENTNOR, NJ 08406-
Telephone (609) 484-2559
Contractor ANDREASIS ELEC
Address 6185 TOWNE LANE
MAYS LANDING, NJ 08330-
Telephone (609) 909-9188 Fax ()
Lic. No. or Bldgs. Reg. No. 7563
Federal Emp. No. 22-2792606

Home Warranty No. _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group M
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Uses _____

RECONNECT ELEC

☐ CERTIFICATE OF WARRANTY

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

☐ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per N.J.A.C. 5:17, to the following extent:
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (____ years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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

CONSTRUCTION OFFICIAL
P.L.L. FEES (REV. 3/79) \$5 WEEKS 5.25K

Fee \$ 0
Paid ☒ Check No. _____
Collected by: _____ DC

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

Date Issued 11/17/2003
Control #
Permit # 0042-03

IDENTIFICATION

NEW JERSEY
CERTIFICATE

Block 374 Lot 1
Site location 2722 ATLANTIC AVE
Owner in Fee/Occupant RABISHA, RAFAEL
Address 412 HESLEY AVENUE
PLEASANTVILLE, NJ 08232-
Telephone (609) 484-2559
Inspector
Address
Telephone () Fax ()
C. No. of Bldgs. Reg. No.
General Emp. No.

Home Warranty No.
Type of Warranty Plan: I J State I J Private
Use Group
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
NEW YORK STYLES BARBER SHOP.

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

I J CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per N.J.A.C. 17:27, to the following extent:
I J Total removal of lead-based paint hazards in scope of work
I J Partial or limited time period () years; see file

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

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

I TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
This is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ of the owner will be subject to fine or order to vacate:

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

Fee \$ 120
Paid INJ Check No. 5226
Collected by: CYH

PERMIT STATION
J.N. 5226 (174, 374) NJ UDORS 3, 250

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

UCC NEW JERSEY
CERTIFICATE

Date Issued 09/05/2008
Control #
Permit # 08-0210

IDENTIFICATION

Block 174 Lot 1 Subd
Work Site Location 2722 ATLANTIC AVE
Owner in Fee/Occupant NEW FARMERS MARKET
Address 205 N 10TH AVE
ATLANTIC CITY, NJ 08401-
Telephone (609)348-3800
Contractor SIGN MASTERS
Address 2308 FAIRMOUNT AVENUE
ATLANTIC CITY, NJ 08401-
Telephone (609)348-7776 Fax (609)348-1043
Lic. No. of Bldgs. Reg. No. 3885
Federal Emp. No. 22-3110237

1 CERTIFICATE OF OCCUPANCY

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

1 CERTIFICATE OF APPROVAL

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

1 TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No. _____
Type of Warranty Plans: [] State [] Private
Use Group _____

Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use: _____

ANNEX

1 CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per N.J.A.C. 17:27, to the following extent:

[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (____ years); see file

1 CERTIFICATE OF CONTINUED OCCUPANCY

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

1 CERTIFICATE OF COMPLIANCE

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

Fee \$ 0
Paid BY Check No. 2242
Collected by: AUB

CONSTRUCTION OFFICE
U.C.C. PERM. DIV. 3/96 NJ UCC 5.23E

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

Date Issued 10/27/2009
Control #
Permit # 09-0915

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Block 174 Lot 1 (Sue)
37k Site Location 2722 ATLANTIC AVE
Owner in Fee/Occupant PELANDIS, MICHAEL
Address 5702 VENTNOR AVENUE
VENTNOR, NJ 08340-
Telephone (609)517-5446
Contractor ANDREADIS ELEC
Address 6167 ROBIN DR
MAYS LANDING, NJ 08330-
Telephone (609)287-3785 Fax ()
Lic. No. of Bldgs. Reg. No. 7543
General Emp. No.

Home Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group R
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
RECONNECT METER...CONDITIONAL RELEASE...

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

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

1 TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

1 CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (____ years); see file

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

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

CONSTRUCTION OFFICIAL
C.T. FERG (774. 3780) NJ 08330 5.26

Fee \$ 0
Paid FX1 Check No. _____ Cash
Collected by: _____ MR



City of Atlantic City

PLUMBING SUBCODE TECHNICAL SECTION #1



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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner in Fee BENETTON HOLDINGS LLC

Telephone 732-810-8107 e-mail

Address 101 CHASE AVENUE, SUITE 304, LAKEWOOD NEW JERSEY 08701

Contractor A BELL & SON MECHANICAL, INC.

Telephone 609-338-2072 e-mail

Address 1734 GRANT AVE, ATLANTIC CITY NEW JERSEY 08401

Contractor License No. 9962 Exp. Date 6/30/2017

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed

Building Sewer Size

Water Service Size

1. New Addition:

2. Rehabilitation: \$ 300.00

3. Demolition:

Est. Cost of Plumbing Work (1+2+3): \$ 300.00

JOB SUMMARY (Office Use Only)					
PLAN REVIEW	INSPECTIONS				
	Type: Failure Failure Approval Initial				
☐ No Plans Required	Slab				
☐ Partial - Underslab Utilities Approved	Rough				
Date: Approved by:	Water				
☐ Plumbing Plans Approved	Sewer				
Date: Approved by:	Fixtures				
Joint Plan Review Required:	Gas Equipment				
☐ Bldg. ☐ Elec. ☐ Fire ☐ Elevator	Gas Piping				
SUBCODE APPROVAL for PERMIT	LP Gas Tank				
Date: Approved by:	Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE	Solar				
☐ CO ☐ CCO ☐ CA	TCO				
Date: Approved by:	Final				

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____
Print name: _____
☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

U.C.C. F130 (rev. 11/09)

Date Received 3/20/2019 Date Issued 3/28/2019
Control # 2019-000295 Permit # 19-CP-000226

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE FIXTURES

QTY. FIXTURE/EQUIPMENT:

Water Closet	
Urinal/ Bidet	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bibb	
Water Heater	
Fuel Oil Piping	
Gas Piping	
LP Gas Tank	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/ Separator	
Backflow Preventer (R)	
Backflow Preventer (C)	
Greasetrap	
Air Conditioning	
Sewer Connection	
Water Service Connection	
Stacks	
Other 1:	
Other 2:	
Other 3:	
Other 4:	
Other 5:	
Other 6:	

\$ 30.00

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$ 1.00

\$ 66.00



City of Atlantic City

BUILDING SUBCODE TECHNICAL SECTION #1



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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner In Fee BENETTON HOLDINGS LLC

Telephone 732-523-0601 e-mail

Address 111 CHASE AVENUE, SUITE 304, LAKEWOOD NEW JERSEY 08701

Contractor A BELL & SON MECHANICAL, INC.

Telephone 609-338-2072 e-mail

Address 1734 GRANT AVE, ATLANTIC CITY NEW JERSEY 08401

Contractor License No. or Builder Registration Number

Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Required			Type: Footing	Failure	Approval
☐ All			Footing Bonding		
☐ Footings/ Foundations			Foundation		
☐ Structural/ Framework			Slab		
☐ Exterior			Frame		
☐ Interior			Truss Sys./ Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation		
SUBCODE APPROVAL for PERMIT			Finishes-Base Layer		
Date:			Finishes-Final		
Approved by:			Energy		
SUBCODE APPROVAL for CERTIFICATE			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:			Other		
Approved by:			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed

No. of Stories

Height of Structure ft.

Area- Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Total Land Area Distributed sq. ft.

Max. Live Load Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:

State Approved ☐ HUD ☐

Est. Cost of Bldg. Work:

1. New Building \$1,400.00

2. Rehabilitation

3. Demolition

4. Total (1+2+3) \$1,400.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PARTITION /COUNTER /DRYWALL

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6')
- ☐ Pylon Sign Sq. Ft.
- ☐ Ground or Wall Sign Sq. Ft.
- ☐ Pool (above ground)
- ☐ Pool (below ground)
- ☐ Retaining Wall Sq. Ft.
- ☐ Asbestos Abatement subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other 1
- ☐ Other 2
- ☐ Other 3
- ☐ Other 4
- ☐ Other 5
- ☐ Other 6
- ☐ Demolition

FEE (Office Use Only)

\$ 48.00

Administrative Surcharge \$ 65.00

Minimum Fee \$ 3.00

State Permit Surcharge Fee (Volume) \$ 68.00

TOTAL FEE



City of Atlantic City
**PLUMBING SUBCODE
TECHNICAL SECTION #1**



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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner in Fee BENNETT HOLDINGS LLC

Telephone 732-523-0601 e-mail

Address 111 CHASE AVE, SUITE 304, LAKEWOOD NEW JERSEY 08701

Contractor A BELL & SON MECHANICAL, INC.

Telephone 609-338-2072 e-mail

Address 1734 GRANT AVE, ATLANTIC CITY NEW JERSEY 08401

Contractor License No. 9962

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No.

Fax

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed

Building Sewer Size

Water Service Size

1. New Addition:

3. Demolition:

Public Sewer Private Septic
Public Water Private Well
2. Rehabilitation: \$ 400.00
Est. Cost of Plumbing Work (1+2+3): \$ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Under-slab Utilities Approved

Date: Approved by:

☐ Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ ICA

Date: Approved by:

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____
Print name: _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received 4/5/2019 Date Issued 4/25/2019
Control # 2019-000367 Permit # 19-CP-000226

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
MOP SINK

QTY. FIXTURE/EQUIPMENT:

QTY.	FIXTURE/EQUIPMENT:	FEE (Office Use only)
1	Water Closet	\$ 15.00
2	Urinal/ Bidet	\$ 30.00
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/ Separator	
	Backflow Preventer (R)	
	Backflow Preventer (C)	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	
	Other 4:	
	Other 5:	
	Other 6:	

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$ 1.00
\$ 66.00



City of Atlantic City

BUILDING SUBCODE TECHNICAL SECTION #1



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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner In Fee BENETTON HOLDINGS LLC

Telephone 732-623-0601 e-mail

Address 111 CHASE AVE, SUITE 304, LAKEWOOD NEW JERSEY 08701

Contractor IMPERIAL J&Y, LLC

Telephone 718-810-8107 e-mail

Address 9 ILAN COURT, LAKEWOOD NEW JERSEY 08701

Contractor License No. or Builder Registration Number

Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No.

Fax

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required			Type: Footing				
☐ All			Footing Bonding				
☐ Footings/ Foundations			Foundation				
☐ Structural/ Framework			Slab				
☐ Exterior			Frame				
☐ Interior			Truss Sys/ Bracing				
Joint Plan Review Required:			Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
SUBCODE APPROVAL for PERMIT			Finishes-Base Layer				
Date:			Finishes-Final				
Approved by:			Energy				
SUBCODE APPROVAL for CERTIFICATE			Mechanical				
☐ CO ☐ CCO ☐ CA			TCO				
Date:			Other				
Approved by:			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	R-5	Proposed
No. of Stories			
Height of Structure ft.			
Area- Largest Floor sq. ft.			
New Bldg. Area/All Floors sq. ft.			
Volume of New Structure cu. ft.			
Total Land Area Distributed sq. ft.			
Max. Live Load			Max. Occupancy Load

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW WALL

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 5')
- ☐ Pylon Sign Sq. Ft.
- ☐ Ground or Wall Sign Sq. Ft.
- ☐ Pool (above ground)
- ☐ Pool (below ground)
- ☐ Retaining Wall Sq. Ft.
- ☐ Asbestos Abatement subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other 1
- ☐ Other 2
- ☐ Other 3
- ☐ Other 4
- ☐ Other 5
- ☐ Other 6
- ☐ Demolition

FEE (Office Use Only)

\$ 20.00

Administrative Surcharge

Minimum Fee

\$ 65.00

State Permit Surcharge Fee (Volume)

\$ 1.00

State Permit Surcharge Fee (Alterations)

TOTAL FEE

\$ 66.00

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

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



City of Atlantic City
**ELECTRICAL SUBCODE
TECHNICAL SECTION #1**



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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner in Fee BENETTON HOLDINGS LLC

Telephone e-mail

Address POB 247, LAKEWOOD NJ 08701

Contractor T-MOBILE NORTHEAST LLC

Telephone 610-306-5345 e-mail KKEELSEY@VELOCITEL.COM

Address 475 VIRGINIA DR, FORT WASHINGTON PA 19034

Contractor License No.

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

B. ELECTRICAL CHARACTERISTICS

Use Group Present U Proposed

1. New/ Addition:

3. Demolition:

1. Temporary 1. Other:

2. Rehabilitation: \$ 1,000.00

Est. Cost of Electrical Work (1+2+3): \$ 1,000.00

JOB SUMMARY (Office Use Only)			
PLAN REVIEW		INSPECTIONS	
[] No Plans Required		Type:	Dates (Month/Day)
[] Partial - Understab Utilities Approved		Rough	Failure Failure Approval Initial
Date: Approved by:		Barrier-Free	
[] Electric Plans Approved		Trench	
Date: Approved by:		Temp. Serv	
Joint Plan Review Required:		Constr. Serv	
[] Bldg. [] Plumb. [] Fire [] Elevator		TCO	
SUBCODE APPROVAL for PERMIT		Other	
Date: Approved by:		Services	
SUBCODE APPROVAL for CERTIFICATE		Final	
[] CO [] COO [] CA		Barrier-Free	
Date: Approved by:		Temp Cut-in-Card Date Issued	
		Final Cut-in-Card Date Issued	
		Annual Pool Inspection	
		Date of Grounding and Bonding Cert.	

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here:

Print name

here:

DESCRIPTION OF WORK
SWAP 3 ANTENNAS ADD 3 RRUS ADD1
HYBRID CABLE
MOUNT MODIFICATIONS IN 1 SECTOR

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

Date Received 8/31/2018 Date Issued 2/1/2019
Control # 2018-001042 Permit # 19-CP-000071
QTY. SIZE ITEMS

FEE (Office Use only)

Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motor - Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/ F.A.C. Panel	
Microinverters	
Other 1:	
Other 2:	
TOTAL NUMBERS	
Pool Permit/ with UV Lights	
Storable Pool/ Spa/ Hot Tub	
KW Elec. Range/ Receptacle	
KW Over/ Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/ Receptacle	
KW Dishwasher	
HP Garbage Disposal	
KW Central A/C Unit	
HP/ KW Space Htr / Air	
KW Baseboard Heat	
HP Motors 1/ +HP	
KW Transformer/ Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/ Outlet Light	
KW Photovoltaic Systems	
Other 3:	
Other 4:	
Other 5:	
Other 6:	
Other 7:	
Other 8:	
Other 9:	
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	

\$ 65.00
\$ 2.00
\$ 67.00



City of Atlantic City

BUILDING SUBCODE TECHNICAL SECTION #1



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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner in Fee BENETTON HOLDINGS LLC

Telephone e-mail

Address POB 247, LAKEWOOD NJ 08701

Contractor T-MOBILE NORTHEAST LLC

Telephone 610-306-9345 e-mail KKEI.SEV@VELOCITEL.COM

Address 475 VIRGINIA DR, FORT WASHINGTON PA 19034

Contractor License No. or Builder Registration Number PA

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SWAP 3 ANTENNAS ADD 3 RRUS ADD1 HYBRID CABLE
MOUNT MODIFICATIONS IN 1 SECTOR

TYPE OF WORK:

☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence Height (exceeds 6')
☐ Pylon Sign Sq. Ft.
☐ Ground or Wall Sign Sq. Ft.
☐ Pool (above ground)
☐ Pool (below ground)
☐ Retaining Wall Sq. Ft.
☐ Asbestos Abatement subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other 1
☐ Other 2
☐ Other 3
☐ Other 4
☐ Other 5
☐ Other 6
☐ Demolition

FEE (Office Use Only)

\$ 306.00

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required			Footings				
☐ All			Footings Bonding				
☐ Footings/ Foundations			Foundation				
☐ Structural/ Framework			Slab				
☐ Exterior			Frame				
☐ Interior			Truss Sys./ Bracing				
Joint Plan Review Required:			Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
SUBCODE APPROVAL FOR PERMIT			Finishes-Base Layer				
Date:			Finishes-Final				
Approved by:			Energy				
SUBCODE APPROVAL FOR CERTIFICATE			Mechanical				
☐ CO ☐ COO ☐ CA			TCO				
Date:			Other				
Approved by:			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed

No. of Stories

Height of Structure ft.

Area- Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Total Land Area Distributed sq. ft.

Max. Live Load Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:

State Approved ☐ HUD ☐

Est. Cost of Bldg. Work

1. New Building

2. Rehabilitation

3. Demolition

4. Total (1+2+3)

\$ 3,000.00

\$ 9,000.00

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee (Volume)

State Permit Surcharge Fee (Alterations)

TOTAL FEE

\$ 17.00

\$ 323.00

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

U.C.C. F110 (rev. 11/05)



City of Atlantic City

BUILDING SUBCODE TECHNICAL SECTION #1



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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner in Fee BENETTON HOLDINGS LLC

Telephone e-mail

Address POB 247, LAKEWOOD NJ 08701

Contractor T-MOBILE NORTHEAST LLC

Telephone 610-306-9345 e-mail KKEISEY@VELOCITEL.COM

Address 475 VIRGINIA DR, FORT WASHINGTON PA 19034

Contractor License No. or Builder Registration Number PA Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

JOB SUMMARY (Office Use Only)			
PLAN REV/EN	Date	Initial	INSECTIONS
☐ No Plans Required			Footings
☐ All			Footings Bonding
☐ Footings/ Foundations			Foundation
☐ Structural/ Framework			Slab
☐ Exterior			Frame
☐ Interior			Truss Sys/ Bracing
Joint Plan Review Required:			Barrier-Free
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation
SUBCODE APPROVAL for PERMIT			Finishes-Base Layer
Date:			Finishes-Final
Approved by:			Energy
SUBCODE APPROVAL for CERTIFICATE			Mechanical
☐ ICO ☐ ICCO ☐ ICA			TCO
Date:			Other
Approved by:			Final
			Barrier-Free

B. BUILDING CHARACTERISTICS			
Use Group	Present	Proposed	Constr. Class
No. of Stories			Present
Height of Structure ft.			Proposed
Area- Largest Floor sq. ft.			
New Bldg. Area/All Floors sq. ft.			
Volume of New Structure cu. ft.			
Total Land Area Distributed sq. ft.			
Max. Live Load			
Max. Occupancy Load			

1. New Building	\$ 9,000.00
2. Rehabilitation	
3. Demolition	
4. Total (1+2+3)	\$ 9,000.00

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SWAP 3 ANTENNAS, ADD 3 RRUS ADD1 HYBRID CABLE
MOUNT MODIFICATIONS IN 1 SECTOR

TYPE OF WORK:

☐ New Building	
☐ Addition	
☒ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence Height (exceeds 6')	
☐ Pylon Sign Sq. Ft.	
☐ Ground or Wall Sign Sq. Ft.	
☐ Pool (above ground)	
☐ Pool (below ground)	
☐ Retaining Wall Sq. Ft.	
☐ Asbestos Abatement subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other 1	
☐ Other 2	
☐ Other 3	
☐ Other 4	
☐ Other 5	
☐ Other 6	
☐ Demolition	

FEE (Office Use Only)

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee (Volume)	\$ 17.00
State Permit Surcharge Fee (Alterations)	\$ 323.00
TOTAL FEE	

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

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

Date Received 8/3/2018
Control # 2018-001042
Date Issued 2/1/2019
Permit # 19-CP-000071



City of Atlantic City

ELECTRICAL SUBCODE TECHNICAL SECTION #1



Date Received 8/3/2018 Date Issued 2/1/2019
Control # 2018-001042 Permit # 19-CP-000071

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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner in Fee BENETTON HOLDINGS LLC

Telephone e-mail

Address POB 247, LAKEWOOD NJ 08701

Contractor T-MOBILE NORTHEAST LLC

Telephone 610-306-9345 e-mail KKELEY@VELOCITEL.COM

Address 475 VIRGINIA DR, FORT WASHINGTON PA 19034

Contractor License No.

Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No.

Fax

B. ELECTRICAL CHARACTERISTICS

Use Group Present U Proposed

☐ Pole/ Pad #

Building Occupied as

1. New/ Addition:

3. Demolition:

☐ Temporary

Utility Co.

2. Rehabilitation: \$ 1,000.00

Est. Cost of Electrical Work (1+2+3): \$ 1,000.00

C. CERTIFICATION IN LIEU OF OATH

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: Approved by:

☐ Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCC ☐ CA

Date: Approved by:

Annual Pool Inspection

Date of Grounding and Bonding Cert.

INSPECTIONS

Type:

Rough

Barrier-Free

Trench

Temp. Serv

Const. Serv

TCO

Other

Service

Final

Barrier-Free

Temp Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Cert.

Dates (Month/Day)

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

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Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

7

TOTAL NUMBERS

Pool Permit with UV Lights

Storage Pool/ Spa/ Hot Tub

KW Elec. Range/ Receptacle

KW Over/ Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/ Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/ KW Space Htr./ Air

KW Baseboard Heat

HP Motors 1/ +HP

KW Transformer/ Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/ Outlet Light

KW Photovoltaic Systems

Other 3:

Other 4:

Other 5:

Other 6:

Other 7:

Other 8:

Other 9:

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$ 65.00

\$ 2.00

\$ 67.00

FEE (Office Use only)

\$ 50.00

☐ Licensed Electrical Contractor ☐ Exempt Applicant ☐ Licensed Landscape Irrigation Contractor

U.C.C. F-120 (rev. 11/05) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three copies



City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
Phone: 609-347-5660
Fax: 609-347-6437

Permit Number: 19-CP-000071
Update Number:
Control Number: 2018-001042
Application Date: 8/3/2018
Permit Date: 2/1/2019

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: 174 Lot: 1 Qualifier:

Work Site Location 2722 ATLANTIC AVE

ATLANTIC CITY NJ 08401

Owner in Fee

BENETTON HOLDINGS LLC

Telephone

Address

POB 247

LAKEWOOD NJ 08701

Contractor

KELLY KELSEY

Telephone

610-306-9345

Address

475 VIRGINIA DR

FORT WASHINGTON PA 19034

Lic. No. / Bldrs. Reg. No PA

Federal Emp. No.

Use Group(s): U

is hereby granted permission to perform the following work:

☒ Building

☒ Electrical

DESCRIPTION OF WORK:

SWAP 3 ANTENNA'S ADD 3 RRUS ADD1 HYBRID CABLE
MOUNT MODIFICATIONS IN 1 SECTOR

ESTIMATED COST OF WORK:

Cost of Construction: \$0.00

Cost of Alteration: \$10,000.00

Cost of Demolition: \$0.00

Total Cost: \$10,000.00

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

Anthony Cox, Sr.

Construction Official

Date: 2/1/2019

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

Notes:

PAYMENTS (Office Use Only)

Building	\$306.00
Electrical	\$65.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$19.00
DCA Minimum Fee	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$390.00
No Fees Waived	

Amount to be Paid: \$0.00

Check Amount: \$390.00

Payment Date: 2/1/2019

Collected By: Quwana Price

Reference No: CK#7306/REF#72356

Total Check Amount \$390.00

Grand Total: \$390.00



City of Atlantic City

BUILDING SUBCODE TECHNICAL SECTION #1



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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner in Fee PELANDIS, M & C & TZOUNAKARIS, I

Telephone 609-517-5646 e-mail

Address 5702 VENTNOR AVE, VENTNOR NEW JERSEY 08406

Contractor T-MOBILE NORTHEAST, LLC

Telephone 856-693-0412 e-mail

Address 510 VIRGINIA AVE, FT WASHINGTON PA 19034

Contractor License No. or Builder Registration Number

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

Exp. Date

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

Date Received 8/30/2017

Control # 2017-001064

Date Issued 11/11/2017

Permit # 17-CP-000868

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SWAPPING(S) ANTENNAS

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence Height (exceeds 6')
☐ Pylon Sign Sq. Ft.
☐ Ground or Wall Sign Sq. Ft.
☐ Pool (above ground)
☐ Pool (below ground)
☐ Retaining Wall Sq. Ft.
☐ Asbestos Abatement subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other 1
☐ Other 2
☐ Other 3
☐ Other 4
☐ Other 5
☐ Other 6
☐ Demolition

FEE (Office Use Only)

\$ 119.00

Const. Class Present Proposed
if Industrialized Building:

State Approved ☐ HUD ☐

Est. Cost of Bldg. Work:

1. New Building

2. Rehabilitation

3. Demolition

4. Total (1+2+3)

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee (Volume)

State Permit Surcharge Fee (Alterations)

TOTAL FEE

\$ 7.00

\$ 126.00

No. of Stories
Height of Structure ft.
Area - Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Total Land Area Distributed sq. ft.
Max. Live Load
Max. Occupancy Load

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

U.C.C. F-10 (rev. 11/06)



City of Atlantic City
**ELECTRICAL SUBCODE
TECHNICAL SECTION #1**



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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner In Fee PELANDIS, M & C & TZOUNAKAKIS, I

Telephone 609-517-5646 e-mail

Address 5702 VENTNOR AVE, VENTNOR NEW JERSEY 08405

Contractor T-MOBILE NORTHEAST, LLC

Telephone 855-693-0412 e-mail

Address 510 VIRGINIA AVE, FT WASHINGTON PA 19034

Contractor License No.

Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No.

Fax

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed

☐ Pole/ Pad #

☐ Temporary

☐ Other:

Building Occupied as

Utility Co.

Est. Cost of Electrical Work (1+2+3): \$ 2,500.00

3. Demolition:

Est. Cost of Electrical Work (1+2+3): \$ 2,500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS			
PLAN REVIEW	TYPE:	Failure	Failure	Approval	Initial
☐ No Plans Required	Rough				
☐ Partial - Underslab Utilities Approved	Barrier-Free				
Date: Approved by:	Trench				
☐ Electric Plans Approved	Temp. Serv				
Date: Approved by:	Constr. Serv				
Joint Plan Review Required:	TCO				
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elevator	Other				
SUBCODE APPROVAL for PERMIT	Service				
Date: Approved by:	Final				
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free				
☐ CO ☐ CCO ☐ CA	Temp Cut-in-Card Date Issued				
Date: Approved by:	Final Cut-in-Card Date Issued				
	Annual Pool Inspection				
	Date of Grounding and Bonding Cert				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SWAPPING(5) ANTENNAS

Sign here:

Print name

☐ Licensed Electrical Contractor ☐ Exempt Applicant ☐ Licensed Landscape Irrigation Contractor

Date Received 8/30/2017 Date Issued 11/11/2017
Control # 2017-001064 Permit # 17-CP-000868

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motor - Fract. HP

Emergency & Exit Lights

Communication Points

Alarm Devices/ F.A.C. Panel

Microinverters

Other 1:

Other 2:

TOTAL NUMBERS

Pool Permit/ with UV Lights

Storable Pool/ Spa/ Hot Tub

KW Elec. Range/ Receptacle

KW Oven/ Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/ Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/ KW Space Htr./ Air

KW Baseboard Heat

HP Motors 1/ +HP

KW Transformer/ Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/ Outlet Light

KW Photovoltaic Systems

Other 3: Other Systems

Other 4:

Other 5:

Other 6:

Other 7:

Other 8:

Other 9:

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

FEE (Office Use only)

\$ 100.00

\$ 5.00

\$ 105.00



City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
Phone: 609-347-5660
Fax: 609-347-6437

Permit Number: 17-CP-000868
Update Number:
Control Number: 2017-001064
Application Date: 8/30/2017
Permit Date: 11/1/2017

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: 174 Lot: 1 Qualifier:

Work Site Location 2722 ATLANTIC AVE

ATLANTIC CITY NJ 08401

Owner in Fee PELANDIS, M & C & TZOUMAKARIS, I

Telephone

Address 5702 VENTNOR AVE

VENTNOR NJ 08406

Use Group(s): R-5

Contractor

T-MOBILE NORTHEAST, LLC

Telephone

856-693-0412

Address

510 VIRGINIA AVE
FT WASHINGTON PA 19034

Lic. No. / Bldrs. Reg. No

Federal Emp. No.

Is hereby granted permission to perform the following work:

☒ Building

☒ Electrical

DESCRIPTION OF WORK:
SWAPPING(5)ANTENNAS

ESTIMATED COST OF WORK:

Cost of Construction: \$0.00

Cost of Alteration: \$6,000.00

Cost of Demolition: \$0.00

Total Cost: \$6,000.00

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

Date: 11/1/2017

Wallace Shields

Construction Official

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

Notes:

PAYMENTS (Office Use Only)

Building	\$119.00
Electrical	\$100.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
Vol Fee (DCA)	
Alt Fee (DCA)	\$12.00
DCA Minimum Fee	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$231.00
No Fees Waived	

Amount to be Paid: \$0.00

Check Amount: \$231.00

Payment Date: 11/1/2017

Collected By: Quwana Price

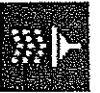
Reference No: CK#4605/REF#66319

Total Check Amount \$231.00

Grand Total: \$231.00



City of Atlantic City
PLUMBING SUBCODE
TECHNICAL SECTION #1



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

Block 174 Lot 1 Qualification Code

Work Site Location 2722 ATLANTIC AVE

Owner in Fee PELANDIS, M & C & TZOUNAKAKIS, I

Telephone 609-517-5646 e-mail

Address 5702 VENTNOR AVE, VENTNOR NJ 08406

Contractor DOMINIC LASASSA

Telephone 609-347-1541 e-mail

Address 56 N TRENTON AVE, ATLANTIC CITY NEW JERSEY 08401

Contractor License No. 4362 Exp. Date 6/30/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed

Building Sewer Size

Water Service Size

1. New/ Addition:

3. Demolition:

Public Sewer
Public Water
Private Septic
Private Well
2. Rehabilitation: \$ 500.00
Est. Cost of Plumbing Work (1+2+3): \$ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: Approved by:

☐ Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ JCO ☐ JCCO ☐ JCA

Date: Approved by:

C. CERTIFICATION IN LIEU OF OATH

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

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Sign here:

Print name

Date Received 1/28/2016 Date Issued 2/16/2016
Control # 2016-000129 Permit # 16-CP-000145

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HAND SINK

QTY. FIXTURE/EQUIPMENT:

Water Closet

Urinal/ Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/ Separator

Backflow Preventer (R)

Backflow Preventer (C)

Greasetrap

Air Conditioning

Sewer Connection

Water Service Connection

Stacks

Other 1:

Other 2:

Other 3:

Other 4:

Other 5:

Other 6:

FEE (Office Use only)

\$ 13.00

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$ 1.00

\$ 59.00



City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
Phone: 609-347-5660
Fax: 609-347-6437

Permit Number: 16-CP-000145
Update Number:
Control Number: 2016-000129
Application Date: 1/28/2016
Permit Date: 2/16/2016

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: 174 Lot: 1 Qualifier:

Work Site Location 2722 ATLANTIC AVE

ATLANTIC CITY NJ 08401

Owner in Fee PELANDIS, M & C & TZOU MAKARIS, I

Telephone 609-517-5646

Address 5702 VENTNOR AVE

VENTNOR NJ 08406

Use Group(s): B

Contractor DOMINIC LASASSA

Telephone 609-347-1541

Address 56 N TRENTON AVE

ATLANTIC CITY NEW JERSEY 08401

Lic. No. / Bldrs. Reg. No

Federal Emp. No.

Is hereby granted permission to perform the following work:

☒ Plumbing

DESCRIPTION OF WORK:
HAND SINK.

ESTIMATED COST OF WORK:

Cost of Construction: \$0.00

Cost of Alteration: \$500.00

Cost of Demolition: \$0.00

Total Cost: \$500.00

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

Wallace Shields

Construction Official

Date: 2/16/2016

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

Notes:

PAYMENTS (Office Use Only)

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

Amount to be Paid: \$0.00

Cash Amount: \$59.00

Payment Date: 2/16/2016

Collected By: Quwana Price

Reference No: CASH 59.00

Total Cash Amount \$59.00

Grand Total: \$59.00

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 11/18/2014
Date Issued 11/25/2014
Control #
Permit # 14-1330

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS: NOTIFY THIS OFFICE, CALL UTILITY DIS NO: 1-800-272-1010

Block 174 Lot 1 Sub 1
Work Site Location 2722 ATLANTIC AVE

Owner in Fee ISLANDER, MICHAEL
Address 3732 VENTNOR AVENUE
VENTNOR, NJ 08402-

Tele: (609) 317-3366

Contractor CJB ELECTRIC
Address 158 SHADY RIDGE HT AVE
STONETON, NJ 08088 -

Tele: (777) -
Lic. No. of Holdrs, Reg. No. -
Federal Emp. No. 27-4018715

B. ELECTRICAL CHARACTERISTICS
Use Group - Present U Proposed U
I J Pole/Feed # I J Temporary I J Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 500

JOB SUMMARY (Office Use Only)
PLAN REVIEW
I J No Plans Required
Joint Plan Review Required:
I J Back I J Finish
I J Size I J Elevator
I J Elect Plans Approved
Date: _____
Approved By: _____
SUBCODE APPROVAL
I J CD I J CO I J CA
Date: _____
Approved By: _____

INSPECTIONS
Type Failure Failure Approval Initial
Rough
Temp Serv
Const Serv
TOD
Other
Service
Final
Temp. Out-in-Card Date Issued
Final Out-in-Card Date Issued

D. TECHNICAL SITE DATA
NO. SIZE ITEM

0 Lighting Fixtures

0 Receptacles

0 Switches

0 Detectors

0 Light Poles

0 Motors-Fract HP

0 Emergency & Exit Lights

0 Communications Points

0 Alarm Devices/F.A.C. Panel

0 TOTAL NUMBERS

0 Pool Permits/with Use Lights

0 Stoppable Pool/Spa/Hot Tub

0 RM Elect Range/Receptacle

0 RM Oven/Surface Unit

0 RM Elect Water Heater

0 RM Elect Dryer/Receptacle

0 RM Dishwasher

0 HP Garbage Disposal

0 KM Central A/C Unit

0 HP/KW Space Heater/Air Handler

0 Baseboard Heat

0 HP Motors 1+ HP

0 KM Transformer/Generator

0 AMP Service

0 AMP Subpanels

0 AMP Motor Control Center

0 KM Elect Sign/Outline Light

0 Other

FEE (Office Use Only)

Paid by Check # 2444
Collected by: HP
Administrative Surcharge \$ 0
Minimum Fee \$ 35
TOTAL FEE \$ 35
DCR State Permit Fee \$ 1

Applicant's Signature/Contractor's Seal and Signature
I J Licensed Electrical Contractor I J Except Applicant

U.C.C. F120 (rev. 3/96)

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/21/2014
Date Issued 11/23/2014
Control #
Permit # 14-1230

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

Block 174 Lot 1 Parcel
Work Site Location 2722 ATLANTIC AVE

Owner In Fee PELANDIS, MICHAEL

Address 5702 VENTNOR AVENUE

VENUDR, NJ 08403-

Tele: (609) 217-2646

Contractor NORTHWESTERN OPERATIONS GROUP

Address 1 WEST MAIN STREET

SUMMIT, NJ 08976-

Tele: (610) 272-4101 Fax ()

Lic. No. of Bldgr, Reg. No.

Federal Emp. No. 41-213529

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

INSPECTIONS	Failure	Failure Approval	Initial
☐ No Plans Req.			
☐ All			
☐ Footing			
☐ Foundation			
☐ Frame			
☐ Other			
Joint Plan Review Required:			
☐ I Select ☐ II Plans ☐ I Fire			
BLENDED APPROVAL ☐ I ELEV			
☐ I CO ☐ I COO ☐ I CA			
Date:			
Approved By:			
Other			
Final			
Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Const. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REPLACE 2 EXISTING ANTENNAS WITH 3 PANEL ANTENNAS

MP

TYPE OF WORK	FEES (Office Use Only)
☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter B	
☐ Lead Haz. Abatement Subch 2117	
☐ Other	
☐ Demolition	

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Alteration \$
3. Total (1+2) \$
Paid CNY Check # 2464
Collected by: MP
Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$
OCA State Permit Fee \$

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

Date Issued 11/25/2014
Control #
Permit # 14-1330

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 174 Lot 1

Work Site Location 2722 ATLANTIC AVE

Qual

Contractor NORTHWESTERN OPERATIONS GROUP

Address 1 WEST MAIN STREET

SOMERVILLE, NJ 08876-

Owner in Fee PELANDIS, MICHAEL

Telephone (610)992-4101

Address 5702 VENTNOR AVENUE

Lic. No. or Bidders Reg. No.

Telephone (609)517-5646

Federal Emp. No. 41-2135329

Is hereby granted permission to perform the following work:

- EX1 BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
- EX2 ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- EX3 ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter B only)

DESCRIPTION OF WORK:

REPLACE 3 EXISTING ANTENNAS WITH 3 PANEL ANTENNAS

MP

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

Estimated Cost of Work 10,500

Construction Official

11/25/2014
Date

U.C.C. F170 (rev. 3/96) NO UCCANS 5.2b

PAYMENTS (Office Use Only)

Building	300
Electrical	58
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	18
Cert. of Occupancy	0
Other	
Total	376
Check No.	2464
Cash	
Collected By	MP

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 07/17/2014
Control #
Permit # 14-0863

IDENTIFICATION Block 174 Lot 1 Qual

Work Site Location 2722 ATLANTIC AVE
C/O 3 SQ. IOWA AVE #2B
Owner in Fee PELANDIS, MICHAEL
Address 3702 VENTNOR AVENUE
VENTNOR, NJ 08402-
Telephone (609)517-5646

Contractor AAA LEAD PROFESSIONALS LLC
Address 6 WHITE DOVE CT
LAKEWOOD, NJ 08701-
Telephone (732)668-9078
Lic. No. or Bids. Reg. No.
Federal Emp. No.

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

DESCRIPTION OF WORK:
REMOVE, ENCAPSULATE, LEAD HAZARD ABATEMENT NJAC 5:17

MP

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

Estimated Cost of Work \$ 2,000

Construct by Official

07/17/2014
Date

U.C.C. F170 (rev. 3/96) NJ UCC988 3.26

PAYMENTS (Office Use Only)
Building 58
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 0
Cert. of Occupancy 0
Other
Total 58
Check No. 2747
Cash
Collected By MP

NU UCC#MS J-20
CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/30/2014
Date Issued 07/17/2014
Control #
Permit # 14-0863

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

Block 174 Lot 1 Sub1
Work Site Location 2722 ATLANTIC AVE
C/O 2 BL. 1000 AVE #22

Owner In Fee PELANDIS, MICHAEL
Address 5702 VENTNOR AVENUE
VENTNOR, NJ 08402-

Title: 6021517-5445
Contractor AAA LEAD PROFESSIONALS LLC

Address 6 WHITE DUNE CT
LAKENING, NJ 08701-

Tele: 732-648-7078 Fax: ()
Lic. No. of Plans, Reg. No.

Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REMOVE, ENCAPSULATE, LEAD HAZARD ABATEMENT NMAC 9.17

MP

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	DATE (Month/Day)
☐ NO Plans Req.			Type	Failure Failure Approval Initial
☐ ALL			Footings	
☐ FOUNDING			Foundation	
☐ FOUNDATION			Slab	
☐ FRAME			Frame	
☐ OTHER			Barrier/Fence	
Joint Plan Review Required:			Insulation	
☐ ELEC ☐ PLUMB ☐ FIRE			Finishes	
SUBCODE APPROVAL ☐ ELEV			Energy	
☐ CO ☐ COD ☐ CA			Mechanical	
Date:			TOC	
Approved By:			Other	
			Final	
			Barrier/Fence	

B. BUILDING CHARACTERISTICS

Use Group	Present R-2	Proposed R-2	Est. Cost of Bldg. Work:
Consist. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0	0	2. Alteration \$ 2,000
Height of Structure	0 Ft.	0 Ft.	3. Total (1+2) \$ 2,000
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.	
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.	Industrialized Buildings:
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.	☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.	☐ MD

Paid EXJ Check # 2747	Administrative Surcharge	\$ 0
Collected by: MP	Minimum Fee	\$ 38
	TOTAL FEE	\$ 38
	DCA State Permit Fee	\$ 0

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

UCC NEW JERSEY
ELECTRICAL
SUBCODE

Date Received 06/12/2012
Date Issued 06/21/2012
Control #
Permit # 12-0617

FREE (Office Use Only)

THE Lightning Fixtures Receutables Exhibits

13 Feb 1961

PROBATION DEPARTMENT

COMMUNICABLE DISEASES

TOTAL NUMBERS

Storable Pool/Spec/Hot Lub

MM Best/Surface Unit

Mr. Edgar Mearns

MM Elogi Dyfeg/Rehabilit
MM Ddswsda

HP Garbage Disposal
K&K Central A/C Unit

ପ୍ରସଙ୍ଗସଂଖ୍ୟା ୧୯୩

Mr. Tolbert 1st HF
KLM Transport/Generator

AKP SERVICE
AKP EQUIPMENT

AMP Motor Control Center
KMI Elect Sign/Outline Ldg

Other	FIBERLINE
Other	GROUNDING

Administrative Support

3447	ATTORNEY
531	TOTAL FEE

姓名	年龄	性别	职业
0			
C			
92			
E			

U.C.C. F120 (rev. 3/96)

CITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 06/21/2012
Control #
Permit # 12-0617

IDENTIFICATION Block 174 Lot 1 Qual

Work Site Location 2722 ATLANTIC AVE Contractor STELLAR CONTRACTING

Owner in Fee PELANDIS, MICHAEL Address P.O. BOX 298

Address 5702 VENTNOR AVENUE GLASSBORO, NJ 08029- Telephone (609)517-5646

Telephone (609)517-5646 Lic. No. or Bldgs. Reg. No. Federal Emp. No. 64-3690744

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

DESCRIPTION OF WORK:
FIBERLINE; ANTENNA AND GROUNDING

MP

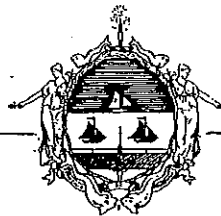
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 1,200

Construction Official 06/21/2012
Date

U.C.C. F170 (rev. 3/96) NJ DECARS 5.26

PAYMENTS (Office Use Only)
 Building 0
 Electrical 92
 Plumbing 0
 Fire Protection 0
 Elevator Devices 0
 Other
 DCA State Permit Fee 2
 Cert. of Occupancy 0
 Other
 Total 94
 Check No. 5447
 Cash
 Collected By CYN



CERTIFICATE OF LAND USE COMPLIANCE

Fee: Commercial \$32.00

Residential: \$16.00

Checks or Money Order Payable To The City of Atlantic City

Applicant's (Your) Name: T-Mobile Phone: 856-803-6077

Applicant's (Your) Address: 400 Street Road, Bensalem, PA ^{Stevensville, CO}

Owner's Name: Michael Kelands Phone: 19020

Owner's Address: [REDACTED]

Owner's Signed Consent M. D. Deland Date: 12-21-10

Name and Address of Professional Consultant(s): Dewberry
Garther Dr. Mt. Laurel, NJ 08052

Street Address of Subject Property: 2422 Atlantic Ave.

Zoning District: NC-2 Block(s) 174 Lot(s) 1

Present Use (include total number of units, describe fully): Residential apts
Retail Stores

This Application is For (fully describe proposed use and/or signage, including total number of units):
Install antennas and radio cabinets
on roof

Notice: 1) THIS CERTIFICATION MAY NOT BE THE ONLY APPROVAL REQUIRED NOR DOES IT SUBSTITUTE FOR A CERTIFICATE OF NON-CONFORMITY, BUILDING PERMIT, PERMITS REQUIRED IN FLOOD HAZARD AREAS, MERCANTILE LICENSE OR OTHER STATE AND LOCAL PERMITS. 2) THE OWNER, BY HIS "SIGNED CONSENT" ABOVE, ALSO AUTHORIZES THE RELEASE OF THE PROPERTY RECORD CARDS AND ANY OTHER DOCUMENTS TO THE APPLICANT.

FOR OFFICE USE ONLY

Approved _____ Denied _____

Conditions of Approval: _____

Application Number: 090851

Fee Received: 3200

Date Filed: 11-23-2010

Date Issued: 12/29/10

CITY OF ATLANTIC CITY

DEPARTMENT OF LICENSING & INSPECTIONS
INSPECTION DIVISION/LANDLORD REGISTRATION
City Hall – Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454

STATUS

NOTICE OF VIOLATIONS AND

Property Address: 2722 ATLANTIC AVE.APT.#4-B

Owner: PELANDIS,M&C&TSOUMAKARIS,I

Address: [REDACTED]

City/State/Zip Code: [REDACTED]

Age

Address: [REDACTED]

City/State/Zip Code: [REDACTED]

ACTION

Date of Inspection: 11/20/14 Compliance Due Date: 12/20/14 Extension Date: [REDACTED]

TAKE NOTICE THAT you have been found to be in violation of the following Chapter(s) of the City Code:

- 309.1- Eliminate roaches and bedbugs infestation.Provide report from license exterminator.
- 304.13 - Weather tight all windows in entire apartment.
- 305.3-Repair and paint walls in bedroom #2 ,(repair chipping paint.)

You are hereby ordered to terminate the said violation(s) on or before 12/20/14. No Occupancy Permit or Approvals will be issued unless the said violation(s) are abated.

**Failure to comply with this Order by the COMPLIANCE DATE will subject you to a
SUMMONS TO APPEAR IN MUNICIPAL COURT**

If you have any questions concerning this matter, please call (609) 347-6450.

Inspector: Slawomir Baginski, FRPI

Date of Notice: 11/21/2014

Reviewed and approved by: [Signature] Date: 11.21.14

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To MICHAEL PELANDIS
Street, Apt. No.,
or PO Box No. [REDACTED]
City, State, ZIP+4 [REDACTED]
PS Form 3800, August 2006 See Reverse for Instructions

CITY OF ATLANTIC CITY

DEPARTMENT OF LICENSING & INSPECTIONS
INSPECTION DIVISION/LANDLORD REGISTRATION
City Hall - Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454

STATUS

NOTICE OF VIOLATIONS AND

Property Address: 2722 ATLANTIC AVE.APT.#4-B

Owner: PELANDIS,M&C&TSOUMAKARIS,I

Address: [REDACTED]

City/State/Zip Code: [REDACTED]

Ag

Address: [REDACTED]

City/State/Zip Code: [REDACTED]

ACTION

Date of Inspection: 11/20/14 Compliance Due Date: 07/15/15

Extension Date:

TAKE NOTICE THAT you have been found to be in violation of the following Chapter(s) of the City Code:

304.13-Weather tight all windows in entire apartment.

You are hereby ordered to terminate the said violation(s) on or before 07/15/15. No Occupancy Permit or Approvals will be issued unless the said violation(s) are abated.

**Failure to comply with this Order by the COMPLIANCE DATE will subject you to a
SUMMONS TO APPEAR IN MUNICIPAL COURT**

If you have any questions concerning this matter, please call (609) 347-6450.

Inspector: Slawomir Baginski, FRPI

Date of Notice: 6/10/2015

Reviewed and approved by: [Signature]

Date: 6-10-15

5596 1200 0000 0021 HT01

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For delivery information visit our website at www.usps.com	
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to MICHAEL PELANDIS	
Street, Apt. No., or PO Box No. [REDACTED]	
City, State, ZIP+4 [REDACTED]	
PS Form 3800, August 2006 See Reverse for Instructions	