NEW JERSEY UNIFORM CONSTRUCTION CODE

Borough Of Bay Head

BUILDING SUBCODE
TECHNICAL SECTION

Date Receive 2/24/2016
Control # 94007416

Date Issued 2/25/2016
Permit # 20160022

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. ______ e-mail ______

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality) (zip code)

Contractor: DEARBORN BUILDERS, INC. Tel. (732)892-3902

Address: 737 Howe Street, Ste. 113, Point Pleasant, NJ 087 e-mail ed@dearbornbuilders.com

Contractor License No. 13VH02833400- 3/31/18, 034506- / / Exp. Date 3/31/18

Federal Emp. ID No. 22-3775717 FAX (732)892-2702

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Inital
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Final				
Other				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed ______
Constr. Class Present ______ Proposed ______
No. of Stories ______
Height of Structure ______ FT
Area - Largest Floor ______ Sq. Ft.
New Bldg. Area/All Floors ______ Sq. Ft.
Volume of New Structure ______ Cu. Ft.
Total Land Area Disturbet ______ Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ ______
2. Rehabilitation $ 10,000
3. Total (1+2) $ 10,000

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

Interior alterations

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilation	170
☐ Roofing	
☐ Siding	
☐ Fence ______ Height (exceeds 6')	
☐ Sign ______ Sq. Ft.	
☐ Pool	
☐ Asbestos Abatement Subchapter 8_	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other______	
☐ Demolition	

Administrative Surcharge $ 0
Minimum Fee $ ______
State Permit Surcharge Fee $ ______
TOTAL FEE $ 170

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 3/07/2016
Control # 94007424

Date Issued 3/09/2016
Permit # 20160026

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. _____ e-mail _____

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)

Contractor: MILLAR ELECTRIC, LLC Tel. (732)616-6821

Address: 409 Kenli Lane, Brielle, NJ 08730 e-mail millarelectricllc@gmail.com

Contractor License No. 34EI01490100- 3/31/21 Exp. Date _____

Federal Emp. ID No. 20-1332888 FAX. (732)223-1801

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5

☐ Pole/pad # _____ ☐ Temporary Service ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 500 Descript: Temporary service

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____ _____ _____ _____

Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☑ Licensed Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applc

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Pole	
		Motors—Fract. H	
		Emergency & Exit Lights	
		Communications Paints	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central AC Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 11+ HP	
		KW Transformer/Generator	
1	100	AMP Service	50
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 0

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ 50

U.C.C. F120 (rev. 07105) Internet version

Applicant: When submitting this form to your Local construction code Enforcement Office please provide one original plus three photocopies

Borough Of Bay Head
BUILDING SUBCODE
TECHNICAL SECTION

Date Receive 7/18/2016
Control # 94007537

Date Issued 11/29/2016
Permit # 20160098

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. (908)403-4384 e-mail

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality) (zip code)

Contractor: DEARBORN BUILDERS, INC. Tel. (732)892-3902

Address: 737 Howe Street, Ste. 113, Point Pleasant, NJ 087 e-mail ed@dearbornbuilders.com

Contractor License No. 13VH02833400- 3/31/18, 034506- / / Exp. Date 3/31/18

Federal Emp. ID No. 22-3775717 FAX (732)892-2702

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories
Height of Structure FT
Area - Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbet Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $
2. Rehabilitation $ 135,000
3. Total (1+2) $ 135,000

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

Lift house & replace foundation

TYPE OF WORK

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

FEE (Office Use Only)

Administrative Surcharge $ 0
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
BUILDING SUBCODE
TECHNICAL SECTION

Date Receive 12/08/2016
Control # 94007646

Date Issued 12/12/2016
Permit # 20160098 A

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. _____ e-mail _____

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)

Contractor: ORCHARD HILLS DESIGN & CONSTR., LLC Tel. (908)591-8752

Address: 332 Springfield Avenue, Summit, NJ 07901 e-mail deb@ohdac.com

Contractor License No. 043115-10/31/18, 13VH00566300- 3/31/18 Exp. Date 10/31/18

Federal Emp. ID No. 03-0521859 FAX (908)263-7387

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ FT

Area - Largest Floor _____ Sq. Ft.

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

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbet _____ Sq. Ft.

Est. Cost of Bldg. Work :

1. New Bldg. $ _____
2. Rehabilitation $ 1
3. Total (1+2) $ 1

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

Lift house & replace foundation
(Change of contractor &) updated plans

TYPE OF WORK

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

FEE (Office Use Only)

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1/11/2017
Control # 94007675

Date Issued 3/17/2017
Permit # 20160098 B

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. _____ e-mail _____

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)

Contractor: ORCHARD HILLS DESIGN & CONSTR., LLC Tel. (908)591-8752

Address: 332 Springfield Avenue, Summit, NJ 07901 e-mail deb@ohdac.com

Fire Protection equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. 043115-10/31/18, 13VH00566300- Exp. Date 10/31/18

Federal Emp. ID No. 03-0521859 FAX (908)263-7387

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R-5

Constr. Class Present _____ Proposed _____

Heating System ☑ New ☐ Existing ☐ None ☐ HVAC

Type ☑ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Other _____

Location _____

Fire Alarm System: [ ] New *OR* [ ] Existing

Location of Panel _____

Fire Suppression/Standpipe System:
☐ New ☐ Existing ☐ None

Location of Main Control Valve: _____

Fuel Storage Tank
Fuel Type ☐ Flamable ☐ Combustible ☐ None *Capacity* _____

Total Cost of Fire Protection Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

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

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

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

_____
Applicant's Signature/Contractor's Signature

☑ **Certified Contractor** ☐ **Exempt Applicant**

D.TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Gas-fired appliances

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

		FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☐ Interconnected 110 v		
☐ CO Detectors 110 v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow		
Supervisor Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression System		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Springler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil	11	660
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	660

Borough Of Bay Head
BUILDING SUBCODE
TECHNICAL SECTION

Date Receive 1/13/2017
Control # 94007681

Date Issued 1/25/2017
Permit # 20160098 C

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. _____ e-mail _____

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality) (zip code)

Contractor: ORCHARD HILLS DESIGN & CONSTR., LLC Tel. (908)591-8752

Address: 332 Springfield Avenue, Summit, NJ 07901 e-mail deb@ohdac.com

Contractor License No. 043115-10/31/18, 13VH00566300- 3/31/18 Exp. Date 10/31/18

Federal Emp. ID No. 03-0521859 FAX (908)263-7387

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ FT
Area - Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 2530 Sq. Ft.
Volume of New Structure 92460 Cu. Ft.
Total Land Area Disturbet _____ Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ 1,040,000
2. Rehabilitation $ _____
3. Total (1+2) $ 1,040,000

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

Renovations and additions to existing home, & porches and stairways

TYPE OF WORK

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

FEE (Office Use Only)

925

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	925

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 1/13/2017
Control # 94007681

Date Issued 1/25/2017
Permit # 20160098 C

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. _____ e-mail _____

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality) (zip code)

Contractor: 2M ELECTRICAL CONTRACTORS, LLC Tel. (551)427-1187

Address: 5 Laurel Drive, Unit 2, Flanders, NJ 07836 e-mail matt@2melectric.com

Contractor License No. 34EI01774900- 3/31/18 Exp. Date _____

Federal Emp. ID No. 46-4071605 FAX. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/pad # _____ ☐ Temporary Service ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 52000 Descript: Renovations and additions to existing ho
me, & porches and stairways

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

U.C.C. F120 (rev. 07/06) Internet version

Applicant: When submitting this form to your Local construction code Enforcement Office please provide one original plus three photocopies

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☑ Licensed Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applc

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
165		Lighting Fixtures	
94		Receptacles	
103		Switches	
10		Detectors	
		Light Pole	
8		Motors—Fract. H	
		Emergency & Exit Lights	
		Communications Paints	
		Alarm Devices/F.A.C. Panel	
380		TOTAL NUMBERS	$ 210
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
3		KW Central AC Unit	30
3	1	HP/KW Space Heater/Air Handler	30
		KW Baseboard Heat	
		HP Motors 11+ HP	
		KW Transformer/Generator	
1	300	AMP Service	50
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Elevator electric	15

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	335

Borough Of Bay Head
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1/13/2017
Control # 94007681

Date Issued 1/25/2017
Permit # 20160098 C

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. _____ e-mail _____

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)

Contractor: 2M ELECTRICAL CONTRACTORS, LLC Tel. (551)427-1187

Address: 5 Laurel Drive, Unit 2, Flanders, NJ 07836 e-mail matt@2melectric.com

Fire Protection equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. 34EI01774900- 3/31/18 Exp. Date _____

Federal Emp. ID No. 46-4071605 FAX _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Constr. Class Present _____ Proposed _____

Heating System ☐ New ☐ Existing ☐ None ☐ HVAC

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Other _____

Location _____

Fire Alarm System: [ ] New *OR* [ ] Existing

Location of Panel _____

Fire Suppression/Standpipe System:
☐ New ☐ Existing ☐ None

Location of Main Control Valve: _____

Fuel Storage Tank
Fuel Type ☐ Flamable ☐ Combustible ☐ None *Capacity* _____

Total Cost of Fire Protection Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

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

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

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

_____
Applicant's Signature/Contractor's Signature

☐ **Certified Contractor** ☐ **Exempt Applicant**

D.TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Renovations and additions to existing home, & porches and stairways

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

		FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☑ Interconnected 110 v		
☐ CO Detectors 110 v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow	10	46
Supervisor Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression System		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Springler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $	0
Minimum Fee $	50
State Permit Surcharge Fee $	
TOTAL FEE $	50

Borough Of Bay Head
PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1/13/2017
Control # 94007681

Date Issued 1/25/2017
Permit # 20160098 C

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

Block/Lot 80/5
Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH
Tel. _____ e-mail _____
Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)
Contractor: NODORO PLUMBING Tel. (973)219-1191
Address: Vincent Nodoro, Jr., P.O. Box 86 e-mail _____
Contractor License No. 7754- 6/30/19 Exp. Date _____
Federal Emp. ID No. 153622128 FAX _____

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Septic _____
Est. Cost of Plumbing Work $ 41000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
7	Water Closet	105
	Urinal/Bidet	
	Bath Tub	
8	Lavatory	120
5	Shower	75
	Floor Drain	
2	Sink	30
	Dishwasher	
	Drinking Fountain	
	Hose Bibb	
3	Water Heater	45
1	Washing Machine	15
	Fuel Oil Piping	
6	Gas Piping	360
	LP Gas Tank	
	Steam Boiler	
	Hot WaterBoiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grease Trap	
1	Sewer Connection	60
1	Water Service Connection	60
	Stacks	
	Other _____	
	Other _____	

Administrative Surcharge $ 0
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
Total Fees $ 870

Description of Work:
Renovations and additions to existing home, & porches and stairways

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 1/13/2017
Control # 94007681
Date Issued 1/25/2017
Permit # 20160098 C

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

Block 80 Lot 5 Qualification Code

Work Site Location 735 EAST AVE

Owner in Fee COFSKY, LAWRENCE & BETH

Tel. e-mail

Address 8 Sprucewood Lane (street) Westport, CT 06880 (municipality, zip code)

Contractor: COMFORT CONTROL SYSTEMS, INC. Tel. (973)831-1280

Address 94 Fourth Ave, PO Box 125 e-mail

Haskell, NJ 07420

Contractor License No. 19HC00406800- / / , 13VH01994900- Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 19HC00406800

Federal Emp. ID No. 22-2036919 FAX: (973)831-1371

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5 Proposed R-5

Heating System Work: ◯ New ◯ Modification to Existing ◯ Conversion ◯ Replacement

Type: ◯ Hydronic ◯ Hot Air

Fuel Type: ◯ Gas ◯ Oil ◯ Electric ◯ Solar ◯ Other

Estimated Cost of Mechanical Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
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.
Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 1 3-ton heat & A/C system
Install 2 5-ton heat & A/C systems

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connectins	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
3	Other	

Administrative Surcharge $ 0
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

Borough Of Bay Head
BUILDING SUBCODE
TECHNICAL SECTION

Date Receive 6/08/2017
Control # 94007807
Date Issued 6/12/2017
Permit # 20160098 D

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

Block/Lot 80/5
Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH
Tel. ______ e-mail ______
Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality) (zip code)
Contractor: ORCHARD HILLS DESIGN & CONSTR., LLC Tel. (908)591-8752
Address: 332 Springfield Avenue, Summit, NJ 07901 e-mail deb@ohdac.com
Contractor License No. 043115-10/31/18, 13VH00566300- 3/31/18 Exp. Date 10/31/18
Federal Emp. ID No. 03-0521859 FAX (908)263-7387

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present ______ Proposed ______
No. of Stories ______
Height of Structure ______ FT
Area - Largest Floor ______ Sq. Ft.
New Bldg. Area/All Floors ______ Sq. Ft.
Volume of New Structure ______ Cu. Ft.
Total Land Area Disturbet ______ Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ ______
2. Rehabilitation $ 3,000
3. Total (1+2) $ 3,000

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
Added 2 helical piles & revised new retaining wall

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilation	51
☐ Roofing	
☐ Siding	
☐ Fence ______ Height (exceeds 6')	
☐ Sign ______ Sq. Ft.	
☐ Pool	
☐ Asbestos Abatement Subchapter 8_	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other ______	
☐ Demolition	
Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	51

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 7/13/2017
Control # 94007831

Date Issued 8/24/2017
Permit # 20160098 E

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. _____ e-mail _____

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality) (zip code)

Contractor: FRANZONI ELECTRIC Tel. (732)966-3995

Address: 481 Bella Vista Road, Brick, NJ 08724 e-mail _____

Contractor License No. 16044- 3/31/18 Exp. Date 3/31/18

Federal Emp. ID No. 61153767 FAX. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/pad # _____ ☐ Temporary Service ☐ Other _____

Building Occupied as _____ Utility Co. JCP&L

Est. Cost of Elec. Work $ 900 Descript: C/O/C Electrical & temporary service

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☑ Licensed Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applc

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
		Switches	
		Detectors	
		Light Pole	
		Motors—Fract. H	
		Emergency & Exit Lights	
		Communications Paints	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$ 70
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	10
		HP Garbage Disposal	
		KW Central AC Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 11+ HP	
		KW Transformer/Generator	
1	100	AMP Service	50
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 0
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 130

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Annual Pool Inspection				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Date of Grounding and Bonding Certification _____

U.C.C. F120 (rev. 07105) Internet version

Applicant: When submitting this form to your Local construction code Enforcement Office please provide one original plus three photocopies

Borough Of Bay Head
BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 10/04/2017
Control # 94007882

Date Issued 10/06/2017
Permit # 20160098 F

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. (908)403-4384 e-mail

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality) (zip code)

Contractor: ORCHARD HILLS DESIGN & CONSTR., LLC Tel. (908)591-8752

Address: 332 Springfield Avenue, Summit, NJ 07901 e-mail deb@ohdac.com

Contractor License No. 043115-10/31/18, 13VH00566300- 3/31/18 Exp. Date 10/31/18

Federal Emp. ID No. 03-0521859 FAX (908)263-7387

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories
Height of Structure FT
Area - Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbet Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $
2. Rehabilitation $ 20,000
3. Total (1+2) $ 20,000

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

Use spray foam insulation

TYPE OF WORK

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

FEE (Office Use Only)

	340

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	340

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
BUILDING SUBCODE
TECHNICAL SECTION

Date Receive 10/31/2017
Control # 94007902

Date Issued 11/06/2017
Permit # 20160098 G

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. (908)403-4384 e-mail

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)

Contractor: ORCHARD HILLS DESIGN & CONSTR., LLC Tel. (908)591-8752

Address: 332 Springfield Avenue, Summit, NJ 07901 e-mail deb@ohdac.com

Contractor License No. 043115-10/31/18, 13VH00566300- 3/31/18 Exp. Date 10/31/18

Federal Emp. ID No. 03-0521859 FAX (908)263-7387

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure FT
Area - Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbet Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $
2. Rehabilitation $ 12,000
3. Total (1+2) $ 12,000

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

Structural and framing changes

TYPE OF WORK

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

FEE (Office Use Only)

Rehabilation	204
Roofing	
Siding	
Fence Height (exceeds 6')	
Sign Sq. Ft.	
Pool	
Asbestos Abatement Subchapter 8	
Lead Haz. Abatement NJAC 5:17	
Radon Remediation	
Other	
Demolition	
Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	204

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received 2/23/2018
Control # 94007968
Date Issued 3/12/2018
Permit # 20160098 H

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

Block/Lot: 80/5
Work Site Location 735 EAST AVE

Owner in Fee COFSKY, LAWRENCE & BETH
Telephone (908)403-4384 email
Address 8 Sprucewood Lane Westport, CT 06880
Contractor IECONY CORP. Telephone (201)641-8181
Address 378 Liberty Street email manager@iecony.com
Little Ferry, NJ 07643
Contractor License No. or Builder Registration No. 13VH02145000- 3/31/19 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason, (If Applicable)
Federal Emp. ID No. 22-2096766 FAX (201)641-1232

B. ELEVATOR CHARACTERISTICS

Use Group R-5
Manufacturer
Machine Room Location
No. of Stops 0
Travel (ft)
Type of Control
Passenger or Freight
Capacity
Year of Installation

Building Registr. No.
Device ID
No. of Openings 0
Speed (fpm)
Type of Operation
Year of Alteration

Estimated Cost of Elevator Work:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Elevator Plans Approved
Date _____ Approved by _____
[ ] Elevator Layout Drawings
Joint Plan Review Required
[ ] Bldg [ ] Elec[ ] Plum [ ] Fire
SUBCODE APPROVAL for PERMIT
Date _____
Approved by _____

INSPECTIONS Date (Month/Day)

Type	Failure	Failure	Approval	Initial
Final				
Temporary				

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CA
Other
Date _____
Approved by _____

C. CERTIFICATION INLIEU OF OATH

I herby certify that I am the (agent of) owner of record and am authorized to make this applicaion

Signature Date

No.	FIXTURE/EQUIPMENT	FEE
	1 to 10 Floors	
	Over 10 Floors	
	Hydraulic	
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway, Chairlift, Inclined and Verticle Wheelchair/Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations	
	Other 1	
	Other 2	

Administrative Surcharge 0
Minimum Fee
TOTAL FEE

U.C.C. F145 (rev. 12/07) Applicant: When submitting this form to your local Constructiopn Code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
BUILDING SUBCODE
TECHNICAL SECTION

Date Receive 4/06/2017
Control # 94007745

Date Issued 5/26/2017
Permit # 20170044

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. _____ e-mail _____

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)

Contractor: ORCHARD HILLS DESIGN & CONSTR., LLC Tel. (908)591-8752

Address: 332 Springfield Avenue, Summit, NJ 07901 e-mail deb@ohdac.com

Contractor License No. 043115-10/31/18, 13VH00566300- 3/31/18 Exp. Date 10/31/18

Federal Emp. ID No. 03-0521859 FAX (908)263-7387

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ FT
Area - Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 811 Sq. Ft.
Volume of New Structure 9238 Cu. Ft.
Total Land Area Disturbet _____ Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ 120,000
2. Rehabilitation $ _____
3. Total (1+2) $ 120,000

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

Cabana

TYPE OF WORK

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

FEE (Office Use Only)

	92
Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	92

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 4/06/2017
Control # 94007745

Date Issued 5/26/2017
Permit # 20170044

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. _____ e-mail _____

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)

Contractor: 2M ELECTRICAL CONTRACTORS, LLC Tel. (551)427-1187

Address: 5 Laurel Drive, Unit 2, Flanders, NJ 07836 e-mail matt@2melectric.com

Contractor License No. 34EI01774900- 3/31/18 Exp. Date _____

Federal Emp. ID No. 46-4071605 FAX. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed U

☐ Pole/pad # _____ ☐ Temporary Service ☐ Other _____

Building Occupied as _____ Utility Co. JCP&L

Est. Cost of Elec. Work $ 5000 Descript: Cabana

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☑ Licensed Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applc

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
29		Lighting Fixtures	
20		Receptacles	
14		Switches	
1		Detectors	
		Light Pole	
		Motors—Fract. H	
		Emergency & Exit Lights	
		Communications Paints	
		Alarm Devices/F.A.C. Panel	
64		TOTAL NUMBERS	$ 80
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	1	KW Dishwasher	10
		HP Garbage Disposal	
1	3	KW Central AC Unit	10
1	1	HP/KW Space Heater/Air Handler	10
		KW Baseboard Heat	
		HP Motors 11+ HP	
		KW Transformer/Generator	
		AMP Service	
1	60	AMP Subpanels	50
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 0

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ 160

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____ _____ _____ _____

Date of Grounding and Bonding Certification _____

U.C.C. F120 (rev. 07109) Internet version

Applicant: When submitting this form to your Local construction code Enforcement Office,please provide one original plus three photocopies

Borough Of Bay Head
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/06/2017
Control # 94007745

Date Issued 5/26/2017
Permit # 20170044

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. _____ e-mail _____

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)

Contractor: 2M ELECTRICAL CONTRACTORS, LLC Tel. (551)427-1187

Address: 5 Laurel Drive, Unit 2, Flanders, NJ 07836 e-mail matt@2melectric.com

Fire Protection equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. 34EI01774900- 3/31/18 Exp. Date _____

Federal Emp. ID No. 46-4071605 FAX _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed U

Constr. Class Present _____ Proposed _____

Heating System ☐ New ☐ Existing ☐ None ☐ HVAC

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Other _____

Location _____

Fire Alarm System: [X] New *OR* [ ] Existing

Location of Panel _____

Fire Suppression/Standpipe System:
☐ New ☐ Existing ☐ None

Location of Main Control Valve: _____

Fuel Storage Tank
Fuel Type ☐ Flamable ☐ Combustible ☐ None *Capacity* _____

Total Cost of Fire Protection Work $ 500

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

_____
Applicant's Signature/Contractor's Signature

☐ **Certified Contractor** ☐ **Exempt Applicant**

D.TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Cabana

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

		FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☑ Interconnected 110 v		
☐ CO Detectors 110 v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow	1	46
Supervisor Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression System		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Springler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $	0
Minimum Fee $	50
State Permit Surcharge Fee $	
TOTAL FEE $	50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

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

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

Applicant: When submitting this form to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/06/2017
Control # 94007745

Date Issued 5/26/2017
Permit # 20170044

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

Block/Lot 80/5
Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH
Tel. _____ e-mail _____
Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)
Contractor: NODORO PLUMBING Tel. (973)219-1191
Address: Vincent Nodoro, Jr., P.O. Box 86 e-mail _____
Contractor License No. 7754- 6/30/19 Exp. Date _____
Federal Emp. ID No. 153622128 FAX _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed U
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Septic _____
Est. Cost of Plumbing Work $ 7000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
1	Shower	15
	Floor Drain	
2	Sink	30
	Dishwasher	
	Drinking Fountain	
	Hose Bibb	
1	Water Heater	15
	Washing Machine	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot WaterBoiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grease Trap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other _____	15
1	Other _____	15

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
Total Fees $	90

Description of Work:
Cabana

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 4/06/2017
Control # 94007745
Date Issued 5/26/2017
Permit # 20170044

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

Block 80 Lot 5 Qualification Code

Work Site Location 735 EAST AVE

Owner in Fee COFSKY, LAWRENCE & BETH

Tel. e-mail

Address 8 Sprucewood Lane (street) Westport, CT 06880 (municipality) (zip code)

Contractor: COMFORT CONTROL SYSTEMS, INC. Tel. (973)831-1280

Address 94 Fourth Ave, PO Box 125 e-mail

Haskell, NJ 07420

Contractor License No. 19HC00406800- / / , 13VH01994900 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 19HC00406800

Federal Emp. ID No. 22-2036919 FAX: (973)831-1371

B. MECHANICAL CHARACTERISTICS

Use Group Present: U Proposed

Heating System Work: ◯ **New** ◯ **Modification to Existing** ◯ **Conversion** ◯ **Replacement**

Type: ◯ **Hydronic** ◯ **Hot Air**

Fuel Type: ◯ **Gas** ◯ **Oil** ◯ **Electric** ◯ **Solar** ◯ **Other**

Estimated Cost of Mechanical Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
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.
Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 2-ton ducted ductless split LG A/C system

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connectins	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	

Administrative Surcharge $ 0
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F145 (rev. 12/18)

Borough Of Bay Head
BUILDING SUBCODE
TECHNICAL SECTION

Date Receive 4/20/2018
Control # 94008012

Date Issued 4/24/2018
Permit # 20170044 A

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. _____ e-mail _____

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)

Contractor: ORCHARD HILLS DESIGN & CONSTR., LLC Tel. (908)591-8752

Address: 332 Springfield Avenue, Summit, NJ 07901 e-mail deb@ohdac.com

Contractor License No. 043115-10/31/18, 13VH00566300- 3/31/18 Exp. Date 10/31/18

Federal Emp. ID No. 03-0521859 FAX (908)263-7387

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ FT
Area - Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbet _____ Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ _____
2. Rehabilitation $ 7,000
3. Total (1+2) $ 7,000

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

Add outdoor fireplace & structural columns

TYPE OF WORK

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

FEE (Office Use Only)

	119
Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	119

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 10/31/2017
Control # 94007903

Date Issued 11/02/2017
Permit # 20170149

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. (973)699-2292 e-mail

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)

Contractor: ATLANTIC FIRE & SECURITY, INC. Tel. (732)531-0000

Address: 44 Oceanport Avenue, West Long Branch, NJ 07 e-mail

Contractor License No. 34BA00181200- 8/31/19 Exp. Date

Federal Emp. ID No. 20-2584445 FAX.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/pad # ☐ Temporary Service ☐ Other

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $ 5000 Descript: Install fire & security alarms

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applc

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
6		Receptacles	
8		Switches	
3		Detectors	
		Light Pole	
		Motors—Fract. H	
2		Emergency & Exit Lights	
2		Communications Paints	
		Alarm Devices/F.A.C. Panel	
21		TOTAL NUMBERS	$ 70
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central AC Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 11+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
4		Panel Keypads	60

Administrative Surcharge $ 0

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 130

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07105) Internet version

Applicant When submitting this form to your Local construction code Enforcement Officeplease provide one original plus three photocopies

Borough Of Bay Head
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/31/2017
Control # 94007903

Date Issued 11/02/2017
Permit # 20170149

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. (973)699-2292 e-mail

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)

Contractor: ATLANTIC FIRE & SECURITY, INC. Tel. (732)531-0000

Address: 44 Oceanport Avenue, West Long Branch, NJ 07764 e-mail

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

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

Fire Alarm Contractor No. 34BA00181200- 8/31/19 Exp. Date

Federal Emp. ID No. 20-2584445 FAX

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Constr. Class Present Proposed

Heating System ☐ New ☐ Existing ☐ None ☐ HVAC

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Other

Location

Fire Alarm System: [ ] New *OR* [ ] Existing

Location of Panel

Fire Suppression/Standpipe System:
☐ New ☐ Existing ☐ None

Location of Main Control Valve:

Fuel Storage Tank
Fuel Type ☐ Flamable ☐ Combustible ☐ None *Capacity*

Total Cost of Fire Protection Work $ 3000

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
PLAN REVIEW	Type:	Failure	Failure	Approval	Inital
[ ] No Plans Required	Alarm System				
Joint Plan Review Required:	Suppression Sys.				
[ ] Building [ ] Plumbing	Standpipe				
[ ] Fire [ ] Elevator	Fire Pump				
[ ] Fire Plans Approved	Pre-Eng. System				
Date:	Mechanical				
Approved by:	Smoke Control				
SUBCODE APPROVAL	Flam/Combust Tanks				
[ ] CO [ ] CCO [ ] CA	TCO				
Date:	Fireplace Venting				
Approved by:	Final				
	Other				

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

Applicant's Signature/Contractor's Signature

☐ **Certified Contractor** ☐ **Exempt Applicant**

D.TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Install fire & security alarms

Water Supply Source

Method of Alarm/Suppression System Supervision

		FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
☑ **System**		
☐ **Interconnected 110 v**		
☐ **CO Detectors 110 v**		
Alarm Devices (i.e., smoke, heat, pulls, water/flow	11	131
Supervisor Devices (i.e., tampers, low/high air)	6	360
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices **Panel GSM**	2	20
TOTAL		
Suppression System		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Springler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		0
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		511

Borough Of Bay Head
BUILDING SUBCODE
TECHNICAL SECTION

Date Receive 11/07/2017
Control # 94007905

Date Issued 12/01/2017
Permit # 20170151

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. _____ e-mail _____

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)

Contractor: ORCHARD HILLS DESIGN & CONSTR., LLC Tel. (908)591-8752

Address: 332 Springfield Avenue, Summit, NJ 07901 e-mail deb@ohdac.com

Contractor License No. 043115-10/31/18, 13VH00566300- 3/31/18 Exp. Date 10/31/18

Federal Emp. ID No. 03-0521859 FAX (908)263-7387

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ FT
Area - Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbet _____ Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ _____
2. Rehabilitation $ 75,000
3. Total (1+2) $ 75,000

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

Inground gunite pool & spa

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Rehabilation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [x] Pool
- [ ] Asbestos Abatement Subchapter 8_
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other_____
- [ ] Demolition

FEE (Office Use Only)

Pool	100
Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	100

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Bay Head
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 11/07/2017
Control # 94007905

Date Issued 12/01/2017
Permit # 20170151

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

Block/Lot 80/5

Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH

Tel. _____ e-mail _____

Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)

Contractor: FRANZONI ELECTRIC, LLC Tel. (732)966-3998

Address: 481 Bellavista Road, Brick, NJ 08724 e-mail _____

Contractor License No. 16044- / / Exp. Date _____

Federal Emp. ID No. 611537567 FAX. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/pad # _____ ☐ Temporary Service ☐ Other _____

Building Occupied as _____ Utility Co. JCP&L

Est. Cost of Elec. Work $ 3000 Descript: Inground gunite pool & spa

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☑ Licensed Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applc

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Pole	
2		Motors—Fract. H	
		Emergency & Exit Lights	
		Communications Paints	
		Alarm Devices/F.A.C. Panel	
4		TOTAL NUMBERS	$ 70
1		Pool Permit/with UW Lights	50
		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 AC Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 11+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 0
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 120

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

Borough Of Bay Head
PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/07/2017
Control # 94007905

Date Issued 12/01/2017
Permit # 20170151

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

Block/Lot 80/5
Work Site Location 735 EAST AVE

Owner in Fee: COFSKY, LAWRENCE & BETH
Tel. _____ e-mail _____
Address: 8 Sprucewood Lane (Street) Westport, CT 06880 (municipality, zip code)
Contractor: NODORO PLUMBING Tel. (973)219-1191
Address: Vincent Nodoro, Jr., P.O. Box 86 e-mail _____
Contractor License No. 7754- 6/30/19 Exp. Date _____
Federal Emp. ID No. 153622128 FAX _____

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Septic _____
Est. Cost of Plumbing Work $ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	15
	Dishwasher	
	Drinking Fountain	
1	Hose Bibb	15
1	Water Heater	15
1	Washing Machine	15
2	Fuel Oil Piping	120
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot WaterBoiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	60
	Grease Trap	
1	Sewer Connection	60
1	Water Service Connection	60
	Stacks	
	Other _____	
	Other _____	

Administrative Surcharge $ 0
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
Total Fees $ 360

Description of Work:
Inground gunite pool & spa

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

ZONING CERTIFICATE OF APPROVAL

735 EAST AVE
Block/Lot 80/5

Permit No. **1599**

Applicant
COFSKY, LAWRENCE & BETH
8 SPRUCEWOOD LANE
WESTPORT, CT, 06880

Real Estate Owner
COFSKY, LAWRENCE D & BETH
8 SPRUCEWOOD LN
WESTPORT, CT 06880

This is to certify that the above-named are permitted to/authorized for:

Lift house replace foundation, which is a use permitted by variance approved on 6/30/2016 subect to any special conditions attached to the grant thereof

Comments on Decision:

Borough of Bay Head
83 Bridge Ave.
Bay Head, NJ 08742
(732)892-0638 FAX (732)899-6494

Zone
R100

Bart Petrillo
Zoning Officer
June 30, 2016

Rec No.

Cut Here

Deliver to...

COFSKY, LAWRENCE & BETH
8 SPRUCEWOOD LANE
WESTPORT, CT, 06880

ZONING CERTIFICATE OF APPROVAL

735 EAST AVE
Block/Lot 80/5

Permit No.
1676

Applicant
COFSKY, LAWRENCE & BETH
8 SPRUCEWOOD LANE
WESTPORT, CT, 06880

Real Estate Owner
COFSKY, LAWRENCE D & BETH
8 SPRUCEWOOD LN
WESTPORT, CT 06880

This is to certify that the above-named are permitted to/authorized for:

Addition and renovations to exisitng home as per plans. approval by resolution 2016-01, which is a use permitted by variance approved on 12/12/2016 subect to any special conditions attached to the grant thereof

Comments on Decision:

Borough of Bay Head
83 Bridge Ave.
Bay Head, NJ 08742
(732)892-0638 FAX (732)899-6494

Zone
R100

Bart Petrillo
Zoning Officer
December 12, 2016 Rec No.

Cut Here

Deliver to...

COFSKY, LAWRENCE & BETH
8 SPRUCEWOOD LANE
WESTPORT, CT, 06880

ZONING CERTIFICATE OF APPROVAL

735 EAST AVE
Block/Lot 80/5

Permit No. **2056**

Applicant
COFSKY, LAWRENCE & BETH
8 SPRUCEWOOD LANE
WESTPORT, CT, 06880

Real Estate Owner
COFSKY, LAWRENCE D & BETH
8 SPRUCEWOOD LN
WESTPORT, CT 06880

This is to certify that the above-named are permitted to/authorized for:

Changes to driveway and walkway, which is a use permitted by ordinance

Comments on Decision:

Per plans last revised 5/16/18

Borough of Bay Head
83 Bridge Ave.
Bay Head, NJ 08742
(732)892-0638 FAX (732)899-6494

Zone
R100

Theodore Bianchi, Jr.
Zoning Officer
May 22, 2018

Rec No.

Cut Here

Deliver to...

COFSKY, LAWRENCE & BETH
8 SPRUCEWOOD LANE
WESTPORT, CT, 06880

ZONING CERTIFICATE OF APPROVAL

735 EAST AVE
Block/Lot 80/5

Permit No. **1922**

Applicant
COFSKY, LAWRENCE & BETH
8 SPRUCEWOOD LANE
WESTPORT, CT, 06880

Real Estate Owner
COFSKY, LAWRENCE D & BETH
8 SPRUCEWOOD LN
WESTPORT, CT 06880

This is to certify that the above-named are permitted to/authorized for:

Inground pool granted by variance on April 20, 2016, which is a use permitted by variance approved on / / subect to any special conditions attached to the grant thereof

Comments on Decision:

Borough of Bay Head
83 Bridge Ave.
Bay Head, NJ 08742
(732)892-0638 FAX (732)899-6494

Zone
R100

Theodore Bianchi, Jr.
Zoning Officer
October 24, 2017 Rec No.

Cut Here

Deliver to...

COFSKY, LAWRENCE & BETH
8 SPRUCEWOOD LANE
WESTPORT, CT, 06880

ZONING CERTIFICATE OF APPROVAL

735 EAST AVE
Block/Lot 80/5

Permit No.
1720

Applicant
COFSKY, LAWRENCE & BETH
8 SPRUCEWOOD LANE
WESTPORT, CT, 06880

Real Estate Owner
COFSKY, LAWRENCE D & BETH
8 SPRUCEWOOD LN
WESTPORT, CT 06880

This is to certify that the above-named are permitted to/authorized for:

Cabana, as per plans, approved by Resolution #2016-01,, which is a use permitted by variance approved on 5/18/2016 subect to any special conditions attached to the grant thereof

Comments on Decision:

Zone _____

Borough of Bay Head
83 Bridge Ave.
Bay Head, NJ 08742
(732)892-0638 FAX (732)899-6494

Theodore Bianchi, Jr.
Zoning Officer
May 18, 2016

Rec No.

Cut Here

Deliver to...

COFSKY, LAWRENCE & BETH
8 SPRUCEWOOD LANE
WESTPORT, CT, 06880