



Permits All

(2/1/2020 - 2/29/2020, Filtered [Permits Issued Feb] - 38 records)

	<u>Subcodes Used</u>	<u>Permit Number</u>	<u>Location Address</u>	<u>Application Date</u>	<u>Permit Issue Date</u>	<u>Application Status</u>	<u>Work Description</u>	<u>Work Description Comments</u>
✓	B	2000039+A	910 OCEANPORT WAY - BORO HALL	05/27/2020	02/03/2020	Open	NEW ROOF	NEW ROOF ON MUNICIPAL BUILDING
✓	B F M	1900085+B	47 MOHICAN AVENUE	02/06/2020	02/06/2020	Open	CHANGE OF CONTRACTOR INTERIOR RENOVATION	Renovation - "CHANGE OF CONTRACTOR" FROM M & V OCEAN INVESTMENTS, LLC TO JOHN ARCHER & SAMANTHA KOHL
✓	B	2000055	287 E MAIN STREET	02/04/2020	02/14/2020	Open	EXTERIOR RENOVATION RESHINGLE ROOF	
✓	B P E	1900275+A	544 SEAWANEKA AVENUE	02/04/2020	02/27/2020	Open	INTERIOR RENOVATION	INSTALL NEW WINDOWS, MOVE INTERIOR WALLS, STONE ON FIREPLACE CHIMNEY, REPLACE GLASS DOORS WITH WINDOWS, ETC
✓	E F	1900230+B	27 TECUMSEH AVENUE	02/04/2020	02/25/2020	Finals Passed	CHANGE OF CONTRACTOR INTERIOR RENOVATION	RENOVATION & ADDITION TO EXISTING HOME
✓	E F M	1900230+A	27 TECUMSEH AVE	02/03/2020	02/04/2020	Finals Passed	CHANGE OF CONTRACTOR	CHANGE OF CONTRACTOR - FURNACE, HWH, A/C. RENOVATION & ADDITION TO EXISTING HOME
✓	B P E F	2000063	62 ALGONQUIN AVENUE	01/21/2020	02/21/2020	Open	ADDITION INTERIOR RENOVATION	
✓	B P E F	2000062	2 CRESCENT PL	01/21/2020	02/20/2020	CO and Close Date Issued	CONSTRUCTION OF OFFICE SPACE	CONSTRUCTION OF OFFICE SPACE, PHASE II, BUILDING 3, RWJ BARNABAS HEALTH
✓	B	2000041	24 FAIRFIELD AVE	01/16/2020	02/04/2020	CA and Close Date Issued	HELICAL PIERS	HELICAL PIERS - FOUNDATION SUPPORT FOR SOIL REMEDIATION
✓	B	2000064	283 SHERRILL AVENUE (FORT MONMOUTH)	01/16/2020	02/25/2020	Open	DEMOLITION OF NON SUB-8 ASBESTOS REMOVAL	
✓	B P E	2000042	47 MOHICAN AVENUE	01/16/2020	02/06/2020	Open	A/C CONDENSER FURNACE GAS PIPE	
✓	E M	2000050	14 ONEIDA AVENUE	01/16/2020	02/13/2020	CA and Close Date Issued	A/C CONDENSER FURNACE HOT WATER HEATER	
✓	B	2000047	51 ELIZABETH DR	01/16/2020	02/11/2020	CA and Close Date Issued	INTERIOR DEMOLITION	INTERIOR DEMOLITION TO START- KITCHEN, ONE FULL BATH & ONE HALF BATH. REMOVE ALL TRIM & INTERIOR DOORS. "UPDATES" FOR ELECTRIC, PLUMBING & FIRE WILL FOLLOW
✓	F	2000060	82 MAIN ST	01/15/2020	02/18/2020	CA and Close Date Issued	REMOVE ABOVE GROUND OIL TANK IN BASEMENT	REMOVE 275 GALLON HEATING OIL ABOVE GROUND TANK FROM BASEMENT
✓	P	2000045	80 PEMBERTON AVE	12/30/2019	02/10/2020	Open	BATH RENOVATION	BATHROOM RENO - REPLACE TOILET & SINK. INSTALL NEW SHOWER VALVE
✓	E M	2000043	47 WARDELL CIRCLE	12/17/2019	02/06/2020	Open	REPLACEMENT FURNACE	FURNACE REPLACEMENT



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✓	B P E	2000052	9 GOSSELIN AVENUE	10/08/2019	02/13/2020	Open	SUMP PUMP	SUMP PUMP. 9 GOSSELIN AVENUE, BLOCK 110.03, LOT 2. FORT MONMOUTH. BUILDING 238, SOUTH
✓	B P E	2000061	49 GOSSELIN AVENUE	10/08/2019	02/19/2020	Open	SUMP PUMP	SUMP PUMP. 49 GOSSELIN AVENUE, BLOCK 110.03, LOT 2. FORT MONMOUTH. BUILDING 258, SOUTH
✓	B P E	2000059	41 GOSSELIN AVENUE	10/08/2019	02/14/2020	Open	SUMP PUMP	SUMP PUMP. 41 GOSSELIN AVENUE, BLOCK 110.03, LOT 2. FORT MONMOUTH. BUILDING 254, SOUTH
✓	B P E	2000056	21 GOSSELIN AVENUE	10/08/2019	02/14/2020	Open	SUMP PUMP	SUMP PUMP. 21 GOSSELIN AVENUE, BLOCK 110.03, LOT 2. FORT MONMOUTH. BUILDING 244, SOUTH
✓	B P E	2000057	25 GOSSELIN AVENUE	10/08/2019	02/14/2020	Open	SUMP PUMP	SUMP PUMP. 25 GOSSELIN AVENUE, BLOCK 110.03, LOT 2. FORT MONMOUTH. BUILDING 246, SOUTH
✓	B P E	2000058	35 GOSSELIN AVENUE	10/08/2019	02/14/2020	Open	SUMP PUMP	SUMP PUMP. 35 GOSSELIN AVENUE, BLOCK 110.03, LOT 2. FORT MONMOUTH. BUILDING 250, SOUTH
✓	B P E	2000054	17 GOSSELIN AVENUE	10/08/2019	02/13/2020	Open	SUMP PUMP	SUMP PUMP. 17 GOSSELIN AVENUE, BLOCK 110.03, LOT 2. FORT MONMOUTH. BUILDING 242, SOUTH
✓	B P E	2000053	15 GOSSELIN AVENUE	10/08/2019	02/13/2020	Open	SUMP PUMP	SUMP PUMP. 15 GOSSELIN AVENUE, BLOCK 110.03, LOT 2. FORT MONMOUTH. BUILDING 240, SOUTH
✓	B P E	2000051	5 GOSSELIN AVENUE	10/08/2019	02/13/2020	Open	SUMP PUMP	SUMP PUMP. 5 GOSSELIN AVENUE, BLOCK 110.03, LOT 2. FORT MONMOUTH. BUILDING 234, SOUTH

Grand Totals



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: 910 OCEANPORT WAY - BORO HALL Oceanport Borough NJ 07757
- Name of Owner in Fee: BOROUGH OF OCEANPORT Tel. (732) 222-8221
Address 315 EAST MAIN STREET OCEANPORT NJ 07757
- Ownership in Fee: ☐ Public ☒ Private Email dphelps@oceanportboro.com
- Principal Contractor: BENJAMIN R. HARVEY CO., INC. Tel. (732) 493-2300
Address 9 CINDY LANE OCEAN NJ 07712
Email bcoyne@bharveyco.com
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 21-0610868 Fax. _____
- Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
- Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review		
8. Subtotal		
9. State Permit Surcharge Fee	380	
10. Subtotal	380	
11. Cert of Occupancy		
12. Other		
13. TOTAL	380	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	<u>1</u>	
2. Height of Structure	<u>13</u>	ft.
3. Area - Largest Floor	<u>12382</u>	sq. ft.
4. New Building Area	<u>12382</u>	sq. ft.
5. Volume of New Structure	<u>165175</u>	cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
200000	DW	5/27/2020		5/30/2020					

TOTAL COST 200000

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: B
- Use Group: A-3
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: B
- Use Group: A-3
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: Type V



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 47 MOHICAN AVENUE Oceanport NJ 07757
2. Name of Owner in Fee: JOHN ARCHER & SAMANTHA KOHL Tel. [REDACTED]
Address 47 MOHICAN AVENUE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☒ Private Email [REDACTED]
4. Principal Contractor: JOHN ARCHER & SAMANTHA KOHL Tel. [REDACTED]
Address 47 MOHICAN AVENUE OCEANPORT NJ 07757
Email [REDACTED]
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
- Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	75		
2. Electrical			
3. Plumbing			
4. Fire Protection	75		
5. Elevator Devices			
6. Subtotal	225		
7. Less 20% for State Plan Review			
8. Subtotal	225		
9. State Permit Surcharge Fee			
10. Subtotal	225		
11. Cert of Occupancy			
12. Other			
13. TOTAL	225		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☒ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
	DW	1/21/2020		1/25/2020					
	DW	1/21/2020		1/25/2020					

TOTAL COST

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group R-5
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: 287 E MAIN STREET Oceanport Borough NJ 07757
- Name of Owner in Fee: THOMAS COLLARD Tel. [REDACTED]
Address 48 SHREWSBURY DRIVE RUMSON NJ 07760
- Ownership in Fee: ☐ Public ☒ Private Email [REDACTED]
- Principal Contractor: WEST END- KB, LLC Tel. (732) 389-3355
Address 14 BRIDGEWATERS DRIVE OCEANPORT NJ 07757
Email _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. _____ Fax. _____
- Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
- Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	750	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	750	
7. Less 20% for State Plan Review		
8. Subtotal	750	
9. State Permit Surcharge Fee	48	
10. Subtotal	798	
11. Cert of Occupancy		
12. Other		
13. TOTAL	798	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	_____
2. Height of Structure	_____ ft.
3. Area - Largest Floor	_____ sq. ft.
4. New Building Area	_____ sq. ft.
5. Volume of New Structure	_____ cu. ft.
6. Max. Live Load	_____
7. Max. Occupancy Load	_____
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	_____ sq. ft.
10. Flood Hazard Zone	_____
11. Base Flood Elevation	_____ ft.
12. Wetlands	yes _____ no _____

IIa. PROPOSED WORK

- | | | | |
|--|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☒ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
25000	DW	2/4/2020		2/12/2020					

TOTAL COST 25000

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group B
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group: B
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 544 SEAWANEKA AVENUE Oceanport Borough NJ 07757

2. Name of Owner in Fee: INGRASSIA, CARL

Tel. [REDACTED]

Address 544 SEAWANEKA AVE OCEANPORT NJ 07757

3. Ownership in Fee: ☐ Public ☒ Private

Email [REDACTED]

4. Principal Contractor: TWO THUMBS UP LLC

Tel. (732) 996-3508

Address 346 BAY AVENUE HIGHLANDS NJ 07732

Email [REDACTED]

License No. OR, if new home, Builder Reg. No. Exp. Date

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

Federal Em. ID No. Fax.

5. Architect or Engineer Contact

Address e-mail

Tel. Fax.

6. Responsible Person in Charge once Work has Begun

Tel. Fax.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	195		
2. Electrical	145		
3. Plumbing	80		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	420		
7. Less 20% for State Plan Review			
8. Subtotal	420		
9. State Permit Surcharge Fee	25		
10. Subtotal	445		
11. Cert of Occupancy			
12. Other			
13. TOTAL	445		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	HUD	
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes no	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
6500	DW	2/4/2020		2/8/2020					
3450	JM	2/4/2020		2/5/2020					
3200	JP	2/4/2020		2/5/2020					

TOTAL COST 13150

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units ~~Income-restricted~~
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification:



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 27 TECUMSEH AVENUE Oceanport Borough NJ 07757

2. Name of Owner in Fee: FREIRE, NATALIO & HELENA A Tel. [REDACTED]
Address 489 TABOR STREET LONG BRANCH NJ 07740

3. Ownership in Fee: ☐ Public ☒ Private Email _____

4. Principal Contractor: Broadway Energy and Technology LLC Tel. (908) 489-3415
Address 128 Branchport Avenue Long Branch NJ 07740
Email kburke@bwaynrgtech.com
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 462865190 Fax. _____

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____

6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical	235	
3. Plumbing		
4. Fire Protection	75	
5. Elevator Devices		
6. Subtotal	310	
7. Less 20% for State Plan Review		
8. Subtotal	310	
9. State Permit Surcharge Fee		
10. Subtotal	310	
11. Cert of Occupancy		
12. Other		
13. TOTAL	310	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	_____	
2. Height of Structure	_____	ft.
3. Area - Largest Floor	_____	sq. ft.
4. New Building Area	_____	sq. ft.
5. Volume of New Structure	_____	cu. ft.
6. Max. Live Load	_____	
7. Max. Occupancy Load	_____	
8. If Industrialized Building: State Approved	_____	HUD
9. Total Land Area Disturbed	_____	sq. ft.
10. Flood Hazard Zone	_____	
11. Base Flood Elevation	_____	ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

☐ Building
☒ Electrical
☐ Plumbing
☒ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)									
Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
	JM	2/4/2020		2/5/2020					
	DW	2/4/2020		2/8/2020					

TOTAL COST _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5

2. Use Group: R-5

3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: All Units Income-restricted

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: R-5

2. Use Group: R-5

3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s): _____

D. Construction Classification: _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: 27 TECUMSEH AVE Oceanport Borough NJ 07757
- Name of Owner in Fee: FREIRE, NATALIO & HELENA A Tel. [REDACTED]
Address 489 TABOR STREET LONG BRANCH NJ 07740
- Ownership in Fee: ☐ Public ☒ Private Email _____
- Principal Contractor: A. MAY ELECTRIC INC. Tel. (609) 208-9624
Address 25 CARRS TAVERN ROAD CLARKSBURG NJ 08510
Email _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. _____ Fax. _____
- Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
- Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical	75	
3. Plumbing		
4. Fire Protection	75	
5. Elevator Devices		
6. Subtotal	225	
7. Less 20% for State Plan Review		
8. Subtotal	225	
9. State Permit Surcharge Fee		
10. Subtotal	225	
11. Cert of Occupancy		
12. Other		
13. TOTAL	225	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area - Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands	yes _____ no _____

IIa. PROPOSED WORK

- | | | | |
|--|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☐ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☒ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
	JM	12/13/2019		12/18/2019					
	DW	12/13/2019		12/21/2019					

TOTAL COST

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: 62 ALGONQUIN AVENUE Oceanport Borough NJ 07757
- Name of Owner in Fee: KELLY, MAURA R Tel. [REDACTED]
Address 62 ALGONQUIN AVENUE OCEANPORT NJ 07757
- Ownership in Fee: ☐ Public ☒ Private Email michaelkelly@kellydevelopers.com
- Principal Contractor: WEST END- KB, LLC Tel. (732) 389-3355
Address 14 BRIDGEWATERS DR. OCEANPORT NJ 07757
Email ashley@kellydevelopers.com
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 22-3703121 Fax. _____
- Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
- Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	1843		
2. Electrical	135		
3. Plumbing	370		
4. Fire Protection	210		
5. Elevator Devices			
6. Subtotal	2558		
7. Less 20% for State Plan Review			
8. Subtotal	2558		
9. State Permit Surcharge Fee	132		
10. Subtotal	2690		
11. Cert of Occupancy	250		
12. Other			
13. TOTAL	2940		

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1. Number of Stories	1		
2. Height of Structure	15	ft.	
3. Area - Largest Floor	2434	sq. ft.	
4. New Building Area	282	sq. ft.	
5. Volume of New Structure	4768	cu. ft.	
6. Max. Live Load			
7. Max. Occupancy Load			
8. If Industrialized Building: State Approved	HUD		
9. Total Land Area Disturbed		sq. ft.	
10. Flood Hazard Zone			
11. Base Flood Elevation		ft.	
12. Wetlands	yes _____ no _____		

IIa. PROPOSED WORK

- ☐ Minor Work
 ☐ New Building
 ☒ Addition
 ☐ Demolition
- ☐ Repair
 ☒ Alteration
 ☐ Renovation
 ☐ Reconstruction
- ☐ Asbestos Abat. Subch. 8
 ☐ Lead Hazard Abatement
 ☐ Radon Remediation
 ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
 ☒ Electrical
 ☒ Plumbing
 ☒ Fire Protection
 ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
70000	DW	1/21/2020		1/25/2020					
4500	JM	1/10/2020		1/17/2020					
2500	JP	1/21/2020		1/24/2020					
800	DW	1/21/2020		1/25/2020					

TOTAL COST 77800

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group R-5
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group: R-5
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2 CRESCENT PL RWJ BARNABAS HEALTH, PHASE II, BUILDING 3
Oceanport Borough NJ 07757
2. Name of Owner in Fee: MPCC II, LLC Tel. (732) 780-8888
 Address 63 W. MAIN ST. PO BOX 5008 FREEHOLD NJ 07728
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: GB Contracting, Inc. Tel. (732) 780-8888
 Address 63 W. Main Street Freehold NJ 07728
 Email _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
- Federal Em. ID No. 223225888 Fax. _____
5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
 Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	2500		
2. Electrical	3940		
3. Plumbing	660		
4. Fire Protection	610		
5. Elevator Devices			
6. Subtotal	7710		
7. Less 20% for State Plan Review			
8. Subtotal	7710		
9. State Permit Surcharge Fee	572		
10. Subtotal	8282		
11. Cert of Occupancy	731		
12. Other			
13. TOTAL	9013		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☒ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
100000	DW	1/21/2020		2/8/2020					
152000	JM	1/21/2020		1/27/2020					
8000	JP	1/21/2020		1/24/2020					
41250	DW	1/21/2020		2/8/2020					

TOTAL COST 301250

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: B
 2. Use Group: B
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: B
 2. Use Group: B
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification:



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 24 FAIRFIELD AVE Oceanport Borough NJ 07757
2. Name of Owner in Fee: BLODGETT, URSULA Tel. [REDACTED]
Address 318 CHURCH RD. ATTN PIERCE BRICK NJ 08723
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: CURREN ENVIRONMENTAL, INC. Tel. (856) 858-9509
Address 10 PENN AVENUE CHERRY HILL NJ 08002
Email _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 223594350 Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	300		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	300		
7. Less 20% for State Plan Review			
8. Subtotal	300		
9. State Permit Surcharge Fee	19		
10. Subtotal	319		
11. Cert of Occupancy			
12. Other			
13. TOTAL	319		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
10000	DW	1/16/2020		1/18/2020					

TOTAL COST 10000

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 283 SHERRILL AVENUE (FORT MONMOUTH) NJ
2. Name of Owner in Fee: FORT MONMOUTH ECONOMIC Tel. (732) 720-6350
REVITALIZATION AUTHORITY
 Address 283 SHERRILL AVENUE (FORT MONMOUTH) OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: DEL-SANO CONTRACTING CORP. Tel. (908) 688-8891
 Address 2037 MORRIS AVENUE UNION NJ 07083
 Email dhriczko@delsano.com
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Em. ID No. 22-2388911 Fax. _____
5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
 Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	150	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	150	
7. Less 20% for State Plan Review		
8. Subtotal	150	
9. State Permit Surcharge Fee		
10. Subtotal	150	
11. Cert of Occupancy		
12. Other		
13. TOTAL	150	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area - Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands	yes _____ no _____

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☒ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
15000	DW	1/16/2020		1/25/2020					

TOTAL COST 15000

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group B
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group: B
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification:



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 47 MOHICAN AVENUE OCEANPORT NJ 07757
2. Name of Owner in Fee: JOHN ARCHER & SAMANTHA KOHL Tel. [REDACTED]
Address 47 MOHICAN AVENUE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: LIN'S HVAC Tel. (732) 688-3113
Address 98 TENANT ROAD MORGANVILLE NJ 07751
Email linshvacrlc@yahoo.com
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 364 638 737 000 Fax: _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax: _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax: _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	75	
2. Electrical	205	
3. Plumbing	250	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	530	
7. Less 20% for State Plan Review		
8. Subtotal	530	
9. State Permit Surcharge Fee	15	
10. Subtotal	545	
11. Cert of Occupancy		
12. Other		
13. TOTAL	545	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	_____	_____
2. Height of Structure	_____ ft.	_____
3. Area - Largest Floor	_____ sq. ft.	_____
4. New Building Area	_____ sq. ft.	_____
5. Volume of New Structure	_____ cu. ft.	_____
6. Max. Live Load	_____	_____
7. Max. Occupancy Load	_____	_____
8. If Industrialized Building: State Approved	_____ HUD	_____
9. Total Land Area Disturbed	_____ sq. ft.	_____
10. Flood Hazard Zone	_____	_____
11. Base Flood Elevation	_____ ft.	_____
12. Wetlands	yes _____ no _____	_____

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
2500	DW	1/16/2020		1/18/2020					
500	JM	12/30/2019		12/30/2019					
4500	JP	1/10/2020		1/10/2020					

TOTAL COST 7500

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group R-5
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification:



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 14 ONEIDA AVENUE Oceanport Borough NJ 07757
2. Name of Owner in Fee: LANZANO, DOMINICK Tel. [REDACTED]
Address 14 ONEIDA AVENUE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: LANZANO, DOMINICK Tel. [REDACTED]
Address 14 ONEIDA AVENUE OCEANPORT NJ 07757
Email _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical	130	
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	205	
7. Less 20% for State Plan Review		
8. Subtotal	205	
9. State Permit Surcharge Fee	22	
10. Subtotal	227	
11. Cert of Occupancy		
12. Other		
13. TOTAL	227	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☒ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
6000	JM	1/16/2020		1/27/2020					

TOTAL COST 12000

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group R-5
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 51 ELIZABETH DR Oceanport Borough NJ 07757
2. Name of Owner in Fee: SENA, ANTHONY Tel. [REDACTED]
Address 51 ELIZABETH DRIVE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: SENA BUILDER, LLC Tel. (908) 963-0143
Address 610 PENNLYN PLACE BRIDGEWATER NJ 08807
Email _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	75		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee	3		
10. Subtotal	78		
11. Cert of Occupancy			
12. Other			
13. TOTAL	78		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
1500	DW	1/16/2020		1/18/2020					

TOTAL COST 1500

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 82 MAIN ST Oceanport Borough NJ 07757
2. Name of Owner in Fee: WAYBRIGHT, DAVID E & PAMELA M Tel. [REDACTED]
Address 82 MAIN STREET OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: S & H INDUSTRIES LLC Tel. (732) 272-2477
Address 614 RANKIN ROAD BRIELLE NJ 08730
Email _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
- Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing		
4. Fire Protection	75	
5. Elevator Devices		
6. Subtotal	75	
7. Less 20% for State Plan Review		
8. Subtotal	75	
9. State Permit Surcharge Fee		
10. Subtotal	75	
11. Cert of Occupancy		
12. Other		
13. TOTAL	75	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☐ Electrical
☐ Plumbing
☒ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer

TOTAL COST 600

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group U
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group: U
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 80 PEMBERTON AVE Oceanport Borough NJ 07757
2. Name of Owner in Fee: ESPOSITO, CHRISTOPHER J & MEGAN E Tel. [REDACTED]
Address 80 PEMBERTON AVE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: AME Plumbing Tel. (732) 276-6997
Address 9 Weasel Creek Court Howell NJ 07731
Email _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing	75	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	75	
7. Less 20% for State Plan Review		
8. Subtotal	75	
9. State Permit Surcharge Fee	4	
10. Subtotal	79	
11. Cert of Occupancy		
12. Other		
13. TOTAL	79	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	HUD	
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☐ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
2000	JP	12/30/2019		12/30/2019					

TOTAL COST 2000

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 47 WARDELL CIRCLE Oceanport Borough NJ 07757
2. Name of Owner in Fee: CARUSO, THOMAS J & BILLIE-JO Tel. [REDACTED]
Address 47 WARDELL CIRCLE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: OCEANSIDE SERVICE INC Tel. (732) 531-0123
Address 531 MAIN STREET ALLENHURST NJ 07711
Email _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical	75	
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	150	
7. Less 20% for State Plan Review		
8. Subtotal	150	
9. State Permit Surcharge Fee	6	
10. Subtotal	156	
11. Cert of Occupancy		
12. Other		
13. TOTAL	156	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area - Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands	yes _____ no _____

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☒ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
1750	JM	12/17/2019		12/18/2019					

TOTAL COST 3500

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 6 RELWOF AVE Oceanport Borough NJ 07757
2. Name of Owner in Fee: BODNAR, ERICH M & BARBARA L Tel. [REDACTED]
Address 6 RELWOLF AVE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: JMT BUILDERS Tel. (732) 544-1960
Address 10 Phipps Pl Tinton Falls NJ 07724
Email _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
- Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	226		
2. Electrical	75		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	301		
7. Less 20% for State Plan Review			
8. Subtotal	301		
9. State Permit Surcharge Fee	28		
10. Subtotal	329		
11. Cert of Occupancy	135		
12. Other			
13. TOTAL	464		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	2		(office use only)
2. Height of Structure	18	ft.	
3. Area - Largest Floor	1456	sq. ft.	
4. New Building Area	480	sq. ft.	
5. Volume of New Structure	7546	cu. ft.	
6. Max. Live Load			
7. Max. Occupancy Load			
8. If Industrialized Building: State Approved	HUD		
9. Total Land Area Disturbed		sq. ft.	
10. Flood Hazard Zone			
11. Base Flood Elevation		ft.	
12. Wetlands	yes	no	

IIa. PROPOSED WORK

- ☐ Minor Work
 ☐ New Building
 ☒ Addition
 ☐ Demolition
- ☐ Repair
 ☐ Alteration
 ☐ Renovation
 ☐ Reconstruction
- ☐ Asbestos Abat. Subch. 8
 ☐ Lead Hazard Abatement
 ☐ Radon Remediation
 ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
70000	DW	12/17/2019		1/12/2020					
2500	JM	12/17/2019		1/8/2020					

TOTAL COST 72500

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
2. Use Group: R-5
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: R-5
2. Use Group: R-5
3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 25 MASSARO STREET Oceanport Borough NJ 07757
2. Name of Owner in Fee: 25 MASSARO ASSOC LLC % READ Tel. (646) 498-6151
 Address 4706 18TH AVENUE BROOKLYN NY 11204
 PROPERTY GRP
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: BELMAR CONSTRUCTION Tel. (646) 498-6151
 Address 4706 18TH AVENUE BROOKLYN NY 11204
 Email _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
- Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
 Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	420		
2. Electrical	135		
3. Plumbing	310		
4. Fire Protection	155		
5. Elevator Devices			
6. Subtotal	1020		
7. Less 20% for State Plan Review			
8. Subtotal	1020		
9. State Permit Surcharge Fee	65		
10. Subtotal	1085		
11. Cert of Occupancy			
12. Other			
13. TOTAL	1085		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☒ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
14000	DW	11/19/2019		12/10/2019					
4500	JM	11/19/2019		12/10/2019					
13500	JP	11/19/2019		12/9/2019					
1500	DW	11/19/2019		12/10/2019					

TOTAL COST 33500

III. PLAN REVIEW (optional)

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

- ☐ Elevators/Escalators/Lifts/
 Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel

- ☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazardous Uses/Places of Assembly
☐ Sprinklers

- ☐ Smoke Control Systems in Open Wells ☐ Fire Alarm
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification:



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 27 BURNT MILL CIRCLE Oceanport Borough NJ 07757
2. Name of Owner in Fee: CORSI, MICHAEL J & MEGHAN L Tel. [REDACTED]
Address 27 BURNT MILL CIRCLE OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: CORSI, MICHAEL J & MEGHAN L Tel. [REDACTED]
Address 27 BURNT MILL CIRCLE OCEANPORT NJ 07757
Email _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	750		
2. Electrical	135		
3. Plumbing	200		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	1085		
7. Less 20% for State Plan Review			
8. Subtotal	1085		
9. State Permit Surcharge Fee	53		
10. Subtotal	1138		
11. Cert of Occupancy			
12. Other			
13. TOTAL	1138		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	35	ft.
3. Area - Largest Floor	1757	sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	HUD	
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
25000	DW	12/3/2019		12/21/2019					
1500	JM	12/3/2019		12/12/2019					
1200	JP	12/3/2019		12/10/2019					

TOTAL COST 27700

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification:



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2 CRESCENT PL RWJ BARNABAS HEALTH (BUILDING 1) Oceanport
2. Name of Owner in Fee: Borough NJ 07757 Tel. (732) 780-8888
MPCC II, LLC
- Address 63 W. MAIN ST. PO BOX 5008 FREEHOLD NJ 07728
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: GB Contracting, Inc. Tel. (732) 780-8888
 Address 63 W. Main Street Freehold NJ 07728
 Email _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
- Federal Em. ID No. 223225888 Fax. _____
5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
 Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	150	
2. Electrical	75	
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	225	
7. Less 20% for State Plan Review		
8. Subtotal	225	
9. State Permit Surcharge Fee		
10. Subtotal	225	
11. Cert of Occupancy		
12. Other		
13. TOTAL	225	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area - Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands	yes _____ no _____

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☒ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
7000	DW	12/2/2019		12/7/2019					
2700	JM	12/2/2019		12/3/2019					

TOTAL COST 9700

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: B
 2. Use Group: B
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: B
 2. Use Group: B
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: 54 MAIN ST Oceanport Borough NJ 07757
- Name of Owner in Fee: OCEANPORT UNITED METHODIST CHURCH Tel. (732) 544-9028
Address 54 MAIN STREET OCEANPORT NJ 07757
- Ownership in Fee: ☐ Public ☒ Private Email _____
- Principal Contractor: Browns Heating, Cooling & Plumbing Tel. (732) 741-0694
Address 88 Birch Ave Little Silver NJ 07739
Email _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. _____ Fax. _____
- Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
- Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing	75	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	75	
7. Less 20% for State Plan Review		
8. Subtotal	75	
9. State Permit Surcharge Fee	3	
10. Subtotal	78	
11. Cert of Occupancy		
12. Other		
13. TOTAL	78	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- | | | | |
|--|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☐ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☐ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
1800	JP	10/28/2019		11/4/2019					

TOTAL COST 1800

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: A-3
- Use Group: A-3
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: A-3
- Use Group: A-3
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 930 OCEANPORT WAY - POLICE OCEANPORT NJ 07757
2. Name of Owner in Fee: BOROUGH OF OCEANPORT Tel. (732) 222-8221
Address 315 E. MAIN STREET OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☒ Private Email dphelps@oceanportboro.com
4. Principal Contractor: BENJAMIN R. HARVEY CO., INC. Tel. (732) 493-2300
Address 9 CINDY LANE OCEAN NJ 07712
Email bcoyne@bharveyco.com
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 21-0610868 Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review		
8. Subtotal		
9. State Permit Surcharge Fee	7001	
10. Subtotal	7001	
11. Cert of Occupancy		
12. Other		
13. TOTAL	7001	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	<u>1</u>	
2. Height of Structure	<u>13</u> ft.	
3. Area - Largest Floor	<u>12382</u> sq. ft.	
4. New Building Area	<u>12382</u> sq. ft.	
5. Volume of New Structure	<u>165175</u> cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	<u>HUD</u>	
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
2665500	DW	10/28/2019		11/9/2019					
500000	JM	9/3/2019		10/15/2019					
519500	JP	10/28/2019		11/18/2019					

TOTAL COST 3685000

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: B
 2. Use Group: A-3
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: B
 2. Use Group: A-3
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: Type I



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 910 OCEANPORT WAY - BORO HALL Oceanport Borough NJ 07757
2. Name of Owner in Fee: BOROUGH OF OCEANPORT Tel. (732) 222-8221
Address 315 EAST MAIN STREET OCEANPORT NJ 07757
3. Ownership in Fee: ☐ Public ☒ Private Email dphelps@oceanportboro.com
4. Principal Contractor: BENJAMIN R. HARVEY CO., INC. Tel. (732) 493-2300
Address 9 CINDY LANE OCEAN NJ 07712
Email bcoyne@bharveyco.com
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 21-0610868 Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review		
8. Subtotal		
9. State Permit Surcharge Fee	5985	
10. Subtotal	5985	
11. Cert of Occupancy		
12. Other		
13. TOTAL	5985	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	18	ft.
3. Area - Largest Floor	11754	sq. ft.
4. New Building Area	11754	sq. ft.
5. Volume of New Structure	209574	cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	HUD	
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes no	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☒ Electrical
- ☒ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
2225500	DW	10/28/2019		11/9/2019					
480000	JM	9/3/2019		10/15/2019					
444500	JP	10/28/2019		11/18/2019					

TOTAL COST 3150000

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: B
2. Use Group A-3
3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: All Units Income-restricted
- Before Construction _____
- After Construction _____
- Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: B
2. Use Group: A-3
3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: Type V



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: GOSSELIN AVENUE GARAGE 1 Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING, LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	300		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	300		
7. Less 20% for State Plan Review			
8. Subtotal	300		
9. State Permit Surcharge Fee	19		
10. Subtotal	319		
11. Cert of Occupancy			
12. Other			
13. TOTAL	319		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
10000	DW	10/23/2019		11/9/2019					

TOTAL COST 10000

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: U
 2. Use Group: U
 3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: U
 2. Use Group: U
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: GOSSELIN AVENUE GARAGE 6 Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	300		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	300		
7. Less 20% for State Plan Review			
8. Subtotal	300		
9. State Permit Surcharge Fee	19		
10. Subtotal	319		
11. Cert of Occupancy			
12. Other			
13. TOTAL	319		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	HUD	
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
10000	DW	10/23/2019		11/9/2019					

TOTAL COST 10000

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: U
 2. Use Group: U
 3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: U
 2. Use Group: U
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: GOSSELIN AVENUE GARAGE 5 Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	300	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	300	
7. Less 20% for State Plan Review		
8. Subtotal	300	
9. State Permit Surcharge Fee	19	
10. Subtotal	319	
11. Cert of Occupancy		
12. Other		
13. TOTAL	319	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	_____
2. Height of Structure	_____ ft.
3. Area - Largest Floor	_____ sq. ft.
4. New Building Area	_____ sq. ft.
5. Volume of New Structure	_____ cu. ft.
6. Max. Live Load	_____
7. Max. Occupancy Load	_____
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	_____ sq. ft.
10. Flood Hazard Zone	_____
11. Base Flood Elevation	_____ ft.
12. Wetlands	yes _____ no _____

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
10000	DW	10/23/2019		11/9/2019					

TOTAL COST 10000

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: U
 2. Use Group: U
 3. Change in Use Group, Indicate Former: _____

No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: U
 2. Use Group: U
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: GOSSELIN AVENUE GARAGE 4 Oceanport Borough NJ 07757
- Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING, LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
- Ownership in Fee: ☐ Public ☒ Private Email _____
- Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
- Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
- Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	300		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	300		
7. Less 20% for State Plan Review			
8. Subtotal	300		
9. State Permit Surcharge Fee	19		
10. Subtotal	319		
11. Cert of Occupancy			
12. Other			
13. TOTAL	319		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- | | | | |
|--|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☒ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
10000	DW	10/23/2019		11/9/2019					

TOTAL COST 10000

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: U
- Use Group: U
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: U
- Use Group: U
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: GOSSELIN AVENUE GARAGE 3 Oceanport Borough NJ 07757
- Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING, LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
- Ownership in Fee: ☐ Public ☒ Private Email _____
- Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
- Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
- Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	300		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	300		
7. Less 20% for State Plan Review			
8. Subtotal	300		
9. State Permit Surcharge Fee	19		
10. Subtotal	319		
11. Cert of Occupancy			
12. Other			
13. TOTAL	319		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- | | | | |
|--|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☒ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
10000	DW	10/23/2019		11/9/2019					

TOTAL COST 10000

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: U
- Use Group: U
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: U
- Use Group: U
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: GOSSELIN AVENUE GARAGE 2 Oceanport Borough NJ 07757
- Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING, LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
- Ownership in Fee: ☐ Public ☒ Private Email _____
- Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
- Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
- Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	300		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	300		
7. Less 20% for State Plan Review			
8. Subtotal	300		
9. State Permit Surcharge Fee	19		
10. Subtotal	319		
11. Cert of Occupancy			
12. Other			
13. TOTAL	319		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	HUD	
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- | | | | |
|--|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☒ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
10000	DW	10/23/2019		11/9/2019					

TOTAL COST 10000

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: U
- Use Group: U
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: U
- Use Group: U
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: 9 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
- Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
- Ownership in Fee: ☐ Public ☒ Private Email _____
- Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
- Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
- Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- | | | | |
|--|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☒ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
200	DW	10/8/2019		10/21/2019					
200	JM	10/8/2019		10/21/2019					
850	JP	10/8/2019		10/18/2019					

TOTAL COST 1250

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification:



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: 49 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
- Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
- Ownership in Fee: ☐ Public ☒ Private Email _____
- Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
- Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
- Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	_____	_____
2. Height of Structure	_____	_____ ft.
3. Area - Largest Floor	_____	_____ sq. ft.
4. New Building Area	_____	_____ sq. ft.
5. Volume of New Structure	_____	_____ cu. ft.
6. Max. Live Load	_____	_____
7. Max. Occupancy Load	_____	_____
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed	_____	_____ sq. ft.
10. Flood Hazard Zone	_____	_____
11. Base Flood Elevation	_____	_____ ft.
12. Wetlands	yes _____ no _____	_____

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
200	DW	10/8/2019		10/21/2019					
200	JM	10/8/2019		10/21/2019					
850	JP	10/8/2019		10/18/2019					

TOTAL COST 1250

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 41 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
200	DW	10/8/2019		10/21/2019					
200	JM	10/8/2019		10/21/2019					
850	JP	10/8/2019		10/18/2019					

TOTAL COST 1250

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification:



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 21 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	75	
2. Electrical	75	
3. Plumbing	100	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	250	
7. Less 20% for State Plan Review		
8. Subtotal	250	
9. State Permit Surcharge Fee	2	
10. Subtotal	252	
11. Cert of Occupancy		
12. Other		
13. TOTAL	252	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	_____
2. Height of Structure	_____ ft.
3. Area - Largest Floor	_____ sq. ft.
4. New Building Area	_____ sq. ft.
5. Volume of New Structure	_____ cu. ft.
6. Max. Live Load	_____
7. Max. Occupancy Load	_____
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	_____ sq. ft.
10. Flood Hazard Zone	_____
11. Base Flood Elevation	_____ ft.
12. Wetlands	yes _____ no _____

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
200	DW	10/8/2019		10/21/2019					
200	JM	10/8/2019		10/21/2019					
850	JP	10/8/2019		10/18/2019					

TOTAL COST 1250

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification:



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 25 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
2. Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
200	DW	10/8/2019		10/21/2019					
200	JM	10/8/2019		10/21/2019					
850	JP	10/8/2019		10/18/2019					

TOTAL COST 1250

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group: R-5
 3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: 35 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
- Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
- Ownership in Fee: ☐ Public ☒ Private Email _____
- Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
- Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
- Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	HUD	
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- | | | | |
|--|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☒ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
200	DW	10/8/2019		10/21/2019					
200	JM	10/8/2019		10/21/2019					
850	JP	10/8/2019		10/18/2019					

TOTAL COST 1250

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: 17 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
- Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
- Ownership in Fee: ☐ Public ☒ Private Email _____
- Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
- Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
- Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	75		
2. Electrical	75		
3. Plumbing	100		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	250		
7. Less 20% for State Plan Review			
8. Subtotal	250		
9. State Permit Surcharge Fee	2		
10. Subtotal	252		
11. Cert of Occupancy			
12. Other			
13. TOTAL	252		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- | | | | |
|--|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☒ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
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200	JM	10/8/2019		10/21/2019					
850	JP	10/8/2019		10/18/2019					

TOTAL COST 1250

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: 15 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
- Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
- Ownership in Fee: ☐ Public ☒ Private Email _____
- Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. 222332364 Fax. _____
- Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____
- Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	75	
2. Electrical	75	
3. Plumbing	100	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	250	
7. Less 20% for State Plan Review		
8. Subtotal	250	
9. State Permit Surcharge Fee	2	
10. Subtotal	252	
11. Cert of Occupancy		
12. Other		
13. TOTAL	252	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area - Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands	yes _____ no _____

IIa. PROPOSED WORK

- | | | | |
|--|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☒ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
200	DW	10/8/2019		10/21/2019					
200	JM	10/8/2019		10/21/2019					
850	JP	10/8/2019		10/18/2019					

TOTAL COST 1250

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work Site at: 5 GOSSELIN AVENUE SUMP PUMP Oceanport Borough NJ 07757
- Name of Owner in Fee: FORT MONMOUTH HISTORIC HOUSING LP Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
- Ownership in Fee: ☐ Public ☒ Private Email _____
- Principal Contractor: RPM CONTRACTING, LLC Tel. (973) 744-5410
Address 77 PARK STREET MONTCLAIR NJ 07042
Email FWERNER@RPMDEV.COM
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
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Address _____ e-mail _____
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V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	75	
2. Electrical	75	
3. Plumbing	100	
4. Fire Protection		
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7. Less 20% for State Plan Review		
8. Subtotal	250	
9. State Permit Surcharge Fee	2	
10. Subtotal	252	
11. Cert of Occupancy		
12. Other		
13. TOTAL	252	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	HUD	
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

- | | | | |
|--|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☒ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
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200	JM	10/8/2019		10/21/2019					
850	JP	10/8/2019		10/18/2019					

TOTAL COST 1250

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
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- No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____