CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 60 ESSex DR little Silver
2. Name of Owner in Fee: Federal national mortgage
   Tel. (800) 232-6643 e-mail
   Address PO Box 650043 (street) Dallas (municipality) Texas 75265 (zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: Ultimate Electrical Tel. (732) 685-9267
   Address 2062 Allenwood RD e-mail ultimate.electrical@gmail.
   Wall NJ 07719
   License No. OR, if new home, Builder Reg. No. 16698 Exp. Date 3/18
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 271277433 FAX: (732) 556-6183
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			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	$400 ~				5-22				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. (X) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date May 19, 2017

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name Alvin Nieves (Ultimate Electrical Cont.)
Address 2062 Allenwood RD
Wall NJ 07719
Telephone (732) 685-9267
Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

BOROUGH OF RUMSON

80 EAST RIVER ROAD RUMSON, NEW JERSEY 07760
(732)842-3300 • FAX (732)219-0714

To: JCP&L

Re: Cut in Card

Thank you,
Nick A Fabiano
nfabiano@rumsonnj.gov
732-842-3022

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

Municipality Little Silver

Location 60 Essex Drive Utility Co. JCP+L

Block 75 Lot 5.55 Qualif. Code ____

Owner Federal Mortgage Occupant ____

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval is void after ____ days.

Description of Service Reset Existing Meter

Installed By Existing License # ____

Date 5-26-17 Permit # 17-0185 Inspector ND

☐ Called In / / License # 7855

DR# 337941557

U.C.C. F150 (rev. 3/03) 1 White - Utility 2 Canary - Office/File 3 Pink - Office/Contractor

UKF 33744157

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 5-23-17

Date Issued / Permit # 20170185

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

Block 75 Lot 5.55 Qualification Code

Work Site Location 60 Essex DR
little Silver NJ

Owner in Fee Federal national mortgage Ass.

Address PO Box 650043
Dallas Texas 75265

Tel (800) 232-6643

Contractor Ultimate Electrical cont LLC

Address 2062 Allenwood RD
Wall NJ 07719

Tel (732) 685-9267 FAX (732) 556-6183

Contractor License No. 16698

Federal Emp. No. 271277433

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 400xx

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1	100AMP	meter Set

Final + Service 5-26-17

FEE (Office Use Only)

100

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 5-22-17

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 5-26-17

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
CO				
Other				
Service				
Final			5-26	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 5-26-17

Annual Pool Inspection

Date of Grounding and Bonding Certification

Little Silver Borough
80 East River Road
Rumson, NJ 07760

Date Issued 5/26/2017
Control Number 17195
Permit Number 20170185
Permit Issue Date 5/23/2017
Certificate Number 20170185

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 60 ESSEX DRIVE Little Silver Borough, NJ Block: 75 Lot: 5.55 Qual:

Owner in Fee: FEDERAL NATIONAL MORTGAGE ASSOC

Owner Address: PO BOX 650043 DALLAS TX 75265

Telephone:

Contractor ULTIMATE ELECTRICAL

Address 2062 ALLENWOOD ROAD WALL NJ 07719

Telephone: (732) 685-9267 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use:

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/26/2017

U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Update Issued 5-23-17
Permit #
Date Permit Issued 20170185

IDENTIFICATION Block 73 Lot 5.55 Qualification Code

Work Site Location 60 Essex Dr

Owner in Fee Federal national mortgage

Address PO Box 650043

Dallas Texas 75265

Tel. (800) 232-6643

Contractor Ultimate Electrical Cont.

Address 2062 Allenwood RD

Wall NJ 07719

Tel. (732) 685-8267

Lic. No. or Bldrs. Reg. No. 16698 Electrical

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

100 Amp meter set

Estimated Cost of Work $ 400 xx

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

Construction Official

Date 5-22-17

PAYMENTS (Office Use Only)

Building

Electrical 100

Plumbing

Fire Protection

Elevator Devices

Other

State Permit Surcharge Fee

Cert. of Occupancy

Other

Total 101

Check No.

Cash

Collected by

U.C.C. F190 (rev. 1/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

BLOCK 75 LOT 5.55 QUALIFICATION CODE _____ ADDRESS (SITE) 60 Essex Drive PERMIT NO. 10-0602 10/13/10

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 60 Essex Drive
2. Name of Owner in Fee: Constance Selby
   Tel. (_____) _____ e-mail _____
   Address 60 Essex Drive (street) Little Silver (municipality) NJ 07739 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: REMEDIATION SPECIALISTS Tel. (609) 689-1101
   Address 533 WHITEHEAD ROAD, HAMILTON, NJ e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH03813300 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 20-3840282 FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun JOE DEVINEY
   Tel. (609) 689-1101 FAX: (609) 689-0770

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			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	2,000.00				10-15-10	JA			
☑ Electrical	380.00				10/15/10	JA			
☐ Plumbing									
☑ Fire Protection	165.00				10/15/10	[signature]			
☐ Elevator									
TOTAL COST	2,545.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
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:
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?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Remediation Specialists

Address 533 Whitehead Road Bldg 3H
Hamilton NJ 08619

Telephone (609) 689-1101

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

BOROUGH OF RED BANK
90 MONMOUTH STREET
732-530-2760

Date Issued 10/29/10
Control # C75/555
Permit # 10-0602

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 75 Lot 55.5 Qual

Work Site Location 60 ESSEX DRIVE
BLDG L6
Owner in Fee SELBY, CONSTANCE
Address SAME
LITTLE SILVER, NJ 07739-
Telephone ( ) -

Contractor REMEDIATION SPECIALISTS
Address 533 WHITEHEAD ROAD BLDG 3
HAMILTON, NJ 08619-
Telephone (609) 689-1101
Lic. No. or Bldrs. Reg. No. 13VH03813300
Federal Emp. No. 20-3840282

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

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

Estimated Cost of Work $ 2,675

Construction Official

10/29/10
Date

PAYMENTS (Office Use Only)

Building	75
Electrical	75
Plumbing	0
Fire Protection	75
Elevator Devices	0
Other	
DCA State Permit Fee	5
Cert. of Occupancy	0
Other	
Total	230
Check No.	2006
Cash	
Collected By	

U.C.C. F170 (rev. 3/96)

BOROUGH OF RED BANK
DEPT. OF CODE ENFORCEMENT
90 MONMOUTH STREET, RED BANK, NJ 07701

RECEIPT NO. 10-0602 DATE

Permit No.

Renewal No. Block No.

C.O. No. Lot(s) No.

Cash ☐ Check ☐ #

Granted to TNLS Owner ☐ Other ☐

For

Address in

Occupancy Permit ☐ Demolition ☐

Construction of

Use Group Sq. Ft. Cubic Ft.

Estimated Cost

Bldg. Fee Plbg. Fee Electric Fee

Fire Fee Mech. Fee D.C.A. Fee

C.O. Fee Total Fee

Permit Expires

(1) Inspections required pursuant to N.J.A.C.5:23-seq
(2) Occupancy Permit required pursuant to N.J.A.C. 5.23-2.23 et. seq.
(3) Permit subject to all applicable State, County and Local Laws, Regulations and Ordinances

Signed

Dept. of Code Enforcement

WHITE-APPLICANT CANARY-FILE PINK-FOLDER GOLD-BOOK

BOROUGH OF RED BANK
90 MONMOUTH STREET
732-530-2760

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/13/10
Date Issued 10/29/10
Control # C75/555
Permit # 10-rec 2.

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

Block 75 Lot 55.5 Qual
Work Site Location 60 ESSEX DRIVE
BLDG L6
Owner in Fee SELBY, CONSTANCE
Address SAME
LITTLE SILVER, NJ 07739-
Tele.( ) -
Contractor REMEDIATION SPECIALISTS
Address 533 WHITEHEAD ROAD BLDG 3
HAMILTON, NJ 08619-
Tele.(609)689-1101 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH03813300
Federal Emp. No. 20-3840282

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2,000
3. Total (1+2) $ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	60
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool - Above Ground	0
[ ] Pool - In Ground	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 15
TOTAL FEE	$ 75
DCA State Permit Fee	$ 3

Paid [ ] Check #
Collected by:

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

BOROUGH OF RED BANK
90 MONMOUTH STREET
732-530-2760

UCC NEW JERSEY
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/13/10
Date Issued / /
Control # C75/555
Permit # 10-0002

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

Block 75 Lot 55.5 Qual
Work Site Location 60 ESSEX DRIVE
BLDG L6
Owner in Fee SELBY, CONSTANCE
Address SAME
LITTLE SILVER, NJ 07739-
Tele.( ) -
Contractor REMEDIATION SPECIALISTS
Address 533 WHITEHEAD ROAD BLDG 3
HAMILTON, NJ 08619-
Tele.(609)689-1101 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 20-3840282

B. FIRE PROTECTION CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
Constr Class - Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 295

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other COMBUSTION AIR		75
Other		0
Other		0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 75
DCA State Permit Fee $ 1

U.C.C. F140 (rev. 3/96)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 75 Lot 5.55 Qualification Code _____

Work Site Location 60 Essex DRIVE

Owner in Fee Constance Selby

Address 60 Essex DRIVE
Little Silver NJ 07739

Tel (_____)

Contractor Remediation Specialists Inc.

Address 533 Whitehead Rd Bldg 3
Hamilton N.J. 08619

Tel (609) 689-1101 FAX (609) 689-0770

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. 20-3840282

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present 5 Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

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

Location: Utility Closet

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve: _____

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* _____

Total Cost of Fire Protection Work $ ~~465.00~~ 295.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Combustion air

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppr		
Fire		
Dry		
Pre-i		
Sprir		
Stan		
Pre-e		
Wet		
Dry C		
CO_2		
Foam		
FM20		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		

Smoke Alarms shall be installed and maintained on each level of the structure including basements, outside each separate sleeping area in the immediate vicinity of the bedrooms. Battery Operated Units are only permitted where Hardwired Interconnected Smoke Alarms with Battery Backup were not previously required or installed

Carbon Monoxide Alarms shall be installed and maintained within 10 Feet of each sleeping room in accordance with NFPA-720

Mechanical Work shall comply with the 2006 International Fuel Gas and/or Mechanical Code including but not limited to Combustion Air, Venting, Service Access and Clearance to Combustibles.

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 10/22/10

Approved by: _____

SUBCODE APPROVAL

[ ] CO [X] CCO [ ] CA

Date: _____

Approved by: _____

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 15 Lot 5.55 Qualification Code

Work Site Location 60 Essex DRIVE

Owner in Fee Constance Selby

Address 60 Essex DRIVE
Little Silver NJ 07739

Tel ( )

Contractor Veteran Electric

Address 90 Tenth Street
West Keansburg NJ. 07734-3034

Tel (732) 471-9696 FAX (732) 471-9696

Contractor License No. 14731

Federal Emp. No. 04-3676357

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 380.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 10/25/10

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's ~~Seal and~~ Signature

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

D. TECHNICAL SITE DATA

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 15 Lot 5.55 Qualification Code

Work Site Location 60 Essex DRIVE

Owner in Fee Constance Selby
Address 60 Essex DRIVE
Little Silver NJ 07739
Tel. ( )

Contractor Remediation Specialists Inc.
Address 533 Whitehead Rd Bldg 3
Hamilton N.J. 08619
Tel. (609) 689 1101 FAX (609) 689 0770
Contractor License No. or Builder Registration No. 13VH03813300
Federal Emp. No 20-3840282

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other 10-15-10		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

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

INSPECTIONS

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 2,000.00
3. Total (1+ 2) $ 2,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Mold Remediation
Insulation & Door to crawlspace

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[✓] Other Mold Remediation
[ ] Demolition

FEE (Office Use Only)
$

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

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Remediation Specialists, Inc.
Frank Fitzgerald
533 Whitehead Road
Hamilton NJ 08619

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Remediation Specialists, Inc.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

12/29/2009 TO 12/31/2010
VALID

SIGNATURE

13VH03813300
License/Registration/Certificate #

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

12/29/2009 TO 12/31/2010
VALID

13VH03813300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

Remediation Specialists, Inc. EXPIRATION DATE **2010**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 03813300** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC

HOME ☐
BUSINESS ☐

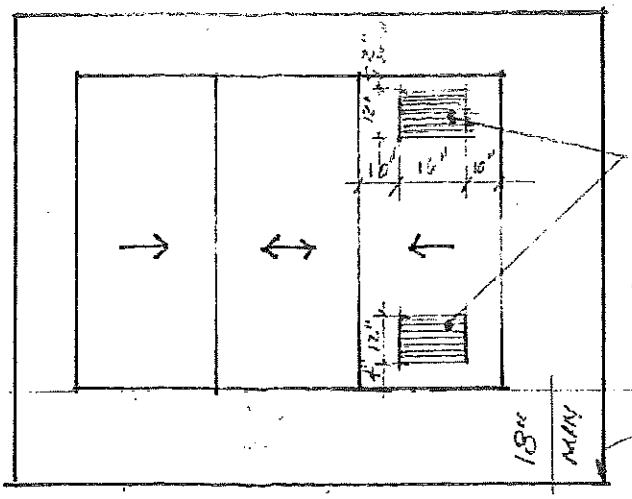
TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.



(2) NEW METAL LOUVERS IN ONE DOOR PANEL FOR COMBUSTION AIR MIN SIZE 12x16 MIN. CLEAR AREA VENT 130 SQ.IN.

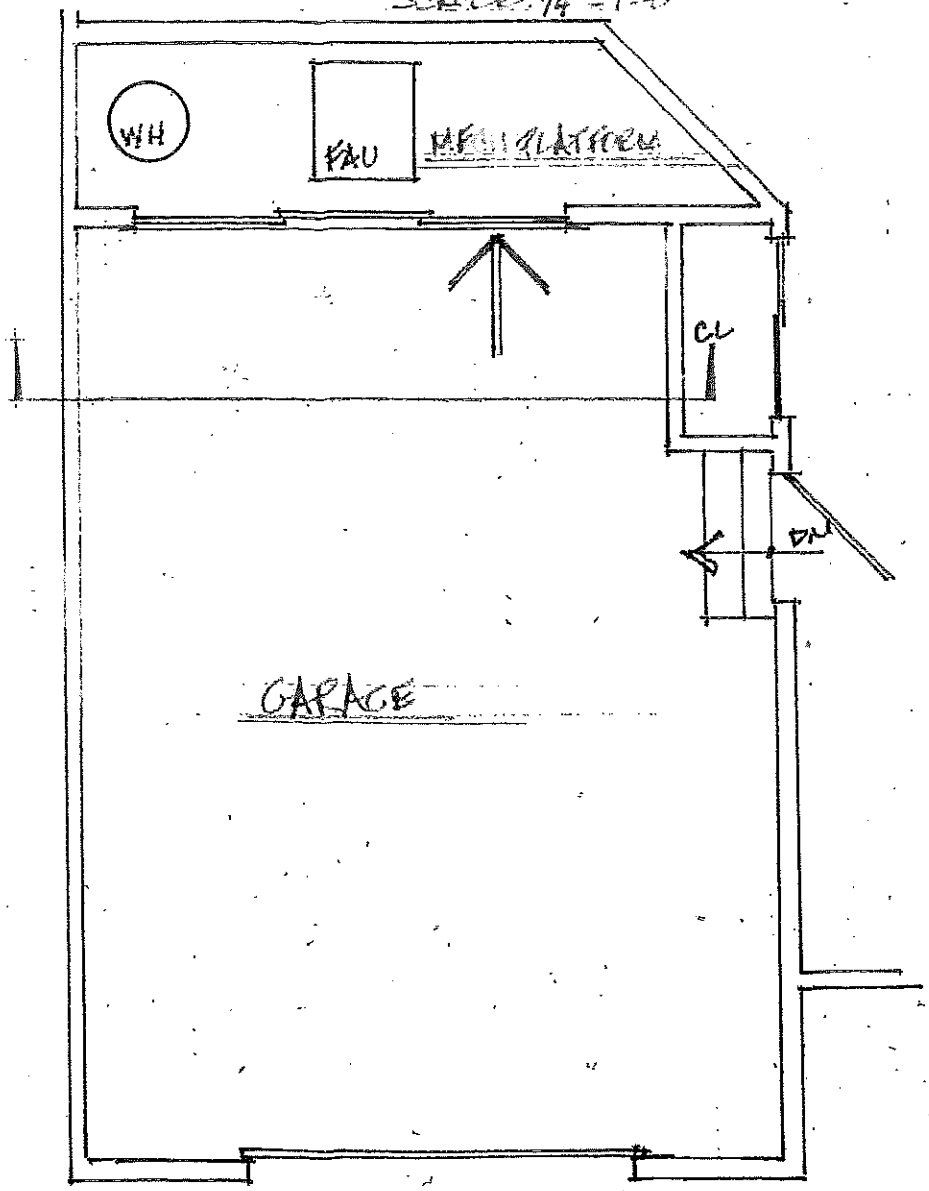
(3) ENTRY LOAN SLIDING DOORS (3'-6" EA.)

TO MECH PLATFORM TYP.

TO GARAGE SLAB

SECTION

SCALE: 1/4" = 1'-0"



PLAN

SCALE: 1/4" = 1'-0"

MECHANICAL INFORMATION / CALCULATION

EXISTING GAS FIRED APPLIANCES IN MECH. SPACE:

FURNACE: 80,000 Btu / h
WATER HEATER: 50,000 Btu / h

TOTAL: 130,000 Btu / h

PER IRC NJ 2006 M1702.2 *CONFINED SPACE*:
2 OPENINGS SHALL BE PROVIDED (HIGH AND LOW)
EACH WITH A FREE AREA OF 1 sq. in. per 1,000 Btu / h

FREE AREA PER OPENING MUST BE: 130 sq. in.

ASSUME 75 % EFFICIENCY FOR METAL LOUVER
OPENING MUST BE: 173 sq. in. minimum
16" w x 12" h OPENING = 192 sq. in.
(2) 16" w x 12" d METAL LOUVERS SHALL BE INSTALLED,
1 EACH AT THE TOP AND BOTTOM OF THE DOOR PANEL

NEW COMBUSTION AIR SOURCE FOR EXISTING MECHANICAL SPACE

UNIT TYPE "C" 37, 47, 48, 49, 50, 51, 52, 53, 58, 60, 62, & 64 ESSEX DRIVE

4, 6, 8, 10, & 12 EASTBORNE DRIVE

TOWNHOMES AT LITTLE SILVER

BOROUGH OF LITTLE SILVER

MONMOUTH COUNTY, NJ

MATTHEW T. CRONIN AIA

ARCHITECT

P.O. BOX 225

RED BANK, NJ

NJ LIC. No. AI 12367

10 / 11 / 10

Borough of Red Bank

CONSTRUCTION OFFICE / FIRE MARSHAL'S OFFICE
32 Monmouth Street
Red Bank, N.J. 07701-1614

Stanley J. Sickels
Fire Marshal/Construction Official

(908) 530-2764
FAX: (908) 758-1995

April 6, 1993

Mrs. Ann Corrubia
60 Essex Drive
Little Silver, NJ 07739

RE: Building Permit

Dear Mrs. Corrubia:

Our office has Permit #91-8467 dated August 21, 1991 which has not, as of this date, had a final inspection.

Since we are unable to reach you by phone, we would appreciate you giving our office a call between 8:00-5:00 to schedule an inspection at 530-2760.

A copy of the permit is attached for your information.

Thank you in advance for your cooperation.

Margaret M. Agin
Building Dept.

Borough of Red Bank

32 Monmouth Street
Red Bank, NJ 07701

(201) 530-2760

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location _____
_____
Owner in Fee _____
Address _____
_____
Tele. (____) _____
Contractor _____
Address _____
_____
Tele. (____) _____
Lic. No. or Bidrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

roof/attic front

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date: 6-14-93			Other				
Approved By: James Williams			Final			6-14-93	

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 4000
3. Total (1+2) $ 4000

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ _____

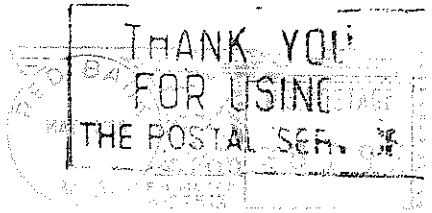
Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

RBBD 2A

U.C.C. Form F-110A 1 Original Office Copy 2 Canary Office Copy
3 Pink Applicant Copy 4 White Inspector's Copy

Borough of Red Bank
MONMOUTH COUNTY
P O BOX 868
RED BANK, NEW JERSEY 07701

UNDELIVERABLE AS ADDRESSED
FORWARDING ORDER EXPIRED



Maggie

Mrs. Ann Corrubia
60 Essex Drive
Little

CORR&NO 07739 0708 1N 05/15/93
RETURN TO SENDER
NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER

Borough of Red Bank

CONSTRUCTION OFFICE / FIRE MARSHAL'S OFFICE
32 Monmouth Street
Red Bank, N.J. 07701-1614

Stanley J. Sickels
Fire Marshal/Construction Official

(908) 530-2764
FAX: (908) 758-1995

May 11, 1993

Mrs. Ann Corrubia
60 Essex Drive
Little Silver, NJ 07739

RE: Building Permit - 2nd Notice

Dear Mrs. Corrubia:

Our office has Permit #91-8467 dated August 21, 1991 which has not, as of this date, had a final inspection.

Since we are unable to reach you by phone, we would appreciate you giving our office a call between 8:00-5:00 to schedule an inspection at 530-2760.

A copy of the permit is attached for your information.

Thank you in advance for your cooperation.

Margaret M. Agin
Building Dept.

Borough of Red Bank

32 Monmouth Street
Red Bank, NJ 07701
(201) 530-2760

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 75 Lot 5.55

Work Site Location 60 [illegible] Drive, Little Silver, NJ

Owner in Fee

Address

Tele. ( )

Contractor [illegible] Contracting

Address P.O. Box [illegible], Red Bank

Tele. ([illegible]) 747-[illegible]

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. [illegible]

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

[illegible] fire [illegible] plywood at [illegible] roof area.

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

Estimated Cost of Work $ 1500.00

PAYMENTS **(Office Use Only)**	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

(see reverse side)

RBBD 22A

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

DEPT. OF CODE ENFORCEMENT
32 MONMOUTH STREET
RED BANK, NJ 07701

RECEIPT **No.** 9 [illegible] DATE [illegible]

Permit No. [illegible]

Renewal No. Block No. 75

C. O. No. Lot(s) No. 5.55

Cash ☐ Check ☐ # [illegible]

Granted to [illegible] Owner ☐ Other ☐

For Little Silver [illegible]

Address in [illegible]

Occupancy Permit ☐ Demolition ☐

Construction of [illegible]

[illegible]

Use Group [illegible] Sq. Ft. Cubic Ft.

Estimated Cost [illegible]

Bldg. Fee [illegible] Plbg. Fee Electric Fee

Fire Fee Mech. Fee D.C.A. Fee

Total Fee [illegible]

Permit Expires [illegible]

(1) Inspections required pursuant to N.J.A.C. 5:23-2.18 et. seq.
(2) Occupancy Permit required pursuant to N.J.A.C. 5:23-2.23 et. seq.
(3) Permit subject to all applicable State, County and Local Laws, Regulations and Ordinances.

Signed [illegible]
Dept. of Code Enforcement

WHITE—ORIGINAL APPLICANT CANARY-COPY (FILE) PINK-FOLDER GOLD-BOOK RBBD 34

Borough of Red Bank

32 Monmouth Street
Red Bank, NJ 07701

(201) 530-2760

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 75 Lot 5.55

Work Site Location 60 Essex Drive Little Silver, NJ

Owner in Fee

Address

Tele. ( )

Contractor Sycamore Contracting

Address P.O. Box 7182 Red Bank

Tele. (908) 747-3960

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. 22-2903052

or Social Security No.

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Repair fire retardant plywood at exterior roof area.

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

Estimated Cost of Work $ 1500.00

PAYMENTS **(Office Use Only)**
Building
Plumbing
Electrical
Fire Protection
Other
Other
DCA Training Fee
Cert. of Occ.
Other
Total
Check No.
Cash
Collected By:

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

RBBD 22A

Borough of Red Bank

32 Monmouth Street
Red Bank, NJ 07701
(201) 530-2760

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-21-91
Control #
Permit # 91-82467

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

Block 75 Lot 5.55
Work Site Location 60 Essex Ave
Owner in Fee Sycamore Contracting
Address P.O Box 8182
Red Bank N.J 07701
Tele. (908) 747-3960
Contractor Sycamore Contracting
Address " "
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2903052 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing				
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			Insulation				
[ ] Other			Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [ ] CA			Other				
Date:			Final				
Approved By:							

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 1500.
3. Total (1+2) $ 1500

C. CERTIFICATION IN LIEU OF OATH

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

Signature Simon E. Banjon

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fire retardant plywood repairs

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # 2388 Minimum Fee $
Collected by: TOTAL FEE $

RBBD 2A

U.C.C. Form F-110A 1 Original Office Copy 2 Canary Office Copy
3 Pink Applicant Copy 4 White Inspector's Copy

15/5.55

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERT. NO. C 90 0 4 - 60
DATE ISSUED 9/30/87
Block 75 Lot 526
Subdivision

IDENTIFICATION

Owner Wawersville Downs INC
Address 157 Summer Ave
Kenilworth N.J.
Tel. ( ) 241-4243
Work Site Address
60 Essex

Agent SAME
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $ Paid
☐ Check No.
☐ Cash
☐ Other
Collected By: W.C.M.
Date: W/PERMIT

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK: NEW RESIDENTIAL UNIT BLDG "L"

USE GROUP R3 FIRE GRADING 1 Hour

MAXIMUM LIVE LOAD 40 PSF MAXIMUM OCCUPANCY LOAD Family

SPECIFIC USE One Family Townhouse

FINAL COST OF CONSTRUCTION: $ 62,000

William C. Morgan
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

APPLICATION FOR CERTIFICATE

PERMIT NO. 6900
DATE ISSUED 3-4-86
Block 75 Lot 54-6
Subdivision Navesink Woods
Notice No.

IDENTIFICATION

OWNER:

Name Navesink Woods Inc.
Address 151 Sycamore Avenue
Town/State/Zip Leonardo, NJ 07737

CONSTRUCTION LOCATION:

Address 60 Cove N Drive
Little Silver, NJ 07739
Tel. (201) 241-1343

ACTION

☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: _____ Previous R-3A Current

FINAL COST OF CONSTRUCTION: $ 62,000.
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Linda Martin
OWNER/AGENT

☐ Owner
☒ Agent

U.C.C. Form F-270 (8/83)

HOME OWNERS WARRANTY CORPORATION
of NEW JERSEY
101 Morgan Lane, Suite 330
Plainsboro, N.J. 08536
1-800-982-5538

HOW Corp.
of New Jersey

CERTIFICATION FORM

Used to Obtain Certificates of Occupancy for HOW Multi-Family Builders

MUNICIPALITY: Little Silver

DEVELOPMENT NAME: Little Silver Townhomes

IDENTIFICATION OF STRUCTURE TO BE CERTIFIED: Building L
(Building Name or Building Number)

ADDRESS OF STRUCTURE: 56 thru 66 (even) Essex Drive

NUMBER OF UNITS IN THIS STRUCTURE: ~~six~~ (6)

BUILDING FIRM NAME: Navesink Woods, Inc.

BUILDING FIRM ADDRESS: 151 Sumner Avenue
Kenilworth, New Jersey 07033

NJ DCA BUILDER REGISTRATION NUMBER: 10225

HOW BUILDER NUMBER: 3100-14707

This is to certify that all homes eligible for warranty coverage under the **New Home Warranty and Builders' Registration Act** and subsequent Department of Community Affairs Regulations, in the municipality, the development and structure specified above have been enrolled for warranty/insurance coverage under the Home Owners Warranty (HOW) program.

The above referenced units have been previously enrolled on Notification of Starts (NOS) Form(s) # 44004.

Date: May 29, 1987

Signed: [signature] Executive-Director

WHITE-Municipality Copy GREEN-DCA Copy CANARY-NJ HOW Copy PINK-Builder Copy GOLD-National HOW Copy