

BLOCK 306 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 59 Baywood Blvd. PERMIT NO. 19-1522



CONSTRUCTION PERMIT APPLICATION

C-19-001801

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

I. IDENTIFICATION

1. Proposed Work Site at: 59 Baywood Blvd

2. Name of Owner in Fee: Property Reflections LLC
Tel. (732) 673-3737 e-mail: tiffagourlay@propertyreflections.com
Address 1385 Hwy 35 Ste 141 Middletown NJ 07746

3. Ownership in Fee: Public _____ Private ☒ Municipality _____ Zip code _____

4. Principal Contractor: Property Reflections LLC Tel. (732) 673-3737
Address 1385 Hwy 35, Ste 141 e-mail: tiffagourlay@propertyreflections.com
Middletown NJ 07746

License No. OR, if new home, Builder Reg. No. 13VH10265800 Exp. Date 3/31/20

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

Federal Emp. ID No. 81-34525105 FAX: () _____

5. Architect or Engineer Arch Design Studios Contact Joe DeAmbrose
Address 436 W. Commodore Blvd #2, Jackson NJ 08527 e-mail _____
Tel. (732) 370-9555 FAX: (732) _____

6. Responsible Person in Charge once Work has Begun Tiffaney Goulay
Tel. (732) 673-3737 FAX: () _____

V. FEE SUMMARY (for office use only)

		Update <u>AH</u>	Update <u>MB</u>
1. Building	\$ <u>150</u>		
2. Electrical	\$ <u>302</u>		
3. Plumbing	\$ <u>748</u>		
4. Fire Protection	\$ <u>85</u>		
5. Elevator Devices			
6. Subtotal	\$ <u>135</u>	\$ <u>150</u>	\$ <u>75</u>
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>21</u>	\$ <u>12</u>	
10. Subtotal	\$ <u>75</u>		
11. Cert. of Occupancy	\$ <u>80</u>		
12. Other			
13. TOTAL	\$ <u>1045</u>	\$ <u>162</u>	\$ <u>75</u>

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	_____	(office use only)
2. Height of Structure	_____ ft.	
3. Area — Largest Floor	_____ sq. ft.	
4. New Building Area	<u>220</u> sq. ft.	
5. Volume of New Structure	<u>2200</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	2,000	Plans Rec'd by <u>Joe</u>	Date Rec'd <u>5/15/19</u>	Rejection Date	Approval Date <u>6/11/19</u>	Re-viewer <u>PA</u>	Resubmission Dates Approval	Rejection	Re-viewer
☒ Electrical	5,000				<u>6/5/19</u>	<u>PJC</u>			
☒ Plumbing	7,500				<u>6-3-19</u>	<u>AK</u>			
☒ Fire Protection	300				<u>6/29/19</u>	<u>EG</u>			
☐ 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	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs	
	7. ☐ Sprinklers/Standpipes	11. ☐ LPGas Tanks	

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. ☐ 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 Tiffany Gournay Date 4/18/19

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 Property Reflections LLC
Address 1385 Hwy 35, Ste 141
Middletown, NJ 07748
Telephone (732) 673-3737
Signature Tiffany Gournay

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



CONSTRUCTION PERMIT

Date Issued 6/14/19
Control # C-19-001801
Permit # 19-1522

IDENTIFICATION Block: 306 Lot: 6 Qualifier _____
Work Site Location: 59 BAYWOOD BLVD. Brick Township, NJ Contractor PROPERTY REFLECTIONS LLC
Address 1385 RT 35 STE 141 MIDDLETOWN NJ 07748
Owner in Fee PROPERTY REFLECTIONS LLC
1385 RT 35 STE 141 MIDDLETOWN NJ 07748 Telephone: (732) 673-3737
Telephone: (723) 673-3737 Lic. No. or Bldrs. Reg. No. 13VH10265800
Federal Employee No. 813452565

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☒ BUILDING | ☒ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☒ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☒ OTHER |

DESCRIPTION OF WORK:

ALTERATION - RESIDENTIAL, GARAGE CONVERSION ...KITCHEN & BATH ALTS; CONVERT
GARAGE TO FAMILY ROOM

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

Estimated Cost of Work \$10,900

Construction Official [Signature]

Date 6/14/19

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$150
Electrical	\$305
Plumbing	\$198
Fire Protection	\$85
Elevator Devices	\$0
Other	\$125.00
DCA Training Fee	\$21
CO Fee	\$86.00
Other	\$0
Total	\$970
Check No.	<u>546</u>
Cash	\$0
Credit	\$0
Collected By	<u>[Signature]</u>

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



PERMIT UPDATE

Date Update Issued 6/14/19
Control # C-19-001801+A
Permit # 19-322 +A

IDENTIFICATION Block: 306 Lot: 6 Qualifier _____
Work Site Location: 59 BAYWOOD BLVD. Brick Township, NJ Contractor PROPERTY REFLECTIONS LLC
Address 1385 RT 35 STE 141 MIDDLETOWN NJ 07748
Owner in Fee PROPERTY REFLECTIONS LLC
1385 RT 35 STE 141 MIDDLETOWN NJ 07748 Telephone: (732) 673-3737
Lic. No. or Bldrs. Reg. No. 13VH10265800
Telephone: (723) 673-3737 Federal Employee No. 813452565

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☒ OTHER

DESCRIPTION OF WORK:

GARAGE CONVERSION ... HVAC

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 \$6,500

Construction Official _____

Date 6/12/19

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$150.00
DCA Training Fee	\$12
CO Fee	
Other	\$0
Total	\$162
Check No.	<u>1506</u>
Cash	\$0
Credit	\$0
Collected By	<u>M. Ryan</u>

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



PERMIT UPDATE

Date Update Issued 1/10/20
Control # C-19-001801+B
Permit # 19-1522+B

IDENTIFICATION Block: 306 Lot: 6 Qualifier _____
Work Site Location: 59 BAYWOOD BLVD. Brick Township, NJ Contractor PROPERTY REFLECTIONS LLC
Address 1385 RT 35 STE 141 MIDDLETOWN NJ 07748
Owner in Fee PROPERTY REFLECTIONS LLC
1385 RT 35 STE 141 MIDDLETOWN NJ 07748 Telephone: (732) 673-3737
Lic. No. or Bldrs. Reg. No. 13VH10265800
Telephone: (723) 673-3737 Federal Employee No. 813452565

Is hereby granted permission to perform the following work:

- | | | |
|---|--|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☒ OTHER |

DESCRIPTION OF WORK:

ALTERATION - RESIDENTIAL, GARAGE CONVERSION ...UPDATE +A - GAS FIREPLACE

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 \$200

D. Newman, Jr.
Construction Official

1/3/20
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$75.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$75
Check No.	<u>116</u>
Cash	\$0
Credit	\$0
Collected By	<u>Cu</u>

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

6/14/19
19-1522

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

Block 306 Lot 6 Qualification Code _____

Work Site Location 59 Baywood Blvd

Brick

Owner in Fee: Property Reflections LLC

Tel. 732-673-3737 e-mail tiffgourlay@propertyreflections.com

Address 1385 Hwy 35, Ste 141 Middletown NJ 07748 Com

Contractor: Property Reflections Tel. 732-673-3737

Address 1385 Hwy 35, Ste 141 Middletown, NJ e-mail tiffgourlay@propertyreflections.com

Contractor License No. or Builder Registration No. 13VH10265800 Exp. Date 3/31/20

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

Federal Emp. ID No. 81-3452565 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
[] No Plans Required			Type:	Failure	Approval	
[] All <u>6/11/19</u>			Footing			
[] Footings/Foundations			Footing Bonding			
[] Structural/Framework			Foundation			
[] Exterior			Slab			
[] Interior			Frame <u>9-23-19</u>		<u>9-26-19</u>	<u>JS</u>
Joint Plan Review Required:			Truss Sys./Bracing			
[] Elec. [] Plumb. [] Fire [] Elevator			Barrier-Free			
SUBCODE APPROVAL for PERMIT			Insulation		<u>9-26-19</u>	<u>JS</u>
Date: <u>06/11/19</u>			Finishes -Base Layer			
Approved by: <u>HEK</u>			Finishes -Final			
SUBCODE APPROVAL for CERTIFICATE			Energy			
[] CO [] CCO [] CA			Mechanical			
Date: <u>01/15/20</u>			TCO			
Approved by: <u>HEK</u>			Other			
			Final <u>12-16-19</u>		<u>1-15-20</u>	<u>JS</u>
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors 220 sq. ft. 1. New Bldg. \$ _____

Volume of New Structure 2200 cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ 2,200

Max. Occupancy Load _____ U.C.C. F110 (rev. 11/09)

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Tiffany Gourlay

Print name here: Tiffany Gourlay

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

rehab, new kitchen, bath,
add bath, enclose garage
per architect plans.

Reconstruction - Rec #10

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

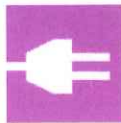
Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

6/14/19
19-1522

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

Block 306 Lot 6 Qualification Code _____
Work Site Location 59 Baywood Blvd

Owner in Fee: Property Reflections LLC
Tel. (732) 613-3737 e-mail liffapurlay@propertyreflections.com
Address 1385 Hwy 35 Ste 141 Middletown NJ 07748

Contractor: Jrw electric LLC Tel. (732) 489-0580
Address 215 McCabe Ave. C10 e-mail jrwelectricllcny@gmail.com
Bradley Beach, NJ 07720

Contractor License No. 18,327 Exp. Date 3/31/2021

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

Federal Emp. ID No. 82-4140455 FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 5,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval Initial
[] No Plans Required		Rough	_____	_____	9/17/19
[] Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	
Date: _____ Approved by: _____		Trench	_____	_____	
[] Electric Plans Approved		Temp. Serv.	_____	_____	
Date: <u>6/5/19</u> Approved by: <u>PJC</u>		Constr. Serv.	_____	_____	
Joint Plan Review Required:		TCO	_____	_____	
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other	_____	_____	
SUBCODE APPROVAL for PERMIT		Service	_____	_____	
Date: <u>6/5/19</u>		Final	_____	_____	12-16-19
Approved by: <u>[Signature]</u>		Barrier-Free	_____	_____	
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued	_____	_____	
Date: <u>12-16-19</u>		Annual Pool Inspection	_____	_____	
Approved by: <u>[Signature]</u>		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 sign/Contractor sign and seal here: [Signature]

Print name here: Joseph Whelan

☒ Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace service, Replace most electric
Rewire house

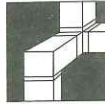
QTY	SIZE	ITEMS	FEE (Office Use Only)
25		Lighting Fixtures	
40		Receptacles	
15		Switches	
4		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	25 ft	KW Central A/C Unit	
1	1	HP KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

To reorder call: ALLEGRA
Marketing • Print • Mail
(609) 390-1400



MECHANICAL INSPECTOR TECHNICAL SECTION



update
12/14/19 + B

Date Received
Control #

1/10/20

Date Issued
Permit #

19-1522+B

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

Block 306 Lot 6 Qualification Code _____

Work Site Location 59 Baywood Blvd

Owner in Fee: Property Reflections LLC

Tel. 732 673 3737 e-mail tiffgounay@property

Address 1385 Hwy 35 Ste 141 Middletown NJ 07748 reflections.com

Contractor: Ralph Villano Rick / H&B Inc Tel. 732 269-8917

Address 234 Bay Blvd e-mail _____

Bayville NT 08721

Contractor License No. or Builder Registration No. 12461 Exp. Date 6-21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) _____

Federal Emp. ID No. 26-1917810 FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)

Heating System work: [] New OR [] Modification to Existing OR [] Conversion OR [] Replacement

Type: [] Hydronic [] Hot Air

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

Estimated Cost of Mechanical Work \$ 200-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	DATES			
[] No Plans Required	Type:	Failure	Failure	Approval	Initial
[X] Mechanical Plans Approved	Gas Piping	_____	_____	_____	_____
Date: <u>12-31-19</u> Approved by: <u>[Signature]</u>	Appliance	_____	_____	_____	_____
Joint Plan Review Required:	Chimney/Vent	_____	_____	_____	_____
[] Bldg. [] Elec. [] Plumb. [] Fire.	Oil Piping	_____	_____	_____	_____
[] Elev.	Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	LPG Tank	_____	_____	_____	_____
Date: <u>12-31-19</u>	Hydronic Piping	_____	_____	_____	_____
Approved by: <u>[Signature]</u>	Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert.	_____	_____	_____	_____
[X] CA [] CCO	Other <u>FINAL</u>	_____	_____	<u>1-15-20</u>	<u>WZ</u>
Date: <u>1-21-20</u>					
Approved by: <u>[Signature]</u>					

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [Signature]

Print name here: BRENDA Villano

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GAS TO FIREPLACE - UPDATE
on original plans

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	\$ _____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
<u>1</u>	Fireplace	_____
_____	Other	_____

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



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

6/14/19

Date Issued
Permit #

19-1522

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

Block 306 Lot 6 Qualification Code _____

Work Site Location 59 Baywood Blvd
Brick

Owner in Fee: Property Reflections LLC

Tel. 732 673-3737 e-mail tiffourlay@propertyreflections.com

Address 1385 Hwy 35, Ste 141 Middletown NJ 07748
street municipality zip code

Contractor: _____ Tel. 609 548-8706

Address 234 Bay Blvd Denville NJ 07834
e-mail _____

Contractor License No. 12461 Exp. Date 6-19

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 26-1912810 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 7,500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				
[] No Plans Required		Type:	Failure	Failure	Approval	Initial
[] Partial -Underslab Utilities Approved		Slab				
Date: _____ Approved by: _____		Rough			9-17-19	WJM
[] Plumbing Plans Approved		Water				
Date: _____ Approved by: _____		Sewer				
Joint Plan Review Required:		Fixtures				
[] Bldg. [] Elec. [] Fire. [] Elev.		Gas Equipment				
SUBCODE APPROVAL for PERMIT		Gas Piping			9-17-19	WJM
Date: <u>6-3-19</u>		LPGas Tank				
Approved by: _____		Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE		Solar				
[X] CO [] CCO [] CA		TCO				
Date: <u>1-21-20</u>		Final	12-15-19		1-15-20	WJM
Approved by: _____						

X Shower pan Test OK 9-26-19 WJM

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 sign/Contractor sign and seal here: _____

Print name here: _____

[X] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

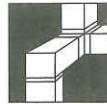
DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	\$
1	Urinal/Bidet	
1	Bath Tub	
2	Lavatory	
1	Shower	
1	Floor Drain	
1	Sink	
1	Dishwasher	
1	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	
1	Water Heater	
1	Fuel Oil Piping	
1	Gas Piping	
1	LPGas Tank	
1	Steam Boiler	
1	Hot Water Boiler	
1	Sewer Pump	
1	Interceptor/Separator	
1	Backflow Preventer	
1	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
1	Stacks	
1	Other <u>AAV</u>	

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



MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received
Control #

6/14/19

Date Issued
Permit #

19-1522

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

Block 306 Lot 59 Qualification Code _____

Work Site Location Baywood Blvd

Owner in Fee: Property Reflections LLC

Tel. (732) 673-3737 e-mail liffagourlay@propertyreflections.com

Address 1385 Hwy 35 St 141 Middleton NJ 07748

Contractor: Laura Villano P&L H&E LLC Tel. (732) 269-8917

Address 234 Bay Blvd Barnicle NJ 08721

Contractor License No. or Builder Registration No. 12461 Exp. Date 6-19

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

Federal Emp. ID No. 26-1917810 FAX: (_____) _____

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)

Heating System work: [] New OR [] Modification to Existing OR [] Conversion OR ☒ Replacement

Type: [] Hydronic [] Hot Air

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

Estimated Cost of Mechanical Work \$ 700

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Elec. [] Plumb. [] Fire.

[] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6-3-19

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[X] CA [] CCO

Date: 1-21-20

Approved by: _____

INSPECTIONS

Type: Failure Failure Approval Initial

Gas Piping _____

Appliance _____

Chimney/Vent _____

Oil Piping _____

Oil Tank _____

LPG Tank _____

Hydronic Piping _____

Fireplace _____

Chimney Cert. _____

Other FINAL 12-15-19 1-15-20 WCH

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: BREDA VILLANO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW TANKLESS WATER HEATER.

future fireplace update req'd

NO.

FIXTURE/EQUIPMENT

Water Heater
Fuel Oil Piping Connections
Gas Piping Connections
Steam Boiler
Hot Water Boiler
Hot Air Furnace
Oil Tank
LPG Tank
Fireplace
Other

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



MECHANICAL INSPECTOR TECHNICAL SECTION



Update

Date Received
Control #

6/14/19

Date Issued
Permit #

19-1522 T-A

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

Block 306 Lot 6 Qualification Code _____

Work Site Location 59 BAYWOOD BLVD
BRICK, NJ 08723

Owner in Fee: Property Reflections LLC

Tel. 732 673-3737 e-mail hffauray@propertyreflections.com

Address 1385 Hwy 35, Ste 141 Middletown NJ 07748

Contractor: PRO CENTRAL HVAC-R Tel. 732 228-9207

Address 1204 LIGHTHOUSE LN e-mail javier.procentral@gmail.com

TOM'S RIVER, NJ 08753

Contractor License No. or Builder Registration No. 1624 Exp. Date 6/2020

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3 or R-5

Heating System work: ☐ New OR ☐ Modification to Existing OR ☐ Conversion OR ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ 6,560

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 6-3-19

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☒ CA ☐ CCO

Date: 1-2-20

Approved by: _____

INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other Final

Failure

DATES

Failure

Approval

Initial

9-12-19

1-5-20

WJ

1-5-20

WJ

1-5-20

WJ

1-5-20

WJ

1-5-20

WJ

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: SAVIER YANGLA

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW DUCTWORK R8 INSULATED
DRAWING ATTACHED

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Heater

\$ _____

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

1

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

✓

Other DUCTWORK

1

AC

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Control #

6/14/19

Date Issued
Permit #

19-1522

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

Block 306 Lot 16 Qualification Code _____

Work Site Location 59 Baywood Blvd

BRICK

Owner in Fee: Property Reflections, LLC

Tel. 732 673-3737 e-mail tiffagourlay@propertyreflections.com

Address 1385 Hwy 35, Ste 141 Middletown NJ 07748

Contractor: JRW Electric LLC Tel. 732 489 0580

Address 215 McCabe Ave. C10 e-mail jrwelectricllc@gmail.com

Bradley Beach, NJ 07720

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

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

Fire Alarm Contractor No. 18,327 Exp. Date 3/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 82-4140455 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

OR [] Conversion OR [] Replacement

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

[] Other _____

Location: _____

Total Cost of Fire Protection Work \$ 500-

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Joseph Whelan

Print name here: Joseph Whelan

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Update house to code with smoke

Water Supply Source alarms

Method of Alarm/Suppression System Supervision

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
[] No Plans Required	Alarm System			<u>12-16-19</u>	<u>PM</u>
[] Partial -Underslab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
[X] Fire Protection Plans Approved	Fire Pump				
Date: <u>5-31-19</u> Approved by: <u>[Signature]</u>	Pre-Eng. System				
Joint Plan Review Required: _____	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT	TCO				
Date: <u>5-31-19</u>	Flam/Combust Tanks				
Approved by: <u>[Signature]</u>	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE	Final			<u>12-16-19</u>	<u>PM</u>
[] CO [] CCO [] CA	Other				
Date: <u>12-18-19</u>					
Approved by: <u>[Signature]</u>					