

APPLICATION

Complete Sections I, II, III (optional), IV, VI, and VII

ENTIFICATION

Proposed Work Site at: 209 NEWARK AVE
Name of Owner in Fee: JAMES BESTYS
Tel. (973) 809-3326 e-mail TBESTYS@4400.COM
Address 209 NEWARK AVE CAIALETTE NJ 08735
Ownership in Fee: Public ☒ Private ☒
Principal Contractor: JAMES BESTYS Tel. (973) 809-3326
Address 11 Pleasantville Rd e-mail TBESTYS@4400.COM
Business Reg. No. 07920
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Owner
Federal Emp. ID No. _____ FAX: (_____) _____
Architect or Engineer: ARTHUR DEMERCI Contact _____
Address 11 Pleasantville Rd e-mail ARTHUR.DEMERCI@4400.COM
Tel. (908) 810-4494 FAX: (908) 810-4497
Responsible Person in Charge once Work has Begun JAMES BESTYS
Tel. (973) 809-3326 FAX: (973) 539-3445

PROPOSED WORK

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

SUBCODES (check all that apply)	Est. Cost	FOR OFFICE USE ONLY (Optional)					
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates
☒ Building							
☒ Electrical							
☒ Plumbing							
☒ Fire Protection							
☒ Elevator							

TOTAL COST

PLAN REVIEW (optional)

YOU WANT:
☐ Partial Releases
☐ Prototype Processing

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

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

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 34-9
2. Height of Structure 1720 ft.
3. Area - Largest Floor 580 sq. ft.
4. New Building Area 2245 sq. ft.
5. Volume of New Structure AE 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 B.0
11. Base Flood Elevation no ft.
12. Wetlands yes _____ no X

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: Single Family Res
2. Use Group, Proposed: R-5
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 _____

BOROUGH OF LAVALLETTE

FLOODPLAIN MANAGEMENT REVIEW APPLICATION

THE FLOOD HAZARD DEVELOPMENT REVIEW FEE IS: \$100.00 CHECK # 1171

NAME: James Bestys PROPERTY ADDRESS: 209 Newark Ave, Lavallette

BLOCK: 964 LOT: 16 PHONE NUMBER: 973-807-3326

OFFICE USE ONLY

2006 FIRM AE-5 2015 PRELIMINARY AE-8 ALC to be on platform above DFE per owner. 2

CHECKLIST

FINAL

BASE FLOOD ELEVATION

8.0

BFE + 1' FREEBOARD

9.0

COASTAL "A" OR VE ZONE

N20

FINISHED FLOOR ELEVATION

12.37

LOWEST FLOOR ELEVATION

3.4

LOWEST ADJACENT GRADE

3.03

INITIAL APPROVED 44557/26/21

DENIED (SEE BACK)

FINAL APPROVED

DENIED (SEE BACK)

DOUGLAS R. ERB - CFM - FLOODPLAIN MANAGER



BOROUGH OF LAVALLETTE

FLOODPLAIN MANAGEMENT

1306 Grand Central Avenue
Lavallette, NJ 08735
(732) 793-5105
Fax (732) 793-6394
www.lavallette.org

July 22, 2022

James Bestys
209 Newark Ave.
Lavallette, NJ 08735

Re: Final Floodplain Compliance Review

Mr. Bestys,

I have completed the Final Floodplain Compliance Review of the above referenced property and the following issues need to be addressed.

The Elevation Certificate needs to be corrected. It is listing 8 Permanent Flood Openings. A minimum of 9 Flood Vents are required as per your plans, and 10 were proposed. Please have this corrected and submitted back to us at your earliest convenience.

If you have any questions or I may be of further assistance do not hesitate to contact me at 732-793-5105.

Thank you,

Kristen Rocco
Floodplain Manager
Borough of Lavallette



ICC
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ICC-ES Evaluation Report

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ESR-2074

Reissued 02/2021

Revised 04/2021

This report is subject to renewal 02/2023.

DIVISION: 08 00 00—OPENINGS

SECTION: 08 95 43—VENTS/FOUNDATION FLOOD VENTS

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

**SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: MODELS #1540-520;
#1540-521; #1540-510; #1540-511; #1540-570; #1540-574; #1540-524; #1540-514
FLOOD VENT SEALING KIT #1540-526**



*"2014 Recipient of Prestigious Western States Seismic Policy Council
(WSSPC) Award in Excellence"*



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ICC-ES Evaluation Report

ESR-2074

Reissued February 2021

Revised April 2021

This report is subject to renewal February 2023.

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A Subsidiary of the International Code Council®

DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

**SMART VENT® AUTOMATIC FOUNDATION FLOOD
VENTS: MODELS #1540-520; #1540-521; #1540-510; #1540-
511; #1540-570; #1540-574; #1540-524; #1540-514
FLOOD VENT SEALING KIT #1540-526**

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2021, 2018, 2015, 2012, 2009 and 2006 *International Building Code*® (IBC)
- 2021, 2018, 2015, 2012, 2009 and 2006 *International Residential Code*® (IRC)
- 2021, 2018 *International Energy Conservation Code*® (IECC)
- 2013 *Abu Dhabi International Building Code* (ADIBC)*

*The ADIBC is based on the 2009 IBC. 2009 IBC code sections referenced in this report are the same sections in the ADIBC.

Properties evaluated:

- Physical operation
- Water flow

2.0 USES

The Smart Vent® units are engineered mechanically operated flood vents (FVs) employed to equalize hydrostatic pressure on walls of enclosures subject to rising or falling flood waters. Certain models also allow natural ventilation.

3.0 DESCRIPTION

3.1 General:

When subjected to rising water, the Smart Vent® FVs internal floats are activated, then pivot open to allow flow in either direction to equalize water level and hydrostatic pressure from one side of the foundation to the other. The FV pivoting door is normally held in the closed position by a buoyant release device. When subjected to rising water, the buoyant release device causes the unit to unlatch, allowing the door to rotate out of the way and allow flow. The water level stabilizes, equalizing the lateral forces. Each unit is

fabricated from stainless steel. Smart Vent® Automatic Foundation Flood Vents are available in various models and sizes as described in Table 1. The SmartVENT® Stacking Model #1540-511 and FloodVENT® Stacking Model #1540-521 units each contain two vertically arranged openings per unit.

3.2 Engineered Opening:

The FVs comply with the design principle noted in Section 2.7.2.2 and Section 2.7.3 of ASCE/SEI 24-14 [Section 2.6.2.2 of ASCE/SEI 24-05 (2012, 2009, 2006 IBC and IRC)] for a maximum rate of rise and fall of 5.0 feet per hour (0.423 mm/s). In order to comply with the engineered opening requirement of ASCE/SEI 24, Smart Vent FVs must be installed in accordance with Section 4.0.

3.3 Ventilation:

The SmartVENT® Model #1540-510 and SmartVENT® Overhead Door Model #1540-514 both have screen covers with 1/4-inch-by-1/4-inch (6.35 by 6.35 mm) openings, yielding 51 square inches (32 903 mm²) of net free area to supply natural ventilation. The SmartVENT® Stacking Model #1540-511 consists of two Model #1540-510 units in one assembly, and provides 102 square inches (65 806 mm²) of net free area to supply natural ventilation. Other FVs described in this report do not offer natural ventilation.

3.4 Flood Vent Sealing Kit:

The Flood Vent Sealing Kit Model #1540-526 is used with SmartVENT® Model #1540-520. It is a Homasote 440 Sound Barrier® (ESR-1374) insert with 21 – 2-inch-by-2-inch (51 mm x 51 mm) squares cut in it. See Figure 4.

4.0 DESIGN AND INSTALLATION

4.1 SmartVENT® and FloodVENT®:

SmartVENT® and FloodVENT® are designed to be installed into walls or overhead doors of existing or new construction from the exterior side. Installation of the vents must be in accordance with the manufacturer's instructions, the applicable code and this report. Installation clips allow mounting in masonry and concrete walls of any thickness. In order to comply with the engineered opening design principle noted in Section 2.7.2.2 and 2.7.3 of ASCE/SEI 24-14 [Section 2.6.2.2 of ASCE/SEI 24-05 (2012, 2009, 2006 IBC and IRC)], the Smart Vent® FVs must be installed as follows:

- With a minimum of two openings on different sides of each enclosed area.

- With a minimum of one FV for every 200 square feet (18.6 m²) of enclosed area, except that the SmartVENT® Stacking Model #1540-511 and FloodVENT® Stacking Model #1540-521 must be installed with a minimum of one FV for every 400 square feet (37.2 m²) of enclosed area.

- Below the base flood elevation.

- With the bottom of the FV located a maximum of 12 inches (305.4 mm) above the higher of the final grade or floor and finished exterior grade immediately under each opening.

4.2 Flood Vent Sealing Kit

The Flood Vent Sealing Kit Model 1540-526 is used in conjunction with FloodVENT® Model #1540-520. When installed and tested in accordance with ASTM E283, the FV and Flood Vent Sealing Kit assembly have an air leakage rate of less than 0.2 cubic feet per minute per lineal foot (18.56 l/min per lineal meter) at a pressure differential of 1 pound per square foot (50 Pa) based on 12.58 lineal feet (3.8 lineal meters) contained by the Flood Vent Sealing Kit.

5.0 CONDITIONS OF USE

The Smart Vent® FVs described in this report comply with, or are suitable alternatives to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

- 5.1 The Smart Vent® FVs must be installed in accordance with this report, the applicable code and the manufacturer's installation instructions. In the event of a conflict, the instructions in this report govern.

- 5.2 The Smart Vent® FVs must not be used in the place of "breakaway walls" in coastal high hazard areas, but are permitted for use in conjunction with breakaway walls in other areas.

6.0 EVIDENCE SUBMITTED

- 6.1 Data in accordance with the ICC-ES Acceptance Criteria for Mechanically Operated Flood Vents (AC364), dated August 2015 (editorially revised February 2021).
- 6.2 Test report on air infiltration in accordance with ASTM E283.

7.0 IDENTIFICATION

- 7.1 The Smart VENT® models and the Flood Vent Sealing Kit described in this report must be identified by a label bearing the manufacturer's name (Smartvent Products, Inc.), the model number, and the evaluation report number (ESR-2074).
- 7.2 The report holder's contact information is the following:

SMART VENT PRODUCTS, INC.
430 ANDBRO DRIVE, UNIT 1
PITMAN, NEW JERSEY 08071
(877) 441-8368
www.smartvent.com
info@smartvent.com

TABLE 1—MODEL SIZES

MODEL NAME	MODEL NUMBER	MODEL SIZE (in.)	COVERAGE (sq. ft.)
FloodVENT®	1540-520	15 ³ / ₄ " X 7 ³ / ₄ "	200
SmartVENT®	1540-510	15 ³ / ₄ " X 7 ³ / ₄ "	200
FloodVENT® Overhead Door	1540-524	15 ³ / ₄ " X 7 ³ / ₄ "	200
SmartVENT® Overhead Door	1540-514	15 ³ / ₄ " X 7 ³ / ₄ "	200
Wood Wall FloodVENT®	1540-570	14" X 8 ³ / ₄ "	200
Wood Wall FloodVENT® Overhead Door	1540-574	14" X 8 ³ / ₄ "	200
SmartVENT® Stacker	1540-511	16" X 16"	400
FloodVent® Stacker	1540-521	16" X 16"	400

For SI: 1 inch = 25.4 mm; 1 square foot = m²

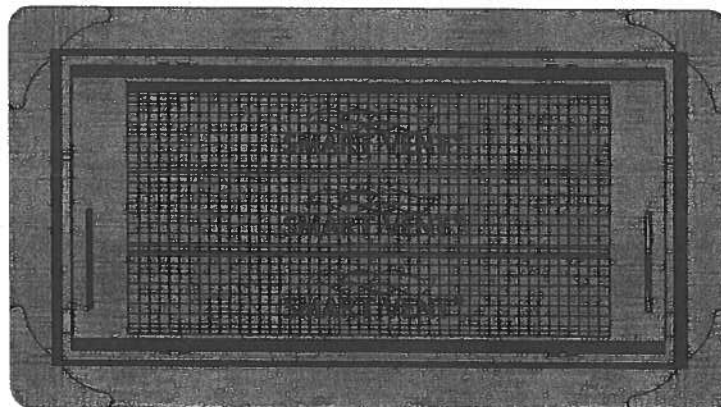


FIGURE 1—SMART VENT: MODEL 1540-510

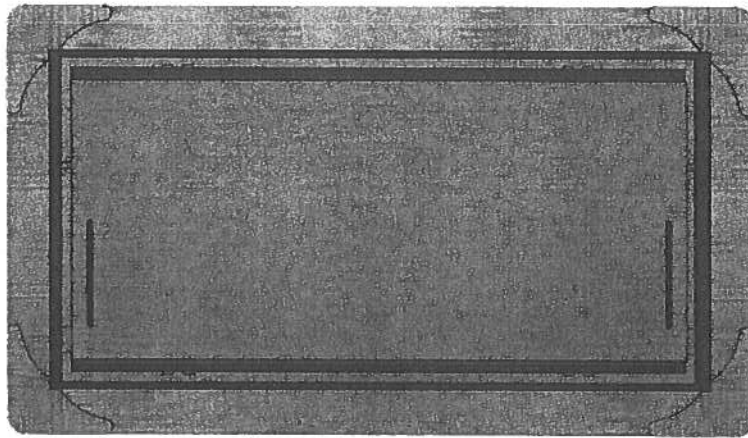


FIGURE 2—SMART VENT MODEL 1540-520

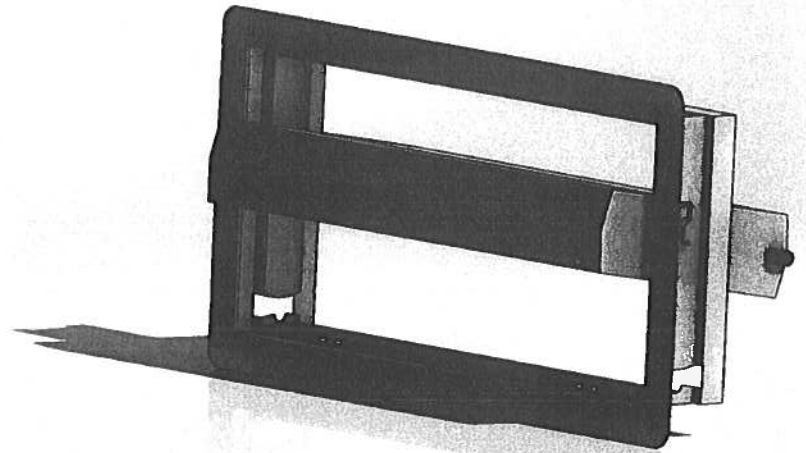


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN

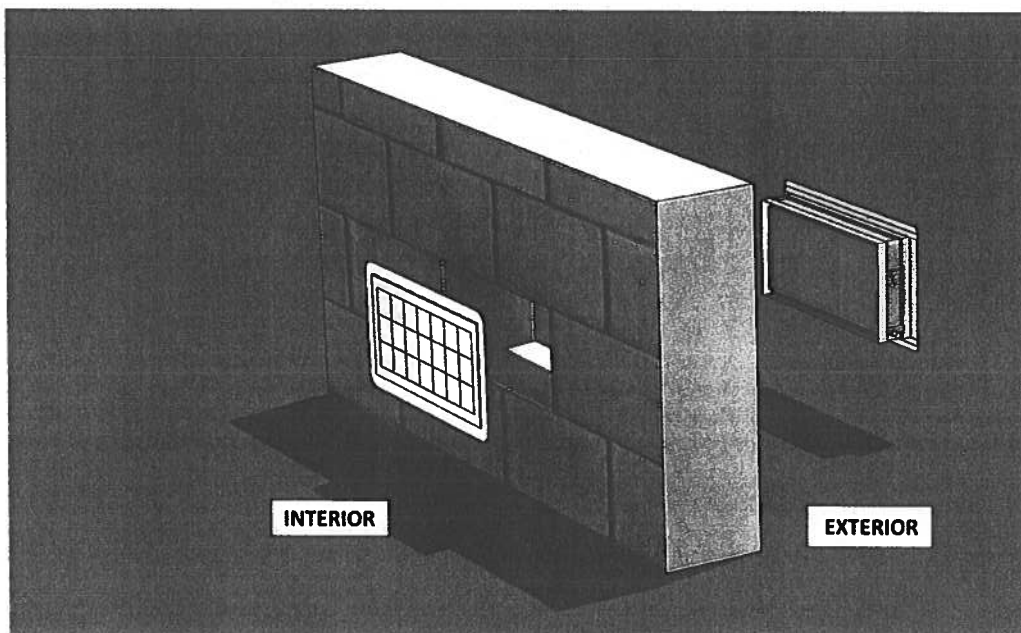


FIGURE 4—FLOOD VENT SEALING KIT

ICC-ES Evaluation Report

ESR-2074 CBC and CRC Supplement

Reissued February 2021

Revised April 2021

This report is subject to renewal February 2023.

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DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: MODELS #1540-520; #1540-521; #1540-510; #1540-511; #1540-570; #1540-574; #1540-524; #1540-514
FLOOD VENT SEALING KIT #1540-526

1.0 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Smart Vent® Automatic Foundation Flood Vents, described in ICC-ES evaluation report ESR-2074, have also been evaluated for compliance with codes noted below.

Applicable code editions:

- 2019 California Building Code (CBC)

For evaluation of applicable chapters adopted by the California Office of Statewide Health Planning and Development (OSHPD) and Division of State Architect (DSA), see Sections 2.1.1 and 2.1.2 below.

- 2019 California Residential Code (CRC)

2.0 CONCLUSIONS

2.1 CBC:

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the evaluation report ESR-2074, comply with 2019 CBC Chapter 12, provided the design and installation are in accordance with the 2018 *International Building Code*® (IBC) provisions noted in the evaluation report and the additional requirements of CBC Chapters 12 and 16, as applicable.

2.1.1 OSHPD:

The applicable OSHPD Sections and Chapters of the CBC are beyond the scope of this supplement.

2.1.2 DSA:

The applicable DSA Sections and Chapters of the CBC are beyond the scope of this supplement.

2.2 CRC:

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the evaluation report ESR-2074, comply with the 2019 CRC, provided the design and installation are in accordance with the 2018 *International Residential Code*® (IRC) provisions noted in the evaluation report.

This supplement expires concurrently with the evaluation report, reissued February 2021 and revised April 2021.

ICC-ES Evaluation Report

ESR-2074 FBC Supplement

Reissued February 2021

Revised April 2021

This report is subject to renewal February 2023.

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A Subsidiary of the International Code Council®

DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: MODELS #1540-520; #1540-521; #1540-510; #1540-511;
#1540-570; #1540-574; #1540-524; #1540-514
FLOOD VENT SEALING KIT #1540-526

1.0 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Smart Vent® Automatic Foundation Flood Vents, described in ICC-ES evaluation report ESR-2074, have also been evaluated for compliance with the codes noted below.

Applicable code editions:

- 2020 Florida Building Code—Building
- 2020 Florida Building Code—Residential

2.0 CONCLUSIONS

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the evaluation report ESR-2074, comply with the *Florida Building Code—Building* and the *Florida Building Code—Residential*, provided the design requirements are determined in accordance with the *Florida Building Code—Building* or the *Florida Building Code—Residential*, as applicable. The installation requirements noted in ICC-ES evaluation report ESR-2074 for 2018 *International Building Code*® meet the requirements of the *Florida Building Code—Building* or the *Florida Building Code—Residential*, as applicable.

Use of the Smart Vent® Automatic Foundation Flood Vents has also been found to be in compliance with the High-Velocity Hurricane Zone provisions of the *Florida Building Code—Building* and the *Florida Building Code—Residential*.

For products falling under Florida Rule 61G20-3, verification that the report holder's quality assurance program is audited by a quality assurance entity approved by the Florida Building Commission for the type of inspections being conducted is the responsibility of an approved validation entity (or the code official when the report holder does not possess an approval by the Commission).

This supplement expires concurrently with the evaluation report, reissued February 2021 and revised April 2021.

GENERATOR

BOROUGH OF LAVALLETTE

FLOODPLAIN MANAGEMENT REVIEW APPLICATION

THE FLOOD HAZARD DEVELOPMENT REVIEW FEE IS: \$100.00 CHECK # 0693

NAME: James Bestys PROPERTY ADDRESS: 209 Newark Ave

BLOCK: 964 LOT: 16 PHONE NUMBER: 973 809 3326

EMAIL ADDRESS: JBestys@yaho.com APPLICANT SIGNATURE: [Signature]

OFFICE USE ONLY

2006 FIRM AE 5 2015 PRELIMINARY AE-8 # Generator Elev. 9.2

CHECKLIST

INITIAL FINAL

BASE FLOOD ELEVATION 8

BFE + 1' FREEBOARD 9

COASTAL "A" OR VE ZONE -

FINISHED FLOOR ELEVATION 12.34

LOWEST FLOOR ELEVATION 3.4

LOWEST ADJACENT GRADE 3.3

INITIAL APPROVED 1/21/02 K. Rocco DENIED (SEE BACK)

FINAL APPROVED DENIED (SEE BACK)

KRISTEN ROCCO - FLOODPLAIN MANAGER

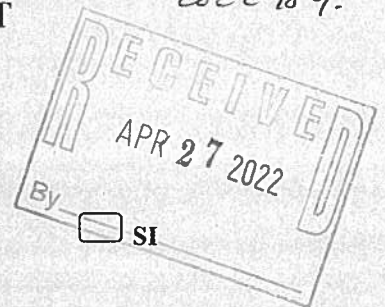


BOROUGH OF LAVALLETTE

ZONING / CODE ENFORCEMENT

1306 Grand Central Avenue
Lavallette, NJ 08735
(732) 793-5105
Fax (732) 830-8248
zoning@lavallette.org

#2121
2022-184



FEE PAID

50 #1585
4/27/22

ZONING PERMIT APPLICATION

ZONING DISTRICT _____ RESIDENTIAL (R-A), (R-B), (R-C), (R-D), BUSINESS (B-1) (B-2)

ADDRESS: 209 Newark Ave. BLOCK: 964 LOT: 16

CURRENT USE: SINGLE FAMILY X MULTI-FAMILY _____ COMMERCIAL _____
MIXED USE _____ NO CHANGE IN USE _____ PROPOSED USE _____

DESCRIPTION OF WORK ADD 42" by 42" to pre existing AC platform

- Have any variances and/or CAFRA Permits been issued for this property: ___ Yes X No
If yes; provide copy.
- Attach a plot plan, survey or sketch of property showing dimensions of all buildings, structures, improvements, set backs and parking spaces. (existing and proposed)
- Additions, renovations or new construction require a complete building folder with two sets of detailed construction plans submitted with zoning application.
- Zoning inspection of foundation is required prior to framing and further construction.
- Certification of ridge height is required.

APPLICANT CERTIFICATION

I hereby certify that the information provided by me on this form is true, accurate and complete. I further certify that I have reviewed and understand all information contained on both sides of this form.

NAME James Besty S ADDRESS 209 Newark Ave Lavallette NJ 08735

PHONE 973 8093326 AUTHORIZED AGENT/CONTRACTOR James

OWNER SIGNATURE [Signature] DATE 4-22-22

Contractor DCA registration number _____

This application when approved is subject to issuance of construction permits. Any deviation from submitted plans and/or drawings would void this approval.

Conditions for approval is applicable _____

This application is denied as it violates Lavallette Borough Ordinance # _____

To wit:

PLEASE COMPLETE BOTH SIDES OF THIS FORM

REVISED 10/1/2016

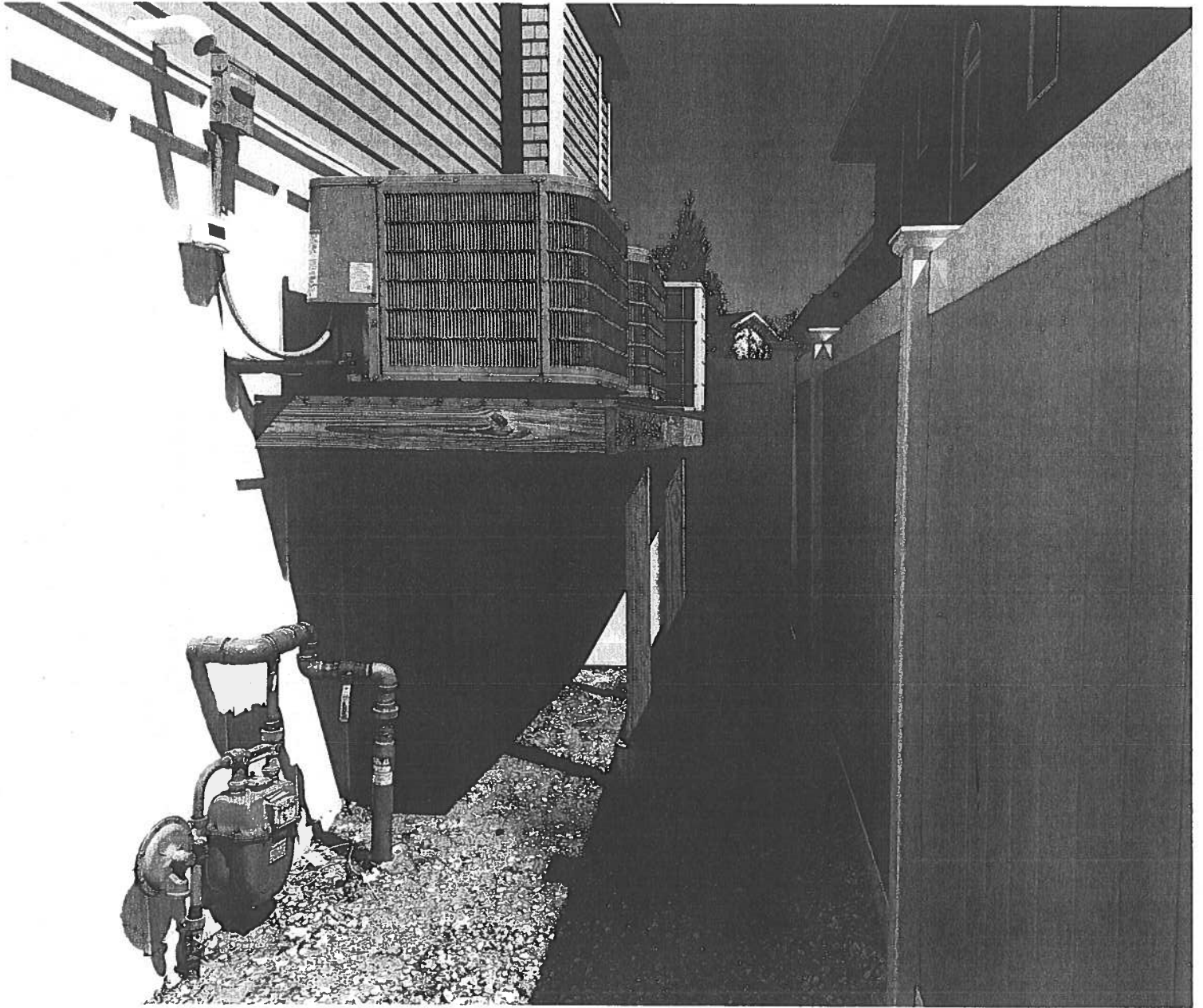
APPROVED: Sheldan DENIED: _____ DATE: 05-11-22

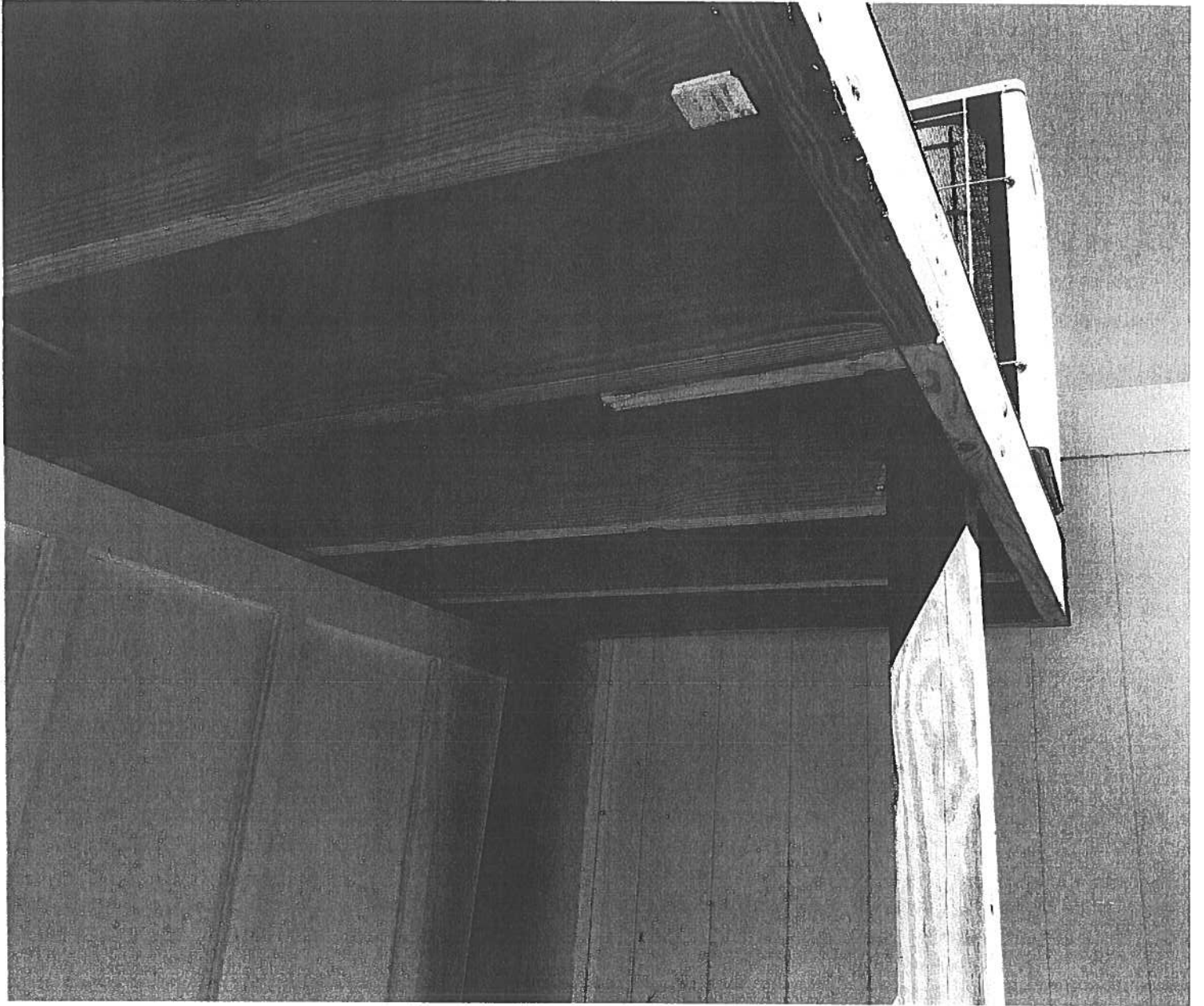
Application Fees: \$250.00 Bulkhead
 \$200.00 New construction of a structure or accessory structure
 \$150.00 House elevations or additions
 \$100.00 Interior remodeling
 \$25.00 Shed, pavers, fence, roofing, siding and windows.
 \$50.00 Curbing/sidewalks and *all other

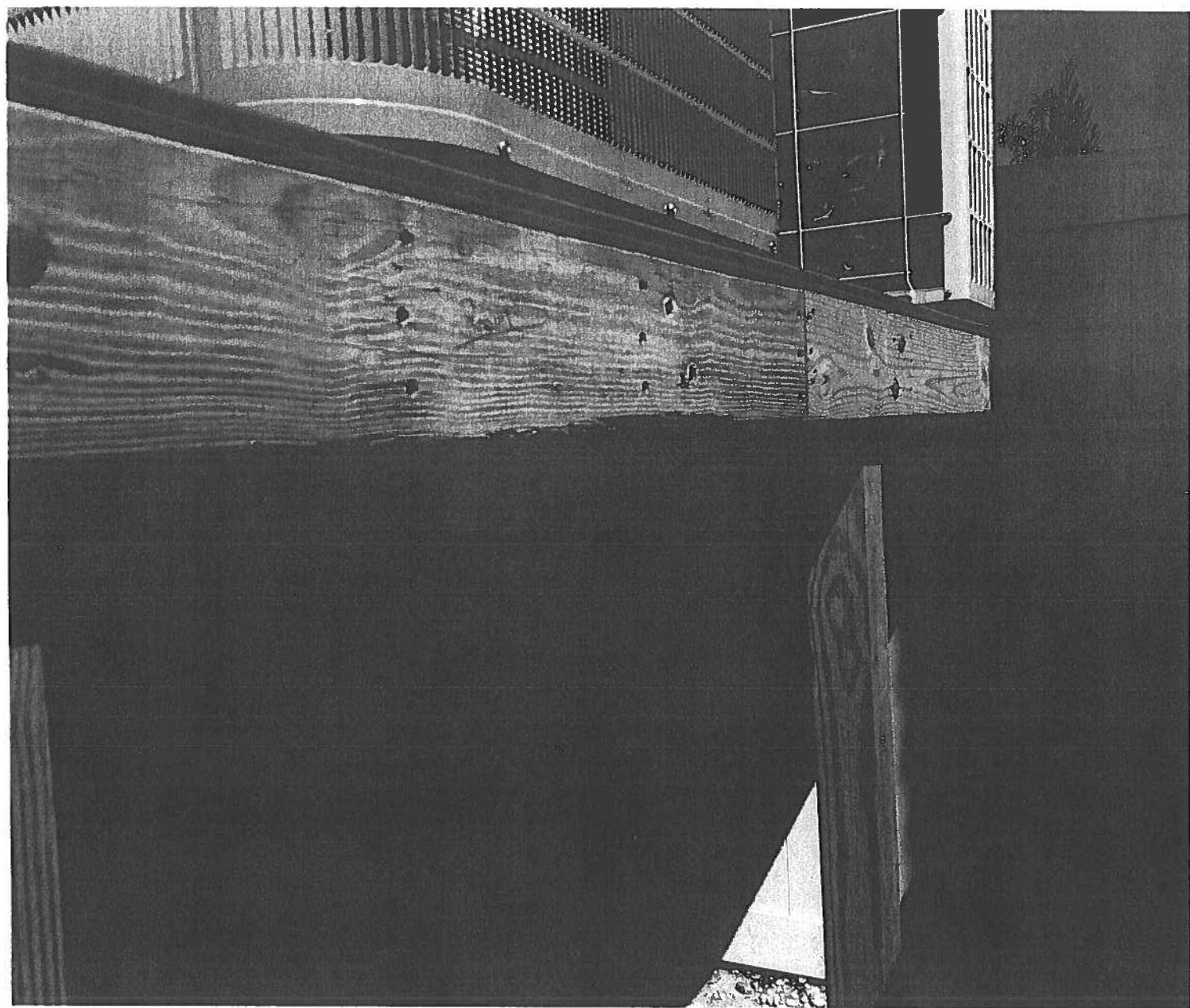
*All other includes but is not limited to: demolition, equipment replacement, new equipment

209 W. 11th Ave

964-16





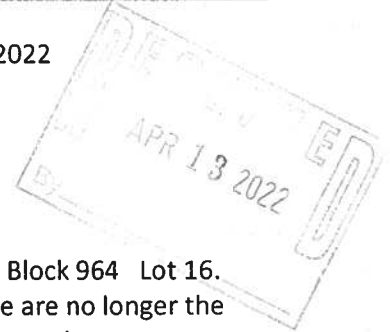




HEATING AND AIR CONDITIONING

Lavallette Building Department
Grand Central Ave
Lavallette NJ 08735

April 13, 2022



To whom it may concern

We have a Permit with you for WPI209LLC/ Jim Betsys, 209 Newark Ave Lavallette Block 964 Lot 16. This Letter is to inform you that the Homeowner Chose to go a different route. We are no longer the Contractor for this job. We have not done any work on this job except supply the permit.

Thank You

Harry Mills

Master HVACR License: 19HC00081400
Mills Heating and Air Conditioning
1813 Route 35 North
Ortley Beach NJ 08751
7332-854-0900

Thank you for choosing Mills Heating & Air Conditioning

Plumbing Approved

Date 4/14/2022

PHD
Plumbing Official

964-16

1813 Route 35 • Ortley Beach, NJ 08751 • 732-854-0900

www.MillsHeatandAir.com

v. Plan release with conditions shall not apply to a change of use or to a change in the character of use in accordance with N.J.A.C. 5:23-6.

(b) Suspension of permit: Any permit issued shall become invalid if the authorized work is not commenced within 12 months after issuance of the permit, or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work.

(c) Previous approvals: The rules shall not require change in the plans, construction or designated use of a building for which a lawful permit has been heretofore issued or otherwise lawfully authorized, and the construction of which shall have been actively prosecuted within six months after the operative date of the rules and completed with dispatch. This six months provision shall also apply to subsequent amendments

(d) Signature to permit: The construction official shall attach his signature to every permit; or he may authorize a subordinate to affix such signature thereto. By doing so he shall certify that each responsible subcode official shall have reviewed and approved the application for permit.

(e) Released plans: The construction official shall stamp and endorse in writing both sets of plans released, and one set of such released plans shall be retained and the other set shall be kept at the building site, open to inspection of the construction official or the construction official's authorized representative at all reasonable times.

1. For plans released pursuant to (a)3 above, the conditions shall be attached to the plans that are retained on site and the plans that are retained by the enforcing agency and shall be available for use in performing inspections.

(f) Revocation of permits:

1. The construction official may revoke a permit or approval issued under the provisions of this code in the following cases:

i. If the applicant has submitted any false statement or misrepresentation of fact in the application or on the plans on which the permit or approval was based; or

ii. If the project for which the permit was obtained is not completed by the third anniversary of the date of the issuance of the permit. If a project is not completed by such date, the permit holder may apply to the enforcing agency for a one-year extension of time for completion of the project. The enforcing agency shall not unreasonably withhold approval of any such extension request. If the project is not completed within the time allowed, the enforcing agency shall take such action under the code as may be appropriate, including, without limitation, demolition of the structure, in which case the legal authority of the jurisdiction shall institute appropriate action against the owner of the property for recovery of the costs incurred. The provisions of this subparagraph shall not apply to:

(1) Improvements to the interior of a building in which the permit holder is currently residing, if such improvements are not visible from outside of the property;

(2) Any building in which all exterior work and all required site improvements have been completed; or

5:23-2.16(j)2

VIOLATION OF

PRIOR APPROVALS

shall issue a
y other part of
and specifica-
been submitted,
statements have
quirements of
foundations or
ed at his own
insurance that a

struction per-
n to inspection
rk and until the

of start of work

under a construction permit shall be given to the construction official.

(j) Conditions of permit: The issuance of the construction permit shall be conditioned upon the following:

1. The payment of appropriate fees;

2. That work will conform to the requirements of the code applicable to the work for which the permit has been issued including prior approvals and any approved amendments thereto;

3. That the permit is a license to proceed with the work and shall not be construed as authority to violate, cancel or set aside any of the provisions of the regulations;

4. That the owner, his agent, contractor, or other employees will assist the enforcing agency in its inspection work, if requested;

5. That all escrows required to be paid by the applicant, pursuant to N.J.A.C. 5:23-4.17(d), in connection with work done under permits issued for development-wide violation correction, pursuant to N.J.A.C. 5:23-2.35(a)1, have been paid unless there is an appeal pending. For purposes of applying this paragraph, any escrow due from any person or entity affiliated with the applicant by way of having any common officers, directors, or shareholders with at least a 10 percent interest shall be deemed to be due from the applicant; and

6. That any change in ownership is reported through a permit update and that any required replacement performance guarantee has been furnished.



NOTICE AND ORDER OF PENALTY

1436
Permit #
Date Issued
- or -
Control #

IDENTIFICATION

Work Site Location 209 NEWARK AVE Block 964 Lot 16 Qualification Code _____

Owner in Fee BESTYS, LAURA Agent/Contractor _____

Address 11 PLEASANTVILLE ROAD Address _____

To: ☒ Owner

☐ Other: _____

☐ Agent/Contractor _____

ACTION

On 3/24/22, you were found to be in violation of the State Uniform Construction Code Act Regulations promulgated thereunder. A **Notice of Violation and Order to Terminate** was issued. Reinspection of the work site on 4/14/22 revealed the following violation(s) remain:

NJAC 5:23-2.16(j)2 VIOLATION OF PRIOR APPROVAL

PENALTY

Therefore, you are hereby **ORDERED** to pay a penalty in the amount of \$ _____ for each violation for a total penalty of \$ _____.

Further, take NOTICE that for each week that any of the said violations remain outstanding after 05/02/2022 an additional penalty of \$ 500 per week shall result.

If you wish to contest this **ORDER**, you may request a hearing before the Construction Board of Appeals within 15 days of receipt of this **ORDER** as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number the specific sections of the Regulations in question, and the extent and nature of the reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$100 and should be forwarded with your application to the Construction Board of Appeals Office at: 239 Washington St. @ 2 Mott Place, Toms River, NJ 08754, 732-929-4730.

If you have any questions concerning this matter, please call: Tom Brihn, Construction Official, at 732-793-5105.

NOTICE and ORDER of Penalty: _____ Date: 04/18/2022



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 904 Lot 14 Qualification Code _____

Work Site Location 209 NEWARK AVE

Owner in Fee: JAMES BESTYS

Tel. (973) 804 3326 e-mail J.BESTYS@yahoo.com

Address SAME

Contractor: A-54 PLUMBING & HEATING Tel. (732) 232-2130

Address 345 HALLAM'S AVE e-mail _____

Contractor License No. 12661 Exp. Date 6/30/23

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

Federal Emp. ID No. 27-1310314 FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size 4" Public Sewer 4" Private Septic _____

Water Service Size 1" Public Water 1" Private Well _____

Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
[] Partial - Underslab Utilities Approved

Date: 1/21/22 Approved by: ASD

[] Plumbing Plans Approved

Date: 1/21/22 Approved by: ASD

Joint Plan Review Required:

[] Bldg. [] Elec. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1/21/22 Approved by: ASD

Approved by: ASD

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCQ [] CA

Date: 1/21/22 Approved by: ASD

Approved by: ASD

DATES (Month/Day)

Failure _____ Approval 1/21/22 Initial ASD

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

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Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

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: JAMIE DIASIO

[X] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ROUGH IN FURNISH PLUMBING NEW CONSTRUCTION

QTY.

6 Water Closet

1 Urinal/Bidet

8 Bath Tub

4 Lavatory

3 Shower

1 Floor Drain

1 Sink

2 Dishwasher

3 Drinking Fountain

1 Washing Machine

1 Hose Bibb

1 Water Heater

1 Fuel Oil Piping

1 Gas Piping

1 LP Gas Tank

1 Steam Boiler

1 Hot Water Boiler, - Combo unit

1 Sewer Pump

1 Interceptor/Separator

1 Backflow Preventer

1 Greasetrap

1 Sewer Connection

1 Water Service Connection

1 Stacks

1 Other

FEE (Office Use Only)

\$ 1600 - 140

4605 85

CLC 65

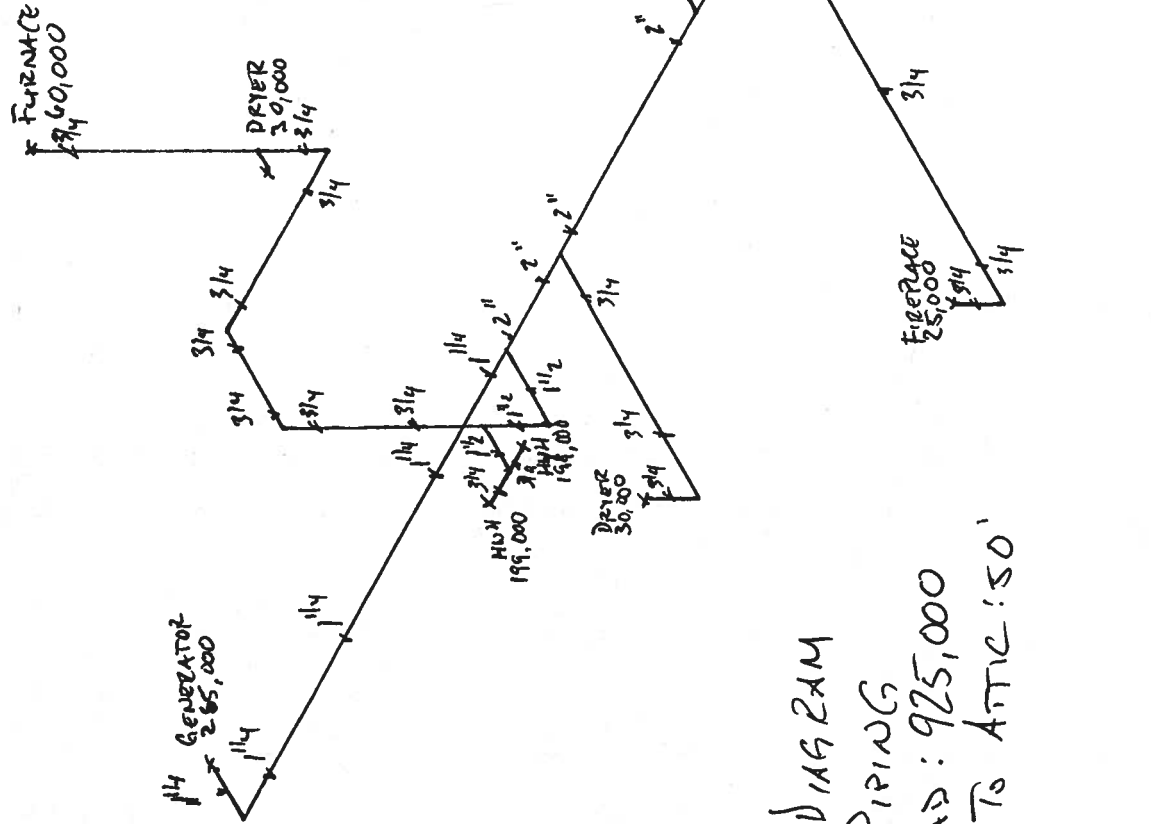
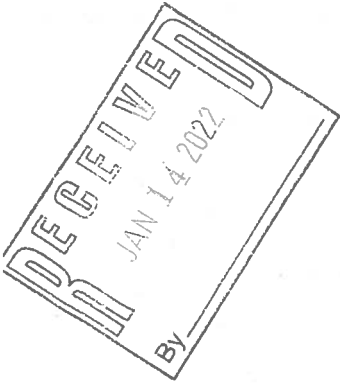
CLC 400

Administrative Surcharge \$ 290

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



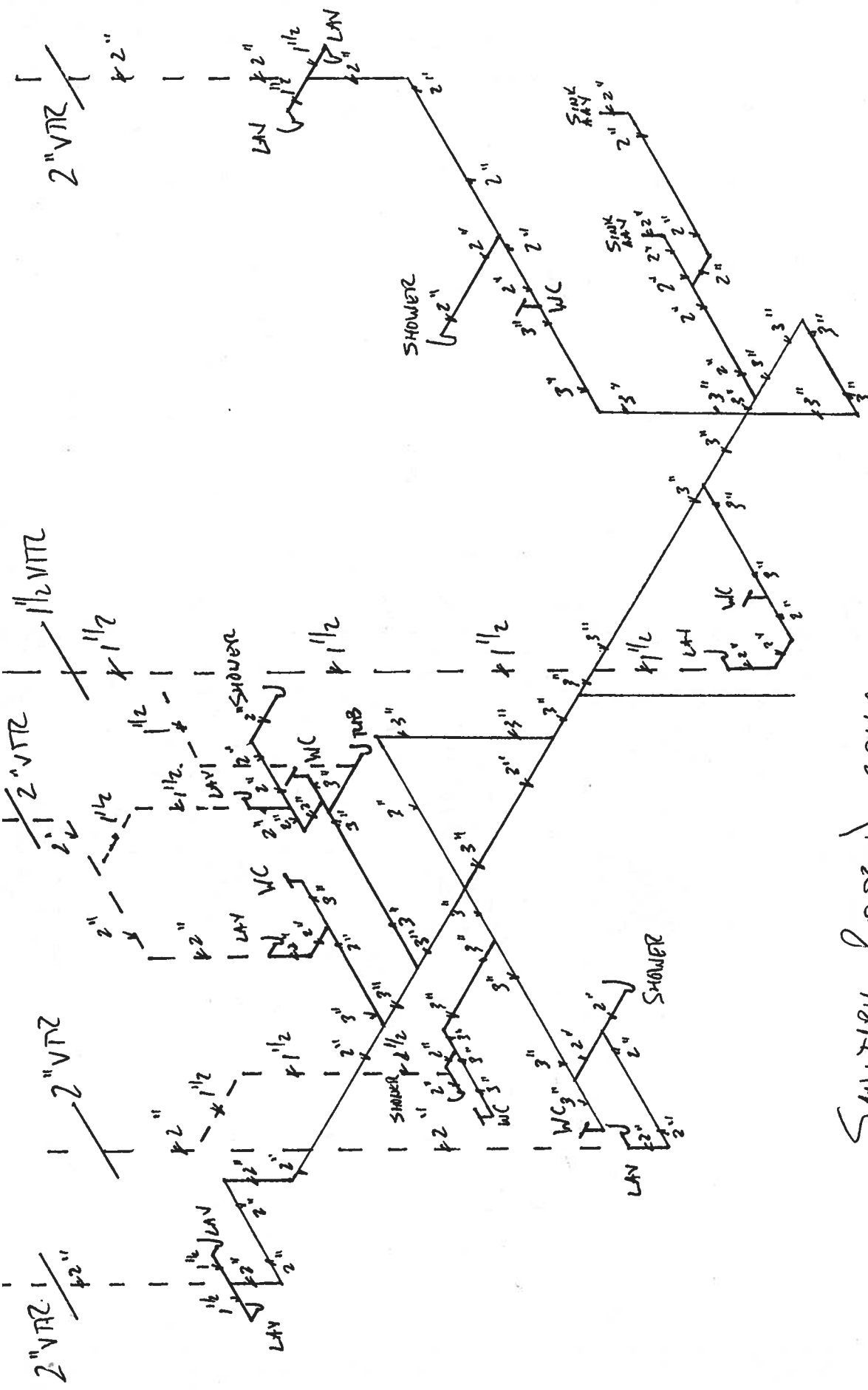
GAS RISER DIAGRAM
BLACK STEEL PIPING
TOTAL BTU LOAD: 925,000
LONGEST RUN TO ATTIC: 50'

Plumbing Approved

Date _____

Plumbing Official _____

209 Newark -



RECEIVED
JAN 14 2022
By _____

SANITARY RISER DIAGRAM
SCH. 40 PVC

Plumbing Approved

Date _____

Plumbing Official _____

209 Newark

BOROUGH OF LAVALLETTE INSPECTOR'S REPORT



For Information Call:

Permit No.

NOT APPROVED

- ☐ BUILDING
☐ PLUMBING
☐ ELEVATOR DEVICES
☐ ELECTRICAL
☐ FIRE PROTECTION
☐ OTHER

Type of Inspection:

Date: 3/24/21 Inspector:

Owner:

Job Location:

Comments:

[illegible]



**BUILDING SUBCODE
TECHNICAL SECTION**



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

Block 964 Lot 16 Qualification Code _____
Work Site Location 209 Newark Ave

Owner in Fee: JAMES BESTYS
Tel. (973) 809 3326 e-mail JBESTYS@4AHOV.COM
Address 11 Pleasantville Rd Basking Ridge NJ 07920
street municipality zip code

Contractor: A Tel. () _____
Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☒ No Plans Required	<u>9-13-21</u>	<u>JK</u>	Type: <u>Footings, foundation & repairs</u>
☒ All			Failure Approval Initial <u>10-8-21</u> <u>JK</u>
☐ Footings/Foundations			Footings Bonding <u>33021</u> <u>JK</u>
☐ Structural/Framework			Foundation <u>10-12-21</u> <u>JK</u>
☐ Exterior			Slab <u>10-12-21</u> <u>JK</u>
☐ Interior			Frame <u>10-12-21</u> <u>JK</u>
Joint Plan Review Required:			Truss Sys./Bracing <u>10-12-21</u> <u>JK</u>
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free <u>10-12-21</u> <u>JK</u>
SUBCODE APPROVAL for PERMIT			Insulation <u>02-09-22</u> <u>JK</u>
Date: <u>9-13-21</u>			Finishes -Base Layer <u>02-14-22</u> <u>JK</u>
Approved by: <u>JK</u>			Finishes -Final <u>03-02-22</u> <u>JK</u>
SUBCODE APPROVAL for CERTIFICATE			Energy <u>12-20-21</u> <u>JK</u>
☐ CO ☐ CCO ☐ CA			Mechanical _____
Date: _____			TCO _____
Approved by: _____			Other APPROV. <u>WES</u> <u>10-13-21</u> <u>JK</u>
			Final <u>5/19/22</u> <u>JK</u>
			Barrier-Free <u>10-13-21</u> <u>JK</u>

B. BUILDING CHARACTERISTICS

Use Group Present RS Proposed RS
No. of Stories 1 + 2
Height of Structure 34-2 ft.
Area — Largest Floor 1702 sq. ft.
New Bldg. Area/All Floors 1,988 sq. ft.
Volume of New Structure 20,147 cu. ft.
Max. Live Load _____
Max. Occur _____

Constr. Class Present _____ Proposed _____
If Industrialized Building: _____
Slate Approved _____ HUD _____
Est. Cost of Bldg. Work: _____
1. New Bldg. \$ 250,000
2. Rehabilitation \$ 100,000
3. Total (1+2) \$ 350,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: James Bestys

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demol existing chimney, rear porch and
Basement - new family room addition
- in full basement walls (Block)
- underpin existing foundation
ADD a level

TYPE OF WORK:

- ☒ New Building
- ☒ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____
- ☐ 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 \$ _____

Decks 9200
Bayonnes 7500
Stairs 5000
21700



**BUILDING SUBCODE
TECHNICAL SECTION**



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

Block 964 Lot 16 Qualification Code NT

Work Site Location 209 Newark Ave

Owner in Fee: James B. Stephens

Tel. (973) 209 3326 e-mail J.B.Steph@yahoo.com

Address Owner municipality Jersey City zip code 07310

Contractor: Owner Tel. () ()

Address e-mail

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

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

Federal Emp. ID No. FAX: () ()

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type	Initial	Type	Initial	Failure	Approval
☐ No Plans Required		☐ All			
☐ Footings/Foundations		☐ Footing Bonding			
☒ Structural/Framework	<u>10-7-21 JK</u>	☐ Foundation Slab			
☐ Exterior		☐ Frame			
☐ Interior		☐ Truss Sys./Bracing			
Joint Plan Review Required:		☐ Barrier-Free			
☐ Elec.		☐ Fire			
SUBCODE APPROVAL for PERMIT		☐ Insulation			
Date:	<u>10-7-21</u>	☐ Finishes -Base Layer			
Approved by:	<u>JK</u>	☐ Finishes -Final			
SUBCODE APPROVAL for CERTIFICATE		☐ Energy			
☐ CO		☐ Mechanical			
☐ CC		☐ TCO			
Date:		☐ Other			
Approved by:		☐ Final			
		☐ Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories	<u>2</u>	<u>2</u>	If Industrialized Building:	State Approved	HUD
Height of Structure	ft.	ft.	Est. Cost of Bldg. Work:		
Area — Largest Floor	sq. ft.	sq. ft.	1. New Bldg.	\$	
New Bldg. Area/All Floors	sq. ft.	sq. ft.	2. Rehabilitation	\$	
Volume of New Structure	cu. ft.	cu. ft.	3. Total (1 + 2)	\$	
Max. Live Load					
Max. Occupancy					

U.C.C. F110HB4 (rev. 11/09)

Control #

Date Issued

Permit #

OCT 06 2021

10-12-21

2021 0219+A

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: James B. Stephens

Print name here: James B. Stephens

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

increase size of beam
change some Helicals in
view of concrete
new columns 4x4 x 3/8"

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement
- ☐ Lead Haz. Abatement
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)	\$
Administrative Surcharge	\$
Minimum Fee	\$
State Permit Surcharge	\$
TOTAL FEE	\$



BUILDING SUBCODE TECHNICAL SECTION



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

Block 964 Lot 16 Qualification Code _____

Work Site Location 209 Newark Ave

Owner in Fee: LALAKHE
JAMES BESTYS

Tel. (973) 809 3326 e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (JBESTYS)
Address _____ e-mail JBESTYS@GPHOTO.COM

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required	_____	_____	Type: _____
☐ All	_____	_____	Footings _____
☐ Footings/Foundations	_____	_____	Footings Bonding _____
☒ Structural/Framework	<u>3-21-22</u>	<u>JS</u>	Foundation _____
☐ Exterior	_____	_____	Slab _____
☐ Interior	_____	_____	Frame _____
Joint Plan Review Required:	_____	_____	Truss Sys./Bracing _____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____	Barrier-Free _____
SUBCODE APPROVAL for PERMIT	_____	_____	Insulation _____
Date: <u>3-21-22</u>	_____	_____	Finishes -Base Layer _____
Approved by: <u>JS</u>	_____	_____	Finishes -Final _____
SUBCODE APPROVAL for CERTIFICATE	_____	_____	Energy _____
☐ CO ☐ CCO ☐ CA	_____	_____	Mechanical _____
Date: _____	_____	_____	TCO _____
Approved by: _____	_____	_____	Other _____
	_____	_____	Final _____
	_____	_____	Barrier-Free _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed X

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.

Max. Live Load _____

Max. Occupancy _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

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: Jim Bestys

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GEN. PLATFORM

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

RECEIVED
APR 06 2022



PERMIT UPDATE

Date Update Issued
Permit # 00210219 + F
Date Permit Issued

By 964 Lot 17 Qualification Code _____
Work Site Location 209 NEWARK AVE Contractor _____
LAWALLETTE NJ 08735 Address _____
Owner in Fee JAMES BETTY Tel. (____) _____
Address SAME Lic. No. or Bldrs. Reg. No. _____
Tel. (973) 809 3326

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INSTALL Elevator

Emailed
4-12-22

Estimated Cost of Work \$ 22,000 -

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.

7-2
Construction Official

4-12-22
Date

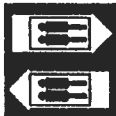
U.C.C. F190 (rev. 1/04) 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
State Permit Surcharge Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____



ELEVATOR SUBCODE TECHNICAL SECTION



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

Block 964 Lot 16 Qualification Code _____
Work Site Location 209 Newark Ave
Lavallette, NJ 08735

Owner in Fee: Bestys, Laura
Tel. _____ e-mail ibestys@yahoo.com
Address 11 Pleasantville Road Basking Ridge, NJ 07920
street municipality zip code

Contractor/Installer: Residential Elevators LLC Tel. (800) 832-2004 x282
Address 2910 Kerry Forest Pkwy D4-1 e-mail permits@residentialelevators.com
Tallahassee, FL 32309

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH06679100
Federal Emp. ID No. 453856084 FAX: (850) 893-5471

Maintenance/Service Contractor Residential Elevators LLC
Address 2910 Kerry Forest Pkwy D4-1
Tallahassee, FL 32309 e-mail permits@residentialelevators.com
Tel. (800) 832-2004 ext 282 FAX (850) 893-5471

B. ELEVATOR CHARACTERISTICS
Building Use Group R-5 Building Registration No. 0102329
Manufacturer Residential Elevators INC
Machine Room Location by others
No. of Stops 3 No. of Openings 3
Travel (ft.) 19'-2-1/4" Speed (f.p.m.) 40
Type of Control PLC Type of Operation Single push button automatic
Passenger ☒ Freight _____
Capacity (lbs.) 950
Year of Installation 2022 Year of Alteration _____
Estimated Cost of Elevator Work \$ 27,155

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Temporary	_____	_____	_____	_____
☐ Building Plans and Elevator Specs.	Final	_____	_____	_____	_____
Date: _____	Approved by: _____	SUBCODE APPROVAL for CERTIFICATE			
☒ Elevator Layout Drawings	Date: <u>03-16-2022</u>	[] CO [] CA			
Joint Plan Review Required:		Date: _____			
[] Bldg. [] Elec. [] Plumb. [] Fire.		Approved by: <u>[Signature]</u>			
SUBCODE APPROVAL for PERMITS		Date: <u>03-16-2022</u>			

RECEIVED
APR 04 2022

Date Received 3/4/22
Control # CR-341-22
Date Issued 03/09/22
Permit # FF

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: Paul Collier

D. TECHNICAL SITE DATA

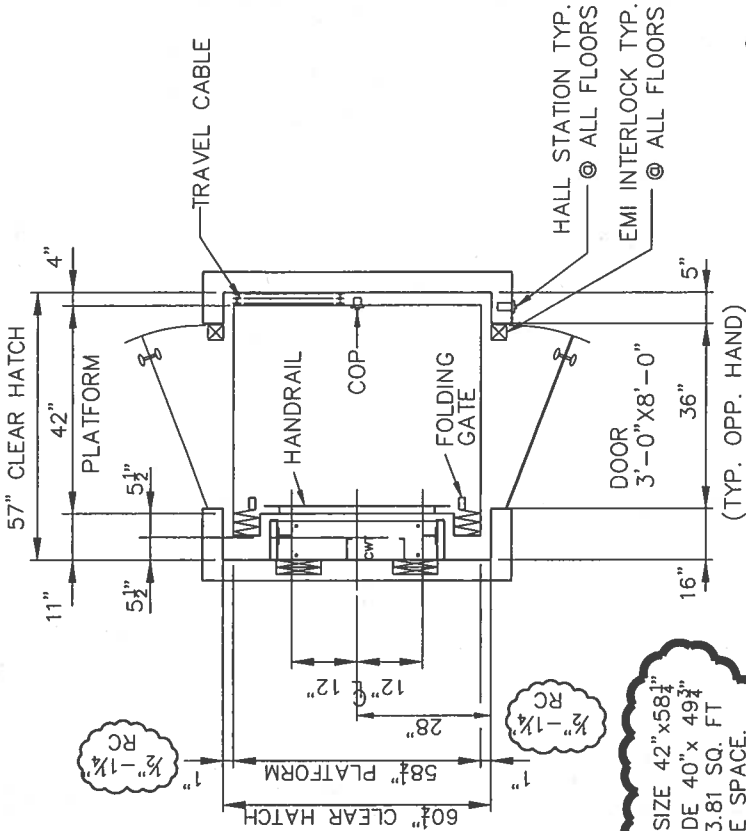
DESCRIPTION OF WORK

Install one private residential elevator in a single-family dwelling.

QTY.	ITEM	FEE (Office Use Only)
1	Traction or Winding Drum	
	1 to 10 Floors	
	Over 10 Floors	
	Hydraulic	
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and	
	Vertical Wheelchair Lifts and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations	
	Other	
	Other	

Administrative Surcharge \$ 18460
State Permit Surcharge Fee \$ 70.00
TOTAL FEE \$ 18530

HOISTWAY TYPE: TRACTION-MRL	CAPACITY: 950 LBS. @ 40 FEET PER MIN.
OPERATIONS: SINGLE AUTOMATIC P.B. CONTROL: AC MOTOR	NO. OF STOPS: 3 NO. OF OPENINGS: 2 - FRONT 1 - REAR 0 - SIDE
ELECTRICAL POWER DATA:	POWER: 220 VOLTS A.C. PHASE: 1 HERTZ: 60
MOTOR HORSEPOWER: 2.0	FLA: 8.7 RPM: 1200 PHASE: 3
LIGHT SUPPLY: 115 VOLTS AC 20 AMP.	EMERGENCY BATTERY LOWERING INPUT: 220V OUTPUT: 220V (BY REI)
WIRING MATERIAL BY: REI	
COUNTER WEIGHT DATA: 6" X 8 5/8" X 1" THICK STEEL PLATE	UP OVERTRAVEL: 4" DOWN OVERTRAVEL: 2" MIN.
WEIGHTS:	SLING: 220 LBS. CAB: 480 LBS. MISC.: 50 LBS. EMPTY CAR WT.: 750 LBS.
CWT: 665 LBS. GEAR BOX: 125 LBS. BED PLATE: 85 LBS. RAILS: 640 LBS.	TOTAL: CAPACITY + CAR WT. + GEARBOX + BED PLATE + RAILS = *2550 LBS.
	*(DOUBLE FOR IMPACT) = 5100 LBS.
EQUIPMENT DATA:	CABLE: (3/32) DIA. 8x19 TRACTION STEEL SHEAVE DIA.: 8"
MAIN GUIDE RAILS: T-161 @ 8 LBS./FT. GUIDE SHOES: ROLLER/SLIDES	CWT RAIL: 7 GAUGE FORMED
CAR SAFETY: BROKEN ROPE, INSTANTANEOUS	BUFFER TYPE: RUBBER STROKE: N/A
HOISTWAY DOORS:	TYPE: SWING DOORS (MANUAL) FURNISHED BY: OTHERS
DOOR INTERLOCK: EMI	INTERLOCK CAM: N/A
SIGNAL FIXTURES:	CAR OPERATING PANEL: ☒ CALL BUTTONS FINISH: ☒ STN/STL
	☒ ALARM BELL W/P.B. ☐ BRONZE
	☒ EMERG. PILOT LIGHT ☐ #4 BRUSHED
	☒ EMERG. STOP SW. ☐ #8 POLISHED
	☒ LIGHT ROCKER SW. ☐ ANTIQUE
	☒ PHONE BOX ☐ BLACK
	☒ AMIGO PHONE
	☐ KEYED
HALL STATION:	☒ CALL BUTTON FINISH: ☒ STN/STL
	☒ CAR HERE LIGHT ☐ BRONZE
	☐ KEYED ☐ #4 BRUSHED
	☐ ANTIQUE ☐ BLACK
CAB DATA: 8' 0" CAB HEIGHT	CAB MODEL: SHAKER SERIES
WALL MATERIAL: 1" MDF	FINISH: PRIMED
DOME MATERIAL: 1" MDF	FINISH: PRIMED
CAB LIGHTING: 4 LED DOWN LIGHT(S)	SILL: EXTRUDED ALUMINUM
CAB TRIM AND HANDRAIL FINISH: PRE-FINISHED 2" SS #4 FLAT BAR	PLATFORM: 1" (PLYWOOD) FIN. FLOOR THICK.: 1 3/4" (O/A) FLOOR WT.: N/A
CAR DOOR DATA:	☒ POWER OPERATED ☐ MANUAL OPERATION
TYPE: VINYL ACCORDION (CODE COMPLIANT)	FINISH: WHITE



PLATFORM SIZE 42" x 58 1/2"
CLEAR INSIDE 40" x 49 1/2"
YIELDS 13.81 SQ. FT
USABLE SPACE.

SHANE HAMILTON P.E.
NEW JERSEY LIC. #.
24GE35314800

Shane R.
Hamilton, P.E.
Consulting Engineer

8103 Bay Drive
Tampa, FL 33635 (727) 642-5321

*ELEVATOR IS BUILT AND INSTALLED TO
COMPLY WITH ASME A17.1 (2016)
EDITION, NEC 2017

PRELIMINARY PLAN:
SCALE: NONE

CONTRACTOR:
JOB NAME:

JIM BESTYS
102329 - JIM BESTYS
209 NEWARK AVE.
LAVALETTE, NJ. 08735

DATE:	02/15/22
REVISION (A):	03/02/22
REVISION (B):	00/00/00
DRAWN BY:	SG
CHECK BY:	FP
SCALE:	NONE
SHEET:	1 OF 4

20 RESIDENTIAL DRIVE
CHAMFORDVILLE, FL
32227
ResidentialElevators.com
1-800-837-2004

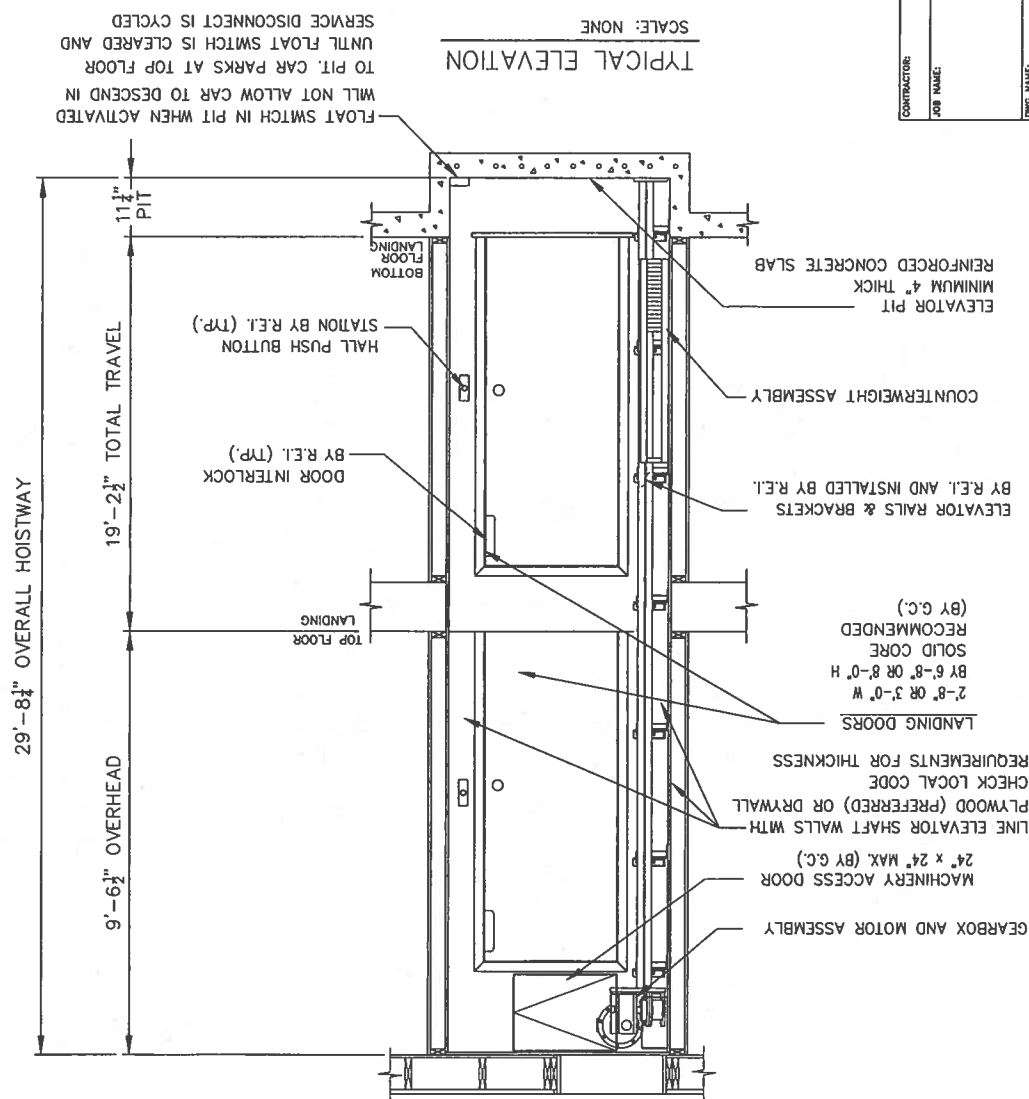
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ELEVATOR CONTROLLER
TO BE LOCATED OUTSIDE OF H/W
MIN 3'-0" UNOBSTRUCTED
CLEARANCE FROM CONTROLLER.
ACCESS TO EQUIPMENT TO BE
CLEAR AND UNOBSTRUCTED

ALL ELECTRICAL EQUIPMENT LISTED BELOW OUTSIDE
ELEVATOR H/W. CONTROLLER, VAVE DRIVE, UPS, DISCONNECTS, GFI,
PHONE LINE, LIGHT FIXTURE & SWITCH TO BE LOCATED
OUTSIDE OF H/W AND PER NEC-2017 CODES

THE BASE FLOOD ELEVATION FOR
THIS JOB IS 8 FEET. EQUIPMENT
LOCATION IS LOCATED OUTSIDE
HOISTWAY ON WALL ADJACENT TO
SHAFT. EQUIPMENT LOCATION IS
ABOVE BASE FLOOD ELEVATION.



TYPICAL ELEVATION
SCALE: NONE

EQUIPMENT IS LOCATED ON THIRD
FLOOR IN A CLOSET ADJACENT TO
RAIL WALL.
ELEVATOR CONTROLLER
TERMINATED IN ELEVATOR
CONTROLLER DISCONNECTS
ALSO IN CONTROLLER
DD
GR 110 V. RECEPTACLE
(BY G.C.)
LIGHT FIXTURE AND
LIGHT SWITCH (BY G.C.)

NOTE: RAIL BRACKET LOCATIONS
DETERMINED BY ELEVATOR CONTRACTOR
MAXIMUM SPACING NOT TO EXCEED
7 FEET BETWEEN RAIL BRACKETS

mt
3/12/22

SHANE HAMILTON P.E.
NEW JERSEY LIC. #.
24GE35314800

Shane R.
Hamilton, P.E.
Consulting Engineer

8103 Bay Drive
Tampa, FL 33635 (727) 642-5321

CONTRACTOR: JIM BESTYS		DWG NAME: PLAN VIEW OF HOISTWAY	DATE: 02/15/22
JOB NAME: 102329 - JIM BESTYS 209 NEWARK AVE. LAVALETTE, NJ. 08735		REVISION (A): 03/02/22	REVISION (B): 00/00/00
		DRAWN BY: SG	CHECK BY: FP
		SCALE: NONE	SHEET: 2 OF 4

*ELEVATOR IS BUILT AND INSTALLED TO
COMPLY WITH ASME A17.1 (2016)
EDITION, NEC 2017

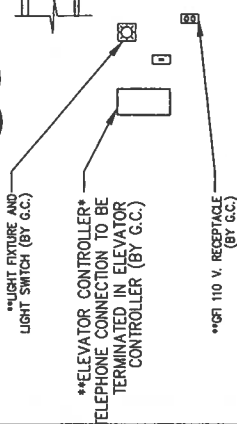
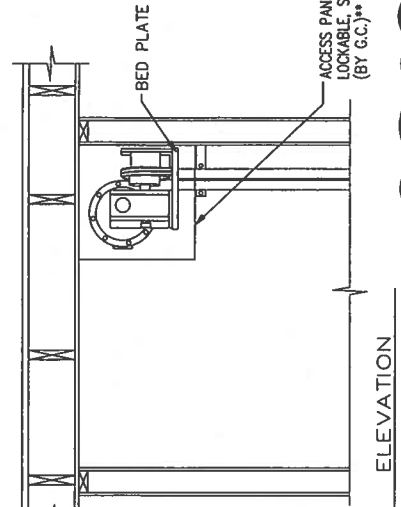
THIS HOME LIES IN A
FLOOD PLAIN, COMPLIES
WITH ASCE-SEI 24-14.

THE BASE FLOOD ELEVATION FOR
THIS JOB IS 8 FEET. EQUIPMENT
LOCATION IS LOCATED OUTSIDE
HOISTWAY ON WALL ADJACENT TO
SHAFT. EQUIPMENT LOCATION IS
ABOVE BASE FLOOD ELEVATION.

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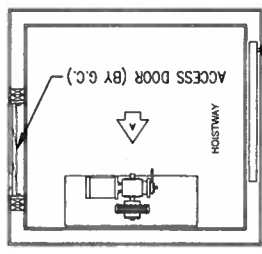
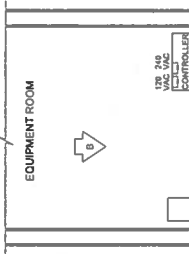
****ALL ELECTRICAL EQUIPMENT LISTED BELOW OUTSIDE ELEVATOR H/W. CONTROLLER, VVVF DRIVE, UPS, DISCONNECTS, GEL. PHONE LINE, LIGHT FIXTURE & SWITCH TO BE LOCATED OUTSIDE OF H/W AND PER NEC-2017 CODES**

***ELEVATOR CONTROLLER**
TO BE LOCATED OUTSIDE OF H/W
MIN 3'-0" UNOBSTRUCTED
CLEARANCE FROM CONTROLLER.
ACCESS TO EQUIPMENT TO BE
CLEAR AND UNOBSTRUCTED



DISCONNECTS FOR MAIN LINE 220 AND 110 LIGHTING TO BE PROVIDED IN THE ELEVATOR CONTROLLER.

EQUIPMENT IS LOCATED ON THIRD FLOOR IN A CLOSET ADJACENT TO RAIL WALL.



PLAN VIEW
(LEFT WALL RAIL)

HOISTWAY ACCESS PANEL PLAN
SCALE: NONE

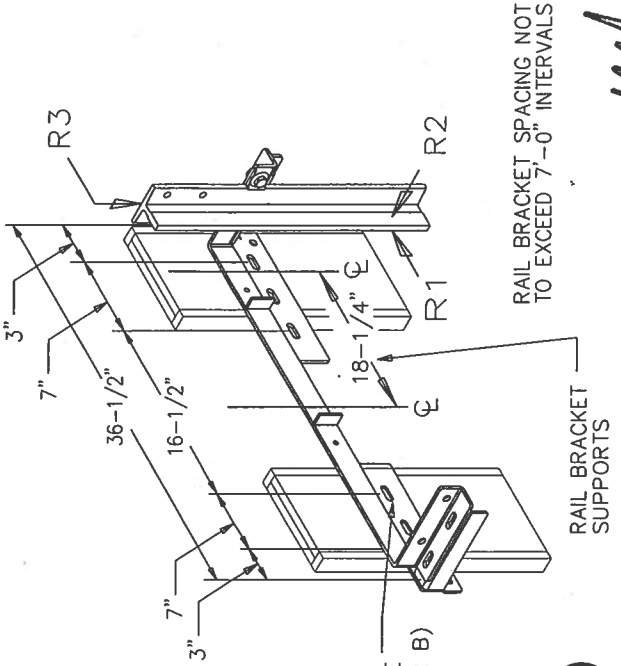
***ELEVATOR IS BUILT AND INSTALLED TO COMPLY WITH ASME A17.1 (2016) EDITION, NEC 2017**

****ALL ELECTRICAL EQUIPMENT LISTED BELOW OUTSIDE ELEVATOR H/W. CONTROLLER, VVVF DRIVE, UPS, DISCONNECTS, GEL. PHONE LINE, LIGHT FIXTURE & SWITCH TO BE LOCATED OUTSIDE OF H/W AND PER NEC-2017 CODES**

NOTE:

1. 3'-0" MINIMUM ELECTRICAL CLEARANCE IN FRONT OF CONTROLLER
2. LIGHT SWITCH TO BE LOCATED ON THE STRIKE SIDE OF THE MACHINERY SPACE DOOR.
3. MAIN LINE DISCONNECT TO BE FUSED AND CAPABLE OF BEING LOCKED IN THE OPEN POSITION.
4. CAB LIGHT DISCONNECT TO BE CAPABLE OF BEING LOCKED IN THE OPEN POSITION AND HAVING OVERCURRENT PROTECTION MEANS IN THE MACHINERY SPACE.
5. MANUAL LOWERING INSTRUCTIONS MUST BE POSTED WITHIN SIGHT OF THE MACHINE - TYPICALLY ON THE INSIDE OF THE ACCESS DOOR.

- (A) 1/2x4 LAG-WOOD CONSTRUCTION
- (B) 1/2x5-1/2 WEDGE ANCHORS-MASONRY



RAIL BRACKET / RAIL FORCES
NOT TO SCALE

R1	105 LBS.
R2	246 LBS.
R3 *	5100 LBS.

(*) NOT TO EXCEED
VARIES WITH CAB SIZE,
CAB WEIGHT, TRAVEL, ETC.

SHANE HAMILTON P.E.
NEW JERSEY LIC. #.
24GE35314800

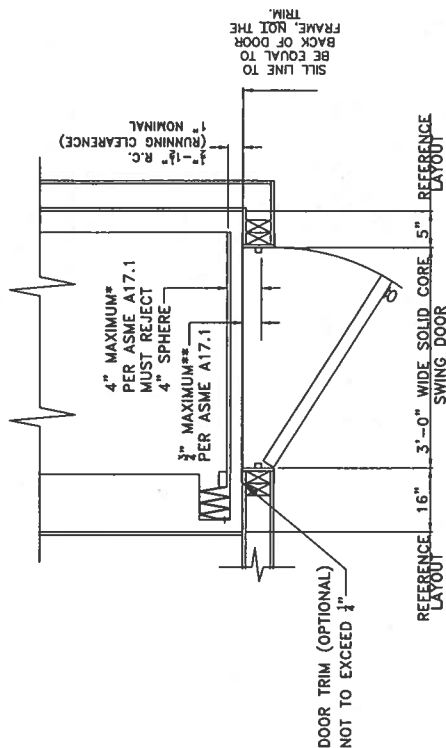
Shane R. Hamilton, P.E.
Consulting Engineer
8103 Bay Drive
Tampa, FL 33635 (727) 642-5321

CONTRACTOR
JOB NAME
JIM BESTYS
102329 - JIM BESTYS
209 NEWARK AVE.
LAVALETTE, NJ. 08735

DWG NAME	HOISTWAY ACCESS PANEL PLAN / RAIL DETAIL	DATE	02/15/22
REVISION (A)		REVISION (B)	03/02/22
REVISION (C)		REVISION (D)	00/00/00
DRAWN BY	SG	CHECK BY	FP
SCALE	NONE	SHEET	3 OF 4

RESIDENTIAL ELEVATORS
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32327
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1-800-432-2004

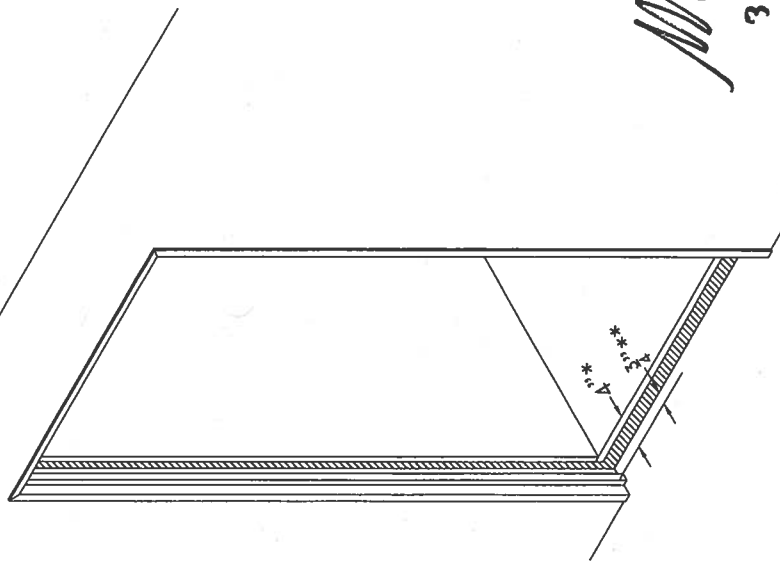
MAXIMUM DISTANCE ALLOWED BY ASME CODE FOR DOORS AND SILLS ON HOME ELEVATORS



NOTE: AN OUT OF PLUMB SHAFT WILL GREATLY AFFECT RUNNING CLEARANCES AND EXACERBATE THE CODE COMPLIANCE ISSUES. HOISTWAY DOORS MUST BE PLUMB TO EACH OTHER FROM FLOOR TO FLOOR.

* RESIDENTIAL ELEVATORS MANUFACTURES AND INSTALLS A FULLY CODE COMPLIANT ELEVATOR PER THE ASME ANSI A17.1 2016 NATIONAL SAFETY CODE FOR ELEVATORS - SECTION 5.3 PRIVATE RESIDENCE ELEVATORS AS MODIFIED BY VARIOUS STATES.
** ASME 5.3.1.7.2 OF THE ABOVE REFERENCED CODE CLEARANCE BETWEEN HOISTWAY DOORS OR GATES AND LANDING SILLS AND CAR DOORS OR GATES STATE: THE CLEARANCE BETWEEN THE HOISTWAY DOORS OR GATES AND THE HOISTWAY EDGE OF THE LANDING SILL SHALL NOT EXCEED 3/4 INCHES.

5.3.1.8.2 5.3.1.8.3 THE SPACE BETWEEN THE HOISTWAY DOOR AND THE CAR GATE SHALL REJECT A 4 INCH DIAMETER BALL AT ALL POINTS.



SHANE HAMILTON P.E.
NEW JERSEY LIC. #.
24GE35314800

Shane R.
Hamilton, P.E.
Consulting Engineer
8103 Bay Drive
Tampa, FL 33635 (727) 642-5321

CONTRACTOR: JIM BESTYS

102329 - JIM BESTYS
209 NEWARK AVE.
LAVALETTE, NJ. 08735

DATE:	02/15/22
REVISION (A):	03/02/22
REVISION (B):	00/00/00
DRAWN BY:	SG
CHECK BY:	FP
SCALE:	NONE
SHEET:	4 OF 4

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R.C. BURDICK, P.E. P.P. P.C.

1023 OCEAN RD. PT. PLEASANT, N.J. 08742

PHONE 732-892-5050

FAX 732-892-5888

Borough of Lavallette
Construction Code Official
1306 Grand Central Ave.
Lavallette, N.J. 08735

April 19, 2021

Re: 209 Newark Ave.
Lot 16, Block 964
Borough of Lavallette
Project No. 17-7215

Dear Construction Code Official,

Our office has designed a steel beam to span a 20' area over the garage for the above referenced home. Using a W 12x50 steel beam deflection will be less than 1 in 240. Enclosed are our calculations showing the adequacy of the beam. Connections will be provided by the steel manufacturer as a shop drawing for the work.

We trust that this deflection analysis will be adequate for your review of the plan. Should you require additional information or have any questions please contact our office.

Sincerely yours,



Robert C. Burdick P.E.

cc: Jim Bestys

DESIGN OF BEAM TO SPAN GARAGE

209 NEWARK AVE
LOT 16 BLOCK 964
BORO OF LAURELTON
PROJECT 17-7215
4/17/21 102

BEAM TO SPAN $20' = 240''$

$$\text{MAX } \Delta = \frac{L}{240} = \frac{240}{240} = 1''$$

LOADS:	LIVE LOAD	DEAD LOAD	TOTAL
FIRST FLOOR	$40 \frac{\#}{ft} \times 1.6 = 64$	$18 \frac{\#}{ft} \times 1.2 = 12$	$76 \frac{\#}{ft}$
SECOND FLOOR	$30 \frac{\#}{ft} \times 1.6 = 48$	$10 \frac{\#}{ft} \times 1.2 = 12$	$60 \frac{\#}{ft}$
ATTIC	$20 \frac{\#}{ft} \times 1.6 = 32$	$10 \frac{\#}{ft} \times 1.2 = 12$	$44 \frac{\#}{ft}$
ROOF	$30 \frac{\#}{ft} \times 1.6 = 48$	$10 \frac{\#}{ft} \times 1.2 = 12$	<u>$60 \frac{\#}{ft}$</u>
			$240 \frac{\#}{ft}$

$$W = 240 \frac{\#}{ft} \times 13 \text{ ft} = 3120 \frac{\#}{ft} = 3.12 \text{ K/ft}$$

USE STEEL BEAM W12x50, $I = 395$

$$\text{ANTICIPATED } \Delta = \frac{5WL^4}{384 \times E \times I}$$

$$\Delta = \frac{5 \times 3.12 \text{ K/ft} \times 240^4}{384 \times 29000 \times 395}$$

$$\Delta = 0.98'' < 1.0'' \text{ ACCORDANCE}$$

209 Norwalk Ave
Lot 15 Block 964
Boro Of Cavanaugh
Project 17-7215
4/17/21 Doc 2

Using W 12x50 Steel Beam,

Δ ANTICIPATED = 0.98" VS 1.00" ALLOWED

Beam Dimensions 12.19"D x 8.07"D

RCB
R.C. BORDOWITZ 30929

DESIGN OF BEAM TO SPAN GARAGE

209 STEWART AVE
LOT 16 BLOCK 964
BORO OF LAURELTON
PROJECT 17-7215
4/17/21 102

BEAM TO SPAN $20' = 240''$

$$\text{MAX } \Delta = \frac{L}{240} = \frac{240}{240} = 1''$$

LOADS:	LIVE LOAD	DEAD LOAD	TOTAL
FIRST FLOOR	$40 \frac{\#}{ft} \times 1.6 = 64$	$10 \frac{\#}{ft} \times 1.2 = 12$	$76 \frac{\#}{ft}$
SECOND FLOOR	$30 \frac{\#}{ft} \times 1.6 = 48$	$10 \frac{\#}{ft} \times 1.2 = 12$	$60 \frac{\#}{ft}$
ATTIC	$20 \frac{\#}{ft} \times 1.6 = 32$	$10 \frac{\#}{ft} \times 1.2 = 12$	$44 \frac{\#}{ft}$
ROOF	$30 \frac{\#}{ft} \times 1.6 = 48$	$10 \frac{\#}{ft} \times 1.2 = 12$	<u>$60 \frac{\#}{ft}$</u>
			$240 \frac{\#}{ft}$

$$W = 240 \frac{\#}{ft} \times 13 ft = 3120 \frac{\#}{ft} = 3.12 K/ft$$

USE STEEL BEAM W12x50, $I = 395$

$$\text{ANTICIPATED } \Delta = \frac{5WL^4}{384 \times E \times I}$$

$$\Delta = \frac{5 \times 3.12 K/ft \times (11'12'')^4}{384 \times 29000 \times 395}$$

$$\Delta = 0.98'' < 1.0'' \text{ ALLOWED}$$

OK

209 Newell Ave
Lot 16 Block 964
Rd on L. 11/11/15
Project 17-7215
4/17/21 Doc 2

Unit 6 W 12x50 Steel Beam,

Δ ANTICIPATED = 0.92" vs 1.00" ALLOWED

Beam Dimensions 12.19" D x 8.07" W

RCB
RCB 30929

Tax Account Maintenance									
Add	Edit	X Close	Delete	Previous	Next	Detail	Letter	Help	
Block:	964								
Lot:	16								
Qualifier:									
Owner:	BESTYS, LAURA								
Prop Loc:	209 NEWARK AVE	Account Id:	00002332						
General		Assessed Value	Additional	Billing	Deductions	Balance	All Charges	Add/Omit	Notes
Owner Street 1:	JAMES BESTYS								
Street 2:	11 PLEASANTVILLE RD								
City/St:	BASKING RIDGE, NJ								
Zip:	07920-								
Country:									
Phone:	(***)-**-****								
Email:	*****-*****-*****								
Bank Code:									
Municipal Lien:	☐ Assignment:	☐ Bankruptcy:	☐ APR 2:	☐					
Outside Lien:	☐ Sp Charges:	☐ Install. Plan:	☐						
			Exclude from Tax Sale: ☐						
			Online Payment Restrictions: None						
								Tax Bill	PTR Form
								Restricted Edit	

SORKIN ENGINEERING
SERVICES

OCT 06 2021

208 Anderson Parkway
Cedar Grove, New Jersey, 07009
Tel (973) 727-4063

Gary@SorkinEngineeringServices.com

October 5, 2021

209 Newark Avenue, Lavallette, NJ 08735

Attn: Jim Bestys

Building Approved

Date 10-7-21

713
Building Official

Re: Proposed 2nd Floor, Front Porch, & Rear Deck Additions to Existing Residence
Structural Analysis & Evaluation – Proposed Revisions

Dear Mr. Bestys:

As requested, Sorkin Engineering Services PC ("SES") performed the structural evaluation to address the proposed changes made to the architectural and structural plans of the residence located at 209 Newark Avenue, Lavallette, NJ. The existing two-story, timber framed residence was originally constructed in the 1960s and is currently in the process of being renovated, as detailed in the structural and architectural plans (by others). The structural foundation plan was prepared and designed by R.C. Burdick Engineers & Associates ("RCB"). The architectural plans (and any remaining timber framing plans) were prepared and designed by Arthur Demarest Architects, LLC. ("ADA"). Per the documentation provided, the proposed changes involve the ground-floor's 37' beam (W10x77) and its related supports/footings/connections, the foundation adjustment of a portion of the rear deck, and adjustments to the front stairs and its support. As such, SES's analysis focused on the section of the residence where the changes are proposed, and where photos and plans were provided. A markup sketch summarizing these proposed changes is provided at the end of this letter.

Based on our structural evaluation of the proposed changes and the review of the available documentation, **SES approves the following changes:**

1. The ground-floor support beam is proposed to be a 37' long steel beam (W10x77), continuous over two spans (23' span, 14' span). The steel beam is proposed to be supported on two 4"Ø (5/16" thick walls min.) posts.
 - a. The posts should utilize 1/2" thick base & cap plates at each 4"Ø posts. Connect to the beam above and footing below per RCB plans.
 - b. The posts should utilize the same footing configuration as shown on the RCB plans (24"x24" with 10t helicals).
 - c. This revision leads to the removal of one of the interior footings/helicals.
 - d. It should be noted that the second-floor 16" TJIs (by others) clear span ~26' from the front to rear walls and are not supported on the interior wall line. Also, the minimal attic walls are supported on these 16" TJIs.
2. At the southwest corner of the rear deck, one supporting helical pile is proposed to be replaced with a secondary 12"x24"x8" reinforced concrete pad below the one 6x6 deck post.
 - a. The 6x6 post should be anchored to the concrete pad as required.
 - b. See ADA plans for further information about the deck (dimensions, framing, post/framing connections, concrete pads, etc.).

3. The front stairs are proposed to be built with wood (max. tread width = 6.5'). The stairs shall then utilize a 7'x5'x1' reinforced concrete landing pad foundation, no longer needing 2 helical supports.
 - a. The stair stringers (by others) should connect to the landing pad below and the residence's rim-board above, using Simpson Strong-Tie connections (or similar).

Clarifications:

- This structural evaluation letter focused on the proposed changes to the structural and architectural plans and does not address the remaining residential structure, unless noted otherwise. A detailed analysis of the remaining, existing structure regarding its structural design capacity versus the applicable design codes and standards was not performed and was beyond the scope of this letter.
- The information presented in this letter represents the condition of the subject property at the specific time of the SES structural evaluation. The letter is based on the photos provided by the contractor and the information available to SES at this time. No inspection was performed by SES. As such, any hidden structural defects and inherent weakness are not discernable through the available information. Intrusive testing, probing, and in-situ evaluations were not part of this scope of work.
- R.C. Burdick Engineers & Associates ("RCB") designed the foundation/ground-floor level per the Lavallette, NJ requirements. See their structural plans for further information. The RCB helical pile design (10T) and the related information (dimensions, sizing, locations, geotechnical evaluations, installation guidelines, footing attachments, etc.) can also be found on their structural plans.
- Arthur Demarest Architects, LLC. ("ADA") prepared the architectural plans and designed the timber framing for the remaining structure. See their plans for further information.
- Any changes to the structure's loading would require further analysis.
- The dimensions presented in this structural evaluation letter are approximate and should be confirmed by a contractor as required.
- All permits and construction drawings are to be provided by others as required.

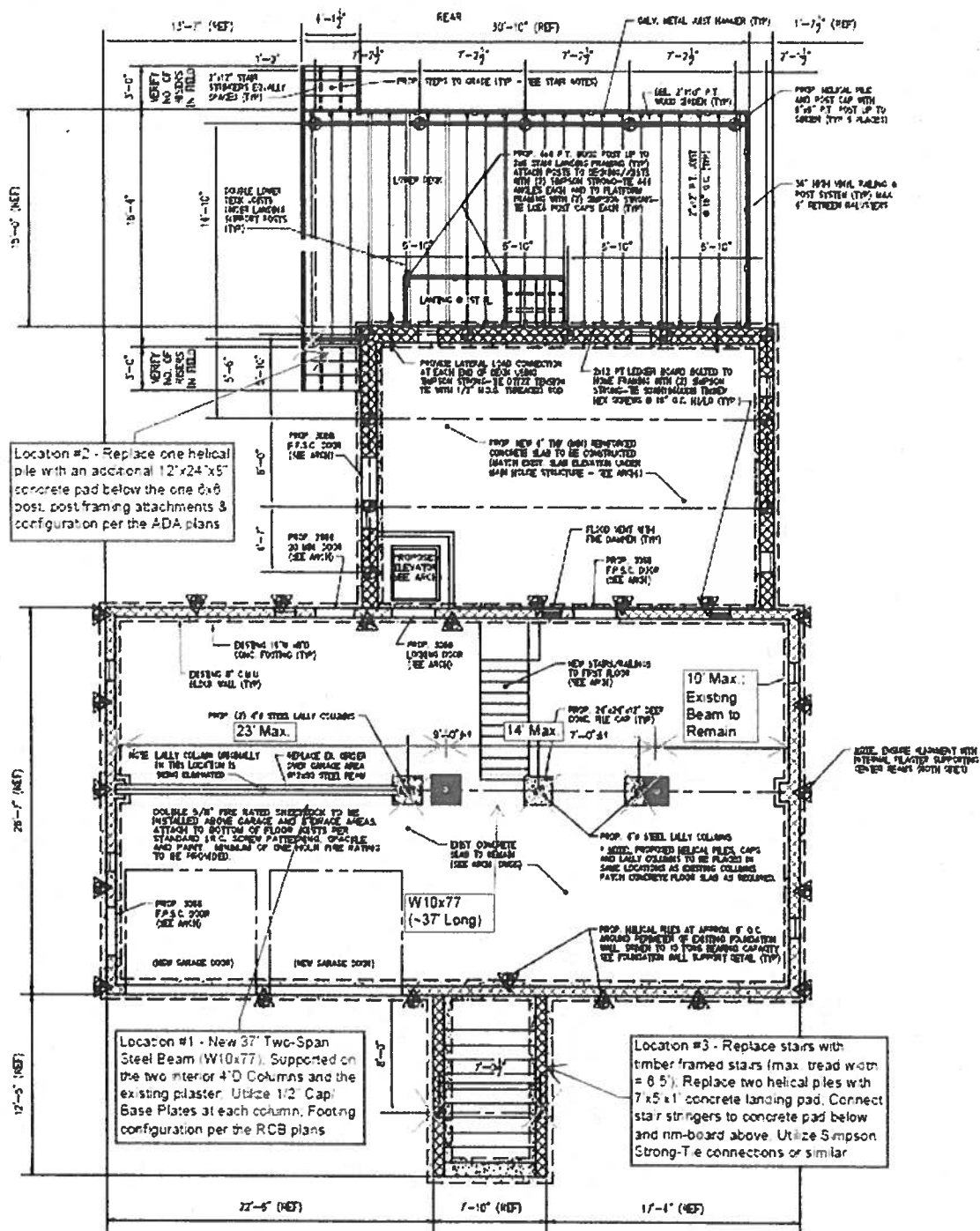
Please contact me at (973) 727-4063 or via e-mail (gary@sorkinengineeringservices.com), should you have any questions.

Sincerely,



Gary S. Sorkin, PE
Principal Engineer

FILE COPY



FRONT
FOUNDATION PLAN - SES MARKUP

FILE COPY

Designs By Faith Consulting, LLC

ENGINEERING & LAND SURVEYING, CA#24GA28294700
101 VIVAS DR., BARNEGAT, NJ (732) 300-0158 faithangster@aol.com

OCT 06 2021

October 1, 2021

Lavallette Boro Construction Official
Grand Central Ave.
Lavallette, NJ 08735

RE: 209 Newark Ave., lot 16, block 964

GRANDE BROTHERS INC., MARINE CONSTRUCTION placed (39) helical piles for underpinning construction, A.B. chance SS-I50 series with underpinning new construction brackets and footing brackets. The chance 10/12 x 1.5" anchors were placed to a depth of approximately 9.5' and had a minimum bearing of 24 tons as per the electronic torque indicator. This is to certify that the piles are the size, type and locations and meet or exceed the design load specified as shown on the plans by R.C. Burdick, and that they were inspected by me or a representative of the company.


John W. L., P.E. & L.S. #GB3245

Pile #	PSI	BEARING CAPACITY (Tons)	DEPTH
1	2000	31.0	9'
2	2000	31.0	9'
3	2100	32.5	9'
4	2300	36.6	9'
5	2200	34.1	9'
6	2200	34.1	9'
7	2100	32.5	9'
8	2000	31.0	9'
9	2000	31.0	9'
10	2100	32.5	9'
11	2000	31.0	9'
12	2000	31.0	9'
13	2300	36.6	9'
14	1800	27.9	9'
15	1800	27.9	9'
16	1800	27.9	9'
17	2000	31.0	9'

FILE COPY

18	2000	31.0	9'
19	1800	27.9	9'
20	2000	31.0	9'
21	2000	31.0	9'
22	1900	29.4	9'
23	2000	31.0	9'
24	1900	29.4	9'
25	1900	29.4	9'
26	1900	29.4	9'
27	1900	29.4	9'
28	2000	31.0	9'
29	2000	31.0	9'
30	1800	27.9	9'
31	1800	27.9	9'
32	1900	29.4	9'
33	1900	29.4	9'
34	1900	29.4	9'
35	1800	27.9	9'
36	1800	27.9	9'
37	1800	27.9	9'
38	1800	27.9	9'
39	2000	31.0	9'

Inspected by Faith Angster

W.P. 209 LLC
209 NEWARK AVENUE
BOROUGH OF LAVALETTE, NJ 07003
Tel: (908) 950-4494
www.wp209llc.com

As of the 1st of July 2009, the Board of Directors of the Borough of Lavalette, NJ has approved the following resolution:

RESOLVED, that the Board of Directors of the Borough of Lavalette, NJ do hereby authorize the Mayor and Council to execute any and all documents necessary to carry out the purposes of this resolution.

W.P. 209 LLC
209 Newark Avenue
Borough of Lavalette, NJ 07003
Council of Lavalette, NJ

A-4
(GROUND FLOOR PLAN)

GROUND FLOOR NOTES

1. PROVIDE 4" MIN. CONCRETE FILL 3" MIN. CRACKS, 1/2" MIN. CRACKS, 1/4" MIN. CRACKS, 1/8" MIN. CRACKS, 1/16" MIN. CRACKS, 1/32" MIN. CRACKS, 1/64" MIN. CRACKS, 1/128" MIN. CRACKS, 1/256" MIN. CRACKS, 1/512" MIN. CRACKS, 1/1024" MIN. CRACKS, 1/2048" MIN. CRACKS, 1/4096" MIN. CRACKS, 1/8192" MIN. CRACKS, 1/16384" MIN. CRACKS, 1/32768" MIN. CRACKS, 1/65536" MIN. CRACKS, 1/131072" MIN. CRACKS, 1/262144" MIN. CRACKS, 1/524288" MIN. CRACKS, 1/1048576" MIN. CRACKS, 1/2097152" MIN. CRACKS, 1/4194304" MIN. CRACKS, 1/8388608" MIN. CRACKS, 1/16777216" MIN. CRACKS, 1/33554432" MIN. CRACKS, 1/67108864" MIN. CRACKS, 1/134217728" MIN. CRACKS, 1/268435456" MIN. CRACKS, 1/536870912" MIN. CRACKS, 1/1073741824" MIN. CRACKS, 1/2147483648" MIN. CRACKS, 1/4294967296" MIN. CRACKS, 1/8589934592" MIN. CRACKS, 1/17179869184" MIN. CRACKS, 1/34359738368" MIN. CRACKS, 1/68719476736" MIN. CRACKS, 1/137438953472" MIN. CRACKS, 1/274877907344" MIN. CRACKS, 1/549755814688" MIN. CRACKS, 1/1099511629376" MIN. CRACKS, 1/2199023258752" MIN. CRACKS, 1/4398046517504" MIN. CRACKS, 1/8796093035008" MIN. CRACKS, 1/17592186070016" MIN. CRACKS, 1/35184372140032" MIN. CRACKS, 1/70368744280064" MIN. CRACKS, 1/140737488560128" MIN. CRACKS, 1/281474977120256" MIN. CRACKS, 1/562949954240512" MIN. CRACKS, 1/1125899908481024" MIN. CRACKS, 1/2251799816962048" MIN. CRACKS, 1/4503599633924096" MIN. CRACKS, 1/9007199267848192" MIN. CRACKS, 1/18014398535696384" MIN. CRACKS, 1/36028797071392768" MIN. CRACKS, 1/72057594142785536" MIN. CRACKS, 1/144115188285571072" MIN. CRACKS, 1/288230376571142144" MIN. CRACKS, 1/576460753142284288" MIN. CRACKS, 1/1152921506284568576" MIN. CRACKS, 1/2305843012569137152" MIN. CRACKS, 1/4611686025138274304" MIN. CRACKS, 1/9223372050276548608" MIN. CRACKS, 1/18446744100553097216" MIN. CRACKS, 1/36893488201106194432" MIN. CRACKS, 1/73786976402212388864" MIN. CRACKS, 1/14757395280442477728" MIN. CRACKS, 1/29514790560884955456" MIN. CRACKS, 1/59029581121769910912" MIN. 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BOROUGH OF LAVALLETTE

CONSTRUCTION DEPARTMENT

1306 Grand Central Avenue Lavallette, NJ 08735

(732) 793-5105

Fax (732) 793-6394

www.lavallette.org

DENIAL OF PERMIT

Date: 08/23/2021

Block: 964

Lot: 16

[licenseRepeater]

Work Site Location: 209 NEWARK AVE

Owner: BESTYS, LAURA

Address: 11 PLEASANTVILLE ROAD

Phone:

On [date 1], the construction department of the borough of Lavallette received an application for a construction permit for the project/work located at the above address. The project involves the following:

NEW BUILDING REHABILITATION

This application is denied for the following reasons:

Remove word "BASEMENT" and show no floor below grade-Specify Anchor Bolt size, 2 different sizes on plans-
Provide details for "FLITCH" pl. (2) 1"x14".-Complete BUILDING CHARACTERISTICS on BUILDING Tech
sheet.-Show span chart for 16"560 TJI 16"o.c. @ 40 lbs per sq ft.-Provide cost & SF, for all DECKS, BALCONIES
and ext STAIRS. include cost on BUILDING Tech sheet

If you wish to contest this action, you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this notice as provided by NJAC 5:23A-2.1. The Application to the Construction Board of Appeals maybe used for his purpose.

Your application for appeal must be in writing, setting forth you address and name, the address of the building or site in question, the control number of the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for this appeal is \$100 and should be forwarded with your application to the Construction Board of Appeals at 239 Washington Street@Mott Place, Toms River, NJ 08754/2191.

If you have questions concerning this matter, please call Thomas Brihn, Construction Official (732) 793-5105.

Construction Official: _____

Date: 08/23/2021

From: JIM BESTYS <jbestys@yahoo.com>
Sent: Thursday, August 19, 2021 8:46 AM
To: flood@lavallette.org
Subject: Prints

Good morning Doug.

Thank you for the call earlier. Please see below clarifications for the drawings we submitted.

- we are abandoning the living space on the ground level.
- existing panel will move to the new first floor (elev 12.3) and sub to new second floor respectively.
- existing ground level will have (4) new gfi exterior outlets, 2 front and 2 rear.
- (5) new exterior lites front side and rear
- (6) new interior gfi,ground level. (6) replaced lighting fixtures ground level.

--new first floor:
existing 3 bedrooms and 2 baths to remain - all elec to remain.
new work:
(22) new outlets
(23) fixtures

new second floor:
(35) outlets
(30) fixtures

Please confirm receipt of email and again thank you.
Do not hesitate to contact me with any questions.

Best,

Jim Bestys

Case #14326



BOROUGH OF LAVALLETTE

ZONING / CODE ENFORCEMENT

1306 Grand Central Avenue

Lavallette, NJ 08735

(732) 793-5105

Fax (732) 830-3248

zoning@lavallette.org

2021276

ZONING PERMIT APPLICATION

ZONING DISTRICT 200 RA RESIDENTIAL (R-A), (R-B), (R-C), (R-D), BUSINESS (B-1) (B-2)

ADDRESS: 209 Newark Ave BLOCK: 964 LOT: 16

CURRENT USE: SINGLE FAMILY ☒ MULTI-FAMILY ☐ COMMERCIAL ☐
MIXED USE ☐ NO CHANGE IN USE ☐ PROPOSED USE ☐

DESCRIPTION OF WORK: ABANDON BASEMENT Living SPACE
SMALL ADDITION, APP 4 level -

- HAVE ANY VARIANCES AND/OR CAFRA PERMITS BEEN ISSUED FOR THIS PROPERTY?
YES ☐ NO ☒ IF YES; PROVIDE COPY.
- Attach a plot plan, survey or sketch of property showing dimensions of all buildings, structures, improvements, set backs and parking spaces. (existing and proposed)
- Additions, renovations or new construction require a complete building folder with two sets of detailed construction plans submitted with zoning application.
- Zoning inspection of foundation is required prior to framing and further construction.
- Certification of ridge height is required.

APPLICANT'S CERTIFICATION

I hereby certify that the information provided by me on this form is true, accurate and complete. I further certify that I have reviewed and understand all information contained on both sides of this form.

NAME JAMES Bertys ADDRESS 11 Pleasantville Rd Basking Ridge NJ
PHONE 973-9093326 AUTHORIZED AGENT/CONTRACTOR SAME 07920

OWNER SIGNATURE [Signature] DATE July 15, 2021

This application when approved is subject to issuance of construction permits. Any deviation from submitted plans and/or drawings would void this approval.

Application Fees:	Bulkhead	\$250.00
	New Construction - all structures including accessory	\$200.00
	House elevations or additions	\$150.00 -
	Interior remodeling	\$100.00
	Shed, pavers, fence, roofing, siding and windows	\$25.00
	Curbing/sidewalks and all other	\$50.00

☒ APPROVED

☒ DENIED

Signature

Stulheim 8/17/21

Date

8.4.2021

REVIEW COMMENTS:

see letter

Building Approved
 11-5-21
 Building Official

CERTIFIED TO:
 JAMES BESTYS

STANLEY HANS JR. P.L.S., P.P.
 H.I. PROFESSIONAL LAND SURVEYOR LICENSE # 29182
 H.I. PROFESSIONAL PLANNER LICENSE # 2877

R.C. BURDICK
 CONSULTING ENGINEERS - SURVEYORS
 PLANNING - ENVIRONMENTAL PERMITTING
 1023 OCEAN ROAD
 POINT PLEASANT, NJ 08742
 (732) 992-5050 FAX (732) 992-5688
 NJ PROFESSIONAL ENGINEER #30928
 NJ PROFESSIONAL PLANNER #04303

FOUNDATION LOCATION FOR: 209 NEWARK AVENUE
 LOT 16 IN BLOCK 964
 BOROUGH OF LAVALLETT
 OCEAN COUNTY, NEW JERSEY
 SCALE: 1" = 20'
 SHEET: 7215
 JOB NO.: BESTYS
 DATE: 10/21/21

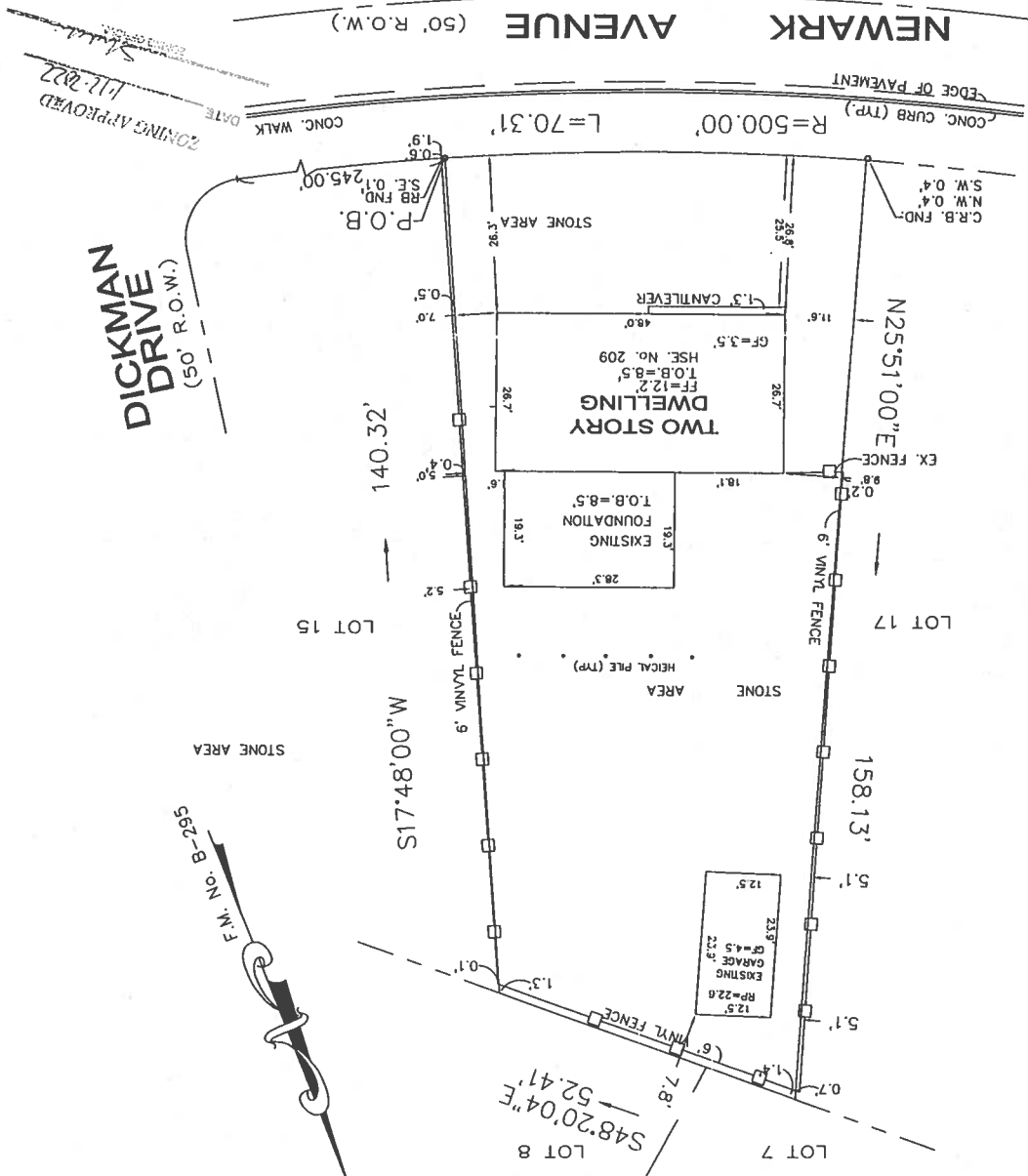
This instrument is made only to be used as a record of the survey and not to be used as a deed or other instrument. It is subject to the provisions of the New Jersey Surveying and Mapping Act, N.J.S. 15:27, and the rules and regulations of the State Board of Surveying and Mapping. The surveyor assumes no liability for any error or omission in this instrument, and the user assumes all responsibility for its use.

DEC 27 2021

DEED DESCRIPTION

BEING KNOWN AND DESIGNATED AS LOT 16 IN BLOCK 6, AS SHOWN ON A MAP ENTITLED "PLAN OF WEST POINT ISLANDS, DOVER TOWNSHIP, OCEAN COUNTY, NEW JERSEY" AS FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON SEPTEMBER 3, 1938 AS FILED MAP NO. B-295. ALSO KNOWN AS LOT 16 IN BLOCK 964 ON THE OFFICIAL TAX MAP OF THE BOROUGH OF LAVALLETT UNDER GROUND UTILITIES NOT SHOWN SUBJECT TO ANY EASEMENTS AND/OR RESTRICTIONS OF RECORD.

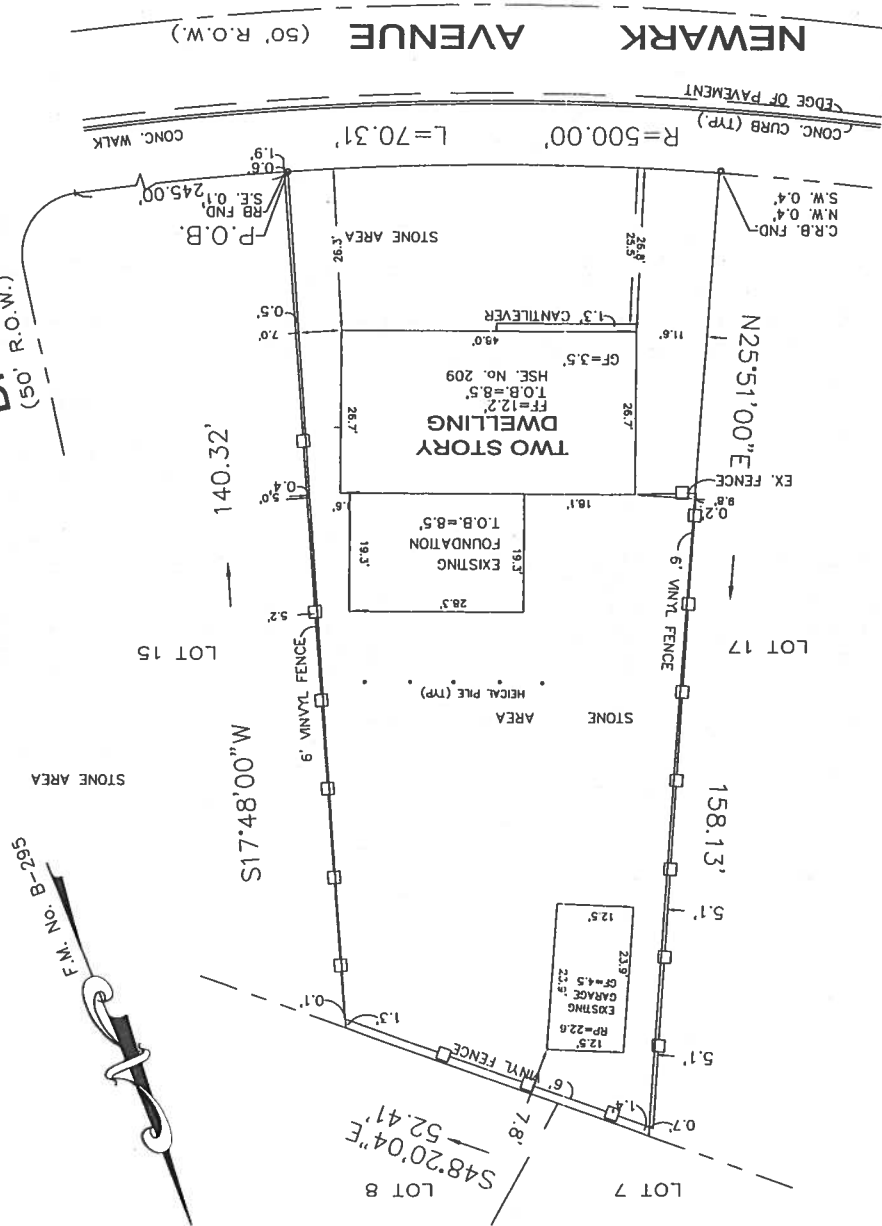
Freeplan filed approved
 Date 10/25/21
 Approved by [Signature]



PROPERTY LOCATED WITHIN FEMA FLOOD ZONE AE, WATER SURFACE ELEVATION 8 PER FEMA PRELIMINARY FIRM PANEL #34029C0329G UPDATED THROUGH 1/30/2015

OCT 27 2021

PROPERTY LOCATED WITHIN FEMA FLOOD ZONE AE, WATER SURFACE ELEVATION 8
PER FEMA PRELIMINARY FIRM PANEL #34029C03296 UPDATED THROUGH 1/30/2015



DEED DESCRIPTION

BEING KNOWN AND DESIGNATED AS LOT 16 IN BLOCK 6, AS SHOWN ON A MAP ENTITLED
"PLAN OF WEST POINT ISLANDS, DOVER TOWNSHIP, OCEAN COUNTY, NEW JERSEY"
AS FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON SEPTEMBER 3, 1938 AS FILED MAP NO. B-295.
ALSO KNOWN AS LOT 16 IN BLOCK 964 ON THE OFFICIAL TAX MAP OF THE BOROUGH OF LAVALLLETTE
UNDER GROUND UTILITIES NOT SHOWN SUBJECT TO ANY EASEMENTS AND/OR RESTRICTIONS OF RECORD.

This instrument is made only to be used as a deed and not to be used as a mortgage or other security instrument. It is intended to be used as a deed and not as a mortgage or other security instrument. It is intended to be used as a deed and not as a mortgage or other security instrument.

CERTIFIED TO:
JAMES BESTYS

STANLEY HANS JR., P.L.S., P.P.
N.J. PROFESSIONAL LAND SURVEYOR LICENSE # 29162
N.J. PROFESSIONAL PLANNER LICENSE # 2877

R.C. BURDICK
CONSULTING ENGINEERS - SURVEYORS
PLANNING - ENVIRONMENTAL PERMITTING
1023 OCEAN ROAD
POINT PLEASANT, NJ 08742
(732) 892-5050 FAX (732) 892-5888
N.J. PROFESSIONAL ENGINEER # 30936
N.J. PROFESSIONAL PLANNER # 30363

FOUNDATION LOCATION FOR: 209 NEWARK AVENUE

LOT 16 IN BLOCK 964
BOROUGH OF LAVALLLETTE
OCEAN COUNTY, NEW JERSEY

DATE: 10/21/21
SCALE: 1" = 20'
JOB NO.: 7215
SHEET: 1 OF 1

Inspection log Approved
Date: 10/28/21
Approved By: R. Burdick



BOROUGH OF LAVALLETTE

ZONING / CODE ENFORCEMENT

1306 Grand Central Avenue
Lavallette, NJ 08735
(732) 793-5105
Fax (732) 830-8248
zoning@lavallette.org

FEE PAID _____

ZONING PERMIT APPLICATION

ZONING DISTRICT _____ RESIDENTIAL (R-A), (R-B), (R-C), (R-D), BUSINESS (B-1) (B-2)

ADDRESS: 209 Newark Ave BLOCK: 964 LOT: 16

CURRENT USE: SINGLE FAMILY ☒ MIXED USE _____ MULTI-FAMILY _____ NO CHANGE IN USE _____ COMMERCIAL _____ PROPOSED USE _____

DESCRIPTION OF WORK ADD generator

- Have any variances and/or CAFRA Permits been issued for this property: ___ Yes ___ No
If yes; provide copy.
- Attach a plot plan, survey or sketch of property showing dimensions of all buildings, structures, improvements, set backs and parking spaces. (existing and proposed)
- Additions, renovations or new construction require a complete building folder with two sets of detailed construction plans submitted with zoning application
- Zoning inspection of foundation is required for all other construction.
- Certification of ridge height is required for all other construction.

I hereby certify that the information provided has been reviewed and understand all information.

NAME James Bestys

PHONE 973 809 1111

AUTHORIZED AGENT/CONTACT _____

EMAIL JBestys@lavallette.org

OWNER SIGNATURE _____

Contractor DCA registration number _____

I further certify that I have

Lavallette

(REQUIRED)

(REQUIRED)

1/22

This application when approved is subject to issuance of construction permits. Any deviation from submitted plans and/or drawings would void this approval.

Conditions for approval is applicable _____

This application is denied as it violates Lavallette Borough Ordinance # _____

To wit: _____

APPROVED: Sheldahl DENIED: _____ DATE: 02.22.08

Application Fees: \$250.00 Bulkhead

\$200.00 New construction of a structure or accessory structure

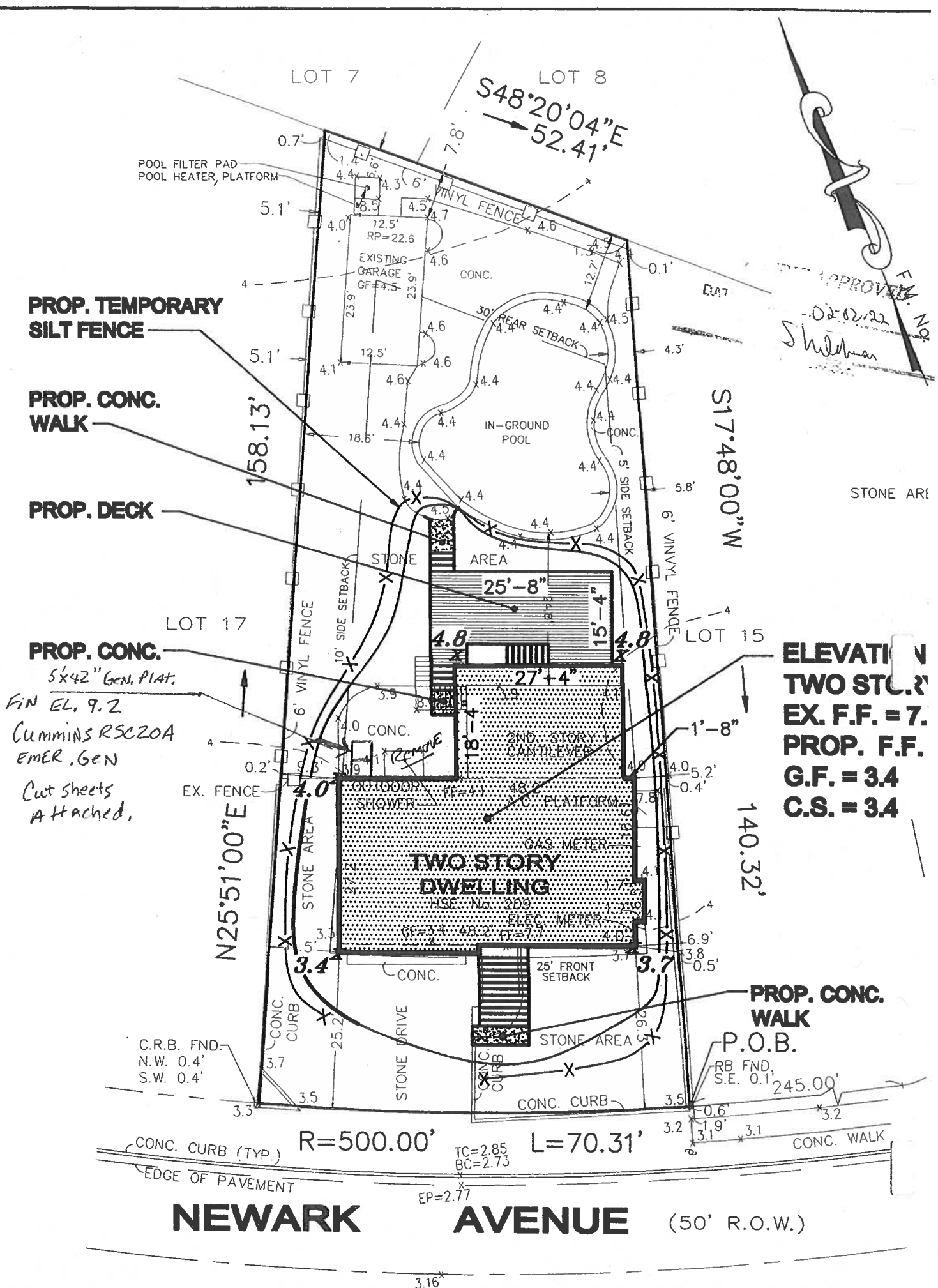
\$150.00 House elevations or additions

\$100.00 Interior remodeling

\$25.00 Shed, pavers, fence, roofing, siding and windows.

\$50.00 Curbing/sidewalks and *all other

*All other includes but is not limited to: demolition, equipment replacement, new equipment



OCT 06 2021



PERMIT UPDATE

Date Update Issued
Permit #
Date Permit Issued

10-12-21
20210219TA

IDENTIFICATION Block 869 Lot 16 Qualification Code RF
Work Site Location 209 NEWARK AVE Contractor OWNER
LAVALITE NJ 08735 Address _____
Owner in Fee JAMES BERRY Tel. (____) _____
Address 209 NEWARK AVE Lic. No. or Bldrs. Reg. No. _____
LAVALITE NJ 08735
Tel. (973) 809 3326

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INCREASE SIZE OF BEAM
REMOVE SOME WALLS
NEW COLUMNS

Estimated Cost of Work \$ 4,000

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

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—OFFICE

4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building 136
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
State Permit Surcharge Fee 8
Cert. of Occupancy _____
Other _____
Total 144
Check No. 1549
Cash _____
Collected by ga

Reorder call: 877-531-2233



PERMIT UPDATE

Date Update Issued 1/28/22Permit # 50210319+A

Date Permit Issued

IDENTIFICATION Block 964Lot 16

Qualification Code _____

Work Site Location 209 Newark AveContractor T.R. Electric

Address _____

Owner in Fee _____

Address _____

Tel. (973) 809-3386

Lic. No. or Bldrs. Reg. No. _____

Tel. (____) _____

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 mechan

DESCRIPTION OF WORK:

COCEstimated Cost of Work \$ 4000

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 [Signature]Date 2-1-22

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—OFFICE

4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building _____

Electrical 65Plumbing 205

Fire Protection _____

Elevator Devices _____

Other 150State Permit Surcharge Fee 8

Cert. of Occupancy _____

Other _____

Total 428Check No. #5694

Cash _____

Collected by [Signature]

Reorder call: 877-531-2233



**BUILDING SUBCODE
TECHNICAL SECTION**

Control #	Date Issued	Permit #
1	10/1/00	1000000000
2	10/1/00	1000000000
3	10/1/00	1000000000
4	10/1/00	1000000000
5	10/1/00	1000000000
6	10/1/00	1000000000
7	10/1/00	1000000000
8	10/1/00	1000000000
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87	10/1/00	1000000000
88	10/1/00	1000000000
89	10/1/00	1000000000
90	10/1/00	1000000000
91	10/1/00	1000000000
92	10/1/00	1000000000
93		

12-21-21

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

Block 141 Lot 706 Qualification Code 1

Work Site Location
209 Pearl St
Lowell VT 00735

Owner in Fee: James Beatty

Tel. (972) 209 3326 e-mail JKE5TGSC@yahoo.com

Address _____ street _____ municipality _____ zip code _____

Contractor: OWAK Tel. ()

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal/Emo ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group 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.
 Max. Live Load _____
 Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
 If Industrialized Building: State Approved _____ HUD _____
 Est. Cost of Bldg. Work:
 1. New Bldg. \$ _____
 2. Rehabilitation \$ _____
 3. Total (1 + 2) \$ _____

I.U.C.C. E-110HB4 (rev. 11/00) 1. While = _____

U.C.C. F110HB4 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Tan = Applicant Copy

2 Canary = Office Copy 3 Pink = Office Copy 4 Taq = Applicant Copy

U.C.C. F110HB4 (rev. 11/09) 1 White = Inspector Copy

Max. Occupancy Load _____



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



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

Block 464 Lot 16 Qualification Code _____

Work Site Location 709 New Ark Ave LAUREL NJ 05735

Owner in Fee: _____

Tel. (973) 909 3326 e-mail TBESYS@YAHOO.COM

Address _____ street _____ municipality _____ zip code _____

Contractor: Townes Electric Tel. (973) 684-2676

Address 1839 9th Ave e-mail _____

Contractor License No. 1525 Exp. Date _____

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

Federal Emp. ID No. 6203348434 FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW 1/6/22 INSPECTIONS _____

[] No Plans Required 24155 Type: _____

[] Partial - Underslab Utilities Approved _____

Date: _____ Approved by: _____

[] Electric Plans Approved _____

Date: _____ Approved by: _____

Joint Plan Review Required: _____

[] Bldg. [] Plumb. [] Fire. [] Elev. _____

SUBCODE APPROVAL for PERMIT _____

Date: 1/6/22 _____

Approved by: 24155 _____

SUBCODE APPROVAL for CERTIFICATE _____

[] CO [] CCO [] CA _____

Date: _____

Approved by: _____

Date of Grounding and Bonding _____

Certification _____

U.C.C. F-120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Control # _____

Date Issued _____

Permit # _____

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: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Charge Controller

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	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 \$ _____

Reorder call: 877-531-2233



MECHANICAL INSPECTOR TECHNICAL SECTION



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

Block 9601 Lot 14 Qualification Code _____
Work Site Location 209 NEWARK AVE
LAUREL NJ 08735
Owner in Fee: JAMES BESTY
Tel. 973 809 3326 e-mail J.Besty@yahoo.com
Address 5 AME municipality _____ zip code _____
Contractor: _____ Tel. _____
Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present:

Proposed:

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

Type: ☐ Hydronic ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____
Fuel Type: _____
Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES	
☐ No Plans Required	☐ Mechanical Plans Approved	Type:	Gas Piping	Failure	Initial
Date: <u>1/18/12</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>1/18/12</u>	_____	Hydronic Piping	_____	_____	_____
Approved by: <u>[Signature]</u>	_____	Fireplace	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	_____	Chimney Cert.	_____	_____	_____
☐ CA ☐ CCO	_____	Other	_____	_____	_____
Date: _____	_____				
Approved by: _____	_____				

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary - Office Copy
4 Gold = Applicant Copy

Date Received
Control # _____
Date Issued
Permit # _____

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FIXTURE/EQUIPMENT

NO.	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 \$
_____	_____	_____	_____



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 944 Lot 16 Qualification Code _____
Work Site Location 209 NEWARK AVE
Owner in Fee: LAVALLE PJ 696 735
Tel. (973) 804 3326 e-mail J.P.BEST@SOLARCO.COM
Address same municipality _____ zip code _____
Contractor: LAVALLE PJ 696 735 Tel. (973) 804 3326
Address same e-mail _____
Contractor License No. _____ Exp. Date 1-30-13
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 27-570311 FAX: () _____

B. PLUMBING CHARACTERISTICS
Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size 1" Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
[] Partial - Underslab Utilities Approved
Date: _____ Approved by: _____
[] Plumbing Plans Approved
Date: 1/10/12 Approved by: [Signature]
Joint Plan Review Required:
[] Bldg. [] Elec. [] Fire. [] Elev.
SUBCODE APPROVAL for PERMIT
Date: 1/10/12
Approved by: [Signature]
SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCO [] CA
Date: _____
Approved by: _____

INSPECTIONS
Type: _____
Slab _____
Rough _____
Water _____
Sewer _____
Fixtures _____
Gas Equipment _____
Gas Piping _____
LPGas Tank _____
Fuel Oil Piping _____
Solar _____
TCO _____
Final _____

Dates (Month/Day)
Failure _____ Approval _____ Initial _____

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Date Received
Control #

Date Issued
Permit #

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:

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FIXTURE/EQUIPMENT

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	
1	Urinal/Bidet	
1	Bath Tub	
1	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	

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



BOROUGH OF LAVALLETTE

CONSTRUCTION DEPARTMENT

1306 Grand Central Avenue Lavallette, NJ 08735
(732) 793-5105
Fax (732) 793-6394
www.lavallette.org

DENIAL OF PERMIT

Date: 01/11/2022

Block: 964 Lot: 16
Work Site Location: 209 NEWARK AVE
Owner: BESTYS, LAURA
Address: 11 PLEASANTVILLE ROAD
Phone:

On [date 1], the construction department of the borough of Lavallette received an application for a construction permit for the project/work located at the above address. The project involves the following:

1/18/22

This application is denied for the following reasons:

Plumbing Review - Change of Contractor : need the following to complete approval #1 copy of NJ State issued plumbing lic from new contractor / #12 - need new gas riser drawing showing complete system , including generator / # 9 - need specs on generator / need plumbing riser drawing showing all listed fixtures on new plumbing permit .
PRIOR APPROVAL OF ZONING / FLOOD REVIEW NEEDED BEFORE APPROVAL

If you wish to contest this action, you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this notice as provided by NJAC 5:23A-2.1. The Application to the Construction Board of Appeals maybe used for his purpose.

Your application for appeal must be in writing, setting forth you address and name, the address of the building or site in question, the control number of the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for this appeal is \$100 and should be forwarded with your application to the Construction Board of Appeals at 239 Washington Street@Mott Place, Toms River, NJ 08754/2191.

If you have questions concerning this matter, please call Thomas Brihn, Construction Official (732) 793-5105.

Construction Official: _____ Date: 01/11/2022



PERMIT UPDATE

Date Update Issued

Permit # 30210314 RE

Date Permit Issued

IDENTIFICATION Block 964 Lot 16 Qualification Code _____
Work Site Location 209 Newark Ave Contractor Toms Elec
Umatilla NJ 08735 Address 1909 Rt 9 Toms Elec
Owner in Fee James Bestys
Address 209 Newark Ave Tel. (732) 684 2676
Tel. (732) 809 3326 Lic. No. or Bldrs. Reg. No. 22-2248474

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ADD Generator / Devices &
Platform

Estimated Cost of Work \$ ~~10,000~~ 10750

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

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—OFFICE

4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building 80
Electrical _____
Plumbing check 185
Fire Protection _____
Elevator Devices _____
Other _____
State Permit Surcharge Fee 21
Cert. of Occupancy _____
Other _____
Total 286
Check No. 57.99
Cash _____
Collected by KR

Reorder call: 877-531-2233



BUILDING SUBCODE TECHNICAL SECTION



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

Block 104 Lot 16 Qualification Code _____
 Work Site Location 209 Newark Ave
 Owner in Fee: LAWALKE
 Tel. (973) 809 3526 e-mail _____
 Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. JBEStys@yahoo.com
 Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required	_____	_____	Dates (Month/Day)
☐ All	_____	_____	Failure
☐ Footings/Foundations	_____	_____	Approval
☒ Structural/Framework	<u>3-21-12</u>	<u>7AS</u>	Initial
☐ Exterior	_____	_____	
☐ Interior	_____	_____	
Joint Plan Review Required:			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			
SUBCODE APPROVAL FOR PERMIT			
Date: <u>3-21-12</u>			
Approved by: <u>7AS</u>			
SUBCODE APPROVAL FOR CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed X

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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

U.C.C. F110HB4 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Applicant Copy 4 Taq = Applicant Copy

Control # _____
 Date Issued _____
 Permit # _____

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: Jim Bestys

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GEN. PLATFORM

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 PLATFORM
- ☐ Demolition

FEE (Office Use Only)
 \$ _____

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

Reorder call: 877-531-2233



PERMIT UPDATE

Date Update Issued 3/7/22
Permit # 2021 0319 + D
Date Permit Issued

IDENTIFICATION Block 964 Lot 16 Qualification Code _____
Work Site Location 209 NEWARK AVE Contractor _____
Address _____
Owner in Fee JAMES BESTAS Tel. (____) _____
Address 209 NEWARK AVE Lic. No. or Bldrs. Reg. No. _____
Tel. (973) 809 3326

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Permit update elec / FIRE

Estimated Cost of Work \$ 900 -

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 Z. Z.

Date 3-3-22

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—OFFICE

4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building _____
Electrical 855
Plumbing _____
Fire Protection 125
Elevator Devices _____
Other _____
State Permit Surcharge Fee 2
Cert. of Occupancy _____
Other _____
Total 982
Check No. #5730
Cash _____
Collected by RL

Reorder call: 877-531-2233



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 464 Lot 16 Qualification Code _____

Work Site Location 209 Newark Ave

Owner in Fee: Simon Bestys

Tel. (908) 909-3300 e-mail JBESTYS@jabco.com

Address 2411 Newark Place zip code 07102

Contractor: Proctor Electric Solutions Tel. (732) 903-2126

Address 2411 Newark Place e-mail _____

Contractor License No. 346A000250 Exp. Date 3/31

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

Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 400.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	2/24/21	Failure	Approval	Failure	Approval
[] No Plans Required	Type: _____				
[] Partial -Underslab Utilities Approved	Barrier-Free				
Date: _____	Trench				
[] Electric Plans Approved	Temp. Serv.				
Date: _____	Constr. Serv.				
Joint Plan Review Required:	TCO				
[] Bldg. [] Plumb. [] Fire. [] Elev.	Other				
SUBCODE APPROVAL for PERMIT	Service				
Date: _____	Final				
Approved by: _____	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued				
[] CO [] CCC [] CA	Final Cut-in-Card Date Issued				
Date: _____	Annual Pool Inspection				
Approved by: _____	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: _____

Print name here: _____

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r []-Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____

ITEMS _____

SIZE _____

QTY. _____

Lighting Fixtures _____

Receptacles _____

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 _____

FEE (Office Use Only)

\$ 40

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

Date received	Control #	Date Issued	Permit #

C. CERTIFICATION IN LIEU OF OATH

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Qualification Code

Lot 16

Work Site Location

Owner in Charge: Bestys, Jim

Tel. 9738093326

e-mail

Address

Freedom Air Heating & Cooling LLC
street municipality

Tel.

Address 706-4 Old Shore Road

e-mail

Forked River, NJ 08731

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 1

Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 19HC00463900

Federal Emp. ID No. 208864208

B. FIRE PROTECTION CHARACTERISTICS

Use Group:	Present	Proposed
1. General Public	1. General Public	1. General Public
2. Businesses	2. Businesses	2. Businesses
3. Government	3. Government	3. Government
4. Non-Profit Organizations	4. Non-Profit Organizations	4. Non-Profit Organizations
5. Academic Institutions	5. Academic Institutions	5. Academic Institutions
6. Healthcare Providers	6. Healthcare Providers	6. Healthcare Providers
7. Law Enforcement	7. Law Enforcement	7. Law Enforcement
8. Emergency Services	8. Emergency Services	8. Emergency Services
9. Religious Organizations	9. Religious Organizations	9. Religious Organizations
10. Other	10. Other	10. Other

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New ☒ Modification to Existing

Meaning	System	From	On	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Meaning	System	From	On	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Meaning	System	From	On	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Meaning	System	From	On	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Meaning	System	From	On	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93							

1. ☒ 2. ☒ 3. ☒ 4. ☒ 5. ☒ 6. ☒ 7. ☒ 8. ☒ 9. ☒ 10. ☒ 11. ☒ 12. ☒ 13. ☒ 14. ☒ 15. ☒ 16. ☒ 17. ☒ 18. ☒ 19. ☒ 20. ☒ 21. ☒ 22. ☒ 23. ☒ 24. ☒ 25. ☒ 26. ☒ 27. ☒ 28. ☒ 29. ☒ 30. ☒ 31. ☒ 32. ☒ 33. ☒ 34. ☒ 35. ☒ 36. ☒ 37. ☒ 38. ☒ 39. ☒ 40. ☒ 41. ☒ 42. ☒ 43. ☒ 44. ☒ 45. ☒ 46. ☒ 47. ☒ 48. ☒ 49. ☒ 50. ☒ 51. ☒ 52. ☒ 53. ☒ 54. ☒ 55. ☒ 56. ☒ 57. ☒ 58. ☒ 59. ☒ 60. ☒ 61. ☒ 62. ☒ 63. ☒ 64. ☒ 65. ☒ 66. ☒ 67. ☒ 68. ☒ 69. ☒ 70. ☒ 71. ☒ 72. ☒ 73. ☒ 74. ☒ 75. ☒ 76. ☒ 77. ☒ 78. ☒ 79. ☒ 80. ☒ 81. ☒ 82. ☒ 83. ☒ 84. ☒ 85. ☒ 86. ☒ 87. ☒ 88. ☒ 89. ☒ 90. ☒ 91. ☒ 92. ☒ 93. ☒ 94. ☒ 95. ☒ 96. ☒ 97. ☒ 98. ☒ 99. ☒ 100. ☒ 101. ☒ 102. ☒ 103. ☒ 104. ☒ 105. ☒ 106. ☒ 107. ☒ 108. ☒ 109. ☒ 110. ☒ 111. ☒ 112. ☒ 113. ☒ 114. ☒ 115. ☒ 116. ☒ 117. ☒ 118. ☒ 119. ☒ 120. ☒ 121. ☒ 122. ☒ 123. ☒ 124. ☒ 125. ☒ 126. ☒ 127. ☒ 128. ☒ 129. ☒ 130. ☒ 131. ☒ 132. ☒ 133. ☒ 134. ☒ 135. ☒ 136. ☒ 137. ☒ 138. ☒ 139. ☒ 140. ☒ 141. ☒ 142. ☒ 143. ☒ 144. ☒ 145. ☒ 146. ☒ 147. ☒ 148. ☒ 149. ☒ 150. ☒ 151. ☒ 152. ☒ 153. ☒ 154. ☒ 155. ☒ 156. ☒ 157. ☒ 158. ☒ 159. ☒ 160. ☒ 161. ☒ 162. ☒ 163. ☒ 164. ☒ 165. ☒ 166. ☒ 167. ☒ 168. ☒ 169. ☒ 170. ☒ 171. ☒ 172. ☒ 173. ☒ 174. ☒ 175. ☒ 176. ☒ 177. ☒ 178. ☒ 179. ☒ 180. ☒ 181. ☒ 182. ☒ 183. ☒ 184. ☒ 185. ☒ 186. ☒ 187. ☒ 188. ☒ 189. ☒ 190. ☒ 191. ☒ 192. ☒ 193. ☒ 194. ☒ 195. ☒ 196. ☒ 197. ☒ 198. ☒ 199. ☒ 200. ☒ 201. ☒ 202. ☒ 203. ☒ 204. ☒ 205. ☒ 206. ☒ 207. ☒ 208. ☒ 209. ☒ 210. ☒ 211. ☒ 212. ☒ 213. ☒ 214. ☒ 215. ☒ 216. ☒ 217. ☒ 218. ☒ 219. ☒ 220. ☒ 221. ☒ 222. ☒ 223. ☒ 224. ☒ 225. ☒ 226. ☒ 227. ☒ 228. ☒ 229. ☒ 230. ☒ 231. ☒ 232. ☒ 233. ☒ 234. ☒ 235. ☒ 236. ☒ 237. ☒ 238. ☒ 239. ☒ 240. ☒ 241. ☒ 242. ☒ 243. ☒ 244. ☒ 245. ☒ 246. ☒ 247. ☒ 248. ☒ 249. ☒ 250. ☒ 251. ☒ 252. ☒ 253. ☒ 254. ☒ 255. ☒ 256. ☒ 257. ☒ 258. ☒ 259. ☒ 260. ☒ 261. ☒ 262. ☒ 263. ☒ 264. ☒ 265. ☒ 266. ☒ 267. ☒ 268. ☒ 269. ☒ 270. ☒ 271. ☒ 272. ☒ 273. ☒ 274. ☒ 275. ☒ 276. ☒ 277. ☒ 278. ☒ 279. ☒ 280. ☒ 281. ☒ 282. ☒ 283. ☒ 284. ☒ 285. ☒ 286. ☒ 287. ☒ 288. ☒ 289. ☒ 290. ☒ 291. ☒ 292. ☒ 293. ☒ 294. ☒ 295. ☒ 296. ☒ 297. ☒ 298. ☒ 299. ☒ 300. ☒ 301. ☒ 302. ☒ 303. ☒ 304. ☒ 305. ☒ 306. ☒ 307. ☒ 308. ☒ 309. ☒ 310. ☒ 311. ☒ 312. ☒ 313. ☒ 314. ☒ 315. ☒ 316. ☒ 317. ☒ 318. ☒ 319. ☒ 320. ☒ 321. ☒ 322. ☒ 323. ☒ 324

Fuel type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar

Other

Location: _____
Total Cost of Fire Protection Work \$ 100

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Approval	Initial
☒ No Plans Required		Alarm System			
☒ Partial - Understad Utilities Approved		Suppression Sys.			
Date: _____	Approved by: _____	Stenogipe			
☒ Fire Protection Plans Approved		Fire Pump			
Date: _____	Approved by: _____	Pre-Eng. System			
Joint Plan Review Required:		Mechanical			
☒ Bldg. ☒ Elev. ☒ Plumb. ☒ Elec.		Smoke Control			
SUBCODE APPROVAL for PERMIT		TCO			
Date: <u>3/2/02</u>	Approved by: <u>[Signature]</u>	Plant/Combust. Tanks			
SUBCODE APPROVAL for CERTIFICATE		Fireplace Venting			
☒ CO ☒ TCO ☒ CA		Final			
Date: <u>3/2/02</u>	Approved by: <u>[Signature]</u>	Other			
Approved: _____					

U.C.C. F140 (1, 52/11)
Internet version

Applicant: When submitting this form to your Local Conservation Code Enforcement Office, please include original plus three photocopies.

2010

Attachment



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 964 Lot 16 Qualification Code _____

Work Site Location 209 NEWARK AVE
LAVALLETTE

Owner in Fee: Jim Bestys

Tel. (973) 809-3320 e-mail JBestys@yahoo.com

Address _____

Contractor: Premier Electronics Tel. (732) 903-2126

Address 2411 MARK PLACE e-mail Bille.premierelectronics.com

Point Pleasant 08053

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 3466000500

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

Fire Alarm Contractor No. 502 Exp. Date 8/22

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

Federal Emp. ID No. _____ FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible

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

OR [] Conversion or [] Replacement Location of Panel: _____

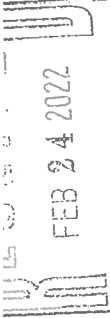
Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

Other _____ [] New or [] Existing

Location: _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 4100

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System				
[] Partial - Underslab Utilities Approved	Suppression Sys.				
Date: _____	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: _____	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT	TCO				
Date: <u>3/23/22</u>	Flam/Combust Tanks				
Approved by: <u>J. J. Murre</u>	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE	Final				
[] CO [] ECO [] CA	Other				
Date: <u>3/23/22</u>					
Approved: <u>J. J. Murre</u>					



FEB 24 2022

Date Issued
Control #

Permit #

B. 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: William L. Stephens

Print name here: William L. Stephens [] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Supplementary Fire Alarm

Water Supply Source: pot protection

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
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	<u>3</u>	<u>60</u>
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [] Gas [] Oil [] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge \$		
Minimum Fee \$		
State Permit Surcharge Fee \$		
TOTAL FEE \$		



PERMIT UPDATE

Date Update Issued
Permit #
Date Permit Issued

IDENTIFICATION Block 964 Lot 10 Qualification Code
Work Site Location 209 NEWARK AVE LAVALLETTE Contractor FREEDOM AIR HEATING & COOLING LLC
Owner in Fee JIM BESTUS Address 700-4 OLD SHORE ROAD
Address 209 NEWARK AVE LAVALLETTE Tel. (973) 809-3326 Lic. No. or Bldrs. Reg. No. 19H200463900

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INSTALLATION OF HEATING & COOLING

Estimated Cost of Work \$ 15,000

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

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-OFFICE

4 GOLD-APPLICANT

Reorder from OCS Printing (609) 398-4375

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
State Permit Surcharge Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

CHANGE OF CONTRACTOR **PLUMBING SUBCODE** **INFORMATION**

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

Block 9104 Lot 16 Qualification Code _____

Work Site Location 209 NEWARK AVE, LAVALLE HT

Owner in Fee. Jim Bestys

Tel. 973-809-3326 Email: jbestys@yahoo.com

Address: 209 NEWARK AVE, LAVALLE HT

Contractor Freedom Air HVAC LLC Tel. 732-270-4920

Address 200-4 Old Shore Road e-mail _____

Forked River, NJ

Contractor License No. 19HCO02463900 Exp. Date 6-30-22

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 208864208 FAX: _____

INSPECTION TYPE:

- SLAB
- ROUGH
- WATER
- SEWER
- FIXTURES
- GAS/PIPE/EQUIPMENT
- GAS/PIPING
- LPG/TANK
- FUEL OIL/PIPING
- SOLAR
- T/O
- FINAL

Date Received
Control #
Date Issued
Permit #

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:

Jordan Krause

Print name here:

Jordan Krause / Freedom Air HVAC

DESCRIPTION OF WORK:

Installation of
heating & cooling
system



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 209 Lot 10 Qualification Code _____

Work Site Location 209 Newark Ave

Owner in Fee James R. Bester Address 209 Newark Ave CAVALIERS NJ 08735

Tel (415) 504 3326

Contractor James R. Bester Electric

Address 158th St 9 Tom's River

Tel (202) 684-2676 FAX ()

Contractor License No. 15135

Federal Emp. No. 22-2248479

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
		Initial
[] No Plans Required	Type: Rough	
Joint Plan Review Required:		
[] Building [] Plumbing	Barrier-Free	
[] Fire [] Elevator	Trench	
[] Elec. Plans Approved	Temp. Serv.	
Date: <u>2/14/22</u>	Constr. Serv.	
Approved by: _____	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	

SUBCODE APPROVAL

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

103 Lighting Fixtures

33 Receptacles

43 Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

179 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

130 Firewater

FEE (Office Use Only)

\$ 22.00

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received
Control #

Date Issued
Permit #



PERMIT UPDATE

Date Update Issued
Permit #
Date Permit Issued

SEP 07 2021

IDENTIFICATION Block 964 Lot 26 16 Qualification Code R5
Work Site Location 209 NEWARK AVE Contractor _____
Address _____
Owner in Fee JAMES BESTUS
Address 209 NEWARK AVE Tel. (923) 809 3326
CANALUA NJ 08735 Lic. No. or Bldrs. Reg. No. _____
Tel. (____) _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Change Contractor

Estimated Cost of Work \$ 15,000

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 _____

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—OFFICE

4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
State Permit Surcharge Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

Reorder call: 877-531-2233



PLUMBING SUBCODE
TECHNICAL SECTION



SEP 07 2021

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

Block 964 Lot 16 Qualification Code _____
Work Site Location 209 Newmarket Ave

Owner in Fee: Jim Besty
Tel. (973) 809 3326 e-mail _____

Address 11 Pleasantville Rd Basking Ridge 07920
street municipality

Contractor: Arthur Turkowsky Ocean Tel. (732) 793-3809
street

Address 1901 Rt 35 N e-mail _____
Offley 08751

Contractor License No. _____ Exp. Date 6/22
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 222355254 FAX: (732) 793-5794

B. PLUMBING CHARACTERISTICS
Use Group Present RS Proposed RS
Building Sewer Size 4" EXIST Public Sewer X Private Septic _____
Water Service Size 1" Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 15,000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
[] Partial - Underslab Utilities Approved
Date: _____ Approved by: _____
[] Plumbing Plans Approved
Date: 6/16/21 Approved by: ROO
Joint Plan Review Required:
[] Bldg. [] Elec. [] Fire. [] Elev.
SUBCODE APPROVAL for PERMIT
Date: 7/16/21
Approved by: PPD
SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCO [] CA
Date: _____
Approved by: _____

Old Contractor
PPD

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: Arthur Turkowsky

Print name here: Arthur Turkowsky
[X] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK addition + alteration

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>4</u>	Water Closet	\$ <u>80</u>
<u>5</u>	Urinal/Bidet	<u>100</u>
<u>3</u>	Bath Tub	<u>60</u>
<u>1</u>	Lavatory	<u>20</u>
<u>1</u>	Shower	<u>20</u>
<u>1</u>	Floor Drain	<u>20</u>
<u>1</u>	Sink	<u>40</u>
<u>1</u>	Dishwasher	
<u>1</u>	Drinking Fountain	
<u>1</u>	Washing Machine	
<u>1</u>	Hose Bibb	
<u>1</u>	Water Heater	
<u>1</u>	Fuel Oil Piping	
<u>1</u>	Gas Piping	
<u>1</u>	LPG Gas Tank	
<u>1</u>	Steam Boiler	
<u>1</u>	Hot Water Boiler	
<u>1</u>	Sewer Pump	
<u>1</u>	Interceptor/Separator	
<u>1</u>	Backflow Preventer	
<u>1</u>	Greasetrap	
<u>1</u>	Sewer Connection	
<u>1</u>	Water Service Connection	
<u>1</u>	Stacks	<u>80</u>
<u>1</u>	Other <u>Gas App/24" Dry, Stone</u>	

Administrative Surcharge \$ 420
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

Greenfield
Home-Permit

Date Received _____
Control # _____

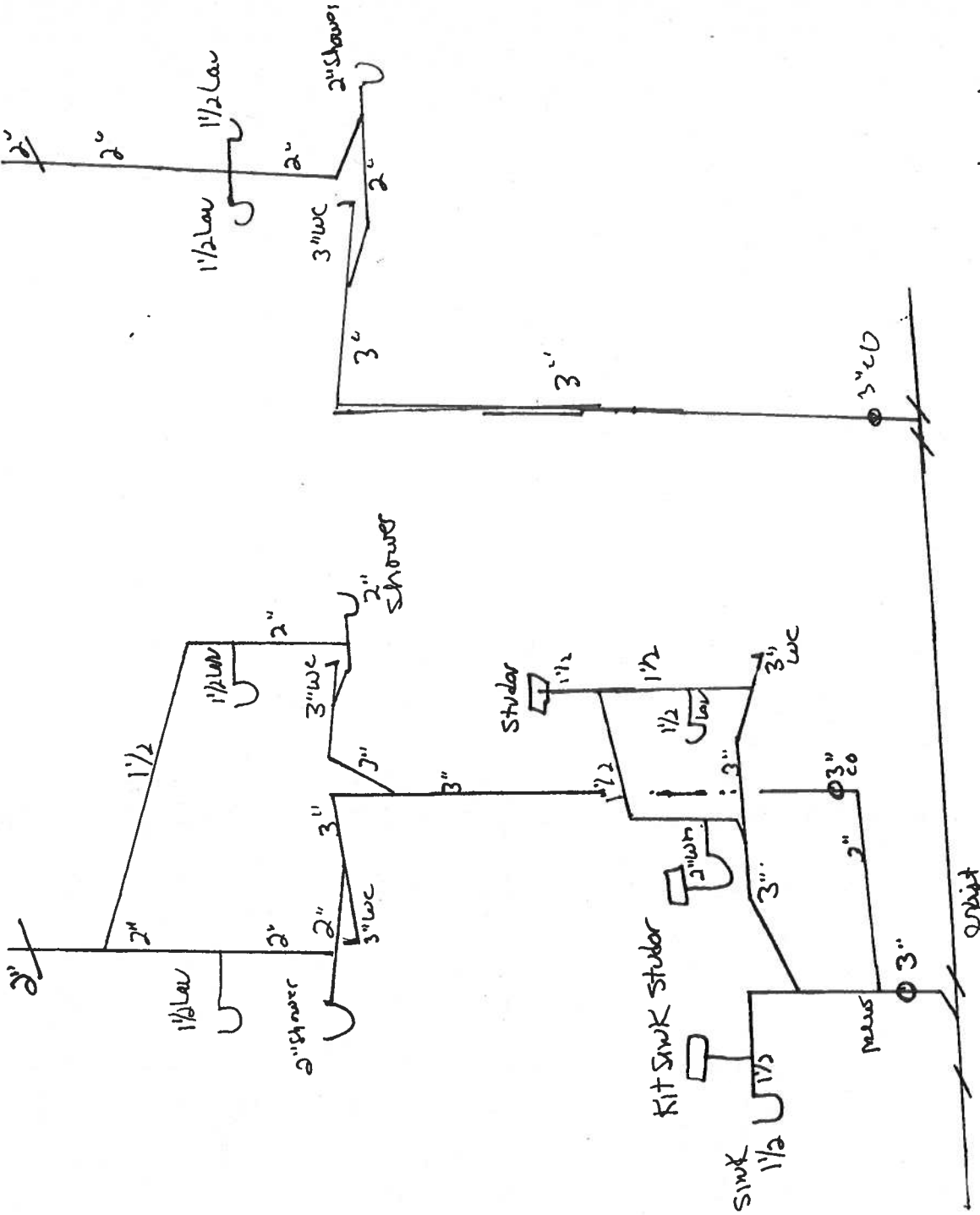
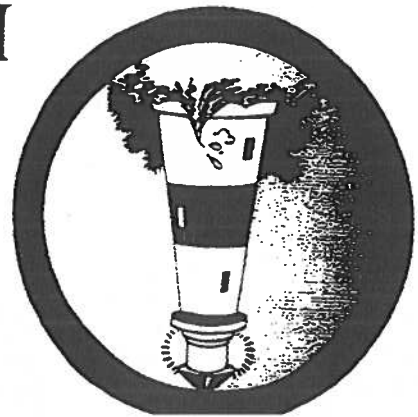
Date Issued _____
Permit # _____

9-15-21
20210219

CLEAN

Plumbing & Heating

P.O. Box 519 • Lavallette, NJ 08735 • 732.793.3809 • 732.793.5794 (fax) • oceanplumbing@optimum.net



Optim Plumbing
10996

Plumbing Approved

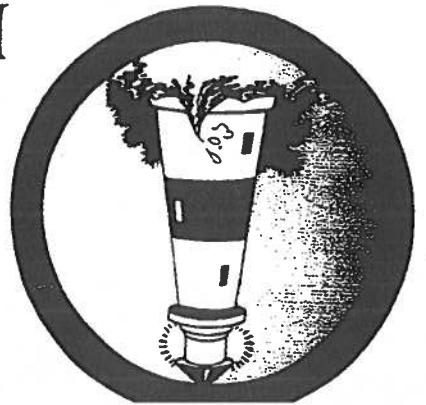
209 Newark Ave

9/9/21
Plumbing Official

WPI

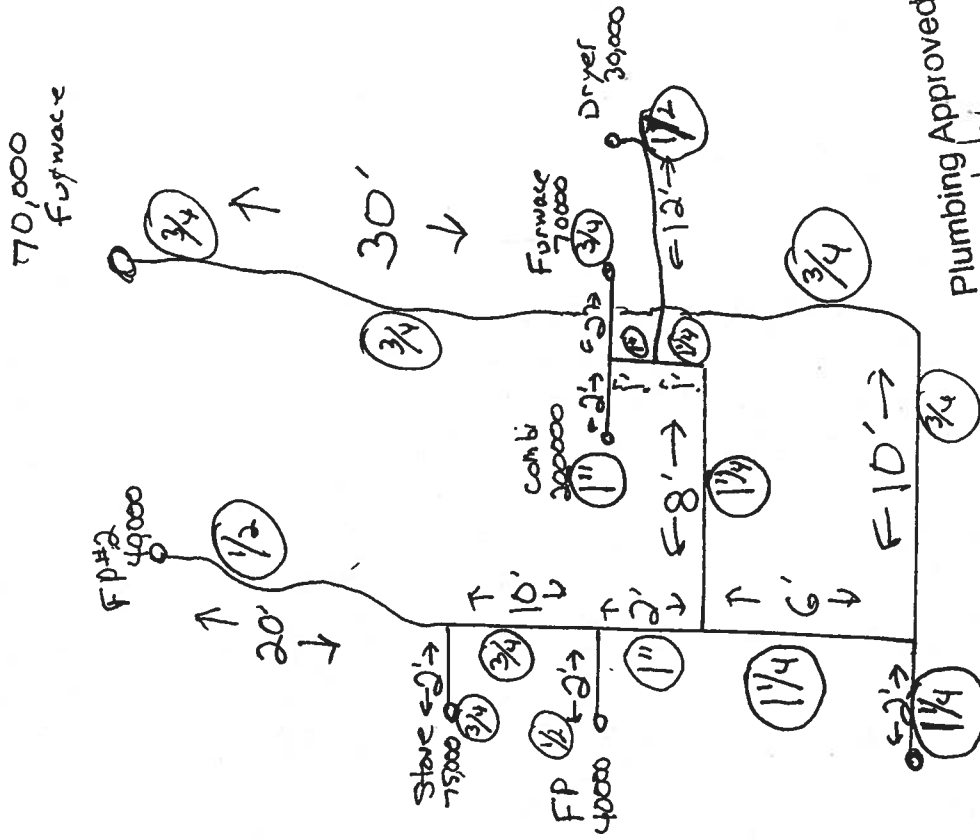
CLEAN

Plumbing & Heating



P.O. Box 519 • Lavallette, NJ 08735 • 732.793.3809 • 732.793.5794 (fax) • oceanplumbing@optimum.net

Total BTU 525,000
Longest Run 50'
Less than



Plumbing Approved

Date 9/4/10

Plumbing Official

Optic Tankerby
#10996

209 Newark



MECHANICAL INSPECTOR TECHNICAL SECTION



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

Block 46 904 Lot 2416 Qualification Code 209
Work Site Location 209 Housatonic Ave LUP

Owner in Fee: Jim Betty

Tel. 973 809 3336 e-mail _____

Address 11 Pleasantville Rd e-mail _____

Contractor: Arthur Tuckowsky (OCEAN) Tel. 732 793-3809 ZIP code 07920

Address 1901 R135 N e-mail _____

Contractor License No. or Builder Registration No. 10996 Exp. Date 6/23

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 222355254 FAX: 732 793-5779

B. MECHANICAL CHARACTERISTICS

Use Group Present: RS Proposed: RS

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 \$12,000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☒ Mechanical Plans Approved

Date: 1/11/12 Approved by: RS

Joint Plan Review Required: ☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev. SUBCODE APPROVAL for PERMIT

Date: 1/11/12

Approved by: RS

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Gas Piping _____

Appliance _____

Chimney/Vent _____

Oil Piping _____

Oil Tank _____

LPG Tank _____

Hydronic Piping _____

Fireplace _____

Chimney Cert. _____

Other _____

DATES

Failure _____

Failure _____

Approval _____

Initial _____

D. TECHNICAL SITE DATA

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: Arthur Tuckowsky (OCEAN)

DESCRIPTION OF WORK

install combi boiler + baseboard
spec. enclosed

NO. _____

FIXTURE/EQUIPMENT

Water Heater _____

Fuel Oil Piping Connections _____

Gas Piping Connections 10pph

Steam Boiler _____

Hot Water Boiler combi

Hot Air Furnace _____

Oil Tank _____

LPG Tank _____

Fireplace _____

Other _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ 245

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



CONSTRUCTION PERMIT

Date Issued 9-15-21
Permit # 20210219

IDENTIFICATION Block 964 Lot 16 Qualification Code _____
Work Site Location 209 NEWARK AVE Contractor _____
Address _____
Owner in Fee JAMES BESTA Address _____
Address 11 PLEASANTVILLE RD Tel. (____) _____
BASKING RIDGE NJ 07920 Lic. No. or Bldrs. Reg. No. _____
Tel. (973) 809 3326

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

DEMO CHIMNEY, REAR PORCH, BASEMENT,
ADD FAMILY ROOM AND ADD A LEVEL -

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 \$ 350,000 -

Construction Official

Date

9-15-21

PAYMENTS (Office Use Only)

Building 3786
Electrical - 950
Plumbing - 420
Fire Protection 700
Elevator Devices _____
Other mech 8300 910
DCA State Permit Fee 265
Cert. of Occupancy 60
Other _____
Total 7091
Check No. 1532
Cash _____
Collected by ga

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

Reorder call: (732) 534-3000



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 9104 Lot 10 Qualification Code 10
 Work Site Location 709 Newark Ave, Newark, NJ

Owner in Fee: JAMES BESTY
 Tel. (973) 809 3726 e-mail JBESTY@GALAXY.COM

Address 11 Pleasantville Ave, Bklyn, NJ 07020
 street municipality zip code

Contractor: JAMES BESTY Tel. () e-mail
 Address

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present 75 Proposed 75
 [] Pole/Pad # [] Temporary [] Other
 Building Occupied as Single Dwelling Utility Co. TEPCO
 Est. Cost of Elec. Work \$ 25,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Failure	Failure	Approval	Initial	
[] No Plans Required					
[] Partial -Underslab Utilities Approved					
Date: <u>8/19/12</u> Approved by: <u>[Signature]</u>					
[] Electric Plans Approved					
Date: <u>8/19/12</u> Approved by: <u>[Signature]</u>					
Joint Plan Review Required:					
[] Bldg. [] Plumb. [] Fire. [] Elev. Service Final					
SUBCODE APPROVAL for PERMIT					
Date: <u>8/19/12</u> Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL for CERTIFICATE					
[] CO [] CCO [] CA					
Date: <u>8/19/12</u> Approved by: <u>[Signature]</u>					
Date of Grounding and Bonding Certification					

Date Received
 Control #
 Date Issued
 Permit #

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: JAMES BESTY

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>30</u>		Lighting Fixtures	<u>12.5</u>
<u>20</u>		Receptacles	<u>62</u>
<u>30</u>		Switches	<u>12.34</u>
<u>10</u>		Detectors	<u>Per</u>
<u>3</u>		Light Poles	<u>2 me. 1/2</u>
		Motors—Fract. HP	<u>340</u>
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS			
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	<u>45</u>
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	<u>45</u>
		KW Dishwasher	
		HP Garbage Disposal	<u>13.5</u>
		KW Central A/C Unit	<u>135</u>
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4 HP	<u>150</u>
		KW Transformer/Generator	<u>100</u>
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 964 Lot 16 Qualification Code _____
Work Site Location 203 Newark Ave. Larkfield NJ 08735

Owner in Fee: JAMES BESTY
Tel. (973) 804 3326 e-mail JBESTY@caplan.com

Address 11 Pleasantville Ave. Basking Ridge, NJ 07920 zip code _____

Contractor: JAMES BESTY Tel. (_____) _____
Address _____ e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 9.1 Proposed 9.5 Fuel Storage Tank:
Constr. Class: Present _____ Proposed _____ Fuel Type: ☐ Flammable or ☐ Combustible Capacity _____

Heating System: ☒ New or ☒ Modification to Existing Fire Alarm System: ☒ New or ☐ Existing
or ☐ Conversion or ☐ Replacement Location of Panel: _____

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar Fire Suppression/Standpipe System:
Other _____ (☐ New or ☐ Existing Location of Main Control Valve: _____

Location: _____
Total Cost of Fire Protection Work \$ 10,000

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Type:	Failure	Dates (Month/Day)
☐ No Plans Required	Alarm System	_____	Approval _____ Initial _____
☐ Partial -Underslab Utilities Approved	Suppression Sys.	_____	_____
Date: _____ Approved by: _____	Standpipe	_____	_____
☐ Fire Protection Plans Approved	Fire Pump	_____	_____
Date: _____ Approved by: _____	Pre-Eng. System	_____	_____
Joint Plan Review Required:	Mechanical	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.	Smoke Control	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____
Date: <u>9/15/19</u>	Flam/Combust Tanks	_____	_____
Approved by: <u>[Signature]</u>	Fireplace Venting	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____
☐ CO ☐ CCO ☐ CA	Other	_____	_____
Date: _____	Approved by: _____	_____	_____

U.C.C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: JAMES BESTY

D. TECHNICAL SITE DATA ☐ Certified Contractor ☒ Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____ FEE (Office Use Only) \$ _____
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 _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☒ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

375-

100-

100-

100-

100-

100-

100-

100-

100-