2022-76
4/26/22

Kim Stevenson

From: Suzanne Stanford
Sent: Tuesday, April 26, 2022 4:15 PM
To: Kim Stevenson
Subject: FW: OPRA request - Environmental Records

MARABella's

9403
11

-----Original Message-----
From: Derek Grothusen [mailto:opra+request-31331-2582b790@requests.opramachine.com]
Sent: Tuesday, April 26, 2022 2:33 PM
To: Suzanne Stanford <StanfordS@shnj.org>
Subject: OPRA request - Environmental Records

Dear Stone Harbor Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

EnviroSure is conducting a Phase I ESA at the property of 9426 3rd Avenue, Stone Harbor Borough, NJ. In that regard we are requesting a search of all files pertaining to the property. In particular, files pertaining to underground storage tanks, environmental concerns and spills, building permits, and ownership records. Electronic copies are preferred if available. Thank you.

Yours faithfully,

Derek Grothusen
EnviroSure, Inc.

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-31331-2582b790@requests.opramachine.com

Is stanfords@shnj.org the wrong address for OPRA requests to Stone Harbor Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=stone_harbor_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

mail:
226 75th St
Avalon NJ
08202

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10-04-96
Date Issued
Control # 96-2188
Permit #

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

Block 94.03 Lot 111, 112, 113 a/l

Work Site Location 95th between 2nd & 3rd
9426 Third Ave

Owner in Fee Angela G. Mandella ET AL

Address 1326 Spruce 2301
Phila. Pa. 19107

Tele. (215) 545-3575 Local 368-5745

Contractor Ray Verity

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature Angela G. Mandella

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

12 blocks of sidewalk to be replaced
Curb need to be done also along 95th Street

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [✓] CA			TCO				
Date: 1/15/98			Other				
Approved By: [illegible]			Final				

Dates (Month/Day)

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [✓] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence ______ Height (6' or over)
  - [ ] Sign ______ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [✓] Other Sidewalk
  - [ ] Other
- [ ] Demolition

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # ______ Minimum Fee $
Collected by: ______ DCA TRAINING FEE $ 2.00
TOTAL FEE $

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 630.00
3. Total (1+2) $ 630.00

BUILDING SUBCODE TECHNICAL SECTION

Date Received 09-15-95
Date Issued
Control #
Permit # 95-1610

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

Block 94.03 Lot 111
Work Site Location 9426 ; 3rd Ave
Owner in Fee Marabella ET AL
Address 1326 Spruce St. Unit 2301 Phila PA 19107
Tele. (___) 368-5037
Contractor Ray Verity
Address Box 481 Goshen, N.J
Tele. (___) 861-5560
Lic. No. or Bldrs. Reg. No. 00276
Federal Emp. No. 22-2000515 or Social Security No. ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing				
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			Insulation				
[ ] Other			Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [✓] CA			Other				
Date: 9/17/96			Final			9/17/96	
Approved By:							

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ___
2. Alteration $ ___
3. Total (1+2) $ 790.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature Raymond A. Verity

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

tear off old copeing on front wall at roof line & replace.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ___ Height (6' or over)
[ ] Sign ___ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other ___
[ ] Other ___
[ ] Demolition

(Office Use Only)
FEE
$ ___

Administrative Surcharge $ ___
Paid [ ] Check # ___ Minimum Fee $ ___
Collected by: ___ DCA TRAINING FEE $ ___
TOTAL FEE $ ___

U.C.C. Form F-110B

1 White = Office Copy
2 Canary = Office Copy
3 Pink = Applicant Copy
4 Hard = Inspector Copy

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

No 1610

Date Issued 09-15-95
Control #
Permit # 95-1610

IDENTIFICATION Block 94.03 Lot 111

Work Site Location 9426 Trinidad Ave

Owner in Fee Marabella ETAL

Address 1336 Spruce St Suite 301 Phila PA 19107

Tele. (____)

Contractor Ray Veritz

Address Box 481 Boyden NJ

Tele. (____) 861-5560

Lic. No. or Bldrs. Reg. No. 276 Exp. Date

Federal Emp. No. 22 2000515

or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Tear off old coping on front wall at roof line replace

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 $ 790

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	25.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	25.00
Check No.	7653
Cash	
Collected By:	JM

(see reverse side)

U.C.C. Form F-170C

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

№ 2188

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 10-09-96
Control #
Permit # 96-2187

IDENTIFICATION Block 94.03 Lot 111, 113, 113.1

Work Site Location 9426 Third Ave

Owner in Fee Magnolia 9th Ave

Address 1326 Spruce St Suite 2301 Phila PA 19107

Tele. (____)

Contractor Kay Lynch

Address Merlin NJ

Tele. (____)

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

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] OTHER curbing

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

curbing along 9th St and 10 ft back of Public Right of Way

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 $ 630

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**	
Building	2.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	2.00
Check No.	
Cash	✓
Collected By:	

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY--OFFICE 3 PINK--OFFICE 4 GOLD—APPLICANT

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 07-08-92
Control #
Permit # № 92- 016

IDENTIFICATION Block 94.03 Lot 111, 112, 113.01

Work Site Location 9426 3rd Ave

Owner in Fee Marabella's

Address 653 Skippack Pike
Blue Bell PA 19422

Tele. ( )

Contractor Avalon Plumbing

Address 254 24th St
Avalon NJ 08202

Tele. ( ) 967-4624

Lic. No. or Bldrs. Reg. No. 6400 Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

curb trap.

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 $

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**	
Building	
Plumbing	35.00
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	35.00
Check No.	1768
Cash	
Collected By:	

(see reverse side)

U.C.C. Form F-170A

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 8-19-94
Control #
Permit # 92-016

IDENTIFICATION

Block 94.03 Lot 111,112,113.01
Work Site Location 9426 Third Avenue

Owner in Fee Marabella's
Address 653 Skippack Pike
Blue Bell, PA 19422
Tele. (____)
Contractor Avalon Plumbing
Address 254 24th Street
Avalon, NJ 08202
Tele. (____) 967-4621
Lic. No. or Bldrs. Reg. No. 6400
Federal Emp. No.
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

curb trap

☐ **CERTIFICATE OF OCCUPANCY**

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

BOROUGH OF STONE HARBOR
9508 SECOND AVENUE
STONE HARBOR, NJ 08247

Date Issued 09/14/18
Control #
Permit # 17-12680

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 94.03 Lot 111 Qual ALT
Work Site Location 9426 THIRD AVENUE

Owner in Fee/Occupant MARABELLA'S
Address 440 S BROAD STREET
PHILADELPHIA, PA 19146-
Telephone ( ) -
Contractor ISLAND ENTERPRISES
Address 1317 N ROUTE
CMCH, NJ 08210-
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 20-7404928

Home Warranty No.
[ ] State [ ] Private
Use Group B-
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REPLACE SHEDREPLACE FENCE FOR PRIVACY

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

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

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Fee $ 35
Paid [X] Check No. Cash
Collected by: SMB

Construction Official

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-19-17

Date Issued / Permit # 17-12680

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

Block 9403 Lot 11, 12 & 13.04 Qualification Code

Work Site Location 9422-9426 3RD AVE STONE HARBOR, NJ. 08247

Owner in Fee: Angelo G. Marabella

Tel. (267) 324 3061 e-mail

Address 440 S. Broad Unit 2107 Phila. PA 19146
street municipality zip code

Contractor: ISLANDS ENTERPRISES Tel. (609) 425-3600

Address 317 N. RTE. 9 e-mail

C.M.C.H. N.J. 08210

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

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

Federal Emp. ID No. 207-40-4928 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11-27-17
Approved by: NK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 9/14/18
Approved by: NK

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other 9-14-18				
(Final)			9/14/18	NK
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present 1 Proposed

No. of Stories 1

Height of Structure 10' 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 $ 4,100.00
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: Angelo G Marabella

Print name here: Angelo G Marabella

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE EXISTING SHED ROOF STRUCTURE (same for same) & REPLACE (PARTIAL) EXISTING PRIVACY WOOD FENCE STRUCTURES. (same for same)! PLEASE SEE DRAWINGS.

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110
(rev. 11/09)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Hard = Applicant Copy

BOROUGH OF STONE HARBOR
9508 SECOND AVENUE
STONE HARBOR, NJ 08247

Date Issued 12/19/17
Control #
Permit # 17-12680

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 94.03 Lot 111 Qual ALT

Work Site Location 9426 THIRD AVENUE

Owner in Fee MARABELLA'S
Address 440 S BROAD STREET
PHILADELPHIA, PA 19146-
Telephone ( ) -

Contractor ISLAND ENTERPRISES
Address 1317 N ROUTE
CMCH, NJ 08210-
Telephone ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 20-7404928

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE SHEDREPLACE FENCE FOR PRIVACY

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 $ 4,100

Construction Official

12/19/17
Date

PAYMENTS (Office Use Only)

Building	100
Electrical	0
Plumbing	0
Fire Protection	0
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	8
Cert. of Occupancy	35
Other	
Total	143
Check No.	
Cash	X
Collected By	SMB

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

BOROUGH OF STONE HARBOR
9508 SECOND AVENUE
STONE HARBOR, NJ 08247

Date Issued 04/13/11
Control #
Permit # 11-9781

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 94.03 Lot 111 Qual ALT
Work Site Location 9426 THIRD AVENUE

Owner in Fee/Occupant MARABELLA'S
Address 440 S BOAD STREET #2107
PHILADELPHIA, PA 19146-
Telephone ( ) -
Contractor EDWARD W ZANE
Address 3735 OCEAN DR
AVALON, NJ 08202-
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group B-
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

PRESSURE TEST TO EXISTING LINE

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

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

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Fee $ 35
Paid [X] Check No. 7151
Collected by: SMB

Construction Official

U.C.C. F260 (rev. 3/96)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4-5-11

Permit # 11 - 9781

IDENTIFICATION Block 9403 Lot 11, 112, 1134 Qualification Code

Work Site Location 9426 THIRD AVE Contractor Edward W ZAK

Stone Harbor, NJ 08247 Address 3735 Dorset Dr.

Owner in Fee MARABELLA et al Atlantic NJ 08402

Address 440 S. BROAD St. #201 Tel. ( )

Phila PA 19146 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

DESCRIPTION OF WORK:

Pressure test existing line

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 $

Construction Official

4/4/11

Date

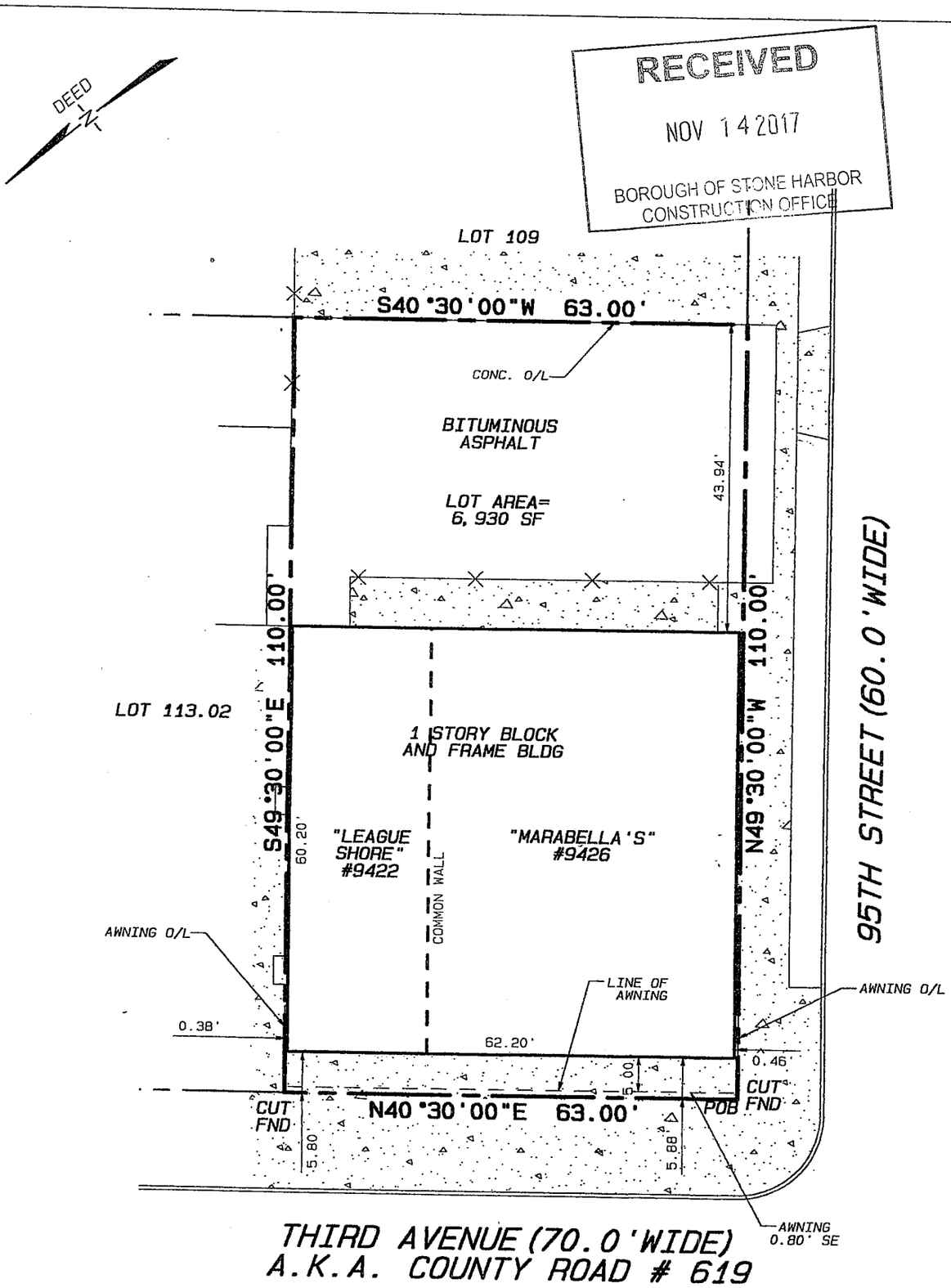
PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	45 -
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	1
Cert. of Occupancy	35 -
Other	
Total	81 -
Check No.	7157
Cash	
Collected by	SLM

(see reverse side)

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

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT



CERTIFY TO:

MARABELLA PARTNERSHIP

and in consideration for the fee paid for making this survey.I hereby certify to its accuracy (except such easements if any, that may be located below the surface of the lands, or on the surface of the lands and not visible) as an inducement for any insuror of title, to insure the title to the lands and premises shown hereon".

PLOT PLAN OF A SURVEY
LOTS 111, 112, 113.01
BLOCK 94.03 (TAX MAP)
BOROUGH OF STONE HARBOR
CAPE MAY COUNTY, NJ

Sam Deneka PE, LS #12659
PROFESSIONAL ENGINEER & LAND SURVEYOR

Thomas R. Deneka PLS #35828
PROFESSIONAL LAND SURVEYOR

STONE HARBOR SURVEYORS
P.O. Box 511
9809 Third Avenue
Stone Harbor, NJ 08247
(609) 368-7451 Fax (609) 368-3147
EMAIL: shsurveyor@comcast.net

Scale:	Date:	Disk:	Drawn By:	Job No.
1"=20'	03/07/12	EXT	MED	3999