INCORPORATED • 1920 •

BOROUGH OF OCEANPORT

- COUNTY OF MONMOUTH -
MUNICIPAL BUILDING
222 MONMOUTH BOULEVARD • OCEANPORT, N.J. 07757
(732) 222-8221 • FAX (732) 222-0904

May, 2014

Borough of Oceanport Residents

Re: Borough of Oceanport Ordinance #390-25 "Trailers/Recreational Vehicles"

To Whom It May Concern:

Please be advised that a visual inspection recently took place of all streets in the Borough of Oceanport with reference to the above mentioned.

You have been found to be in violation of the Borough Ordinance #390-25.
Please see the attached ordinance explaining same.

Follow up inspections will take place. The process for non compliance would be a "Notice of Violation". After that, a summons shall be issued and you will have to appear in municipal court.

If there are any further questions, please feel free to contact me at Borough Hall, which is now located at the Old Wharf House, 315 East Main Street. I am located in the Building & Zoning Department (732)222-0641. My office hours are Monday 3:30-4:30 pm and Wednesday 3:30-7:00 pm.

I thank you in advance for your cooperation with regard to this matter.

Very truly yours,

SALVATORE MASSARO, JR.
Code Enforcement Officer

SM,JR./ph

Cc: Honorable Michael J. Mahon,
Mayor, Borough of Oceanport
Jeanne Smith, Borough Clerk

CONSTRUCTION PERMIT

Date Issued 9-13-18

Permit # 18-00274

IDENTIFICATION Block 117 Lot 57 Qualification Code

Work Site Location 50 Pemberton Ave Oceanport NJ 07757

Owner In Fee US Bank NA Master Trust

Address 2711 N. Haskell Ave. Ste. 1700 Dallas TX 75204

Tel. (888) 572-6750

Contractor Ameritrust Residential

Address 3525 Piedmont Rd. Bldg 7 Ste. 700 Atlanta GA 30305

Tel. (732) 991-5098

Lic. No. or Bldrs. Reg. No. 13VH09097800

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

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

DESCRIPTION OF WORK:

rplace & repipe plumbing fixtures
rplace steam boiler & HWH with combi unit
~~relocate & modify bathrooms to enlarge~~

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 $ ~~20,000.00~~ 5300.00

John E. Fadden 9/5/18

Construction Official Date

PAYMENTS (Office Use Only)	
Building	
Electrical	75-
Plumbing	420-
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	10-
Cert. of Occupancy	
Other	
Total	505-
Check No.	VV1481 9-13-18
Cash	
Collected by	JRF

U.C.C. P170 (rev. 01/04)

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

(see reverse side)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8-30-18
Control #
Date Issued 9-13-18
Permit # 18-00274

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

Block 47 Lot 57 Qualification Code

Work Site Location 50 Pemberton Ave, Oceanport NJ 07757

Owner in Fee: US BANK NA-MASTER TRUST LSF9

Tel. 888 572 6950 e-mail

Address 3711 NORTH HASKELL AVE. STE. 170 DALLAS TX 75204
(street, municipality, zip code)

Contractor: Eastgate Electrical LLC Tel. (732) 439-6998

Address P.O. Box 611 e-mail garyanuzzi@yahoo.com
Allenwood, NJ 08720

Contractor License No. 6228 Exp. Date 03/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ $300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] 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: 9/13/18
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-In-Card Date Issued
Final Cut-In-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Gary C. Nuzzi

Print name here: Gary A Nuzzi

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: install combi unit HWH/Boiler combi unit

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		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 $ 75-

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 9-13-18
Permit # 18-00274

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

Block 117 Lot 57 Qualification Code

Work Site Location 50 Pemberton Ave
Oceanport NJ 07757

Owner in Fee: US BANK NA LSF9

Tel. (732) 991-5098 e-mail

Address 2711 N HASKELL AVE STE 1700 Dallas TX 75204
(street) (municipality) (zip code)

Contractor: PATRIOT PLUMBING MECH LLC Tel. (732) 929-3529

Address 2802 2ND AVENUE e-mail
TOMS RIVER NJ 08753

Contractor License No. 11968 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No: [redacted] FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size Public Sewer 4" Private Septic

Water Service Size Public Water 3/4" Private Well

Est. Cost of Plumbing Work $ ~~10,000~~ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 6/22/18 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6/22/18
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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: DAVID J MOORES

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Relace / repair Fixtures Listed Below

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
2	Water Closet	40-
	Urinal/Bidet	
1	Bath Tub	20-
2	Lavatory	40-
1	Shower	20-
	Floor Drain	
1	Sink Kit.	20-
1	Dishwasher	20-
	Drinking Fountain	
1	Washing Machine	20-
2	Hose Bibb	40-
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	100-
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler Combi	100-
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	420-

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

CONSTRUCTION PERMIT

Date Issued: 9-13-18

Permit # 18-00270

IDENTIFICATION Block 117 Lot 57 Qualification Code

Work Site Location 50 Pemberton Ave
Oceanport NJ 07757

Owner in Fee US Bank NA master Trust
Address 2711 N. Haskell Ave, ste. 1700
Dallas TX 75204
Tel. (888) 572-6950

Contractor Amerihust residential
Address 3630 Peachtree Rd NE
Ste. 1500 Atlanta GA 30326
Tel. (732) 991-5098
Lic. No. or Bldrs. Reg. No. 13VH09095800

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
A/C

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 $

John E. Palm
Construction Official

8/30/18
Date

PAYMENTS (Office Use Only)
Building 1
Electrical 75-
Plumbing 75-
Fire Protection
Elevator Devices
Other
DCA State Permit Fee 9-
Cert. of Occupancy
Other
Total 159-
Check No. W1446 9-11-18
Cash
Collected by JRE

(see reverse side)

UCC/F170
Colornet LLC
856.393.2940

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9-13-18
Permit # 18-00270

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

Block 117 Lot 52 Qualification Code

Work Site Location 50 Pemberton Avenue, Oceanport, NJ 07757

Owner in Fee: US Bank NA Master Trust

Tel. (888) 572-6950 e-mail

Address 2711 N. Haskell Ave, Ste 1700 (street) Dallas, TX (municipality) 75204 (zip code)

Contractor: Dwyer Refrigeration Tel. (732) 674-8585

Address 159 Manorside Dr e-mail dwyerhvacr@gmail.com
Brick, NJ 08724

Contractor License No. 19HC00053800 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH07083600

Federal Emp. ID No. [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] 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: 8/28/18
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Edward Dwyer

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
AC Replacement

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	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	5	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	$ 75

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control #

Date Issued 9-13-18
Permit # 18-00270

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

Block 117 Lot 52 Qualification Code

Work Site Location 50 Pemberton Avenue, Oceanport, NJ 07757

Owner in Fee: US Bank NA Master Trust

Tel. (888) 572-6950 e-mail

Address 2711 N. Haskell Ave, Ste 1700 (street) Dallas, TX (municipality) 75204 (zip code)

Contractor: Dwyer Refrigeration Tel. (732) 674-8585

Address 159 Manorside Dr e-mail dwyerhvacr@gmail.com

Brick, NJ 08724

Contractor License No. 19HC0005380 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH07083600

Federal Emp. ID No: [redacted] FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: 8/22/18 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/27/18
Approved by:

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Edward Dwyer

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

AC Replacement

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 75

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9-13-18
Permit # 18-00270

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

Block 117 Lot 57 Qualification Code

Work Site Location 50 Pemberton Avenue, Oceanport, NJ 07757

Owner in Fee: US Bank NA Master Trust

Tel. (888) 572-6950 e-mail

Address 2711 N. Haskell Ave, Ste 1700 Dallas, TX 75204
(street / municipality / zip code)

Contractor: Dwyer Refrigeration Tel. (732) 674-8585

Address 159 Manorside Dr e-mail dwyerhvacr@gmail.com
Brick, NJ 08724

Contractor License No. 19HC00053800 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH07083600

Federal Emp. ID No. [redacted] FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water

Est. Cost of Plumbing Work $ 100

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: Edward Dwyer

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Condensate Drain

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	lking Fountain	
	shing Machine	
	e Bibb	
	ter Heater	
	l Oil Piping	
	s Piping	
	Gas Tank	
	am Boiler	
	t Water Boiler	
	wer Pump	
	erceptor/Separator	
	ckflow Preventer	
	easetrap	
	ewer Connection	
	ater Service Connection	
	racks	
	ther	

Add (P) fee to mechanical fee & staple (P) permit to mechanical permit when issued

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

U.C.C. F130 (rev. 10/17)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 50 Pemberton Avenue, Oceanport, NJ 07757

Owner in Fee: US Bank NA Master Trust

Tel. (888) 572-6950 e-mail _____

Address 2711 N. Haskell Ave, Ste 1700 Dallas, TX 75204
(street) (municipality) (zip code)

Contractor: Dwyer Refrigeration Tel. (732) 674-8585

Address 159 Manorside Dr e-mail dwyerhvacr@gmail.com

Brick, NJ 08724

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 13VH07083600

Federal Emp. ID No. [redacted] FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 100

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Fire Protection Plans Approved

Date:_____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Edward Dwyer

Print name here: Edward Dwyer

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
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 $		

U.C.C. F140 (rev. 02/11) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

CONSTRUCTION PERMIT

Date issued 6/7/05

Permit # 05-167

IDENTIFICATION Block 117 Lot 57 Qualification Code

Work Site Location 52 Pemberton Ave Oakland NJ 07436

Owner in Fee Roland Coleman

Address Same

Tel. [redacted]

Contractor NJR Home Services

Address 1415 Wyckoff Rd Wall NJ 07719

Tel. (732) 919-8172

Lic. No. or Bldrs. Reg. No. [redacted]

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:

AC installation

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

Estimated Cost of Work $ 10,000

Construction Official

Date 6/7/05

PAYMENTS (Office Use Only)

Building

Electrical 47

Plumbing 46

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 13.50

Cert. of Occupancy

Other

Total 108.50

Check No. # 8589

Cash

Collected by

(see reverse side)

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 6/7/05

Date Issued / Permit # 05-167

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

Block 117 Lot 32 Qualification Code

Work Site Location 50 Penbrook Ave
Ocean NJ 07757

Owner in Fee Roxanne Coleman

Address Same

Tel [redacted]

Contractor NJR HOME SERVICES CO

Address 1415 Wyckoff Rd, PO Box 1468
Wall NJ 07719

Tel (732) 938-7330 FAX (732) 938-3010

Contractor License No. 15234

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	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	
1		KW Central A/C Unit	7
		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	
1		Disconct	32

Administrative Surcharge $ 10-
Minimum Fee $ 39-
State Permit Surcharge Fee $
TOTAL FEE $ 49-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

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

Date: 52505
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/7/05
Control #

Date Issued
Permit # 05-167

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

Block 117 Lot 57 Qualification Code

Work Site Location 58 Pemberton Ave
Oceanport A757

Owner in Fee Rosanne Coleman

Address Same

Tel [redacted]

Contractor NJR Home Services

Address 1415 Wyckoff Rd
Wall NJ 07719

Tel (732) 919-8172 FAX (732) 493-6479

Contractor License No.

Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 5000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 5/31/05

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
1	Other A/C	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 46—

U.C.C. F130 (rev. 1/04)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies

CONSTRUCTION PERMIT

Date Issued 29 Sept 97
Control #
Permit # 97-244

IDENTIFICATION Block 117 Lot 57
Work Site Location 50 Pemberton Ave Oceanport
Owner in Fee Charles Payette
Address Same
Tele. ( ) [redacted]

Contractor Wilcox Roofing
Address P.O. Box 59 Oceanport
Tele. ( ) 542-3070
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. [redacted]
or Social Security No.

is hereby granted permission to perform the following work:
[V] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
Re-roof

PAYMENTS (Office Use Only)	
Building	43.35
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	43.35
Check No.	
Cash	
Collected By	

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 $ 2550.00

CONSTRUCTION OFFICIAL

(see reverse side)

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 29 Sept 92
Date Issued
Control #
Permit # 92-244

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

Block 117 Lot 57
Work Site Location 50 Pemberton Ave. Oceanport
Owner in Fee Charles Payette
Address same
Tele. ( ) [redacted]
Contractor Wilcox Roofing
Address P.O. Box 57 Oceanport
Tele. ( ) 542-3070
Lic. No. or Bldrs. Reg. No.
Federal Emp. No [redacted] 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.

Barbara L. Wilcox
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Re-roof

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) 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:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 2550.00

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

(Office Use Only)
FEE $ 43.35

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $ 43.35

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy