Lynda Doyle

From: Tom Rogers
Sent: Monday, March 7, 2022 1:42 PM
To: Lynda Doyle; Sabine O'Connor
Subject: FW: [EXTERNAL]OPRA request - Open Permit Request

(OPEN PERMIT - 0322-08 DECK 2008) copy attached

-----Original Message-----
From: Michael [mailto:opra+request-29979-18eddc32@requests.opramachine.com]
Sent: Saturday, March 5, 2022 9:10 PM
To: Tom Rogers <TRogers@rumsonnj.gov>
Subject: [EXTERNAL]OPRA request - Open Permit Request

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Rumson 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:
21 Bay Street
Rumson, NJ 07760

Yours faithfully,
Michael

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-29979-18eddc32@requests.opramachine.com

Is trogers@rumsonnj.gov the wrong address for OPRA requests to Rumson Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=rumson_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

View this OPRA request & responses online:
https://opramachine.com/request/open_permit_request_5

Please note that in some cases publication of requests and responses will be delayed.

BUILDING SUBCODE
TECHNICAL SECTION

OPEN Permit!

Date Received
Control # 7/2/08

Date Issued
Permit # 032208

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

Block 69 Lot 13 Qualification Code

Work Site Location 21 Bay Street
Rumson Rumson

Owner in Fee Joe + Colleen Pellethiere

Address 21 Bay Street

Tel. (732) 212-9182

Contractor Vision Builders

Address 466 Prospect Ave
Little Silver

Tel. (732) 933-7770 FAX (732) 933-1711

Contractor License No. or Builder Registration No. 13VH02895300

Federal Emp. No 04-3820284

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	7/2/08	PM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			7/15/08	a
Footing Bonding				
Foundation				
Slab				
Frame			7/24/08	PM
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	2/23/09			
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present R-5	Proposed R-5
Constr. Class	Present VB	Proposed VB
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. $ 8000 -
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FRAME 10 x 30 DECK

TYPE OF WORK:
[ ] New Building
[X] Addition 8,000
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] ~~Pool~~ CA
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other DCA 8 X 1.35
[ ] Demolition

FEE (Office Use Only)

$	144
	NF
	(11)
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	144

1 White = Inspector Copy 2 Canary = Office Copy
3 Tag = Office / Other

U.C.C. F110HB3
(rev. 07/03)

BORO OF RUMSON
CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Permit # 015505
Date Issued 06/08/06
- or -
Control #

69

IDENTIFICATION
13

Block _____ Qualification Code _____
Work Site Location 21 Bay Street
Rumson, NJ 07760

Owner in Fee Rumson Builders
Address 1 Robin Road
Rumson,NJ

Tel. (_____)
Contractor Giglio Builders
Address 1 Rumson Road
Rumson , NJ 07760

Tel. (_____) _____ FAX (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

178684
Home Warranty No. _____
Type of Warranty Plan: XX State [ ] Private
Use Group R5
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

New House Sf 2,453 / 41,325 CF
Cost $210,000

XXX ☐ **CERTIFICATE OF OCCUPANCY**

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

☐ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been construced 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 the 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 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 _____.

Paul E. Leonhold Jr
CONSTRUCTION OFFICIAL

Fee $ _____
Paid [ ] Check No. _____
Collected by: _____

U.C.C. F260
(rev. 5/03)

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

Rumson / Fair Haven Interlocal
80 East River Rd
Rumson NJ 07760
(732)842-3022

CERTIFICATE

1342 - RUMSON BORO

Date Issued: 04/15/2005
Permit # 012105
Certificate: 012105.1

IDENTIFICATION

Block 69 Lot 13 Qualifier
Work Site Location 21 BAY ST.
Rumson, NJ 07760
Owner in Fee LANG
Address
,
Telephone
Contractor HOMEOWNER
Address

Telephone FAX
Lic No/Bldrs Reg No. Fed. Emp. No.

Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/R-5
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
DEMOLITION OF SINGLE FAMILY HOUSE&GARAGE

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **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

_____ .

_____
CONSTRUCTION OFFICIAL

Fee $25.00
Paid [$25.00] Check No. 2298
Collected by: 25

7/27/04
Date Issued
Control # 037004
Permit #

CERTIFICATE

IDENTIFICATION

Block 69 Lot 13
Work Site Location 21 Bay St.
Rumson
Owner in Fee/Occupant Peter Lang
Address PO Box 3214
Sea Bright
Tele. (732) 747-4795
Contractor Lawed Environmental Services
Address PO Box 258
Shrewsbury NJ 07702
Tele. (732) 530-4333 Fax ( )
Lic. No. or Bldrs. Reg. No. 00796
Federal Emp. No. 223363157

Home Warranty No.
Type of Warranty Plan: [ ] State - [ ] Private
Use Group R3
Maximum Live Load
Construction Classification ALT
Maximum Occupancy Load
Description of Work/Use:

Removal of 55o gallon UST
Estimated Cost of work $ 1,200

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **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 $
Paid [ ] Check No.
Collected by:

Paul E. Lenkoski Jr
CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 12/99)

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

Rumson / Fair Haven Interlocal
80 East River Rd
Rumson NJ 07760
(732)842-3022

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

UCCARS I
Permit No.: 037004
Date Issued: 07/06/2004
Version: Base

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

Block 69 Lot 13 Qualification Code

Work Site Location 21 BAY ST.

Owner in Fee LANG
Address , ,
Owner Phone E-mail

Contractor
Address
Contractor Phone E-mail
Contractor License No. Exp Date
Home Imprv. Reg No.
Exempt Reason:
Federal Emp ID No. FAX

Responsible Person Permit Contractor
Telephone

B. FIRE PROTECTION CHARACTERISTICS

Code/Use Group: Present ICC U Proposed ICC U
Construction Class: Present Proposed

Heating System:
Type:
Location:

Fuel Storage Tank:
Location:
Fuel Type: Capacity:

Estimated Cost of Fire Protection Work:

Fire Alarm System:
Location of Panel:

Fire Suppression/Standpipe System:
Location of Main Control Valve:

Suppression System Supervision:
Alarm Method:
Water Supply Source:

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Req.
[ ] Underslab Utilities
[ ] Fire Protection Plans
Joint Plan Review Required: [ ] Building [ ] Electric [ ] Plumbing [ ] Mech. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Approval	Initial
Alarm System			
Suppression System			
Standpipe			
Fire Pump			
Pre-Eng. System			
Mechanical			
Smoke Control			
TCO			
Flammable/Combustible			
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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TANK REMOVAL

Qty/Size and/or Cost	Type of Work	Fee Amount
	Administrative Fee	$0.00
	Total Subcode Fee	$100.00
		$100.00

037004

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/7/04
Date Issued
Control #
Permit # 037004

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

Block _____ Lot _____
Work Site Location 21 Bay St.
Owner in Fee Pete Lang PO Box 3214
Address ~~Same~~ Sea Bright
Tele. (732 747-4795
Contractor
Address LAWES ENVIRONMENTAL SERVICES, LLC
P.O. BOX 258
SHREWSBURY NJ 07702
Tele. (_____) 732-530-4333 FAX:741-8527
Lic. No. DEP LIC # 00796
Federal Emp. No. _____ or Social Security No. FED ID# 223363157

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R-3
Constr. Class. Present ✓ Proposed 5B
Heating Systems [ ] New [✓] Existing
Type: [ ] Gas [✓] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 1,200 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 6-30-04
Approved by: P.E. Payne

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 7-27-04
Approved by: P.E. Payne

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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. Marian Brody
SIGNATURE

D. TECHNICAL SITE DATA

Description of work Removal of 550-gal UST

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks (✓) Capacity 550 Fuel #2
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER tank removal 550 Gal		100

	Administrative Surcharge	$
Paid [ ] Check # _____	Minimum Fee	$
Collected by _____	TOTAL FEE	$ 100

U.C.C. Form F-140A

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