6/1

Dawn Gambacorto

From: Elise Golden <opra+request-32107-85afce91@requests.opramachine.com>
Sent: Friday, May 20, 2022 2:22 PM
To: City Clerk
Subject: OPRA request - Open permit request

Dear Long Branch City,

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: Are there any open permits on these two properties?

256 Ocean Ave, Block 216 Lot 20
270 Ocean Ave, Block 216 Lot 16

Yours faithfully,

Elise Golden

Elise Golden

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-32107-85afce91@requests.opramachine.com

Is cityclerk@longbranch.org the wrong address for OPRA requests to Long Branch City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=long_branch_city

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_7

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

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

Building ↙

RECEIVED
MAY 20 2022
CITY CLERK'S OFFICE

Completed:
6/1/2022

DUE BY:
JUN 01 2022

Municipal Clerk's Office

Address 256 / 270 Ocean Ave

Block 216 Lot 16, 20

Applicant Elise Golden

Date request received by building dept. 5/20

The Building Department is in receipt of the "Request for Government Records" form for the property referenced above.

[✓] Please be advised that the information request has been processed and copies have been forwarded to the clerk's office.

[ ] Please be advised that the building department does not have files pertaining to the information requested.

[ ] Please be advised that the request, as submitted, cannot be honored because of its generality. Please have the applicant provide our office with a specific time period and/or outline specific details of the information requested.

[ ] Please be advised that the information requested has been archived and we will require additional time to allow for document retrieval.

[ ] Please be advised that the request cannot be honored because the information requested could be used to jeopardize security of a building or facility or the persons therein. (Executive Order 21, issued 7/8/02)

Date processed 5-31-22

Processor's name Renée White

BUILDING SUBCODE

Date Received: 12/19/2011
Control #: 553949485
Date Issued: 12/19/2011
Permit #: 11-0436+A 12/19/2011

TECHNICAL SECTION

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

Block: 216 Lot: 16 Qual Code:

Work Site Location: 270 OCEAN AVE. LONG BRANCH NJ

Owner in Fee: 270 OCEAN AVE LLC

Tel: 732/758-6300 Email:

Address: 20 WHITE ST *street* RED BANK, NJ 07701- *municipality* *zip code*

Contractor: HOMEOWNER Tel:/ -

Address: Email:

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

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

Federal Emp. ID No. HO- Fax:

C. CERTIFICATION IN LIEW 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

PARTIAL DEMO

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial
☐ 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. ☐ Plmb. ☐ Fire. ☐ Elev.			Insulation				
SUBCODE APPROVAL for PERMIT:			Finishes - Base Layer				
Date:			Finishes - Final				
Approved by:			Energy				
			Mechanical				
SUBCODE APPROVAL for CERTIFICATE:			TCO				
☐ CO ☐ CCO ☐ CA			Other				
Date:			Final				
Approved by:			Barrier-Free				
			Pool Steel				
			Pool Collar				
			Pre-Sheathing				
			Sheathing				

TYPE OF WORK			FEE
☐ New Building			$0.00
☐ Addition			$0.00
☑ Rehabilitation			$0.00
☐ Roofing			$0.00
☐ Siding			$0.00
☐ Fence	0.00	Height (exceeds 6')	$0.00
☐ Sign		Sq.Ft.	$0.00
☐ Pool			$0.00
☐ Pool Barrier			0
☐ Retaining Wall	0	Sq.Ft.	0
☐ Asbestos Abatement			$0.00
☐ Lead Hazard Abatement			$0.00
☐ Radon Remediation			0
☑ Other	PRTL DEMO		$160.00
☐ Demolition			$0.00

B. BUILDING CHARACTERISTICS

Use Group Present:	R-5	Proposed: R-5	**Const. Class** Present:	Proposed:	
No. Of Stories	0		**If Industrialized Building:**		
Height of Structure	0	ft.	State Approved	HUD	
Area-Largest Floor	0	sq.ft.	**Est. Cost of Bldg. Work:**		
New Bldg. Area/All Floors	0.00	sq.ft.	1. New Bldg.	$0.00	
Volume of New Structure	0	cu.ft.	2. Rehabilitation	$7,500.00	

Administrative Surcharge	$0.00
Minimum Fee	$60.00
State Permit Surcharge	0
TOTAL FEE	$160.00

BUILDING SUBCODE

Date Received: 06/19/2011
Control #: 553949187
Date Issued: 06/19/2011
Permit #: 11-0436 06/19/2011

TECHNICAL SECTION

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

Block: 216 Lot: 16 Qual Code:

Work Site Location: 270 OCEAN AVE. LONG BRANCH NJ

Owner in Fee: 270 OCEAN AVE LLC

Tel: 732/758-6300 Email:

Address: 20 WHITE ST (street) RED BANK, NJ 07701- (municipality) (zip code)

Contractor: HOMEOWNER Tel:/ -

Address: Email:

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

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

Federal Emp. ID No. HO- Fax:

JOB SUMMARY (Office Use Only)							
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ 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. ☐ Plmb. ☐ Fire. ☐ Elev.			Insulation				
SUBCODE APPROVAL for PERMIT:			Finishes - Base Layer				
Date:			Finishes - Final				
Approved by:			Energy				
			Mechanical				
SUBCODE APPROVAL for CERTIFICATE:			TCO				
☐ CO ☐ CCO ☐ CA			Other				
Date:			Final				
Approved by:			Barrier-Free				
			Pool Steel				
			Pool Collar				
			Pre-Sheathing				
			Sheathing				

B. BUILDING CHARACTERISTICS

Use Group Present:	R-5	Proposed: R-5	**Const. Class** Present:	Proposed:	
No. Of Stories	0		**If Industrialized Building:**		
Height of Structure	0	ft.	State Approved	HUD	
Area-Largest Floor	0	sq.ft.	**Est. Cost of Bldg. Work:**		
New Bldg. Area/All Floors	0.00	sq.ft.	1. New Bldg.	$0.00	
Volume of New Structure	0	cu.ft.	2. Rehabilitation	$25,000.00	

C. CERTIFICATION IN LIEW 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

INTERIOR DEMO

TYPE OF WORK			FEE
☐ New Building			$0.00
☐ Addition			$0.00
☑ Rehabilitation			$500.00
☐ Roofing			$0.00
☐ Siding			$0.00
☐ Fence	0.00	Height (exceeds 6')	$0.00
☐ Sign		Sq.Ft.	$0.00
☐ Pool			$0.00
☐ Pool Barrier			0
☐ Retaining Wall	0	Sq.Ft.	0
☐ Asbestos Abatement			$0.00
☐ Lead Hazard Abatement			$0.00
☐ Radon Remediation			0
☐ Other			$0.00
☐ Demolition			$0.00

Administrative Surcharge	$0.00
Minimum Fee	$45.00
State Permit Surcharge	0
TOTAL FEE	$500.00

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/26/12
Control #
Date Issued 6/28/12
Permit # 12-0527

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

Block 216 Lot 16 Qualification Code

Work Site Location 270 Ocean Ave. Long Branch

Owner in Fee: 270 Ocean LLC Jim Fusco

Tel. (732) 758-6300 e-mail

Address 32-34 Broad St Red Bank NJ 07701
street municipality zip code

Contractor: Mike the Plumber Tel. (732) 842-2736

Address PO Box 8181 - 48 Linden Pl. e-mail MTP5432@
Red Bank, NJ 07701 verizon.net

Contractor License No. 810 - 7056 Exp. Date 6/13

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

Federal Emp. ID No. 22-3198253 FAX: (732) 741-8569

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 $ 3000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 6/26/12 Approved by: JD
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6/26/12
Approved by: JB

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: Gaylord (Mike) Watts

Print name here: Gaylord (Mike) Watts

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace sewer line house to street

QTY.	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	

Administrative Surcharge	$
Minimum Fee	$ 60
State Permit Surcharge Fee	$
TOTAL FEE	$

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5-1-12
Control #
Date Issued 5-4-12
Permit # 12-0323

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

Block 216 Lot 16 Qualification Code

Work Site Location 270 OCEAN AVE LONG BRANCH

Owner in Fee: 270 OCEAN AVE LLC.

Tel. (732) 758-6300 e-mail MCRCCSJ@AOL.COM

Address 34 BROAD STREET (street) RED BANK (municipality) 07701 (zip code)

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: ( )

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

ENTIRE DEMO OF 270 STRUCTURE

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

- [X] No Plans Required 5/2/12 JL
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 5/2/12

Approved by: JL

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TGO				
Other				
Final				
Barrier-Free				

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
- [X] Demolition

FEE (Office Use Only)

$ 60

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present R 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 $ $10,000
3. Total (1+ 2) $

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

4-23-15

Date Received
Control # 4-24-15

Date Issued
Permit # 15-0367

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

Block 216 Lot 20 Qualification Code

Work Site Location 256 ocean AVE
long Branch

Owner in Fee: CHRISTINE E DiLORENZO

Tel. (732) 758-6300 e-mail helen@tbsrealty.com

Address 256 Ocean Ave, Long Branch, NJ
street municipality zip code

Contractor: STRAIGHTLINE ELECTRIC, INC Tel. ( )

Address 857 VOSSELLER AVE E-mail
MARTINSVILLE, NJ 08836
732-748-0999 732-469-1257

Contractor License No. NJ LIC NO. 15949 Exp. Date

Home Improvement Contractor Registration (if applicable):

FED. EMP. NO. 205147485

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 $ 1000

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: 4/23/15
Approved by:

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/14/16	
Barrier-Free				

Dates (Month/Day)

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
well pump wiring

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches / Disconect	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
4		TOTAL NUMBERS	$ 60
		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	
1	20 Amp	well pump	15

Administrative Surcharge	$ 25
Minimum Fee	$ 75
State Permit Surcharge Fee	$ 2
TOTAL FEE	$

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received In mail
Control # 3-8-18

Date Issued 6-22-20
Permit # 20-0440

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

Block 216 Lot 20 Qualification Code

Work Site Location 256 OCEAN AVENUE
LONG BRANCH

Owner in Fee: DILORENZO

Tel. (732) 758-6300 e-mail

Address SAME AS ABOVE
street municipality zip code

Contractor: MICHAEL ZEMBRICHI Tel. (732) 495-0600

Address 752 HWY 36 e-mail
BELFORD NJ 07718

Contractor License No. 36B101163600 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222469219 FAX: (732) 495-6040

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 $ 3,537

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 6/4/20
Approved by: Q

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: MICHAEL ZEMBRICHI

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE TANKLESS HWH

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
1	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	15
	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	

Administrative Surcharge $	
Minimum Fee $	60
State Permit Surcharge Fee $	7
TOTAL FEE $	

COPY

U.C.C. F130 (rev. 11/09)
Internet version

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