

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>

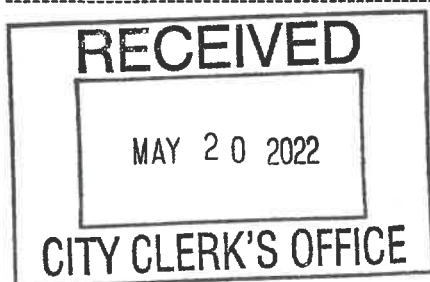
View this OPRA request & responses online:

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 ✓



Completed:
6/1/2022

DUE BY:
JUN 01 2022

Address

256/270 Ocean Ave

Block

216

Lot

16, 20

Applicant

Elise Golder

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- ☐ Please be advised that the information requested has been archived and we will require additional time to allow for document retrieval.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

Renee White



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: 216

Lot: 16

Work Site Location

Owner in Fee:

Tel:

Address:

Contractor:

Address:

Contractor License No. or Builder Registration No.
Home Improvement Contractor Registration No. or
Exemption Reason (if applicable):
Federal Emp. ID No. HO-

Exp Date:

Email:

zip code

Tel/-

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

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

JOBSUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Required

☐ All

☐ Footings/Foundations

☐ Structural/Framework

☐ Exterior

☐ Interior

Joint Plan Review Required:

☐ Elec. ☐ Plmb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT:

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE:

Date:

Approved by:

☐ CO ☐ CCO ☐ CA

☐ CA

☐ Pre-Sheathing

☐ Sheathing

☐ Barrier-Free

☐ Pool Steel

☐ Pool Collar

☐ Volume of New Structure

TYPE OF WORK

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Pool Barrier

☐ Retaining Wall

☐ Asbestos Abatement

☐ Lead Hazard Abatement

☐ Radon Remediation

☐ Other

☐ Demolition

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Height (exceeds 6')

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Sq.Ft.

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Sq.Ft.

Sq.Ft.

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Sq.Ft.

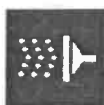
Sq.Ft.

Sq.Ft.

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



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 216 Lot 16 Qualification Code Long Branch

Work Site Location 270 Ocean Ave.

Owner in Fee: 270 Ocean LLC Jim Fusco

Tel. (732) 758-6300 e-mail _____

Address 32-34 Broad St Red Bank NJ 07701

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

Address Red Bank, NJ 07701 e-mail MTSP5432@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) 741-8509

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____

Building Sewer Size _____ Public Sewer _____

Water Service Size _____ Public Water _____

Est. Cost of Plumbing Work \$ 3000. Private Well _____

JOBSUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Underslab Utilities Approved

Date: 6/16/14 Approved by: [Signature]

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 6/24/14

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ 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 sign/Contractor sign and seal here: Raymond (Mike) Fusco

Print name here: Raymond (Mike) Fusco

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Replace sewer line from 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	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Gresetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Date Received 6/26/14
Control # _____
Date Issued 6/28/14
Permit # 14-0527

Administrative Surcharge \$ _____
Minimum Fee \$ 60
State Permit Surcharge Fee \$ _____
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 216 Lot 16 Qualification Code _____

Work Site Location 270 Ocean Ave

Owner in Fee: Long Beach LLC

Tel. (732) 758-6900 e-mail MCECCSG@aol.com

Address 34 Broad Street RD BAIL 0701

Contractor: Durbin municipality zip code

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) Date 5/2/12 Initial _____

PLAN REVIEW No Plans Required Type: _____

☐ All _____ Footing _____

☐ 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 _____

Date: 5/2/12 _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE _____

☐ CO ☐ CC ☐ CA _____

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group Present R5 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 _____

Const. Class Present _____ Proposed _____

If Industrialized Building: _____

C. CERTIFICATION IN LIEU OF DATA
I hereby certify that I am the (agent, owner, or owner of record) and am authorized to make this application.
Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Estimate Demo of
270 Structure

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 _____

☐ Demolition

Date Received 5-1-12
Control # 5-4-12
Date Issued 12-03-03
Permit # _____

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

FEE (Office Use Only)
\$ _____



ELECTRICAL SUBCODE



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 Long Branch 256 ocean Ave

Owner in Fee: CHRISTINE E NIOLORENZO

Tel. (732) 958-6300 e-mail helen@hbsreality.com

Address 252 Ocean Ave, Long Branch, NJ Municipality _____ Zip code _____

Contractor: STRAIGHTLINE ELECTRIC, INC

Address 857 VOSELLER AVE

Contractor License No. 732-748-0999 732-489-1257

Home Improvement Contractor Registration No. ENR440206544740 Exp. Date _____

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

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Occupied as _____ [] Temporary [] Other _____

Est. Cost of Elec. Work \$ 1000 Utility Co. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial Under-slab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL FOR PERMIT

Date: _____ Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: _____ Approved by: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

well pump wiring

Date Received _____

Control # _____

Date Issued _____

Permit # _____

4-23-15
4-24-15
15-0367

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches / Disconnect

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

Lighting Fixtures

Receptacles

Switches / Disconnect

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

Lighting Fixtures

Receptacles

Switches / Disconnect

Detectors

Light Poles

FEE (Office Use Only)

\$ 60

\$ 60

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

15

25

2

1 20 Amp well pump

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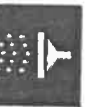
1 20 Amp well pump

1 20 Amp well pump

1 20 Amp well pump



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 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**

Contractor: **MICHAEL ZEMBRICHI**

municipality _____

Tel. (732) 495-0600

zip code _____

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 _____

Water Service Size _____

Public Water _____

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: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____

Dates (Month/Day)

Failure 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: **MICHAEL ZEMBRICHI**

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE TANKLESS HWH

QTY _____

FIXTURE/EQUIPMENT

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 _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received 10 May 2018
Control # 3-8-18

Date Issued _____
Permit # _____

6-22-20
20-0440