



CONSTRUCTION PERMIT

Date Issued 2/19/2013
Control # 8344
Permit # 201300304

IDENTIFICATION Block: 309 Lot: 9 Qualifier _____
Work Site Location: 614 N SOMERSET AVE Ventnor City, NJ Contractor Rahter Construction
Address 310 Rhode Island Ave Somers Point, NJ 08244 NJ
Owner in Fee GOLDSTEIN, PAUL & MARIAN
614 N SOMERSET AVE VENTNOR, N J 08406 NJ Telephone: (609) 271-6861
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 74-31245290

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:

STORM DAMAGE REPAIRS

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 \$6,500

PAYMENTS (Office Use Only)

Building	\$110
Electrical	\$145
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$11
CO Fee	
Other	\$0
Total	\$266
Check No.	0649
Cash	\$0
Credit	\$0
Collected By	

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

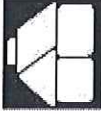
☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



**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 309 Lot 9 Qualification Code _____

Work Site Location: 614 N SOMERSET AVE Ventnor City, NJ

Owner in Fee: GOLDSTEIN, PAUL & MARIAN

Address 614 N SOMERSET AVE VENTNOR, N.J. 08406 NJ

Tel. _____ Email _____

Contractor: Rahter Construction

Address 310 Rhode Island Ave Somers Point, NJ 08244 NJ

Tel. (609) 271-6861 Fax _____

Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____

Home improvement Contractor Registration No. or Exemption Reason (is applicable): _____

Federal Emp. ID No. 74-31245290

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required	_____	_____
☐ All	_____	_____
☐ Footing/Foundation	_____	_____
☐ Struct/Framework	_____	_____
☐ Exterior	_____	_____
☐ Interior	_____	_____
Joint Plan Review Required		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		
SUBCODE APPROVAL for PERMIT		
Date: _____		
Approved by: _____		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA		
Date: _____		
Approved by: _____		

INSPECTIONS

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

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	If Industrial Building:
Constr. Class	Present	Proposed	State Approved
Number of Stories	_____	_____	HUD
Height of Structure	_____ Ft.	_____	Est. Cost of Bldg. Work:
Area - Largest Floor	_____ Sq. Ft.	_____	1. New Bldg.
New Bldg. Area / All Floors	_____ Sq. Ft.	_____	2. Rehabilitation \$5,000
Volume of New Structure	_____ Cu. Ft.	_____	3. Total (1+2) \$5,000
Total Land Area Disturbed	_____ Sq. Ft.	_____	

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

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

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C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

STORM DAMAGE REPAIRS

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

FEE (Office Use Only)

\$110

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$11
TOTAL FEE \$121



ELECTRICAL 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 309 Lot 9 Qualification Code _____
Work Site Location: 614 N SOMERSET AVE VENTNOR CITY, NJ

Owner in Fee: GOLDSTEIN, PAUL & MARIAN
Address 614 N SOMERSET AVE VENTNOR, N.J. 08406 NJ

Tel. _____ Email _____

Contractor: _____

Address NJ Email _____

Tel. _____ Fax. _____

Lic No. _____ Exp. Date _____

Home improvement Contractor Registration No. or Exemption Reason (is applicable): _____

Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Approval	Initial
☐ No Plan Required					
Partial Underslab Utilities Approved		Rough			
Date: _____ by: _____		Barrier-Free			
Electric Plans Approved		Trench			
Date: _____ by: _____		Temp. Serv.			
Joint Plan Review Required		Constr. Serv.			
☐ Building ☐ Plumbing		TCO			
☐ Fire ☐ Elevator		Other			
☐ Electrical Plans Approved		Service			
SUBCODE APPROVAL for PERMIT		Final			
Date: _____ by: _____		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued			
Date: _____		Annual Pool Inspection			
Approved by: _____		Date of Grounding and Bonding			
		Certification			

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

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C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

STORM DAMAGE REPAIRS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors - Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communication Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	_____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptical	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Recepticle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air	_____
_____	_____	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 \$11

TOTAL FEE \$156