Oceanport Borough
910 Oceanport Way
Oceanport, NJ 07757

(732) 222-0641

Construction Permits

112 CARRIAGE LANE - 117/27.222

Permit Number	Tracking Number	Work Type	Application Date	Permit Issue Date	Application Status	Subcodes	Closed
96-128I	**00643-23**	Alteration	8/30/2023 10:26:54 AM	9/3/1996	Open	B	
RE-ROOF							
05-266	**00642-23**	Alteration	8/30/2023 10:18:07 AM	8/23/2005	Closed with Date	P E F	6/20/2012
REPLACEMENT A/C UNIT REPLACEMENT FURNACE							
1400432	**0033814**	Alteration	10/13/2014	11/24/2014	CA and Close Date Issued	P	12/18/2014
Minor Work							
HOT WATER HEATER							

CONSTRUCTION PERMIT

Date Issued 9/3/96
Control #
Permit # 96-128 I

IDENTIFICATION Block 117 Lot 27.221 CV221 27.222 CV222 27.223 CV223

Work Site Location 111, 112, 113 Carriage Lane Oceanport NJ 07757

Owner in Fee D+D Management

Address PO Box 98 Oceanport NJ 07757

Tel. [redacted]

Contractor Henry & Gamble Associates Inc.

Address PO Box 1481 Brick NJ 08723

Tele. (____)

Lic. No. or Bldrs. Reg. No. 12981 Exp. Date ____

Federal Emp. No. 22-2857871

or Social Security No. ____

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] OTHER Roof

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Strip roof shingles
Remove FRT plywood
Install Blazeguard
Reshingle

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 $ 4182.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	71.09
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	3.34
Cert. of Occ.	
Other	
Total	74.43
Check No.	
Cash	
Collected By:	MC

(see reverse side)

U.C.C. Form F-170C

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/3/96
Date Issued
Control #
Permit # 96-128 I

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000 27.22, CV 221,

Block 117 Lot 27.222 CV222, 27.223 CV223, ~~25.02 46 Hwy~~

Work Site Location 111, 112, 113 Carriage Lane
Oceanport NJ 07757

Owner in Fee PHD Management

Address PO Box 90
Oceanport NJ 07757

Tel [redacted]

Contractor Henry + Gamble Associates Inc.

Address PO Box 1401
Brick NJ 08723

Tele. (908) 367-1718

Lic. No. or Bldrs. Reg. No. 12981

Federal Emp. No. 22-2851871 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Rec.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ 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.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 4182 ~
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 Rebecca Gamble

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Strip roof shingles
Remove FRT plywood
Install Blaze guard
Reshingle
4,182 X17 = 71.09
4,182 X.8 = 3,34

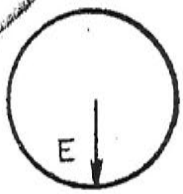
TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other ____
[ ] Other ____
[ ] Demolition

(Office Use Only)
FEE
$ ____

Paid [X] Check # 1078
Collected by: ____

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA TRAINING FEE	$ ____
TOTAL FEE	$ 71.09

U.C.C. Form F-1100 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy



FRONT ENTRANCE ORIENTATION

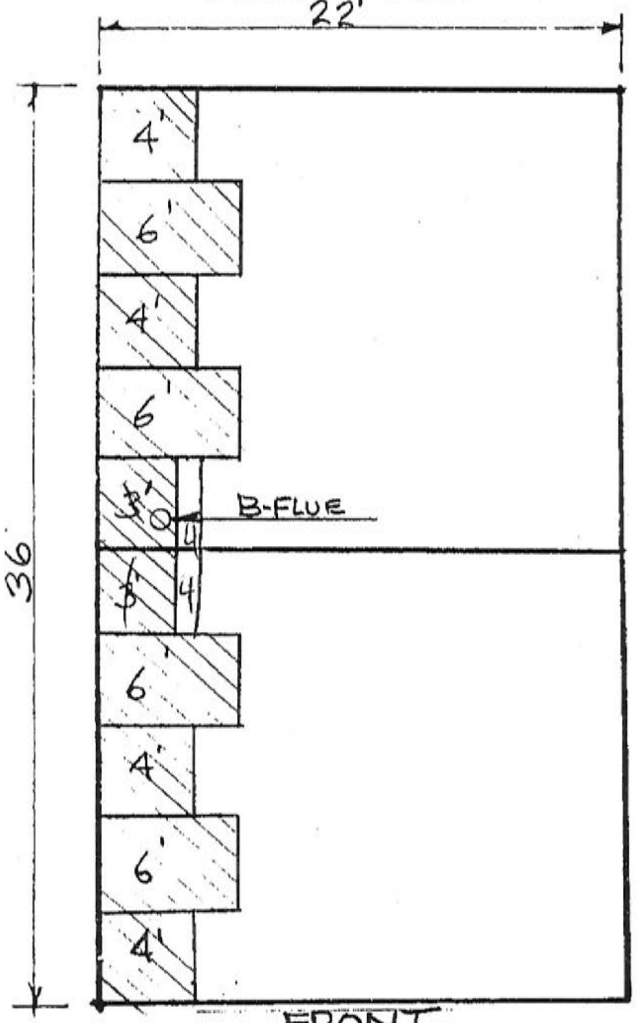
COMPLEX: Kimberly Woods

WARRANTY NUMBER: _____

CLAIM NUMBER: _____

ADDRESS: 111 CARRIAGE LANE

BLDG NO UNIT NO: (111)



FRONT ROOF PLAN

~~184~~

192

On roof repairs all soffit and/or ridge vents must be left uncovered.

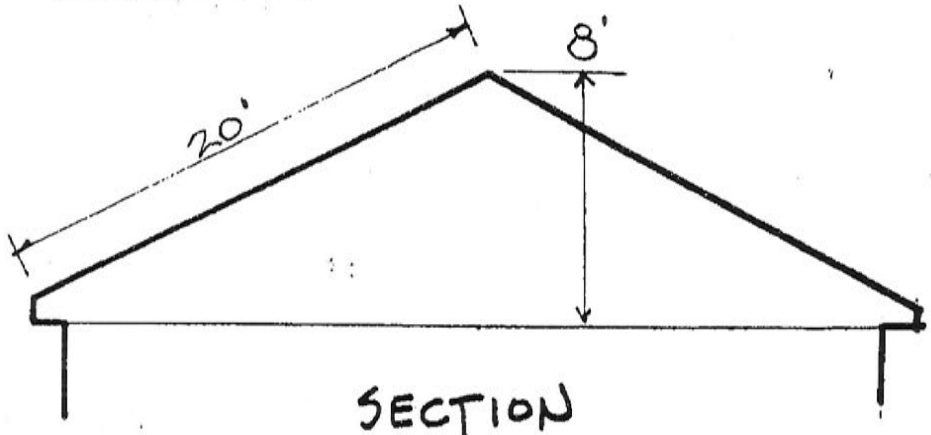
All exhaust vents must be directed to the exterior.

Highlighted area of roof to be replaced as per D.C.A. Sketch.

Total area to be replaced Approx. 178 sq.ft.

Contractor shall install "H" clips on new sheathing.

Note:
Sketch is for reference only contractor is responsible for all roof measurements of shaded areas so that an accurate bid can be made.



SECTION