

BOROUGH OF FAIR HAVEN

748 River Road



New Jersey 07704

ROBERT A. HUDAK • ZONING OFFICIAL • MUNICIPAL BUILDING • 732/747-0241 • FAX 732/747-6962
E-mail: rhudak@fhboro.net

November 18, 2010

Gerald Radke
32 Holly Lane
Fair Haven, New Jersey 07704

**Re: 78 Forman Street
Fair Haven, New Jersey 07704
Block: 35, Lot: 3, B-2 zone
Zoning Permit application # 10-183**

Dear. Mr. Radke

I am in receipt of your zoning permit application and supporting plans for the above-mentioned address including the following:

- A. Zoning Permit application form received November 12, 2010 by the Zoning Office.
- B. Two copies of the property survey and plot plan showing the proposed location of the air conditioning condensers for the above-mentioned address that is not dated and was prepared by Michael J. Williams PLS with hand drawings by the applicant.

It is my understanding that your application is to erect two air conditioning condensers and a five-foot high fence along the eastern side of the property. After reviewing your application it was found not to comply with the requirements set forth in the Fair Haven Use and Development Regulations. Your application is therefore **DENIED** and the following variances will be required before zoning approval can be granted:

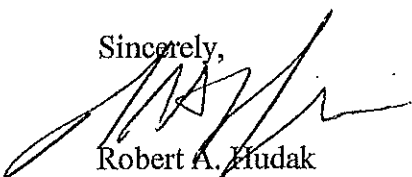
<i>Ordinance Section</i>	<i>Requirement</i>	<i>Proposed</i>
§ 30-5.1 Table "C"	The minimum required side yard setback for accessory structures is 10 feet.	The proposed location of the air conditioning condensers is set back approximately 7 feet from the side lot line.

It should also be noted that the flowing non-conforming conditions exists on the property and variance relief will not be required for these conditions:

<i>Ordinance Section</i>	<i>Requirement</i>	<i>Existing Conditions</i>
§ 30-5.1 Table "C"	Side yard setback for each side yard of the principal building is 15 feet.	The existing side yard on the eastern boundary of the property is 9.42 feet and on the western side of the principal structure the side yard setback is 9.29 feet.
§ 30-5.1 Table "C"	The sum of the two side yards of the principal structure must be equal or greater than 30 feet.	The total of the two existing side yards is 18.7 feet.

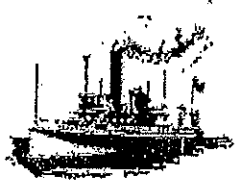
If you desire not to amend this application to comply with the zoning ordinance, a variance would need to be granted by the Zoning Board of Adjustment to permit for a deviation from the zoning ordinance. Please note that you also have the right to appeal this decision by applying to Zoning Board of Adjustment within 20 days of the date of this letter. A Zoning Board of Adjustment application package for variances and appeals is available by contacting Ms. Judy Fuller in the Zoning and Planning Board Office at 732/747-0241 ext. 212. Ms. Fuller's office hours are on Tuesdays and Thursdays from 8 AM to 12 Noon. If you have any questions regarding the denial of this application, please feel free to contact me at the number or e-mail address above.

Sincerely,



Robert A. Hudak
Zoning Officer
Borough of Fair Haven

CC: Judith Fuller, Board Secretary
Building Department (via e-mail)
File



BOROUGH OF FAIR HAVEN

748 River Road
Fair Haven, NJ 07704
732-747-0241

RECEIVED

NOV 12 2010

Zoning Permit Application

Application Number: 10-183 Date: NOV 12 2010 Fee: \$ 35.00

TYPE OF APPLICATION

- | | | |
|--|--|-------------------------------------|
| ☐ New dwelling | ☐ New commercial | ☐ Demolition |
| ☐ Residential addition | ☐ Commercial addition | ☐ Deck |
| ☐ Accessory building | ☐ Commercial interior | ☐ Porch |
| ☐ Interior remodeling | ☐ Sign | ☐ Garage |
| ☐ Fence* | ☐ Driveway/Walkway/Patio | ☐ Shed |
| ☐ Occupancy of any building/structure | ☐ Commencement or change of use of a property/structure | ☐ Pool** |

☒ Other 2 SAMSUNG CONDENSERS 35" W 12" D 25" TALL

With this application you are required to submit two (2) copies of a current survey/site plan and one (1) set of construction plans. Surveys must show the existing conditions and exact location of physical features including metes and bounds, drainage, waterways, specific utility locations and easements, all drawn to scale. All surveys must be prepared by a land surveyor (signed/sealed). The Permit fee: \$35. Checks shall be made payable to: Borough of Fair Haven.

If any of the requested information is submitted incomplete, the application shall be returned unprocessed.

*Indicate location, height, and type of fence on survey/plot plan. Survey must be to scale and not less than 10 years old.
**Pools require a fence. Please indicate type, height, and area of fence and location of filter/heater.

(Please Print Clearly)

1. Location of property for which zoning permit is desired:

Street Address: 78 FORMAN ST Block: 35 Lot(s): 3 Zone: 132

2. Applicant Name: GERALD RADKE Tel. No. 732-859-3213 Fax No. 732-741-3042

Applicant's Address: 32 HOLLY LANE FAIR HAVEN NJ 07704

3. Property Owner's Name: 78 FORMAN ST, LLC Tel. No. 732-859-3213 Fax No. 732-741-3042

Property Owner's Address: 32 HOLLY LANE FAIR HAVEN NJ 07704

4. Present Approved Zoning Use of the Property: WOODWORK, BOATBUILDING

5. Proposed Zoning Use of the Property: SAME

6. Does Applicant hold a tax-exempt status under the Federal Internal Revenue Code of 1954 [26 U.S.C., Sec. 501(c) or (d)]?

Yes No X

7. Describe in detail the activity or activities to be conducted in all structures on the property. State whether the activities described are conducted as a nonconforming use. INSTALL 2 AIR CONDITIONERS IN SHOP

AREA. CURRENT ACTIVITIES ARE CONFORMING USE AND WERE APPROVED 12/09 WHEN PROPERTY WAS PURCHASED. CONDENSERS WILL BE LOCATED BETWEEN MY BUILDING AND STORAGE BUILDING NEXT DOOR AND OUT OF SIGHT BEHIND EXISTING 5' FENCE

8. Has the above premises been the subject of any prior application to the Planning Board/ Zoning Board of Adjustment?

Yes ☐ No ☒ If yes, state date: _____

Board: _____ Resolution # (if any): _____ (Submit a copy of the Resolution)

Applicant certifies that all statements and information made and provided as part of this application are true to the best of his/her knowledge, information and belief. Applicant further states that all pertinent municipal ordinances, and all conditions, regulations and requirements of site plan approval, variances and other permits granted with respect to said property, shall be complied with. All zoning permits will be granted or denied within ten (10) business days from the date of complete application.

Gerald L. Radke
Signature of Applicant

11/10/10
Date

GERALD L. RADKE
Print Applicant's Name

Signature of Owner (if different than applicant)

Date

Print Owner's Name (if different than applicant)

----- FOR OFFICE USE -----

Fee date: 11/10/10 Check#: 094 Cash: _____

Received by: RAH Receipt#: _____

Approved _____ Denied _____

COMMENTS:

- Denial - 11/18/10

Appeals of the Zoning Office's determination must be filed within 20 days of the date of issuance to the Planning/Zoning Board as provided by the New Jersey Municipal Land Use Law. Appeal forms are available from the office of the Secretary to the Planning Board. *This limitation is not imposed if the applicant is seeking a variance, site plan, or subdivisions.* The Board reserves the right to deem additional information and/or variances required. Approved zoning permits are valid for one year, and may be extended to three years by action of the Planning Board.

[Signature]
Robert A. Hudak, Zoning Officer

Date

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



CERTIFICATE

1313 - FAIR HAVEN BORO

Date Issued: 12/18/2009
Permit #: 09-00337
Certificate: 0900337.1

IDENTIFICATION

Block 35 Lot 3 Qualifier

Work Site Location 78 FORMAN ST
Fair Haven, NJ 07704

Owner in Fee RADKE
Address 32 HOLLY LANE
FAIR HAVEN, NJ 07704
Telephone (732) 859-3213
Contractor HOMEOWNER
Address

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

Home Imprv. Reg No. / Exempt Reason - Homeowner

☐ 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 subject to fine or order to vacate.
Reason for TCO: _____

Home Warranty No.
Type of Warranty Plan [] State [] Private
Use Group I/R-5
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
REPLACE SIGN 2.5FT X 4FT ATTACHED TO BUILDING

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:1

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 (0 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 \$0.00
Paid [] \$0.00
Check No. []
Collected by:

CONSTRUCTION OFFICIAL

PermitsNJ

PNJF260 rev. (08/2008)



**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 35 Lot 3 Qualification Code _____
Work Site Location 18 FORMAN ST
Owner in Fee: GERALD L. RAKE WILLIAM HAVENS
Tel. (732) 859-3213 e-mail _____
Address 32 HOLLY LANE FAIR HAVEN NJ 07704 zip code
Contractor: GERALD RAKE Tel. (732) 741-9032
Address 32 HOLLY LANE FAIR HAVEN 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)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type	Initial	Failure	Approval
☒ No Plans Required	<u>12/14/09</u>	☒ Footing			
☒ All		☒ Floating Bonding			
☒ Foundation		☒ Slab			
☒ Frame		☒ Truss Sys/Bracing			
☒ Other		☒ Barrier-Free			
Joint Plan Review Required:		☒ Fire	☒ Elevator		
☒ Elec		☒ Finishes-Base Layer			
☒ Energy		☒ Finishes-Final			
☒ Mechanical		☒ TCO			
☒ Other		☒ Final			
☒ Barrier-Free					

SUBCODE APPROVAL
Date: 12/14/09 Initial: GR
Approved by: GR

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ <u>300.00</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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 Gerald Rake

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL NEW SIGN AGAINST THE FACE OF THE BUILDING IN THE SAME MANNER AS THE EXISTING SIGN, NEW SIGN LESS THAN 1/2 THE SIZE OF OLD SIGN. SIGN CHANGE DUE TO OWNERSHIP CHANGE.

NEW SIGN
2.5 FT HIGH
4 FT WIDE

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☒ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

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

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

Collected by _____	
Cash _____	Check No. _____
Total <u>51.00</u>	Other _____
Cert. of Occupancy <u>32</u>	DCA State Permit Fee <u>1</u>
Other _____	Elevator Devices _____
Fire Protection _____	Plumbing _____
Electrical _____	Building _____
PAYMENTS (Office Use Only)	

Construction Official Paul E. Jernstedt Date 12/9/09

Estimated Cost of Work \$ 300.00

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.

INSTALL NEW SIGN AGAINST THE FACE OF THE BUILDING IN THE SAME MANNER AS EXISTING SIGN, NEW SIGN LESS THAN 1/4 THE SIZE OF OLD SIGN.

DESCRIPTION OF WORK:

[] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT

[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION

[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER SIGN

(Subchapter 8 only)

INSTALLATION

is hereby granted permission to perform the following work:

IDENTIFICATION Block 35 Lot 3 Qualification Code _____

Work Site Location 78 FORMAN ST

Owner in Fee GERALD L. RABKE Address 32 HOLLY LAKE Tel. (732) 859-3213

Address 32 HOLLY LAKE Tel. () Lic. No. or Bids. Reg. No. _____

Contractor GERALD L. RABKE Address 32 HOLLY LAKE Tel. () Lic. No. or Bids. Reg. No. _____



CONSTRUCTION PERMIT

Date Issued _____ Permit # 09-00337

12-9-09

* zoning approved

BOROUGH OF FAIR HAVEN

748 River Road
Fair Haven, NJ 07704
732-747-0241

ZONING PERMIT

Application Number: 09-144 Date: 11/12/09 Fee: \$35

TYPE OF APPLICATION

- | | | |
|---|--|-------------------------------------|
| ☐ New dwelling | ☐ New commercial | ☐ Demolition |
| ☐ Residential addition | ☐ Commercial addition | ☐ Deck |
| ☐ Accessory building | ☐ Commercial interior | ☐ Porch |
| ☐ Interior remodeling | ☐ Sign | ☐ Garage |
| ☐ Fence* | ☐ Driveway/Walkway/Patio | ☐ Shed |
| ☒ Occupancy of any building/structure | ☐ Commencement or change of use of a property/structure | ☐ Pool** |
| ☐ Other _____ | | |

With this application you are required to submit two (2) copies of a current survey/site plan and one (1) set of construction plans. Surveys must show the existing conditions and exact location of physical features including metes and bounds, drainage, waterways, specific utility locations and easements, all drawn to scale. All surveys must be prepared by a land surveyor (signed/sealed). Permit review fee: \$_____. Checks shall be made payable to: Borough of Fair Haven.

If any of the requested information is submitted incomplete, the application shall be returned unprocessed.

*Indicate location, height, and type of fence on survey/plot plan.

**Pools require a fence. Please indicate type, height, and area of fence and location of filter/heater.

(Please Print Clearly)

1. Location of property for which zoning permit is desired:

Street Address: 78 FORMAN ST Block: 35 Lot(s): 3 Zone: B-2

2. Applicant Name: GERALD L. RADKE Tel. No. 732-741-9032 Fax No. 732-741-3042

Applicant's Address: 32 HOLLY LANE FAIRHAVEN NJ 07704

3. Property Owner's Name: WILLIAM HAVENS Tel. No. 732-741-9349 Fax No. 732-741-0088

Property Owner's Address: 46 RUMSON RD LITTLE SILVER NJ 07739

4. Present Approved Zoning Use of the Property: WOODWORKING BUSINESS

5. Proposed Zoning Use of the Property: WOODWORKING/BOATBUILDING

6. Does Applicant hold a tax-exempt status under the Federal Internal Revenue Code of 1954 [26 U.S.C., Sec. 501(c) or (d)]?

Yes _____ No X

7. Describe in detail the activity or activities to be conducted in all structures on the property. State whether the activities described are conducted as a nonconforming use. THE PROPERTY HAS BEEN OCCUPIED BY HAVENS FINE

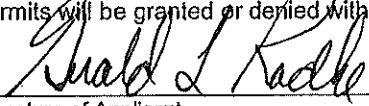
WOODWORKING DOING A CABINETRY AND GENERAL WOODWORKING BUSINESS
SINCE 1996. THE INTENT IS TO CONTINUE TO USE THE PROPERTY
FOR WOODWORKING WITH A FOCUS ON BOATBUILDING AND RELATED
GENERAL WOODWORKING. (SEE ATTACHED LETTER)

8. Has the above premises been the subject of any prior application to the Planning Board/ Zoning Board of Adjustment?

Yes ☐ No ☒ If yes, state date: _____

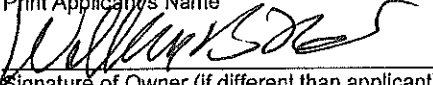
Board: _____ Resolution # (if any): _____ (Submit a copy of the Resolution)

Applicant certifies that all statements and information made and provided as part of this application are true to the best of his/her knowledge, information and belief. Applicant further states that all pertinent municipal ordinances, and all conditions, regulations and requirements of site plan approval, variances and other permits granted with respect to said property, shall be complied with. All zoning permits will be granted or denied within ten (10) business days from the date of complete application.


Signature of Applicant

11/12/09
Date

GERALD L. PADKE
Print Applicant's Name


Signature of Owner (if different than applicant)

11/12/09
Date

WILLIAM HAVENS
Print Owner's Name (if different than applicant)

----- FOR OFFICE USE -----

Fee date: 11/12/09 Check#: 4519 Cash: _____

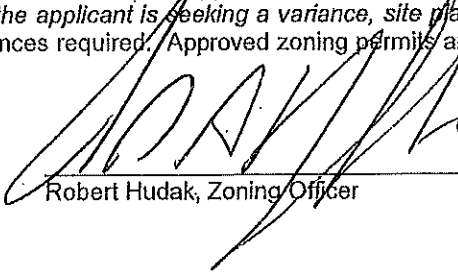
Received by: RAH Receipt#: _____

Approved ☒ Denied ☐

COMMENTS:

- The tenant is to be the sole employer. See attached letter
for full description of work proposed.

Appeals of the Zoning Office's determination must be filed within 20 days of the date of issuance to the Planning/Zoning Board as provided by the New Jersey Municipal Land Use Law. Appeal forms are available from the office of the Secretary to the Planning Board. This limitation is not imposed if the applicant is seeking a variance, site plan, or subdivisions. The Board reserves the right to deem additional information and/or variances required. Approved zoning permits are valid for one year, and may be extended to three years by action of the Planning Board.


Robert Hudak, Zoning Officer

11/19/09
Date



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 7573
DATE ISSUED 5/8/86
REVISION DATE _____
Block 35 Lot 3
Subdivision _____

IDENTIFICATION
APPLICANT - Complete unshaded areas only When changing contractors, notify this office
Owner ANT + Ray Bennett Contractor OWNER
Address 940 River Rd
FAIR HAVEN
Tel. (1) 747-5008
Lic. No. _____
Federal Emp. No. _____
Work Site Address 28 FARMAN ST.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.
Arthur Bennett
AGENT SIGNATURE

TECHNICAL SITE DATA

DESCRIPTION OF WORK
Provide detail description including materials used, dimensions, etc.
Replacement of Front window 4' x 6' SAME OPENING.

TYPE OF WORK:
☐ New Building
☐ Addition
☒ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other new window
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other C.O

Fee Basis	Fee
	\$ _____
	\$ _____
	\$ <u>20.00</u>
	\$ _____
	\$ _____
	\$ <u>10.00</u>
SUBTOTAL	\$ <u>30.00</u>
Minimum Building Fee (if applicable)	\$ _____
Total Building Fee (Greater of Minimum or Subtotal)	\$ <u>30.00</u>

See Plans

BUILDING CHARACTERISTICS

GROUP: B1 Present B Proposed
Number of Stories _____ Total Building Area—All Floors _____ Sq. Ft.
Height of Structure 14' Ft. Volume of Structure _____ Cu. Ft.
Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: \$ 500.00

D. COMMENTS

Check 4178
\$30.00
PER

☐ Partial Releases ☐ Prototype Processing



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

12/17/03

561-03

IDENTIFICATION Block 35 Lot 3Work Site Location 78 Forman StreetContractor A.J. PerriAddress 401 Highway 35Owner in Fee HavenAddress 78 Forman StreetTele. () Red Bank NJ 07701

Fairhaven 07704

Lic. No. or Bldrs. Reg. No. 732-747-3131 Exp. DateTele. () 732-741-3221Federal Emp. No. 36-427609-7

or Social Security No.

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ OTHER☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Replacement oil furnace

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 \$ 3386

12/11/03

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)

Building

Plumbing 45

Electrical

Fire Protection 50

Other

Other

DCA Training Fee 5Cert. of Occ. 25

Other

Total 125.00Check No. 70194

Cash

Collected By: PGL

(see reverse side)



Municipal Building
748 River Road
Fair Haven, NJ 07704

Date Issued 05/15/96
Control #
Permit # 0003-96

CERTIFICATE

IDENTIFICATION

Block 35 Lot 3
Work Site Location 78 Forman Street
Owner in Fee Arthur and Raymond Bennett
Address 78 Forman Street
Fair Haven, New Jersey 07704
Tele. () 741-5866
Contractor Owner
Address _____
Tele. () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 143-40-5291
or Social Security No. _____

Home Warranty No. _____
Type of Warranty Plan: [] State [x] Private
Use Group B
Maximum Live Load 404
Construction Classification 434
Maximum Occupancy Load _____
Description of Work/Use: _____

Build separation wall and install new door
west side - two separate areas

☒ 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 _____, 19____ or the owner will be subject to fine or order to vacate:

☐ 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 \$ 20.00

Paid [x] Check No. 185

Collected by: PER

Paul E. Bennett
CONSTRUCTION OFFICIAL



Municipal Building
748 River Road
Fair Haven, NJ 07704



CONSTRUCTION PERMIT

Date Issued 1/3/96
Control #
Permit # 0003-96

IDENTIFICATION Block 35 Lot 3
Work Site Location 78 Forman ST Contractor Same
Fair Haven NJ 07704 Address
Owner in Fee Arthur & Raymond Bennett
Address 78 Forman ST Tele. ()
Fair Haven NJ 07704 Lic. No. or Bldrs. Reg. No. Exp. Date
Tele. (908) 741-5866 Federal Emp. No.
or Social Security No. 143-40-5291

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

*Build separation wall and install
new door west side.*

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 \$ 2000.00

Paul E. Kennedy
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)

Building 25
Plumbing
Electrical 135
Fire Protection
Other
Other
DCA Training Fee 2
Cert. of Occ. 20
Other
Total 182.00
Check No. 185
Cash
Collected By: *PEK*

(see reverse side)

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

Application and Permit to Build or Alter

TO THE BUILDING INSPECTOR OF THE BOROUGH OF FAIR HAVEN:

The applicant agrees that if this permit is granted, such buildings will be constructed in conformity with the detailed statement and the plans herewith submitted and approved, and that all New Jersey state laws, by-laws and ordinances of the Borough of Fair Haven and rules, regulations and orders of any board, body or department, so far as the same may be pertinent, will be complied with.

The applicant further agrees to furnish any additional information, plans or statements, if required by the Building Inspector.

1. Owner's name and address Marion Bennett 78 Forman St.
2. Architect's name and address
3. Builder's name and address
4. Location of proposed work: House No. Blk 35 Street Lot 3 78 Forman St. Zone B-2
5. Size of lot: Front..... Rear..... Depth..... Acreage..... (If large estate, check acreage only)
Is lot a corner lot Does lot run through from street to street (Rivers and their tributaries are deemed the equivalent of a street)
6. Classify work to be done: New Residence; Addition; General Remodeling; Interior Alterations; Replacement; Repairs; Screened or Glass Inclosed Porch; Accessory Building; Business; Moving to another location; Demolishing Addition (24'x32')
7. State size of buildings or additions: (Give over-all dimensions)
Main building: Width..... Depth..... Height..... Stories.....
Addition: Width..... Depth..... Height..... Stories.....
(Height estimated from the average level of finished grade adjacent to building to the highest point of main roof)
8. Area of first floor—residence only (Based upon exterior dimensions. Do not include the area of any attached garage or unenclosed porch) sq. ft. total sq. ft. 12,288 cu. ft.
9. General description of building or addition: Roof—flat; peaked; pitched; hipped; mansard
Inclosure—clapboard; shingled; brick; stucco; sheathed
10. Will garage or any other accessory building be attached to residence
11. Purpose of building or addition:
If a dwelling, for how many families..... If in a residential zone will business of any kind be conducted.....
State nature of this business..... If in a business zone and for business purposes, state nature of business
12. Location of main building on lot: (Dimensions not to be taken from curb line) Feet of open space between the building and front line of lot..... Unchanged Feet of open space between the building and rear line of lot..... 23' Feet of open space between the building and side lines of lot: (Facing front of lot) Right side..... Unchanged Left side..... Unchanged
13. Estimated cost:
Main building \$..... Accessory \$..... Total \$.....
14. Fee \$ 103.38 \$86.01
10.00 C-0
7.37 state fee

INSTRUCTIONS:

Term of permit: All building permits are good for one year only from date of issuance, but may be renewed upon further application.

Certificate of Occupancy: This permit is for construction only. Upon completion, application for a Certificate of Occupancy must be made.

Plans: This permit must be filled out in duplicate with duplicate lot plans drawn to scale. Plans must show the location of proposed building or alteration on lot.

When estates are of acreage dimensions and too large for scale drawings, the outline of building should be drawn to scale and the approximate distances from the building to all lot lines indicated on plans by figure dimensions.

A separate plan and application for all plumbing work must be filed with the plumbing inspector as required by Board of Health.

ACCESSORY BUILDINGS

GARAGES OR OTHER ACCESSORY BUILDINGS NOT ATTACHED TO MAIN RESIDENCE

1. Answer questions at top of application: 1-2-3-4-5-6-9-14.
2. State size of building or addition:
Accessory: Width..... Depth..... Height..... Stories.....
3. Area—Of accessory buildings in rear yards only. Give sq. ft. of ground area of new accessory buildings.....; of any

ORIGINAL

No. 5651

Please Print or Type

Application and Permit to Build or Alter

TO THE BUILDING INSPECTOR OF THE BOROUGH OF FAIR HAVEN:

The applicant agrees that if this permit is granted, such buildings will be constructed in conformity with the detailed statement and the plans herewith submitted and approved, and that all New Jersey state laws, by-laws and ordinances of the Borough of Fair Haven and rules, regulations and orders of any board, body or department, so far as the same may be pertinent, will be complied with.

The applicant further agrees to furnish any additional information, plans or statements, if required by the Building Inspector.

- Owner's name and address Marion Bennett 78 Forman Street
- Architect's name and address None
- Builder's name and address Raymond Bennett
- Location of proposed work: House No. Blk 35 Street lot 3 78 Forman Street Zone B-2
- Size of lot: Front 52 Rear 52 Depth 135 Acreage (If large estate, check acreage only)
Is lot a corner lot no Does lot run through from street to street no (Rivers and their tributaries are deemed the equivalent of a street)
- Classify work to be done: New Residence; Addition; General Remodeling; Interior Alterations; Replacement; Repairs; Screened or Glass Inclosed Porch; Accessory Building; Business; Moving to another location; (Demolishing) Demolition
- State size of buildings or additions: (Give over-all dimensions)
Main building: Width Depth Height Stories
Addition: Width Depth Height Stories
(Height estimated from the average level of finished grade adjacent to building to the highest point of main roof)
- Area of first floor—residence only (Based upon exterior dimensions. Do not include the area of any attached garage or unenclosed porch) sq. ft. total sq. ft.
- General description of building or addition: Roof—flat; peaked; pitched; hipped; mansard
Inclosure—clapboard; shingled; brick; stucco; sheathed
- Will garage or any other accessory building be attached to residence
- Purpose of building or addition:
If a dwelling, for how many families If in a residential zone will business of any kind be conducted
State nature of this business If in a business zone and for business purposes, state nature of business
- Location of main building on lot: (Dimensions not to be taken from curb line) Feet of open space between the building and front line of lot Unchanged Feet of open space between the building and rear line of lot Unchanged Feet of open space between the building and side lines of lot: (Facing front of lot) Right side Unchanged Left side Unchanged
- Estimated cost:
Main building \$ Accessory \$ Total \$
- Fee \$ 60.00 50.00
10.00 C-0

INSTRUCTIONS:

Term of permit: All building permits are good for one year only from date of issuance, but may be renewed upon further application.

Certificate of Occupancy: This permit is for construction only. Upon completion, application for a Certificate of Occupancy must be made.

Plans: This permit must be filled out in duplicate with duplicate lot plans drawn to scale. Plans must show the location of proposed building or alteration on lot.

When estates are of acreage dimensions and too large for scale drawings, the outline of building should be drawn to scale and the approximate distances from the building to all lot lines indicated on plans by figure dimensions.

A separate plan and application for all plumbing work must be filed with the plumbing inspector as required by Board of Health.

ACCESSORY BUILDINGS

GARAGES OR OTHER ACCESSORY BUILDINGS NOT ATTACHED TO MAIN RESIDENCE

- Answer questions at top of application: 1-2-3-4-5-6-9-14.
- State size of building or addition:
Accessory: Width Depth Height Stories
- Area—Of accessory buildings in rear yards only. Give sq. ft. of ground area of new accessory buildings ; of any

Application and Permit to Build or Alter

TO THE BUILDING INSPECTOR OF THE BOROUGH OF FAIR HAVEN:

The applicant agrees that if this permit is granted, such buildings will be constructed in conformity with the detailed statement and the plans herewith submitted and approved, and that all New Jersey state laws, by-laws and ordinances of the Borough of Fair Haven and rules, regulations and orders of any board, body or department, so far as the same may be pertinent, will be complied with.

The applicant further agrees to furnish any additional information, plans or statements, if required by the Building Inspector.

1. Owner's name and address Marion Bennett 78 Forman Street
2. Architect's name and address Owner
3. Builder's name and address Same
4. Location of proposed work: House No. Blk. 35 Street Lot 3 78 Forman Street Zone B-2
5. Size of lot: Front 52 Rear 52 Depth 135 Acreage (If large estate, check acreage only)
Is lot a corner lot No Does lot run through from street to street No (Rivers and their tributaries are deemed the equivalent of a street)
6. Classify work to be done: New Residence; (Addition) General Remodeling; Interior Alterations; Replacement; Repairs; Screened or Glass Inclosed Porch; Accessory Building; Business; Moving to another location; Demolishing Addition to Business
7. State size of buildings or additions: (Give over-all dimensions) Building
Main building: Width Depth Height Stories
Addition: Width 32 Depth 24 Height 17' Stories 1
(Height estimated from the average level of finished grade adjacent to building to the highest point of main roof)
8. Area of first floor—residence only (Based upon exterior dimensions. Do not include the area of any attached garage or unenclosed porch) sq. ft. total sq. ft.
9. General description of building or addition: Roof—flat; (peaked); pitched; hipped; mansard
Inclosure—clapboard; shingled; brick; stucco; sheathed Cement Block
10. Will garage or any other accessory building be attached to residence
11. Purpose of building or addition: Addition to Business
If a dwelling, for how many families If in a residential zone will business of any kind be conducted
State nature of this business Sheet Metal If in a business zone and for business purposes, state nature of business
Shop
12. Location of main building on lot: (Dimensions not to be taken from curb line) Feet of open space between the building and front line of lot 34.05 Feet of open space between the building and rear line of lot 23 Feet of open space between the building and side lines of lot: (Facing front of lot) Right side 10' Left side 9.45'
13. Estimated cost:
Main building \$ Accessory \$ Total \$
14. Fee \$ NO Fee

INSTRUCTIONS:

Term of permit: All building permits are good for one year only from date of issuance, but may be renewed upon further application.

Certificate of Occupancy: This permit is for construction only. Upon completion, application for a Certificate of Occupancy must be made.

Plans: This permit must be filled out in duplicate with duplicate lot plans drawn to scale. Plans must show the location of proposed building or alteration on lot.

When estates are of acreage dimensions and too large for scale drawings, the outline of building should be drawn to scale and the approximate distances from the building to all lot lines indicated on plans by figure dimensions.

A separate plan and application for all plumbing work must be filed with the plumbing inspector as required by Board of Health.

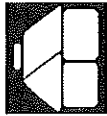
ACCESSORY BUILDINGS

GARAGES OR OTHER ACCESSORY BUILDINGS NOT ATTACHED TO MAIN RESIDENCE

1. Answer questions at top of application: 1-2-3-4-5-6-9-14.
2. State size of building or addition:
Accessory: Width Depth Height Stories
3. Area—Of accessory buildings in rear yards only. Give sq. ft. of ground area of new accessory buildings; of any existing accessory buildings



**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 35 Lot 3 Qualification Code _____
Work Site Location 78 FORMAN ST

Owner in Fee: WILLIAM HAVENS
Tel. (732) 741-9032 e-mail _____
Address 78 FORMAN ST FAIR HAVEN NJ 07704
Contractor: TORRES CONTRACTOR Tel. (732) 904-6356
Address 44 RIDGE AVE e-mail AMPERIA2003@HOTMAIL.COM
Contractor License No. or Builder Registration No. 13VH05057600 Exp. Date 12/31/09
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date Initial	Type	Failure	Approval	Initial
☒ No Plans Required	<u>12/18/09</u>	<u>CA</u>			
☐ All					
☐ Footing					
☐ Foundation					
☐ Slab					
☐ Frame					
☐ Other					
Joint Plan Review Required:					
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator		
SUBCODE APPROVAL					
☐ CO	☐ ECO	☐ CA			
Date: <u>12/18/09</u>					
Approved by: <u>CA</u>					
Energy					
Mechanical					
TCO					
Other					
Final					
Barrier-Free					

B. BUILDING CHARACTERISTICS 12-5
Use Group Present 12-5 Proposed VB
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. \$ _____
2. Rehabilitation \$ 5000
3. Total (1+2) \$ 5000

Date Received
Control #
Date Issued
Permit #

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

REMOVING OLD AND INSTALLING NEW
ROOF OVER WAREHOUSE
SHINGLE MEETS 10 MILE/HK ZONE

TYPE OF WORK
☐ New Bldg
☐ Addition
☐ Reheat
☒ Roofing
☐ Siding
☐ Fence
☐ Sign
☒ Roof
☐ Retain
☐ Asbestos
☐ Lead
☐ Radon
☐ Other
☐ Demolition

Final
12-18-09
Fair Haven

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ 94

1 White = Inspector Copy
3 Pink = Office Copy

U.C.C. F110
(rev. 7/05)

2 Canary = Office Copy
4 Gold = Applicant Copy



**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 35 Lot 3
Work Site Location 78 Farmer St
Owner in Fee Raf Bennett
Address _____
Tele. () _____
Contractor Ber's Roofing
Address Locust NJ 07760
Tele. () _____ Fax () _____
Lic. No. or Bldrs. Reg. No. 15648-7848
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW		Date	Initial
☐	No Plans Required		
☐	All		
☐	Footings		
☐	Foundation		
☐	Slab		
☐	Frame		
☐	Other		
Joint Plan Review Required:			
☐	Elec.	☐	Plumb.
☐	Fire	☐	Elevator
SUBCODE APPROVAL			
☐	CO	☐	CCO
☐	CA	☐	CA
Date:			
Approved by:			

INSPECTIONS		Dates (Month/Day)	
Type:		Failure	Approval
Footings			
Foundation			
Slab			
Frame			
Barrier-Free			
Insulation			
Finishes			
Energy			
Mechanical			
TCO			
Other			
Final			
Barrier-Free			

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 \$ _____
3. Total (1+2) \$ 2,000



Date Received 3/16/01
Date Issued _____
Control # _____
Permit # 0088-01

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

New Roof
Remove Ext.
Install S.A.F.
Rebberoid

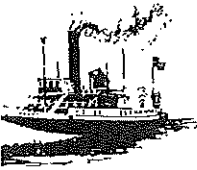
TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration
☒ Roofing
☐ Siding
☐ Fence
☐ Sign
☒ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other DCA ALT 2X.5U
☐ Demolition

FEE (Office Use Only)

\$ _____
\$ 25
\$ 10
\$ 2

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ 37.00



Municipal Building
748 River Road
Fair Haven, NJ 07704



CONSTRUCTION PERMIT

Date Issued 3/16/01
Control #
Permit # 0088-01

IDENTIFICATION Block 35 Lot 3
Work Site Location 78 Furman Contractor Ber's Roofing
Address Locust NJ
Owner in Fee Ray Bette
Address 156 487848
Tel. ()
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION Roof
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK: R+R

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 \$2,000

Construction Official

Date

3/16/01

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

PAYMENTS (Office Use Only)

Building 25
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 2
Cert. of Occupancy 10
Other
Total 37.00
Check No.
Cash
Collected by



CONSTRUCTION PERMIT

Date Issued

Permit #

12/3/09

CP 00331

IDENTIFICATION Block

35

Lot

3

Qualification Code

Work Site Location

78 FORMAN ST

Contractor

TORRES CONTRACTOR CORP

Address

44 RIDGE AVE

Owner in Fee

WILLIAM HAVENS

NEPTUNE NJ 07753

Address

78 FORMAN ST

Tel.

(732) 904-6356

Lic. No. or Bldrs. Reg. No.

13VH05057600

Tel.

(732) 741-9032

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☒ OTHER R-600
(Subchapter 8 only)

DESCRIPTION OF WORK:

REMOVING OLD AND INSTALLING
REPLACE ROOF OVER WAREHOUSE NEW
SHINGLE MEETS 110 MPH/HK ZONE

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 \$

5,000

Construction Official

Date

12/3/09

PAYMENTS (Office Use Only)

Building

15 8 75

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

9

Cert. of Occupancy

CP 00331

Other

Total

84

Check No.

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

BOROUGH OF FAIR HAVEN

748 River Road
Fair Haven, NJ 07704
732-747-0241

ZONING PERMIT

Application Number:

09 - 147

Date:

12/3/09

Fee:

\$35

TYPE OF APPLICATION

- | | | |
|--|--|-------------------------------------|
| ☐ New dwelling | ☐ New commercial | ☐ Demolition |
| ☐ Residential addition | ☐ Commercial addition | ☐ Deck |
| ☐ Accessory building | ☐ Commercial interior | ☐ Porch |
| ☐ Interior remodeling | ☒ Sign | ☐ Garage |
| ☐ Fence* | ☐ Driveway/Walkway/Patio | ☐ Shed |
| ☐ Occupancy of any building/structure | ☐ Commencement or change of use of a property/structure | ☐ Pool** |
| ☐ Other _____ | | |

With this application you are required to submit two (2) copies of a current survey/site plan and one (1) set of construction plans. Surveys must show the existing conditions and exact location of physical features including metes and bounds, drainage, waterways, specific utility locations and easements, all drawn to scale. All surveys must be prepared by a land surveyor (signed/sealed). Permit review fee: \$ 35.00. Checks shall be made payable to: Borough of Fair Haven.

If any of the requested information is submitted incomplete, the application shall be returned unprocessed.

*Indicate location, height, and type of fence on survey/plot plan.

**Pools require a fence. Please indicate type, height, and area of fence and location of filter/heater.

(Please Print Clearly)

1. Location of property for which zoning permit is desired:

Street Address: 78 FORMAN ST Block: 35 Lot(s): 3 Zone: B-2

2. Applicant Name: GERALD L. RADKE Tel. No: 732-859-3213 Fax No: 732-741-3042

Applicant's Address: _____

Property Owner's Name: SAME Tel. No: _____ Fax No: _____

Property Owner's Address: _____

Present Approved Zoning Use of the Property: BOAT BUILDING/ WOODWORKING

Proposed Zoning Use of the Property: _____

Does Applicant hold a tax-exempt status under the Federal Internal Revenue Code of 1954 (26 U.S.C. Sec. 501(c) or (d))?

Yes _____ No X

Describe in detail the activity or activities to be conducted in all structures on the property. State whether the activities described conducted as a nonconforming use.

REPLACING A SIGN (4.5' X 6') WITH A NEW
NON-ILLUMINATED SIGN (OVAL 2' X 4'). SIGN
SQUARE FOOTAGE WILL REDUCE FROM 27 SQ FT TO 10 SQ FT
SIGN WILL BE ATTACHED TO BUILDING AS CURRENT.

8. Has the above premises been the subject of any prior application to the Planning Board/ Zoning Board of Adjustment?

Yes ☐ No ☒ If yes, state date: _____

Board: _____ Resolution # (if any): _____ (Submit a copy of the Resolution)

Applicant certifies that all statements and information made and provided as part of this application are true to the best of his/her knowledge, information and belief. Applicant further states that all pertinent municipal ordinances, and all conditions, regulations and requirements of site plan approval, variances and other permits granted with respect to said property, shall be complied with. All zoning permits will be granted or denied within ten (10) business days from the date of complete application.

Gerald L. Radke
Signature of Applicant

12/2/09
Date

GERALD L. RADKE
Print Applicant's Name

Signature of Owner (if different than applicant)

Date

Print Owner's Name (if different than applicant)

FOR OFFICE USE

Fee date: 12/3/09 Check# 4533 Cash

Received by: RAA Receipt# _____

Approved: X Denied: _____

COMMENTS:

Appeals of the Zoning Officer's determination must be filed within 20 days of the date of issuance to the Planning/Zoning Board as provided by the New Jersey Municipal Land Use Law. Appeal forms are available from the office of the Secretary to the Planning Board. This limitation is not imposed if the applicant is seeking a variance, site plan, or subdivisions. The Board reserves the right to deem additional information and/or variances required. Approved zoning permits are valid for one year, and may be extended to three years by action of the Planning Board.

[Signature]
Zoning Officer

12/3/09
Date