CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

I. IDENTIFICATION

1. Proposed Work at: 106 Grove Street
2. Owner Name: Fredrick Chesterman Tel. ( ) 899-1695
   Address 106 Grove Street Bay Head, NJ.
3. Principal Contractor: Joseph Chadwick Tel. ( ) 892-5286
   Address 445 W. Lake Ave. Bay Head, NJ.
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. ( ) _____
   Address _____
5. Responsible Person in Charge of Work _____ Tel. ( ) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☒ Addition
5. ☒ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$ 75,000.-
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$ 75,000.-

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☒ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☒ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

3587
00150_040717
19890087 SF
0001JS4L

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5 ☐	☐	Electric
6. ☐	☐	Solid (Wood,Coal,Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ **Check if contractor.**

AGENT NAME _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

89-87

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 45 Lot 7
Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Chesterman
Address 106 Grove St
Bay Head, NJ 08742
Tel. ( ) _____
Work Site Address Same

Contractor Schweitzer Electric
Address 631 So. Manotte Dr
Point Pleasant NJ 0874
Tel. (201) 295-8377
Lic.No./Bus. Permit. 5727
Federal Emp. No. R#1156348 / 490408765

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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK: 103

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets	21.50		Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
29	Switches				
20	Lighting Fixtures	15.00	3	Other Smokes	3.00
46	Receptacles		1	Other VW	1.00
	Bonding, Pool/Vault		1	Other Boiler	1.00
150	Service/Feeders	5.00	1	Other Progressive	15.00
	COLUMN 1 $	41.50		COLUMN 2	20.00

Fee	
COLUMN 1	$ ~~41.50~~
COLUMN 2	~~20.00~~
SUBTOTAL	$ _____
Minimum Electrical Fee (If applicable)	$ _____
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ ~~61.00~~

B-21
P-15
F-25
61

#1621

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R3 Present _____ Proposed

Service: 150 Amps 1 Phase V System Type

#4 Wire 120/240 Volts 2 Wiring Method

Total No. of Meters: 1

Estimated Cost of Electrical Work: $ 400.00

D. COMMENTS

R1156348 Rough Final Progressive will call

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Pink = Office Copy Tag = Inspector Copy

PLAN REVIEW AND INSPECTION – ELECTRICAL

009367

DATE	JOB CONDITION/COMMENTS
1-10-91	bath # downstairs not GFI on my tester

5

'89 SEP 1 PM 3 03

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☒ CCO ☐ CA

Date: 1-11-91

Inspected By: Went 3/91

INSPECTIONS

Type	Failure Dates			Approval Date
☑ Rough				2-6-91 3/91
☐ Energy				
☐ Mechanical				
☐ TCO				
☒ Other F	1-10-91			3/91

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card	10-3-89 3/91	
Temporary Cut-in-Card		
Final Cut-in-Card	1-11-91	

U.C.C. Form F-120 (8/83)

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 87 87
DATE ISSUED 5-23-87
REVISION DATE
Block 45 Lot 7
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Fredrick & Rochelle Romani Contractor Joseph Chadwick

Address 106 Grove St. Address 41 Sinclair Lake

Tel. ( ) 899 1695 Tel. ( ) 892-5286

Work Site Address SAME Lic. No.

Federal Emp. No.

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.

Joseph Chadwick
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Removing 2 additions- (existing) and adding partial 2nd floor - 2 dormers front & full dormer rear - changing roof line; all new windows doors - roof siding. Rear addition off existing house.
Additions 1st floor 594 sqft
2nd floor 406 sqft

☐ See Plans Removing. 336 sqft.

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☒ Alteration/Renovation
  - ☒ Roofing
  - ☒ Siding
  - ☐ Other DCA Fee
- ☒ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other C.O.

	Fee Basis	Fee
		$
		336.00
		11.00
		10.00
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 357.00

C. BUILDING CHARACTERISTICS

USE GROUP: One family Present One family Proposed

No. of Stories 2 Total Building Area—All Floors 2128 Sq. Ft.

Height of Structure 26' Ft. Volume of Structure Cu. Ft.

Area—Largest Floor 1316 Sq. Ft. Total Land Area Disturbed 1316 Sq. Ft.

Estimated Cost of Building Work: $ 75,000.00

D. COMMENTS

RR 5/23/89

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
6-14-89	footing - O.K. 2- #4 Rods tied
7-13-89	footing along side of existing house Not approved - no inspection - concrete poured
8-23-89	framing progressive ① Teco 1st Fl headers + Tail B+C
	② F/S 2nd Fl Balloon Framing at shoe + plate
	③ at the ventilation at ridge.
9-7-89	Framing - Reinsp. "Not approved" ④ Firestop balloon framing on 2nd
	Fl. at top plate east + west walls. ② Teco Attic openings
	headers + Tail Bolts Elec Rough 9-6-89 Plumbing Not approved
9-12-89	Insulation, O.K. walls K-11 foil Ceil K-30 2nd Fl. O.K.
	1st Fl. - Finish window + corner packs outside box beam
9-19-89	Sheetrock O.K Glued + nailed

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

Bay Head

INSPECTION NOTICE

TUES

To: _____

Time: 4:35 Date: 9-19-89 By: WEC

~~Owner~~/Agent: CHADWICK

Telephone: (____) _____ Permit No.: 89-87

Block 45 _____ Lot _____

Work Site Location: 106 GROVE ST.

Inspection Requested: SHEETROCK

Availability/Comments: O.K.

GLUED & NAILED

U.C.C. Form F-200A

Bay Head

INSPECTION NOTICE

TUES.

To: _____

Time: 8:50 Date: 9-12-89 By: WSC

Owner/Agent: CHESTERMAN - JOE CHADWICK

Telephone: (___) _____ Permit No.: 89-87

Block 45 Lot 7

Work Site Location: 106 GROVE

Inspection Requested: INSULATION

O.K.

Availability/Comments:

WALLS - K-11 FOIL

CEIL - K-30

2ND FL O.K.

1ST FL - FINISH WINDOW & GLAZED PACKS

OUTSIDE BOX BEAM

U.C.C. Form F-200A

BAY HEAD

INSPECTION NOTICE

THURS.

To: _____

Time: 4:00 Date: 9-7-89 By: MSC

Owner/Agent: CHESTERMAN / CARDWICK

Telephone: (____) _____ Permit No.: 89-87

Block 45 Lot 7

Work Site Location: 106 GROVE ST.

Inspection Requested: FRAMING - ROUGH

"NOT APPROVED"

Availability/Comments: (1) FIRESTOP BALLOON FRAMING OF 2ND FL AT TOP PLATE EAST & WEST WALLS - (2) TELD ATTIC OPENING HEADERS & TAIL BMS.

ELECT ROUGH 9/6/89

PLUMB NOT APP.

U.C.C. Form F-200A

89-87

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 45 Lot 7
Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Chesterman
Address 106 Grove St
Bay Head, NJ 08742
Tel. ( ) _____
Work Site Address Same

Contractor Schweitzer Electric
Address 631 So. Manetta Dr
Point Pleasant, NJ 08742
Tel. (201) 295-8377
Lic.No./Bus. Permit. 5727
Federal Emp. No. 149408765

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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets	21.00		Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
29	Switches		3	Other Smokes	3.00
20	Lighting Fixtures	15.00	1	Other DW	1.00
46	Receptacles		1	Other Boiler	1.00
	Bonding, Pool/Vault		1	Other Progressive	15.00
150	Service/Feeders	5.00			
	COLUMN 1 $	41.00		COLUMN 2 $	20.00

Fee	
COLUMN 1	$ 41.00
COLUMN 2	20.00
SUBTOTAL	$ _____
Minimum Electrical Fee (If applicable)	$ _____
Total Electrical Fee (Greater of Minimum or Subtotal)	$ 61.00

R-21
P-15
F-25
61

#621

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R3 Present _____ Proposed

Service: 100 Amps 1 Phase V System Type

THW Wire 12/2+G Volts pipe Wiring Method

Total No. of Meters: 1

Estimated Cost of Electrical Work: $ 4000.00

D. COMMENTS

R1156348 Rough Final Progressive will call

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Pink = Office Copy Tag = Inspector Copy

BAY HEAD

INSPECTION NOTICE

WED - A.M.

To: _____

Time: 8:30 Date: 8-23-89 By: W&C

Owner/Agent: Chesterman

Telephone: (___) _____ Permit No.: 89-87

Block 45 Lot 7

Work Site Location: 106 Grove

Inspection Requested: FRAMING PROGRESSIVE

Availability/Comments: (1) TECO 1ST FL HEADERS & TAIL BMS
(2) F/S 2ND FL BALCONY FRAMING AT SIDE & REAR
(3) ATTIC VENTILATION AT RIDGE?

J.C.C. Form F-200A

P

Post Hood

INSPECTION NOTICE

WEO

To: _____

Time: 1:30 Date: 6-14-89 By: WRC

Owner/Agent: CHESTERMAN

Telephone: ( ) _____ Permit No.: 89-87

Block _____ Lot _____

Work Site Location: 106 Grove St

Inspection Requested: FOOTING

OK

Availability/Comments:

2 - #4 Rods TIED

U.C.C. Form F-200A

Boy Hebo
~~A.A.~~ - Lunch

INSPECTION NOTICE

WED

To: _____

Time: 5:10 Date: 7-12-89 By: WRC

Owner/Agent: Chesterman

Telephone: (____) _____ Permit No.: 89-87

Block 45 _____ Lot 7

Work Site Location: 106 Grove

Inspection Requested: Footing at
along side of existing house

Availability/Comments: "NOT APPROVED"
NO INSPECTION - CONCRETE POURED

U.C.C. Form F-200A

BOROUGH OFFICES

BOROUGH OF BAY HEAD, N.J.

From the desk of:

ZONING OFFICER - FIRE INSPECTOR

Chesterman - 106 Grove St.

Addition - 2 story.

17 × 34.5 = 931.5 SF × 20 = 18,630 C.F.

Alts & Demo $15,000

Fee -

18,630 CF × .01	=	$186.00
18,630 CF × .0006	=	11.00
Alts & Demo $15,000	=	150.00
		$347.00
C.O.		10.00
		$357.00

Separate File Permit

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 89-87
DATE ISSUED 5-23-89
Block 45 Lot 1
Subdivision

A. IDENTIFICATION

Owner Fredrick Chesterman
Address 106 Grove Street
Bay Head, N. J.
Tel. ( ) 899-1695

Agent Joseph Chadwick
Address 445 West Lake
Bay Head, New Jersey
Tel. ( ) 892-5286

Work Site Address
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 357.00
Fees Remitted $ 357.00
[X] Check No. 9693
[ ] Cash
[ ] Other

Collected By: P.M.A.
Date: 5-23-89

is hereby granted permission to perform the following work:

[X] **BUILDING** [ ] **ELECTRICAL**
[ ] **PLUMBING** [ ] **FIRE PROTECTION**
[ ] **OTHER**

Description of work:

Removing 2 additions (existing) and adding partial 2nd floor dormers front, full dormer rear. changing roof line, all new windows, doors, roof, siding, rear addition off existing house.

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: $ 75,000.00

William S. Cobb
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 89-89
DATE ISSUED 5-23-89
REVISION DATE
Block 45 Lot 7
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Fredrick & Rosemary Chesterman Contractor Joseph Chadwick

Address 196 Grove St. Address 414 Sewell Lake

Tel. ( ) 899 1695 Tel. ( ) 892-5286

Work Site Address SAME Lic. No.

Federal Emp. No.

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.

Joseph Chadwick
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Removing 2 additions (existing) and adding partial 2nd floor - 2 dormers front, full dormer rear - changing roof line; all new windows doors - Roof siding. Rear addition off existing house.
Additions 1st floor 594 sq ft.
2nd floor 406 sq ft
Removing - 336 sq ft.

☐ Sel Rem

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		
☒ Addition		
☒ Alteration/Renovation		
☒ Roofing		336.00
☒ Siding		11.00
☐ Other DCA Fee		
☒ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other C.O.		10.00
SUBTOTAL		
Minimum Building Fee (if applicable)		
Total Building Fee (Greater of Minimum or Subtotal)		357.00

C. BUILDING CHARACTERISTICS

USE GROUP: one family Present one family Proposed

No. of Stories 2 Total Building Area—All Floors 2128 Sq. Ft.

Height of Structure 26' Ft. Volume of Structure Cu. Ft.

Area—Largest Floor 1316 Sq. Ft. Total Land Area Disturbed 1316 Sq. Ft.

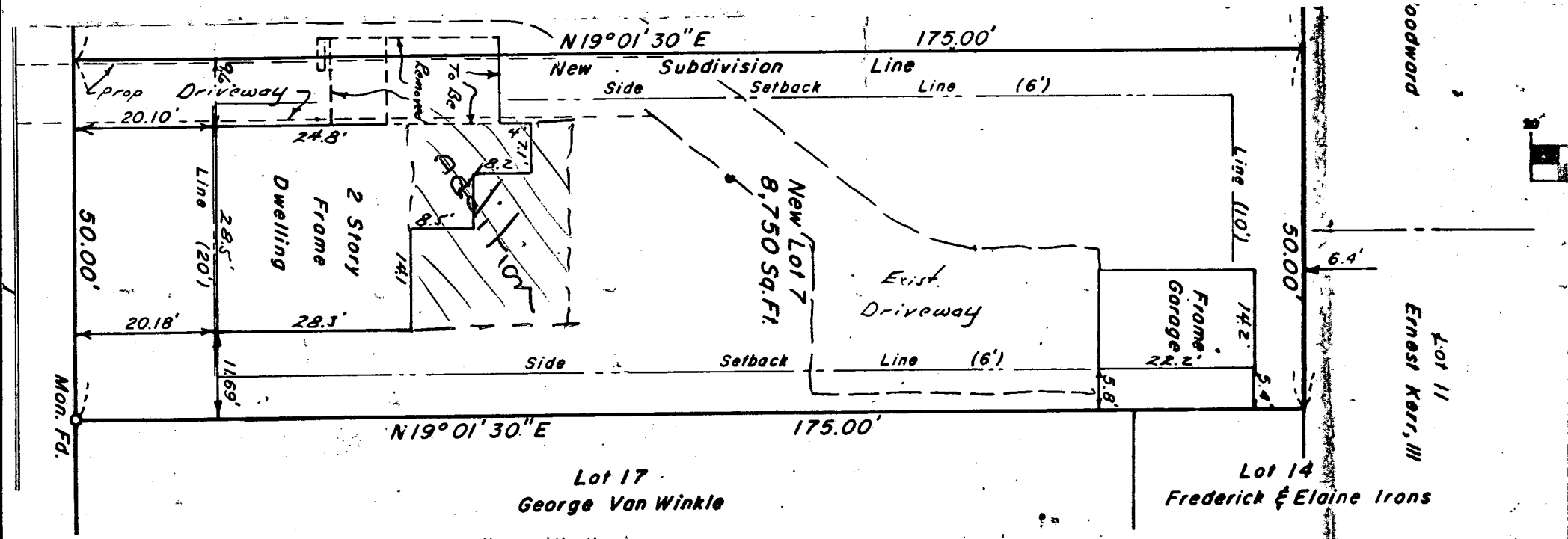
Estimated Cost of Building Work: $ 75,000.00

D. COMMENTS

RP 5/23/89

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy



I hereby certify that this map complies with the provisions of "the map filing law" and further certify that it has been approved for filing in the Office of the County Clerk of Ocean County by the Planning Board of the Borough of Bay Head.

This certification shall expire if this map is not properly filed with the said County Clerk on or before the 21st day of February 1989

Patricia M. Applegate
Secretary

We hereby certify that we are the owners of the property shown on this map and approve of the filing thereof

Frederick G. Chesterman Rosemary Chesterman
FREDERICK G. CHESTERMAN ROSEMARY CHESTERMAN

Acknowledged before me this 9th day of September 1988

Catherine J. Morris
Notary Public of New Jersey
My commission expires Feb 7, 1990

Revised Oct.

OCEAN

MORI

EN

PO

STATE OF NEW JERSEY)
)
COUNTY OF OCEAN)

PREMISES LOCATED AT: 106 Grove ST

BLOCK: 45 LOT: 7

Rosemary & Jerry Chesterman, of full age and duly sworn, on _____ oath says that:

I am the applicant named in, and who signed the annexed application for a building permit to be issued by the Building Inspector of the Borough of Bay Head in the County of Ocean, State of New Jersey, for the (construction) (alteration) of a building in said Borough.

As permitted by statute, the plans and specifications which accompany said application were prepared by me, as I am myself acting as the designer of said (building) (alteration) which is to be constructed by myself for my own occupancy or occupancy by a member or members of my immediate family.

The above words, "to be constructed by myself", as used in this affidavit, do not mean that I intend personally to do the work of (construction) (altering) said building, but mean that I am the person undertaking the work as owner and principal; and as above stated, said (building) (alteration) is to be constructed for my own occupancy or occupancy by a member or members of my immediate family.

State of N. J. - County of Ocean

Sworn to and subscribed before me)
)
this 26 day of April)
)
19 89)

Margaret K. Heaney
Notary

MARGARET K. HEANEY
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Oct. 24, 1989

Rosemary M. Chesterman
Jerry G. Chesterman
Applicant's signature

BLOCK NO. 45 LOT NO. 7 SUBDIVISION 106 Grove PERMIT NO. 89-87

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings		☐ Mechanical		☐ Flood Hazard	
☐ Building		☐ Energy		☐ As Built Elevation Certification	
☐ Electrical		☐ Barrier Free		☐ Other	
☐ Plumbing		☐ Other			
☐ Fire Protection					

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING 18,630 CF X .01 = 186.00 ~~18,630~~ alt 15,000 150.00	$ 336.00
PLUMBING	•
ELECTRICAL	•
FIRE PROTECTION	•
OTHER _____	•
SUBTOTAL	$ •
– LESS: 20% of subtotal (when plan review performed by state agency).	(•)
D.C.A. TRAINING FEE .0006 x 18,630	= 11.00
CERTIFICATE OF OCCUPANCY	10.00
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ •

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ •
COLLECTED AFTER PERMIT (VB)	•
TOTAL	$ •