



## I. IDENTIFICATION

- ## II. PROPOSED WORK

- Est. Cost

5,000

TOTAL COSTS

5,000

**OPTIONAL (for office use only)**

**III. DO YOU WANT:** (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

|                                                                                     |                                                                      |                                                                 |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. <input type="checkbox"/> Elevators/Escalators/Lifts/<br>Dumbwaiters/Moving Walks | 3. <input type="checkbox"/> Pressure Vessels                         | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly   |
| 2. <input type="checkbox"/> High Pressure Boilers                                   | 4. <input type="checkbox"/> Refrigeration Systems                    | 7. <input type="checkbox"/> Sprinklers                          |
|                                                                                     | 5. <input type="checkbox"/> Cross-Connections/Backflow<br>Preventers | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells |
|                                                                                     |                                                                      | 9. <input type="checkbox"/> Underground Storage Tanks           |

## VI. BUILDING/SITE CHARACTERISTICS

- (office use only)

#### A. RESIDENTIAL.

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:

Before Construction \_\_\_\_\_  
After Construction \_\_\_\_\_  
Net gain or loss \_\_\_\_\_

**1. State Specific Use:**

3. Change in Use Group, Indicate Former:

**Borough of Lavallette, NJ  
793-7477**

9-3 19 9/1

Application is hereby made for a Zoning Permit in accordance with the requirements of the Borough of Lavallette. The sub-joined statement, and drawings submitted herewith are hereby made a part of this application. I hereby agree to comply with all ordinances and governing regulations of the Borough of Lavallette. If any use or building or structure applied for herein shall be in violation of the above, the Zoning Officer shall have the right to stop such use or work on the premises until such violation shall have been corrected and there shall be no liability on the part of the Borough of Lavallette because of such stoppage.

OWNERS NAME LILLIAN SPURRICK

(Applicant must answer the following applicable questions)

Owner Telephone: 619-298-6806

STREET ADDRESS 111 HADDONFIELD AVE. LAVALLLETTE NJ

BLOCK 953 LOT 18 IN WHAT ZONE? RESIDENCE DISTRICT C

WHAT ARE LANDS NOW BEING USED FOR?

Spencer Family Wildlife

WHAT ARE BUILDINGS NOW BEING USED FOR?

EXPLAIN IN DETAIL THE PROPOSED CONSTRUCTION

Dc = TACHY- $\Delta$  GABRIEL 14' X 16'

To conform to all relevant zoning codes.

SUBDIVISION NAME \_\_\_\_\_

STATE SIZE OF NEW CONSTRUCTION (sq. ft.) 224 MODEL NAME \_\_\_\_\_

(ATTACH A SURVEY SHOWING PRESENT AND PROPOSED CONSTRUCTION)

**AFFIDAVIT TO BE SIGNED BY APPLICANT**

COUNTY OF OCEAN:

STATE OF NEW JERSEY:  
: ss:

Date: 8-31 1991

CHRIS WALSH

I, CHRIS WALSH, being of full age and being duly sworn, depose and say that I am the owner in fee simple of the premises herein described and shown on the accompanying drawings, and that the use or occupancy herein described will be done in accordance with all laws and ordinances of the Borough of Lavallette pertaining thereto.

THE AUTHORIZED AGENT FOR

**All statements herein made by me are true to the best of my knowledge and belief.**

**Swora to and subscribed before**

me this  
day of

, 19\_\_\_\_

**(Signature of Applicant)**

**Approved:**

**Notary Public**

**Zoning Officer**

Date:

**DENIAL OF ZONING PERMIT (IF APPLICABLE)**

The Zoning Ordinance of the Borough of Lavallette requires denial of this application.

19

Zoning Officer



# CONSTRUCTION PERMIT

Date Issued 9/19/91  
Control #  
Permit # 91-186

IDENTIFICATION Block 953 Lot 18

Work Site Location 111 HADDONFIELD AVE. Contractor CHRIS WALSH  
LAVALLETTE, NJ Address 137 W. MAIN ST.  
Owner in Fee LILLIAN SPARRICK BOONTON NJ 07005  
Address 3571 6TH AVE. NOT A Tele. (201) 335-6112 830-1276  
SAN DIEGO, CA 92103 Lic. No. or Bldrs. Reg. No. Exp. Date  
Tele. (619) 298-6806 Federal Emp. No. 22-133354

or Social Security No. 136-30-0193

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

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

| PAYMENTS (Office Use Only) |              |
|----------------------------|--------------|
| Building                   | <u>38.00</u> |
| Plumbing                   |              |
| Electrical                 |              |
| Fire Protection            |              |
| Other                      |              |
| Other                      | <u>5.95</u>  |
| DCA Training Fee           | <u>25.00</u> |
| Cert. of Occ.              | <u>20</u>    |
| Other                      | <u>88.95</u> |
| Total                      |              |
| Check No.                  |              |
| Cash                       |              |
| Collected By:              |              |

(see reverse side)



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received 9/3/91  
Date Issued 9/9/91  
Control #  
Permit # 91-186

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

Block 953 Lot 18  
Work Site Location 111 MADDOXFIELD AVE.  
LAURELLETT, NJ  
Owner in Fee LILLIAN SPARRIOW  
Address 3571 6th AVE. APT. #1  
SAN DIEGO, CA 92103  
Tele. (619) 498-6806  
Contractor CHRIS WALSH  
Address 237 W. MAIN ST.  
BOONTON NJ 07005  
Tele. (201) 325-6112  
Lic. No. or Bldrs. Reg. No.  
Federal Emp. No. 22-23339LT or Social Security No. 136-30-8193

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                  | Date          | Initial   | INSPECTIONS | Dates (Month/Day)                |
|----------------------------------------------------------------------------------------------|---------------|-----------|-------------|----------------------------------|
|                                                                                              |               |           | Type:       | Failure Failure Approval Initial |
| <input checked="" type="checkbox"/> No Plans Req.                                            | <u>9/9/91</u> | <u>KL</u> | Footing     | <u>9/18/91</u>                   |
| <input checked="" type="checkbox"/> All                                                      |               |           | Foundation  |                                  |
| <input type="checkbox"/> Footing                                                             |               |           | Slab        |                                  |
| <input type="checkbox"/> Foundation                                                          |               |           | Frame       | <u>11/2/91</u>                   |
| <input type="checkbox"/> Frame                                                               |               |           | Insulation  |                                  |
| <input type="checkbox"/> Other                                                               |               |           | Finishes:   |                                  |
| Joint Plan Review Required:                                                                  |               |           | Energy      |                                  |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |               |           | Mechanical  |                                  |
| SUBCODE APPROVAL                                                                             |               |           | TCO         |                                  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         |               |           | Other       |                                  |
| Date: <u>8-5-92</u>                                                                          |               |           | Final       |                                  |
| Approved By: <u>[Signature]</u>                                                              |               |           |             |                                  |

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
No. of Stories 1  
Height of Structure 13 Ft.  
Area—Largest Floor 224 Sq. Ft.  
Total Bldg. Area/All Floors 224 Sq. Ft.  
Volume of Struct \_\_\_\_\_ Cu. Ft.  
Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

**Est. Cost of Bldg. Work:**

1. New Bldg. \$ 5,000  
2. Alteration \$ \_\_\_\_\_  
3. Total (1+2) \$ 5,000

**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]  
Signature

**D. TECHNICAL SITE DATA**  
DESCRIPTION OF WORK

DETACHED GARAGE 14' X 16'

**TYPE OF WORK:**

☒ New Building  
☐ Addition  
☐ Alteration  
☐ Roofing  
☐ Siding  
☐ Other \_\_\_\_\_  
☐ Demolition  
☐ Miscellaneous  
☐ Fence \_\_\_\_\_ Height  
☐ Sign \_\_\_\_\_ Sq. Ft.  
☐ Pool  
☐ Elevator  
☐ Asbestos Abatement  
☐ Other \_\_\_\_\_

**(Office Use Only)**  
FEE

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Administrative Surcharge**

Paid ☐ Check # \_\_\_\_\_ Minimum Fee \$ \_\_\_\_\_  
Collected by: \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_



# PERMIT UPDATE

Date Update Issued 930719  
Control #  
Permit # 915652  
Date Permit Issued 921210

huallele  
IDENTIFICATION Block 27 Lot 47 29  
Work Site Location 106 White Ave  
LAVELLE  
Owner in Fee HANSEN MC GWINN  
Address \_\_\_\_\_  
Tele. (\_\_\_\_) \_\_\_\_\_  
Contractor SOLVING INC.  
Address 142 Mello LA.  
TAMS RIVER  
Tele. (908) 255-9326  
Lic. No. or Bldrs. Reg. No. 3892  
Federal Emp. No. \_\_\_\_\_  
or Social Security No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ OTHER  
☐ ELECTRICAL ☐ FIRE PROTECTION  
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

2 - A/c Compressors - 14. -

Estimated Cost of Work \$ 2 200

CONSTRUCTION OFFICIAL

U.C.C. Form F-190B

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

| PAYMENTS (Office Use Only) |              |
|----------------------------|--------------|
| Building                   |              |
| Electrical                 |              |
| Plumbing                   |              |
| Fire Protection            |              |
| Elevator Devices           |              |
| Other                      |              |
| DCA Training Fee           |              |
| Cert. of Occ.              |              |
| Other                      |              |
| Total                      | <u>14. -</u> |
| Check No.                  | <u>14. -</u> |
| Cash                       |              |
| Collected By:              |              |



change of contr.



**ELECTRICAL  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

May 4 92

006009

Lavalite

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

Block 11 Lot 29  
Work Site Location 106 White Ave  
LAVALITE  
Owner in Fee MARKEN MC GILVER  
Address 6 Grove Dr.  
WAYNE, N.J. 07420  
Tele. (201) 896 2781  
Contractor SOLVING INC  
Address 142 Mello Lane  
Toms River, N.J.  
Tele. (908) 257 9326  
Lic. No. 3892  
Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Est. Cost of Elec. Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

|                             |                                     |                   |         |          |         |
|-----------------------------|-------------------------------------|-------------------|---------|----------|---------|
| PLAN REVIEW:                | INSPECTIONS                         | Dates (Month/Day) |         |          |         |
| [X] No Plans Required       | Type:                               | Failure           | Failure | Approval | Initial |
| Joint Plan Review Required: | Rough                               | _____             | _____   | 4-21-93  | 3/41    |
| [ ] Bldg. [ ] Plumb.        | Temporary                           | _____             | _____   | _____    | _____   |
| [ ] Fire [ ] Elevator       | Constr. Serv.                       | _____             | _____   | _____    | _____   |
| [ ] Elec. Plans Approved    | TCO                                 | _____             | _____   | _____    | _____   |
| Date: <u>4-21-93</u>        | Other                               | _____             | _____   | _____    | _____   |
| Approved by: <u>Wm B191</u> | Service                             | _____             | _____   | _____    | _____   |
|                             | Final <u>3/41</u>                   | <u>7-15-93</u>    | _____   | _____    | _____   |
| SUBCODE APPROVAL            | Temp. Cut-in-Card Date Issued _____ |                   |         |          |         |
| [X] CO [ ] CCO [ ] CA       | Final Cut-in-Card Date Issued _____ |                   |         |          |         |
| Date: <u>7-27-93</u>        |                                     |                   |         |          |         |
| Approved By: <u>Wm B191</u> |                                     |                   |         |          |         |

**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.

Wm B191  
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| NO.        | SIZE | ITEM                            |
|------------|------|---------------------------------|
| <u>17</u>  |      | Fixtures (1)                    |
| <u>68</u>  |      | Receptacles (2)                 |
| <u>15</u>  |      | Switches (3)                    |
| <u>100</u> |      | Total 1 + 2 + 3                 |
| _____      | Kw   | Range                           |
| _____      | Kw   | Oven(s)                         |
| _____      | Kw   | Surface Unit                    |
| _____      | hp   | Dishwasher                      |
| _____      | hp   | Garbage Disposal                |
| _____      | Kw   | Dryer                           |
| _____      | Kw   | A/C Unit                        |
| _____      |      | Burglar Alarms                  |
| _____      |      | Intercoms Panels                |
| <u>6</u>   |      | Smoke Detectors                 |
| _____      | hp   | Whirlpool/spa                   |
| _____      |      | Pool Bonding                    |
| _____      | hp   | Pool Filter Motor               |
| _____      |      | Pool Lights                     |
| _____      | Kw   | Water Heater(s)                 |
| <u>2</u>   | Kw   | Central heat:                   |
|            |      | oil, (gas) or elec.             |
| _____      | Kw   | Baseboard Heat Units            |
| _____      |      | Thermostats                     |
| _____      | hp   | Heat Pump                       |
| _____      | hp   | Pump(s)                         |
| _____      | Amp  | Motor Control Center/Sub Panels |
| _____      |      | Signs                           |
| _____      |      | Light Standards                 |
| _____      | hp   | Motors—Fractional H.P.          |
| _____      | hp   | Motors—All Others               |
| _____      | Kw   | Transformers                    |
| _____      | Kw   | Generators                      |
| _____      | Amp  | Service Entrance                |
| _____      |      | Other                           |

**FEE (Office Use Only)**

|                             |                          |                 |
|-----------------------------|--------------------------|-----------------|
| Paid [T] Check # <u>110</u> | Administrative Surcharge | \$ _____        |
| RF                          | Minimum Fee              | \$ _____        |
| Collected by: _____         | DCA Training Fee         | \$ _____        |
|                             | TOTAL FEE                | \$ <u>52.00</u> |

walette



# PERMIT UPDATE

Date Update Issued 930802  
Control # 901382  
Permit #  
Date Permit Issued 930205

IDENTIFICATION Block 1115 Lot 31  
Work Site Location 243 BRYAN MAWR AVE Contractor FROLINE ELECTRIC INC  
LAVALLETTE NJ Address 610 WOODSIDE PL  
Owner in Fee DE. ART CROSNA TR NJ  
Address 9290803  
Tele. ( ) Lic. No. or Bldrs. Reg. No. 1053  
Federal Emp. No.  
or Social Security No. 142-52-5004

I hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ OTHER  
☒ ELECTRICAL ☐ FIRE PROTECTION  
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

SPA WIRING 1 hp

Estimated Cost of Work \$ 100

CONSTRUCTION OFFICIAL

J.C.C. Form F-1908

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

|                            |      |
|----------------------------|------|
| PAYMENTS (Office Use Only) |      |
| Building                   |      |
| Electrical                 |      |
| Plumbing                   |      |
| Fire Protection            |      |
| Elevator Devices           |      |
| Other                      |      |
| DCA Training Fee           |      |
| Cert. of Occ.              |      |
| Other                      | 7.00 |
| Total                      |      |
| Check No.                  |      |
| Cash                       |      |
| Collected By:              |      |



Date Received  
Date Issued  
Control #  
Permit #

FEB 5 93 00 1382

Lavallette

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

Block 1115 Lot 31  
Work Site Location 243 BRYN MAWR AVE  
LAVALLETTE N.J. 08735  
Owner in Fee DR. ART + KATHY CROSTA  
Address \_\_\_\_\_  
Tele. (\_\_\_\_) \_\_\_\_\_  
Contractor PROLINE ELECTRIC INC  
Address 60 WOODSIDE PL  
TOMS RIVER NJ  
Tele. (908) 929-0805  
Lic. No. 10513  
Federal Emp. No. \_\_\_\_\_ or Social Security No. 147-51-5008

**B. ELECTRICAL CHARACTERISTICS**

☐ Reinspection ☐ Resale ☐ Meter Set  
☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other ALTERATIONS + ADDITION  
Building Occupied as RES. Utility Co. JCP+L  
Est. Cost of Elec. Work \$ 2500

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW:                                                                                    | INSPECTIONS:                  | Dates (Month/Day) |         |          |         |
|-------------------------------------------------------------------------------------------------|-------------------------------|-------------------|---------|----------|---------|
|                                                                                                 | Type:                         | Failure           | Failure | Approval | Initial |
| <input checked="" type="checkbox"/> No Plans Required                                           | Rough                         |                   |         | 5-7-93   | 3/91    |
| Joint Plan Review Required:                                                                     | Temporary                     |                   |         |          |         |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire    | Constr. Serv.                 |                   |         |          |         |
| <input type="checkbox"/> Elec. Plans Approved                                                   | TCO                           |                   |         |          |         |
| Date: <u>2-8-93</u>                                                                             | Other                         |                   |         |          |         |
| Approved by: <u>[Signature]</u>                                                                 | Service                       |                   |         |          |         |
| SUBCODE APPROVAL:                                                                               | Final <u>3/91</u>             |                   |         | 7-19-93  |         |
| <input checked="" type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA | Temp. Cut-in-Card Date Issued |                   |         |          |         |
| Date: <u>8-2-93</u>                                                                             | Final Cut-in-Card Date Issued |                   |         |          |         |
| Approved by: <u>[Signature]</u>                                                                 | Line Dept.                    |                   |         |          |         |

**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.

☐ Licensed Electrical Contractor ☐ Exempt Applicant

[Signature]  
Signature-Contractor Seal

**D. TECHNICAL SITE DATA**

| NO.       | SIZE          | ITEM                            |
|-----------|---------------|---------------------------------|
| <u>19</u> |               | Fixtures (1)                    |
| <u>32</u> |               | Receptacles (2)                 |
| <u>16</u> |               | Switches (3)                    |
| <u>67</u> |               | Total 1 + 2 + 3                 |
|           |               | Range                           |
|           |               | Oven(s)                         |
|           |               | Surface Unit                    |
|           |               | Dishwasher                      |
|           |               | Garbage Disposal                |
|           |               | Dryer                           |
| <u>2</u>  | <u>30 AMP</u> | A/C Unit                        |
|           |               | Burglar Alarms                  |
|           |               | Intercoms Panels                |
| <u>8</u>  |               | Smoke Detectors                 |
|           |               | Whirlpool/spa                   |
|           |               | Pool Bonding                    |
|           |               | Pool Filter Motor               |
|           |               | Pool Lights                     |
| <u>2</u>  | <u>600</u>    | Water Heater(s)                 |
|           |               | Central heat:                   |
|           |               | oil, gas or elec.               |
| <u>2</u>  |               | Baseboard Heat Units            |
|           |               | Thermostats                     |
|           |               | Heat Pump                       |
|           |               | Pump(s)                         |
|           |               | Motor Control Center/Sub Panels |
|           |               | Signs                           |
|           |               | Light Standards                 |
| <u>6</u>  | <u>1000</u>   | Motors—Fractional H.P.          |
|           |               | Motors—All Others               |
|           |               | Transformers                    |
|           |               | Generators                      |
|           |               | Service Entrance                |
|           |               | Other                           |

**FEE (Office Use Only)**

48-

14-

Administrative Surcharge \$ 2.00  
Paid ☒ Check # 1205 Minimum Fee \$ 62.00  
Collected by: \_\_\_\_\_ TOTAL FEE \$ 64.00



Boor Lavellette  
nady 7/27/93



**ELECTRICAL  
SUBCODE  
TECHNICAL SECTION**



Date received  
Date Issued  
Control #  
Permit #

JUL 29 93 0 0 9 7 7 7

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

Block 953 Lot 18

Work Site Location 111 HADDON FIELD AVE

LAVALLETTE, NJ 08735

Owner in Fee SPARRIO

Address same

Tele. ( )

Contractor WESTMONT ELEC INC

Address 20 WESTMONT AVE

LAVALLETTE, NJ 08735

Tele. ( ) 830-2773

Lic. No. 5725

Federal Emp. No. 202207614 or Social Security No.

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed nady 7/27/93

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 400.00

**JOB SUMMARY (Office Use Only)**

**PLAN REVIEW:**

[X] No Plans Required

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb.

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 7-30-93

Approved by: Wm B/91

**SUBCODE APPROVAL**

[ ] CO [ ] CCO [X] CA

Date: 8-2-93

Approved By: Wm B/91

**INSPECTIONS**

Type:

Rough

Temporary

Constr. Serv.

TCO

Other

Service

Final

**Dates (Month/Day)**

Failure

Failure

Approval

Initial

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 8-2-93

**D. TECHNICAL SITE DATA**

| NO.      | SIZE       | ITEM                                |
|----------|------------|-------------------------------------|
|          |            | Fixtures (1)                        |
|          |            | Receptacles (2)                     |
|          |            | Switches (3)                        |
|          |            | Total 1 + 2 + 3                     |
|          |            | Kw Range                            |
|          |            | Kw Oven(s)                          |
|          |            | Kw Surface Unit                     |
|          |            | hp Dishwasher                       |
|          |            | hp Garbage Disposal                 |
|          |            | Kw Dryer                            |
|          |            | Kw A/C Unit                         |
|          |            | Burglar Alarms                      |
|          |            | Intercoms Panels                    |
|          |            | Smoke Detectors                     |
|          |            | hp Whirlpool/spa                    |
|          |            | Pool Bonding                        |
|          |            | hp Pool Filter Motor                |
|          |            | Pool Lights                         |
|          |            | Kw Water Heater(s)                  |
|          |            | Kw Central heat:                    |
|          |            | oil, gas or elec.                   |
|          |            | Kw Baseboard Heat Units             |
|          |            | Thermostats                         |
|          |            | hp Heat Pump                        |
|          |            | hp Pump(s)                          |
|          |            | Amp Motor Control Center/Sub Panels |
|          |            | Signs                               |
|          |            | Light Standards                     |
|          |            | hp Motors—Fractional H.P.           |
|          |            | hp Motors—All Others                |
|          |            | Kw Transformers                     |
|          |            | Kw Generators                       |
| <u>1</u> | <u>150</u> | Amp Service Entrance                |
|          |            | Other                               |

**FEE (Office Use Only)**

**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.

Signature Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge \$  
Paid [X] Check # 5851 Minimum Fee \$  
DCA Training Fee \$  
Collected by: TOTAL FEE \$ 33.00

LILLIAN SPURRING Block 953 LOT 18

8-24-41

BOROUGH OF LAURELLETTE

MAXIMUM LOT COVERAGE CALCULATION

LOT SIZE:  $40' \times 100' = 4000 \text{ SQ. FT.} \times 37\% = \underline{1480 \text{ SQ. FT.}}$

EXISTING HOUSE:  $28' \times 26' = 728 \text{ SQ. FT.}$

" PORCH  $14' \times 10' = \underline{140}$   
868

PROPOSED GARAGE:  $14' \times 16' = \underline{224}$

TOTAL 1,092

1926.4

1344

3720

CURB

NOTES TO ACCOMPANY CONSTRUCTION PERMIT APPLICATIONBOROUGH OF CAVALLOTTE

8-31-91

Block 953 Lot 18 111 MADDOCKFIELD AVE.

OWNER: LILLIAN SPARRER

AGENT: CHRIS WALSH

PHONE: IN CAVALLOTTE: 908-830-1476

IN BOONTON, NJ 101-335-6112 (W)

101-335-4636 (H)

1. THE CONSTRUCTION BLUE PRINTS SHOW A BUILDING MEASURING 14' X 22'. OUR BUILDING WILL BE 14' X 16'.

2. COPIES OF BLUE PRINTS SUBMITTED WITH APPLICATION HAVE BEEN REDUCED FOR COPYING PURPOSES THEREFOR THE SCALE WILL BE DIFFERENT. ORIGINAL BLUE PRINTS ARE WITH CHRIS WALSH, AGENT AND WILL BE KEPT AT THE JOB SITE.

3. FOOTINGS, FOUNDATION AND CONCRETE FLOOR WILL

BE DONE BY HURLEY'S MASONRY, TOWNS RIVER NJ  
 MASON SUB CONTRACTOR.

4. ALL OTHER CONSTRUCTION WILL BE DONE BY THE AGENT, CHRIS WALSH.
5. BLUE PRINTS SHOW AN OVERHUNG GARAGE DOOR. THIS MAY BE REPLACED BY TWO 4'x7' SWINGING DOORS OPENING OUT.
6. BLUE PRINTS SHOW SIDE DOOR ON THE RIGHT SIDE. IT WILL BE LOCATED IN THE SAME POSITION BUT ON THE LEFT SIDE.
7. BLUE PRINTS SHOW NO WINDOW ON THE LEFT SIDE. THERE WILL BE TWO WINDOWS IN THE GARAGE, ONE ON THE LEFT SIDE AND ONE ON THE RIGHT SIDE. EXACT TYPE AND SIZE HAS NOT YET BEEN DETERMINED.
8. WE WILL USE "ALTERNATE FOUNDATION PLAN SECTION B" PER BLUE PRINTS SHEET #2. BLOCKS WILL BE USED INSTEAD OF A POURED FOUNDATION. THE FOOTINGS WILL BE POURED. SEE SHEET #4 "SECTION 4A FORMED FOUNDATION" ALSO.

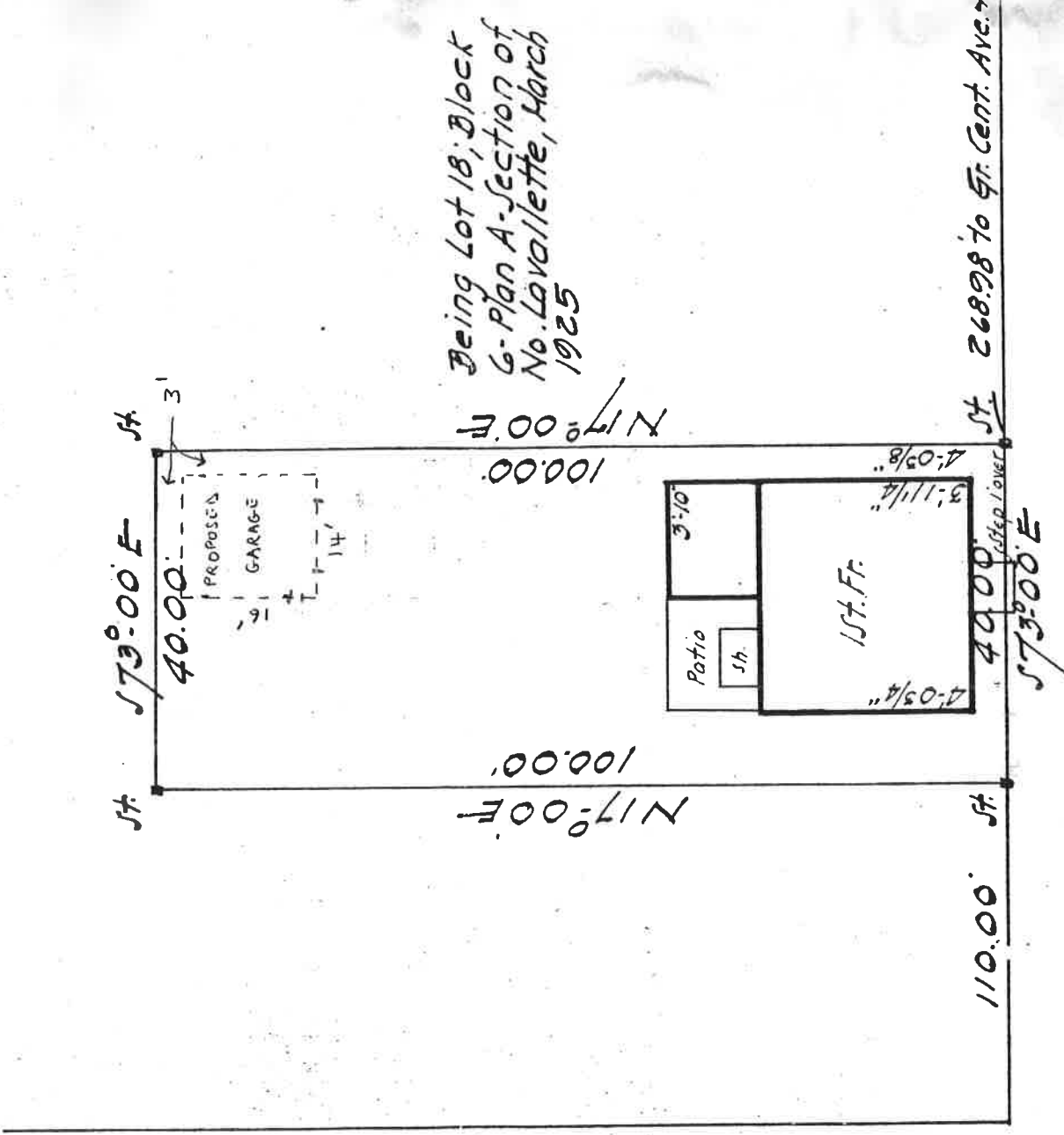
AGENT, CHRIS WALSH

# MAP OF PROPERTY

SITUATED IN  
NO. LAVALLETTE-DOVER TOWNSHIP  
OCEAN COUNTY, NEW JERSEY

Block 953 Lot 18  
LILLIAN SPURRING  
111 HADDONFIELD AVE.

Now or formerly  
Philadelphia & Long Branch R.R.



Being Lot 18, Block  
G- Plan A-Section of  
No. Lavallette, March  
1925

HADDONFIELD AVE.

CERTIFIED TO:

Lester C. Fowler & Majorie M. Fowler his wife  
The Hillsdale National Bank  
New Jersey Realty Title Insurance Co.

I certify that I have surveyed the premises shown  
hereon in accordance with the deed description and  
find conditions as shown.

SCALE: 1" = 20'  
DATE: Nov. 14, 1958, Feb. 21, 1959

58-216

*George W. Henn*  
GEORGE W. HENN, P.E. & L.S.  
OCEAN BEACH, NEW JERSEY