



CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION
1. Proposed Work Site at: 111 Haddonfield Ave, Camden, NJ 08105 (Agent)
2. Name of Owner in Fee: Lee Walsh Tel. (732) 948-3907
Address 3 GLEN CATC RD BOONTON, NJ 07005 (973-335-4636)
3. Ownership in Fee: Public Private
4. Principal Contractor: Address
License No. OR, if new home, Builder Reg. No. Exp. Date
Federal Employee No. FAX: ()
5. Architect or Engineer Bob Brand Tel. ()
Address 1200 River Ave Lakewood NJ 08701
6. Responsible Person in Charge of Work Tim Winters
Tel. (732) 732-9988-8907 FAX (732) 722-8417

V. FEE SUMMARY (for office use only)
1. Building \$
2. Electrical
3. Plumbing
4. Fire Protection
5. Elevator Devices
6. Subtotal \$
7. Less 20% for State Plan Review
8. Subtotal \$
9. DCA Training Fee
10. Subtotal
11. Cert. of Occupancy
12. Other
13. TOTAL \$

VI. BUILDING/SITE CHARACTERISTICS
1. Number of Stories 2
2. Height of Structure 17' x 26' ft
3. Area - Largest Floor 102 x 1300 sq. ft.
4. New Building Area 102 x 1300 sq. ft.
5. Volume of New Structure 102 x 1300 x 5-6 9500 cu. ft.
6. Construction Classification A-E-1
7. Total Land Area Disturbed 102 x 1300 sq. ft.
8. Flood Hazard Zone AE-1
9. Base Flood Elevation 5.0 ft.
10. Wetlands yes no
11. Max. Live Load 50 psf
12. Max. Occupancy Load 50 psf

II. PROPOSED WORK		OPTIONAL (for office use only)				
	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer
1. ☐ Minor Work						
2. ☐ New Building						
3. ☒ Addition	90,000					
4. ☒ Alteration	25,000					
5. ☒ Fire Protection	2,000					
6. ☒ Plumbing	20,000					
7. ☒ Electrical	20,000					
8. ☐ Elevator Devices						
9. ☐ Asbestos Abat. Subch. 8						
10. ☐ Lead Hazard Abatement						
11. ☒ Demolition	10,000					
TOTAL COSTS						

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?
1. ☐ Elevators/Escalators/Lifts/
2. ☐ Dumbwaiters/Moving Walks
3. ☐ High Pressure Boilers
4. ☐ High Pressure Vessels
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE
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 1 After Construction 1 Net Gain or Loss 1
B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group. Indicate Former:



CERTIFICATE

Date Issued
Control #
Permit #

7-6-9
08-00149

IDENTIFICATION

Block 953 Lot 18

Work Site Location 111 HADDONFIELD AVE.
LAVALLANTE, N.J.

Owner in Fee/Occupant MR. WALSH

Address 3 GLEN GATE DR.
BOONTON, N.J. 07005

Tele. (973) 335-4636

Contractor DEFSHORE BUILDERS

Address 294 DELAWARE DR.
BLICK, N.J.

Tele. (732) 948-3907 Fax ()

Lic. No. or Bldrs. Reg. No. 13VH04521300

Federal Emp. No.

Home Warranty No. _____

Type of Warranty Plan: [] State [] Private

Use Group _____

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy Load _____

Description of Work/Use: _____

ADDITION/RENOVATION OF
SINGLE FAMILY DWELLING

☒ **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 CLEARANCE — LEAD ABATEMENT 5:17**

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 (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 _____.

100

CONSTRUCTION OFFICIAL

Fee \$ _____
Paid [☐] Check No. _____
Collected by: _____

PA.D 2 / PEN. 1

U.C.C. F260
(rev. 3/96)

1	WHITE — APPLICANT	2	CANARY — OFFICE	3	PINK — TAX ASSESSOR
---	-------------------	---	-----------------	---	---------------------

2 CANARY — OFFICE

3 PINK —

TAX ASSESSOR

Date Received
Control #
Permit #
Date Issued

BURKSH OF LAVALLE

001/001/001



APPLICATION FOR
CERTIFICATE

IDENTIFICATION

Block 953 Lot 18
Site Location 111 HADDOFIELD AVE
LAVALLE NY
Address: 294 DELAWARE DR
BRICK NJ 08723
Tel. (732) 948-3907
License No. 13VH04521300
Federal Employee No.

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP

R-5

FINAL COST OF CONSTRUCTION:

\$ 237,080

(include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

MEET FEMA REQUIREMENTS FOR SMART VENTS. WORK
TO BE COMPLETED WITHIN 30 DAYS.

DESCRIPTION OF WORK/USE:

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED:

OWNER/AGENT

☒ OWNER
☐ AGENT

7328308248



APPLICATION FOR
CERTIFICATE

Date Received
Control #
Permit #
Date Issued

IDENTIFICATION

Block 953 Lot 18
Site Location 111 HARBORFIELD AVE
LAUREL TIG NJ
or in Fee Owner: LEE E WALSH
Address 3 GREEN GATE RD
BOULTON TWP NJ
(973) 335-4636
License No. 1321948-3907
Federal Employee No. BVH04521300
Contractor D-F-SHORE BUILDING-SERVICES INC
294 DELAWARE DR
BRICK, NJ 08723

ACTION
☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☒ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP R-1
Previous R-1
Current
FINAL COST OF CONSTRUCTION: \$ 237,080
(include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORKUSE:
MEET FROM REPAIRS REPAIRS
WORK TO BE COMPLETED WITHIN 30 DAYS

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED:
☒ OWNER
☐ AGENT

6/25/09



CERTIFICATE

Date Issued
Control #
Permit #

6-30-99
08-00149

IDENTIFICATION

Block 953 Lot 18
Work Site Location 111 HADDOCK FIELD
LAWRENCE, N.J.
Owner in Fee/Occupant MR. WALSH
Address 3 GLENGATE DR.
BOODTOWN, N.J. 07005
Tele. (973) 335-41636
Contractor OFFSHORE BUILDERS
Address 294-DELAWARE DR.
BRIDGE, N.J.
Tele. (732) 948-3907 Fax ()
Lic. No. or Bldrs. Reg. No. 13VH04521300
Federal Emp. No.

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

ADDITION / RENOVATION
OF SFD

☐ 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 AUG. 1, 19 2009 or the owner will be subject to fine or order to vacate.

XX ISSUED ADDITIONAL FLOOD VENT
AS PER FEMA REQUIREMENTS

☐ CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

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 (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 \$ 50
Paid [☒] Check No. 125
Collected by: HW

CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 3/96)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR



APPLICATION FOR
CERTIFICATE

Date Received
Control #
Date Permit Issued
Permit #
Date Issued

IDENTIFICATION

Block 953 Lot 18
Site Location 111 Haddonfield Ave
LAVALLITE NJ
er in Fee LEE E WALSH
3 GLEN GATE RD
BODDINGTON TWP NJ
Tel. (732) 944-2321
Address 294 DELAWARE DR
BAILEY NJ 08713
Contractor OFFSHORE BUILDING SERVICES INC
Federal Employee No.

ACTION

☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP R5 Previous R5 Current

FINAL COST OF CONSTRUCTION: \$ 237,080
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

☒ OWNER
☐ AGENT

SIGNED:

OWNER/AGENT

Joe E. Walsh
July 6, 09

RWP No.-030643

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:

A1. Building Owner's Name Lee E. Walsh

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Company NAIC Number

A1. Building Owner's Name Lee E. Walsh

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Company NAIC Number

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

LOT: 18 BLOCK: 953

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 39D 58' 46.73" Long. 74D 4' 6.67"

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 9

A8. For a building with a crawlspace or enclosure(s):

A9. For a building with an attached garage:

a) Square footage of attached garage 1038 sq ft

b) No. of permanent flood openings in the attached garage NA

c) Total net area of flood openings in A8.b 1041 sq in

d) Engineered flood openings? Yes No

e) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number

B2. County Name

B3. State

B4. Map/Panel Number

B5. Suffix

B6. FIRM Index

B7. FIRM Panel

B8. Flood

B9. Base Flood Elevation(s) (Zone

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe)

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2-a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2-a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

Conversion/Comments NA

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) CF 3.5 feet meters (Puerto Rico only)

b) Top of the next higher floor FE 6.10 feet meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) NA feet meters (Puerto Rico only)

d) Attached garage (top of slab) NA feet meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building AC 5.56 feet meters (Puerto Rico only)

f) Lowest adjacent (finished) grade next to building (LAG) 3.9 feet meters (Puerto Rico only)

g) Highest adjacent (finished) grade next to building (HAG) 4.2 feet meters (Puerto Rico only)

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support NA feet meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name Ronald W. Post

License Number NJ Lic. No. GS28534

Title Professional Land Surveyor

Address 1792 Hinds Road

City Toms River

State NJ

ZIP Code 08753

Signature

Date 6/17/2009

Telephone (732) 255-9050

Building Photographs

See Instructions for Item A6.

For Insurance Company Use:	
Policy Number	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
Company NAIC Number	City LAVALLETTE State NJ ZIP Code 08735
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.	



Front View



Rear View



CONSTRUCTION PERMIT

Date Issued 7/24/08
Control #
Permit # 08-149

IDENTIFICATION Block 953 Lot 18
Work Site Location 111 Haddonfield Ave.
Laverette NJ
Owner in Fee Lee Walsh
Address 3 GLEN GATE RD
Broomfield NJ
Tel. (732) 948-3907 (AGENT) 973-335-4636 (OWNER)
Contractor OFFSHORE BLDG
Address 1117 MORGAN BLVD
WILMINGTON DE 19806
Tel. (732) 948-3907
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

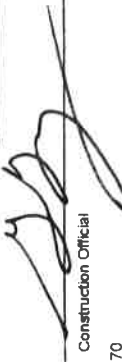
- ☒ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☒ FIRE PROTECTION ☒ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

ADDITION, NEW ROOF, NEW SIDING & RENOVATIONS.

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 \$ 167,000

 Date 7/24/08

Construction Official

U.C.C. F170
(rev 3/98)

PAYMENTS (Office Use Only)	
Building	1158.-
Electrical	150.-
Plumbing	207.-
Fire Protection	173.-
Elevator Devices	
Other	
DCA Training Fee	90.-
Cert. of Occupancy	25.-
Other	
Total	1836.-
Check No.	1010 7/24/08
Cash	
Collected by	J.

(see reverse side)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—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 953 Lot 18 Qualification Code _____
Work Site Location 111 Haddonfield Ave.
Owner in Fee: Lee Walsh
Tel. (732) 948-3907 (AGENT) mail (973-335-4636 Haddonfield)
Address 3 GLEN GATE AB BANTON TOW NJ zip code 07005
Contractor: _____ Tel. (_____)
Address _____ 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)
PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)
[] No Plans Required 7/14/99 93-E Initial HA-2
[] All 2/14/99 93-E Initial HA-2
[] Footing 93-E Initial HA-2
[] Foundation SEE BACK 9-24-9 10-2-9 HDU
[] Frame SEE BACK 1-14-9 HDU
[] Other 1-21-9 HDU
Joint Plan Review Required: Barrier-Free SHEATH 10-22-9 10-21-9
[] Elec. [] Plumb. [] Fire [] Elevator Insulation ** CHALK STRAP ON
SUBCODE APPROVAL Finishes -Base Layer
[] CO [] CCO [] CA Finishes -Final
Date: 10-3-9 HDU
Approved by: D/D 12/10/02
Final ** SEE BACK 1-22-9
Barrier-Free GLASS

B. BUILDING CHARACTERISTICS
Use Group Present RS Proposed RS Est. Cost of Bldg. Work:
Constr. Class Present 5B Proposed 5B 1. New Bldg. \$ 167,000
No. of Stories 2 2. Rehabilitation \$ 167,000
Height of Structure APX. 26 Ft. 3. Total (1+2) \$ 167,000
Area — Largest Floor 1163 Sq. Ft.
New Bldg. Area/All Floors APX. 1100 Sq. Ft.
Volume of New Structure APX. 9500 Cu. Ft.
Total Land Area Disturbed APX. 1400 Sq. Ft.

U.C.C. F110 (rev. 7/06)
Internet version

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

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

ADDITION, ROOF, SIDING & RENOVATIONS

TYPE OF WORK:

- [] New Building
[X] Addition
[X] Rehabilitation
[X] Roofing
[X] Siding
[] Fence _____ Sq. Ft.
[] Sign _____ Sq. Ft.
[] Pool
[] Retaining Wall _____ Sq. Ft.
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Radon Remediation
[] Other _____
[X] Demolition

FEE (Office Use Only)
\$ 1188

Administrative Surcharge \$ 1188
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

948 3907

149-08



PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

IDENTIFICATION Block 953 Lot 18
Work Site Location 111 Haddonfield Ave
Owner in Fee LEE WALSH
Address SAME
Tel. (732) 948 3907

Contractor AT&T WIRE BLD
Address 294 Delaware Dr
Tel. (732) 948-3907
Lic. No. or Bldrs. Reg. No. 1324 04521300
Fed. Emp. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FURNACE

Estimated Cost of Work \$ 1000

Construction Official [Signature] Date 6-18-9

U.C.C. F190
(rev. 3/96)

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 Occupancy	_____
Other	_____
Total	_____
Check No.	<u>N/F</u>
Cash	_____
Collected by	<u>JAS</u>



**FIRE
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 453 Lot 18
Work Site Location 111 Haddonfield AVE LAV.
Owner in Fee Lee W. R. S. H.
Address 111 Haddonfield AVE LAV.
Tele. (732) 943-3907
Contractor _____
Address _____
Tele. (_____) Fax (_____)
Lic. No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present S-B Proposed S-B
Heating Systems ☒ New ☐ Existing ☐ HVAC
Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____
Location: _____
Fire Alarm System New ☐ Existing ☐
Location of Panel: _____
Fire Suppression/Standpipe System New ☐ Existing ☐
Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plans Required
Joint Plan Review Required:
☐ Building ☐ Plumbing
☐ Electric ☐ Elevator
☒ Fire Plans Approved
Date: 7/14/68
Approved by: [Signature]
SUBCODE APPROVAL
☒ CO ☐ CCO ☐ CA
Date: 6-17-9 13/18
Approved by: _____

INSPECTIONS
Type: Alarm System 1-0-0 Failure _____ Dates (Month/Day) Approval 6-17-9 Initial RLH
Suppression Sys. _____
Standpipe _____
Fire Pump _____
Pre-Eng. System _____
Mechanical _____
Smoke Control _____
TCO _____
Final 16-3-9 RLH Failure 6-17-9 RLH
Other Rough 12-31-08 RLH

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 _____

U.C.C. F140
(rev. 3/96)



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source POWELL
Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: ☐ Flammable Liquid ☐ Combustible Liquid
☐ LPG ☐ LNG Capacity _____ Fuel _____

Alarm Systems ☐ 110v Interconnected ☐ System **NUMBER** _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tampers, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

Halon Suppression _____

Other _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas ☒ or Oil ☐ Fired Appliances _____

Other Dryer, stove _____

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

FEE (Office Use Only)



FIRE PROTECTION 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 953 Lot 18 Qualification Code LV
Work Site Location 111 Hudsonville Ave

Owner in Fee: Lee Walsh
Tel. (732) 948 3907 e-mail _____

Address same
Contractor: D F Shore Building municipality Brick zip code 9483907
Address 274 Delaware Ave e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel _____

Heating System: [X] New or [] Existing [] HVAC Fire Suppression/Standpipe System: _____

Type: [X] Gas [] Oil [] Electric [] Solar [] New or [] Existing

Location: _____ Location of Main Control Valve: Basement

Fuel Storage Tank:

Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ 1000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Alarm System	_____	_____	Initial
Joint Plan Review Required:		Suppression Sys	_____	_____	_____
[] Building [] Plumbing		Standpipe	_____	_____	_____
[] Electric [] Elevator		Fire Pump	_____	_____	_____
[X] Fire Plans Approved		Pre-Eng System	_____	_____	_____
Date: <u>6-17-9</u>		Mechanical	_____	_____	_____
Approved by: <u>RM</u>		Smoke Control	_____	_____	_____
SUBCODE APPROVAL		TCO	_____	_____	_____
[X] CO [] GCO [] CA		Flam/Combust Tanks	_____	_____	_____
Date: <u>6-17-9</u>		Fireplace Venting	_____	_____	_____
Approved by: <u>RM</u>		Final	_____	_____	_____
		Other	_____	_____	_____

ACTION OFFICE SUPPLIES, INC (800) 298-1000

U.C.C. F140
(rev 7/06)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received
Control #
Date Issued
Permit #

948 3907

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.

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

FEE (Office Use Only)

NUMBER

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tampers, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fired Appliances [] Gas or [] Oil

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

N/F



ELECTRICAL
SUBCODE
TECHNICAL SECTION

Lavallita



Date Received
Date Issued
Control #
Permit #

MAY 28 08 01 238

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

Block 453 Lot 18 Qualification Code CAV
Work Site Location 111 Haddenfield Ave
Owner in Fee Lee Walsh
Address 111 Haddenfield Ave CAV
Tel (732) 948-3907
Contractor A.G. Electric Inc.
Address 1913 Atlantic Ave., Suite 192
Manasquan, NJ 08736
Tel (732) 722-7371 FAX (732) 722-7372
Contractor License No. 10285
Federal Emp. No. 22-344-9428

B. ELECTRICAL CHARACTERISTICS
Use Group Present Additional Rewire
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Single Family Utility Co. S.C.P.
Est. Cost of Elec. Work \$ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[] No Plans Required		
Joint Plan Review Required:		
[] Building [] Plumbing		
[] Fire [] Elevator		
[] Elec. Plans Approved		
Date: <u>2.3.08</u>		
Approved by: <u>gvl</u>		

INSPECTIONS	Dates (Month/Day)	
Type: Rough	Failure Approval Initial	
Barrier-Free	<u>12/14/05</u>	<u>gvl</u>
Trench		
Temp. Serv.		
Constr. Serv.		
TCO		
Other		
Service	<u>12/14/08</u>	<u>2075 gvl</u>
Final		
Barrier-Free		
Temp. Cut-in-Card Date Issued		
Final Cut-in-Card Date Issued	<u>2-17-09</u>	
Annual Pool Inspection		
Date of Grounding and Bonding Certification		

SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: 2/17/09
Approved by: gvl

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. Gold - Office copy

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.

ASAP

Applicant's Signature/Contractor's Seal and Signature
Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
<u>20</u>	<u>1/2"</u>	Lighting Fixtures
<u>45</u>	<u>3/4"</u>	Receptacles
<u>30</u>	<u>6"</u>	Switches
<u>6</u>		Detectors
		Light Poles
<u>2</u>		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS	
<u>153</u>	Pool Permit/with UW Lights
<u>1</u>	Storable Pool/Spa/Hot Tub
<u>1</u>	KW Elec. Range/Receptacle
<u>1</u>	KW Oven/Surface Unit
<u>1</u>	KW Elec. Water Heater
<u>1</u>	KW Elec. Dryer/Receptacle
<u>1</u>	KW Dishwasher
<u>2</u>	HP Garbage Disposal
<u>2</u>	KW Central A/C Unit
<u>2</u>	HP/KW Space Heater/Air Handler
<u>2</u>	KW Baseboard Heat
<u>2</u>	HP Motors 1/+ HP
<u>2</u>	KW Transformer/Generator
<u>1</u>	AMP Service
<u>1</u>	AMP Subpanels
<u>1</u>	AMP Motor Control Center
<u>1</u>	KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 65

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

1416
RSF
150.00

per by offshore body 11.11.08



PLUMBING 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 953 Lot 18 Qualification Code _____
Work Site Location 111 Haddonfield Ave L.A.V.

Owner in Fee: LEE WALSH
Tel. (732) 948 3907 e-mail _____

Address 111 Haddonfield Ave L.A.V. ZIP CODE _____

Contractor: Patriot Plumbing LLC Tel. (732) 929 3529

Address 2802 and Avenue TRNJ08753 e-mail _____

Contractor License No. 11968 Exp. Date 6/30/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH0400T100

Federal Emp. ID No. 031139367 FAX: (732) 929 3519

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer 4" Private Septic _____
Water Service Size _____ Public Water 3/4" Private Well _____
Est. Cost of Plumbing Work \$ 10,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Approval	Initial
[] No Plans Required		Slab	<u>1-27-9</u>	<u>1-28-9</u>	<u>HDW</u>
Joint Plan Review Required:		Rough	<u>12-18-8</u>	<u>12-15-8</u>	<u>HDW</u>
[] Building	[] Electric	Water			
[] Fire	[] Elevator	Sewer			
[] Plumbing Plans Approved		Fixtures			
Date:	<u>6-2-08</u>	Gas Equipment			
Approved by: <u>[Signature]</u>		Gas Piping	<u>1-5-9</u>	<u>1-8-9</u>	<u>HDW</u>
SUBCODE APPROVAL		LP Gas Tank			
[] CO	[] CCO	Fuel Oil Piping			
Date:	<u>6-2-9</u>	Solar			
Approved by: <u>[Signature]</u>		TCO			
		Final	<u>5-18-9</u>	<u>6-29-9</u>	<u>HDW</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.

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK		FEE (Office Use Only)	
ADD.			
QTY.	FIXTURE/EQUIPMENT		
<u>2</u>	Water Closet		
<u>1</u>	Urinal/Bidet		
<u>1</u>	Bath Tub		
<u>1</u>	Lavatory		
<u>1</u>	Shower		
<u>4</u>	Floor Drain		
<u>1</u>	Sink		
<u>1</u>	Dishwasher		
<u>1</u>	Drinking Fountain		
<u>1</u>	Washing Machine		
<u>2</u>	Hose Bibb		
<u>1</u>	Water Heater		
<u>1</u>	Fuel Oil Piping		
<u>1</u>	Gas Piping		
<u>1</u>	LP Gas Tank		
<u>1</u>	Steam Boiler		
<u>1</u>	Hot Water Boiler		
<u>1</u>	Sewer Pump		
<u>1</u>	Interceptor/Separator		
<u>1</u>	Backflow Preventer		
<u>1</u>	Greasetrap		
<u>1</u>	Sewer Connection		
<u>1</u>	Water Service Connection		
<u>4</u>	Stacks		
<u>1</u>	Other <u>Gas App.</u>		
<u>1</u>	Other <u>AC</u>		
Administrative Surcharge \$ <u>207</u>			
Minimum Fee \$ <u>207</u>			
State Permit Surcharge Fee \$ <u>50</u>			
TOTAL FEE \$ <u>464</u>			

Date Received

Control #

Date Issued

Permit #

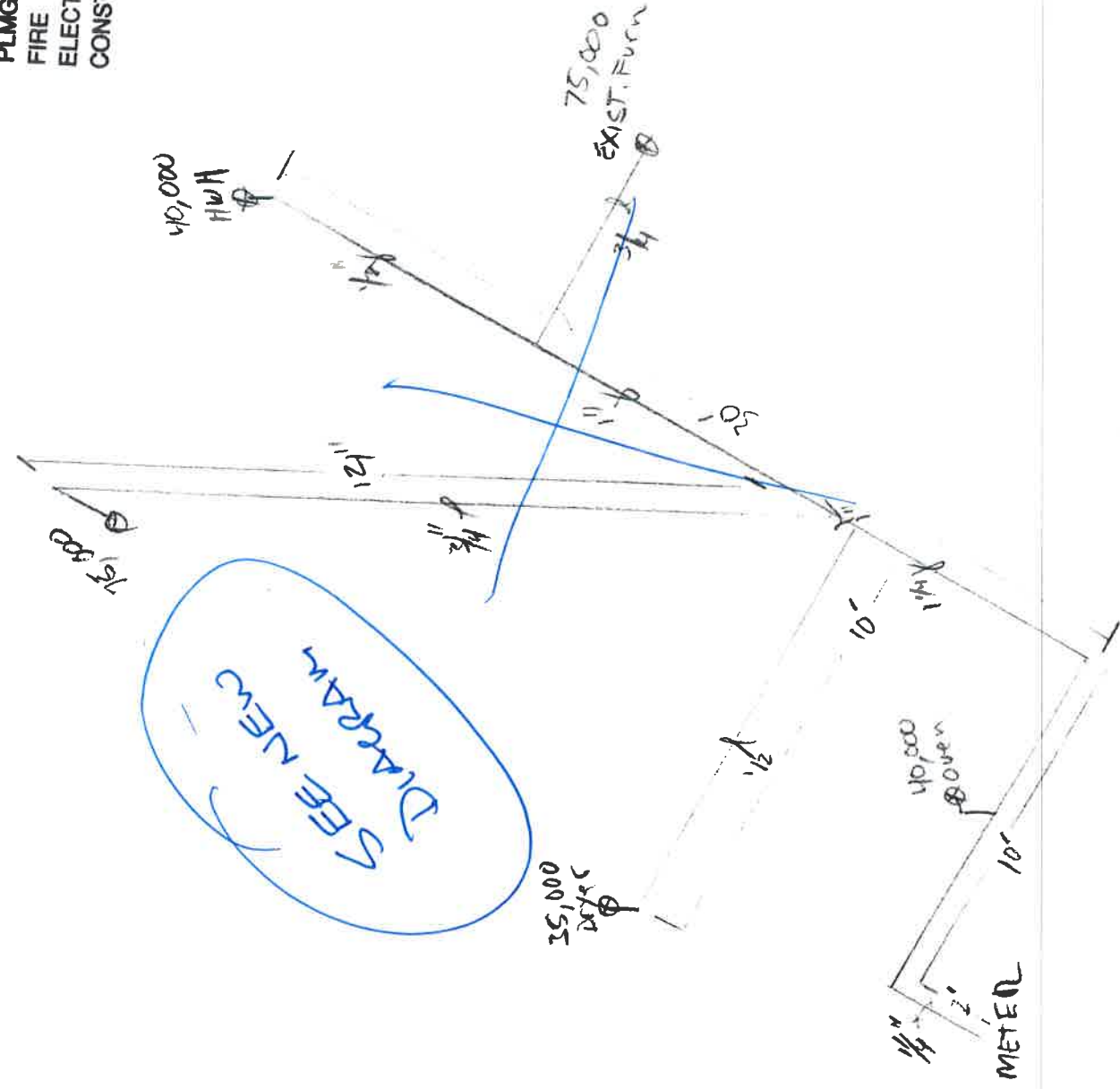
LAVALLETTE CONSTRUCTION
INSPECTION DEPARTMENT
RELEASE DATE 7/24/08
BLDG SUBCODE OFFICIAL _____
PLMG _____
FIRE _____
ELECT _____
CONSTRUCTION OFFICIAL [Signature]

LAVALLETTE CONSTRUCTION
INSPECTION DEPARTMENT

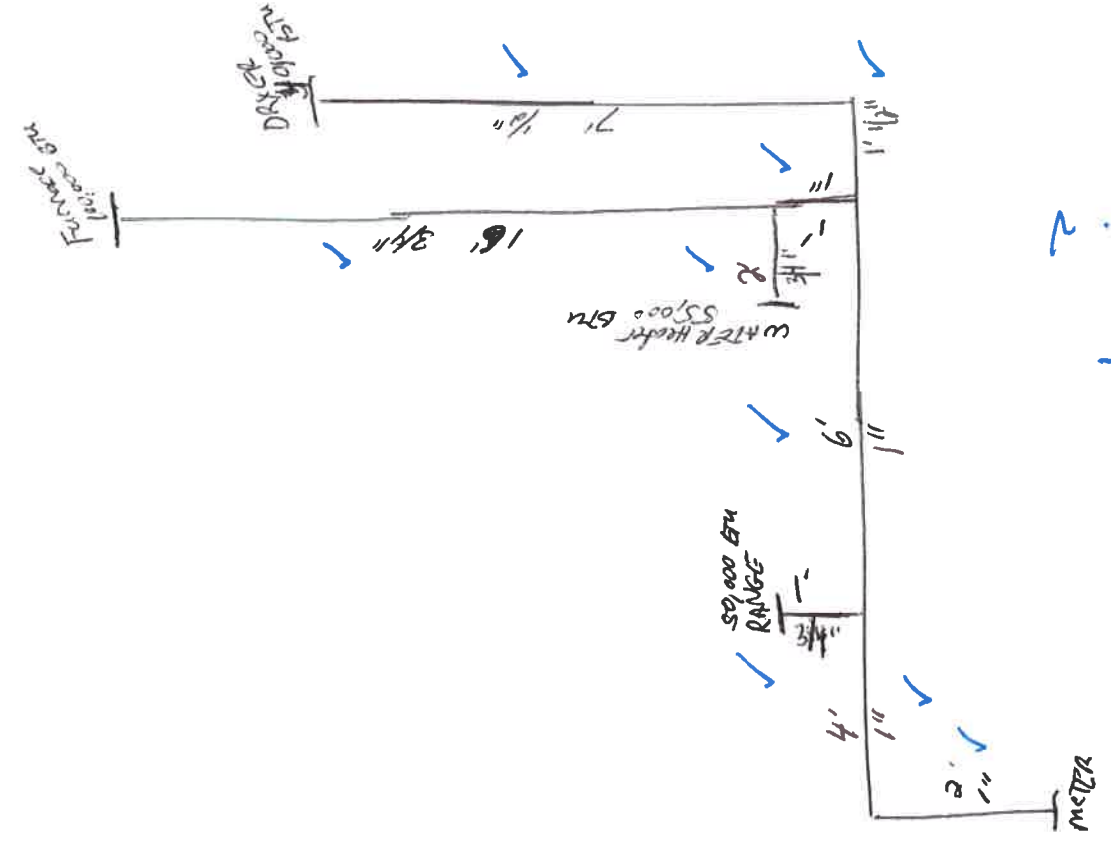
RELEASE DATE _____
BLDG SUBCODE OFFICIAL _____
PLMG _____
FIRE _____
ELECT _____
CONSTRUCTION OFFICIAL _____

TOTTENHAM PLUMBING
 £5,000 TOTAL BTU
 50 LONGST FUTURE

LAVALLETTE CONSTRUCTION
INSPECTION DEPARTMENT
RELEASE DATE _____
BLDG SUBCODE OFFICIAL _____
PLMG _____
FIRE _____
ELECT _____
CONSTRUCTION OFFICIAL _____



III LADDER FIELD



30' TDL
 2
 O.K. BUT CHECK DISTANCE! EXIST. EQ. . .
 12-29-8
 HAWG

WALSH RESIDENCE
 Block 953 LOT 18
 111 LADDER FIELD A/C.
 TOTAL PIPE 40'
 TOTAL BTU 245,000
 CURRENT FUTURE 38'

DATE

White - Original

Yellow - Field Copy

BY

INSPECTOR

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL
INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE

HAUS
RAU-CHAU CASPICE AT N

① DISCHARGE INTO WATER NOT ALLOWED
② DISCHARGE INTO WATER NOT ALLOWED
③ DISCHARGE INTO WATER NOT ALLOWED
④ DISCHARGE INTO WATER NOT ALLOWED
⑤ DISCHARGE INTO WATER NOT ALLOWED
⑥ DISCHARGE INTO WATER NOT ALLOWED
⑦ DISCHARGE INTO WATER NOT ALLOWED
⑧ DISCHARGE INTO WATER NOT ALLOWED
⑨ DISCHARGE INTO WATER NOT ALLOWED
⑩ DISCHARGE INTO WATER NOT ALLOWED

Upon inspection, violations of the following orders are hereby issued for their correction:

LOCATION

ISSUED TO

PERMIT HOLDER AND OR ALL RESPONSIBLE PARTIES

Sec.

PERMIT NO.

08-149

Ocean County Construction Inspection Department
FIELD CORRECTION NOTICE

were in evidence.

Robert M. Braun, AIA/ARCHITECT, LLC

1200 River Avenue - Suite 5C

Lakewood, NJ 08701

Tel. 732-370-8590

Fax 732-370-0822

Email rmb1200@aol.com

January 12, 2009

Borough of Lavallette Building Department
P.O. Box 67
Lavallette, NJ 08735

Reference: PROPOSED ALTERATION & ADDITION

Walsh Residence
111 Haddonfield Avenue

Gentlemen:

It is necessary for me to clarify and certify two (2) items, the first was a field change related to a window header and the other was a correction of the wind bracing notes on Sheet #3.

1. **WINDOW HEADER** - it was necessary to raise the window to allow a minimal space for roof to wall flashing below the sill. To accomplish this it was necessary to cut out the double top plate and install a (2) 2 x 6 header over the 3'-2" rough opening for the window. This field change occurred at two (2) second floor windows.
2. **WIND BRACING NOTE CORRECTION** - note #8 calls for a Simpson LGT2 at each roof rafter, this connector is made for roof trusses. This had been brought to my attention and I have corrected note #8 to indicate installation of either Simpson MTS12 or MTSM16 galvanized straps at every third roof rafter down across the double top plate to the wall stud below. These strap can be installed from the interior since the house is already sided.

I trust you will accept this written certification of these two (2) items. If you have any questions or concerns please do not hesitate to contact me directly.

Respectfully submitted,

Robert M. Braun, AIA
NJ Cert. No. 07940

cc: Mr. & Mrs. Walsh
Offshore Builders

Robert M. Braun, AIA/ARCHITECT
1200 River Avenue - Suite 5C
Lakewood, NJ 08701
Tel. 732-370-8590
Fax 732-370-0822
Email rmb1200@aol.com

June 25, 2008

Borough of Lavallette Building Department
P.O. Box 67
Lavallette, NJ 08735

Reference: PROPOSED ALTERATION & ADDITION
Walsh Residence
111 Haddonfield Avenue

Gentlemen:

I have received your plan review comments with regard to the above referenced project and offer the following responses:

1. ENGINEERED LUMBER - the Contractor will submit additional information for the specific products he will be furnishing and installing.
2. FRESH AIR SUPPLY - two (2) 8" x 15" vents will be installed in the utility room, one (1) in the wall and one (1) in the ceiling, both will be ducted up to the attic eave space above where fresh air circulates from a vented soffit approximately 24" from the open end of the ductwork.
3. EXISTING FOOTINGS - the plans clearly indicate the installation of helical piles to increase the bearing capacity of the existing footings in order to support the additional structural loads to be imposed upon them. A certified letter from R.C. Burdick which outlines the design parameters for the piles was also submitted with our drawings.
4. DECK RAILING - since the proposed deck is only 20" above grade, hand/guard rails are not required.
5. RISER/TREAD - with a first floor to second floor dimension of 8'-10-1/4" and four-teen (14) risers, each riser is 7-19/32". Each tread is 10" with a 1" nosing for a total of 11", both dimensions conform to code requirements.
6. LUMBER - the drawings specify Hem-Fir North which is equal to or better than Doug-Fir, the grade will be No. 2 or better.
7. RESCHECK - two (2) sealed copies are attached.
8. WIND DESIGN - the WFCM 2001 was used for wind design, all notes and details pertaining to this are indicated on Sheet #3.
9. FIRE PROTECTION & PLUMBING TECHNICAL SECTIONS - these will be provided by the Contractor.

I trust this additional information is sufficient for you to complete your plan review and is-



sue the necessary construction permits. If you have any additional questions or concerns please do not hesitate to contact my office directly for assistance.

Respectfully submitted,



Robert M. Braun, AIA
NJ Cert. No. 07940

cc: Mr. & Mrs. Walsh
Offshore Builders

Attachments (2)

Robert M. Braun, AIA/ARCHITECT, LLC

1200 River Avenue - Suite 5C

Lakewood, NJ 08701

*V CANCELLED

OF RAWS !!

Tel. 732-370-8590
Fax 732-370-0822
Email rmb1200@aol.com

October 27, 2008

Borough of Lavallete Building Department

P.O. Box 67

Lavallete, NJ 08735

Reference: PROPOSED ALTERATION & ADDITION

Walsh Residence

111 Haddonfield Avenue

Gentlemen:

During my inspection of the jobsite last week I noted a few items that deviated from the details or notes indicated on our drawings. I spoke with Jim from Offshore Builders about them and received clarification. It is also my understanding that the change in the straps was also noted during your inspection. Based on the following information provided by the Contractor I can approve the field changes.

1. **STRAPS** - rather than precut 36" long straps on every third stud, roll strapping was used, cut to 24" lengths and installed at each stud. The material used is also a Simpson product of the same gauge as the precut straps. I do concur with the Inspector's instructions to remove and replace the 24" straps on every third stud with 36" long straps.
2. **SECURING DECK TO PIERS** - due to the varying height of the tops of the piers, it was necessary to eliminate the 4 x 4 posts in most instances. The method indicated on the Contractor's sketch (copy attached) is acceptable. The use of a Simpson epoxy grout system to secure the wolmanized 2 x 8 to the concrete pier provides the resistance to uplift required. The (3) 2 x 10 girders supporting the deck are secured with Simpson M8 straps, this provides an adequate connection.

I trust you will find this documentation of the field changes acceptable. If you have any questions or comments please do not hesitate to contact my office directly.

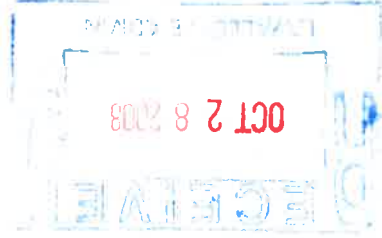
Respectfully submitted,

Robert M. Braun, AIA

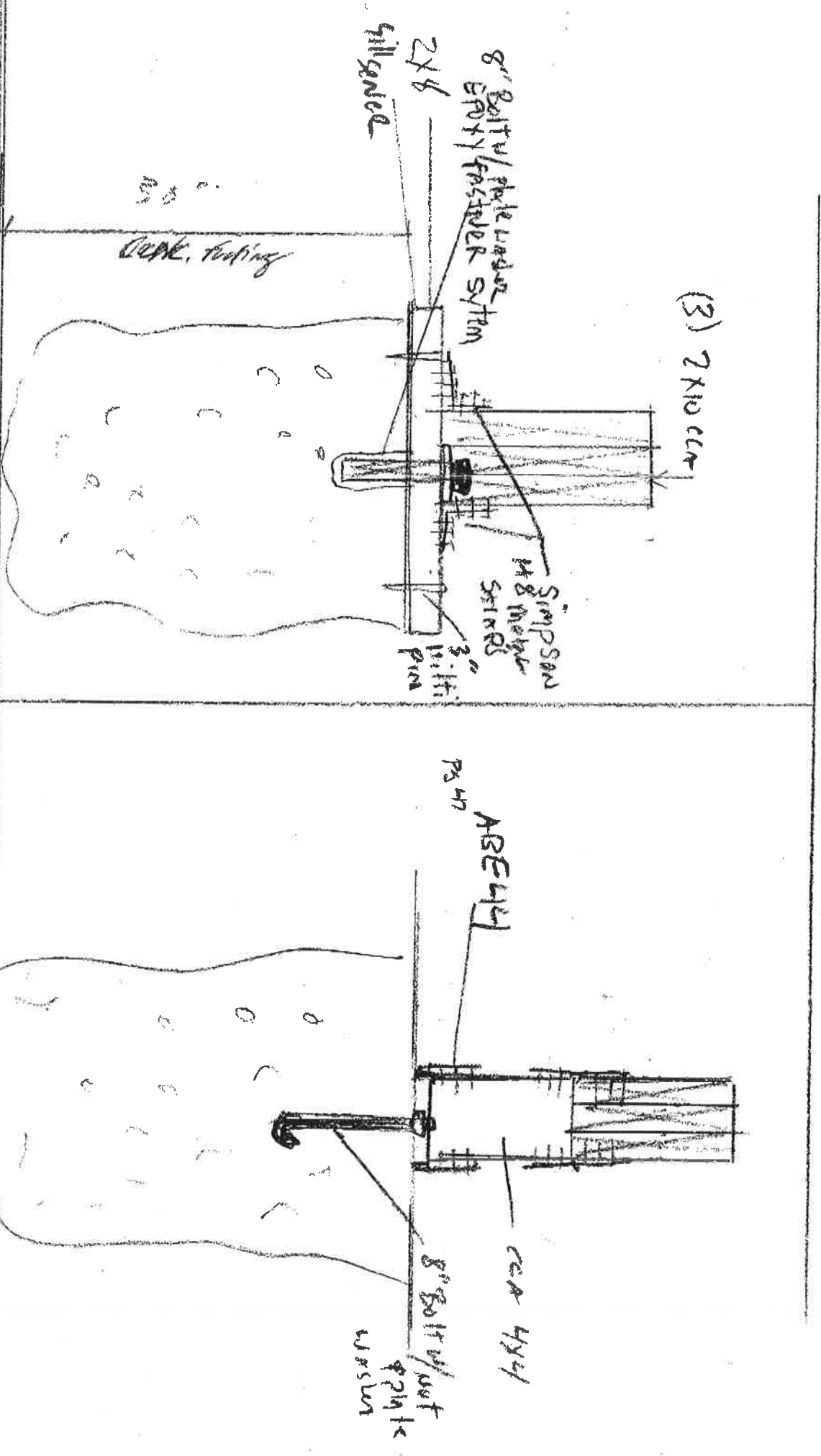
NJ Cert. No. 07940

cc: Mr. & Mrs. Walsh

Offshore Builders



FOOTING, POST, GIRT CONNECTION



Note * Bob, 150 put strips every 3rd.

16 gauge,

W = $1\frac{1}{4}$ L = 3" 26 fasteners

(INSTO 36)

Your spec.

$1\frac{1}{4}$ wide

16 gauge 28 fasteners

(CS 16) cut @ 3', every 3rd, 4th.

not used

Bob.

* Simpson strips for checking installed

Robert M. Braun, AIA/ARCHITECT, LLC

1200 River Avenue - Suite 5C

Lakewood, NJ 08701

Tel. 732-370-8590
Fax 732-370-0822
Email rmb1200@aol.com

July 15, 2008

Mr. Gerry Grayce, Construction Official

Borough of Lavallette Building Department

P.O. Box 67

Lavallette, NJ 08735

Reference: PROPOSED ALTERATION & ADDITION

Walsh Residence

111 Haddonfield Avenue

Dear Gerry:

I received the additional plan review comments with regard to the above referenced project and offer the following responses:

1. GARAGE FIRE RATING - since this is an existing structure that has been in the current location since the house was built, I don't believe we have to fire rate the west facing wall.
2. ADDITION FIRE RATING - the east facing wall of the addition shall be 1-hour fire rated by installing either 1/2" exterior gypsum fire retardant sheathing or 1/2" fire retardant plywood sheathing on the exterior side and 1/2" fire resistant sheetrock on the interior side of the wall. The soffit along the east wall shall be non-vented style backed with fire retardant gypsum or plywood sheathing.
3. OPENINGS - the east facing wall of the addition is 365 sf, the total of the window openings is 30 sf (6 sf x 5) or 8% of the total wall area.

I trust this additional information is sufficient for you to complete your plan review and issue the necessary construction permits. If you have any additional questions or concerns please do not hesitate to contact my office directly for assistance.

Respectfully submitted,

Robert M. Braun, AIA

NJ Cert. No. 07940

cc: Mr. & Mrs. Walsh

Offshore Builders

Robert M. Braun, AIA/ARCHITECT, LLC
1200 River Avenue - Suite 5C
Lakewood, NJ 08701

Tel. 732-370-8590
Fax 732-370-0822
Email rmb1200@aol.com

July 15, 2008

Mr. Gerry Grayce, Construction Official
Borough of Lavallette Building Department
P.O. Box 67
Lavallette, NJ 08735

Reference: PROPOSED ALTERATION & ADDITION

Walsh Residence
111 Haddonfield Avenue

Dear Gerry:

I received the additional plan review comments with regard to the above referenced project and offer the following responses:

1. GARAGE FIRE RATING - since this is an existing structure that has been in the current location since the house was built, I don't believe we have to fire rate the west facing wall.
2. ADDITION FIRE RATING - the east facing wall of the addition shall be 1-hour fire rated by installing either 1/2" exterior gypsum fire retardant sheathing or 1/2" fire retardant plywood sheathing on the exterior side and 1/2" fire resistant sheetrock on the interior side of the wall. The soffit along the east wall shall be non-vented style backed with fire retardant gypsum or plywood sheathing.
3. OPENINGS - the east facing wall of the addition is 365 sf, the total of the window openings is 30 sf (6 sf x 5) or 8% of the total wall area.

I trust this additional information is sufficient for you to complete your plan review and issue the necessary construction permits. If you have any additional questions or concerns please do not hesitate to contact my office directly for assistance.

Respectfully submitted,

Robert M. Braun, AIA
NJ Cert. No. 07940

cc: Mr. & Mrs. Walsh
Offshore Builders

JUL 21 2008

Robert M. Braun, AIA/ARCHITECT
1200 River Avenue - Suite 5C
Lakewood, NJ 08701
Tel. 732-370-8590
Fax 732-370-0822
Email rmb1200@aol.com

May 2, 2008

Borough of Lavallette Building Department
P.O. Box 67
Lavallette, NJ 08735

Reference: PROPOSED ALTERATION & ADDITION
Walsh Residence
111 Haddonfield Avenue

Gentlemen:

I have received your plan review comments with regard to the above referenced project and offer the following responses:

1. ENGINEERED LUMBER - the Contractor will submit additional information for the specific products he will be furnishing and installing.
2. FRESH AIR SUPPLY - two (2) 8" x 15" vents will be installed in the utility room, one (1) in the wall and one (1) in the ceiling, both will be ducted up to the attic eave space above where fresh air circulates from a vented soffit approximately 24" from the open end of the ductwork.
3. EXISTING FOOTINGS - the plans clearly indicate the installation of helical piles to increase the bearing capacity of the existing footings in order to support the additional structural loads to be imposed upon them. A certified letter from R.C. Burdick which outlines the design parameters for the piles was also submitted with our drawings.
4. DECK RAILING - since the proposed deck is only 20" above grade, hand/guard rails are not required.
5. RISER/READ - with a first floor to second floor dimension of 8'-10-1/4" and fourteen (14) risers, each riser is 7-19/32". Each tread is 10" with a 1" nosing for a total of 11", both dimensions conform to code requirements.
6. LUMBER - the drawings specify Hem-Fir North which is equal to or better than Doug-Fir, the grade will be No. 2 or better.
7. RESCHECK - two (2) sealed copies are attached.
8. WIND DESIGN - the WFCM 2001 was used for wind design, all notes and details pertaining to this are indicated on Sheet #3.
9. FIRE PROTECTION & PLUMBING TECHNICAL SECTIONS - these will be provided by the Contractor.

I trust this additional information is sufficient for you to complete your plan review and is-

Respectfully submitted,

Robert M. Braun, AIA
NJ Cert. No. 07940
cc: Mr. & Mrs. Walsh
Offshore Builders
Attachments (2)

sue the necessary construction permits. If you have any additional questions or concerns please do not hesitate to contact my office directly for assistance.

Borough of Lavallette
Building Department

June 25, 2008

Charles E. Lindstrom, P.E., P.P.
John F. Diessner, P.L.S., P.P.
Jeffrey J. Carr, P.E., P.P., C.M.E.

August 18, 2008

Lavallette Borough Building Department
Post Office Box 67
Lavallette, New Jersey 08735

Subject: Pile Certification: Water Residence
Lot 18 Block 953
111 Haddonfield Avenue
Lavallette Borough, Ocean County
Our Job No. 08158

Gentlemen:

In accordance with the request of the pile driver for this project, we have witnessed the driving of one (1) test pile on **August 13, 2008**. The pile driving was accomplished with an **NPK Model C-8C Vibratory Compactor Plate**, hydraulically-modified and mounted on a John Deere 290LC track-mounted backhoe modified for pile driving; the equipment was run at a speed of 2,200 cycles per minute, developing at least 23.3 horsepower and 34,000 lbs of impulse force per blow at the pile cap. The 17-foot pile was advanced from a driven depth of 9 feet to a depth of 17 feet in roughly one minute and forty-five seconds.

Lindstrom, Diessner & Carr, P.C. has field evaluated the performance of the vibratory driving equipment in comparison to the minimum bearing capacity calculated in accordance with "The Engineering News Record" formula for a 3000-pound hammer with a drop of 10-feet.

Therefore, in accordance with our comparative evaluation, it is our opinion that the test pile developed a minimum bearing capacity of **10 tons, adequate for support of the proposed building addition pursuant to plans prepared by Robert Braun, AIA.**

We trust that this information is satisfactory.

Very truly yours,

William F. Voeltz, P.E.
NJPE License No. 24GE02867000

WFV:jsk

cc: Extreme Marine

Robert M. Braun, AIA/ARCHITECT, LLC
 1200 River Avenue - Suite 9G
 Lakewood, NJ 08701
 Tel. 732-370-8590
 Fax 732-370-0822
 Email rmb1200@aol.com

Memo to: Borough of Lavallette Building Department

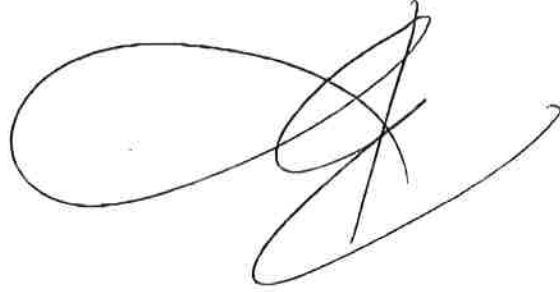
From: Bob

Date: June 26, 2008

Subject: ALTERATIONS & ADDITION - WALSH RESIDENCE
 111 HADDONFIELD AVENUE

Attached is a copy of the Rescheck prepared for the subject project, please put it with the plan review response letter I faxed over yesterday afternoon.

Two (2) signed/sealed copies are being mailed today.



Robert M. Braun, AIA/ARCHITECT
1200 River Avenue - Suite 5C
Lakewood, NJ 08701
Tel. 732-370-8590
Fax 732-370-0822
Email rmb1200@aol.com

June 25, 2008

Borough of Lavallette Building Department
P.O. Box 67
Lavallette, NJ 08735

Reference: PROPOSED ALTERATION & ADDITION
Walsh Residence
111 Haddonfield Avenue

Gentlemen:

I have received your plan review comments with regard to the above referenced project and offer the following responses:

1. ENGINEERED LUMBER - the Contractor will submit additional information for the specific products he will be furnishing and installing.
2. FRESH AIR SUPPLY - two (2) 8" x 15" vents will be installed in the utility room, one (1) in the wall and one (1) in the ceiling, both will be ducted up to the attic eave space above where fresh air circulates from a vented soffit approximately 24" from the open end of the ductwork.
3. EXISTING FOOTINGS - the plans clearly indicate the installation of helical piles to increase the bearing capacity of the existing footings in order to support the additional structural loads to be imposed upon them. A certified letter from R.C. Burdick which outlines the design parameters for the piles was also submitted with our drawings.
4. DECK RAILING - since the proposed deck is only 20" above grade, hand/guard rails are not required.
5. RISER/READ - with a first floor to second floor dimension of 8'-10-1/4" and four-teen (14) risers, each riser is 7-19/32". Each tread is 10" with a 1" nosing for a total of 11", both dimensions conform to code requirements.
6. LUMBER - the drawings specify Hem-Fir North which is equal to or better than Doug-Fir, the grade will be No. 2 or better.
7. RESCHECK - two (2) sealed copies are attached.
8. WIND DESIGN - the WFCM 2001 was used for wind design, all notes and details pertaining to this are indicated on Sheet #3.
9. FIRE PROTECTION & PLUMBING TECHNICAL SECTIONS - these will be provided by the Contractor.

I trust this additional information is sufficient for you to complete your plan review and is-

sue the necessary construction permits. If you have any additional questions or concerns please do not hesitate to contact my office directly for assistance.

Respectfully submitted,



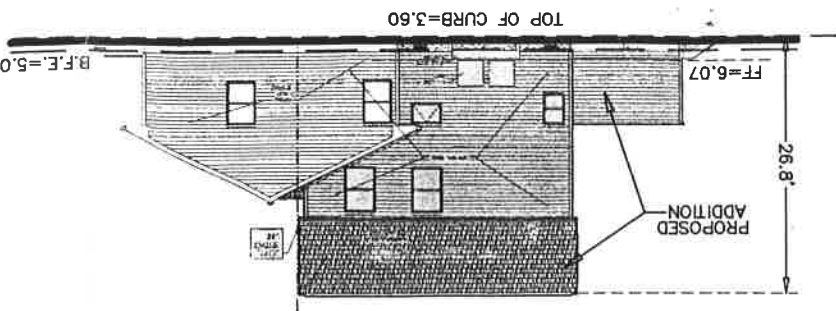
Robert M. Braun, AIA
NJ Cert. No. 07940

cc: Mr. & Mrs. Walsh
Offshore Builders

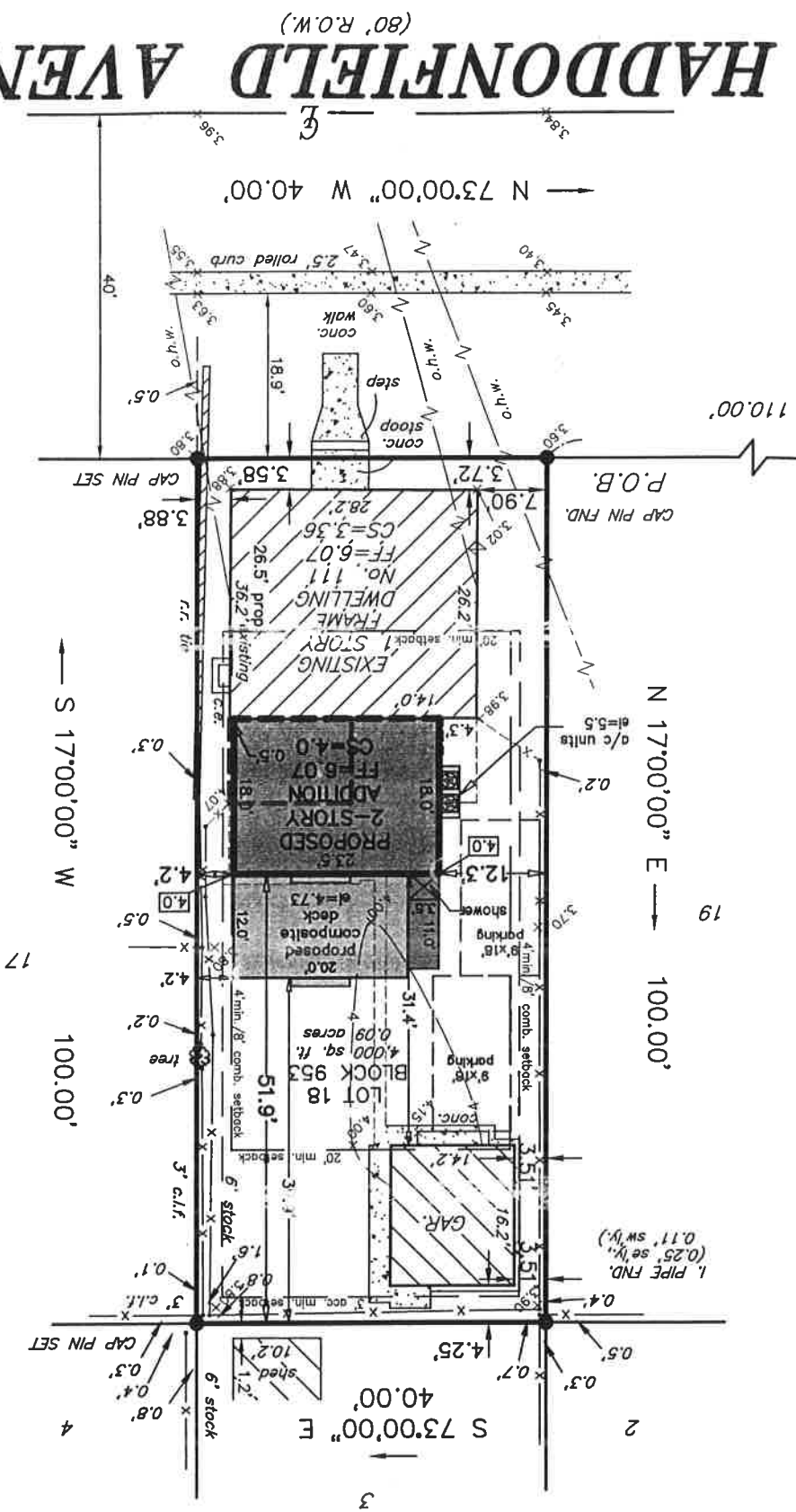
Attachments (2)

PROPOSED	
18" ABOVE T.O.C. 3.60	
SQ. FT.	1,169
HOUSE	14
A/C PLATFORM	39
SHOWER	231
GARAGE	1,453sq.ft.(36%)
COVERAGE	

EXISTING	
18" ABOVE T.O.C. 3.60	
SQ. FT.	885
HOUSE	29
SHOWER	231
GARAGE	1,145sq.ft.(29%)
COVERAGE	



NEW JERSEY STATE HIGHWAY ROUTE NO. 35 (SOUTHBOUND)



HADDONFIELD AVENUE
(80' R.O.W.)

ZONING SCHEDULE RES. C				
	REQUIRED	EXISTING	PROPOSED	
Min. Lot Area	3,400 sq.ft.	4,000 sq.ft.	-	
Min. Lot Width	40'	40'	-	
Min. Lot Depth	85'	100'	-	
Front Yard Setback	20'	3.58'	-	
Side Yard Setback	4'/8' comb.	3.65'+7.90'=11.55'	12.3'+4.2'=16.5'	
Rear Yard Setback	20'	60.13'	51.9'	
Accessory Side Yard Setback	3'	3.51'	-	
Accessory Rear Yard Setback	3'	4.25'	-	
Max. Lot Coverage	1,480sq.ft.(37%)	1,145sq.ft.(29%)	1,453sq.ft.(36%)	
Max. Building Height	30' from top of curb	17.3'	26.8'	

DEED DESCRIPTION:
 BEING KNOWN AND DESIGNATED AS LOT 18 IN BLOCK 6 AS SHOWN ON A MAP ENTITLED, "PLAN A OF A SECTION OF NORTH LAVALLETT, DOVER TOWNSHIP, OCEAN COUNTY, N.J.," WHICH SAID MAP WAS DULY FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON JAN. 13, 1926 AS MAP NO. D-153.

NOTES:
 1. ALSO KNOWN AS LOT 18 IN BLOCK 953 AS SHOWN ON THE OFFICIAL TAX MAP OF THE BOROUGH OF LAVALLETT, COUNTY OF OCEAN AND STATE OF NEW JERSEY.
 2. THE PREMISES ARE COMMONLY KNOWN AS 111 HADDONFIELD AVENUE, LAVALLETT, NEW JERSEY.
 3. (2) CORNER MARKERS SET.
 4. UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY. ANY/ALL CONTRACTORS SHALL VERIFY THE LOCATION OF ALL UNDERGROUND UTILITIES PRIOR TO THE START OF ANY CONSTRUCTION WORK ON THIS SITE. THE TELEPHONE NUMBER TO MARK OUT UTILITIES IN FIELD IS "NEW JERSEY ONE CALL" 1-800-272-1000.
 5. NO WETLANDS EXIST ON SITE.
 6. ELEVATIONS BASED ON 1988 M.A.V.D.
 7. SITE IS SITUATED IN FIRM ZONE AE EL=5, COMMUNITY No. 340379, PANEL 3402960327F, DATED SEPTEMBER 29, 2006.
 8. PROPOSED IMPROVEMENTS ARE LIMITED TO THE BUILDING ADDITIONS AS NOTED. NO CHANGES TO EXISTING GRADING AND/OR DRAINAGE ARE PROPOSED.
 9. THIS PLAN IS FOR THE PURPOSE OF OBTAINING A BUILDING PERMIT. HOUSE DIMENSIONS SET FORTH HEREON ARE TO BE VERIFIED BY BUILDER PRIOR TO STARTING CONSTRUCTION.
 THIS SURVEY IS CERTIFIED TO HAVE BEEN PERFORMED IN ACCORDANCE WITH THE STANDARDS OF LAND SURVEYING PROFESSION AS SET FORTH IN N.J.A.C. 13:40-5.1 AND AS PRACTICED IN THE STATE OF NEW JERSEY. IT IS ONLY CERTIFIED TO:

- LEE E. WALSH



GRAPHIC SCALE

Ronald W. Post
 Professional Land Surveyor
 N.J. No. 28534
 State of New Jersey

RWP

Ronald W. Post Surveying, Inc.
 Professional Land Surveying and Planning
 1792 Hinds Road, Toms River, NJ, 08753
 Phone: (732) 255-9050 Fax: (732) 255-9196

**SURVEY OF PROPERTY
 W/TOPOGRAPHY &
 PLOT PLAN FOR ADDITION**
 111 HADDONFIELD AVENUE
 LOT 18 BLOCK 953
 BOROUGH OF LAVALLETT



ZONING PERMIT APPLICATION

FEE PAID
\$0.00

BLOCK 953
LOT 18

ZONING DISTRICT R-C RESIDENTIAL (R-A), (R-B), (R-C),
BUSINESS (B-1) (B-2)

STREET ADDRESS/WORK SITE 111 Haddonfield Ave. Lavallette, NJ

CURRENT USE: SINGLE FAMILY ☒ MULTI-FAMILY
COMMERCIAL ☐ MIXED USE
NO CHANGE IN USE ☒ PROPOSED USE
DESCRIPTION OF WORK

Addition, Renovation

- Attach a plot plan, survey or sketch of property showing dimensions of all buildings, structures, improvements, set backs and parking spaces. (existing and proposed)
- Additions, renovations or new construction require a complete building folder with two sets of detailed construction plans submitted with zoning application.
- Zoning inspection of foundation is required prior to framing and further construction.
- Certification of ridge height is required.
- Impervious lot coverage (pavers, blocktop, concrete) = 20%

Approved [Signature] Date 3/1/10 Denied _____ Date _____

APPLICANT CERTIFICATION

I hereby certify that the information provided by me on this form is true, accurate and complete. I further certify that I have reviewed and understand all information contained on both sides of this form.

NAME

Lee Walsh

ADDRESS

111 Haddonfield Ave. Lavallete, NJ

PHONE

732-948-3907 (Agent)

973-335-4636 (Homeowner)

AUTHORIZED AGENT/CONTRACTOR

JAMES WALTER (AGENT)

OWNER SIGNATURE

Lee Walsh

DATE

5/6/08

Contractor registration number

This application when approved is subject to issuance of construction permits. Any deviation from submitted plans and/or drawings would void this approval.

Conditions for approval if

applicable:

This application is denied as it violates Lavallete Borough

Ordinance #

To wit:

PLEASE COMPLETE ALL SIDES OF THIS FORM

Application Fees

\$ 25.00 shed, fence, roofing, siding, and windows
\$100.00 construction of new building
\$ 50.00 all other

Permit #

Permit Date

REScheck Software Version 3.7.3

Compliance Certificate

Project Title: PROPOSED ALTERATION & ADDITION

Report Date: 06/26/08

Data filename: Untitled.rck

Energy Code:
Location:
Construction Type:
Glazing Area Percentage: 13%
Heating Degree Days: 5000

Construction Site:

111 Haddonfield Avenue
Lavallette, NJ 08735

Owner/Agent:
Mr. & Mrs. Christopher Walsh
3 Glen Gate Road
Boonton, NJ 07005
(973) 355-4636

Designer/Contractor:
Robert M. Braun, AIA/Architect
1200 River Avenue, Suite 5C
Lakewood, NJ 08701
(732) 370-8590
rmb1200@aol.com

Compliance: Passes
Maximum UA: 235
Your Home UA: 190 --> 19.1% Better Than Code (UA)

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing U-Factor	UA
Ceiling 1: Cathedral Ceiling (no attic):	215	30.0	0.0		7
Ceiling 2: Flat Ceiling or Scissor Truss:	427	30.0	0.0		15
Wall 1: Wood Frame, 16" o.c.:	1329	15.0	0.0		89
Window 1: Wood Frame:Double Pane with Low-E:	133			0.350	47
Door 1: Glass:	40			0.350	14
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space:	423	22.0	0.0		18
Furnace 1: Forced Hot Air: 80 AFUE					
Air Conditioner 1: Electric Central Air: 13 SEER					

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in REScheck Version 3.7.3 and to comply with the mandatory requirements listed in the REScheck Inspection Checklist

Builder/Designer: _____
Company Name: ROBERT M. BRAUN, AIA
Date: 6/25/08

Project Notes:
RESCHECK PERTAINS TO NEW CONSTRUCTION ONLY

Date: 06/26/08

Ceilings:

☐ Ceiling 1: Cathedral Ceiling (no attic), R-30.0 cavity insulation

Comments:

☐ Ceiling 2: Flat Ceiling or Scissor Truss, R-30.0 cavity insulation

Comments:

Above-Grade Walls:

☐ Wall 1: Wood Frame, 16" o.c., R-15.0 cavity insulation

Comments:

Windows:

☐ Window 1: Wood Frame:Double Pane with Low-E, U-factor: 0.350

For windows without labeled U-factors, describe features:

#Panes _____ Frame Type _____ Thermal Break? _____ Yes _____ No

Comments:

Doors:

☐ Door 1: Glass, U-factor: 0.350

Comments:

Floors:

☐ Floor 1: All-Wood Joist/Truss:Over Unconditioned Space, R-22.0 cavity insulation

Comments:

Heating and Cooling Equipment:

☐ Furnace 1: Forced Hot Air: 80 AFUE or higher

Make and Model Number: _____

☐ Air Conditioner 1: Electric Central Air: 13 SEER or higher

Make and Model Number: _____

Air Leakage:

☐ Joints, penetrations, and all other such openings in the building envelope that are sources of air leakage are sealed.

☐ Recessed lights are 1) Type IC rated, or 2) installed inside an appropriate air-tight assembly with a 0.5" clearance from

combustible materials. If non-IC rated, fixtures are installed with a 3" clearance from insulation.

Vapor Retarder:

☐ Installed on the warm-in-winter side of all non-vented framed ceilings, walls, and floors.

Materials Identification:

☐ Materials and equipment are identified so that compliance can be determined.

☐ Manufacturer manuals for all installed heating and cooling equipment and service water heating equipment have been provided.

☐ Insulation R-values, glazing U-factors, and heating equipment efficiency are clearly marked on the building plans or

specifications.

☐ Insulation is installed according to manufacturer's instructions, in substantial contact with the surface being insulated, and in a

manner that achieves the rated R-value without compressing the insulation.

Duct Insulation:

☐ Ducts in unconditioned spaces are insulated to R-5. Ducts outside the building are insulated to R-6.5.

- Duct Construction:**
- ☐ All ducts are sealed with mastic and fibrous backing tape. Pressure-sensitive tape may be used for fibrous ducts. Duct tape is not permitted.
 - ☐ The HVAC system provides a means for balancing air and water systems.

- Temperature Controls:**
- ☐ Thermostats exist for each separate HVAC system. A manual or automatic means to partially restrict or shut off the heating and/or cooling input to each zone or floor is provided.

- Circulating Hot Water Systems:**
- ☐ Circulating hot water pipes are insulated to the levels in Table 1.

- Swimming Pools:**
- ☐ All heated swimming pools have an on/off heater switch and a cover unless over 20% of the heating energy is from non-depletable sources. Pool pumps have a time clock.

- Heating and Cooling Piping Insulation:**
- ☐ HVAC piping conveying fluids above 120 degrees F or chilled fluids below 55 degrees F are insulated to the levels in Table 2.

Insulation Thicknesses in Inches by Pipe Sizes				
Non-Circulating Runouts		Circulating Mains and Runouts		
Heated Water Temperature (°F)	Up to 1"	Up to 1.25"	1.5" to 2.0"	Over 2"
	0.5	1.0	1.5	2.0
	140-160	0.5	1.0	1.5
100-130	0.5	0.5		

Table 1: Minimum Insulation Thickness for Circulating Hot Water Pipes

Insulation Thicknesses in Inches by Pipe Sizes				
Piping System Types		Fluid Temp. Range(°F)	2" Runouts	1" and Less
Heating Systems	Low Pressure/Temperature	201-250	1.0	1.5
	Low Temperature	120-200	0.5	1.0
	Steam Condensate (for feed water)	Any	1.0	1.5
Cooling Systems	Chilled Water, Refrigerant and Brine	40-55	0.5	0.5
		Below 40	1.0	1.0
			1.5	1.5

NOTES TO FIELD: (Building Department Use Only)

R.C. BURDICK, P.E., P.C.

1023 OCTAND RD., PT. PLEASANT, N.J. 08742 TEL. (732) 892-5050 FAX (732) 892-5888

Borough of Lavallette
Construction Code Official
Grand Central Avenue
Lavallette, NJ 08735

September 20, 2007

Re: Lot 18 Block 953
111 Haddonfield Ave.
Lavallette, N.J.
Project 07-2207

Dear Construction Code Official,

We have performed a footing analysis for a proposed second story addition to a single family residence at 111 Haddonfield Ave. in Lavallette Borough. Enclosed are our calculations and a copy of the soil boring.

Soils per a soils boring performed by Jonas Endreson on 11/11/03 shows 1' of well graded gravels and gravel sand mixtures followed by 2' of poorly graded sands and gravelly sands, them 1 of well graded sands and gravelly sands followed by 9" of very soft peat then 2.25' of poorly graded sands and gravelly sands then 13' of well graded sands and gravelly sands to a depth of 20'. Groundwater was found at 26" below the surface. Based on the soils and considering the depth of peat conservative bearing capacity of 1,500 psf is used for analysis.

As shown in the attached calculations, the existing footing is not adequate to support the anticipated load of a two story residence. We recommend that helical piles be installed to support the addition. The proposed rear addition will be constructed over a 24" footing and we believe that the footing will adequately support the structure. We trust that this information and report will be adequate for your analysis of the foundation. Should you require additional information or have any questions, please call.

Sincerely yours,


Robert C. Burdick P.E.
NJPE # 30929

Cc: Chris Walsh

111 Haddonfield Ave.
Lot 18, Block 953
Borough of Lavallette
Ocean County, NJ
Project No. 07-2207
September 20, 2007

This analysis is to determine the acceptability of an existing 16" footing for a proposed second story expansion to an existing single-family home at the above referenced address. In addition, the analysis provides an analysis of a footing for the proposed 24" footing for an addition to the structure. Soils per a soils boring performed by Jonas Endreson on 11/11/03 shows 1' of well graded gravels and gravel sand mixtures followed by 2' of poorly graded sands and gravely sands, then 1' of well graded sands and gravely sands followed by 9" of very soft peat then 2.25' of poorly graded sands and gravely sands then 13' of well graded sands and gravely sands to a depth of 20'. Groundwater was found at 26" below the surface. Based on the soils and considering the depth of peat conservative bearing capacity of 1,500 psf is used for analysis.

The largest unsupported span for the existing home is 28' and one row of internal piles exists below the structure. Therefore, the maximum design width is $28 \times \frac{1}{4} = 7'$ wide, and a value of 10' is used for design. The following loads are expected:

Roof: Live Load = 30 #/sf
Dead Load = 11 #/sf
Total = 41 #/sf

Attic: Live Load = 20 #/sf
Dead Load = 10 #/sf
Total = 30 #/sf

Second Floor: Live Load = 30 #/sf
Dead Load = 10 #/sf
Ceiling = 10 #/sf
Total = 50 #/sf

First Floor: Live Load = 40 #/sf
Dead Load = 10 #/sf
Ceiling = 10 #/sf
Total = 60 #/sf

Total Structure Load: $41\# + 30\# + 50\# + 60\# = 181\#/\text{sf}$
Load Per Foot: $181\#/\text{sf} \times 10\text{ ft.} = 1810\#/\text{ft}$

Exterior Walls:	Siding	15.0 #/sf
	Sheathing	2.5 #/sf
	Studs	2.0 #/sf
	Interior Siding	10.0 #/sf
	Total	29.5 #/sf x 20' = 590 #/lf

Footings: (16" w x 10" h)/(144 in²/ft.) x 110 #/cf = 122.2 #/lf.

Foundation: (8" w x 24" h)/(144 in²/ft.) x 110 #/cf = 146.7 #/lf

Total Load: 1810 #/lf + 590 #/lf + 122.2 #/lf + 146.7 #/lf = 2306.9 #/lf.

Soil Boring Capacity : 1,500 psf.

Footing Width: 16"/(12"/ft.) = 1.333 ft

Available Capacity: 1.333 ft x 1,500 psf = 2,000#/lf

Available Capacity 2,000 #/lf. Vs. Anticipated Load 2306.2 #/lf.

The Proposed Footing is Not Adequate.

For this area helical piles should be installed at 6' on center to reinforce the existing foundation.

The largest unsupported span for the proposed extension to the home is 23' 6" and one row of internal piles exist below the structure. Therefore, the maximum design width is $23.5' / 4 = 5.9'$ wide, and a value of 10' is used for design. The following loads are expected:

Roof:	Live Load	=	30 #/sf
	Dead Load	=	11 #/sf
	Total	=	41 #/sf
Attic:	Live Load	=	20 #/sf
	Dead Load	=	10 #/sf
	Total	=	30 #/sf
Second Floor:	Live Load	=	30 #/sf
	Dead Load	=	10 #/sf
	Ceiling	=	10 #/sf
	Total	=	50 #/sf
First Floor:	Live Load	=	40 #/sf
	Dead Load	=	10 #/sf
	Ceiling	=	10 #/sf
	Total	=	60 #/sf

Total Structure Load: 41# + 30# + 50# + 60# = 181 #/sf

Load Per Foot:

$$181\text{\#/sf} \times 10\text{ ft.} = 1810\text{ \#/ft}$$

Exterior Walls:

Siding	15.0 #/sf
Sheathing	2.5 #/sf
Studs	2.0 #/sf
Interior Siding	10.0 #/sf
Total	29.5 #/sf x 20' = 590 #/ft

Footing:

$$(24''\text{w} \times 10''\text{h}) / (144\text{ in}^2/\text{ft.}) \times 110\text{ \#/cf.} = 183.4\text{ \#/ft}$$

Foundation:

$$(8''\text{w} \times 24''\text{h}) / (144\text{ in}^2/\text{ft.}) \times 110\text{ \#/cf} = 146.7\text{ \#/ft}$$

Total Load:

$$1810\text{ \#/ft} + 590\text{ \#/ft} + 183.4\text{ \#/ft} + 146.7\text{ \#/ft} = 2730.1\text{ \#/ft}$$

Soil Boring Capacity : 1,500 psf

Footing Width: $24''/(12''/ft.) = 2.0 ft$

Available Capacity: $2.0 ft \times 1,500 psf = 3,000\#/ft.$

Available Capacity 3,000 #/ft. Vs. Anticipated Load 2730.1 #/ft.

The Proposed Footing is Adequate.


Robert C. Burdick P.E. 30929

JONAS ENDRESON

Drilling Contractor
N.J.LIC. #1138
40 - 3rd Bayway
Toms River, NJ 08753
(732) 270-2060

SOIL BORING DESCRIPTION

FIRM R.C. Burdick
CLIENT _____
LOT _____ BLOCK _____
TWP./BORO Lavallette h
MISC. INFO. No. 111 Haddonfield, NJ
WATER LEVEL 2.6'
LOG BY BWB DATE Nov 13/03

SOIL CLASSIFICATIONS

GW	Well-graded gravels, gravel-sand mixtures, little or no fines.
GP	Poorly graded gravels or gravel-sand mixtures, little or no fines.
GM	Silty gravels, gravel-sand mixtures.
GC	Clayey gravels, gravel-sand mixtures.
SW	Well-graded sands, gravelly sands, little or no fines.
SP	Poorly graded sands or gravelly sands, little or no fines.
SM	Silty sands, sand-silt mixtures.
SC	Clayey sands, sand-clay mixtures.
ML	Inorganic silts and very fine sands, rock flour, silty or clayey fine sands or clayey silts with slight plasticity.
CL	Inorganic clays of low to medium plasticity, gravelly clays, sandy clays, silty clays, lean clays.
OL	Organic silts and organic silty clays of low plasticity.
MH	Inorganic silts, micaceous or diatomaceous fine sandy or silty soils, elastic silts.
CH	Inorganic clays of high plasticity, fat clays
OH	Organic clays of medium to high plasticity, organic silts.
PT	Peat and other highly organic soils.

DEPTH FT	THICKNESS	DESCRIPTION	DEPTH FT	THICKNESS	DESCRIPTION
1	1'	SW/sm	11		
2			12		
3	2	SP/sm	13		
4	1'	SW/sm	14		
5	9"	PT (VERY SOFT)	15		
6	1"		16		
7	2.5	SP/sm	17		
8			18		
9			19		
10			20	13	SW/sm