# BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/28/99
Date Issued
Control # 99-127
Permit #

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

Block 5 7 Lot ~~69 & 70~~ 69.01

Work Site Location 96 Manito Road

Owner in Fee Lindsay N. Spooner

Address 96 Manito Rd.

Tele. [redacted]

Contractor Atlantic Farms

Address 1506 Atlantic Ave
Wall NJ 08736-1112

Tele. (908) 528-8680 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

**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 Lindsay N. Spooner

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Shed
8 X 10
(Maximum height 10ft.)

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial

[X] No Plans Required 4/29/99 S
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 6/1/99
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 6/1/99 | S |
| Barrier-Free | | | | |

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (exceeds 6')
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$

| | | |
|---|---|---|
| Administrative Surcharge | $ | 35.00 |
| Minimum Fee | $ | 100.00 DCA |
| DCA Training Fee | $ | 3.00 |
| TOTAL FEE | $ | 36.00 |

**B. BUILDING CHARACTERISTICS**

Use Group Present _____ Proposed U
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 8 Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

**Est. Cost of Bldg. Work:**
1. New Bldg. $ 1097.00
2. Alteration $
3. Total (1+ 2) $ 1097.00

RECEIVED
MAY 03 1999
U.C.C. F110
CK # 871
~~Cash~~ #37.00

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

-7 ------ 69.01

BOROUGH OF MANASQUAN
FOR INSPECTIONS PLEASE
PHONE (908)223-1480

Date Issued 04/28/99
Control ()
Permit # 99-127

# UCC NEW JERSEY
# CONSTRUCTION PERMIT

IDENTIFICATION Block 5 Lot 69 Qual

Work Site Location 96 MANITO ROAD
MANASQUAN, NJ
Owner in Fee SPOONER, LINDSAY
Address 96 MANITO ROAD
MANASQUAN, NJ 08736-
Telephone [redacted]

Contractor ATLANTIC FARMS
Address 1506 ATLANTIC AVENUE
MANASQUAN, NJ 08736-
Telephone (732)528-8680
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
SHED - 8 X 10.
MAXIMUM HEIGHT 10 FT.

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 $ 1,097

Construction Official

04/28/99
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 35 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA Training Fee | 1 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 36 |
| Check No. | 1871 |
| Cash | |
| Collected By | SMB |

# BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/24/98
Date Issued
Control #
Permit # 98-575

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

Block 7 Lot 69.01
Work Site Location 96 Manito Road, Manasquan

Owner in Fee Lindsay N. Spooner
Address 96 Manito Rd, Manasquan

Tele. [redacted]
Contractor not decided
Address

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

**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 Lindsay N. Spooner

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

demolish two car garage

NO GAS, NO ELECTRIC, NO PLUMBING
NO ASBESTOS

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [✓] No Plans Required | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2/4/99
Approved by: C

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 2/4/99 | C |
| Barrier-Free | | | | |

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[✓] Demolition

FEE (Office Use Only)

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| DCA Training Fee | $ 35.00 |
| TOTAL FEE | $ |

**B. BUILDING CHARACTERISTICS**

census 649

Use Group Present U Proposed Ø
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Alteration $ 1000.00
3. Total (1+ 2) $

Pd. 35.00 ck. # 1730 - 12/4/98 mfa

U.C.C. F110 (rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

.01

BOROUGH OF MANASQUAN
FOR INSPECTIONS PLEASE
PHONE (908)223-1480

Date Issued 11/24/98
Control #
Permit # 98-575

# UCC NEW JERSEY
# CONSTRUCTION PERMIT

IDENTIFICATION Block 7 Lot 69 Qual

Work Site Location 96 MANITO RD.
MANASQUAN, NJ
Owner in Fee SPOONER, LINDSAY
Address 96 MANITO RD.
MANASQUAN, NJ 08736-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [X] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
DEMOLISH TWO-CAR GARAGE. NO GAS, NO ELECTRIC, NO PLUMBING, NO ASBESTOS.

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 $ 1,000

Construction Official

11/24/98
Date

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 35 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA Training Fee | 0 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 35 |
| Check No. | 1730 |
| Cash | |
| Collected By | SMB |

U.C.C. P170 (rev. 3/96)

# CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 8664

DATE ISSUED 9/16/87

Block 7 Lot 69, 70

Subdivision

## A. IDENTIFICATION

Owner Isabel Bassell

Address 96 Manito Rd.
Manasquan, N. J.

Tel. ( ) 

Work Site Address
same

Agent Dooco/Heulitt Roofing

Address Manasquan - Sp. Lk. Hgys.

Tel. ( ) 

Lic. No.

Federal Emp. No.

## PAYMENTS

Permit Fee $ 60.

Fees Remitted $

☐ Check No.

☐ Cash

☐ Other

Collected By:

Date: 9/16/87

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER

Description of work:

Repair roof.
Vinyl siding.

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: $ 6000.

CONSTRUCTION OFFICIAL

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

# BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 87-0167
DATE ISSUED 9/16/87
REVISION DATE

Block 7 Lot 69, 70
Subdivision

## A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Isabel Bassell
Address 96 Manito Road
Manasquan
Tel. ( ) [redacted]
Work Site Address Same

Contractor Docosiding/Hewlitt
Address Manasquan
siding / Lp Lk Hgts
roof
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

*(Complete for Minor Work and Small Job Only)*

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

Isabel N. Bassell
OWNER ~~AGENT~~ SIGNATURE

## B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

*Give detail description including materials used, dimensions, etc.*

Repair leak in roof.

Re-side entire house with vinyl siding

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☒ Roofing
  - ☒ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

| | Fee Basis | Fee |
|---|---|---|
| | | $ |
| SUBTOTAL | | $ |
| Minimum Building Fee (if applicable) | | $ |
| Total Building Fee (Greater of Minimum or Subtotal) | | $ 60. |

## C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

**Estimated Cost of Building Work:** $ 6,000.

## D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

Manasquan, N. J.

# CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 9201
DATE ISSUED 8/4/88
Block 7 Lot 69, 70
Subdivision

## A. IDENTIFICATION

Owner Isabel N. Bassell
Address 96 Manito Rd.
Manasquan, N. J.
Tel. ( ) 

Agent owner
Address 
Tel. ( ) 

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

## PAYMENTS

Permit Fee $ 15.
Fees Remitted $ 
[x] Check No. 1516
[ ] Cash
[ ] Other 

Collected By: mdlc
Date: 8/4/88

**is hereby granted permission to perform the following work:**

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

**Description of work:**

2 sections of 6' fence rear-side of house.

**NOTE:** If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

**Estimated Cost of Work:** $ --

CONSTRUCTION OFFICIAL

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

# BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 4201
DATE ISSUED 8/4/88
REVISION DATE

Block 7 Lot 69, 70
Subdivision

## A. IDENTIFICATION

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

Owner Isabel N. Bassell
Address 96 Manito Rd. Manasquan, N. J.
Tel. ( )
Work Site Address same

Contractor owner
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

*(Complete for Minor Work and Small Job Only)*

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

Isabel N. Bassell
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

*Give detail description including materials used, dimensions, etc.*

2 sections fence
6'x8'

☐ See Plans

TYPE OF WORK:

| | Fee Basis | Fee |
|---|---|---|
| ☐ New Building | | $ |
| ☐ Addition | | |
| ☐ Alteration/Renovation | | |
| ☐ Roofing | | |
| ☐ Siding | | |
| ☐ Other | | |
| ☐ Demolition | | |
| ☐ Miscellaneous | | |
| ☐ Fence | | |
| ☐ Sign | | |
| ☐ Pool | | |
| ☐ Elevator | | |
| ☐ Other | | |
| SUBTOTAL | | $ |
| Minimum Building Fee (if applicable) | | $ |
| Total Building Fee *(Greater of Minimum or Subtotal)* | | $ 15. |

## C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____
Height of Structure _____ Ft.
Area–Largest Floor _____ Sq. Ft.

Total Building Area–All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

**Estimated Cost of Building Work: $** _____

## D. COMMENTS

approved
8/4/88 mdc
B. Lowan

☐ Partial Releases ☐ Prototype Processing

# BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/5/99
Date Issued
Control #
Permit # 99 – 146

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

Block 57 Lot 69.01 69.01

Work Site Location 96 Manito Rd.

Owner in Fee Lindsay N. Spooner

Address 96 Manito Rd. Manasquan NJ 08736

Tele. [redacted]

Contractor Self

Address

Tele. (____) ____ Fax (____) ____

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

**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 Lindsay N. Spooner

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Complete fencing of yard

6 FT HIGH.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [✓] All | 5/5/99 | S |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 8/5/99
Approved by:

| INSPECTIONS Type: | Failure Dates (Month/Day) | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 8/5/99 | S |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present ____ Proposed U
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area — Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

**Est. Cost of Bldg. Work:**
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+ 2) $ 500.00

RECEIVED
MAY 10 1999
U.C.C. F110 (rev. 3/96)
CHK # 1881 100

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [✓] Fence 6 Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other ____

[ ] Demolition

FEE (Office Use Only)

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| DCA Training Fee | $ 35.00 |
| TOTAL FEE | $ |

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

7 69.01

BOROUGH OF HAVERSQUAN
FOR INSPECTIONS PLEASE
PHONE (908)223-1480

Date Issued 05/05/99
Control #
Permit # 99-146

UCC NEW JERSEY
# CONSTRUCTION PERMIT

IDENTIFICATION Block 7 Lot 69.01 Qual

Work Site Location 96 HAMITO ROAD
HAVERSQUAN, NJ
Owner in Fee SPOONER, LINDSAY
Address 96 HAMITO ROAD
HAVERSQUAN, NJ 08736-
Telephone [redacted]

Contractor HOMEOWNER
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
COMPLETE FENCING OF YARD - 6' HIGH.

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 $ 500

Construction Official

05/05/99
Date

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 35 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA Training Fee | 0 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 35 |
| Check No. | 1801 |
| Cash | |
| Collected By | SMB |

U.C.C. P170 (rev. 3/96)

# BOROUGH OF MANASQUAN

## APPLICATION FOR ZONING PERMIT

ZONING APPLICATIONS WILL BE REVIEWED WITHIN 48 HOURS.
THE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.

WORK SITE LOCATION 96 Manito Road

NAME OF OWNER Lindsay N Spooner

APPLICANT Same

ADDRESS 96 Manito Rd.
Manasquan, NJ 08736

TELEPHONE [redacted]

BLOCK 57 LOT 69 TO 69.01 ZONING DISTRICT _____

BRIEF DESCRIPTION OF PROPOSED WORK: shed 8x10

PROPOSED USE: storage

PRESENT USE: _____

| LOT SIZE | EXISTING | PROPOSED | REQUIRED | VARIANCE |
|---|---|---|---|---|
| Width | 50' | | | |
| Depth | 100' | | | |
| Area | | | | |
| Frontage | | | | |

**PRINCIPAL BUILDING**

| | | | | |
|---|---|---|---|---|
| Front Setback | | | | |
| Rear Setback | | | | |
| Side Setback | | | | |
| Side Setback | | | | |
| Height | | | | |

**ACCESSORY BUILDING**

| | | | | |
|---|---|---|---|---|
| Front Setback | | | | |
| Rear Setback | | | | |
| Side Setback | | | | |
| Side Setback | | | | |
| Height | | | | |

LIST ANY ACCESSORY BUILDINGS EXISTING:

Detached garage _____ Shed _____ Cabana _____ Dog Run _____

- OVER -

| | EXISTING | PROPOSED | REQUIRED | VARIANCE |
|---|---|---|---|---|
| PARKING | | | | |
| PERCENT OF BUILDING COVERAGE | | | | |
| PERCENTAGE OF LOT COVERAGE | | | | |
| CURB CUTS | | | | |

DATE: _____ APPLICANT Lindsay N Spoon

DATE: 4/16/99 APPROVED: _____
ZONING OFFICER

DENIED: _____
ZONING OFFICER

# BOROUGH OF MANASQUAN

## APPLICATION FOR ZONING PERMIT

ZONING APPLICATIONS WILL BE REVIEWED WITHIN 48 HOURS.
THE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.

WORK SITE LOCATION 96 Manito Road

NAME OF OWNER Lindsay N. Spooner

APPLICANT Lindsay N. Spooner

ADDRESS 96 Manito Road
Manasquan, NJ 08736

TELEPHONE [redacted]

BLOCK 57 LOT ~~69~~ 69.01 ZONING DISTRICT _____

BRIEF DESCRIPTION OF PROPOSED WORK: Complete fencing of yard

PROPOSED USE: _____

PRESENT USE: _____

| LOT SIZE | EXISTING | PROPOSED | REQUIRED | VARIANCE |
|---|---|---|---|---|
| Width | 50' | | | |
| Depth | 100' | | | |
| Area | | | | |
| Frontage | | | | |
| **PRINCIPAL BUILDING** | | | | |
| Front Setback | | | | |
| Rear Setback | | | | |
| Side Setback | | | | |
| Side Setback | | | | |
| Height | | | | |
| **ACCESSORY BUILDING** | | | | |
| Front Setback | | | | |
| Rear Setback | | | | |
| Side Setback | | | | |
| Side Setback | | | | |
| Height | | | | |

LIST ANY ACCESSORY BUILDINGS EXISTING:

Detached garage _____ Shed _____ Cabana _____ Dog Run _____

- OVER -

| | EXISTING | PROPOSED | REQUIRED | VARIANCE |
|---|---|---|---|---|
| PARKING | | | | |
| PERCENT OF BUILDING COVERAGE | | | | |
| PERCENTAGE OF LOT COVERAGE | | | | |
| CURB CUTS | | | | |

DATE: 5-3-99

APPLICANT Lindsay N Sprowes

DATE: 5/5/99

APPROVED: _____
ZONING OFFICER

DENIED: _____
ZONING OFFICER

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 14-00664

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

Block 7 Lot 69 01 Qualification Code

Work Site Location 96 Manito Rd Manasquan, NJ 08736

Owner in Fee: McHugh, Martin & Cheryl

Tel. [redacted] e-mail

Address -same-

Contractor: Roof Diagnostics Solar and Electric, LLC (street / municipality) Tel. (732) 387-5293 (zip code)

Address 1917 Atlantic Ave e-mail

Manasquan NJ 08736

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH06478300

Federal Emp. ID No. 452247975 FAX: (732) 722-7860

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the owner of record and am authorized to make this application.

Sign here:

Print name here: Joe Doherty

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

installation of "unirac" flush roof mount solar system

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 7/31/14 — ESM
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 7/31/14
Approved by: Edward S. Mack

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10/29/14
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | FINAL | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 10/29/14 | G |
| Barrier-Free | | | | |

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [X] Other solar
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $ 75.00
Minimum Fee $ 46.00 DCA
State Permit Surcharge Fee $
TOTAL FEE $ 121.00

**B. BUILDING CHARACTERISTICS**

**Use Group** Present _____ Proposed R-5
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

**Constr. Class** Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Rehabilitation $ 3,000
3. Total (1+ 2) $ 3,000

pd chk #5512 8/8/14

U.C.C. F110 (rev. 11/09)
Internet version

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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 14-00664

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

Block 7 Lot 69 01 Qualification Code

Work Site Location 96 Manito Rd Manasquan, NJ 08736

Owner in Fee: McHugh, Martin & Cheryl

Tel. [redacted] e-mail

Address -same-
street municipality zip code

Contractor: Roof Diagnostics Solar & Electric, LLC. Tel. (732) 387-5293

Address 1917 Atlantic Ave e-mail

Manasquan NJ 08736

Contractor License No. 16378A Exp. Date 03/2015

Home Improvement Contractor Registration No. or Exemption Reason 13VH06478300

Federal Emp. ID No. 452247975 FAX: (732) 722-7860

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as residence Utility Co. JCPL

Est. Cost of Elec. Work $ 24,000

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date 8/4/14 Approved by:
Joint Plan Review Required
[ ] Bldg [ ] Plumb [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8/4/14
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-29-14
Approved by:

| INSPECTIONS | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Type: | | | | |
| Rough RACKING | | | 9-30-14 | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | 10-28-14 | | 10-29-14 | |
| Barrier-Free | | | | |
| Temp. Cut-in-Card Date Issued | | | | |
| Final Cut-in-Card Date Issued | | | | |
| Annual Pool Inspection | | | | |
| Date of Grounding and Bonding Certification | | | | |

**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.

Applicant sign/Contractor sign and seal here:

Print name here: Joseph Doherty

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:
installation of unirac roof mount solar system

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| 1 | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | solar | |
| 0 | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| 1 | 200 | **A PV Meter** | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| 27 | 215 | **W Micro Inverters** | |
| | | **AMP Disconnect** | |
| 1 | 100 | **AMP Subpanels** | |
| 7 | 235 | **W Solar Panels** | |
| 20 | 250 | **W Solar Panels** | |
| 1 | 6.645 | **KW Solar System** | |

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| State Permit Surcharge Fee | $ 175.00 |
| TOTAL FEE | $ 175.00 |

pd chk #5512 8/8/14

U.C.C. F120 (rev. 11/09)
Internet version

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

# MANASQUAN BOROUGH
# 201 E MAIN ST
# MANASQUAN, NJ 08736-300

# Construction Permit

Permit Number: 14-00664
Permit Issue Date: 08/08/14
Application Id: 20000698
Application Date: 07/29/14

## Owner/Property Details

Block/Lot/Qual: 7. 69.01
Phone #:
Owner Name: MCHUGH, MARTIN J & CHERYL A
Use Type: R-5 Res; 1 & 2 Family
Address: 96 MANITO RD
MANASQUAN, NJ 08736-3532
Location: 96 MANITO RD

Contractor: ROOF DIAGNOSTICS
Address: 2333 HWY 34
WALL, NJ 08736

Phone Number: (732)974-8874
License #: 13VH00099200
Federal Tax Id:

## Payments (Office Use Only)

| | |
|---|---|
| ELECTRICAL | 175.00 |
| DCA | 46.00 |
| BUILDING | 75.00 |
| Total | 296.00 |

## Is hereby granted permission to perform the following work:

BUILDING
ELECTRICAL

## Description of Work

solar

Alteration Cost: 27,000.00

New Construction Volume: 0

NOTE: If construction does not commence within one (1) year of issuance or if construction ceases for a period of six (6) months, this permit is void.

Construction Official _____ Date 8/13/14

# MANASQUAN BOROUGH
# 201 E MAIN ST
# MANASQUAN, NJ 08736-300

# Construction Permit

Permit Number: 14-00664
Permit Issue Date: 08/08/14
Application Id: 20000698
Application Date: 07/29/14

## Owner/Property Details

Block/Lot/Qual: 7. 69.01
Owner Name: MCHUGH, MARTIN J & CHERYL A
Address: 96 MANITO RD
MANASQUAN, NJ 08736-3532

Phone #:
Use Type: R-5 Res; 1 & 2 Family
Location: 96 MANITO RD

Contractor: ROOF DIAGNOSTICS
Address: 2333 HWY 34
WALL, NJ 08736

Phone Number: (732)974-8874
License #: 13VH00099200
Federal Tax Id:

## Payments (Office Use Only)

| | |
|---|---|
| ELECTRICAL | 175.00 |
| DCA | 46.00 |
| BUILDING | 75.00 |
| Total | 296.00 |

is hereby granted permission to perform the following work:

BUILDING
ELECTRICAL

## Description of Work

solar

Alteration Cost: 27,000.00

New Construction Volume: 0

NOTE: If construction does not commence within one (1) year of issuance or if construction ceases for a period of six (6) months, this permit is void.

Construction Official _____ Date 8/13/14

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 4/8/19
Control # 235
Date Issued 4-10-19
Permit # 2019-0125

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

Block 7 Lot 69.01 Qualification Code

Work Site Location 91 Monito Rd, Manasquan, NJ

Owner in Fee: Marty & Cheryl McHugh

Tel. [redacted] e-mail cherylmchugh@verizon.net

Address street municipality zip code

Contractor: Self Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1400

**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.

Applicant sign/Contractor sign and seal here: C McHugh

Print name here: Cheryl McHugh

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [Y] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Replace 2 AC condensers (same location)

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| 2 | | KW Central A/C Unit | 40 |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 4.8.19

Approved by: MCH

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [Y] CA

Date: 4.9.19

Approved by: MCH

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 4.9.19 | MCH |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge $ 20

Minimum Fee $

State Permit Surcharge Fee $ 3

TOTAL FEE $ 103

#3188 4.10.19

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received
Control # 35
Date Issued
Permit # 2019-0125

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

Block 7 Lot 67.51 Qualification Code

Work Site Location 7 [illegible]

Owner in Fee: [illegible]

Tel. [redacted] e-mail [illegible]

Address [illegible]
street municipality zip code

Contractor: [illegible] Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1100

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 4-11-19
Approved by: GRP

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | 4/9/19 | | 4-11-19 | GRP |

Lockins Caps Needed
OK 4-11-19 GRP

**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.

Applicant sign/Contractor sign and seal here: [illegible]

Print name here: [illegible]

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Replaced AC condensing unit (change out)

| QTY. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| | Water Closet | $ |
| | Urinal/Bidet | |
| | Bath Tub | |
| | Lavatory | |
| | Shower | |
| | Floor Drain | |
| | Sink | |
| | Dishwasher | |
| | Drinking Fountain | |
| | Washing Machine | |
| | Hose Bibb | |
| | Water Heater | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| 1 | Other AC | |

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

20005561
B9-00059

# Borough of Manasquan

## Zoning Permit Application

Required documentation:

- Accurate survey of the property.
- Affidavit re: accuracy of survey
- Application must be complete and signed
- Site plan for the proposed project
- Building or conceptual plans for the proposed project
-

Fee: $ 20.00

Cash/Check: _____

Date Received: 4/2/19

Block: 7, Lot: 69.01, Zone: R.2

EMAIL REQUIRED: cherylmchugh@verizon.net

Work Site Location: _____

Owner/Applicant: Marty / Cheryl McHugh E-Mail: _____

Address: 96 Manito Rd Manasquan NJ

Tel: Home: [redacted] Business: _____, Cell: [redacted]

Present Use: Single Family: ✓, Multi-Family: _____, Commercial: _____ Other: _____

Existing Accessory Buildings: Detached garage: _____, Shed: ✓, Pool: _____, Cabana: _____
Dog run: _____, Other: _____

Proposed Use: _____

Description of proposed work: 2 Air conditioner condenser replacement (same location.)

Previous Zoning Application: Yes: ____, No: ____, Date: _____

Brief Description: Sorry, had no idea this was necessary but as homeowner I take full responsibility.

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received [illegible]
Control # 236
Date Issued
Permit # 2019-0126

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

Block 7 Lot 69.01 Qualification Code _____

Work Site Location 96 Manitou Trl, Hampton NJ

Owner in Fee: Martin & Cheryl McHugh

Tel. [redacted] cheryl.mchugh@verizon.net

Address _____ (street) _____ (municipality) _____ (zip code)

Contractor: Self Tel. ( ) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: ( ) _____

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 600

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

~~[ ] No Plans Required~~

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4.8.19
Approved by: [signature]

~~SUBCODE APPROVAL for CERTIFICATE~~
[ ] CO [ ] CCO [ ] CA
Date: 4.9.19
Approved by: [signature]

INSPECTIONS

| Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 4.9.19 | [signature] |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

**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.

Applicant sign/Contractor sign and seal here: [signature]

Print name here: Cheryl McHugh

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Install Electric Switch for portable generator

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |

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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control # 237
Date Issued
Permit # 2019-0127

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

Block 7 Lot 6.01 Qualification Code

Work Site Location 96 Manito Rd, Manasquan, NJ

Owner in Fee: Chris + Cheryl McHugh

Tel. [redacted] e-mail cmcHughtwo@verizon.net

Address [redacted] (street) (municipality) (zip code)

Contractor: Self Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved 4.8.19 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [✓] CCO [ ] CA

Date: 4.9.19

Approved by:

INSPECTIONS — Dates (Month/Day)

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 4.9.19 | |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

**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.

Applicant sign/Contractor sign and seal here: C. McHugh

Print name here: Cheryl McHugh

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: See attached sketch. Basic electric for Kid's playroom in basement

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 6 | | Lighting Fixtures | |
| 5 | | Receptacles | |
| 4 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control # 237
Date Issued
Permit # 4-10-19
2019-0127

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

Block 7 Lot 67.01 Qualification Code

Work Site Location 96 Manton Rd Manasquan NJ

Owner in Fee: Donald & Cheryl McHugh

Tel. [redacted] e-mail cheryl.mchugh@verizon.net

Address [redacted]
street municipality zip code

Contractor: [redacted] Tel. ( )

Address [redacted] 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 |
|---|---|---|
| [-] No Plans Required | 4/10 | C |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4/16/19
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 4/10/19 | ESM |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present Proposed
No. of Stories 2
Height of Structure ft.
Area — Largest Floor 1000 sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

**Constr. Class** Present Proposed

If Industrialized Building:
State Approved HUD

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Rehabilitation $ 15,000.00
3. Total (1+ 2) $

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: Cheryl McHugh
Print name here: Cheryl McHugh

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

build 1170 sq' children's play area in portion of basement. (walls + electric - basic)
See attached sketch + electric list.

Not: Basement may not be used for Sleeping purposes

TYPE OF WORK:
[ ] New Building
[ ] Addition
[x] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[x] Other small play area in basement
[ ] Demolition

FEE (Office Use Only)
$ (no fee)

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ no fee

4/10/19

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Hard = Applicant Copy

U.C.C. F110
(rev. 11/09)

## Borough of Manasquan

RECEIVED OCT 0 6 2014

## Zoning Permit Application

Required documentation:

- Accurate survey of the property.
- Affidavit re: accuracy of survey
- Application must be complete and signed
- Site plan for the proposed project
- Building or conceptual plans for the proposed project
-

Fee: $ 75.00

Cash/Check: 2042

Date Received: 10/6/14

20000925

Block: 7, Lot: ~~69+70~~ 69.01, Zone: R-2

EMAIL REQUIRED: cherylmchugh@verizon.net

Work Site Location: 96 Manito Rd.

Owner/Applicant: Martin + Cheryl McHugh E-Mail: _____

Address: 96 Manito Rd.

Tel: Home [redacted], Business: _____, Cell: [redacted]

Present Use: Single Family: X, Multi-Family: _____, Commercial: _____ Other: _____

Existing Accessory Buildings: Detached garage: _____, Shed: X, Pool: _____, Cabana: _____
Dog run: _____, Other: _____

Proposed Use: _____

Description of proposed work: ~~Add garage in backyard.~~ (rear).
~~Please see attached survey.~~
10 x 16 SHED

Previous Zoning Application: Yes: ___, No: ___, Date: _____

Brief Description: _____

00037_032012 3145
1939 SF
*00011L8S*

BOROUGH OF MANASQUAN

# ZONING PERMIT

Block 7 Lot 69.01

Work Site Location 96 Manito Rd.

Description of Work 10'x16' Shed

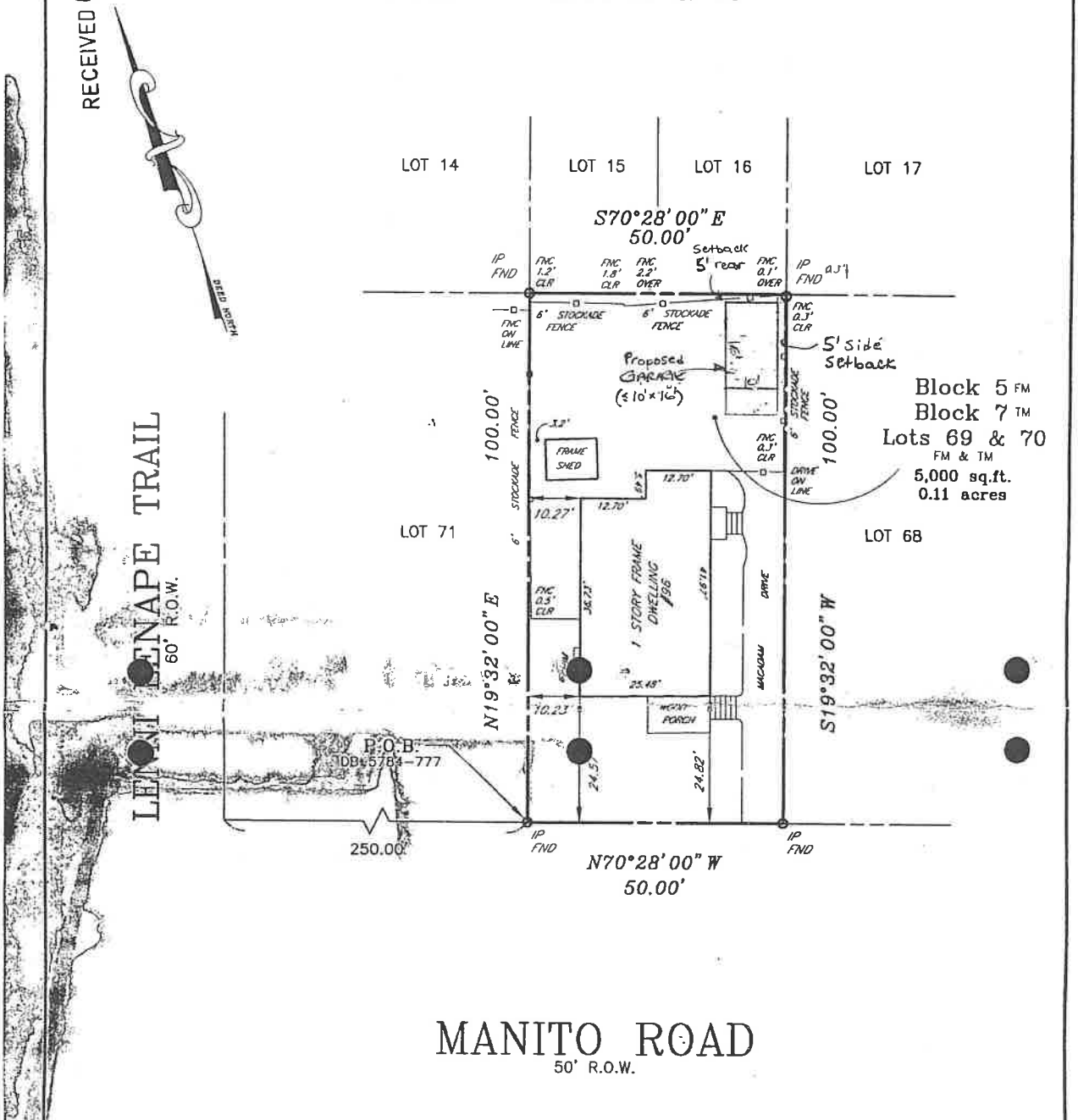
Date Issued 10.27.14

Zoning Officer

*PERMIT TO BE POSTED – TO BE VISIBLE FROM THE ROADWAY*

RECEIVED OCT 9 5 2014

# PLAN OF SURVEY
## MARTIN J. & CHERYL A. McHUGH
SITUATED IN
BOROUGH OF MANASQUAN, MONMOUTH COUNTY, NEW JERSEY
BLOCK 7 LOTS 69 & 70




MANITO ROAD
50' R.O.W.



*I HEREBY CERTIFY THIS SURVEY TO:*

MARTIN J. McHUGH AND CHERYL A. McHUGH

GMAC MORTGAGE CORPORATION, its successors and/or assigns

ACRES LAND TITLE AGENCY, INC. (#243647)
CHICAGO TITLE INSURANCE COMPANY

SALVATORE IMBORNONE, Jr., ESQ.
McHUGH & IMBORNONE, PA

*REFERENCES:*

DEED BOOK 5784 PAGE 777

"MAP OF HILL SECTION A, MANASQUAN SHORES"
FILES 8/10/27 CASE #34-6

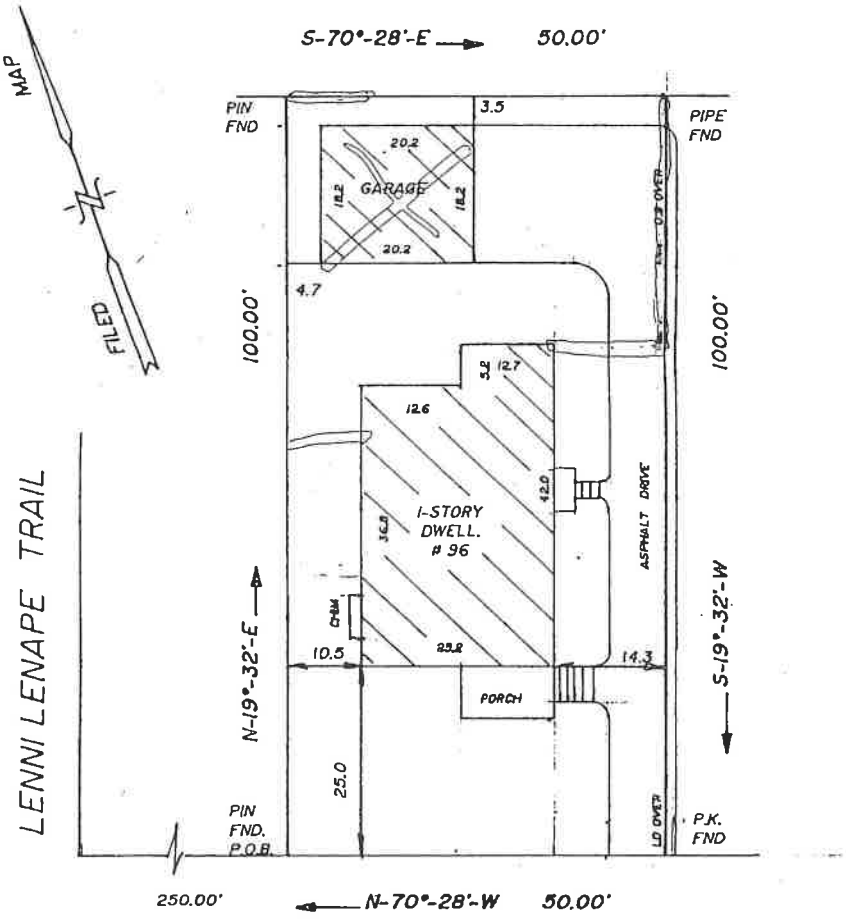
NO STAKES SET AS PER CONTRACTUAL AGREEMENT

**CONTROL LAYOUTS, INC.**
LAND SURVEYORS
71 PATERSON STREET P.O. BOX 328
NEW BRUNSWICK, N.J. 08903
PHONE (732) 846-9100 FAX (732) 937-5793

William J. Buttler

| FILE NO. 657-01 | DATE: 4/27/01 | SCALE: 1"=20' | J.G | JPC |
|---|---|---|---|---|

WILLIAM J. BUTTLER ◆ NEW JERSEY PROFESSIONAL LAND SURVEYOR #19451




MANITO 50 ROW ROAD

THIS SURVEY CERTIFIED TO:
LINDSEY SPOONER
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
C. KEITH HENDERSON AND ASSOCIATES, ESQUIRES
SELECT MORTGAGE CORPORATION, its successors and/or assigns

BEING KNOWN AS LOTS 69 & 70 IN BLOCK 5 ON A MAP ENTITLED "MAP OF HILLS SECTION A, MANASQUAN SHORES" FILED IN THE MONMOUTH COUNTY CLERK'S OFFICE ON AUGUST 10, 1927 AS CASE 34 SHEET 6

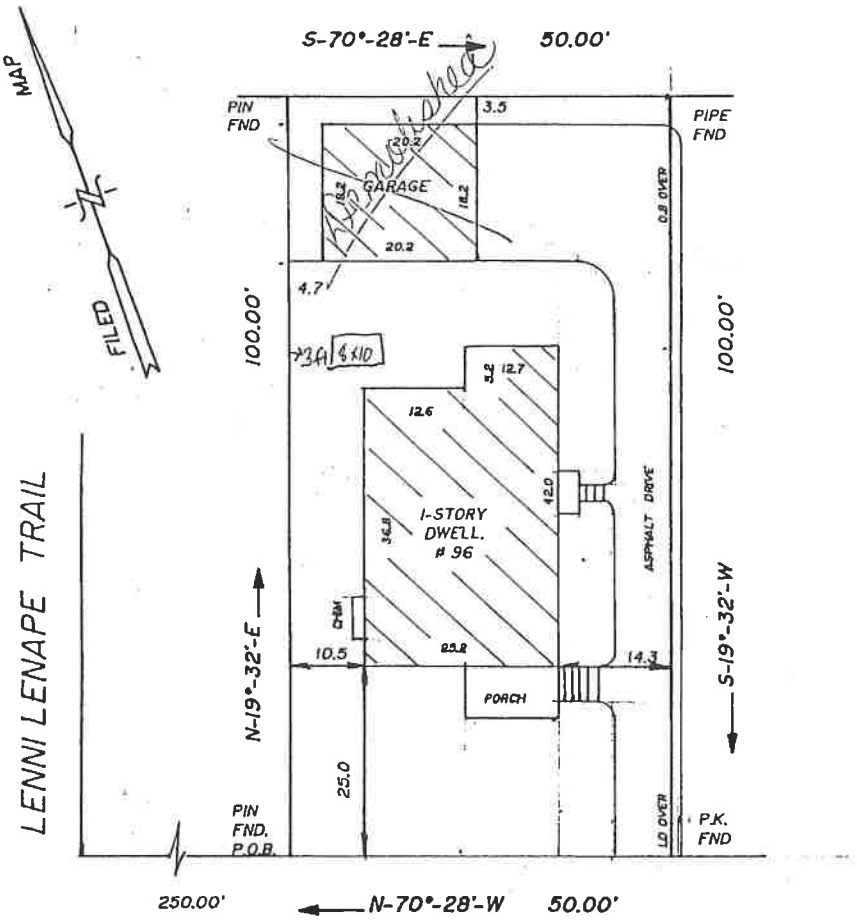
THIS SURVEY SUBJECT TO ANY EASEMENT OF RECORD AND OTHER PERTINENT FACTS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE. ANY SUBSURFACE EASEMENTS, IF ANY, NOT VISABLE ARE NOT LOCATED BY THIS SURVEY. DUE TO CERTAIN WEATHER CONDITIONS, I.E., ICE AND/OR SNOW AND/OR THE OVERGROWN VEGETATION ON THE PROPERTY, INTREIOR SIDEWALKS AND/OR PATIOS MAY NOT BE SHOWN ON THE PLAT. NO LIABILITY IS ASSUMED BY THE CERTIFYING SURVEYOR FOR THE USE BY ANY PARTY NOT SHOWN IN THE CERTIFICATION. THE WORK PRODUCT OF THE SURVEYOR CONSTITUTES AS OPINION OF THE LAND SURVEYOR AS TO THE NATURE AND QUALITY OF THE PROPERTY SURVEYED, MOREOVER, THAT CERTIFICATION DOES NOT CONSTITUTE A WARANTY, EITHER EXPRES OR IMPLIED AS TO THE ABSOLUTE CORECTNES OF THE INFORMATION PRESENTED IN SUCH SURVEY.


CHARLES O'MALLEY, P.L.S.
PROFESSIONAL LAND SURVEYOR
NEW JERSEY LIC. No. 34871
908 RIVERVIEW DRIVE
BRIELLE, NEW JERSEY, 08730
(732) 223-3141


# PLAN OF SURVEY

LOTS 69 & 70 BLOCK 7
BOROUGH OF MANASQUAN
MONMOUTH COUNTY
NEW JERSEY

| DRAWN BY | CHK'D BY | FILE NO. | DATE | SCALE |
|---|---|---|---|---|
| C.O'M | | 98-5050 | 11/16/98 | 1"=20' |




MANITO 50 ROW ROAD

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# PLAN OF SURVEY

LOTS 69 & 70 BLOCK 7
BOROUGH OF MANASQUAN
MONMOUTH COUNTY
NEW JERSEY

| DRAWN BY | CHK'D BY | FILE NO. | DATE | SCALE |
|---|---|---|---|---|
| C.OM | | 98-5050 | 11/16/98 | 1"=20' |