LONG BEACH TOWNSHIP
6805 LONG BEACH BLVD
BRANT BEACH, NJ 08008
609-3616679

CERTIFICATE
IDENTIFICATION

Date Issued: 12/14/2020
Control #: 50298
Permit #: 20200317

Block: 5.10 Lot: 1.01 Qual:
Work Site Location: 1 EAST 22ND ST
LONG BEACH
Owner in Fee: MEYER SHORE
Address: 150 HIMMELEIN RD
MEDFORD NJ 08055
Telephone: 609 923-0926
Agent/Contractor: BOB MEYER COMM
Address: 150 HIMMELEIN ROAD
MEDFORD NJ 08055
Telephone: 609 654-4030
Lic. No./ Bldrs. Reg.No.: 49768 Federal Emp. No.: 22-2516984
Social Security No.:

Home Warranty No: 20146742
Type of Warranty Plan: [ ] State [X] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
NEW SINGLE FAMILY- AE

Update Desc. of Wk/Use:

[X] **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 or will be subject to fine or order to vacate:

J. DANE SPRAGUE Construction Official

[ ] **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

Fees: $150.00
Paid[ ]Check No.: 47747
Collected by: JD

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ZONING PERMIT

FEB 2 8 2020

LONG BEACH TOWNSHIP

DATE 2/24/20 FEE $ 150- PERMIT NO. _____ CK. NO. _____

NAME Ulyer Shore ADDRESS 1E 22nd St

BLOCK 5.10 LOT 1.01 ZONE GC/E-50 USE SF

WORK DESCRIPTION: NSF

minor subdiv.

LUB 24-19

CHECK ONE: ☒ SINGLE FAMILY ☐ DUPLEX ☐ OTHER (EXPLAIN) _____

DO NOT WRITE BELOW THIS LINE

MINIMUM REQUIREMENTS	PROPOSED	AS BUILT
LOT SIZE 6,000sf/60' front	LS* 4,120 sf/51.5'	LS 4,120sf
F 20'	F 20'	F 20'
R 15' (80' depth)	R 15'	R 15'
S 15' corner 4' min total (15.45's)	15', 6.5	S 15', 6.5
ADJ 15'	ADJ 15'+, VACANT	ADJ 15'+
HEIGHT 34' MAX.	H 34'	H 34
% COVERAGE 33⅓% MAX.	32.75%	32.8%
UPDATED EC REQUIRED	☑ YES ☐ NO	
SLAB ELEVATION 2.2+1.5 MIN.	slab 3.1	slab 3.03
IMP COV 75% MAX.	∠ 75%	49.3%
FLOOD ZONE Coastal AE 9+1	FF 12.9	12.83
AS BUILT PLOT PLAN REQUIRED	☑ YES ☐ NO	
CURB REQUIRED / 3rd Sidewalk	☑ YES ☐ NO	

REMARKS: Subject to terms & conditions of LUB 24-19
*variances granted - Breakaway walls w/ vents req'd - V zone certificate required. All utilities @ elevation 10.0 minimum (Sidewalk on 22nd ST waived) Providing 2 off street parking

John Fallon 3/17/2020

ZONING OFFICER DATE

WHITE - ZONING OFFICER'S COPY CANARY - APPLICANT'S COPY

Comparison of Flood Hazard

Effective & Preliminary Flood Hazards

FEMA

Effective

Preliminary

Effective	
POI Longitude/Latitude	-74.23, 39.5774
Effective FIRM Panel	34029C0603F
Effective Date	9/29/2006
Flood Zone	AE
Static BFE*	8.0 Feet
Flood Depth	Not Available
Vertical Datum	NAVD88

Preliminary	
POI Longitude/Latitude	-74.23, 39.5774
Preliminary FIRM Panel	34029C0603G
Preliminary Issue Date	1/30/2015
Flood Zone	~~AE~~
Estimated Static BFE*	9.0 Feet
Estimated Flood Depth	~~Not Available~~
Vertical Datum	NAVD88

Coastal AE 9+1

* A **Base Flood Elevation** is the expected elevation of flood water during the 1% annual chance storm event. Structures below the estimated water surface elevation may experience flooding during a base flood event.

Hazard Level	Flood Hazard Zone
High Flood Hazard	**AE, A, AH, AO, VE and V Zones.** Properties in these flood zones have a 1% chance of flooding each year. This represents a 26% chance of flooding over the life of a 30-year mortgage.
Moderate Flood Hazard	**Shaded Zone X.** Properties in the moderate flood risk areas also have a chance of flooding from storm events that have a less than 1% chance of occuring each year. Moderate flood risk indicates an area that may be provided flood risk reduction due to a flood control system or an area that is prone to flooding during a 0.2% annual chance storm event. These areas may have been indicated as areas of shallow flooding by your community.
	Unshaded Zone X. Properties on higher ground and away from local flooding sources have a reduced flood risk when compared to the Moderate and High Flood Risk categories. Structures in these areas may be affected by larger storm events, in excess of the 0.2% annual chance storm event.
Low Flood Hazard	**Insurance Note:** High Risk Areas are called 'Special Flood Hazard Areas' and flood insurance is mandatory for federally backed mortgage holders. Properties in Moderate and Low Flood Risk areas may purchase flood insurance at a lower-cost rate, known as Preferred Risk Policies. See your local insurance agent or visit https://www.fema.gov/national-flood-insurance-program for more information.

Disclaimer: This report is for informational purposes only and is not authorized for official use. The positional accuracy may be compromised in some areas. Please contact your local floodplain administrator for more information or go to msc.fema.gov to view an official copy of the Flood Insurance Rate Maps.

PLUMBING SUBCODE
TECHNICAL SECTION

— F22

Coastal AE 9+1
Slab 3.1
FF 12.9

FEB 28 2020

Date Received
Control #
20-317

Date Issued
Permit #
3.26.20

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

Block 5110 Lot 1.01 Qualification Code

Work Site Location 32021 long beach blvd. 16 22nd St
long beach township

Owner in Fee: meyer shore

Tel. ( ) 609 923 0926 e-mail kahi@bobmeyer.com

Address 150 Himmelein Rd. medford NJ 08055
street municipality zip code

Contractor: Steve Tuttle Plumbing & Heat. Tel. (856) 346-3889

Address 64 Aberdeen Drive e-mail Stuttle3889@yahoo.com
Erial, NJ 08081

Contractor License No. 8362 Exp. Date 06/2021

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

Federal Emp. ID No. 223579917 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 $ 22,100

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: Steve Tuttle

[A] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	$ 45.00
	Urinal/Bidet	
1	Bath Tub	11.25
5	Lavatory	56.25
2	Shower	22.50
	Floor Drain	
2	Sink	22.50
1	Dishwasher	11.25
	Drinking Fountain	
1	Washing Machine	11.25
2	Hose Bibb	22.60
1	Water Heater	11.25
	Fuel Oil Piping	
6	Gas Piping	68.25
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
6	~~Grease trap~~	68.25
1	Sewer Connection	68.25
1	Water Service Connection	68.25
3	Stacks	33.75
1	Other Meter	68.25

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 3/18/20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 12/4/20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			102320	Tm
Rough	Shower pans OK		8/20	
Water			51820	Tm
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			8/20	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			12420	Tm

10 23 20 Shower pans fall.

REQUIREMENTS FOR CERTIFICATE OF OCCUPANCY

PERMIT # 20-317

BLOCK # 5.10 LOT 1.01

OWEN & LITTLE'S APPROVAL REQUIRED FOR ALL OCEANFRONTS AND SUBDIVISIONS: ✓

✓ SOIL EROSION APPROVAL Sent to Mel 12/9

✓ DUCT LEAKAGE TEST – NSF ONLY

✓ (2) AS BUILT SURVEYS – CERTIFIED BY ENGINEER INCLUDING IMPERVIOUS COVERAGE *(OF needs as-built dune profile)*

✓ (2) AS BUILT ARCHITECTURAL DRAWINGS OR WORK COMPLETION AFFIDAVIT

✓ (3) ELEVATION CERTIFICATES BY ENGINEER OR

✓ HOME OWNER'S WARRANTY OR AFFIDAVIT (NEW HOMES ONLY)

✓ DEED RESTRICTION (FOR ALL JOBS REQUIRING A CO)

✓ APPLICATION FOR CO

Need Curb on 22nd St – Have permit

FINAL INSPECTIONS

ZONING ✓ >Fri 12/11

BUILDING

FIRE ✓

PLUMBING ✓

ELECTRIC ✓

MECHANICAL NA

ELEVATOR NA

Make copy of CO for EC-V-CO LIST

Give to J.T.

5.16 - 1.01

Joanne Tallon

From: Joanne Tallon
Sent: Friday, December 11, 2020 11:07 AM
To: Joanne Tallon
Cc: Tax Assessor
Subject: NSF 5.10 lot 1.01

#20-317

Sent from my iPhone

Joanne Tallon

From: Joanne Tallon
Sent: Friday, December 11, 2020 11:08 AM
To: Joanne Tallon
Subject: 5.10 lot 1.01

Sent from my iPhone

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

APPLICATION FOR CERTIFICATE

Settles

IDENTIFICATION

Block 5.10 Lot 1.01.

Work Site Location 1 East 22nd Street
Long Beach Twp. NJ 08008

Owner in Fee Meyer Shore, LLC
Address 150 Himmelein Road
Medford, NJ 08055
Tel. (609) 654-4030

Contractor Bob Meyer Communities, Inc.
Address 150 Himmelein Road
Medford, NJ 08055
Tel. (609) 654-4030
License No. 13885
Federal Employee No. 22-2516984

ACTION

X CERTIFICATE OF OCCUPANCY

☐ CERTIFICATE OF CONTINUED OCCUPANCY

☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 1,345,000.00
(Includes 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: **Single Family Residence**

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

U.C.C. F270
(rev. 3/96)

Inspection Report

PEG
IECC - 2009/2012/2015/2018

☐ Pre-Drywall ☑ Final Inspection ☐ Re-inspection

☐ 2009 IECC* ☐ 2012 IECC* ☐ 2015 IECC* ☑ 2018 IECC*

Date: 12/04/2020 *Code Compliance only relates to Infiltration and Duct Leakage Testing

Model: _____ **Division:** _____ **Community:** Bob Meyers Comunities **Lot#** 1.01 Blk 5.10

Address: 1 East 22nd St **City:** Beach Haven

Orientation: S. **State:** New Jersey **Zip code:** _____ **Electrical Meter #** _____ **Gas Meter #** _____

Foundation: ☐ Slab ☐ Crawl Space* ☐ Basement** ☐ Above Conditioned Space

***If Crawl Space:** ☑ Enclosed Vented ☐ Conditioned ****If Basement:** ☐ 50 percent below grade

List all deficient items, general notes, and recommendations (attach additional notes if necessary)

R SR (R-Required; SR-Strongly Recommended)

☐ ☐ Resent Rater George Beley 732 330 8288

☐ ☐ _____

☐ ☐ Blower Door 2.99

☐ ☐ _____

Additional deficient items are listed on page 2

☑ **1. Duct Leakage @ 25 Pascal*:** _____

	Total (cfm_{25})	Unconditioned (cfm_{25})	Cond. Area (ft^2)	Total Leakage (%)	Leakage to Unconditioned (%)
System 1)	93 cfm_{25}	_____ cfm_{25}	÷ 2,450 ft^2	= 3.80% % Total	0.00% % to Unconditioned
System 2)	_____ cfm_{25}	_____ cfm_{25}	÷ _____ ft^2	= 0.00% % Total	0.00% % to Unconditioned
System 3)	_____ cfm_{25}	_____ cfm_{25}	÷ _____ ft^2	= 0.00% % Total	0.00% % to Unconditioned

☐ **2. Multi-Point Infiltration:** _____

Pressure (Pa)	Flow (CFM)	Pressure (Pa)	Flow (CFM)
1. 60 Pa	1. 1,547.0000	5. 31 Pa	5. 758.0000
2. 52 Pa	2. 1,306.0000	6. 24 Pa	6. 627.0000
3. 45 Pa	3. 1,222.0000	7. 17 Pa	7. 428.0000
4. 38 Pa	4. 888.0000	8. 10 Pa	8. 369.0000

Altitude (Ft): 25
Exterior Temperature (F): 50
Interior Temperature (F): 70

Corrected CFM50*: 1,162.9947 * 60 / 23,275 (Cu. Volume) = 2.9981 (ACH50) **(Final)**

ASHRAE 62-2-2010 Calculation: *(equation 7.5cfm) / person + (1cfm / 100 s.f. conditioned space)* *Quantity of bedrooms + 1 = # of people

Number of Bedrooms: 3 Total conditioned s.f. of Lot: 2,450 ***Total ventilation needed:*** = 54.50

Testing procedures compliant with 2018 IBC 1301.1.1 and 2018 IECC R402.4.1.2 Envelope and R403.3.3 Duct Leakage.

(See local code official and code book for specific parameters.)

Inspection Result: ☑ PASS ☐ FAIL ☐ N/A (Re-inspection Required if Fail is Checked)

Duct Blaster Result: ☑ PASS ☐ FAIL ☐ N/A (Re-inspection Required if Fail is Checked)

Infiltration (Final Inspection): ☑ PASS ☐ FAIL ☐ N/A (Re-inspection Required if Fail is Checked)

HERS Provider: PEG, LLC **HERS Co. Name:** PEG

Rater/RFI Name: G Beley **Builder Company Name:** Bob Myer Comunties

Rater/RFI Signature: _____ **Date:** 12/04/2020

CRAIG W. BREARLEY
A.I.A.
ARCHITECT

799 Route 72 East • Manahawkin, New Jersey 08050 • (Phone) 609•597•8880 • (Fax) 609•597•5289

AS-BUILT

WORK COMPLETION AFFIDAVIT

HOMEOWNER'S NAME: The Meyer Residence DATE: December 1, 2020

WORKSITE ADDRESS: 1 East 22nd Street, Spray Beach, New Jersey

LOT: 1.01 BLOCK: 5.10

I, Craig W. Brearley, A.I.A., Owner/Architect certify, to the best of my knowledge that the construction of New Single Family Residence, was completed substantially in accordance with the plans and/or sketches submitted with the permit application.

SIGNATURE

TOWNSHIP OF LONG BEACH
6805 LONG BEACH BOULEVARD
BRANT BEACH, NEW JERSEY 08008
OWEN & LITTLE ASSOCIATES
FAX NUMBER 732-341-3412

Date Received: 12-9-20, Inspection Requested by: K. Giacobbe

Address 16 22nd St., Block: 510 Lot: 1.01

Home Owners Name: Meyer Shore, Bond # _____

Contractor's Name: Bob Meyer

1. PERFORMANCE BOND APPLICATION

	Approval	Denied
A. Application for approval Performance Bond		
B. Revision for application		
C. Approval of Certificate of Occupancy		
D. Release of Dune Bond		
E. Dune Restoration Approval		

2. SITE GRADING

	Approval	Denied
A. Variation from grading and drainage plan		
B. Retaining Walls		
C. Oceanfront/Bayfront paver drainage		
D. Soil Erosion paver drainage	NO	
E. Final		

RECOMMENDATION AND / OR REQUIRED DOCUMENTATION

__YES__ Meets engineering requirements - recommend consideration for the issuance of Certificate of Occupancy.

_____ Does not meet engineering requirements, recommend Certificate of Occupancy not be considered until site conforms.

_____ Meets engineering requirements- recommend release of Dune Bond.

_____ Does not meet engineering requirements- recommend Dune Bond not be released until site conforms.

Comments: _____

☒ Approved ☐ Not approved NO
Township Engineer

12/14/2020
Date

Professional Warranty Service CORPORATION

PROFESSIONAL WARRANTY SERVICE CORPORATION (PWSC)
P.O. Box 800 Annandale, VA 22003-0800
Phone: 800-850-2799 | Fax: 800-851-2799

To: **Municipal Construction Official**

From: **Professional Warranty Service Corporation (PWSC)**

Subject: **Confirmation of home enrollment and warranty coverage**

This shall serve as verification that the home (structure) identified below has been accepted for final enrollment in the Professional Warranty Service Corporation 10-Year Limited Warranty Program. This form is validated by the unique PWSC Approval Number / Builder's Limited Warranty Number, watermark, and the signature of a PWSC Representative below. Pursuant to N.J.A.C. 5:25-1.1 et seq., this form also affirms that the Limited Warranty Validation Form will be transmitted to the purchaser upon closing/transfer of title or upon occupancy.

Builder Name:	**Meyer Shore, LLC**
PWSC Builder Participation:	**002372F**
NJ DCA Registration Number:	**49768**
Purchaser(s) Name:	**William Ryan Wallace**
	Jennifer T. Wallace
Municipality:	**Long Beach Township**
Legal Address of Home Enrolled:	**Lot: 1.01**
	Block: 5.10
Street Address:	**1 East 22nd Street**
City / State / Zip:	**Long Beach Township NJ 08008**
County:	**Ocean**

PWSC Approval Number and
Builder's Limited Warranty Number: **20146742**

Issuance Date: **12/1/2020**

Warranty Effective Date: **12/11/2020**

PWSC Representative:

Stephanie Barnes / sbarnes@pwsc.com

Meyer 22nd St — E 22

Coastal AE 9+1
FEB 2 8 2020
Slab 3.1 EF 12.9

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2-28-20
Comm'l #
Date Issued 3-26-20
Permit #

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

Block 5.10 Lot 1.01 Qualification Code

Work Site Location ~~3201 long beach blvd.~~ 22nd St

Owner in Fee: meyer shore

Tel. 609 923 0726 e-mail koni@bobmeyer.com

Address 150 Himmelein Rd. medford 08055
street municipality zip code

Contractor:

Address MDM ELECTRIC
MITCH (609) 220-6756
30 OLYMPIA LANE
SICKLERVILLE, NJ 08081

Tel.

e-mail

Contractor License No. HIC #16266 Exp. Date

Home Improvement Contractor Registration No. Exemption Reason

Federal Emp. ID No. TAX ID 27-1098389 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 14,950

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: Mitch Morrison

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
49		Lighting Fixtures	
74		Receptacles	
80		Switches	
10		Detectors	
		Light Poles	
3		Motors—Fract. HP	
		Emergency & Exit Lights	
6		Communications Points	
		Alarm Devices/F.A.C. Panel	
202		TOTAL NUMBERS	$ 84.75
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
1	6	KW Elec. Dryer/Receptacle	11.25
1	1.8	KW Dishwasher	11.25
1	1	HP Garbage Disposal	11.25
2	8	KW Central A/C Unit	22.50
2	1	HP/KW Space Heater/Air Handler	22.50
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	48.75
1	200	AMP Subpanels	48.75
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	6Kw	elevator	48.75

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 3/18/20 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: 12-7-20
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough	8-16-20		8/17/20	TM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	8-16-20		8/17/20	TM
Final				
Barrier-Free			12/7/20	

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

lower level devices below DFE w/ Romex wire

center of service meter 36" above DFE

DF

16½" above grade

NO Elevator Closets only

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.

NEW JERSEY
UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

Municipality LONG BRANCH TWP

Location 1 B 7th ST Utility Co. ACE

CRAIG BRANCH Block 510 Lot 101 Qualif. Code ____

Owner MAYER & HOBE Occupant ____

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval is void after ____ days.

Description of Service 200 AMP

Installed By MDM ELECTRIC License # 16766

Date ____ Permit # 2-317 Inspector ____

☐ Called In / / License # ____

U.C.C. F350 (rev. 3/03) 1 White - Utility 2 Canary - Office/File 3 Pink - Office/Contractor

Long Beach Twp.

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

Municipality _____

Location 1 E 22nd St Utility Co. _____

Block 510 Lot 1.01 Qualif. Code ____

Owner Meyer Electric Occupant New House

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval is void after _____ days.

Description of Service 1-200A overhead.

Installed By MDM Electric License # 16266

Date 8/4/20 Permit # 20317 Inspector J Mills

☐ Called In 1 1 License # 1793

609-220-6756

U.C.C. F350 (rev. 3/03) 1 White - Utility 2 Canary - Office/File 3 Pink - Office/Contractor

Eside — E 22

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

FEB 28 2020

Coastal AE 9+1
Slab 3.1
FF 12.9

Date Received
Control # 20-317

Date Issued
Permit # 3-26-20

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

Block 5.10 Lot 1.01 Qualification Code

Work Site Location 2201 long beach blvd 1 E 32nd st

Owner in Fee: meyer Shore

Tel. ( ) e-mail

Address

Contractor: MDM Electric (street, municipality) Tel. (609) 220 6756 (zip code)

Address 30 Olympia Lane e-mail

Sicklerville, NJ 08081

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 162266 Exp. Date 2021

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

Federal Emp. ID No. 27-1098389 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 500

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 3/18/20 Approved by: RD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 12-7-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical Roof			8-10-20	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12-7-20	
Other				

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.

Applicant sign/Contractor sign and seal here:

Print name here: toni meyer

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected	10	
[✓] 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	10	37.50
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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	6	192.50
Fireplace Venting/Metal Chimney		
Other		

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

Block: 5.10 **Lot:** 1.01

Date of Inspection: 12/11/20

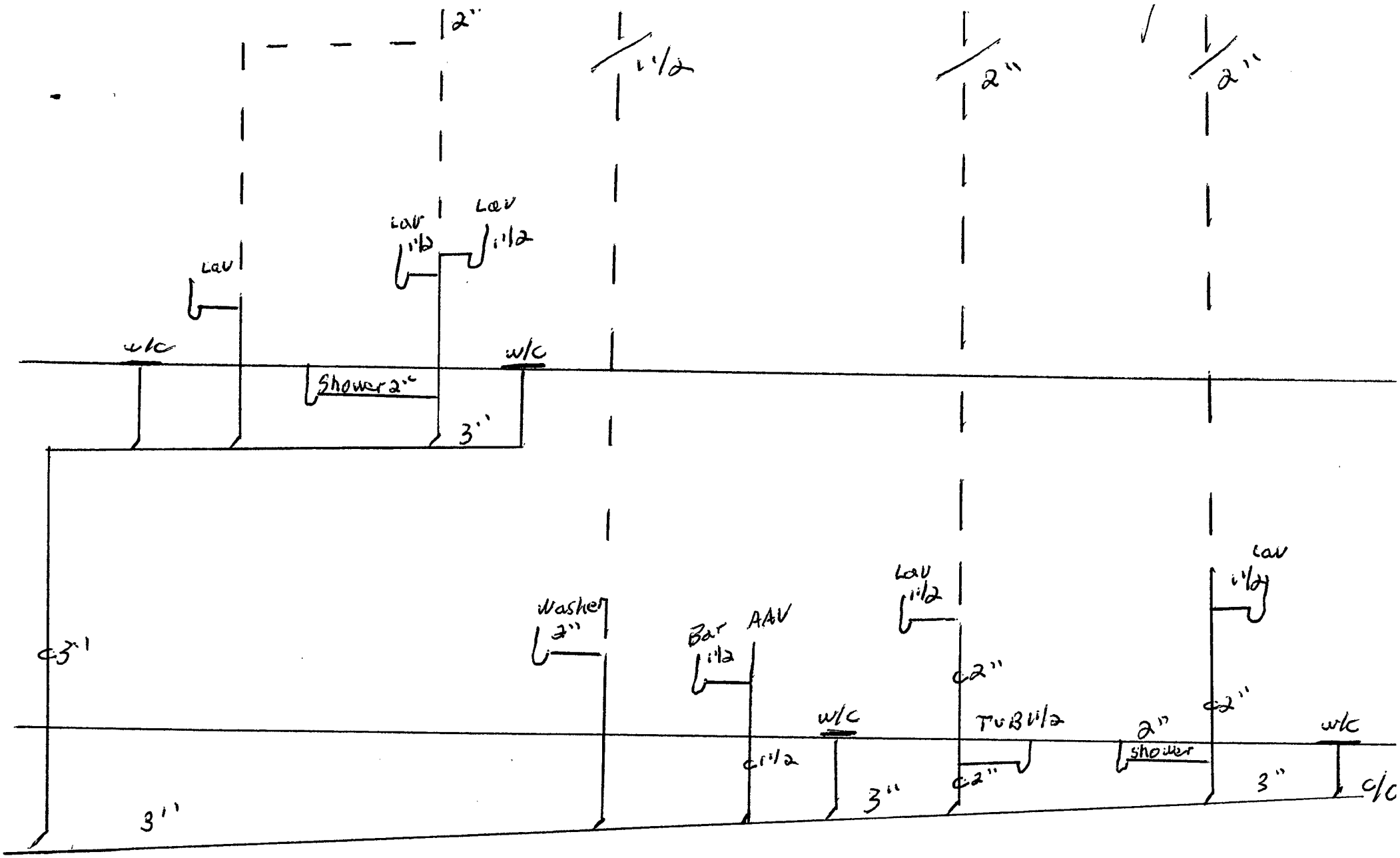
Final Zoning Inspection

Elevation Certificate	✓
As-Built Survey	✓
Impervious Coverage	✓
Exterior Building Photos	✓
Piling Enclosure Photos	✓
Flood Vents	✓
House Numbers	✓
Signs Removed / Mr. Bob / Dumpster	Still up
Garbage Disposal	
Irrigation	
Outside Shower	✓
Hose Bibs	
Sidewalk / Curb on Blvd	✓

Comments: need Curb on 22nd St Per Subdiv Have permit

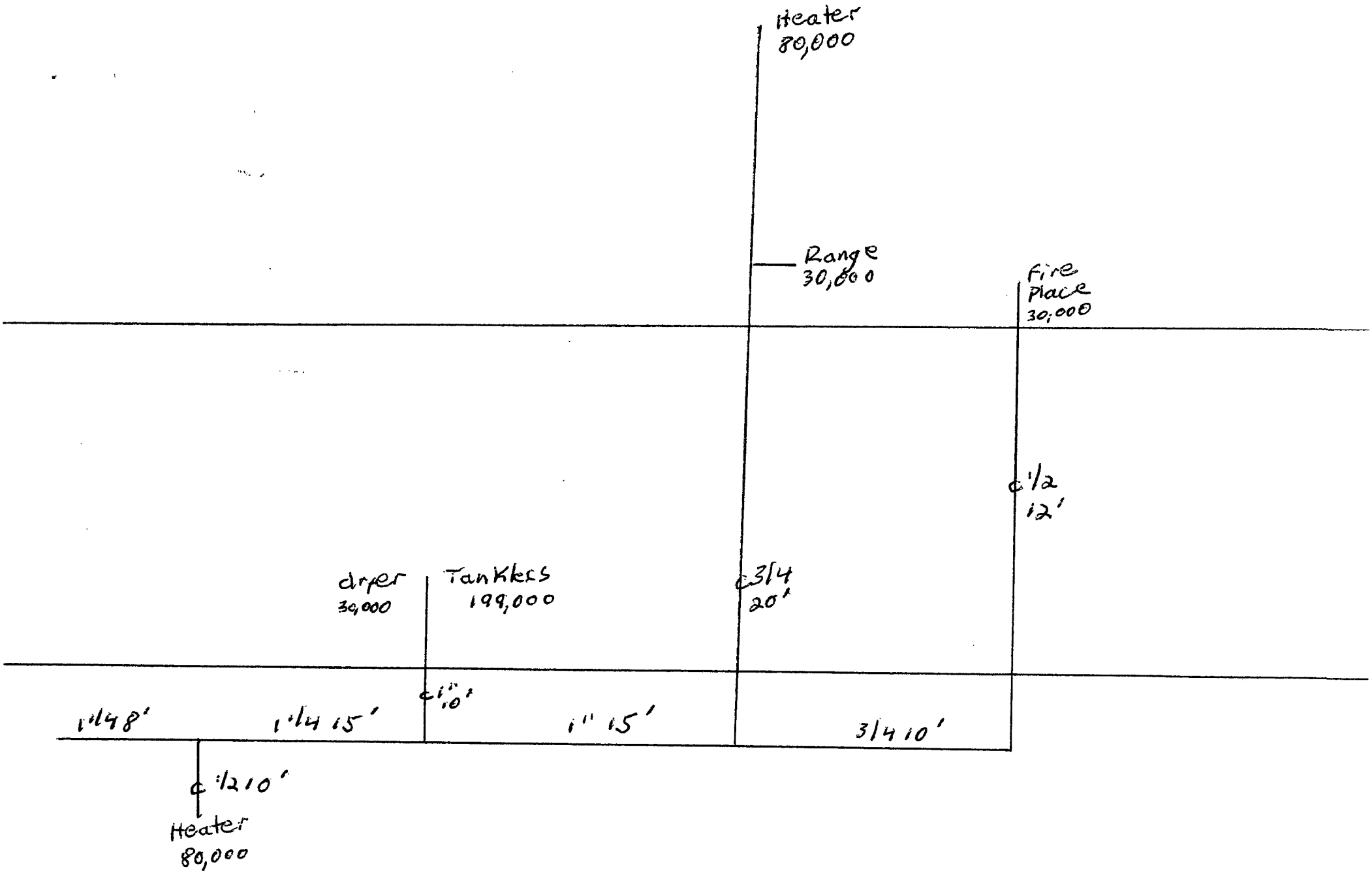
C/O C/A TCO Date: 12/11/2020

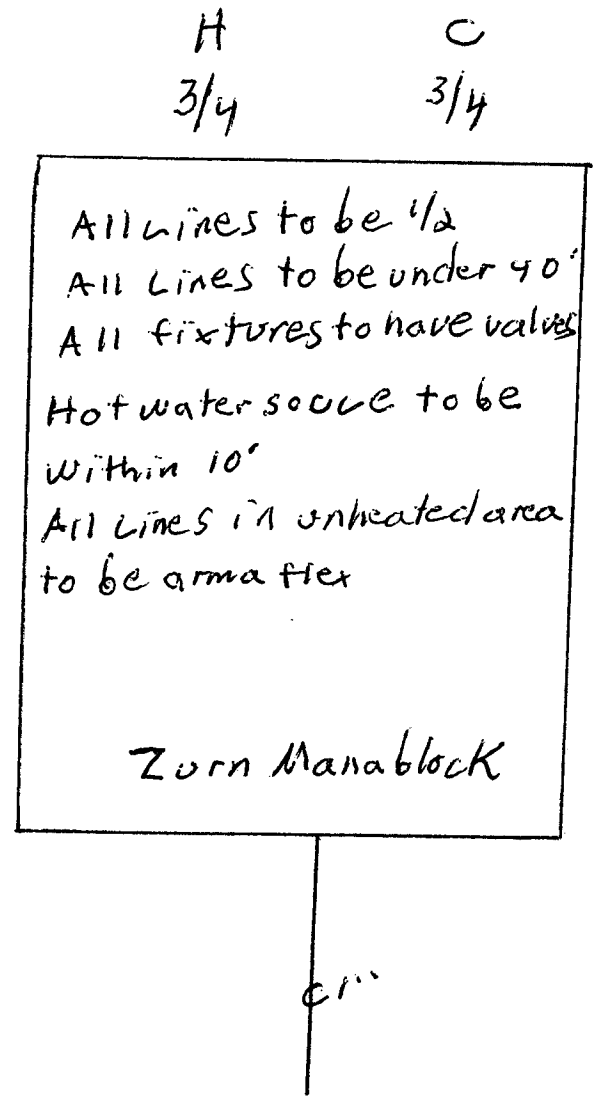
Initials: JBR



FEB 28 2020

Lot 1.01 & 1.02


Heater
80,000
Range
30,000
Fire
Place
30,000
¢ 1/2
12'
dryer
30,000
Tankless
199,000
¢ 3/4
20'
¢ 1"
10'
1 1/4 8'
1 1/4 15'
1" 15'
3/4 10'
¢ 1/2 10'
Heater
80,000


H
3/4
C
3/4
All Lines to be 1/2
All Lines to be under 40'
All fixtures to have valves
Hot water source to be within 10'
All Lines in unheated area to be armaflex
Zurn Manablock
CI''

Coastal A - AE EL(9'+1') = 10' DFE

FF-12.9'
Slab-3'

FEB 28 2020

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 20-317

Date Issued
Permit # 326.20

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

Block 5.10 Lot 1.01 Qualification Code

Work Site Location ~~9201 Ida~~ 1E 22nd St

Owner in Fee: meyer shore, llc

Tel. (609 923 0926 e-mail 4leoni@bobmeyer.com

Address

Contractor: Bob meyer communities (street / municipality) Tel. (609 923 0926 (zip code)

Address 150 Himmelein Rd. e-mail
Medford, NJ 08055

Contractor License No. or Builder Registration No. 013885 Exp. Date 3/31/21

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

Federal Emp. ID No. 22-2516984 FAX: ( )

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:

Print name here: leoni meyer

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK 44

Pile cut new home construction
location
ce 2/28/20

slab 3.1
Coastal AE 9+1 FF 12.9

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3.20.20	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		Sherm

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 12-15-2020
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation			7/15/20	GW
Slab			8/11/20	GW
Frame			9/1/20	GW
~~Truss Sys./Bracing~~				
Barrier-Free				
Insulation			10.2.20	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12/11/20	
Barrier-Free				

TYPE OF WORK:
[X] 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
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$	1238-
CO	150-
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	135-
TOTAL FEE $	

B. BUILDING CHARACTERISTICS

Use Group Present ~~U~~ Proposed R5

Constr. Class Present ~~0~~ Proposed 5B

No. of Stories 3

Height of Structure 34 ft.

Area — Largest Floor 1243 sq. ft.

New Bldg. Area/All Floors 2421 sq. ft.

Volume of New Structure 36,407 cu. ft.

Max. Live Load 70

Max. Occupancy Load 40

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $ 425,000
2. Rehabilitation $ 0
3. Total (1+ 2) $ 425,000

* INSP. SCH.

FEB 2 8 2020

FEB 2 . 2020

PILING PERMIT

LONG BEACH TOWNSHIP # _____

DATE 2/24/20 $ 75

NAME meyer shore CHK # _____

ADDRESS ~~150 Himmelein Rd. Medford NJ 08055~~ ~~2201 long beach boulevard~~ 1E 22nd St

OCEANFRONT n/a OTHER X

BLOCK 5.10 LOT 1.01

TYPE OF BLDG. Residential - single family OTHER n/a

PILING CONTRACTOR Amon construction USE R-5

DO NOT WRITE BELOW THIS LINE

LOT SIZE 4,120 sf NO. OF PILINGS 44

TYPE OF PILING ACQ

METHOD OF INSTALLATION Vibrate

SPECIAL CONDITIONS _____

NOTICE

1. NO PILINGS SHALL BE INSTALLED ON WEEKENDS OR TOWNSHIP HOLIDAYS.
2. PILING CERTIFICATION IS REQUIRED

ZONING OFFICER

3/17/2020
DATE

2193440 Rev. 3/17

LONG BEACH TOWNSHIP
6805 LONG BEACH BLVD
BRANT BEACH, NJ 08008
609 - 3616679

Permit Number: 20-317
Control Number: 50298
Application Date: 03/23/2020
Permit Date: 3.26.20

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 5.10 Lot: 1.01 Qualification Code:
Work Site Location: 1 EAST 22ND ST LONG BEACH

Owner In Fee: MEYER SHORE
Address: 150 HIMMELEIN RD
MEDFORD NJ 08055

Telephone: (609) 923-0926

Use Group(s): R-5

Contractor: BOB MEYER COMM
Address: 150 HIMMELEIN ROAD
MEDFORD NJ 08055

Telephone: (609) 654-4030

Lic. No. / Bldrs. Reg. No.: 49768

Federal Emp. No.: 22-2516984

is hereby granted permission to perform the following work :

[X]BUILDING [X]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
NEW SINGLE FAMILY- AE

ESTIMATED COST OF WORK:

Cost of Construction:	462,450.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$462,450.00

PAYMENTS (Office Use Only)	
Building	$1,238.00
Electrical	$496.00
Plumbing	$941.00
Fire Protection	$528.00
Elevator Devices	
Mechanical	
VolFee (DCA)	$135.00
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	$225.00
CO Fee	$150.00
CCO Fee	
Minimum Fee	
Total	**$3,713.00**
All Fees Waived:	No

Amount to be Paid: **$3,713.00**

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

J. DANE SPRAGUE
Construction Official

3.23.2020
Date

CK# 47747

FILE COPY

Note:

LONG BEACH TOWNSHIP

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 03/23/2020 Date Issued:

Control #: 50298 Permit #: 0

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

Block: 5.10 Lot: 1.01 Qualification Code:

Work Site Location: 1 EAST 22ND ST

Owner in Fee : MEYER SHORE

Address : 150 HIMMELEIN RD
MEDFORD NJ 08055

Email:

Telephone: (609) 923-0926

Contractor: STEVEN TUTTLE PLUMBING
ATTN:

Address: 64 ABERDEEN DRIVE
ERIAL NJ 08081

Telephone: (856) 346-3889

Fax:

E-mail:

Contractor License No.: 8362 Expiration Date: 1/31/2019

Federal Emp. No.: 223579917

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $22,000.00 2. Rehabilitation: $0.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $22,000.00

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 [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Date(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
Other				

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's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
NEW SINGLE FAMILY- AE

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	$60.00
	Urinal/Bidet	
1	Bath Tub	$15.00
5	Lavatory	$75.00
2	Shower	$30.00
	Floor Drain	
2	Sink	$30.00
1	Dishwasher	$15.00
	Drinking Fountain	
1	Washing Machine	$15.00
2	Hose Bibb	$30.00
1	Water Heater	$15.00
	Fuel Oil Piping	
1	Gas Piping	$91.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
1	Sewer Connection	$91.00
1	Water Service Connection	$91.00
3	Stacks	$45.00
1	Other 1: Water meter	$91.00
6	Other 2: Appliances	$90.00
	Other 3:	

Administrative Surcharge	$353.00
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$941.00

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

LONG BEACH TOWNSHIP

FIRE SUBCODE TECHNICAL SECTION

Date Received 03/23/2020 Date Issued
Control # 50298 Permit # 0

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

Block: 5.10 Lot: 1.01 Qualification Code:

Work Site Location : 1 EAST 22ND ST

Owner Details

Owner in Fee: MEYER SHORE
Address: 150 HIMMELEIN RD
MEDFORD NJ 08055
Telephone: (609) 923-0926
E-mail:

Contractor Details

Contractor: MDM ELECTRIC
ATTN: MITCH
Address: 30 OLYMPIA LANE
SICKLERVILLE NJ 08081
Telephone: (609) 220-6756 Fax:
E-mail:

Home Improvement Registration No. or Exemption Reason:
Fire/Security Alarm Contractor No.:
Fire Protection Equipment, Installer No.:
Fire Protection Equipment, Permit No.:

Federal Emp. No.: 27-1098389
License No.:
Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New *or* [ ]Mod. to Existing
or [ ]Conversion *or* [ ]Replacement *or* [ ] HVAC
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

Fire Alarm System: [ ] New *or* [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New *or* [ ] Existing
Location of Main Control Valve:

Fuel Storage Tanks:

Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel
1. New: $500.00 2. Rehabilitation: $0.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: $500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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: _____ Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
NEW SINGLE FAMILY- AE

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	10	$50.00
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:		
TOTAL	10	$50.00
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		
Fuel-Fired Appliances [X]Gas [ ]Oil [ ] Solid	6	$390.00
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	$198.00
Mininimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$528.00

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

ELECTRICAL SUBCODE TECHNICAL SECTION

LONG BEACH TOWNSHIP

Date Received: 03/23/2020 Date Issued:
Control #: 50298 Permit #: 0

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

Block: 5.10 Lot: 1.01 Qualification Code:

Work Site Location: 1 EAST 22ND ST

Owner in Fee: MEYER SHORE

Address: 150HIMMELEIN RD
MEDFORD NJ 08055

E-mail:

Telephone: (609) 923-0926

Contractor: MDM ELECTRIC
ATTN: MITCH

Address: 30 OLYMPIA LANE
SICKLERVILLE NJ 08081

E-mail:

Telephone: (609) 220-6756

Fax:

DESCRIPTION OF WORK:
NEW SINGLE FAMILY- AE

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: 16266 Exp Date: Federal Emp. No.: 27-1098389

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $14,950.00 2. Rehabilitation $0.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $14,950.00

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
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
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's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
49		Lighting Fixtures	
74		Receptacles	
60		Switches	
10		Detectors	
		Light Poles	
3		Motor-Fract.HP	
		Emergency&Exit Lights	
6		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 202	$113.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
1	6.00	KW Elec. Dryer/Receptacle	$15.00
1	1.80	KW Dishwasher	$15.00
1	1.00	HP Garbage Disposal	$15.00
2	8.00	KW Central A/C Unit	$30.00
2	1.00	HP/KW Space Htr./Air Handler	$30.00
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1	200.00	AMP Service	$65.00
1	200.00	AMP Subpanels	$65.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
1	6.00	Other 3: ELEVATOR	$65.00
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	$186.00
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$496.00

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

LONG BEACH TOWNSHIP

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 03/23/2020 Date Issued:
Control #: 50298 Permit #: 0

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

Block: 5.10 Lot: 1.01 Qualification Code:

Work Site Location: 1 EAST 22ND ST

Owner Details

Name: MEYER SHORE

Address: 150 HIMMELEIN RD
MEDFORD NJ 08055

Telephone: (609) 923-0926

E-mail:

Contractor Details

Contractor: BOB MEYER COMM
ATTN: ROBERT MEYER

Address: 150 HIMMELEIN ROAD
MEDFORD NJ 08055-

Telephone: (609) 654-4030 Fax:

E-mail: KOHL@BOBMEYER.COM

Federal Emp. No: 22-2516984

Lic No. or Bldrs Reg. No.: 49768 Expiration Date: 9/30/2019

Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5		Proposed:	
Constr. Class	Present:		Proposed:	
No. of Stories			If Industrialized Building	
Height of Structure		Ft.	State Approved _____	HUD_____
Area - Largest Floor		Sq. Ft.		
New Bldg. Area/All Floors	2421	Sq. Ft.	**Est. Cost of Bldg. work:**	
Volume of New Structure	36407	Cu. Ft.	1. New Building	425,000.00
Total Land Area Disturbed		Sq. Ft.	2. Rehabilitation	0.00
Max. Live Load			3. Demolition	0.00
Max. Occupancy Load			4. Total (1+2+3)	$425,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footings/Foundations		
[ ]Structural/Framework		
[ ]Exterior		
[ ]Interior		
[ ]Other		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

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				
Barrier-Free				

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: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
NEW SINGLE FAMILY- AE

TYPE OF WORK:	FEE (Office Use Only)
[X] New Building	$1,238.00
[ ] Addition	
[ ] Rehabilitation	
[ ] Roofing	
[ ] Siding	
[ ] Fence_____ Height (exceeds 6')	
[ ] Pylon Sign Sq. Ft.	
[ ] Ground or Wall Sign Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall 0.00 Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other 1:	
[ ] Other 2:	
[ ] Other 3:	
[ ] Demolition	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$135.00
TOTAL FEE	$1,373.00

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

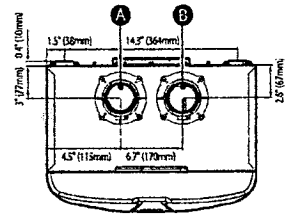
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

NAVIEN

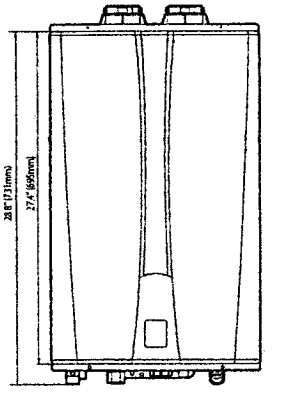
Premium Condensing
Tankless Gas Water Heater

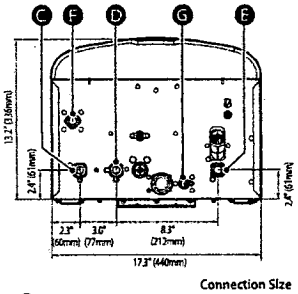
NPE Series Tankless Water Heaters
Specification Sheet

Dimensions



Connection Size	
A Air Intake	Φ 2"
B Exhaust Gas vent	Φ 2"





Connection Size	
C Hot Water Outlet	Φ 3/4"
D Recirculation Inlet*	Φ 3/4"
E Cold Water Inlet	Φ 3/4"
F Gas Inlet	Φ 3/4"
G Condensate Outlet	Φ 1/2"

* "A" models only

Specifications

Item		NPE-150S	NPE-180A	NPE-180S	NPE-210A	NPE-210S	NPE-240A	NPE-240S
Heat Capacity (Input)	Natural Gas	18,000-120,000 BTU/H	15,000-150,000 BTU/H		19,900-180,000 BTU/H		19,900-199,900 BTU/H	
	Propane Gas		15,000-150,000 BTU/H		19,900-180,000 BTU/H		19,900-199,900 BTU/H	
Efficiency Ratings	UEF (for NG & LP)	0.96	0.96	0.97	0.96	0.97	0.96	0.97
	EF (Canada) (for NG & LP)	0.97	0.97	0.99	0.97	0.99	0.97	0.99
Flow Rate (DHW)	35°F(19°C) Temp Rise	6.8 GPM (26 L/m)	8.4 GPM (32 L/m)		10.1 GPM (38 L/m)		11.2 GPM (42 L/m)	
	45°F(25°C) Temp Rise	5.3 GPM (20 L/m)	6.5 GPM (25 L/m)		7.8 GPM (30 L/m)		8.7 GPM (33 L/m)	
	67°F(36°C) Temp Rise	3.2 GPM (12 L/m)	4.3 GPM (16 L/m)	4.2 GPM (16 L/m)	5.0 GPM (19 L/m)	5.2 GPM (20 L/m)	5.6 GPM (21 L/m)	5.7 GPM (22 L/m)
Dimensions		17.3"(W) x 27.4"(H) x 13.2"(D)						
Weight		55 lbs (25kg)	75 lbs (34kg)	67 lbs (30kg)	82 lbs (37 kg)	75 lbs (34kg)	82 lbs (37 kg)	75 lbs (34kg)
Installation Type		Indoor or Outdoor Wall-Hung						
Venting Type		Forced Draft Direct Vent						
Ignition		Electronic Ignition						
Water Pressure		15-150 PSI						
Natural Gas Supply Pressure (from source)		3.5 in WC-10.5 in WC						
Propane Gas Supply Pressure (from source)		8 in WC-13in WC						
Natural Gas Manifold Pressure (min-max)		-0.04 in WC - -0.38 in WC	-0.04 in WC - -0.84 in WC		-0.05 in WC - -0.36 in WC		-0.05 in WC - -0.58 in WC	
Propane Gas Manifold Pressure (min-max)		-0.04 in WC - -0.42 in WC	-0.05 in WC - -0.50 in WC		-0.10 in WC - -0.66 in WC		-0.10 in WC - -0.78 in WC	
Minimum Flow Rate		0.5 GPM (1.9 L/m), < 0.01 GPM (0.04 L/m) option for "A" models*						
Connection Sizes	Cold Water Inlet	3/4 in NPT						
	Hot Water Outlet	3/4 in NPT						
	Gas Inlet	3/4 in NPT						
Power Supply	Main Supply	120V AC, 60Hz						
	Maximum Power Consumption	200W (max 2A), 350W (max 4A) with external pump connected						
Materials	Casing	Cold Rolled Carbon Steel						
	Heat Exchangers	Primary Heat Exchanger: Stainless Steel Secondary Heat Exchanger: Stainless Steel						
Venting	Exhaust	2" or 3" PVC, CPVC, Polypropylene 2" or 3" Special Gas Vent Type BH (Class II, A/B/C)						
	Intake	2" or 3" PVC, CPVC, Polypropylene 2" or 3" Special Gas Vent Type BH (Class II, A/B/C)						
	Vent Clearances	0" to combustibles						
Safety Devices		Flame Rod, APS, Ignition Operation Detector, Water Temperature High Limit Switch, Exhaust Temperature High Limit Sensor, Power Surge Fuse						

** Available for "A" models configured in an optional ComfortFlow recirculation mode. Additional energy use will occur when using recirculation.*

Gas-fired, tankless, condensing, wall-mounted water heater(s) shall be direct vent NPE Series models as manufactured by Navien, Inc. and are certified by CSA Group to the latest edition of ANSI standard Z21.10.3/CSA 4.3. Water heater(s) shall have a 15-year limited Heat Exchanger warranty and 5-year limited Parts warranty (8-year Heat Exchanger and 5-year Parts for Commercial use) per Navien Limited Warranty. Unit(s) shall be designed to burn natural gas and can be for use with propane when a Field Conversion Kit is installed. Water heater(s) shall have a nominal flow rate capacity of_____ GPM/GPH at _____ °F rise with rated input of_____ BTU/hr. Water heater(s) shall be vented with 2" PVC/CPVC vent pipe at a distance not to exceed 60' (or equivalent) with each elbow equal to 8' of pipe length or 3" PVC/CPVC vent pipe at a distance of 150' (or equivalent) with each elbow equal to 5' of pipe length. Water heater(s) is rated for 150 PSI working water pressure and 300 PSI test pressure. Gas supply pressure shall be 3.5" to 10.5" WC for natural gas and 8.0" to 13.0" WC for propane. Unit(s) shall have a steel case, dual stainless steel heat exchangers, eco premixed burner, negative pressure gas valve, dual venturi, 3/4" inlet gas connection, 3/4" brass inlet/outlet water connections, water holding capacity of 0.6 gallons for the NPE-150S, 1.0 gallon for the NPE-180A model (0.7 gallons for NPE-180S model), 1.2 gallons for the NPE-210A/NPE-240A models (0.7 and 0.9 gallons for NPE-210S and NPE-240S models respectively), and a condensate collector. The NPE-150S model weighs 55 lbs, the NPE-180A model weighs 75 lbs (NPE-180S weighs 67 lbs), and the NPE-210A/NPE-240A models weigh 82 lbs (NPE-210S and NPE-240S weigh 75 lbs). Unit(s) shall include features such as an adjustment for installations at high elevation, temperature lockout, and temperature options from 98-120°F in 1°F intervals and 125-140°F in 5°F intervals. The unit(s) shall include additional temperature options of 150-180°F in 10°F intervals, and 182°F for high temperature commercial applications. All NPE "A" models shall include an internal circulation pump and 0.5 gallon buffer tank. The water heater(s) shall be controlled by an internal circuit board that monitors the inlet and outlet temperatures with installed thermistors, sensing and controlling flow rate to set point temperature with air-fuel ratio controls in order to maintain thermal combustion efficiency. Unit(s) shall include safety features such as flame sensor system, high limit sensors, overheat prevention device, freeze protection mode, and fan motor rotation detector. Multi-system (cascade) applications that require 2 to 16 units shall be installed by connecting the units using cable-only connections (Ready-Link). The water heater(s) exceeds the energy efficiency requirements of ASHRAE 90.1-2013 and is listed by SCAQMD rule 1146.2 (Type 1) for Low NOx that complies with 14 ng/J or 20 ppm NOx requirements @ 3% O2.

Navien reserves the right to change specifications at any time without prior notice

Joanne Tallon

From: Joanne Tallon
Sent: Wednesday, March 18, 2020 2:53 PM
To: 'Office'
Subject: V zone certs for 1 E 22nd, 135 W Beardsley
Attachments: SKMBT_36320031814260.pdf

Please see attached.

JoAnne Tallon
Zoning Official
Certified Floodplain Manager
CRS Coordinator
609-361-6651

Your message is ready to be sent with the following file or link attachments:

SKMBT_36320031814260

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

LONG BEACH TOWNSHIP V ZONE & COASTAL A ZONE BREAKAWAY WALL CERTIFICATION

V ZONE DESIGN CERTIFICATE

Name Meyer Shore Policy Number (Insurance Co. Use) _____

Building Address of Other Description 1 E 22nd St.

Permit No. _____ City Long Beach Twp State NJ Zip Code 08008

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. 345301 Panel No. 0603 Suffix F FIRM Date 9/29/06 FIRM Zone(s) AE 8

SECTION II: Elevation Information Used for Design

[NOTE: This section documents the elevations/depths used or specified in the design – it does not document surveyed elevations and is not equivalent to the as-built elevations required to be submitted during or after construction.]

1. FIRM Base Flood Elevation (BFE) ..... AE 8 feet*
2. Community's Design Flood Elevation (DFE) ..... Coastal AE 9+1 feet*
3. Elevation of the Bottom of Lowest Horizontal Structure Member ..... _____ feet*
4. Elevation of Lowest Adjacent Grade ..... _____ feet*
5. Depth of Anticipated Scour/Erosion used for Foundation Design ..... _____ feet
6. Embedment Depth of Pilings of Foundation Below Lowest Adjacent Grade ..... _____ feet

* Indicate elevation datum used in 1-4: ☐ NGVD29 ☐ NAVD88 ☐ Other _____

SECTION III: V Zone Design Certification Statement

I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice** for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE.
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood***. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Design Certification Statement

[NOTE. This section must be certified by a registered engineer or architect when breakaway walls are designed to have a resistance of more than 20 psf (0.96 kN/m2) determined using allowable stress design]

I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of breakaway walls to be constructed under the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice** for meeting the following provisions:

- Breakaway wall collapse shall result from a water load less than that which would occur during the base flood***.
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (see Section III).

SECTION V: Certification and Seal

This certification is to be signed and sealed by a registered professional engineer or architect authorized by law to certify structural designs. I certify the V Zone Design Certification Statement (Section III) and _____ the Breakaway Wall Design Certification Statement (Section IV, check if applicable).

Certifier's Name _____ License Number _____

Title _____ Company Name _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____ Telephone _____

Place Seal Here

REScheck Software Version 4.6.5

Compliance Certificate

Project 19146

Energy Code:	**2015 IECC**
Location:	**Beach Haven, New Jersey**
Construction Type:	**Single-family**
Project Type:	**New Construction**
Conditioned Floor Area:	**2,421 ft2**
Glazing Area	**23%**
Climate Zone:	**4 (5027 HDD)**
Permit Date:	
Permit Number:	

FEB 28 2020

Construction Site:
LOT:1.01 BLOCK:5.10
LONG BEACH TOWNSHIP
OCEAN COUNTY, NJ

Owner/Agent:
MEYER RESIDENCE

Designer/Contractor:
CWB Architecture
799 Route 72 East
Manahawkin, NJ
609-597-8880

Compliance: Passes using UA trade-off

Compliance: **8.1% Better Than Code** Maximum UA: **447** Your UA: **411** Maximum SHGC: **0.40** Your SHGC: **0.28**

The % Better or Worse Than Code Index reflects how close to compliance the house is based on code trade-off rules.
It DOES NOT provide an estimate of energy use or cost relative to a minimum-code home.

Envelope Assemblies

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	U-Factor	UA
Wall 1: Wood Frame, 16" o.c.	1,473	19.0	0.0	0.060	70
Window 1: Wood Frame:Double Pane with Low-E SHGC: 0.28	231			0.260	60
Door 1: Glass SHGC: 0.30	72			0.300	22
Wall 2: Wood Frame, 16" o.c.	1,356	19.0	0.0	0.060	61
Window 2: Wood Frame:Double Pane with Low-E SHGC: 0.28	291			0.260	76
Door 2: Glass SHGC: 0.30	48			0.300	14
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	1,127	19.0	0.0	0.047	53
Floor 2: All-Wood Joist/Truss:Over Outside Air	169	19.0	0.0	0.047	8
Ceiling 1: Flat Ceiling or Scissor Truss	812	30.0	0.0	0.035	28
Ceiling 2: Cathedral Ceiling	364	19.0	0.0	0.052	19

2015 IECC Energy Efficiency Certificate

Insulation Rating	R-Value	
Above-Grade Wall	**19.00**	
Below-Grade Wall	**0.00**	
Floor	**19.00**	
Ceiling / Roof	**30.00**	
Ductwork (unconditioned spaces):	_____	
Glass & Door Rating	**U-Factor**	**SHGC**
Window	**0.26**	**0.28**
Door	**0.30**	**0.30**
Heating & Cooling Equipment	**Efficiency**	
Heating System:_____	_____	
Cooling System:_____	_____	
Water Heater:_____	_____	

Name: _____ **Date:**_____

Comments

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 2015 IECC requirements in RES*check* Version 4.6.5 and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Name - Title	Signature	Date
		2/7/2020

Project Notes:

19146

-Contractor to attach Panel Certificate to the inside of the electric panel door prior to CO inspection.

LONG BEACH TOWNSHIP

CONSTRUCTION INSPECTION / ZONING

DEPARTMENT

NOTICE

HOMEOWNERS / CONTRACTORS

GRADING:

To avoid water run- off onto adjacent properties, it is the property owner and contractor's responsibility to insure that proper grading is implemented at your construction site.

All water run-off and property drainage must be directed to the street upon which the property is located. (Chapter 94-9A) of the code of Long Beach Township. (Ord. 14-29c).

FEB 2 8 2020

NOTE: If there is a flooding issue after construction, the **Contractor/ Homeowner** will be held responsible to correct the problem.

Dane Sprague

Construction Official

Homeowner _____ Contractor X

Signature [signature] Date 4/24/20

BLK. 5110 LOT 1.01

FEB 2 8 2020

ACKNOWLEDGMENT OF ASSUMPTION OF RISK BY APPLICANT SEEKING A PERMIT FOR CONSTRUCTION, RENOVATION OR RECONSTRUCTION

I, Meyer Shore, LLC being the owner of Lot(s) 1.01 Block 5.00 shown on the Tax Map of the Township of Long Beach, a Municipal Corporation of the State of New Jersey, acknowledge that the State Rules and Regulations contained in New Jersey Administrative Code Volume 7 Chapter 13 have been specifically amended by Emergency Proclamation of the Governor or the State of New Jersey and emergency amendments have been made to the New Jersey Administrative Code 7:13 authorized by Bob Martin, Commissioner, New Jersey Department of Environmental Protection on January 24, 2013, which contain, among other things, the following provision:

> **2. The floodway limits and 100-year flow rates being used are the most recently released by FEMA for the Municipality in which the site is located, including any advisory, proposed or effective mapping.**

FEMA in early December issued proposed new flood mapping for all of Long Beach Island including the Township of Long Beach which in many instances substantially raised the Base Flood Elevation above which all new construction and all reconstruction or renovations must be designed.

FEMA has also advised that these maps are being further studied and may be revised which revision may raise or lower the Base Flood Elevation requirements.

There is no way to anticipate what any new maps released by FEMA may require by way of first floor elevations.

In making application for the building permit to construct, reconstruct, raise or elevate the structure located on Lot(s) 1.01 Block 5.10 as shown on the Tax Map of the Township of Long Beach, I understand that when the maps are finally adopted and become effective the final elevation determined by FEMA may be the same, may be higher or may be lower than the elevations shown on the December FEMA maps.

In light of the foregoing I seek a permit for construction on Lot(s) 1.01 Block 510 as shown on the Tax Map of the Township of Long Beach based upon the FEMA Flood maps currently issued and presently in effect as of this date and I voluntarily assume the risk that the elevations finally proposed by FEMA may be higher, may be lower or may be the same and I voluntarily assume the risk of any future reconstruction or change in elevation which may be required by further FEMA mapping or by further changes in Chapter 13 Volume 7 of the New Jersey Administrative Code.

_____, Owner

_____, Owner

State of New Jersey:

Sworn and Subscribed:

County of Ocean:

On the 24 day of February, 2020 _____ before me appeared Robert J. Meyer having presented to me identification stated under oath that the foregoing document was signed sealed and intends to be delivered by the signatory as the signatory's voluntary act and deed.

_____, Notary Public

MICHELLE A HILEMAN
Notary Public - State of New Jersey
Commission # 2449140
My Comm. Expires Aug. 13, 2024

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 805
TRENTON, NJ 08625-0805

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

April 29, 2019

FEB 28 2020

Attention: Robert J Meyer
Bob Meyer Communities Inc
150 Himmelein Road
Medford NJ 08055

RE: REG# 13885
RENEWAL DATE: 03/31/2021

Dear Mr. Meyer:

Enclosed is your New Home Builder Registration Card. If you have elected to enroll new homes with

Long Beach Township Construction Department
Plan Review Record

Reviewed by: Dane Res: ____ Comm: ____ Other: ____

Address: 1E 22nd St. (Meyer Shore) Date: 3 / 20 /20 2020

Block: 5.10 Lot: 1.01 Flood zone and elevation: COASTAL A - AE(9'+1') = DFE-10'

Work description: NSF

Building height: ± 34' Number of stories: 2

Type of construction: 5B Use Group: R5

Sidewall sheathing: ____ Wall insulation: ____

Roof sheathing: ____ Ceiling insulation: ____

Floor sheathing: ____ Floor insulation: ____ Cubic volume: ____

Correction List

	Description	Code Section
1)	Lowest Horizontal Structural Member (LHSM) at foyer from garage into house must have the bottom measurement @ EL. 10' min. (±30" too low) (See pic	
	Bottom of the LHSM must be at EL. 10' min.	Pg. A-3 Left Side Elevation
* UPDATE *	DESIGN OK - BUT WALLS AT STAIRS MUST BE BREAKAWAY UP TO ELEVATION 10' - WILL VERIFY ON INSPECTION 3.20.2020	

5.10

10.1

Applicant called on: / /20 at: : am pm phone#: ( ) -

Applicant faxed on: 3 / 20 /20 2020 at: 11 : 45 (am) pm fax#: (609) 597 - 5289

Applicant emailed on: 3 / 20 /2020 at: 11 : 45 (am) pm email: kohl@bobmeyer.com

BLOCK 5.10 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 2201 long beach blvd. PERMIT NO. 20-317

FEB 28 2020

CONSTRUCTION PERMIT APPLICATION

1 EAST 22nd ST

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

I. IDENTIFICATION

1. Proposed Work Site at: New home construction 2201 long beach boulevard, long beach township
2. Name of Owner in Fee: Meyer Shore, LLC
   Tel. (609) 923 0926 e-mail koni@bobmeyer.com
   Address 150 Himmelein Rd. (street) medford (municipality) 08055 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Bob meyer communities Tel. (609) 923 0926
   Address 150 Himmelein Rd. e-mail koni@bobmeyer.com
   License No. OR, if new home, Builder Reg. No. 013855 Exp. Date march 31, 2021
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-2516984 FAX: (____) _____
5. Architect or Engineer CWB Contact Craig Brearley
   Address 799 Route 72 east, Manahawkin, NJ e-mail cwba@cwbrearley.com
   Tel. (609) 597-8880 FAX: (____) _____
6. Responsible Person in Charge once Work has Begun koni meyer
   Tel. (609) 923 0926 FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1238 -		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy	150 -		
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 2
2. Height of Structure 34' ft.
3. Area — Largest Floor 1243.3 sq. ft.
4. New Building Area 2421.3 sq. ft.
5. Volume of New Structure 36,407 cu. ft.
6. Max. Live Load 70
7. Max. Occupancy Load 40
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed 1349.3 sq. ft.
10. Flood Hazard Zone Coastal AE 9
11. Base Flood Elevation (9+1') = 10' DFE ft.
12. Wetlands yes ____ no X

IIa. PROPOSED WORK

☐ Minor Work	☒ New Building	☐ Addition	☐ Demolition
☐ Repair	☐ Alteration	☐ Renovation	☐ Reconstruction
☐ Asbestos Abat. -Subch. 8	☐ Lead Hazard Abatement	☐ Radon Remediation	☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	425,000			3.20.20	3.20.20	BJ			
☒ Electrical	$14,650				3/18/20	JD			
☒ Plumbing	22,000				3/18/20	JD			
☒ Fire Protection	500				3/18/20	JD			
☒ Elevator	$22,000								
TOTAL COST	484,150								

FOR OFFICE USE ONLY (Optional)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: SFD
2. Use Group, Proposed: R-5
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale 1
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present ~~A~~
Proposed 5B

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☒ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☒ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature Kmg Date 2/24/20

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

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

(X) Check if contractor.

Agent Name Koni Meyer

Address 150 Himmelein Rd.
Medford, NJ 08055

Telephone (609) 923 0926

Signature KMeyer

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X			
☐ Planning Board									
☐ Zoning Board			X	X	X	X			
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department			X	X	X	X			
☐ Health Department					X	X	X	X	
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X							
☐ N.J. Department of Transportation	X	X							
☐ N.J. Department of Environmental Protection	X	X							
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	
		Other	

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy					
☐ Temporary Certificate of Compliance					
☐ Continued Certificate of Occupancy					
☐ Certificate of Compliance					
☐ Certificate of Occupancy					
☐ Certificate of Approval					
☐ Lead Abatement Clearance Certificate					