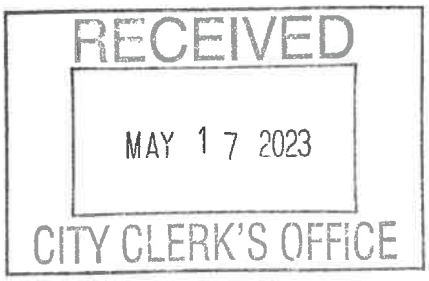
Dawn Gambacorto

From: Nici Ten Hoeve <opra+request-42782-07bce4e5@requests.opramachine.com>
Sent: Tuesday, May 16, 2023 3:28 PM
To: City Clerk
Subject: OPRA request - OPRA for open/closed permits - 106 S Cookman Ave, Long Branch, NJ 07740

Dear Long Branch City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:
- List of open and closed permits on the property
- Property Survey
- Zoning applications/approvals
- Proof of decommissioned oil tank, DFT letter
- septic plans, as-built, repairs, septic reports and survey; and, if applicable, a septic survey showing the location of the decommissioned/abandoned septic tank, cesspool, and/or seepage pit.

Address: 106 S Cookman Ave, Long Branch, NJ 07740
Lot: 8.02
Block: 465



DUE BY:
MAY 26 2023

COMPLETED
MAY 25 2023

Yours faithfully,

Nici Ten Hoeve

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-42782-07bce4e5@requests.opramachine.com

Is cityclerk@longbranch.org the wrong address for OPRA requests to Long Branch City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=long_branch_city
Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opra_for_openclosed_permits_106

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

Dawn Gambacorto

From: Carmen Limardo
Sent: Wednesday, May 17, 2023 10:56 AM
To: Dawn Gambacorto; Theresa Gillespie; Renee White; Nicole DeBiasio; Erik Brachman; Lisa Sherman
Cc: John Palmer; Michael Kowal; Heather Capone; Amanda Caldwell
Subject: Re: OPRA from Nici Ten Hoeve - request received 5/17/2023 - 106 South Cookman Avenue

Good Morning!
No record found for this request.

Carmen Limardo
Long Branch Health Department
Secretary of Dept. Head
(732)571-5259

From: Dawn Gambacorto <dgambacorto@longbranch.org>
Sent: Wednesday, May 17, 2023 10:00 AM
To: Theresa Gillespie <tgillespie@longbranch.org>; Renee White <rwhite@longbranch.org>; Nicole DeBiasio <ndebiasio@longbranch.org>; Erik Brachman <ebrachman@longbranch.org>; Lisa Sherman <lsherman@longbranch.org>; Carmen Limardo <climardo@longbranch.org>
Cc: John Palmer <jpalmer@longbranch.org>; Michael Kowal <mkowal@longbranch.org>; Heather Capone <hcapone@longbranch.org>; Amanda Caldwell <acaldwell@longbranch.org>
Subject: OPRA from Nici Ten Hoeve - request received 5/17/2023 - 106 South Cookman Avenue

Good Morning,

Please complete the attached OPRA and return back to this office no later than 5/26/2023.

Thank you,
Dawn Gambacorto
Confidential Secretary

City of Long Branch
344 Broadway
Long Branch, NJ 07740
Office: 732-571-5686
Fax: 732-222-8835
www.longbranch.org

The City of Long Branch Building Department

Address 101 S Ocean Ave

Block: 465 Lot: 8.02

Applicant Home

Date requested received by Building Dept. 5/17/23

The Building Department is in receipt of the "Request for Government Records" form for the property referenced above.

[✓] Please be advised that the information request has been processed and copies have been forwarded to the Clerk's Office.

[ ] Please be advised that the Building Department does not have files pertaining to the information requested.

[ ] Please be advised that the request, as submitted, cannot be honored because of its generality. Please have the applicant provide our office with a specific time period and/or outline specific details of the information requested.

[ ] Please be advised that the information requested has been archived and we will require additional time to allow for document retrieval.

[ ] Please be advised that the request cannot be honored because the information requested could be used to jeopardize security of a building or facility or the persons therein. (Executive Order 21, Issued 07/08/02)

Date processed: 5/17/23

Processor's name: [signature]

* Copies of all permits on file attached.

CONSTRUCTION PERMIT

Date Issued 09/22/2021
Control # 556037552
Permit # 21-0874

IDENTIFICATION Block: **465** Lot: **8.02** Qualifier:

Work Site Location **106 South Cookman ave**

Owner in Fee [redacted]
Address **106 South Cookman ave**
Long Branch NJ 07740
Tel. [redacted]

Contractor: **JOSEPH W TODARO**
Address **T/A GOLD MEDAL PLBG INC**
EAST BRUNSWICK, NJ 08816
Tel. **(732)390-3725**
Lic. No. or Bldrs. Reg No. **36BI01277700**
Fed. Emp. No.

✓ BUILDING	PLUMBING	ASBESTOS ABATEMENT
✓ ELECTRICAL	FIRE PROTECTION	DEMOLITION
ELEVATOR DEVICES	ASBESTOS ABATEMENT	✓ MECHANICAL

DESCRIPTION OF WORK:
HVAC

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

Estimated Cost of Work **$13,400.00**

_____ , Construction Official

_____ Date

PAYMENTS (Office Use Only)	
Building	$60.00
Electrical	$90.00
Plumbing	$0.00
Fire Protection	$0.00
Elevator Devices	$0.00
Other	$60.00
DCA Training Fee	$25.00
Cert. of Occupancy	0
Other	0
Total	$235.00
Check No.	14111
Amount	$235.00
Collected By	

Required Building Inspections		
Inspection Type	Scheduled	Result
Final		

Required Building Inspections		
Inspection Type	Scheduled	Result
Final		

CERTIFICATE

Date Issued 04/12/2022
Control # 000445
Permit # 21-0874

IDENTIFICATION

Block 465 Lot 8.02 Qualifier

Work Site Location 106 South Cookman ave

Owner in Fee/Occupant [redacted]

Address 106 South Cookman ave

Long Branch NJ 07740

Tel. [redacted]

Contractor: JOSEPH W TODARO

Address: T/A GOLD MEDAL PLBG INC

EAST BRUNSWICK, NJ 08816

Lic. No. or Bldrs. Reg. No. 36BI01277700

Federal Emp. No. Fax: (732)390-3793

Home Warranty No.

Type of Warranty Plan: State Private

Use Group R-5

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

HVAC

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 of Compliance, the
following conditions must be met not later than
or the owner will be subject to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement
was performed as per NJAC 5:17, to the following extent:

Total removal of lead-based paint hazards in scope of work

Partial or limited time period 0 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 potentially hazardous equipment has been
installed and/or maintained in accordance with the New Jersey Uniform
Construction Code and is approved for use until

Fee

Paid Check No.
Collected by

CONSTRUCTION OFFICIAL

BUILDING SUBCODE

TECHNICAL SECTION

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

Block: **465** Lot: **8.02** Qual Code:

Work Site Location: **106 South Cookman ave**

Owner in Fee: [redacted]

Tel: [redacted] Email:

Address: **106 South Cookman ave** (street) **Long Branch** (municipality) **NJ** **07740** (zip code)

Contractor: **JOSEPH W TODARO T/A GOLD MEDAL PLBG INC** Tel:**(732)390-3725**

Address: **11 COTTERS LANE EAST BRUNSWICK, NJ 08816** Email:**permits@goldmedalservice.com**

Contractor License No. or Builder Registration No. **36BI01277700** Exp Date:**06/30/2023**

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

Federal Emp. ID No. [redacted] Fax:**(732)390-3793**

Date Received:**09/09/2021**
Control #: **556037543**
Date Issued: **09/22/2021**
Permit #: **21-0874 09/22/2021**

C. CERTIFICATION IN LIEW OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HVAC

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
No Plans Required		
✓ All		
Footings/Foundations		
Structural/Framework		
Exterior		
Interior		

Joint Plan Review Required:

✓ Elec. ✓ Plmb. Fire. Elev.

SUBCODE APPROVAL for PERMIT:

Date: **08/04/2021**

Approved by: **Rich Uschmann**

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			10/20/2021	RB
Barrier-Free				
Pool Steel				
Pool Collar				
Pre-Sheathing Sheathing				

TYPE OF WORK			FEE
New Building			0
Addition			0
✓ Rehabilitation			$20.00
Roofing			0
Siding			0
Fence	0	Height (exceeds 6')	0
Sign		Sq.Ft.	0
Pool			0
Pool Barrier			0
Retaining Wall	0	Sq.Ft.	0
Asbestos Abatement			0
Lead Hazard Abatement			0
Radon Remediation			0
Other			0
Demolition			0

B. BUILDING CHARACTERISTICS

Use Group Present: **R-5** Proposed: **R-5** **Const. Class** Present: Proposed:

No. Of Stories	0		
Height of Structure	0	ft.	
Area-Largest Floor	0	sq.ft.	
New Bldg. Area/All Floors	0	sq.ft.	
Volume of New Structure	0	cu.ft.	
Max. Live Load		cu.ft.	
Max. Occupancy Load			

If Industrialized Building: State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg.	$0.00
2. Rehabilitation	$500.00
3. Total (1+2)	$500.00

Administrative Surcharge	0
Minimum Fee	$60.00
State Permit Surcharge	0
	0
TOTAL FEE	$60.00

ELECTRICAL SUBCODE

TECHNICAL SECTION

Date Received 09/09/2021
Control #

Date Issued

Permit # 21-0874 09/22/2021

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

Block465	Lot 8.02	Qualification Code	
Work Site Location	106 South Cookman ave		
Owner in Fee	[redacted]		
Tel.		e-mail	
Address	106 South Cookman ave	Long Branch NJ 07740	
Contractor	JOSEPH W TODARO	Tel.	(732)390-3725
Address	T/A GOLD MEDAL PLBG INC EAST BRUNSWICK, NJ 08816	email	permits@goldmedalservice.com
Contractor License No	36BI01277700	Exp. Date	06/30/2023
Home Improvement Contractor Registration No. or Exemption reason (if applicable):			
Federal Employee ID No.	[redacted]	FAX:	(732)390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Pole/Pad Temporary Other
Building Occupied as Utility Co
Est. Cost of Elec. Work $ $3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
✓ No Plans Required		
Partial-Underslab Utilities Approved		
Electric Plans Approved		
Joint Plan Review Required:		
✓ Bldg. ✓ Plmb. Fire. Elev.		
SUBCODE APPROVAL for PERMIT:		
Date:	07/26/2021	
Approved by:	Jim Mc Cormick	
SUBCODE APPROVAL for CERTIFICATE:		
CO CCO CA		
Date:		
Approved by:		

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/20/2021	RL
Final - Barrier Free				
Pool Bond				
Pool Grid				
A/G				
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's Signature/Contractor's Seal and Signature

✓ Licensed Elec. Contractor | Certified Landscape Irrigation Contractor | Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
HVAC

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
1		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
2		TOTAL NUMBERS	$60.00
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elec. Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elec. Water Heater	0
0	0	KW Elec. Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	0	KW Central A/C Unit	$15.00
0	0	HP/KW Space Heater/Air Handler	0
0	0	KW Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elec. Sign/Outline Light	0
1	0	SEE ATTCHD LIST	$15.00
0	0		0
0	0		0
0	0		0
0	0		0
		Administrative Surcharge	0
		Minimum Fee	$60.00
		State Permit Surcharge Fee	0
			0
		TOTAL FEE	$90.00

MECHANICAL INSPECTOR

TECHNICAL SECTION

Date Received 09/09/2021
Control #
Date Issued
Permit # 21-0874

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

Block	465	Lot	8.02	Qualification Code	
Work Site Location	106 South Cookman ave				
Owner in Fee	[redacted]				
Tel.	[redacted]			e-mail	
Address	106 South Cookman ave	Long Branch NJ 07740			
Contractor	JOSEPH W TODARO			Tel.	(732)390-3725
Address	T/A GOLD MEDAL PLBG INC EAST BRUNSWICK, NJ 08816			email	permits@goldmedalservice.com
Contractor License No. or Builder Registrations No.	36BI01277700			Exp. Date	06/30/2023
Home Improvement Contractor Registration No. or Exemption reason (if applicable):					
Federal Employee ID No.	[redacted]			FAX:	(732)390-3793

B. MECHANICAL CHARACTERISTICS

Use Group:	Present	R-5		Proposed	R-5	
Heating System Work:	New OR	Modification to Existing OR	Conversion OR	Replacement		
Type:	Hydronic	Hot Air				
Fuel Type:	Gas	Oil	Electronic	Solar	Other	

Estimated Cost of Mechanical Work $ **$9,900.00**

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
No Plans Required		
Mechanical Plans Approved		
Joint Plan Review Required		
Bldg. / Elec. / Plumb. / Fire.		
Elev.		
SUBCODE APPROVAL for PERMIT		
Date:	08/05/2021	
Approved by:	John Palmer	
SUBCODE APPROVAL for CERTIFICATE		
CA / CCO		
Date:		
Approved by:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				
AC				

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Heater	0
0	Fuel Oil Piping Connections	0
0	Gas Piping Connections	0
0	Steam Boiler	0
0	Hot Water Boiler	0
1	Hot Air Furnace	$35.00
0	Oil Tank	0
0	LPG Tank	0
0	Fireplace	0
1	Other AC	$15.00
	Administrative Surcharge	0
	Minimum Fee	$60.00
	State Permit Surcharge Fee	0
	TOTAL FEE	$60.00

CONSTRUCTION PERMIT

Date Issued 11/15/1999
Control # 554019812
Permit # 1999-704

IDENTIFICATION Block: 465 Lot: 8.02 Qualifier:

Work Site Location **106 SOUTH COOKMAN AVENUE**

Owner in Fee **CAPTIAL DVELOPMENT CORP.**
Address **3 WOOLLEY STREET**
MONMOUTH BEACH, NJ 07750-
Tel. **732/229-3830**

Contractor:
Address
Tel.
Lic. No. or Bldrs. Reg No.
Fed. Emp. No.

PAYMENTS (Office Use Only)	
Building	$419.00
Electrical	$132.00
Plumbing	$148.00
Fire Protection	$90.00
Elevator Devices	$0.00
Other	0
DCA Training Fee	$45.00
Cert. of Occupancy	$0.00
Other	$0.00
Total	$834.00
Check No.	2550
Amount	$834.00
Collected By	SV

✓ BUILDING ✓ PLUMBING ASBESTOS ABATEMENT
✓ ELECTRICAL ✓ FIRE PROTECTION DEMOLITION
ELEVATOR DEVICES ASBESTOS ABATEMENT MECHANICAL

DESCRIPTION OF WORK:

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

Estimated Cost of Work **$69,900.00**

_____ , Construction Official

_____ Date

Required Building Inspections		
Inspection Type	Scheduled	Result

Required Building Inspections		
Inspection Type	Scheduled	Result

Required Fire Inspections		
Inspection Type	Scheduled	Result

Required Plumbing Inspections		
Inspection Type	Scheduled	Result

BUILDING SUBCODE

TECHNICAL SECTION

Date Received:
Control #: 553940752
Date Issued: 11/15/1999
Permit #: 1999-704 11/15/1999

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

Block: 465 Lot: 8.02 Qual Code:

Work Site Location: 106 SOUTH COOKMAN AVENUE

Owner in Fee: CAPTIAL DVELOPMENT CORP.
Tel: 732/229-3830 Email:

Address: 3 WOOLLEY STREET (street) MONMOUTH BEACH, NJ 07750- (municipality) (zip code)

Contractor: CAPITAL DEVELOPMENT CORP. Tel: 732/229-3830

Address: 3 WOOLLEY STREET/ P.O. BOX 377 MONMOUTH BEACH, NJ 07750- Email:

Contractor License No. or Builder Registration No.: 024924 Exp Date:

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

Federal Emp. ID No. [redacted] Fax:

C. CERTIFICATION IN LIEW OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONSTRUCTION OF SINGLE FAMILY HOME WITH 4 BEDROOMS AND TWO CAR GARAGE AS PER APPROVED ZONING AND CONSTRUCTION PLANS ONLY.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
No Plans Required		
All		
Footings/Foundations		
Structural/Framework		
Exterior		
Interior		
Joint Plan Review Required:		
Elec. Plmb. Fire. Elev.		
SUBCODE APPROVAL for PERMIT:		
Date:		
Approved by:		
SUBCODE APPROVAL for CERTIFICATE:		
CO CCO CA		
Date:		
Approved by:		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys.Bracing				
Barrier-Free				
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				
Pool Steel				
Pool Collar				
Pre-Sheathing				
Sheathing				

TYPE OF WORK			FEE
✓ New Building			$419.00
Addition			$0.00
Rehabilitation			$0.00
Roofing			$0.00
Siding			$0.00
Fence	0.00	Height (exceeds 6')	$0.00
Sign		Sq.Ft.	$0.00
Pool			$0.00
Pool Barrier			0
Retaining Wall	0	Sq.Ft.	0
Asbestos Abatement			$0.00
Lead Hazard Abatement			$0.00
Radon Remediation			0
Other			$0.00
Demolition			$0.00

B. BUILDING CHARACTERISTICS

Use Group Present: 0 Proposed: R-3 **Const. Class** Present: Proposed:

No. Of Stories	0		**If Industrialized Building:**	
Height of Structure	0	ft.	State Approved	HUD
Area-Largest Floor	0	sq.ft.	**Est. Cost of Bldg. Work:**	
New Bldg. Area/All Floors	1,928.00	sq.ft.	1. New Bldg.	$60,000.00
Volume of New Structure	27950	cu.ft.	2. Rehabilitation	$0.00
Max. Live Load		cu.ft.	3. Total (1+2)	$60,000.00
Max. Occupancy Load				

Administrative Surcharge	$0.00
Minimum Fee	$0.00
State Permit Surcharge	0
	0
TOTAL FEE	$419.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 1999-704 11/15/1999

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

Block465	Lot 8.02	Qualification Code	
Work Site Location	106 SOUTH COOKMAN AVENUE		
Owner in Fee	CAPTIAL DVELOPMENT CORP.		
Tel.	732/229-3830	e-mail	
Address	3 WOOLLEY STREET	MONMOUTH BEACH, NJ 07750-	
Contractor	RICHARD OLIVER	Tel.	732/244-6966
Address	31 GLADNEY AVENUE BAYVILLE, NJ 08721-	email	
Contractor License No	09186	Exp. Date	
Home Improvement Contractor Registration No. or Exemption reason (if applicable):			
Federal Employee ID No.		FAX:	

B. ELECTRICAL CHARACTERISTICS

Use Group	Present 0	Proposed	R-3
Pole/Pad	Temporary	Other	
Building Occupied as	SINGLE FAMILY	Utility Co	
Est. Cost of Elec. Work $	$2,900.00		

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
No Plans Required		
Partial-Underslab Utilities Approved		
Electric Plans Approved		
Joint Plan Review Required:		
Bldg. Plmb. Fire. Elev.		
SUBCODE APPROVAL for PERMIT:		
Date:		
Approved by:		
SUBCODE APPROVAL for CERTIFICATE:		
CO CCO CA		
Date:		
Approved by:		

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Final - Barrier Free				
Pool Bond				
Pool Grid				
A/G				
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's Signature/Contractor's Seal and Signature

Licensed Elec. Contractor | Certified Landscape Irrigation Contractor | Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRICAL FOR NEW HOME

QTY.	SIZE	ITEMS	FEE (Office Use Only)
20		Lighting Fixtures	
50		Receptacles	
25		Switches	
6		Detectors	
0		Light Poles	
4		Motors-Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
105		TOTAL NUMBERS	$76.00
0		Pool Permit/with UW Lights	$0.00
0		Storable Pool/Spa/Hot Tub	$0.00
0	0.00	KW Elec. Range/Receptacle	$0.00
0	0.00	KW Oven/Surface Unit	$0.00
0	0.00	KW Elec. Water Heater	$0.00
0	0.00	KW Elec. Dryer/Receptacle	$0.00
0	0.00	KW Dishwasher	$0.00
0	0.00	HP Garbage Disposal	$0.00
1	2.00	KW Central A/C Unit	$10.00
0	0.00	HP/KW Space Heater/Air Handler	$0.00
0	0.00	KW Baseboard Heat	$0.00
0	0.00	HP Motors 1/+ HP	$0.00
0	0.00	KW Transformer/Generator	$0.00
1	1.00	AMP Service	$46.00
0	0.00	AMP Subpanels	$0.00
0	0.00	AMP Motor Control Center	$0.00
0	0.00	KW Elec. Sign/Outline Light	$0.00
0	0		$0.00
0	0		$0.00
0	0		$ 0.00
0	0		0
0	0		0
		Administrative Surcharge	$0.00
		Minimum Fee	$0.00
		State Permit Surcharge Fee	0
			0
		TOTAL FEE	$132.00

PLUMBING SUBCODE

Date Received:
Control #: 553997407
Date Issued:
Permit #: 1999-704 11/15/1999

TECHNICAL SECTION

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

Block: 465 Lot: 8.02 Qual Code:

Work Site Location: 106 SOUTH COOKMAN AVENUE

Owner in Fee: CAPTIAL DVELOPMENT CORP.

Tel: 732/229-3830 Email:

Address: 3 WOOLLEY STREET MONMOUTH BEACH, NJ 07750-
street *municipality* *zip code*

Contractor: MIKE SKRUTOWSKI Tel: 732/280-8883

Address: 2706 WOOLLEY ROAD
WALL, NJ 07719- Email:

Contractor License No. 08890 Exp. Date

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

Federal Emp. ID No. Fax: 732/280-7530

B. PLUMBING CHARACTERISTICS

Use Group: Present	0	Proposed R-3	
Building Sewer Size	4"	Public Sewer X	Private Septic
Water Service Size	1"	Public Water X	Private Well
Est. Cost of Plumbing Work	$6,500.00		

JOB SUMMARY (Office Use Only)

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

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

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

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PLUMBING FOR NEW HOME

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$24.00
0	Urinal Bidet	$0.00
1	Bath Tub	$8.00
0	Lavatory	$0.00
1	Shower	$8.00
0	Floor Drain	$0.00
1	Sink	$8.00
1	Dishwasher	$8.00
0	Drinking Fountain	$0.00
1	Washing Machine	$8.00
1	Hose Bibb	$20.00
1	Water Heater	$8.00
0	Fuel Oil Piping	$0.00
1	Gas Piping	$20.00
0	LPGas Tank	0
0	Steam Boiler	$0.00
0	Hot Water Boiler	$0.00
0	Sewer Pump	$0.00
0	Interceptor/Separator	$0.00
0	Backflow Preventor	$0.00
0	Greasetrap	$0.00
1	Sewer Connection	$20.00
1	Water Service Connection	$20.00
0	Stacks	$0.00
0	Other	$0.00
0	Other	$0.00
0	Other	$0.00
0	Other	0
0	Other	0
	Administrative Surcharge	$0.00
	Minimum Fee	$0.00
	State Permit Surcharge Fee	0
		0
	TOTAL FEE	$148.00

FIRE PROTECTION SUBCODE

Date Received:
Control #: 553983761
Date Issued:
Permit #: 1999-704 11/15/1999

TECHNICAL SECTION

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block: **465** Lot: **8.02** Qual Code:

Work Site Location **106 SOUTH COOKMAN AVENUE**

Owner in Fee: **CAPTIAL DVELOPMENT CORP.**
Tel: **732/229-3830** Email:
Address: **3 WOOLLEY STREET** **MONMOUTH BEACH, NJ 07750-**
street *municipality* *zip code*

Contractor: **CAPITAL DEVELOPMENT CORP.** Tel:**732/229-3830**
Address: **3 WOOLLEY STREET/ P.O. BOX 377 MONMOUTH BEACH, NJ 07750-** Email:

Fire Protection Equipment, NJ Div. of Fire Safety Permit No.
Fire Protection Equipment, NJ Div. of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption reason (if applicable):
Federal Emp. ID No. [redacted] Fax:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present**0** Proposed**R-3**
Constr. Class: Present Proposed
Heating System: New OR Modification to Existing OR Conversion OR Replacement
Fuel Type: Gas Electric Oil Solar Other
Total Cost of Fire Protection Work **$500.00**

Fuel Storage Tank:
Fuel Type: Flammable OR Combustible Capacity:**0**
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	Date	Initial
No Plans Required		
Partial-Understab Utilities Approved		
Fire Protection Plans Approved		
Joint Plan Review Required:		
Bldg. Elec. Elev. Plmb.		
SUBCODE APPROVAL for PERMIT:		
Date:		
Approved by:		
SUBCODE APPROVAL for CERTIFICATE:		
CO CCO CA		
Date:		
Approved by:		

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

C. CERTIFICATION IN LIEW OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant's Signature/Contractor's Signature

Certified Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FIRE PROTECTION FOR NEW HOME

Water Supply Source
Method of Alarm/Suppression
System Supervision

TYPE OF WORK	NUMBER	FEE
Flammable/Combustible Tanks	**0**	**$0.00**
Alarm Systems		
System 110v Interconnected		CO
Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	**6**	**0**
Supervisory Devices (i.e.,tampers, low/high air)	**0**	**0**
Signaling Devices (i.e., horn/strobes, bells)	**0**	**0**
Other Devices	**0**	**0**
TOTAL	**6**	**$20.00**
Suppression Systems		
Fire Pump **0** GPM Type**0**	**0**	**$0.00**
Dry Pipe/Alarm Valves	**0**	**0**
Pre-action Valves	**0**	**0**
Sprinkler Heads (Dry and Wet)	**0**	**$0.00**
Standpipes	**0**	**$0.00**
Pre-engineered Systems		
Wet Chemical	**0**	**$0.00**
Dry Chemical	**0**	**$0.00**
CO2 Suppression	**0**	**$0.00**
Foam Suppression	**0**	**$0.00**
FM200 Suppression	**0**	**$0.00**
Other	**0**	**$0.00**
Other Systems		
Kitchen Hood Exhaust System	**0**	**$0.00**
Smoke Control System	**0**	**$0.00**
Fuel-Fired Appliances ✓Gas Oil Solid	**2**	**Gas**
Fireplace Venting/Metal Chimney	**0**	**0**
Other	**0**	**$0.00**
Administrative Surcharge		**$0.00**
Minimum Fee		**$0.00**
State Permit Surcharge Fee		**0**
		0
TOTAL FEE		**$90.00**

CONSTRUCTION PERMIT

Date Issued 05/18/2006
Control # 554030452
Permit # 06-0542

IDENTIFICATION Block: **465** Lot: **8.02** Qualifier:

Work Site Location **106 SOUTH COOKMAN AVENUE**
LONG BRANCH NJ 07740

Owner in Fee [redacted]
Address **106 S COOKMAN AVE**
LONG BRANCH, NJ 07740-

Tel. [redacted]

Contractor:
Address

Tel.
Lic. No. or Bldrs. Reg No.
Fed. Emp. No.

PAYMENTS (Office Use Only)	
Building	$450.00
Electrical	$112.00
Plumbing	$45.00
Fire Protection	$50.00
Elevator Devices	$0.00
Other	0
DCA Training Fee	$48.00
Cert. of Occupancy	$0.00
Other	$0.00
Total	$705.00
Check No.	
Amount	$0.00
Collected By	

✓ BUILDING ✓ PLUMBING ASBESTOS ABATEMENT
✓ ELECTRICAL ✓ FIRE PROTECTION DEMOLITION
ELEVATOR DEVICES ASBESTOS ABATEMENT MECHANICAL

DESCRIPTION OF WORK:

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

Estimated Cost of Work **$35,200.00**

_____ , Construction Official

_____ Date

Required Building Inspections		
Inspection Type	Scheduled	Result

Required Building Inspections		
Inspection Type	Scheduled	Result

Required Fire Inspections		
Inspection Type	Scheduled	Result

Required Plumbing Inspections		
Inspection Type	Scheduled	Result

PERMIT UPDATE

Date Issued 10/31/2006
Control # 554031447
Permit # 06-0542+A

IDENTIFICATION Block: **465** Lot: **8.02** Qualifier:
Work Site Location **106 SOUTH COOKMAN AVENUE**
LONG BRANCH NJ 07740

Owner in Fee [redacted]
Address **106 S COOKMAN AVE**
LONG BRANCH, NJ 07740-

Tel. [redacted]

Contractor:
Address

Tel.
Lic. No. or Bldrs. Reg No.
Fed. Emp. No.

PAYMENTS (Office Use Only)	
Building	$45.00
Electrical	$0.00
Plumbing	$0.00
Fire Protection	$0.00
Elevator Devices	$0.00
Other	0
DCA Training Fee	$1.00
Cert. of Occupancy	$0.00
Other	$0.00
Total	$46.00
Check No.	
Amount	$0.00
Collected By	

✔ BUILDING | PLUMBING | ASBESTOS ABATEMENT
ELECTRICAL | FIRE PROTECTION | DEMOLITION
ELEVATOR DEVICES | ASBESTOS ABATEMENT | MECHANICAL

DESCRIPTION OF WORK:

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

Estimated Cost of Work **$500.00**

_____ _____
, Construction Official Date

Required Building Inspections		
Inspection Type	Scheduled	Result

PERMIT UPDATE

Date Issued 11/12/2006

Control # 554031479

Permit # 06-0542+B

IDENTIFICATION Block: 465 Lot: 8.02 Qualifier:

Work Site Location **106 SOUTH COOKMAN AVENUE**
LONG BRANCH NJ 07740

Owner in Fee [redacted]

Address **106 S COOKMAN AVE**
LONG BRANCH, NJ 07740-

Tel. [redacted]

Contractor:

Address

Tel.

Lic. No. or Bldrs. Reg No.

Fed. Emp. No.

BUILDING	PLUMBING	ASBESTOS ABATEMENT
✓ ELECTRICAL	FIRE PROTECTION	DEMOLITION
ELEVATOR DEVICES	ASBESTOS ABATEMENT	MECHANICAL

DESCRIPTION OF WORK:

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

Estimated Cost of Work **$150.00**

_____ , Construction Official

_____ Date

PAYMENTS (Office Use Only)	
Building	**$0.00**
Electrical	**$46.00**
Plumbing	**$0.00**
Fire Protection	**$0.00**
Elevator Devices	**$0.00**
Other	**0**
DCA Training Fee	**$0.00**
Cert. of Occupancy	**$0.00**
Other	**$0.00**
Total	**$46.00**
Check No.	
Amount	**$0.00**
Collected By	

Required Building Inspections

Inspection Type	Scheduled	Result

CERTIFICATE

Date Issued 11/29/2006
Control #
Permit # 06-0542

IDENTIFICATION

Block 465 Lot 8.02 Qualifier

Work Site Location 106 SOUTH COOKMAN AVENUE

Owner in Fee/Occupant [redacted]

Address 106 S COOKMAN AVE

LONG BRANCH, NJ 07740-

Tel. [redacted]

Contractor:

Address:

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. Fax:

Home Warranty No.

Type of Warranty Plan: State Private

Use Group R-5

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

PROVIDE HANDICAP ACCESSIBILTY TO HOME/

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 of Compliance, the
following conditions must be met not later than
or the owner will be subject to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement
was performed as per NJAC 5:17, to the following extent:

Total removal of lead-based paint hazards in scope of work

Partial or limited time period 0 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 potentially hazardous equipment has been
installed and/or maintained in accordance with the New Jersey Uniform
Construction Code and is approved for use until

Fee

Paid Check No.
Collected by

CONSTRUCTION OFFICIAL

BUILDING SUBCODE

TECHNICAL SECTION

Date Received: 05/18/2006
Control #: 553945812
Date Issued: 05/18/2006
Permit #: 06-0542 05/18/2006

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

Block: 465 Lot: 8.02 Qual Code:

Work Site Location: 106 SOUTH COOKMAN AVENUE LONG BRANCH NJ 07740

Owner in Fee: [redacted]

Tel: [redacted] Email:

Address: 106 S COOKMAN AVE *street* LONG BRANCH, NJ 07740- *municipality* *zip code*

Contractor: ACCESSIBILTY DESIGN ASSOC Tel: 732/901-6644

Address: 460 FARADAY AVE SUITE A2 JACKSON, NJ 08527- Email:

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

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

Federal Emp. ID No. Fax:

C. CERTIFICATION IN LIEW OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PROVIDE HANDICAP ACCESSIBILTY TO HOME

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
No Plans Required		
All		
Footings/Foundations		
Structural/Framework		
Exterior		
Interior		
Joint Plan Review Required:		
Elec. Plmb. Fire. Elev.		
SUBCODE APPROVAL for PERMIT:		
Date:		
Approved by:		
SUBCODE APPROVAL for CERTIFICATE:		
CO CCO CA		
Date:		
Approved by:		

INSPECTIONS Type:	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				
Pool Steel				
Pool Collar				
Pre-Sheathing				
Sheathing				

TYPE OF WORK			FEE
New Building			$0.00
Addition			$0.00
✓ Rehabilitation			$450.00
Roofing			$0.00
Siding			$0.00
Fence	0.00	Height (exceeds 6')	$0.00
Sign		Sq.Ft.	$0.00
Pool			$0.00
Pool Barrier			0
Retaining Wall	0	Sq.Ft.	0
Asbestos Abatement			$0.00
Lead Hazard Abatement			$0.00
Radon Remediation			0
Other			$0.00
Demolition			$0.00

B. BUILDING CHARACTERISTICS

Use Group Present:	R-5	Proposed:	R-5	**Const. Class** Present:	Proposed:
No. Of Stories	0			**If Industrialized Building:**	
Height of Structure	0	ft.		State Approved	HUD
Area-Largest Floor	0	sq.ft.		**Est. Cost of Bldg. Work:**	
New Bldg. Area/All Floors	0.00	sq.ft.		1. New Bldg.	$0.00
Volume of New Structure	0	cu.ft.		2. Rehabilitation	$30,000.00
Max. Live Load		cu.ft.		3. Total (1+2)	$30,000.00
Max. Occupancy Load					

Administrative Surcharge	$0.00
Minimum Fee	$0.00
State Permit Surcharge	0
	0
TOTAL FEE	$450.00

BUILDING SUBCODE

TECHNICAL SECTION

Date Received: 10/31/2006
Control #: 553946298
Date Issued: 10/31/2006
Permit #: 06-0542+A 10/31/2006

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

Block: 465 Lot: 8.02 Qual Code:

Work Site Location: 106 SOUTH COOKMAN AVENUE LONG BRANCH NJ 07740

Owner in Fee: [redacted]

Tel: [redacted] Email:

Address: 106 S COOKMAN AVE *street* LONG BRANCH, NJ 07740- *municipality* *zip code*

Contractor: ACCESSIBILTY DESIGN ASSOC Tel:732/901-6644

Address: 460 FARADAY AVE SUITE A2 JACKSON, NJ 08527- Email:

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

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

Federal Emp. ID No. Fax:

C. CERTIFICATION IN LIEW OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

WIDENING GARAGE DOOR

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
No Plans Required		
All		
Footings/Foundations		
Structural/Framework		
Exterior		
Interior		
Joint Plan Review Required:		
Elec. Plmb. Fire. Elev.		
SUBCODE APPROVAL for PERMIT:		
Date:		
Approved by:		
SUBCODE APPROVAL for CERTIFICATE:		
CO CCO CA		
Date:		
Approved by:		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys.Bracing				
Barrier-Free				
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				
Pool Steel				
Pool Collar				
Pre-Sheathing				
Sheathing				

TYPE OF WORK			FEE
New Building			$0.00
Addition			$0.00
✓ Rehabilitation			$8.00
Roofing			$0.00
Siding			$0.00
Fence	0.00	Height (exceeds 6')	$0.00
Sign		Sq.Ft.	$0.00
Pool			$0.00
Pool Barrier			0
Retaining Wall	0	Sq.Ft.	0
Asbestos Abatement			$0.00
Lead Hazard Abatement			$0.00
Radon Remediation			0
Other			$0.00
Demolition			$0.00

B. BUILDING CHARACTERISTICS

Use Group Present: R-5 Proposed: R-5 **Const. Class** Present: Proposed:

No. Of Stories	0		**If Industrialized Building:**		
Height of Structure	0	ft.	State Approved	HUD	
Area-Largest Floor	0	sq.ft.	**Est. Cost of Bldg. Work:**		
New Bldg. Area/All Floors	0.00	sq.ft.	1. New Bldg.	$0.00	
Volume of New Structure	0	cu.ft.	2. Rehabilitation	$500.00	
Max. Live Load		cu.ft.	3. Total (1+2)	$500.00	
Max. Occupancy Load					

Administrative Surcharge	$0.00
Minimum Fee	$45.00
State Permit Surcharge	0
	0
TOTAL FEE	$45.00

ELECTRICAL SUBCODE

TECHNICAL SECTION

Date Received 05/18/2006
Control #
Date Issued
Permit # 06-0542 05/18/2006

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

Block465 Lot 8.02 Qualification Code
Work Site Location **106 SOUTH COOKMAN AVENUE LONG BRANCH N.J 07740**
Owner in Fee [redacted]
Tel. [redacted] e-mail
Address **106 S COOKMAN AVE** **LONG BRANCH, NJ 07740-**
Contractor **LARSEN ELECTRIC** Tel. **732/505-1636**
Address **451 NORTHHAMPTON BLVD** email
TOMS RIVER, NJ 08757-
Contractor License No Exp. Date
Home Improvement Contractor Registration No. or Exemption reason (if applicable):
Federal Employee ID No. [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present **R-5** Proposed **R-5**
Pole/Pad Temporary Other
Building Occupied as Utility Co
Est. Cost of Elec. Work $ **$2,200.00**

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
No Plans Required		
Partial-Underslab Utilities Approved		
Electric Plans Approved		
Joint Plan Review Required:		
Bldg. Plmb. Fire. Elev.		
SUBCODE APPROVAL for PERMIT:		
Date:		
Approved by:		
SUBCODE APPROVAL for CERTIFICATE:		
CO CCO CA		
Date:		
Approved by:		

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Final - Barrier Free				
Pool Bond				
Pool Grid				
A/G				
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's Signature/Contractor's Seal and Signature

Licensed Elec. Contractor | Certified Landscape Irrigation Contractor | Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
HANDICAP ACCESSIBILITY

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
12		Receptacles	
6		Switches	
2		Detectors	
0		Light Poles	
0		Motors-Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
24		TOTAL NUMBERS	$46.00
0		Pool Permit/with UW Lights	$0.00
1		Storable Pool/Spa/Hot Tub	$10.00
0	0.00	KW Elec. Range/Receptacle	$0.00
0	0.00	KW Oven/Surface Unit	$0.00
0	0.00	KW Elec. Water Heater	$0.00
0	0.00	KW Elec. Dryer/Receptacle	$0.00
0	0.00	KW Dishwasher	$0.00
0	0.00	HP Garbage Disposal	$0.00
0	0.00	KW Central A/C Unit	$0.00
0	0.00	HP/KW Space Heater/Air Handler	$0.00
0	0.00	KW Baseboard Heat	$0.00
0	0.00	HP Motors 1/+ HP	$0.00
0	0.00	KW Transformer/Generator	$0.00
0	0.00	AMP Service	$0.00
0	0.00	AMP Subpanels	$0.00
0	0.00	AMP Motor Control Center	$0.00
0	0.00	KW Elec. Sign/Outline Light	$0.00
0	0.00	**SEE ATTCHD LIST**	$56.00
0	0	**BATH FAN**	$10.00
0	0		$ 0.00
0	0		0
0	0		0
		Administrative Surcharge	$0.00
		Minimum Fee	$0.00
		State Permit Surcharge Fee	0
			0
		TOTAL FEE	$112.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/12/2006
Control #
Date Issued
Permit # 06-0542+B 11/12/2006

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

Block465 Lot 8.02 Qualification Code
Work Site Location 106 SOUTH COOKMAN AVENUE LONG BRANCH NJ 07740
Owner in Fee [redacted]
Tel. e-mail
Address 106 S COOKMAN AVE LONG BRANCH, NJ 07740-
Contractor ACCESSIBILTY DESIGN ASSOC Tel. 732/901-6644
Address 460 FARADAY AVE SUITE A2 email
JACKSON, NJ 08527-
Contractor License No Exp. Date
Home Improvement Contractor Registration No. or Exemption reason (if applicable):
Federal Employee ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Pole/Pad Temporary Other
Building Occupied as Utility Co
Est. Cost of Elec. Work $ $150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
No Plans Required		
Partial-Underslab Utilities Approved		
Electric Plans Approved		
Joint Plan Review Required:		
Bldg. Plmb. 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
Rough				
Barrier Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Final - Barrier Free				
Pool Bond				
Pool Grid				
A/G				
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's Signature/Contractor's Seal and Signature

Licensed Elec. Contractor | Certified Landscape Irrigation Contractor | Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
1		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
1		TOTAL NUMBERS	$46.00
0		Pool Permit/with UW Lights	$0.00
0		Storable Pool/Spa/Hot Tub	$0.00
0	0.00	KW Elec. Range/Receptacle	$0.00
0	0.00	KW Oven/Surface Unit	$0.00
0	0.00	KW Elec. Water Heater	$0.00
0	0.00	KW Elec. Dryer/Receptacle	$0.00
0	0.00	KW Dishwasher	$0.00
0	0.00	HP Garbage Disposal	$0.00
0	0.00	KW Central A/C Unit	$0.00
0	0.00	HP/KW Space Heater/Air Handler	$0.00
0	0.00	KW Baseboard Heat	$0.00
0	0.00	HP Motors 1/+ HP	$0.00
0	0.00	KW Transformer/Generator	$0.00
0	0.00	AMP Service	$0.00
0	0.00	AMP Subpanels	$0.00
0	0.00	AMP Motor Control Center	$0.00
0	0.00	KW Elec. Sign/Outline Light	$0.00
0	0		$0.00
0	0		$0.00
0	0		$ 0.00
0	0		0
0	0		0
		Administrative Surcharge	$0.00
		Minimum Fee	$0.00
		State Permit Surcharge Fee	0
			0
		TOTAL FEE	$46.00

PLUMBING SUBCODE

Date Received: 05/18/2006
Control #: 554000675
Date Issued:
Permit #: 06-0542 05/18/2006

TECHNICAL SECTION

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

Block: 465 Lot: 8.02 Qual Code:

Work Site Location: 106 SOUTH COOKMAN AVENUE LONG BRANCH NJ 07740

Owner in Fee: [redacted]

Tel: Email:

Address: 106 S COOKMAN AVE (street) LONG BRANCH, NJ 07740- (municipality) (zip code)

Contractor: DONATO AND SONS PLUMBING Tel: 732/736-7330

Address: 112 SOUTHAMPTON BLVD MANCHESTER, NJ 08757- Email:

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 R-5 Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $2,500.00

JOB SUMMARY (Office Use Only)

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

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

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

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HANDICAP ACCESSIBILITY

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$0.00
0	Urinal Bidet	$0.00
1	Bath Tub	$10.00
0	Lavatory	$0.00
0	Shower	$0.00
0	Floor Drain	$0.00
0	Sink	$0.00
0	Dishwasher	$0.00
0	Drinking Fountain	$0.00
1	Washing Machine	$10.00
1	Hose Bibb	$10.00
1	Water Heater	$10.00
0	Fuel Oil Piping	$0.00
1	Gas Piping	$10.00
0	LPGas Tank	0
0	Steam Boiler	$0.00
0	Hot Water Boiler	$0.00
0	Sewer Pump	$0.00
0	Interceptor/Separator	$0.00
0	Backflow Preventor	$0.00
0	Greasetrap	$0.00
0	Sewer Connection	$0.00
0	Water Service Connection	$0.00
0	Stacks	$0.00
0	Other	$0.00
0	Other	$0.00
0	Other	$0.00
0	Other	0
0	Other	0
	Administrative Surcharge	$0.00
	Minimum Fee	$45.00
	State Permit Surcharge Fee	0
		0
	TOTAL FEE	$45.00

FIRE PROTECTION SUBCODE

Date Received: 05/18/2006
Control #: 553986783
Date Issued:
Permit #: 06-0542 05/18/2006

TECHNICAL SECTION

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block: **465** Lot: **8.02** Qual Code:

Work Site Location **106 SOUTH COOKMAN AVENUE**

Owner in Fee: [redacted]
Tel: Email:

Address: **106 S COOKMAN AVE** (street) **LONG BRANCH, NJ 07740-** (municipality) (zip code)

Contractor: **ACCESSIBILTY DESIGN ASSOC** Tel: **732/901-6644**
Address: **460 FARADAY AVE SUITE A2 JACKSON, NJ 08527-** Email:

Fire Protection Equipment, NJ Div. of Fire Safety Permit No.
Fire Protection Equipment, NJ Div. of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption reason (if applicable):
Federal Emp. ID No. Fax:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present **R-5** Proposed **R-5**
Constr. Class: Present Proposed
Heating System: New OR Modification to Existing OR Conversion OR Replacement
Fuel Type: Gas Electric Oil Solar Other
Total Cost of Fire Protection Work **$500.00**

Fuel Storage Tank: Fuel Type: Flammable OR Combustible Capacity: **0**
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	Date	Initial
No Plans Required		
Partial-Underslab Utilities Approved		
Fire Protection Plans Approved		
Joint Plan Review Required:		
Bldg. Elec. Elev. Plmb.		
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
Alarm Systems				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				

C. CERTIFICATION IN LIEW OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant's Signature/Contractor's Signature

Certified Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Water Supply Source
Method of Alarm/Suppression
System Supervision

TYPE OF WORK	NUMBER	FEE
Flammable/Combustible Tanks	**0**	**$0.00**
Alarm Systems		
	System	110v Interconnected	CO
Detectors/110v			
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	**2**		**0**
Supervisory Devices (i.e.,tampers, low/high air)	**0**		**0**
Signaling Devices (i.e., horn/strobes, bells)	**0**		**0**
Other Devices	**0**		**0**
TOTAL	**2**		**$50.00**
Suppression Systems			
Fire Pump **0** GPM Type **0**	**0**		**$0.00**
Dry Pipe/Alarm Valves	**0**		**0**
Pre-action Valves	**0**		**0**
Sprinkler Heads (Dry and Wet)	**0**		**$0.00**
Standpipes	**0**		**$0.00**
Pre-engineered Systems			
Wet Chemical	**0**		**$0.00**
Dry Chemical	**0**		**$0.00**
CO2 Suppression	**0**		**$0.00**
Foam Suppression	**0**		**$0.00**
FM200 Suppression	**0**		**$0.00**
Other	**0**		**$0.00**
Other Systems			
Kitchen Hood Exhaust System	**0**		**$0.00**
Smoke Control System	**0**		**$0.00**
Fuel-Fired Appliances Gas Oil Solid	**0**		
Fireplace Venting/Metal Chimney	**0**		**0**
Other	**0**		**$0.00**
Administrative Surcharge			**$0.00**
Minimum Fee			**$0.00**
State Permit Surcharge Fee			**0**
			0
TOTAL FEE			**$50.00**

CONSTRUCTION PERMIT

Date Issued 02/26/2007
Control # 554031976
Permit # 07-0168

IDENTIFICATION Block: **465** Lot: **8.02** Qualifier:

Work Site Location **106 SOUTH COOKMAN AVENUE**
LONG BRANCH NJ

Owner in Fee
Address **106 S COOKMAN AVE**
LONG BRANCH, NJ 07740-

Tel. [redacted]

Contractor:
Address

Tel.
Lic. No. or Bldrs. Reg No.
Fed. Emp. No.

BUILDING	✓ PLUMBING	ASBESTOS ABATEMENT
ELECTRICAL	FIRE PROTECTION	DEMOLITION
ELEVATOR DEVICES	ASBESTOS ABATEMENT	MECHANICAL

DESCRIPTION OF WORK:
WATER HEATER

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

Estimated Cost of Work **$958.00**

_____ , Construction Official

_____ Date

PAYMENTS (Office Use Only)	
Building	$0.00
Electrical	$0.00
Plumbing	$45.00
Fire Protection	$0.00
Elevator Devices	$0.00
Other	0
DCA Training Fee	$1.00
Cert. of Occupancy	$0.00
Other	$0.00
Total	$46.00
Check No.	84664
Amount	$46.00
Collected By	JR

Required Plumbing Inspections		
Inspection Type	Scheduled	Result

CERTIFICATE

Date Issued 03/21/2007
Control #
Permit # 07-0168

IDENTIFICATION

Block 465 Lot 8.02 Qualifier

Work Site Location 106 SOUTH COOKMAN AVENUE

Owner in Fee/Occupant [redacted]

Address 106 S COOKMAN AVE

LONG BRANCH, NJ 07740-

Tel. [redacted]

Contractor: P & L PLUMBING

Address: 105 NEWFIELD AVENUE

EDISON, NJ 08837-

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. - Fax: / -

Home Warranty No.

Type of Warranty Plan: State Private

Use Group R-5

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

REPLACE WATER HEATER/

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 of Compliance, the
following conditions must be met not later than
or the owner will be subject to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement
was performed as per NJAC 5:17, to the following extent:

Total removal of lead-based paint hazards in scope of work

Partial or limited time period 0 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 potentially hazardous equipment has been
installed and/or maintained in accordance with the New Jersey Uniform
Construction Code and is approved for use until

Fee

Paid Check No.

Collected by

CONSTRUCTION OFFICIAL

PLUMBING SUBCODE

Date Received: 02/26/2007
Control #: 554001169
Date Issued:
Permit #: 07-0168 02/26/2007

TECHNICAL SECTION

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

Block: **465** Lot: **8.02** Qual Code:

Work Site Location: **106 SOUTH COOKMAN AVENUE LONG BRANCH NJ**

Owner in Fee: [redacted]

Tel: [redacted] Email:

Address: **106 S COOKMAN AVE** *street* **LONG BRANCH, NJ 07740-** *municipality* *zip code*

Contractor: **1 800 HEATERS INC** Tel: **732/417-0099**

Address: **2 GOURMET LN EDISON, NJ 08837-** Email:

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 **R-5** Proposed **R-5**

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work **$958.00**

JOB SUMMARY (Office Use Only)

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

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

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

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE WATER HEATER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$0.00
0	Urinal Bidet	$0.00
0	Bath Tub	$0.00
0	Lavatory	$0.00
0	Shower	$0.00
0	Floor Drain	$0.00
0	Sink	$0.00
0	Dishwasher	$0.00
0	Drinking Fountain	$0.00
0	Washing Machine	$0.00
0	Hose Bibb	$0.00
1	Water Heater	$10.00
0	Fuel Oil Piping	$0.00
0	Gas Piping	$0.00
0	LPGas Tank	0
0	Steam Boiler	$0.00
0	Hot Water Boiler	$0.00
0	Sewer Pump	$0.00
0	Interceptor/Separator	$0.00
0	Backflow Preventor	$0.00
0	Greasetrap	$0.00
0	Sewer Connection	$0.00
0	Water Service Connection	$0.00
0	Stacks	$0.00
0	Other	$0.00
0	Other	$0.00
0	Other	$0.00
0	Other	0
0	Other	0
	Administrative Surcharge	$0.00
	Minimum Fee	$45.00
	State Permit Surcharge Fee	0
		0
	TOTAL FEE	$45.00

CONSTRUCTION PERMIT

Date Issued 05/17/2021
Control # 555186488
Permit # 21-0424

IDENTIFICATION Block: **465** Lot: **8.02** Qualifier:

Work Site Location **106 SOUTH COOKMAN AVENUE**
LONG BRANCH

Owner in Fee [redacted]
Address **106 S COOKMAN AVE**
LONG BRANCH, NJ 07740-

Tel. [redacted]

Contractor:
Address

Tel.
Lic. No. or Bldrs. Reg No.
Fed. Emp. No.

BUILDING	✓PLUMBING	ASBESTOS ABATEMENT
ELECTRICAL	FIRE PROTECTION	DEMOLITION
ELEVATOR DEVICES	ASBESTOS ABATEMENT	MECHANICAL

DESCRIPTION OF WORK:
WATER HEATER

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

Estimated Cost of Work **$2,100.00**

_____ _____
, Construction Official Date

PAYMENTS (Office Use Only)	
Building	0
Electrical	0
Plumbing	$60.00
Fire Protection	0
Elevator Devices	0
Other	0
DCA Training Fee	$4.00
Cert. of Occupancy	$0.00
Other	0
Total	$64.00
Check No.	12002
Amount	$64.00
Collected By	TG

Required Plumbing Inspections

Inspection Type	Scheduled	Result

PLUMBING SUBCODE

Date Received: 05/17/2021
Control #: 555183245
Date Issued:
Permit #: 21-0424 05/17/2021

TECHNICAL SECTION

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

Block: 465 Lot: 8.02 Qual Code:

Work Site Location: 106 SOUTH COOKMAN AVENUE LONG BRANCH

Owner in Fee: [redacted]

Tel: [redacted] Email:

Address: 106 S COOKMAN AVE (street) LONG BRANCH, NJ 07740- (municipality / zip code)

Contractor: GOLD MEDAL PLUMBING & HTNG Tel: 732/390-3725

Address: 11 COTTERS LN E BRUNSWICK, NJ - Email:

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 R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $2,100.00

JOB SUMMARY (Office Use Only)

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

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

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

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE WATER HEATER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$0.00
0	Urinal Bidet	$0.00
0	Bath Tub	$0.00
0	Lavatory	$0.00
0	Shower	$0.00
0	Floor Drain	$0.00
0	Sink	$0.00
0	Dishwasher	$0.00
0	Drinking Fountain	$0.00
0	Washing Machine	$0.00
0	Hose Bibb	$0.00
1	Water Heater	$15.00
0	Fuel Oil Piping	$0.00
0	Gas Piping	$0.00
0	LPGas Tank	0
0	Steam Boiler	$0.00
0	Hot Water Boiler	$0.00
0	Sewer Pump	$0.00
0	Interceptor/Separator	$0.00
0	Backflow Preventor	$0.00
0	Greasetrap	$0.00
0	Sewer Connection	$0.00
0	Water Service Connection	$0.00
0	Stacks	$0.00
0	Other	$0.00
0	Other	$0.00
0	Other	$0.00
0	Other	0
0	Other	0
	Administrative Surcharge	$0.00
	Minimum Fee	$60.00
	State Permit Surcharge Fee	0
		0
	TOTAL FEE	$60.00

CITY OF LONG BRANCH
DEPT.OF PLANNING & ZONING
732-571-5647

Date Issued 09/24/10
Application # 100913-2
Permit # 092410-4

Z O N I N G P E R M I T

Site Location 106 SOUTH COOKMAN AVE Block 465 Lot 8.02 Qual SHED

Owner [redacted]
Address 106 SOUTH COOKMAN AVE
LONG BRANCH, NJ 07740-

Applicant [redacted]
Address 106 SOUTH COOKMAN AVE
LONG BRANCH, NJ 07740-

APPROVED 09/24/10 Zoning District R-3 Application Date 09/13/10
Fee $ 10

This certifies that an application for the issuance of a Zoning Permit has been examined.
Use is: INSTALL 8'X12' SHED IN REAR PROPERTY AT LEAST 5-FEET FROM PROPERTY LINES & NOT WITHIN SANITARY EASEMENT PER SKETCH
Nonconforming Use is:

Upon review it was determined that:
[X] Use is permitted by Ordinance 1-family
[ ] Use is permitted by Variance approved on: / /
[ ] Valid Nonconforming Use is established by
[ ] Zoning Board of Adjustment
[ ] Zoning Officer

Conditions of Use are: SHED CANNOT EXCEED 15-FOOT HEIGHT

Michele Bernich 09/24/10
MICHELE J. BERNICH, ZONING OFFICER

CITY OF LONG BRANCH
344 BROADWAY
732-571-5647

Date Issued 11/16/07
Application # 071105-1
Permit # 111507-7

Z O N I N G P E R M I T

Site Location 106 S. COOKMAN AVE Block 465 Lot 8.02 Qual FENCE

Owner [redacted]
Address 106 S. COOKMAN AVE
LONG BRANCH, NJ 07740-

Applicant [redacted]
Address 106 S. COOKMAN AVE
LONG BRANCH, NJ 07740-

APPROVED 11/16/07 Zoning District R-3 Application Date 11/05/07
Fee $ 10

This certifies that an application for the issuance of a Zoning Permit has been examined.
Use is: INSTALL 4-FOOT & 6-FOOT FENCE IN LOCATION SHOWN ON SURVEY
AND AS PER ATTACHED ZONING REPORT
Nonconforming Use is:

Upon review it was determined that:
[X] Use is permitted by Ordinance single-family / /
[ ] Use is permitted by Variance approved on:
[ ] Valid Nonconforming Use is established by
[ ] Zoning Board of Adjustment
[ ] Zoning Officer

Conditions of Use are: COMPLY WITH ATTACHED ZONING REPORT

ADDITIONAL APPROVALS
PERMITS REQUIRED FROM:
X BUILDING DEPT.
FIRE PREVENTION
HEALTH DEPT.
PUBLIC WORKS

Michele Bernich 11/16/07
MICHELE U. BERNICH, ZONING OFFICER

CITY OF LONG BRANCH, MUNICIPAL BUILDING, 344 BROADWAY, LONG BRANCH, N. J. 07740 (732) 222-7000

ZONING PERMIT

ZONE R-3 FRONT REAR ONE SIDE BOTH SIDES MAX HT EXISTING

PERMIT ISSUED TO: [redacted]

ADDRESS: 106 S. COOKMAN AVE BLOCK: 465 LOT: 8.002

DATE: 4/11/06 ZONING PERMIT # 041106S

Your request for a Zoning Permit is hereby APPROVED SUBJECT TO THE FOLLOWING: This document affirms, as required in the Zoning Ordinance, as a condition precedent to the commencement of a use or the erection, construction, reconstruction, restoration, alteration, conversion or installation of structure, or building complies with the provisions of the municipal zone or authorized variance therefrom. Issuance of this permits by no means exempts or overrides any and all other permits approvals or restrictions, which may be necessary or imposed.

FOR: VARIOUS INTERIOR RENOVATIONS TO EXISTING 1 FAMILY HOUSE. RENOVATIONS INCLUDE; RELOCATE LAUNDRY ROOM / INSTALL SOAKING TUB CONSTRUCT RAMP CONVERT 1 DINING ROOM INTO BED ROOM. ALL FACILITIES TO BE ADA COMPLIANT

HOUSE TO REMAIN AS 1 FAMILY

Issued by: Carl Turner Jr.
Carl H. Turner Jr.
Director of Planning & Zoning

SUBJECT TO: REVIEW & APPROVALS WHERE APPLICABLE

BUILDING DEPT: REQUIRED
HEALTH DEPARTMENT: REQUIRED
FIRE DEPARTMENT: REQUIRED

THIS IS A ZONING PERMIT ONLY! OTHER PERMITS AND APPROVALS MUST BE OBTAINED WHERE REQUIRED.

CITY OF LONG BRANCH, MUNICIPAL BUILDING, 344 BROADWAY, LONG BRANCH, N. J. 07740 (908) 222-7000

ZONING PERMIT

ZONE R-3 FRONT X REAR X ONE SIDE X BOTH SIDES MAX HT 4'

PERMIT ISSUED TO: [redacted]

ADDRESS: 106 SOUTH CORTLAND AVE

BLOCK: 465 LOT: 8.02

DATE: 12/30/03

This document affirms, as required in the Zoning Ordinance, as a condition precedent to the commencement of a use or the erection, construction, reconstruction, restoration, alteration, conversion or installation of structure, or building complies with the provisions of the municipal zone or authorized variance therefrom. Issuance of this permit by no means exempts or overrides any and all other permits, approvals or restrictions, which may be necessary or imposed.

FOR: CONSTRUCTION OF 4' CHAIN LINK FENCE

Carl H. Turner, Jr.
Director of Planning & Zoning

SUBJECT TO: REVIEW & APPROVALS WHERE APPLICABLE
HEALTH DEPT.
BUILDING DEPT.
FIRE DEPT.

THIS IS NOT A BUILDING PERMIT ! BUILDING PERMIT MUST BE OBTAINED

CITY OF LONG BRANCH, MUNICIPAL BUILDING, 344 BROADWAY, LONG BRANCH, N. J. 07740 (908) 222-7000

ZONING PERMIT

ZONE R-3 FRONT REAR ONE SIDE BOTH SIDES MAX HT

PERMIT ISSUED TO: [redacted]

ADDRESS: 106 South Cookman Ave.

BLOCK: 465 LOT: 8.02

DATE: 11/9/99

This document affirms, as required in the Zoning Ordinance, as a condition precedent to the commencement of a use or the erection, construction, reconstruction, restoration, alteration, conversion or installation of structure, or building complies with the provisions of the municipal zone or authorized variance therefrom. Issuance of this permit by no means exempts or overrides any and all other permits, approvals or restrictions, which may be necessary or imposed.

FOR: To construct a single family home in compliance with all applicable codes & ordinances, including but not limited to Zoning requirements, such as 18" maximum grade change, 30' max height (grade to peak). Subject to review & approval by the building department & DPW with regard to curbs & sidewalks. Subject to: CAFRA DEP. REQUIREMENTS (SEE ATTACHED)

Anna R. Juska / Zoning Officer

* SUBJECT TO: REVIEW & APPROVALS WHERE APPLICABLE
HEALTH DEPT.
cc: BUILDING DEPT.
FIRE DEPT.

NOTE: GARAGES MUST BE TURNED TO FACE DRIVEWAY.

THIS IS NOT A BUILDING PERMIT ! BUILDING PERMIT MUST BE OBTAINED

cc: DPW

cycled paper

CAT

CITY OF LONG BRANCH, MUNICIPAL BUILDING, 344 BROADWAY, LONG BRANCH, N.J. 07740 (908) 222-7000

ZONING PERMIT

ZONE R-3 FRONT REAR ONE SIDE X BOTH SIDES MAX HT 6'/4'

PERMIT ISSUED TO: [redacted]

ADDRESS: S. COOKMAN (UNCALT LOT)

BLOCK: 465 LOT: 8.02

DATE: 3/15/99

This document affirms, as required in the Zoning Ordinance, as a condition precedent to the commencement of a use or the erection, construction, reconstruction, restoration, alteration, conversion or installation of structure, or building complies with the provisions of the municipal zone or authorized variance therefrom. Issuance of this permit by no means exempts or overrides any and all other permits, approvals or restrictions, which may be necessary or imposed.

FOR: CONSTRUCTION OF 6' HIGH FENCE TO WITHIN 25' OF S. COOKMAN (4' HIGH FROM STREET TO 25' BACK. FINISHED SIDE MUST FACE OUT WARD (SEE ATTACHED) BRR Ref. 1.2.a

Carl H. Turner, Jr.
Director of Planning & Zoning

SUBJECT TO: REVIEW & APPROVALS WHERE APPLICABLE
HEALTH DEPT.
BUILDING DEPT.
FIRE DEPT.

THIS IS NOT A BUILDING PERMIT ! BUILDING PERMIT MUST BE OBTAINED

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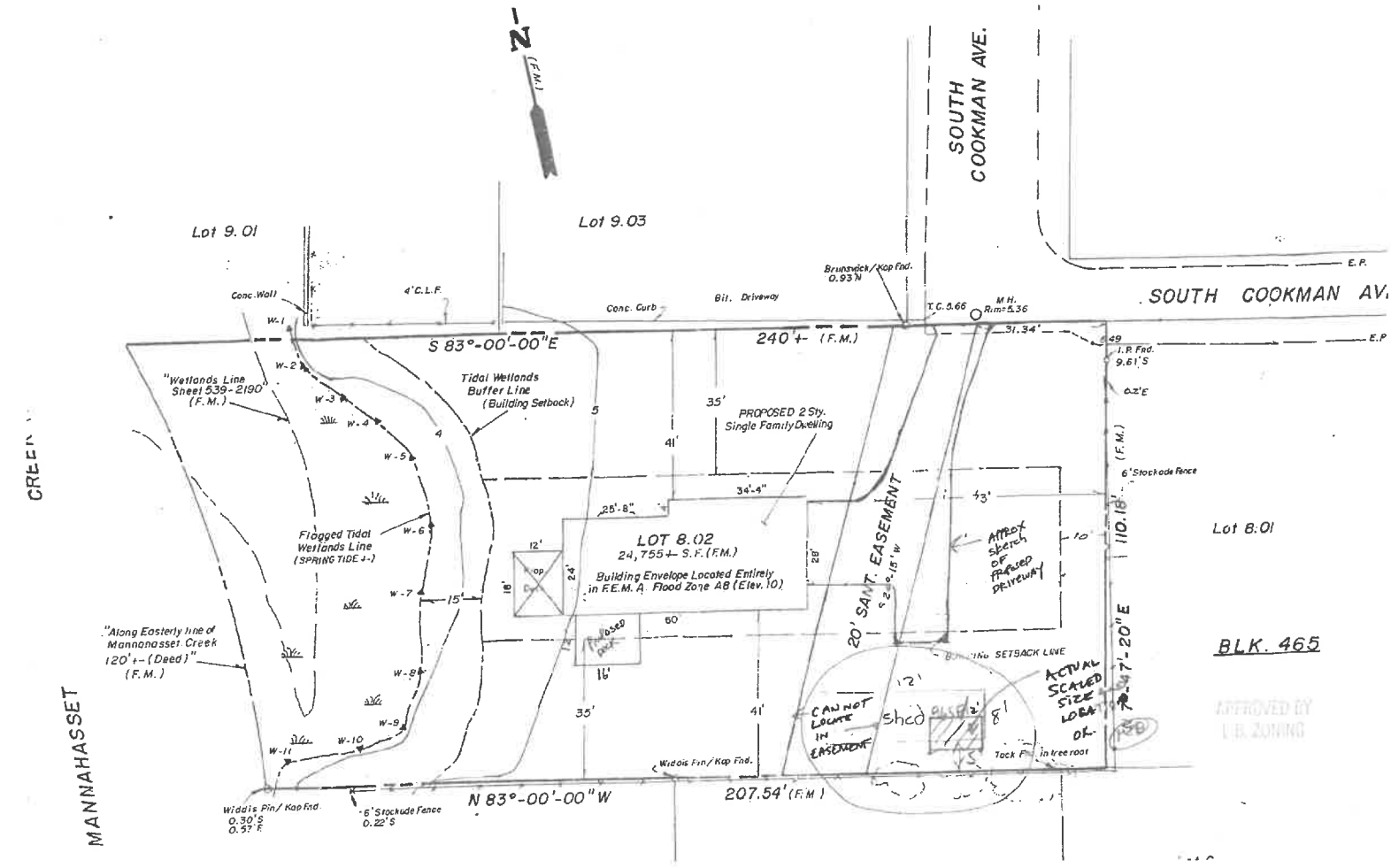
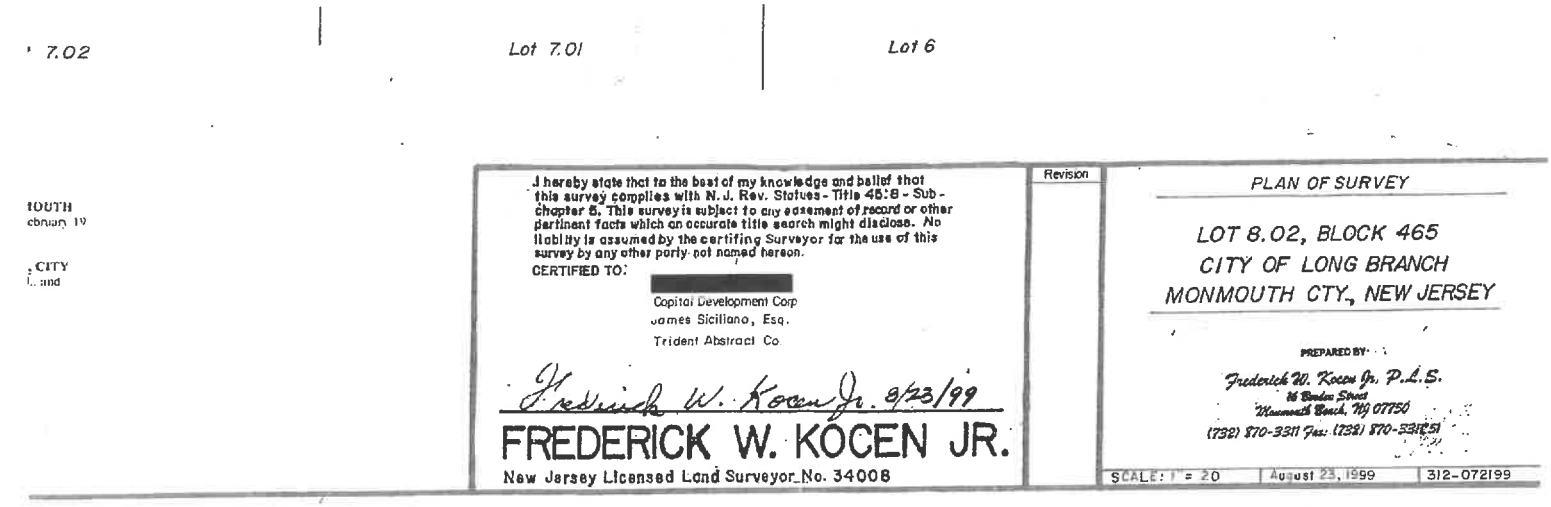

N
(F.M.)
SOUTH COOKMAN AVE.
Lot 9.01
Lot 9.03
Brunswick/Kap Fnd. 0.93'N
E.P.
SOUTH COOKMAN AV.
Conc. Wall
4' C.L.F.
Conc. Curb
Bit. Driveway
T.C.S. 6.66
M.H. Rim=5.36
S 83°-00'-00"E
240'+- (F.M.)
31.34'
I.P. Fnd. 9.61'S
0.2'E
"Wetlands Line Sheet 539-2190" (F.M.)
Tidal Wetlands Buffer Line (Building Setback)
PROPOSED 2 Sty. Single Family Dwelling
6' Stockade Fence
Flagged Tidal Wetlands Line (SPRING TIDE)
LOT 8.02
24,755+ S.F. (F.M.)
Building Envelope Located Entirely in F.E.M.A. Flood Zone A8 (Elev. 10)
20' SAN'T. EASEMENT
S 2°-15' W
APPROX. SKETCH OF PROPOSED DRIVEWAY
Lot 8.01
110.18' (F.M.)
N 7°-20" E
BLK. 465
"Along Easterly line of Mannanasset Creek 120'+- (Deed)" (F.M.)
BUILDING SETBACK LINE
ACTUAL SCALED SIZE LOCATION OK.
CANNOT LOCATE IN EASEMENT
Shed
Tack Fnd. in tree root
Widdis Pin/Kap Fnd.
N 83°-00'-00"W
207.54' (F.M.)
Widdis Pin/Kap Fnd. 0.30'S 0.57'E
6' Stockade Fence 0.22'S
MANNAHASSET
CREEK



I hereby state that to the best of my knowledge and belief that this survey complies with N.J. Rev. Statues - Title 45:8 - Sub - chapter 8. This survey is subject to any easement of record or other pertinent facts which an accurate title search might disclose. No liability is assumed by the certifing Surveyor for the use of this survey by any other party not named hereon.

CERTIFIED TO:

[redacted]
Capital Development Corp
James Siciliano, Esq.
Trident Abstract Co

Frederick W. Kocen Jr. 8/23/99

FREDERICK W. KOCEN JR.
New Jersey Licensed Land Surveyor No. 34008

Revision

PLAN OF SURVEY

LOT 8.02, BLOCK 465
CITY OF LONG BRANCH
MONMOUTH CTY., NEW JERSEY

PREPARED BY:
Frederick W. Kocen Jr. P.L.S.
16 Borden Street
Monmouth Beach, NJ 07750
(732) 870-3311 Fax: (732) 870-5311

SCALE: 1" = 20 | August 23, 1999 | 312-072199