Michelle Clark 2021-125

From: Nici Ten Hoeve <opra+request-26920-d48fd764@requests.opramachine.com>
Sent: Tuesday, November 9, 2021 2:21 PM
To: Clerk
Subject: [EXTERNAL] OPRA request - OPRA for open/closed permits - 107 Asbury Ave, Atlantic Heights Highlands, NJ 07716

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Atlantic Highlands Borough,

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/Closed permits and improvements for 107 Asbury Ave, Atlantic Heights Highlands, NJ 07716. Block 37 Lot 25

Yours faithfully,

Nici Ten Hoeve

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-26920-d48fd764@requests.opramachine.com

Is clerk@ahnj.com the wrong address for OPRA requests to Atlantic Highlands Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=atlantic_highlands_borough

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_107

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 3-25-21
Permit # 20210060

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

Block 37 Lot 25 Qualification Code

Work Site Location 107 Asbury Ave
Atlantic Highlands NJ 07716

Owner in Fee: 54 Kennedy LLC

Tel. 917-528-6411 e-mail Breale818@gmail.com

Address 27 Chamber Lane Manalapan NJ 07726
street municipality zip code

Contractor: VA Contracting Tel. 732-598-6801

Address 415 Fawn Run e-mail MFrench174@Aol.com
Morganville NJ 07751

Contractor License No. or Builder Registration No. 50804 Exp. Date 12/31/2023

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 045019418 3 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[ ] No Plans Required
[X] All 3/26/21
[ ] Footings/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 3/26/21
Approved by:

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

INSPECTIONS — Dates (Month/Day): Failure / Failure / Approval / Initial

Type	Failure	Failure	Approval	Initial
Footing			4/1/21	
Footing Bonding			4/1/21	
Foundation			4/1/21	
Slab				
Frame			7/1/21	
Truss Sys./Bracing				
Barrier Free				
Insulation			7/1/21	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Electric			7/1/21	
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories 2
Height of Structure 26 ft.
Area — Largest Floor 1390 sq. ft.
New Bldg. Area/All Floors 1400 sq. ft.
Volume of New Structure 39,100 cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 92,000
2. Rehabilitation $ 18,000
3. Total (1+ 2) $ 110,000 0

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

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: MARK French

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition of approx 2k sf

6/24 open deck - fail - wood shims under Girder
7/1 ok

TYPE OF WORK:
[ ] New Building
[X] 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)
$

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 2021006041

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

Block 37 Lot 25 Qualification Code

Work Site Location 107 Asbury Ave

Owner in Fee: 54 Kennedy LLC

Tel. (917) 528-6411 e-mail breale818@gmail.com

Address 27 chamber Lane Manalapan NJ 07726
street municipality zip code

Contractor: Louis Scagnelli PH/LLC Tel. (732) 207-7623

Address 159 Seneca Blvd e-mail
Barnegat NJ 08005

Contractor License No. 10108 Exp. Date 6/21

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

Federal Emp. ID No. 22 3796969 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 $ 7,500

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: Louis Scagnelli

Print name here: Louis Scagnelli

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	60.
	Urinal/Bidet	
1	Bath Tub	20.
4	Lavatory	80.
1	Shower	20.
	Floor Drain	
3	Sink	60.
1	Dishwasher	20.
	Drinking Fountain	
1	Washing Machine	20.
2	Hose Bibb	40.
1	Water Heater	40.
	Fuel Oil Piping	
1	Gas Piping	50.
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
4	Stacks	80.
	Other	

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	490.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 4/27/21 Approved by: MV
[ ] Plumbing Plans Approved
Date: 4/27/21 Approved by: MV
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/27/21
Approved by: MV

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9-21-21	MV
Water			6/15/21	
Sewer			6/15/21	MV
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

U.C.C. F130 Rev. 11/09

mark - 732-598-6801

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # 5 25 2021
Date Issued
Permit # 20210060+1

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

Block 37 Lot 25 Qualification Code ______
Work Site Location 107 Asbury Ave

Owner in Fee: 54 Kennedy LLC
Tel. 917 528-6411 e-mail Breale018@gmail.com
Address 27 Chamber Ln (street) Manalapan (municipality) 07726 (zip code)
Contractor: Louis Scagnelli, PFHLLC Tel. 732 207-7623
Address 159 Seneca Blvd e-mail ______
Barnegat NJ 08005
Contractor License No. 2940 Exp. Date 6/22
Home Improvement Contractor Registration No. or Exemption Reason ______
Federal Emp. ID No. ______ FAX: ______

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 13,750

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[✓] Mechanical Plans Approved
Date 4/27/21 Approved by: MV
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4/27/21
Approved by: MV
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping			9-14-21	mu
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other ______				
Other ______				
Final				

(DATES)

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: [signature]
Print name here: Louis Scagnelli
[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2 new HVAC systems

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
2	Hot Air Furnace	80
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
2	Other condenser	70

Administrative Surcharge $ ______
Minimum Fee $ ______
State Permit Surcharge Fee $ ______
TOTAL FEE $ 150

U.C.C. F145 (rev. 12/18)
Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 37 Lot 25 Qualification Code

Work Site Location 167 Asbury Ave

Owner in Fee: 54 Kennedy LLC

Tel. 917 528-6411 e-mail Breale818@gmail.com

Address

Contractor: AMP ELECTRICAL SEVICES INC. Tel.

Address 606 ROBERT CT. MORGANVILLE, NJ 07751 e-mail 732-972-1130

Fire Protection Equipment, NJ Div of Fire Safety Permit No. LIC # 13111 EXP. 3/31/2024

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 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 $ 11,500

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: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] 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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/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.

Applicant/Contractor sign here:

Print name here: IGOR Pokhis

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New system HVAC

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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
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		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	70

U.C.C. F140 (rev. 02/11) Internet version

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

DR 34773517 3

ELECTRICAL SUBCODE
TECHNICAL SECTION

Change of Contractor

Date Received
Control #
Date Issued
Permit # 2021006043

AUG26 21 9:29AM

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

Block 37 Lot 25 Qualification Code ______

Work Site Location 107 ASBury AV
Atlantic Highlands NJ 07716

Owner in Fee: 54 Kennedy LLC

Tel. 917 528-6411 e-mail Brele818@gmail.com

Address 27 Chambers Lane Manalapan NJ 07726
(street) (municipality) (zip code)

Contractor: Infinite Electrical Contracting, LLC Tel. 914-714-3389

Address 700 1st Street Apt 3C e-mail Justin@infinite-electric.com
Hoboken, NJ 07030

Contractor License No. 34EI01637300 Exp. Date 3/31/24

Home Improvement Contractor Registration No. or Exemption Reason ______

Federal Emp. ID No. ______ FAX: ______

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ ______

C. CERTIFICATION IN LIEU OF OATH

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

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

Print name here: Justin Aimi

[X] 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)
48		Lighting Fixtures	
56		Receptacles	
40		Switches	
5		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
2	5 Ton	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date:______ Approved by: ______

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

SUBCODE APPROVAL for PERMIT
Date: 9/3/21
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough	* 9/14/21		9/24/21	[initials]
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final			9/14/21	[initials]
Barrier-Free				

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued ______
Annual Pool Inspection ______
Date of Grounding and Bonding Certification ______

* LTS IP EPVDUOLE NOT VALID IC

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 5-25-2021
Permit # 20210060+1

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

Block 37 Lot 25 Qualification Code ______

Work Site Location 167 Asbury Ave

Owner in Fee: 54 Vanwedy LLC

Tel. (917) 528-6411 e-mail Breale818@gmail.com

Address ______

Contractor: AMP ELECTRICAL SEVICES INC. Tel. (____) ______

Address 606 ROBERT CT. MORGANVILLE, NJ 07751 732-972-1130 e-mail ______

street / municipality / zip code

Contractor License No. LIC. # 17141 EXP 3/31/2021 Exp. Date ______

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

Federal Emp. ID No. ______ FAX: (____) ______

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 11,675

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ______ Approved by: ______

[ ] Electric Plans Approved

Date: ______ Approved by: ______

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: [illegible]

Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	* 9/14/21			
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued ______

Final Cut-in-Card Date Issued ______

Annual Pool Inspection ______

Date of Grounding and Bonding Certification ______

* 4/15 1st Outlets not [illegible]

C. CERTIFICATION IN LIEU OF OATH

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

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

Print name here: Igor Pokhis

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 200 Amp/ new service

QTY.	SIZE	ITEMS	FEE (Office Use Only)
56		Lighting Fixtures	
50		Receptacles	
44		Switches	
5		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
155			
		TOTAL NUMBERS	$ 250.
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1		KW Oven/Surface Unit	35.
		KW Elec. Water Heater	
1		KW Elec. Dryer/Receptacle	35.
1		KW Dishwasher	35.
1		HP Garbage Disposal	35.
2		KW Central A/C Unit	70.
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	110.
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2		Furnace	70.

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ 640.

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

BLOCK 37 LOT 25 ADDRESS (SITE) _____ PERMIT NO. 076-97

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 107 Asbury Av
2. Name of Owner in Fee: GARDINER MARER Tel. (908) 291-1787
   Address 142 Wesley Av, (street) At. Highlands, (municipality) NJ 07716 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Leo C. Koeppel & Son, Inc Tel. (908) 291-0890
   Address 141 First Av., At. Highlands, N.J. 07716
   License No. OR, if new home, Builder Reg. No. 3199 Exp. Date 6/97
   Federal Emp. No. 21-0658935 Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. (___) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area--Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

III. DO YOU WANT: (optional)

1 ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ 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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

107 Asbury Ave

First Av. or Asbury?

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 37 Lot 25

Work Site Location 107 Asbury Av

Owner in Fee GARDINER MAREK

Address [illegible]

[illegible] 07716

Tele. ([illegible]) [illegible]

Contractor [illegible]

Address [illegible]

[illegible] 07716

Tele. (908) [illegible]

Lic. No. or Bldrs. Reg. No. [illegible]

Federal Emp. No. [illegible]935 or Social Security No. ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing				
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			Insulation				
[ ] Other TANK	4/97	[illegible]	Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [ ] CA			Other				
Date:			Final			4/[illegible]	B
Approved By:							

(Dates (Month/Day) applies to the Failure, Failure, Approval columns.)

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______

Constr. Class Present ______ Proposed ______

No. of Stories ______

Height of Structure ______ Ft.

Area—Largest Floor ______ Sq. Ft.

New Bldg. Area/All Floors ______ Sq. Ft.

Volume of New Structure ______ Cu. Ft.

Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ ______
2. Alteration $ ______
3. Total (1+2) $ ______

C. CERTIFICATION IN LIEU OF OATH

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

[signature]

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove oil tank

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ______ Height (6' or over)
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other ______
[ ] Other ______
[ ] Demolition

(Office Use Only)
FEE
$ ______

Paid [ ] Check # ______
Collected by: ______

Administrative Surcharge $ ______
Minimum Fee $ 35-
DCA TRAINING FEE $ ______
TOTAL FEE $ 35-

U.C.C. Form F-110B

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