Michelle Clark 2024-013

From: Nici Ten Hoeve <opra+request-60164-9dba9500@requests.opramachine.com>
Sent: Monday, April 1, 2024 2:38 PM
To: Clerk
Subject: [EXTERNAL] OPRA request - OPRA for open/closed permits -126 Ocean Blvd ATLANTIC HIGHLANDS, NJ 07716

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 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: 126 Ocean Blvd, ATLANTIC HIGHLANDS, NJ 07716
Lot: 21
Block: 17

Yours faithfully,

Nici Ten Hoeve

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-60164-9dba9500@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_126

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

BUILDING SUBCODE
TECHNICAL SECTION

Still Open

Date Received
Control #

Date Issued 3-29-2022
Permit # 20220057

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 OCEAN BLVD ATLANTIC HIGHLANDS

Owner in Fee: Heather & Bob Fitch

Tel. (908) 917-3361 e-mail

Address 126 OCEAN Blvd ATLANTIC HIGHLANDS

Contractor: CACCAMO CREATIVE REMODELING Tel. (732) 735-4190
(street) (municipality) (zip code)

Address 44 OCEAN BLVD e-mail
ATLANTIC HIGHLANDS

Contractor License No. or Builder Registration No. 13VH08331600 Exp. Date 3/31/23

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

Federal Emp. ID No. 46-1735691 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework	3/23/22	
[ ] Exterior DECK	3/23/22	
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 3/23/22
Approved by:

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

INSPECTIONS

Type:	Failure	Failure (Dates Month/Day)	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame ✓			5/24/22	JN
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final ✓	7/13/23			
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 30,000

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: Joe A Cacc

Print name here: Joe CACCAMO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove second Story Deck
Replace with new Deck 31'x14'
Using Existing Foundation
12" Block
7/13/23 NO ENTRY

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

FEE (Office Use Only)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 500

Borough of Atlantic Highlands
100 First Ave
Atlantic Highlands NJ 07716
(732)291-1122

CERTIFICATE

1304 - ATLANTIC HIGHLANDS BORO

Date Issued: 02/21/2014
Permit # 14-00008
Certificate: 1400008.1

IDENTIFICATION

Block 17 Lot 21 Qualifier

Work Site Location 126 OCEAN BLVD
Atlantic Highlands, NJ 07716

Owner in Fee BOB & HEATHER FITCH
Address 126 OCEAN BLVD
ATLANTIC HIGHLANDS, NJ 07716

Telephone (908) 277-6730

Contractor ALEK AIR MANAGEMENT, INC

Address 701 E. PENNSYLVANIA BLVD
FEASTERVILLE-TREVOSE, PA 19053

Telephone (215) 253-5680 FAX

Lic No/Bldrs Reg No. 13VH045583(Fed. Emp. No.204544165
13VH04558300

Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.

Type of Warranty Plan [ ] State [ ] Private

Use Group I/R-5

Maximum Live Load

Construction Class

Max. Occupancy Load

Description of Work/Use

REPLACEMENT OF THE EXISTING BOILER WITH NEW HIGH EFFICIENCY EQUIPMENT HWH--HW BOILER HWH--HW BOILER

☐ **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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate.

☐ **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 years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00

Paid [$0.00] Check No.

Collected by:

2/11 after 3:15PM

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 1-22-14
Permit # 14-000078

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

Block 19 Lot 21 Qualification Code

Work Site Location 126 Ocean Blvd, Atlantic Highlands

Owner in Fee: Heather Fitch

Tel. e-mail

Address 126 Ocean Blvd (street) Atlantic Highlands (municipality) 07716 (zip code)

Contractor: Princeton Electrical Makeover, LLC Tel. (609) 647-4986

Address 16 Heritage Blvd. Princeton NJ e-mail

Contractor License No. 16244 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 262512282 FAX: (609) 945-0828

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Alexander Levin

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Power FOR Boiler

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		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	
		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 $ 75
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 TO PERMIT
Date
Approved by
SUBCODE APPROVAL TO 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				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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.

2/11 Letter 12:15PM

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 1-22-14
Permit # 14-00008

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 OCEAN BLVD
ATLANTIC HIGHLANDS

Owner in Fee: HEATHER FITCH

Tel. e-mail

Address

Contractor: Rich Bielinski LLC (street / municipality) Tel. (201) 388-2414 (zip code)

Address 25 West 30th Street e-mail richbiel@optonline.net
Bayonne, NJ 07002

Contractor License No. 7853 Exp. Date 06/30/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 202343425 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 $ 7600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Plumbing Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 1-9-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2/11/14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			2/11/14	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Richard Bielinski

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
HWH - HW BOILER

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

Administrative Surcharge $	80.00
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F130 (rev. 11/09)
Internet version

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

2/11 4:30 - 6pm

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued 1-22-14
Permit # 14-00008

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 Ocean Blvd, Atlantic Highlands, NJ 07716

Owner in Fee: Heather Fitch

Tel. 908-277-6730 e-mail

Address 126 Ocean Blvd (street) Atlantic Highlands (municipality) 07716 (zip code)

Contractor: Alek Air Management, Inc. Tel. (215) 253-5680

Address 701 E Pennsylvania Blvd e-mail

Feasterville -Trevose, PA 19053

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

Federal Emp. ID No. 204544165 FAX: (215) 253-7076

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location:

Total Cost of Fire Protection Work $ 200

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: 1/7/14 Approved by: WW
[ ] 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 [X] CA
Date: 2/11/14
Approved by: WW

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2/11/14	WW
Other				

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.

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: Oleg Ivanov

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Replacement of the existing boiler with new high efficiency equipment.

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 HP/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 [X] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		60
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Carbon Monoxide (CO) alarms are required to be installed in the immediate vicinity of each sleeping area. CO alarms shall be battery-operated, hard-wired or of the plug-in type.

Borough of Atlantic Highlands
100 First Ave
Atlantic Highlands NJ 07716
(732)291-1122

CERTIFICATE

1304 - ATLANTIC HIGHLANDS BORO

Date Issued: 10/10/2014
Permit # 14-00053+A
Certificate: 1400053.1

IDENTIFICATION

Block 17 Lot 21 Qualifier

Work Site Location 126 OCEAN BLVD
Atlantic Highlands, NJ 07716

Owner in Fee RICHARD & ANITA ANDRADE
Address 126 OCEAN BLVD
ATLANTIC HIGHLANDS, NJ 07716

Telephone

Contractor A & a CONTRACTORS, INC

Address 37 CALDWELL PLACE
SPRINGFIELD, NJ 07081

Telephone (973) 467-4342 FAX

Lic No/Bldrs Reg No. 13VH005601(Fed. Emp. No. 223206884
13VH00560100

Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.

Type of Warranty Plan [ ] State [ ] Private

Use Group I/R-5

Maximum Live Load

Construction Class

Max. Occupancy Load

Description of Work/Use
REMODELING OF BASEMENT ELECTRICAL SERVICE UPGRADE

☐ **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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be

☐ **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 years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00

Paid [$0.00] Check No.

Collected by:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 4-1-14
Permit # 14-00053

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 OCEAN BLV. ATLANTIC HIGHLANDS

Owner in Fee: ROBERT FITCH

Tel. (908) 277-6730 e-mail

Address 126 OCEAN BLV. ATLANTIC HIGHLANDS
street municipality

Contractor: A&A CONTRACTORS INC. Tel. (973) 467-4342
zip code

Address 37 CALDWELL PL. SPRINGFIELD, NJ 07081 e-mail

AACONTRACTORSINC@VERIZON.NET

Contractor License No. or Builder Registration No. 13VH00560100 Exp. Date 12-31-14

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

Federal Emp. ID No. 22-3206884 FAX: (973) 587-6024

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework	3/19/14	
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 3/19/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/2/14
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			5/13/14	JV
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/2/14	JV
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 19,880.00
3. Total (1+ 2) $ 19,880.00

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: AMILCAR HELENO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMODELING OF BASEMENT

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

PSV# 444

FEE (Office Use Only)

Administrative Surcharge	$ 49
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

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

PERMIT UPDATE 14-00053

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4-22-14
Control #
Date Issued 5-13-14
Permit # 1400053A

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

Block 77 Lot 21 Qualification Code

Work Site Location 126 OCEAN BLVD
ATLANTIC HIGHLANDS

Owner in Fee: Fitch

Tel. ( ) e-mail

Address

Contractor: (street) MANOR II ELECTRIC, INC (municipality) Tel. (973) 465 5040 (zip code)

Address 3 HADSLEY CT e-mail MANORII@OPTIMUM.NET
HOLMDEL NJ 07733

Contractor License No. 9139 Exp. Date 03-31-2015

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

Federal Emp. ID No. 22-2907696 FAX: (973) 465 5570

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,000.00

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 Sign/Contractor sign and seal here:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ELECTRICAL SERVICE UPGRADE

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	200	AMP Service 120/240V, 1ø 3W
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

$

Administrative Surcharge $ 110.00
Minimum Fee $
State Permit Surcharge Fee $ 5.00
TOTAL FEE $ 115.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 4/29/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 9/30/14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Fee				
Trench				
Temp. Srv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/30/14	
Barrier-Fee				

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

RJ# 458

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 4-1-14
Permit # 14-00053

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 OCEAN BLVD
ATLANTIC HIGHLANDS

Owner in Fee: ROBERT FITCH

Tel. (908) 277-6730 e-mail

Address 126 OCEAN BLVD. ATLANTIC HIGHLANDS, NJ
street municipality zip code

Contractor: MANOR II ELECTRIC, INC Tel. (973) 965-5040

Address 3 ARDSLEY CT e-mail MANORII@OPTIMUM.NET
HOLMDEL NJ 07733

Contractor License No. 9139 Exp. Date 3-31-2015

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

Federal Emp. ID No. 22-2907696 FAX: (973) 965-5570

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $ 7,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 3/18/14 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 3/19/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7/30/14
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			4/22/14	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/30/14	
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: JOSE C. ROQUE

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ELECTRIC WORK AS PER PAGE 5/5 OF DWGS

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

Administrative Surcharge	$ 145.
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

PAID 4/4/14

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 4-1-14
Control #
Permit # 14-00053

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

Block 17 Lot 21
Work Site Location 126 OCEAN BLV. ATLANTIC HIGHLANDS
Owner in Fee ROBERT FITCH
Address 126 OCEAN BLV. ATLANTIC HIGHLANDS
Tele. (908) 277-6730
Contractor NORTHWIND PLUMBING AND HEATING
Address 297 CHESTNUT ST NEWARK - N.J. 07105
Tele. (973) 465-93-24 Fax ( ) _____
Lic. No. 10951
Federal Emp. No. 27-1215630

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 $ 3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3-18-14
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-2-14
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough			5-6-14	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

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.

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
1	Sink
	Dishwasher
	Drinking Fountain
1	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
1	Gas Piping
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
	Other _____
	Other _____
	Other _____

PLUMB # 444

FEE (Office Use Only)

$ _____

Administrative Surcharge $ 10.
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

U.C.C. F130
(rev. 3/96)

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

Borough of Atlantic Highlands
100 First Ave
Atlantic Highlands NJ 07716
(732)291-1122

CERTIFICATE

1304 - ATLANTIC HIGHLANDS BORO

Date Issued: 11/06/2014
Permit # 14-00095
Certificate: 1400095.1

IDENTIFICATION

Block 17 Lot 21 Qualifier

Work Site Location 126 OCEAN BLVD
Atlantic Highlands, NJ 07716

Owner in Fee BOB & HEATHER FITCH
Address 126 OCEAN BLVD
ATLANTIC HIGHLANDS, NJ 07716

Telephone (908) 917-3361

Contractor Thomas Paolino, Inc.

Address 3 Williams Burg South
Colts Neck, NJ 07722

Telephone (347) 723-6990 FAX (732) 252-5963

Lic No/Bldrs Reg No. 13VH042724(Fed. Emp. No. 13VH04272400

Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.

Type of Warranty Plan [ ] State [ ] Private

Use Group I/R-5

Maximum Live Load

Construction Class

Max. Occupancy Load

Description of Work/Use

REPAIR/EXISTING SLOPE & ADD GABION WALL SYSTEM 3 BASKETS IN TOTAL HEIGHT

☐ **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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be

☐ **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 years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

_____.

CONSTRUCTION OFFICIAL

Fee $0.00

Paid [$0.00] Check No.

Collected by:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 5-15-14
Permit # 14000095

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 Ocean Blvd
Atlantic Highlands

Owner in Fee: Bob + Heather Finch

Tel. (908) 917-3361 e-mail

Address SAME AS ABOVE 07716

Contractor: Thomas Rawlins Inc (street / municipality) Tel. (347) 723-6990 (zip code)

Address 3 Williamsburg So e-mail millennium stacks@gmail
Colts Neck NJ 07722

Contractor License No. or Builder Registration No. 13VH04272400 Exp. Date 12/31/14

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

Federal Emp. ID No. 205461671 FAX: (732) 2525863

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: Thomas Rawlins (construction)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Repair / existing slope & ADD gabbion wall system
3 Baskets in TOTAL
Height

NEED VARIATION - FENCE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	5/15/14	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[X] Exterior Retaining Wall		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10/15/14
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) 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		10/2/14	10/3/14	
Barrier-Free				

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

FEE (Office Use Only)

$

Administrative Surcharge $ 267
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 10,500

PAID 420

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

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS

MUNICIPALITY Atlantic Highlands

APPLICATION FOR A VARIATION

Date Received _____ Control # _____
Date Issued _____ Permit # _____
Date Revised _____ Date Permit Issued _____

IDENTIFICATION Block 17 Lot 21

Work Site Location 126 Ocean Blvd

Owner in Fee Robert & Heather Fitch
Address 126 Ocean Blvd
Atlantic Highlands, NJ 07716
Tele. (908) 917-3361

Contractor Thomas Paolino, Inc
Address 3 Williamsburg So.
Colts Neck, NJ 07722
Tele. (347) 723-6990
Lic. No. 13VH04272400
Federal Emp. No. 205461671
or Social Security No. _____

FEE $ _____ *(Determined by Enforcing Agency)*

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).: SECTION R312.1 GUARD REQUIREMENT ON OPEN SIDED WALKING SURFACES.

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of those difficulties.: DUE TO THE UNIQUE TOPOGRAPHY OF THE PROPERTY (EXTREMELY STEEP) INSTALLATION OF THE FENCE WOULD REQUIRE UNUSUALLY HIGH GUARDS.

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.: HOMEOWNER WILL PROVIDE SAFETY GATES WITH POOL COMPLIANT HARDWARE TO PREVENT ACCESS TO THIS AREA.

DATE 10/23/14 SIGNED _____ APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days.
After reviewing the facts, we [ ] DENY [X] GRANT the above variation request, in accordance with *N.J.A.C.* 5:23-2.9 through 2.13, for the following reasons:

GATES WILL PREVENT ACCESS TO THE STEEP SLOPE AREA.

Date 11/5/2014

Building Subcode Official

Plumbing Subcode Official

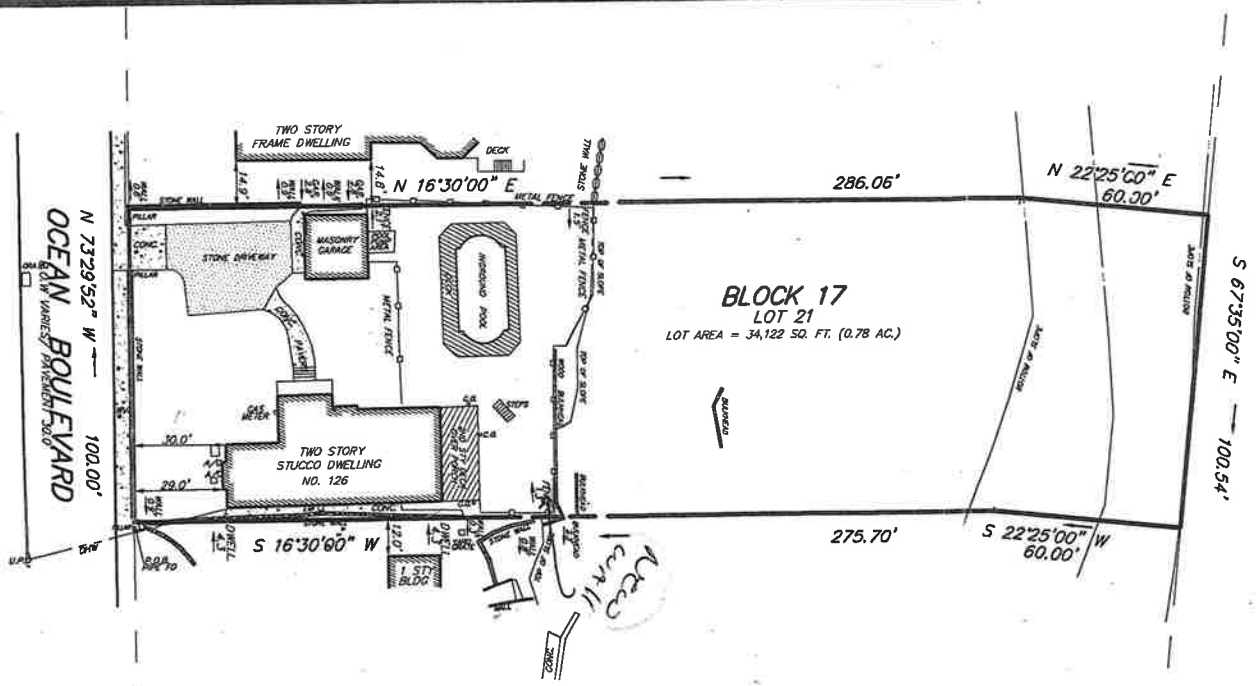
Elevator Subcode Official

Electrical Subcode Official

Fire Subcode Official

Construction Official

U.C.C. Form F-1608



NOTES:

1) BUILDING OFFSETS AND FENCES NOT TO BE USED TO ESTABLISH PROPERTY LINES.
2) LOCATION OF UNDERGROUND UTILITIES, IF ANY, NOT SHOWN
3) THIS SURVEY SUBJECT TO ANY EASEMENT OF RECORD OR OTHER PERTINENT FACTS WHICH MAY BE DISCLOSED BY A TITLE SEARCH.
4) WETLANDS, FLOOD HAZARD AREAS AND OTHER ENVIRONMENTALLY SENSITIVE LANDS, IF ANY, NOT SHOWN NOR INVESTIGATED.
5) PROPERTY CORNERS NOT SET. WAIVER OF SETTING CORNER MARKERS OBTAINED FROM ULTIMATE USER PURSUANT TO THE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS REGULATION N.J.A.C. 13:40-5.1(d).

I HEREBY CERTIFY that this is a true and accurate survey made on the grounds and that no encroachments exist either way across the property lines except as shown hereon.

CERTIFIED TO:

ROBERT N. FITCH AND HEATHER FITCH
JAMES R. OTTOBRE, ESQ.
NJ LENDERS CORP., its successors and/or assigns, ATIMA
BEECHWOOD TILE AGENCY
CHICAGO TITLE INSURANCE COMPANY

THIS CERTIFICATION is made only to the above named parties for the purchase and / or mortgage of the herein delineated property by the above named purchasers. No responsibility or liability is assumed by the surveyor for the use of this survey for any other purpose including, but not limited to, use of the survey for survey affidavit, resale of the property, or to any other person not listed in this certification, either directly or indirectly.

Map File No. C- Block 17 Lot 21 Official Tax Map of the Borough of Atlantic Highlands

File No. 9606

SURVEY OF PROPERTY

BLOCK 17 **LOT 21**

SITUATED IN:

BOROUGH OF ATLANTIC HIGHLANDS, MONMOUTH COUNTY, NEW JERSEY

C.C. WIDDIS SURVEYING, LLC

PROFESSIONAL ENGINEERS ~ LICENSED LAND SURVEYORS ~ PROFESSIONAL PLANNERS
175 Broadway, Long Branch, New Jersey 07740
Voice: 732.222.8810 ~ Telefax: 732.222.8815
NEW JERSEY AUTHORIZATION No. 24GA28196100

WILLIAM H. ZIEMAN, JR.
N.J. Professional Land Surveyor

1-17-13
N.J. PROFESSIONAL LAND SURVEYOR, License No. 18259 **DATE**

DATE:	1/17/13
SCALE:	1" = 40'
DRAWN BY:	JMW
CHECKED BY:	AJW
APPROVED BY:	WHZ
DRAWING FILE:	
MAP NO.:	C-
FILE NO.:	F-9606
SHEET NO.	1 OF 1

PROJECT DESCRIPTION

Modular Block Retaining Wall

The homeowners are desirous of constructing a new patio area to replace the existing patio adjacent to their pool. A modular block wall has been designed for the proposed retaining wall in that area. That wall ranges from 3 feet to 4 feet high. A detail has been provided on the plans. Stability calculations are attached in the Appendix to this report.

Gabion Basket Retaining Wall

An existing wood wall exists in the area behind the dwelling. The homeowner was desirous of reinforcing that retaining wall with a gabion retaining wall. The existing wood wall is to remain and the gabion baskets would be buried behind that wall. Prior to approval of the initial design, there was a collapse of the slope in that area. Therefore, the wall was redesigned to expand the new wall construction. The new gabion wall shall consist of 24 lf of 12' high gabion baskets and an additional 12 lf of 9' high gabion baskets for a total wall length of 36 lf. A detail has been provided on the plans. Stability calculations are attached in the Appendix to this report.

Appendices

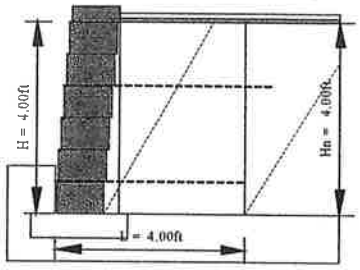
1. Keystone Retaining Wall Calculations
2. 9' high Gabion Wall Calculations
3. 12' high Gabion Wall Calculations

RETAINING WALL DESIGN

Version 3.6.1 Build 11

Project: *Heather Fitch-modular block*
Project No: *9535*
Case: *Case 1*
Design Method: *Rankine-w/Batter (modified soil interface)*

Date: *5/1/2014*
Designer: *PAD*



Design Parameters

Soil Parameters:

	ϕ	c	γ pcf
Reinforced Fill	*30*	*0*	*120*
Retained Zone	*30*	*0*	*120*
Foundation Soil	*30*	*0*	*120*

Reinforced Fill Type: *Sand, Silt or Clay*
Unit Fill: *Crushed Stone, 1 inch minus*

Minimum Design Factors of Safety

sliding:	1.50	pullout:	1.50	uncertainties:	1.50
overturning:	2.00	shear:	1.50	connection:	1.50
bearing:	2.00	bending:	1.50		

Reinforcing Parameters: *Mirafi XTc Geogrids*

	Tult	RFcr	RFd	RFid	LTDS	FS	Tal	Ci	Cds
2XTc	*2000*	*1.60*	*1.10*	*1.05*	*1082*	*1.50*	*722*	*0.80*	*0.80*

Analysis: ***4' max wall***

Unit Type: *Compac / 120.00 pcf*
Leveling Pad: *Crushed Stone*
Wall Ht: *4.00 ft*
Level Backfill *Offset: 0.00*
Surcharge: *LL: 200 psf uniform surcharge*
Load Width: 40.00 ft

Case: Case 1
Wall Batter: 4.40 deg.

embedment: 1.00 ft

DL: 100 psf uniform surcharge
Load Width: 40.00 ft

Results:

	Sliding	Overturning	Bearing	Shear	Bending
Factors of Safety:	*1.88*	*4.13*	*9.74*	*4.98*	*0.92<<*

Calculated Bearing Pressure: *739 / 657 psf*
Eccentricity at base: 0.14 ft
Reinforcing: (ft & lbs/ft)

Layer	Height	Length	Calc. Tension	Reinf. Type	Allow Ten Tal	Pk Conn Tcl	Serv Conn Tsc	Pullout FS
2 <0.92	*2.67*	*4.5*	*313*	*2XTc*	*722 ok*	*540 ok*	*N/A*	*1.64 ok*
1	*0.67*	*4.0*	*345*	*2XTc*	*722 ok*	*580 ok*	*N/A*	*3.51 ok*

Reinforcing Quantities (no waste included):
2XTc 0.94 sy/ft

NOTE: THESE CALCULATIONS ARE FOR PRELIMINARY DESIGN ONLY AND SHOULD NOT BE USED FOR CONSTRUCTION WITHOUT REVIEW BY A QUALIFIED ENGINEER

RETAINING WALL CALCULATIONS
COULOMBS METHOD (SEE ROCKERY DESIGN AND CONST. QUIDELINES, USDOT, PUB #FHWA-CFL/TD-06-006)
#9535-HEATHER FITCH

FREE STANDING WALL - 9' HIGH GABION

Φ (phi: soil friction angle)	30	degrees
Ka (active earth pressure coefficient)	0.26124269	
γ(s), (gamma: unit weight of soil)	120	pcf
ψ=cut back angle (slope face to vert)	5	degrees
α = (90-ψ)	85	degrees
δ (interface friction angle: 2/3Φ if fabric used)		
(aka: angle of wall friction)	30	degrees
(δ-ψ)	25	degrees
β (0 deg for horiz backfill)	0	degrees
c (cohesion)	0	
HT (total wall height)	9	feet
H (wall height)	8.5	feet
W(t) (total wall width, top)	6	feet
W(b) (total wall width, bottom)	6	feet
HB (base height)	0.5	feet
WB (base width)	6	feet
γ(wall)	74	pcf
γ(base)	74	pcf
q(s) (surcharge)	200	psf

CALCULATE Ka

$$\frac{\cos^2(\psi+\Phi)}{\cos^2(\psi)*\cos(\delta-\psi)*(1+A)^2}$$

WHERE A=

$((\sin(\Phi+\delta)*\sin(\Phi-\beta))/(\cos(\delta-\psi)*\cos(-\psi-\beta)))^{1/2}$

A= 0.69

and Ka= 0.26

CALCULATE WALL WEIGHT (WW)

wall component: Hx((W(t)+W(b)/2)xγ(wall)	8.5	6	74	=	3774 lbs
base component: HBxHWxγ(base)	0.5	6	74	=	222 lbs
				total	3996 lbs

CALCULATE FORCES

Pa (active force): (0.5)*γ(s)*((HT)^2)*(Ka)	0.5	120	81	0.2612427	=	1269.64 lb/ft
Ph (horizontal comp): Pa(cos(δ-ψ))		1269.64		0.9063078	=	1150.68 lb/ft
Pv (vertical comp): Pa(sin(δ-ψ))		1269.64		0.4226183	=	536.57 lb/ft
Ps (surcharge): q(s)*Ka*HT	200	0.26	9		=	470.24 lb/ft

CALCULATE OVERTURNING

Mo (from surcharge) = (h/2*Ps)	9	2	470.24	=	2116.1 lb-ft
Mo (overturning moment)=(h/3*Ph)	9	3	1150.68	=	3452.1 lb-ft
Total overturning moment					5568.1 lb-ft

Mr (resisting moment):
moment arms

wall component: 1/2 x W(b)	0.5	6	=	3 ft
base component: 1/2 x WB	0.5	6	=	3 ft

area	weight(lbs)	Mom. arm from bottom left (ft)	moment about bottom left (lb-ft)
wall	3774	3	11322
base	222	3	666
Pv	536.57	6	3219.4369
total restisting moment=			15207.4

FACTOR OF SAFETY (OVERTURNING)

Mr / Mo=	15207.4 /	5568.1 =	2.731163	>	2	GOOD

FACTOR OFSAFETY (SLIDING)

$(\sum V)\tan\Phi / (Ph+Ps)$

where $\sum V$ = wall weight + Pv 4532.57

$(\sum V)\tan(\Phi)/(Ph+Ps)$ 4532.57 x 0.57735027 / 1620.92 = 1.6144415

1.614442 > 1.5
GOOD

FACTOR OF SAFETY (BEARING)

Determine eccentricity, e

e=(((Base/2)-((Mr-Mo)/(WW+Pv)))

where (Mr-Mo) =	15207.4	-	3452.05	=	11755.38
where (WW+Pv)=	3996	+	536.57	+	= 4532.57
and (Mr-Mo)/(WW+Pv) =	11755.38	/	4532.57	=	2.59353462
Therefore: e=	6	/	2	-	2.59353462 = 0.4064654

Bearing Pressure at the toe of the base rock

q(max)=((WW+Pv)/Base)*(1+(6e/(Base)))

where (6e/(Base))=	6	*	0.40646538	/	6 = 0.4064654
where (1+(6e/(Base)))=	1	+	0.40646538	=	1.4064654
Therefore: q(max)=	4532.57	/	6	*	1.40646538 = 1062.4845 lb/sf

less than assumed bearing pressure (3,000 psf) GOOD

is e<B/6

B/6= 1 > 0.4064654 GOOD

RETAINING WALL CALCULATIONS
COULOMBS METHOD (SEE ROCKERY DESIGN AND CONST. QUIDELINES, USDOT, PUB #FHWA-CFL/TD-06-006)
#9535-HEATHER FITCH

FREE STANDING WALL - 12' HIGH GABION

Φ (phi: soil friction angle)	30	degrees
Ka (active earth pressure coefficient)	0.26124269	
γ(s), (gamma: unit weight of soil)	120	pcf
ψ=cut back angle (slope face to vert)	5	degrees
α = (90-ψ)	85	degrees
δ (interface friction angle: 2/3Φ if fabric used)		
(aka: angle of wall friction)	30	degrees
(δ-ψ)	25	degrees
β (0 deg for horiz backfill)	0	degrees
c (cohesion)	0	
HT (total wall height)	12	feet
H (wall height)	11.5	feet
W(t) (total wall width, top)	6	feet
W(b) (total wall width, bottom)	9	feet
HB (base height)	0.5	feet
WB (base width)	9	feet
γ(wall)	74	pcf
γ(base)	74	pcf
q(s) (surcharge)	200	psf

CALCULATE Ka

$$\frac{\cos^2(\psi+\Phi)}{\cos^2(\psi)*\cos(\delta-\psi)*(1+A)^2}$$

WHERE A=

$$((\sin(\Phi+\delta)*\sin(\Phi-\beta))/(\cos(\delta-\psi)*\cos(-\psi-\beta)))^{1/2}$$

A= 0.69

and Ka= 0.26

CALCULATE WALL WEIGHT (WW)

wall component: Hx((W(t)+W(b)/2)xγ(wall)	11.5	7.5	74	=	6382.5 lbs
base component: HBxHWxγ(base)	0.5	9	74	=	333 lbs
				total	6715.5 lbs

CALCULATE FORCES

Pa (active force): (0.5)*γ(s)*((HT)^2)*(Ka)	0.5	120	144	0.2612427 =	2257.14 lb/ft
Ph (horizontal comp): Pa(cos(δ-ψ))		2257.14		0.9063078 =	2045.66 lb/ft
Pv (vertical comp): Pa(sin(δ-ψ))		2257.14		0.4226183 =	953.91 lb/ft
Ps (surcharge): q(s)*Ka*HT	200	0.26	12	=	626.98 lb/ft

CALCULATE OVERTURNING

Mo (from surcharge) = (h/2*Ps)	12	2	626.98	=	3761.9 lb-ft
Mo (overturning moment)=(h/3*Ph)	12	3	2045.66	=	8182.6 lb-ft
Total overturning moment					11944.5 lb-ft

Mr (resisting moment):
moment arms

wall component. 1/2 x W(b)	0.5	9	=	4.5 ft
base component: 1/2 x WB	0.5	9	=	4.5 ft

area	weight(lbs)	Mom. arm from bottom left (ft)	moment about bottom left (lb-ft)
wall	6382.5	4.5	28721.25
base	333	4.5	1498.5
Pv	953.91	9	8585.1652
total restisting moment=			38804.9

FACTOR OF SAFETY (OVERTURNING)

Mr / Mo=	38804.9 /	11944.5 =	3.248758	>	2
					GOOD

FREE STANDING WALL - 12' HIGH GABION CONTINUED

FACTOR OFSAFETY (SLIDING)

$(\sum V)\ \tan\Phi\ /(Ph+Ps)$

where $\sum V$ = wall weight + Pv 7669.41

$(\sum V)\ \tan(\Phi)/(Ph+Ps)$ 7669.41 x 0.57735027 / 2672.64 = 1.6567623

1.656762 > 1.5 GOOD

FACTOR OF SAFETY (BEARING)

Determine eccentricity, e

e=(((Base/2)-((Mr-Mo)/(WW+Pv)))

where (Mr-Mo) =	38804.9	-	8182.64 =	30622.27	
where (WW+Pv)=	6715.5	+	953.91 +	=	7669.41
and (Mr-Mo)/(WW+Pv) =	30622.27	/	7669.41 =	3.99278216	
Therefore: e=	9	/	2 -	3.99278216 =	0.5072178

Bearing Pressure at the toe of the base rock

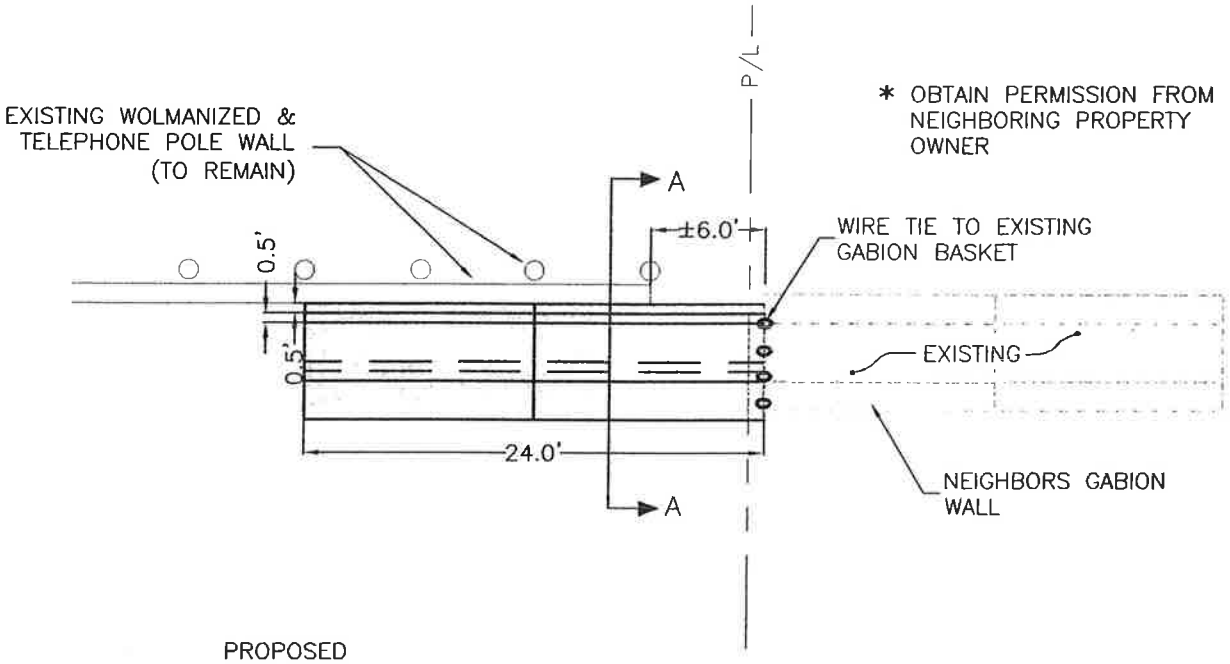
q(max)=((WW+Pv)/Base)*(1+(6e/(Base)))

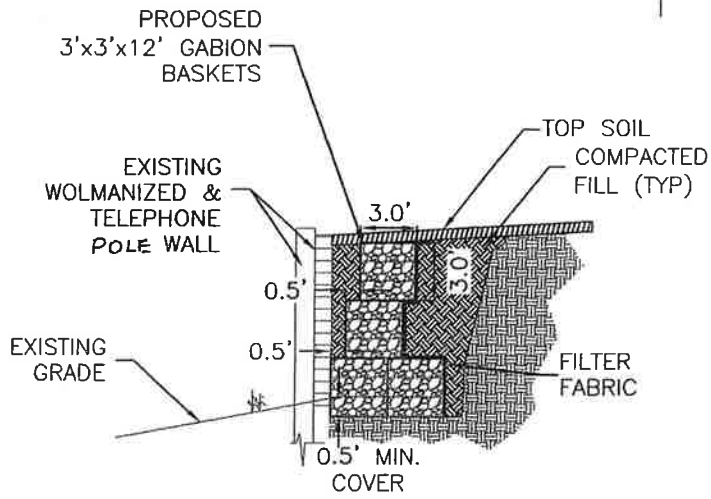
where (6e/(Base))=	6	*	0.50721784 /	9 =	0.3381452
where (1+(6e/(Base)))=	1	+	0.33814522 =		1.3381452
Therefore: q(max)=	7669.41	/	9 *	1.33814522 =	1140.309 lb/sf

less than assumed bearing pressure (3,000 psf) GOOD

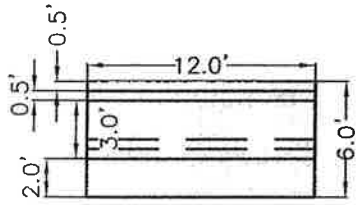
is e<B/6

B/6= 1.5 > 0.5072178 GOOD





SECTION A–A



GABION BASKETS PLAN VIEW

NUMBER	DATE	DESCRIPTION

RICHARD & ANITA ANDRADE
126 OCEAN BLVD.
ATLANTIC HIGHLANDS, NJ 07116

engineering inc. Careaga
382 Route 46 West, Equity Plaza Suite 5, Budd Lake NJ 07828
www.CareagaEngineering.com~Fax. (973) 448-0652 Tel (973) 448-0651
State Board of Professional Engineers and Land Surveyors
NJC OF A # 24GA28089000

JEFFERLY J. CAREAGA, P.E.
PROFESSIONAL ENGINEER, N.J. LIC. NO. 35973

RETAINING WALL DESIGN

126 OCEAN BLVD.
BLOCK 17 - LOT 21
SITUATED IN:
BOROUGH OF ATLANTIC HIGHLANDS
MONMOUTH COUNTY NEW JERSEY

DATE:	SCALE:	PROJECT NUMBER:
1/28/14	NTS	9535
DRAWN BY:	CHECKED BY:	SHEET:
AH	JC	1 OF 2

Retaining Wall Installation Specifications

1) The Contractor shall comply fully with any and all requirements with respect to Township Ordinances concerning earth removal and retaining walls, and is subject to NJ State Uniform Code requirements, and the IBC 2009 NJ residential code.

2) The Contractor shall prevent environmental damage due to disposal of any materials from the site, and due to temporary storage of any materials to be used in the work.

3) Final restoration shall be completed as soon as areas are no longer needed for construction, stockpile or access. Care must be taken to avoid damage to adjacent vegetation and to prevent runoff.

4) Prior to construction, the Contractor shall first grade the construction areas to prohibit any excavated material, silts, and other objectionable materials resulting from construction operations to be carried off and away from the construction area. No excavation work will be permitted and no fill shall be brought onto the site until the Contractor has installed appropriate soil erosion and sediment control measures.

5) Within the construction limits shown on the plans, trees, tree stumps, roots, brush, rubbish and other objectionable material, unless specifically designed to remain, shall be removed and disposed of off the job site

6) All topsoil, clay soils shall not be used for compacted fill under or above any geogrid installation.

7) After excavation to grade under the wall, the compacted quarry process or DGA shall be compacted to a minimum 85% maximum proctor density. The compacted fill under and above the geogrid shall be sandy onsite or imported soil or sand and shall be compacted to a minimum 85% maximum proctor density.

8) Excavations shall be of sufficient width to permit work to be down competently, in the manner and of the size specified and shown. The contractor shall adhere to all appropriate OSHA and applicable safety requirements.

NUMBER	DATE	DESCRIPTION

RICHARD & ANITA ANDRADE
126 OCEAN BLVD.
ATLANTIC HIGHLANDS, NJ 07116

engineering inc. Careaga
382 Route 46 West, Equity Plaza Suite 5, Budd Lake NJ 07828
www.CareagaEngineering.com~Fax. (973) 448-0652 Tel (973) 448-0651
State Board of Professional Engineers and Land Surveyors
NJ C OF A # 24GA28089000

JEFFEREY J. CAREAGA, P.E.
PROFESSIONAL ENGINEER, N.J. LIC. NO. 35973

RETAINING WALL DESIGN

126 OCEAN BLVD.
BLOCK 17 - LOT 21
SITUATED IN:
BOROUGH OF ATLANTIC HIGHLANDS
MONMOUTH COUNTY NEW JERSEY

DATE:	SCALE:	PROJECT NUMBER:
1/28/14	NTS	9535
DRAWN BY:	CHECKED BY:	SHEET:
AH	JC	2 OF 2

BOROUGH OF ATLANTIC HIGHLANDS
APPLICATION FOR DEVELOPMENT PERMIT

Instructions: Submit this completed application, copy of property survey, (2) copies of related plans. Property survey cannot be reduced or enlarged or be taken by facsimile transmission. **$30.00 NON REFUNDABLE FEE**

PROPERTY INFORMATION: **BLOCK** 17 **LOT(S)** 21 **ZONE** R-2

PROPERTY ADDRESS: 126 Ocean Boulevard,

Describe in detail the proposed development; include square footage, height, location, proposed use). If the application is for an addition, describe the purpose (ex: bedroom). If the application involves a change of use of the property, a separate narrative is suggested. **If the property contains slopes, a steep slope permit must be obtained prior to any development.**

Construction of a new 3.5' high (average) modular block retaining wall, a 1,450 sf patio and repair of an exist wood retaining wall with gabion baskets.

Current use of property: Residential

Is the property located on a corner lot or abut more than one street? Yes _____ No X
If yes, name of street(s) —

Does the property contain any easements or other restrictions? Yes _____ No X

Is the property situated within 50' of the following: ponds, streams, brooks, marshes, rivers, creeks, etc, or other low lying areas; or is the property located within 500' of the mean high water line or any area regulated by the Department of Environmental Protection? Yes X No _____ CAFRA EXEMPT - SEE PLAN NOTE #1.
(If you answered yes, you must contact the NJDEP at 609-292-0060 to obtain clearance, prior to submitting this permit. Violations of the Wetlands could result in fines imposed by the State of New Jersey.)

PROPERTY OWNER Robert & Heather Fitch
Mailing Address 126 Ocean Blvd, Atlantic Highlands, NJ

APPLICANT (If different than owner) Tom Paolino, Millenium Stoneworks,
Mailing Address 3 Williamsburg South, Colts Neck, NJ 07722

PLEASE READ THE FOLLOWING: I hereby certify the **(check one)** ___ I am the owner of the subject property; or X I have permission from the property owner to submit this Application for Development. I certify, to the best of my knowledge all the information contained on this application is correct; and the survey provided is accurate and shows all structures located on the site. In addition, I grant permission to the Borough of Atlantic Highlands and their agents to come onto the subject property, for the purpose of conducting inspections, relating to this application.

DATE _____ **SIGNATURE** _____

*****This permit is issued for the purpose of property zoning only. Permit expires one year from the date of approval*****

✓ _____ DEVELOPMENT PERMIT APPROVED – CONDITIONS 1,450 s.f. patio and 3.5' modular retaining wall within property lines -

_____ DEVELOPMENT PERMIT DENIED

DATE 5/7/14 **ZONING OFFICER** _____

04-08-14P04:38 RCVD

Borough of Atlantic Highlands
100 First Ave
Atlantic Highlands NJ 07716
(732)291-1122

CERTIFICATE

1304 - ATLANTIC HIGHLANDS BORO

Date Issued: 10/01/2014
Permit # 14-00094
Certificate: 1400094.1

IDENTIFICATION

Block 17 Lot 21 Qualifier
Work Site Location 126 OCEAN BLVD
Atlantic Highlands, NJ 07716
Owner in Fee ROBERT & HEATHER FITCH
Address 126 OCEAN BLVD
ATLANTIC HIGHLANDS, NJ 07716
Telephone (908) 917-3361
Contractor Thomas Paolino, Inc.
Address 3 Williams Burg South
Colts Neck, NJ 07722
Telephone (347) 723-6990 FAX (732) 252-5963
Lic No/Bldrs Reg No. 13VH042724(Fed. Emp. No. 13VH04272400
Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group I/R-5
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
RECEPTACLES FOR OUTSIDE PATIO

☐ **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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be

CONSTRUCTION OFFICIAL

☐ **CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (0 years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

_____ .

Fee $0.00
Paid [$0.00] Check No.
Collected by:

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 5-15-14
Permit # 1400094

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 Ocean Blvd. Atlantic Highlands

Owner in Fee: Bob + Heather Fitch

Tel. (908) 917-3361 e-mail

Address
street municipality zip code

Contractor: Precision Tech Electric Tel. (732) 780-3131

Address 4 Ikes Lane Manalapan NJ 07726 e-mail info@ptenj.com

Contractor License No. 10153 Exp. Date 3/31/15

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

Federal Emp. ID No. 22-2981662 FAX: (732) 780-1441

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Dwelling Utility Co. JCPL

Est. Cost of Elec. Work $ 200 -

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: 5/15/14
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 9/30/14
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/30/14	
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

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

11/27/14 14-0174
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Outside Kitchen

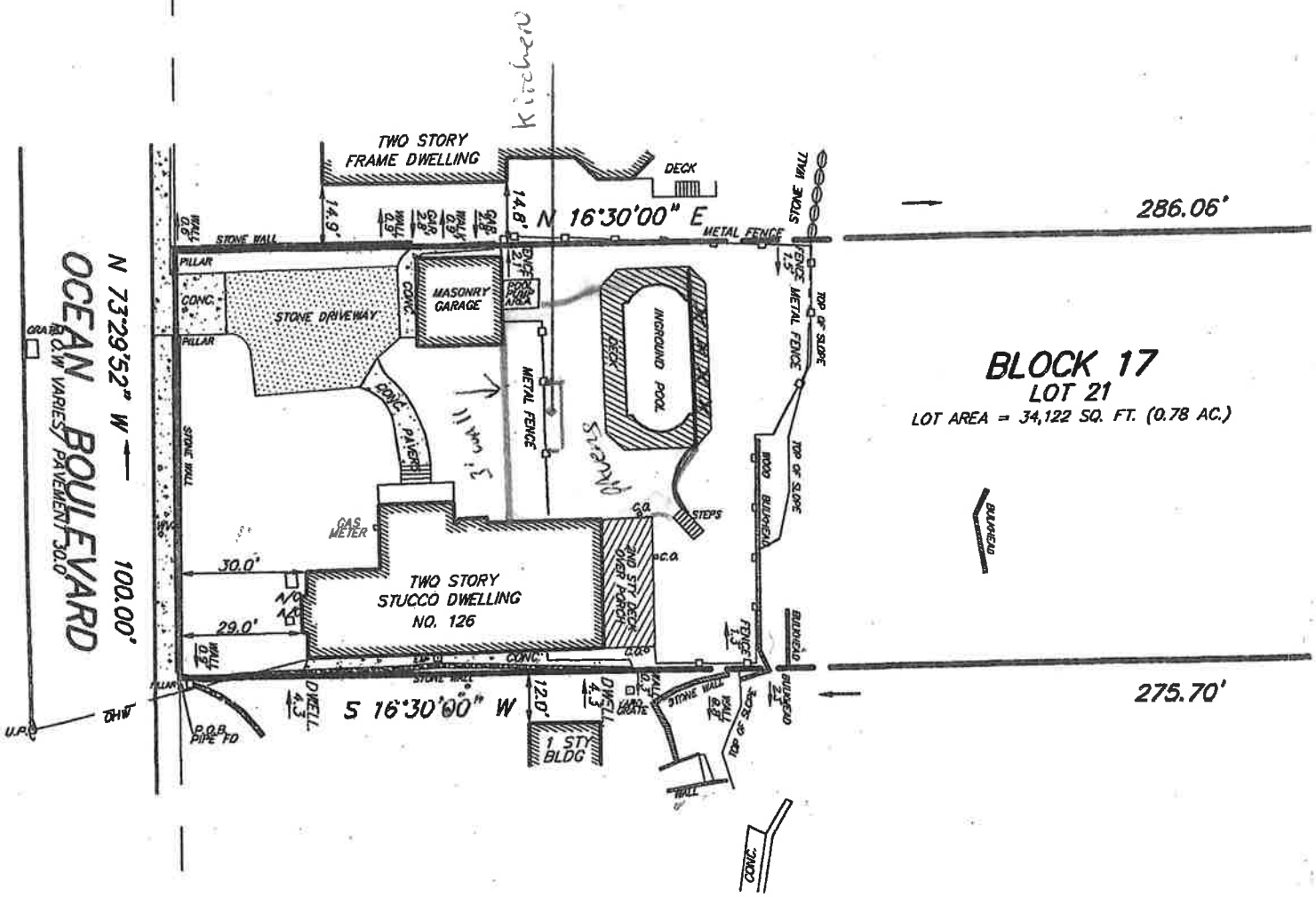
QTY.	SIZE	ITEMS	FEE (Office Use Only)
23		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
23		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW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

PD VH# 460

Administrative Surcharge	$ 75
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120HB3 (rev. 12/07)

1 White = Inspector Copy 2 Canary = Office Copy 3 Tag = Office Copy



I HEREBY CERTIFY that this is a true and accurate survey made on the grounds and that encroachments exist either way across the property lines except as shown hereon.

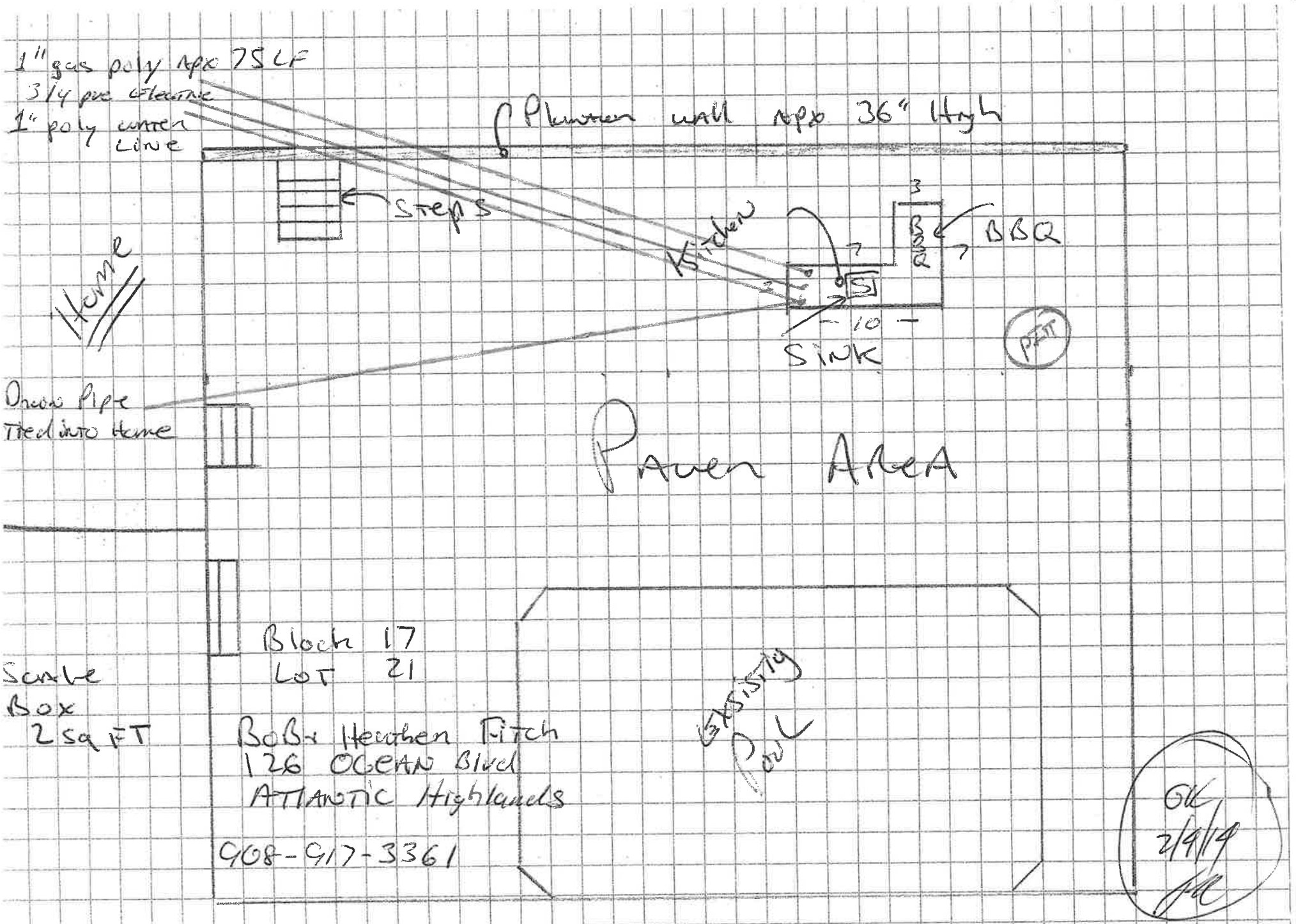
CERTIFIED TO:

ROBERT N. FITCH AND HEATHER FITCH
JAMES R. OTTOBRE, ESQ.
NJ LENDERS CORP., its successors and/or assigns, ATIMA
BEECHWOOD TILE AGENCY
CHICAGO TITLE INSURANCE COMPANY

THIS CERTIFICATION is made only to the above named parties for the purchase and / or mortgage of the herein delineated property by the above named purchasers. No responsibil or liability is assumed by the surveyor for the use of this survey for any other purpose including, but not limited to, use of the survey for survey affidavit, resale of the property, to any other person not listed in this certification, either directly or indirectly.

Map File No. C– Block 17 Lot 21 Official Tax Map of the Borough of Atlant

File No. 9606


1" gas poly Apx 75 LF
3/4 pvc Electric
1" poly water line
Plumber wall Apx 36" High
Steps
Kitchen
BBQ
BBQ
Sink
- 10 -
Home
Ocean Pipe
Tied into Home
Paver Area
Block 17
Lot 21
Scale
Box
2 sq FT
Bob Heathen Fitch
126 OCEAN Blvd
ATLANTIC Highlands
908-917-3361
Existing
Pool
OK
2/9/19

Borough of Atlantic Highlands
100 First Ave
Atlantic Highlands NJ 07716
(732)291-1122

CERTIFICATE

1304 - ATLANTIC HIGHLANDS BORO

Date Issued: 12/13/2016
Permit # 16-00315
Certificate: 1600315.1

IDENTIFICATION

Block 17 Lot 21 Qualifier

Work Site Location 126 OCEAN BLVD
Atlantic Highlands, NJ 07716

Owner in Fee HEATHER FITCH
Address 126 OCEAN BLVD
ATLANTIC HIGHLANDS, NJ 07716

Telephone

Contractor PROCUSTOMSOLAR dba MOMENTUM SOLAR
Address 325 HIGH ST
METUCHEN, NJ 08840
Telephone (732) 902-6224 FAX
Lic No/Bldrs Reg No. 13VH055390(Fed. Emp. No. 271242539
13VH0553900
Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group I/R-5
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
ROOFTOP SOLAR PV

☐ **CERTIFICATE OF OCCUPANCY**

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☒ **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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be

☐ **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 years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00] Check No.
Collected by:

CONSTRUCTION PERMIT

Date Issued 9-22-16

Permit # 1600315

IDENTIFICATION Block 17 Lot 21 Qualification Code

Work Site Location 126 Ocean Boulevard
Atlantic Highlands, NJ 07716

Owner in Fee Heather Fitch

Address 126 Ocean Boulevard
Atlantic Highlands, NJ 07716

Tel. (908) 2776730

Contractor Pro Custom Solar dba Momentum Solar

Address 325 High Street
Metuchen, NJ 08840

Tel. (732) 9026224

Lic. No. or Bldrs. Reg. No. 13VHO5539000

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Rooftop Solar

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

Estimated Cost of Work $ 16982

Construction Official

9-21-16

Date

PAYMENTS (Office Use Only)

Building	60
Electrical	260
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	32
Cert. of Occupancy	
Other	
Total	352.
Check No.	8534
Cash	
Collected by	Beth M.

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 9-29-16
Permit # 1600365

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 Ocean Boulevard
Atlantic Highlands, NJ 07716

Owner in Fee: Heather Fitch

Tel. 9082776730 e-mail permits@momentumsolar.com

Address 126 Ocean Boulevard (street) Atlantic Highlands, NJ (municipality) 07716 (zip code)

Contractor: ProCustomSolar, dba Momentum Solar Tel. 7329026224

Address 30 Nixon Lane, Suite 1B e-mail info@procustomsolar.com
Edison, New Jersey 08837

Contractor License No. or Builder Registration No. 13VH05539000 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 271242539 FAX: 7329026223

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework	9/21/16	
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 9/22/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12/6/16
Approved by:

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

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 2377
3. Total (1+ 2) $ 2377

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: Cameron Christensen

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Rooftop Solar PV

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

FEE (Office Use Only)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 60.
TOTAL FEE $ _____

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

12/6

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9-29-16
Permit # 16000315

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 Ocean Boulevard
Atlantic Highlands, NJ 07716

Owner in Fee: Heather Fitch

Tel. (908) 277-6730 e-mail permits@momentumsolar.com

Address 126 Ocean Boulevard (street) Atlantic Highlands, NJ (municipality) 07716 (zip code)

Contractor: FRANZ ELECTRIC Tel. (201) 424-8841

Address 164 FRANKLYN STREET e-mail mattfz2004@yahoo.com
SECAUCUS, NJ 07094

Contractor License No. 15913 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 208779393 FAX: (732) 902-6223

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. JCPL

Est. Cost of Elec. Work $ 14,605

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: Matt Franz

Print name here: Matt Franz

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Rooftop Solar

QTY.	SIZE	ITEMS	$
53		~~Lighting Fixtures~~ microinverters	
4	80	~~Receptacles~~ Amp disconnect	
1	20/20/20/20	~~Switches~~ Branch circuit	
		~~Detectors~~ sub panel	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
53		MODULES	
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	
		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	
1	15.9	KW Elec. Sign/Outline Light KW	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: 9/29/16 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 9/29/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCC [ ] CA
Date: 12/6/16
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/6/16	
Barrier-Free				

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

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 260.

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.

Daniel W. Dunzik, **Architect LEED-AP**
P:609-921-0200 F609-921-0228

August 18th 2016

Atlantic Highlands Boro
100 First Ave.
Atlantic Highlands, NJ. 07716

Borough of Atlantic Highlands
BUILDNG DEPARTMENT
PLAN REVIEW RELEASE
BUILDING 9/21/16
PLUMBING
ELECTRICAL
FIRE PROTECTION

Attn: Construction Official

Re: Proposed Photovoltaic Solar Panel Installation
Heather Fitch
126 Ocean Blvd.
Atlantic Highlands, NJ. 07716

Dear Sir:
Regarding the solar panel array installation on the above referenced project please note that A visual inspection was performed and analysis of the existing structure was conducted. There is adequate structural capacity for the installation of the array with the following recommendations:

1. The array will be installed on the existing roof. The roof is constructed of 2"x8" wood rafters @ 18" o.c. running 12'-11" max. with 2"x4" collar ties @ 32" o.c. and ½" plywood sheathing. The roof is a 1 layer 3 year old standard asphalt shingle with a pitch of 7/12. The new array (See Site map by contractor) will add 2.63 Lb. / Sf. overall to the roof. No additional structural support as is required in the existing attic roof structure.

2. The system shall be secured to the roof using the "Ecolibrium Solar" "Eco-X" ® attachment system. The attachment system shall be installed as per manufacturer's installation manual and is "UL 2703 approved tested". The attachments shall be min. 5/16" x 4" long stainless steel lags with a min. embedment of 2" into the rafters. When mounted in landscape or portrait in 125 Mph. exposure B wind zone with 20 Lb. snow load, attachments shall be spaced @ 48" o.c. max. with each row staggered in wind zone 1,2,&3 except when mounted in portrait, attachments shall be spaced @ 36" o.c. max. in wind zone 3 only. The maximum cantilever length shall be 16" in wind zone 1,2,&3 except when mounted in portrait the maximum cantilever length shall be 12" in wind zone 3 only. Provide 6mil.vapor barrier between dissimilar metal fasteners. Provide water tight gasket and sealant at all penetrations. Attachments shall follow panel rows as specified by the system manufacturer's installation manual. The panel angle shall match the roof slope.
Structural loads:
- Dead Loads = 10psf (+3.5psf ,New Solar Panels) = 13.5psf.

- Snow Loads = 20psf (16.5psf- factored per ASCE 7-10)

- *Wind loads = 125mph wind speed {zones 1,2 & 3(+) = 14.9psf ; zone 1(-) = -22.9psf, zone 2

Daniel W. Dunzik, **Architect LEED-AP**
P:609-921-0200 F609-921-0228

(-) = -40.8psf, zone 3(-) = -55psf} *Wind loads per ASCE 7-10 .

3. Solar modules shall be secured to the roof as per the manufacturer's specifications. Solar modules shall be UL-1701 rated or better. Solar Panels and attachment system shall be designed by the manufacturer to withstand winds in excess of 125 MPH. and 50.0 PSF.. Solar panels shall be designed to support in excess of 30 lb. snow load by the manufacturer. Solar panels do not add any additional snow load to the existing structure. Refer to manufacturers specifications.

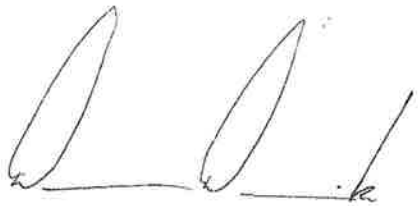
4. All penetrations shall be completely water tight and guaranteed for a period of ten years or the duration of the existing roof warrantee whichever is longer.

5. Positive drainage of the system shall be provided so as to not void the existing roof warrantee.

6. All attachment system components shall be manufactured by "Ecolibrium Solar" All attachment system design is based on manufacturers printed design specifications. All aspects of this design shall be installed in strict compliance with manufacturers printed specifications.

7. All aspects of the installation shall comply with NJUCC, ASCE7-10, IBC NJ 2015, NEC 2014(NFPA70), IRC NJ 2015. Please review the attached installation manuals and certifications prepared by the manufacturer. Please review the manufacturers code compliance certifications attached.

If you have any questions relating to this matter please contact me at your earliest convenience. Thank you.



Daniel W. Dunzik, R.A. LEED-AP
Lic. No. AI11688

308 Wall Street, Princeton, N.J. 08540

Borough of Atlantic Highlands
100 First Ave
Atlantic Highlands NJ 07716
(732)291-1122

CERTIFICATE

1304 - ATLANTIC HIGHLANDS BORO

Date Issued: 07/26/2017
Permit # 16-00369
Certificate: 1600369.2

IDENTIFICATION

Block 17 Lot 21 Qualifier
Work Site Location 126 OCEAN BLVD
Atlantic Highlands, NJ 07716
Owner in Fee HEATHER FITCH
Address 126 OCEAN BLVD
ATLANTIC HIGHLANDS, NJ 07716
Telephone
Contractor A & a CONTRACTORS, INC
Address 37 CALDWELL PLACE
SPRINGFIELD, NJ 07081
Telephone (973) 467-4342 FAX
Lic No/Bldrs Reg No. 13VH005601(Fed. Emp. No. 223206884
13VH00560100
Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/R-5
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
ALTERATION OF SECOND FLOOR & BAY WINDOW ADDITION

☐ **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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be

☐ **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 years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00] Check No.
Collected by:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11-17-16
Permit # 160036 9

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 OCEAN BLVD. ATALINT HIGHLANDS

Owner in Fee: ROBERT AND HEATHER FITCH

Tel. (908) 277-6730 e-mail

Address 126 OCEAN BLVD. ATLANTIC HIGHLANDS NJ
(street) (municipality) (zip code)

Contractor: A&A CONTRACTORS INC Tel. (973) 467-4342

Address 37 CALDWELL PL. SPRINGFIELD, NJ e-mail

AACONTRACTORSINC@VERIZON.NET

Contractor License No. or Builder Registration No. 13VH00560100 Exp. Date 3/31/17

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

Federal Emp. ID No. 22-3206844 FAX: (973) 589-6024

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	11/9/16	JF
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/9/16
Approved by: JF

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 6/29/17
Approved by: JW

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame ✓			3/24/17	JW
Truss Sys./Bracing				
Barrier-Free				
Insulation ✓			3/7/17	JW
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final ✓			6/29/17	JW
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 64,500.00
3. Total (1+ 2) $ 64,500.00

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: AMILCAR HELEND

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ALTERATIONS OF 2ND FLOOR AND BAY WINDOW ADDITION

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

FEE (Office Use Only)

$	
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	1612.-

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 11-17-16
Permit # 1600369

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 Ocean Blvd Atlantic Highlands

Owner in Fee: ROBERT AND HEATHER FITCH

Tel. (908) 277-6730 e-mail

Address 126 OCEAN BLVD ATLANTIC HIGHLANDS NJ
street municipality zip code

Contractor: Elite Electrical Cont Tel. (973) 390-8872

Address PO Box 288 e-mail
Kenilworth NJ 07033

Contractor License No. 15899 Exp. Date March 2018

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

Federal Emp. ID No. 753230755 FAX: (908) 276-2903

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 16,380

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 11/25/16 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 11/25/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12/1/16
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initials
Rough			12/1	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/1	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Pedro Abreu

Print name here: PEDRO ABREU

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Reno

QTY.	SIZE	ITEMS	FEE (Office Use Only)
54		Lighting Fixtures	
25		Receptacles	
34		Switches	
1		Detectors	
		Light Poles	
2		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
116		TOTAL NUMBERS	$ 180.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 180.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11-17-16
Permit # 160039

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 OCEAN BOULIVARD, ATLANTIC HIGHLANDS

Owner in Fee: ROBERT AND HEATHER FITCH

Tel. (908) 277-6730 e-mail

Address 126 OCEAN BOULIVARD (street) ATLANTIC HIGHLANDS (municipality) NJ (zip code)

Contractor NORTHWIND PLUMBING HEATING Tel. (973) 466-01-10

Address 297 CHESTNUT ST e-mail

NEWARK. N.J. 07105

Contractor License No. 10951 Exp. Date 06/30/17

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

Federal Emp. ID No. 27-1215630 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 $3,500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: GIUSEPPE MARRAZZINIA

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	20
1	Urinal/Bidet	
1	Bath Tub	20
2	Lavatory	40
1	Shower	20
1	Floor Drain washer machine	20
	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	20
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
9	Gas Piping	100
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 11-3-16 Approved by: EWZ
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 7-6-17
Approved by: EWZ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			2-23-17	EWZ
Rough			2-23-17	EWZ
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping Test 15#			2-23-17	EWZ
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7-6-17	EWZ

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 240

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued 11-17-16
Permit # 1600369

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 OCEAN ~~AVE~~ BLVD
Atlantic Highlands

Owner in Fee: ROBERT & HEATHER FITCH

Tel. (908) 277-6730 e-mail

Address 126 OCEAN BLVD. ATLANTIC HIGHLANDS NJ

Contractor: Elite Electrical Cont Tel. (973) 390-8872
(Municipality) (Code)

Address PO Box 288 e-mail
KENILWORTH - NJ - 07033

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

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

Fire Alarm Contractor No. 15899 Exp. Date

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

Federal Emp. ID No. 753230755 FAX: (908) 276-2903

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 $ 200.00

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:

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: Pedro Flores

Print name here: PEDRO FLORES

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: ALTERATION
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	1	
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		

s/d reg to be hardwired and interconnected, w/battery backup, installed on all levels, in each bed room & in the immediate vicinity of each bedroom."

Carbon Monoxide (CO) alarms are required to be installed in the immediate vicinity of each sleeping area. CO alarms shall be battery-operated, hard-wired or of the plug-in type.

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 10/27/16 Approved by: WDB
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

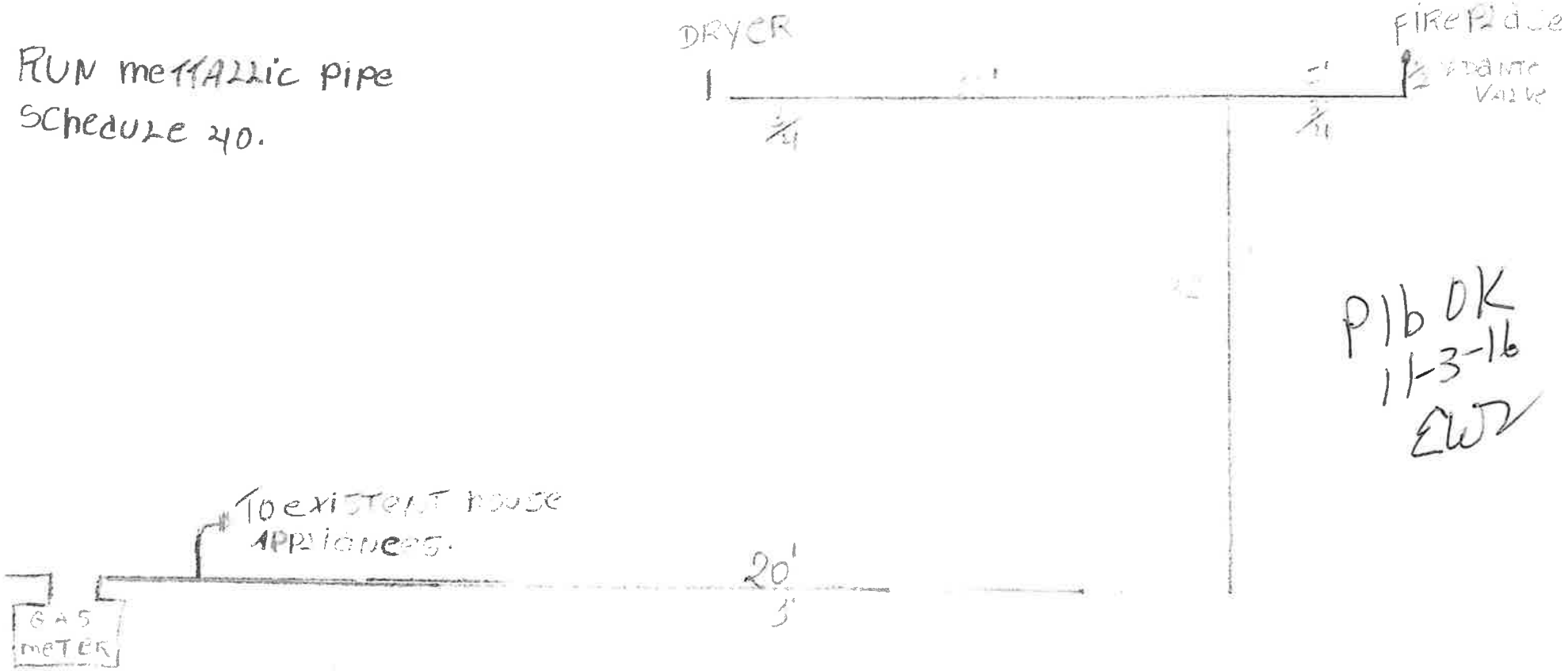
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 4/24/17
Approved by: WDB

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			6/29/17 WDB	
Other Rough			2/23/17 WDB	

[illegible] BUILDING AND HEATING
297 CHESTNUT ST
[illegible]
[illegible]
[illegible]
lic: 30931 exp: 06/30/17
fed: 27-12 15630

126 OCEAN BLVD
ATLANTIC HIGHLANDS
NEW JERSEY

RUN metallic pipe
SCHEDULE 40.



PLBDK
11-3-16
EWV

Borough of Atlantic Highlands
100 First Ave
Atlantic Highlands NJ 07716
(732)291-1122

CERTIFICATE

1304 - ATLANTIC HIGHLANDS BORO

Date Issued: 07/22/2017
Permit # 17-00070
Certificate: 1700070.1

IDENTIFICATION

Block 17 Lot 21 Qualifier
Work Site Location 126 OCEAN BLVD
Atlantic Highlands, NJ 07716
Owner in Fee HEATHER FITCH
Address 126 OCEAN BLVD
ATLANTIC HIGHLANDS, NJ 07716
Telephone
Contractor THE WOOD STOVE & FIREPLACE CENTER
Address 1643 HWY 35 NORTH
OAKHURST, NJ 07755
Telephone (732) 531-1900 FAX
Lic No/Bldrs Reg No. 13VH028269(Fed. Emp. No. 222189172
13VH02826900
Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/R-5
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
Direct vent fireplace

☐ **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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance. the following conditions must be met no later than _____ or will be

☐ **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 years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00]
Collected by:

Check No.

PermitsNJ

PNJF260 rev. (5/2013)
Printed On: 07/22/2017 11:20

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 3-16-17
Permit # 1700070

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

Block 19 Lot 21 Qualification Code
Work Site Location 126 Ocean Blvd Atlantic Highlands

Owner in Fee Robert & Heather Fitch
Address 126 Ocean Blvd
Atlantic Highlands
Tel. (908) 277 6730
Contractor Woodstove & Fireplace Center
Address 1643 Hwy 35
Oakhurst NJ 07755
Tel. (732) 531 1900 FAX (732) 5316404
Contractor License No. or Builder Registration No. 13VH02826900
Federal Emp. No 22-1691720000

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
Install Direct vent fireplace

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	3/15/17	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other FIREPLACE		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 6/29/17
Approved by: JW

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame ✓			3/28/17	JW
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final ✓			6/29/17	JW
Barrier-Free				

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. $ 0
2. Rehabilitation $ 4000
3. Total (1+ 2) $ 4000

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

FEE (Office Use Only)
$ _____

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

U.C.C. F110
(rev. 07/03)

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3-7-17
Date Issued 3-16-17
Control #
Permit # 170070

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

Block 17 Lot 21
Work Site Location 126 Ocean Blvd. Atlantic Highlands N.J. 07716
Owner in Fee Heather & Robert Fitch.
Address 126 Ocean Blvd. Atlantic Highlands NJ 07716
Tele. (908) 277 6730
Contractor Woodstove & Fireplace Center
Address 1643 Hwy 35 OAKHURST NJ 07755
Tele. (732) 531 1900 Fax (732) 531 6404
Lic. No. 13VH02826900
Federal Emp. No. 222189172000

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 289

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 3/9/17 WDS
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/29/17
Approved by: WDS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			6/29/17	WDS
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.

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Direct Vent Heat & Glo SLR 32 - Fireplace Direct Vent
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other Fireplace		

Minimum requirement of battery smoke detectors are required on all levels and carbon monoxide alarms are required in the immediate vicinity of each sleeping area.

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ 10
TOTAL FEE	$ 10

ATLANTIC HIGHLANDS
100 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716
732-2911444

CERTIFICATE
IDENTIFICATION

Date Issued: 04/21/2022
Control #: 5278
Permit #: 201900149

Block: 17 Lot :21

Work Site Location: 126 OCEAN BLVD
Atlantic Highlands

Owner in Fee: HEATHER FITCH

Address: 126 OCEAN BLVD
ATLANTIC HIGHLANDS NJ 07716

Telephone:

Agent/Contractor: RENEWAL BY ANDERSON

Address: 70 JACKSON DRIVE
CRANFORD NJ 07016

Telephone: 908 858-2671

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.: 13-4223118

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load: 0
Certificate Exp Date:
Description of Work/Use:
CREATE OPENING WITH 20'+ HEADER FOR NEW WINDOW CONFIGURATION

Update Desc. of Wk/Use:

[ ] **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.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

JOSEPH KACHINSKY Construction Official

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Fees: $0.00
Paid[X]Check No.: 120
Collected by: em

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 7-25-19

Permit # 1900149

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 126 Ocean Blvd
Atlantic Highlands, NJ 07716

Owner in Fee Heather and Robert Fitch

Address 126 Ocean Blvd
Atlantic Highlands, NJ 07716

Tel. (908) 277-6730

Contractor Renewal by Andersen

Address 70 Jackson Dr, Suite A
Cranford, NJ 07016

Tel. (908) 858-2671

Lic. No. or Bldrs. Reg. No. 13VH01541700

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Create opening with 20'+ header for new window configuration

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

Estimated Cost of Work $ $20000.00

Construction Official

6/26/2019
Date

PAYMENTS (Office Use Only)

Building 500.
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 38
Cert. of Occupancy _____
Other _____
Total 538.
Check No. 120 776
Cash _____
Collected by Beth M.

U.C.C. F170 (rev. 01/04)

(see reverse side)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7-25-19
Permit # 1900149

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 Ocean Blvd
Atlantic Highlands, NJ 07716

Owner in Fee: Heather and Robert Fitch

Tel. (908) 288-6730 e-mail heatherfitch@live.com

Address 126 Ocean Blvd. (street) Atlantic Highlands (municipality) 07716 (zip code)

Contractor: Renewal by Andersen Tel. (908) 858-2671

Address 70 Jackson Dr. Suite A e-mail ewalby@rbacentralnj.com
Cranford, NJ 07016

Contractor License No. or Builder Registration No. L050682 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason 13VH1541700

Federal Emp. ID No. 134223118 FAX: (908) 858-0020

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	6/26/19	
[ ] Footings/Foundations		
[X] Structural/Framework		JW
[ ] Exterior		
[ ] Interior W. Hopkins Henderson		

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

SUBCODE APPROVAL for PERMIT
Date: 6/26/19
Approved by: JW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3/29/22
Approved by: JW

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame ✓			3/22/19	JW
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final ✓			3/29/22	JW
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 20,000
2. Rehabilitation $ _____
3. Total (1+ 2) $ 20,000

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: Eric Walby

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Create opening with 20'+ header for new window confiuration

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

FEE (Office Use Only)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 538

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

APPEL DESIGN GROUP
ARCHITECTS
220 SOUTH ORANGE AVE. - SUITE 100
LIVINGSTON, NJ 07039
TEL: (973) 994-1776
FAX: (973) 577-4455

NEW HEADER DESIGN

SCALE: 1/4"=1'-0"

CLIENT: RENEWAL - FITCH
ADDRESS: 126 OCEAN BLVD
LOCATION: ATLANTIC HIGHLANDS
DATE: 6-11-19
DRAWN BY: MFM

A-1

GENERAL FRAMING NOTES

1. PROVIDE 4" NOMINAL BEARING FOR FULL WIDTH OF THE MEMBER SUPPORTED (SOLID BEARING). CONTINUE POST AND/OR BLOCKING TO FOUNDATION OR SUPPORTING GIRDER BELOW. POSTS INSIDE A WALL MAY BE BUILT-UP WITH 2"x4" OR 2"x6" STUDS SPIKED TOGETHER. PROVIDE CATS TO ADJACENT STUDS SPACED @ 5'-0" MAX. FOR ISOLATED POSTS, USE A SOLID MEMBER OR BUILT-UP STUDS PER THE FOLLOWING:
   A. - POSTS SHOWN AS 4" x 4" SHALL BE TWO 2" x 4" STUDS NAILED TOGETHER WITH ONE ROW OF STAGGERED 10D COMMON WIRE NAILS, SPACED AT 6" O.C.
   B. - 4" x 6" POSTS SHALL BE TWO 2" x 6" STUDS NAILED TOGETHER WITH ONE ROW OF STAGGERED 10D COMMON WIRE NAILS SPACED AT 6" O.C.

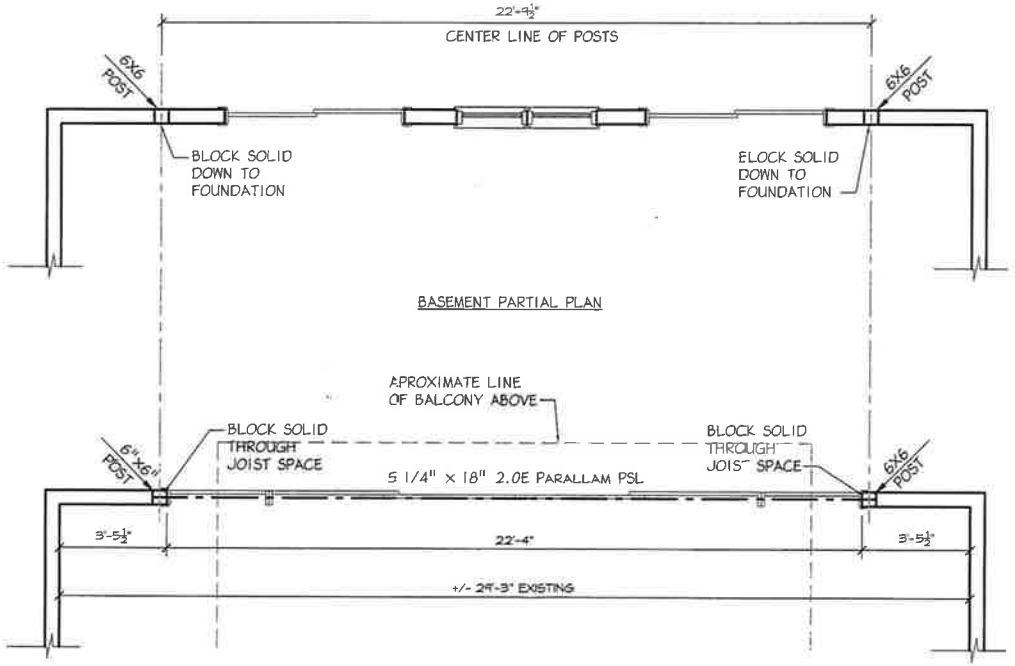
2. FRAMING COMPONENTS AND STRUCTURAL MEMBERS SHALL BE FASTENED (MINIMUM) PER REQUIREMENTS OF TABLE R602.3 (1-2).

3. FOLLOW REQUIREMENTS OF AMERICAN FOREST & PAPER ASSOCIATION NATIONAL DESIGN STANDARDS (AF&PA NDS).

4. IF ANY DECAYED OR DAMAGED STRUCTURAL MEMBERS ARE DISCOVERED DURING DEMOLITION, NOTIFY ARCHITECT IMMEDIATELY

5. FIELD VERIFY ALL DIMENSIONS AND NOTIFY ARCHITECT IMMEDIATELY IF POST ALIGNMENT INTERFERES WITH OPENINGS BELOW.

6. FOLLOW MANUFACTURERS INSTALLTION INSTRUCTIONS AND BEST PRACTICES. PROVIDE ALL NECESSARY FLASHING FOR A WATERTIGHT INSTALLATION.



BASEMENT PARTIAL PLAN

FIRST FLOOR PARTIAL PLAN

Borough of Atlantic Highlands
BUILDNG DEPARTMENT
PLAN REVIEW RELEASE
BUILDING 6/25/19
PLUMBING
ELECTRICAL
FIRE PROTECTION

JUN25 19 11:18

ATLANTIC HIGHLANDS
100 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716
732-2911444

CERTIFICATE
IDENTIFICATION

Date Issued: 10/29/2020
Control #: 5749
Permit #: 202000157

Block: 17 Lot : 21 Qualification Code:
Work Site Location: 126 OCEAN BLVD
ATLANTIC HIGHLANDS
Owner in Fee: FITCH, ROBERT N & HEATHER M
Address: 126 OCEAN BLVD
ATLANTIC HIGHLANDS NJ 07716
Telephone: 908 277-6730
Agent/Contractor: CORBIN ELECTRICAL SERVICES, INC
Address: 35 VANDERBURG ROAD
MARLBORO NJ 07746
Telephone: 732 536-0444
Lic. No./ Bldrs. Reg.No.: 6419 Federal Emp. No.: 22-3121404
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: 22kw GENERATOR

[ ] **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.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Joseph Kachinsky/Emm
JOSEPH KACHINSKY Construction Official

Fees: $0.00
Paid[X]Check No.: 780
Collected by: EM

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 8-13-2020
Permit # 20200157

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 Ocean Boulevard Atlantic Highlands, NJ 07716

Owner in Fee: Heather Fitch

Tel. (908) 277-6730 e-mail HeatherFitch@live.com

Address 126 Ocean Blvd. Atlantic Highlands, NJ 07716
street municipality zip code

Contractor: CORBIN ELECTRICAL SERVICES, INC. Tel. (732) 536-0444

Address 35 VANDERBURG ROAD e-mail
MARLBORO, NJ 07746

Contractor License No. 6419 Exp. Date

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

Federal Emp. ID No. 22-3121404 FAX: (732) 536-8547

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ $12,300

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: **STEVEN CORBIN**

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Generator Transfer Switch

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1	22	KW Transformer/Generator	75.00
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2	200A	Auto Transfer Switch	75.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8/13/20
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 11/13/20
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/13/20	
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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control #
Date Issued 8-13-2020
Permit # 20200157

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

Block 17 Lot 21 Qualificat on Code

Work Site Location 126 Ocean Blvd., Atlantic Highlands 07716

Owner in Fee: Heather FITCH

Tel. 908 277-6730 e-mail heatherfitch@live.com

Address 126 Ocean Blvd. (street) Atlantic Highlands (municipality) 07716 (zip code)

Contractor: **CORBIN ELECTRICAL SERVICES, INC.** Tel. **(732) 536-0444**

Address **35 VANDERBURG ROAD** e-mail

MARLBORO, NJ 07746

Contractor License No. **19HC00070800** Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. **22-3121404** FAX: **(732) 536-8547**

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or 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 $ 650

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: **ADAM CORBIN**

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install gas pipe between meter + generator

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[X] Mechanical Plans Approved
Date: 8/6/20 Approved by: MV
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [X] Plumb. [ ] Fire. [ ] Elev.

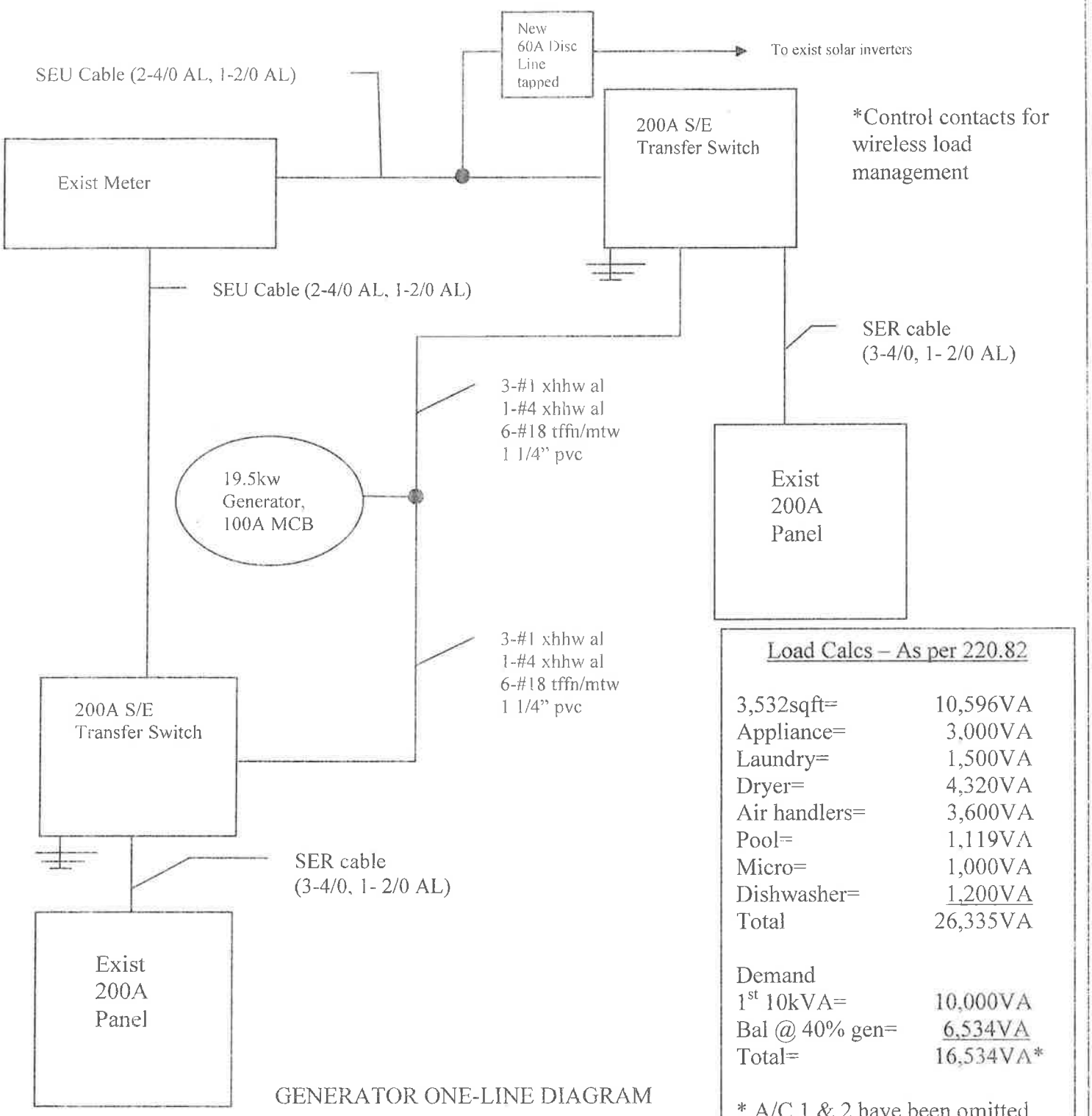
SUBCODE APPROVAL for PERMIT
Date: 8/6/20
Approved by: MV

SUBCODE APPPROVAL for CERTIFICATE
[X] CA [ ] CCO
Date: 10-29-20
Approved by: MV

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping			10-29-20	MV
Tank				
Cooling/AC				
Generator			10-29-20	MV
Fireplace				
Chimney Cert.				
Other				
Other				
Final			10-29-20	MV

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
1	Gas Piping Connections	50.
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
1	Fireplace	35
	Generator	
	Other	

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



GENERATOR ONE-LINE DIAGRAM

Load Calcs – As per 220.82

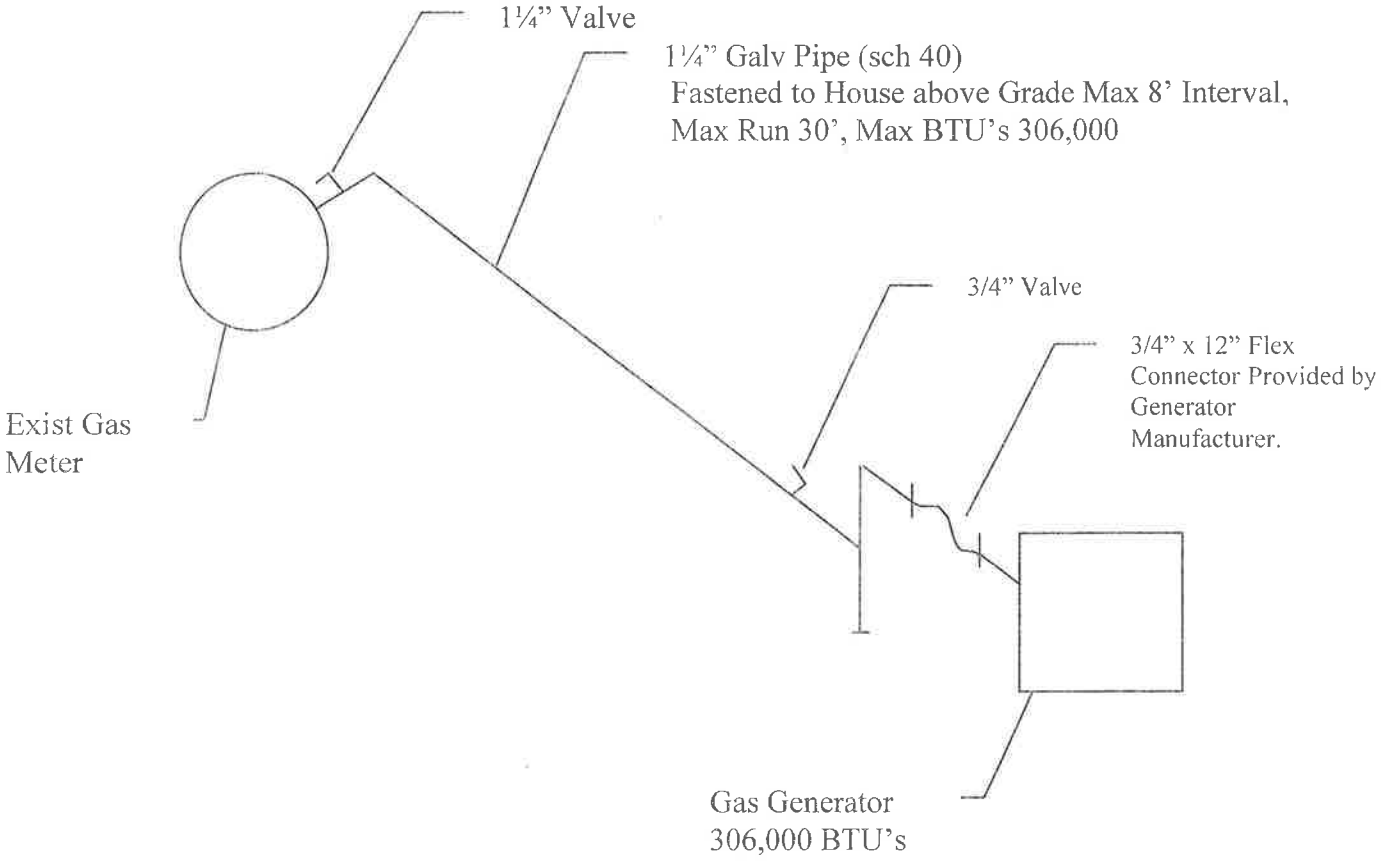
3,532sqft=	10,596VA
Appliance=	3,000VA
Laundry=	1,500VA
Dryer=	4,320VA
Air handlers=	3,600VA
Pool=	1,119VA
Micro=	1,000VA
Dishwasher=	1,200VA
Total	26,335VA

Demand	
1st 10kVA=	10,000VA
Bal @ 40% gen=	6,534VA
Total=	16,534VA*

* A/C 1 & 2 have been omitted due to load shed capability of generator

Fitch
126 Ocean Blvd.
Atlantic Highlands, NJ 07716
Blk 17 Lot 21
6/29/2020

Corbin Electrical Services, Inc.
35 Vanderburg Rd
Marlboro, NJ 07746
732-536-0444 (f)732-536-8547
License #6419



GAS ISOMETRIC DIAGRAM

Fitch 126 Ocean Blvd. Atlantic Highlands, NJ 07716 Blk 17 Lot 21 6/29/2020	Corbin Electrical Services, Inc. 35 Vanderburg Rd Marlboro, NJ 07746 732-536-0444 (f)732-536-8547 License #19HC00070800

ATLANTIC HIGHLANDS
100 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716
732-2911444

CERTIFICATE
IDENTIFICATION

Date Issued: 07/25/2023
Control #: 5897
Permit #: 20210036

Block: 17 Lot :21

Work Site Location: 126 OCEAN BLVD
ATLANTIC HIGHLANDS

Owner in Fee: FITCH, ROBERT N & HEATHER M

Address: 126 OCEAN BLVD
ATLANTIC HIGHLANDS NJ 07716

Telephone: 908 917-3361

Agent/Contractor: CACCAMO CREATIVE REMODELING, LLC

Address: 44 Ocean Blvd
Atlantic Highlands NJ 07716

Telephone: 732 735-1190

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No : _____

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
KITCHEN ALTERNATION

Update Desc. of Wk/Use:

[ ] **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.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Joseph Kachinsky/Emm
JOSEPH KACHINSKY Construction Official

Fees: $0.00
Paid[X]Check No.: 2415
Collected by: EM

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 3-9-2021
Permit # 20210036

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

Block 17 Lot 21 Qualification Code _____

Work Site Location 126 OCEAN Blvd

Owner in Fee: HEATHER + BOB FITCH

Tel. 908 917-3361 e-mail _____

Address 126 OCEAN Blvd (street) ATLANTIC HIGHLANDS (municipality)

Contractor: CACCAMO Creative Reproductions Tel. 732-735-1190 (zip code)

Address 44 OCEAN Blvd e-mail _____

Contractor License No. or Builder Registration No. 13VH08331600 Exp. Date 3/31/21

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 46-1735691 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations	12/16/20	
[X] Structural/Framework		
[ ] Exterior		
[ ] Interior	KITCHEN	

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

SUBCODE APPROVAL for PERMIT
Date: 12/16/20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3/29/22
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3/29/22	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 10,000

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: J M Caccamo
Print name here: Joseph CACCAMO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Kitchen ATeration

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

FEE (Office Use Only)
$ _____
Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 250.

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 3-9-2021
Permit # 20210036

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 OCEAN BLVD

Owner in Fee: Heather + BOB Fitch

Tel. (908) 917-3361 e-mail

Address 126 OCEAN BLVD

Contractor: (street) MARTINS ELECTRO (municipality) Tel. (732) 241-6587 (zip code)

Address 37 HART ST e-mail
HAZLET NJ

Contractor License No. 9181 Exp. Date

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

Federal Emp. ID No. 203025047 FAX: (732) 495-9750

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8380 cc

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: 12/11/20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7/18/23
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			3/30/21	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other 4 GFCI $ REQ IN KIT counter				
Service				
Final 4 3/30/21			7/18/23	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Kitchen RENOVATION

QTY.	SIZE	ITEMS	FEE (Office Use Only)
31		Lighting Fixtures	
12		Receptacles	
13		Switches	
3		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
58		TOTAL NUMBERS	$ 110.
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1	50	KW Elec. Range/Receptacle	125
1	50	KW Oven/Surface Unit	125
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	2500	KW Dishwasher	75
1	500	HP Garbage Disposal	75
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	60	AMP Subpanels	75
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 585

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3-9-21
Control #
Permit # 20210036

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

Block 17 Lot 21
Work Site Location 126 OCEAN BLVD

Owner in Fee Heather + Bob Fitch
Address 126 Ocean Blvd

Tele. (908) 917-3361
Contractor MARTINS ELECT CO
Address 37 MART ST
HAZLET NJ
Tele. (732) 241-9787 Fax ( ) 495-9750
Lic. No. 9181
Federal Emp. No. 203025442

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 400.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 12/1/20
Approved by: [illegible]

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: ____
Approved by: 3/9/21 [illegible]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			3/9/21	[illegible]
Other Rough			3/9/21	[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.

[illegible]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Kitchen Renovation

Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [✓] 110v Interconnected [ ] System		
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	3	
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		
Halon Suppression		
Other ____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other ____		

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ 60.00
TOTAL FEE	$ ____

M&M GRAPHICS/MICROGRAPHIX, INC. 1-800-537-1314

3129

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 3-9-21
Permit # 20210036

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

Block 17 Lot 21 Qualification Code

Work Site Location 126 Ocean blvd
Atlantic Highlands, NJ 07716

Owner in Fee: Heather Fitch

Tel. e-mail

Address

Contractor: TARDIO Plumbing, LLC (street / municipality / zip code) Tel. 732 872-2711

Address 13 Highland pl e-mail mike@tardioplumbing
Atl. H., NJ 07716

Contractor License No. 12254 Exp. Date 6/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 45-2102896 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 1 1/4" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 2500 —

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Michael TARDIO

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install NEW Rough and Finish plumbing FOR NEW Kitchen. All work to be done as per Approved plans

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
2	Sink	40
1	Dishwasher	20
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	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	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 110

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 12-1-20 Approved by: MV
[X] Plumbing Plans Approved
Date: 12-1-20 Approved by: MV
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-1-20
Approved by: MV

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 3/30/22
Approved by:

INSPECTIONS Type	Failure	Failure	Approved (Dates (Month/Day))	Initial
Slab				
Rough			3-19-21	MV
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			3-19-21	MV
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			3/29/22	MV

U.C.C. F130 (rev. 11/09)
Internet version

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

ATLANTIC HIGHLANDS
100 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716
732-2911444

CERTIFICATE
IDENTIFICATION

Date Issued: 07/25/2023
Control #: 6553
Permit #: 20220193

Block: 17 Lot :21

Work Site Location: 126 OCEAN BLVD
ATLANTIC HIGHLANDS

Owner in Fee: FITCH, ROBERT N & HEATHER M

Address: 126 OCEAN BLVD
ATLANTIC HIGHLANDS NJ 07716

Telephone: 908 917-3361

Agent/Contractor: SWANTON ENERGY SERVICE, LLC

Address: 37 CENTER AVE
ATLANTIC HIGHLANDS NJ 07716

Telephone: 732 708-7926

Lic. No./ Bldrs. Reg.No.: 19HC00108600 Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
REPLACE AC SYSTEM: CONDENSER & COIL

Update Desc. of Wk/Use:

[ ] **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.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Joseph Kachinsky/Emm
JOSEPH KACHINSKY Construction Official

Fees: $0.00
Paid[X]Check No.: 7205
Collected by: EM

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 9-8-22
Date Issued
Permit # 20220193

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

Block 19 Lot 21 Qualification Code

Work Site Location 126 Ocean Blvd Atl. Highlands NJ 07716

Owner in Fee: Heather Fitch

Tel. (908) 917-3361 e-mail

Address 126 Ocean Blvd Atl. Highlands NJ 07716
street municipality zip code

Contractor: Swanton Energy Services, LLC Tel. (732) 708-7926

Address 37 Center Avenue e-mail info@swantonair.com
Atlantic Highlands, NJ 07716

Contractor License No. 19HC00108600 Exp. Date 6/30/2023

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH08394700

Federal Emp. ID No. 47 296 5779 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 9/8/22
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			11/3/22	JB
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Jeff Swanton

Print name here: **Jeff Swanton**

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement of AC system: Condenser + Coil

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3TON	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 $ 60.

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control #
Date Issued 9-8-22
Permit # 20220193

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

Block 17 Lot 21 Qualification Code
Work Site Location 126 Ocean Blvd Atl. Highlands NJ 07716

Owner in Fee: Heather Fitch
Tel. 908 917-3361 e-mail
Address 126 Ocean Blvd Atl. Highlands NJ 07716
(street) (municipality) (zip code)

Contractor: Swanton Energy Services, LLC Tel. (732) 708-7926
Address 37 Center Avenue e-mail info@swantonair.com
Atlantic Highlands, NJ 07716
Contractor License No. 19HC00108600 Exp. Date 6/30/2023
Home Improvement Contractor Registration No. or Exemption Reason 13VH08394700
Federal Emp. ID No. 47 296 5779 FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or 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 $ 12,950.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8-5-22
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[X] CA [ ] CCO
Date: 7-13-23
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			7-13-23	

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

Applicant sign/Contractor sign and seal here:
Print name here: **Jeff Swanton**
[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of AC system : condenser + coil.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Firep ace	
	Generator	
1	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 60.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 9/27/99
Control #
Permit # 211-98

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

Block 17 Lot 21
Work Site Location 128 OCEAN BLVD
ATLANTIC HIGHLANDS
Owner in Fee JOEL CARCEE
Address 128 OCEAN BLVD
Tele (732) 708 1166
Contractor SELF AT GENERAL OTHERWISE TOM ROCKEY
Address
Tele ( ) Fax ( )
Lic No or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW STAIRS TO GRADE AT REAR
ARCHITECTURAL FLOOR

1) ENCLOSED RISERS ON DECK STAIRS
2) BOLT DECK LEDGER | 4" BALUSTER SPACING
3) BASEMENT NOT TO EXCEED 6' ABOVE GRADE PLANE
4) MORE THAN 6' ABOVE FINISHED GROUND LEVEL FOR MORE THAN 50% OF BUILDING PERIMETER
5) MORE THAN 12' ABOVE FINISHED GROUND LEVEL AT ANY POINT

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

ALL WORK TO CONFORM TO CODE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other 1&2 + RENO	9/27	JW

Joint Plan Review Required
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date
Approved by:

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor 5315 Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure [illegible] - Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 100,000 -

FEE (Office Use Only)

Administrative Surcharge	$	
Minimum Fee	$	1700 -
DCA Training Fee	$	80 -
TOTAL FEE	$	1780 -

2112

UCC F110 (rev. 3/98)

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

M&M GRAPHICS MICROGRAPHIX, INC. 1-800-631-1311

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6-23-11
Date Issued
Control #
Permit # 11-118

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 86 Ocean Blvd Atlantic Highlands NJ 07716

Owner in Fee Anita Andrade

Tel (732) 204-2337 e-mail _____

Address Same (street, municipality, 732 346-6151 zip code)

Contractor ADT SECURITY SERVICES Tel ( ) -

Address 21 NORTHFIELD AVENUE

EDISON, NEW JERSEY 08837 e-mail _____

Contractor License No. 34AL00001700 Exp. Date 1/31/11

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

Federal Emp. ID No. 58-1814102 FAX (732) 346-6134

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work $ 3209.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date _____ Approved by _____

[ ] Electric Plans Approved

Date _____ Approved by _____

Joint Plan Review Required

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

SUBCODE APPROVAL TO PERMIT

Date 6/14/11

Approved by [signature]

SUBCODE APPROVAL TO CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date 7/7/11

Approved by [signature]

INSPECTIONS Type	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/11/11	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I 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 Matthew Gertel

[ ] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr. [x] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Burglar Alarm

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

75

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

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

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