

BOROUGH OF LITTLE SILVER, NEW JERSEY

APPLICATION FOR BUILDING PERMIT AND CERTIFICATE OF OCCUPANCY

Permit No. **004542**

Filing Date **SC 12/12/1975**

The undersigned hereby applies for a Permit for the following Improvements (Plans and Specifications for which are submitted herewith) and represents that the information supplied herein is true, knowing that it is relied upon in the granting of the Permit requested, and understands that if the Permit is granted; all work will be done as required by the Ordinances of the Borough of Little Silver.

Owner **Charles C. ...** Address **1111 ...** Lot No. **32-2** Zone **R-2**
Block No. **...** Builder **...**

Location **...** Architect **...**
☐ New Building ☐ Addition ☐ Swimming Pool
☐ Alteration ☐ Demolition ☐ Other **...**

Description **20' x 12' x 12' ...**
Premise Use ☐ Residential ☐ Business ☐ Other **...**
Size of lot: width front **...** rear **...** depth **...** corner **...**
Distance from property lines: Front **...** Left Sideline **...** Right Sideline **...** Rear **...**
Size of building: Width **...** Depth **...** Stories **...**

Estimated Construction Cost **...**

Fees: Building Permit **...**

Cert. of Occ. **...**

Total **...**

To the Building Inspector:

Application is hereby made to the Building Inspector of the Borough of Little Silver to approve the
tailed statements and plans herewith submitted, and for a permit to erect, alter, move, or demolish build
install swimming pool, or erect sign, in strict observance of the requirements of the Building Code and
ances of the Borough of Little Silver.

Signature of Owner (or Builder) **...**

Permit # **45** receipt of fees shown above.

Fees: Building Permit **...**

Approved and permit granted **...**

Cert. of Occ. **...**

Total **...**

Building Inspector **...**



BOROUGH OF RED BANK - LITTLE SILVER
90 MONMOUTH STREET
RED BANK, NJ 07701
732 - 5302760

Permit Number: 201501
Control Number: 13872
Application Date: 02/05/2015
Permit Date: 3-18-16

CONSTRUCTION PERMIT IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 82 Lot: 5 Qualification Code:
Work Site Location: 67 RIVERS EDGE DR LITTLE SILVER
Owner In Fee: BENDER, JONATHAN R & STACIE E
Address: 67 RIVERS EDGE DR
LITTLE SILVER NJ 07739
Telephone: ()
Use Group(s): R-5

Contractor: VISCON BUILDERS
Address: 530 PROSPECT AVENUE
LITTLE SILVER NJ 07739
Telephone: ()
Lic. No. / Bldrs. Reg. No.: 13VH00848000
Federal Emp. No.: 73-2933770

is hereby granted permission to perform the following work :

☒ BUILDING ☐ PLUMBING ☐ DEMOLITION
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ OTHER
☐ ELEVATOR DEVICES ☐ MECHANICAL
☐ ASBESTOS ABATEMENT ☐ LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

RENOVATION OF 2 BATHROOMS- NO STRUCTURAL

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Rehabilitation: 11,000.00
Cost of Demolition: 0.00

Total Cost: \$11,000.00

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

STANLEY J. SICKELS

Construction Official

Date

3-18-15

PAYMENTS (Office Use Only)

Building	\$300.00
Electrical	\$75.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$21.00
Other Fees	
CO Fee	
CCO Fee	
DCA Minimum	\$0.00
Minimum Fee	
Total	\$396.00
All Fees Waived:	No

Amount to be Paid: \$396.00

Note:



Little Silver Borough
80 East River Road
Rumson, NJ 07760

Date Issued 10/1/2015
Control Number 13872
Permit Number 20150156
Permit Issue Date 3/18/2015
Certificate Number 20150156

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 67 RIVERS EDGE DR LITTLE SILVER, NJ Block: 82 Lot: 5 Qual: _____
Owner in Fee: BENDER, JONATHAN R & STACIE E
Owner Address: 67 RIVERS EDGE DR LITTLE SILVER NJ 07739
Telephone: _____
Contractor VISCON BUILDERS
Address 530 PROSPECT AVENUE LITTLE SILVER NJ 07739
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 73-2933770

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: RENOVATION OF 2 BATHROOMS- NO STRUCTURAL

Certificate Comments: ALL ROUGH INSPECTIONS AND INSULATION PERFORMED BY RED BANK BUILDING DEPT

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

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

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of: _____

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **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 _____

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of: _____

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

BOROUGH OF RED BANK
60 MONMOUTH STREET
732-330-2750

IDENTIFICATION

UOC NEW JERSEY
CERTIFICATE

Date Issued 02/13/14
Control # 13-0630
Permit # 130630

Block 82 Lot 5 Qual
Work Site Location 67 RIVERSEDGE DRIVE (LS)

Owner in Fee/Occupant BENDER, JOHN & STACIE
Address 67 RIVERSEDGE DRIVE
LITTLE SILVER, NJ 07739-

Telephone (973) 818-9668

Contractor HOMEOWNER
Address SAME

SAME, NJ

Telephone (973) 818-9668 Fax () -

Lic. No. or Bldrs. Reg. No. -

Federal Emp. No. -

[] 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 the owner will be subject to fine or order to vacate:

Home Warranty No. _____

[] State [] Private
Use Group R-3

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

RENOVATE KITCHEN, REMOVE WALLS + INSTALL BEAM INSTALL NEW K1 CABINETS.

[] 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 / .

Fee \$ 0

Paid [X] Check No. 1167

Collected by: LG

Construction Official
732-330-2750 (ext. 356)

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 82 Lot 5 Qual
 Work Site Location 67 RIVERSIDE DR
 REROOF
 Owner in Fee/Occupant APY
 Address SAME
 Telephone (732) 747-4155
 Contractor WILCOX ROOFING
 Address PO BOX 57
 OCEANPORT, NJ 07757-
 Telephone (732) 870-3139 Fax ()
 Lic. No. or Bldrs. Reg. No.
 Federal Emp. No. 22-3730390

Date Issued 12/26/2001
 Control #
 Permit # 01-0240

Home Warranty No.
 Type of Warranty Plan: [] State [] Private
 Use Group R-3
 Maximum Live Load 0
 Construction Classification
 Maximum Occupancy Load 0
 Description of Work/Use:

REROOF
 FINAL INSPECTION 12/24/01 TOTAL COST \$7800.00

[] 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 the owner will be subject to fine or order to vacate:

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
 [] Total removal of lead-based paint hazards in scope of work
 [] Partial or limited time period (____ 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
 U.C.C. F260 (rev. 3/96)

Stanley A. Seckel

Fee \$ 0
 Paid [X] Check No. 1383
 Collected by: YM

Date Issued 05/23/2001
Control #
Permit # 01-0240

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 82 Lot 5 Qual

Work Site Location 67 RIVERSEDGE DR
REROOF
Owner in Fee APY
Address SAME
LITTLE SILVER, NJ 07739-
Telephone (732)747-4155

Contractor WILCOX ROOFING
Address PO BOX 57
OCEANPORT, NJ 07757-
Telephone (732)870-3139
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3730390

Is hereby granted permission to perform the following work:

☒ BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER <u> </u>

(Subchapter 8 only)

DESCRIPTION OF WORK:
REROOF

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 \$ 7,800

05/23/2001
Date

Construction Official

PAYMENTS (Office Use Only)

Building	<u>117</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Other	<u> </u>
DCA Training Fee	<u>6</u>
Cert. of Occupancy	<u>0</u>
Other	<u> </u>
Total	<u>123</u>
Check No.	<u>1383</u>
Cash	<u> </u>
Collected By	<u>YM</u>

BOROUGH OF RED BANK
90 MONMOUTH STREET
RED BANK, NEW JERSEY 07701

Phone (732) 530-2760

Fax (732) 530-2766

DISPOSAL FORM

Block _____ LOT _____

Work Site Location:

67 Rivers Edge Dr. Little Silver

Owner Name:

APV

Address:

5 Ave

Telephone:

747-4155

Name of Contractor:

Wilcox Roofing

Address of Contractor:

P.O. Box 57 Oceanport NJ

Telephone:

542-3070

Type of Construction/Demolition Debris:

Asphalt Shingles

Name of Disposal Firm:

Al Napoli Jr.

Address:

Monmouth Ave.

Middleton NJ

Phone:

787-9113

Where is it being Disposed of:

Name:

M4229J

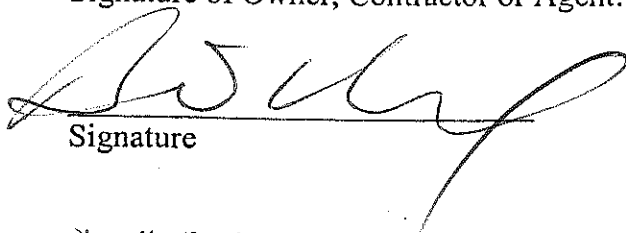
Address:

Shatto Rd.

Tinton Falls NJ

Phone:

Signature of Owner, Contractor or Agent:



Signature

5/22/01

Date

BOROUGH OF RED BANK
90 MONMOUTH STREET
732-530-2760

Date Issued 10/03/13
Control #
Permit # 13-0565

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 82 Lot 5 Qual
Work Site Location 67 RIVERSEDGE DR
CHIMNEY LINER
Owner in Fee/Occupant BENDER
Address SAME
LITTLE SILVER, NJ 07739-
Telephone (732) 747-4155
Contractor ABEL CHIMNEY
Address 39 EAST TWIN ROAD
HIGHLANDS, NJ 07732-
Telephone (732) 842-2688 Fax () -
Lic. No. or Bldrs. Reg. No. 13VH01006100
Federal Emp. No. -

Home Warranty No.
[] State [] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
FURNACE CHIMNEY LINER RELEASED WITH CONDITIONS ATTACHED

[] 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 the owner will be subject to fine or order to vacate:

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (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

N.J.C.C. 7260 (rev. 3/75)

Fee \$ 0
Paid [X] Check No. 8753
Collected by: KF

BOROUGH OF RED BANK
90 MONMOUTH STREET
732-530-2760

Date Issued 8/21/13
Control # C82/5
Permit # 13-0565

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION	Block 82	Lot 5	Qual
Work Site Location	67 RIVERSEDGE DR		
Owner in Fee	CHIMNEY LINER		
Address	BENDER		
Address	SAME		
Telephone	LITTLE SILVER, NJ 07739-		
	(732) 747-4155		
Contractor	ABEL CHIMNEY		
Address	39 EAST TWIN ROAD		
	HIGHLANDS, NJ 07732-		
Telephone	(732) 842-2688		
Lic. No. or Bldrs. Reg. No.	13VH01006100		
Federal Emp. No.	-		

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

FURNACE CHIMNEY LINER RELEASED WITH CONDITIONS ATTACHED

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

Estimated Cost of Work \$ 1,400

Construction Official

Date

8/21/13

PAYMENTS (Office Use Only)
Building 0
Electrical 0
Plumbing 0
Fire Protection 75
Elevator Devices 0
Other
DCA State Permit Fee 2
Cert. of Occupancy 0
Other
Total 77
Check No. 8753
Cash
Collected By ye



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

Borough of Red Bank
Building Department

Date Received: 7-31-2013

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 67 - Rivers Edge Dr Little Silver

Owner in Fee Mrs & Mr Bender

Verifying Individual Paul A Kanny Company ABEL Chimney Co Inc

Address 39 - EAST TWIN RCL Highlands NJ 07732

Tel: (732) 842-2688 Fax: () _____

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☐ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other: 3-5 liner

Existing Vent/Chimney:

- ☐ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☐ Power Vent/Exhauster

- ☐ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☐ Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: <u>Furnace</u>	Oil / Gas / Other: _____	<u>125</u>
Appliance 2: <u>Water Heater</u>	Oil / Gas / Other: _____	<u>40</u>
Appliance 3: _____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: OLYMPIA Model: 316 T UL Listing: Yes

Material of Liner: Stainless Steel ☒ Aluminum _____

Size of Appliance Vent: 4" Size of Liner: 6" Height of Chimney: 25'

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? ☒ Natural Draft ☒ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____ Date _____

~~Oil to Oil or Gas~~ to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature Paul Kanny Date 7/31/13

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____ Date _____

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____ Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.