Michelle Clark 2022-29

From: Nici Ten Hoeve <opra+request-30205-e22614e2@requests.opramachine.com>
Sent: Wednesday, March 16, 2022 9:15 AM
To: Clerk
Subject: [EXTERNAL] OPRA request - OPRA for permits/survey - 28 Belvidere Rd

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

Dear Atlantic Highlands Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:

- List of open 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.

28 Belvidere Rd, Atlantic Highlands, NJ 07716
Lot: 37
Block: 8

Thanks,

Nici Ten Hoeve

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-30205-e22614e2@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_permitssurvey_28_belvid

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

CERTIFICATE
IDENTIFICATION

Date Issued: 04/07/2021
Control #: 4320
Permit #: 201300312

Block: 37 Lot :8

Work Site Location: 37 SIMPSON AVE
Atlantic Highlands

Owner in Fee: DIMARCO, ANTHONY A

Address: 37 1/2 SIMPSON AVE
ATLANTIC HIGHLANDS NJ 07716

Telephone:

Agent/Contractor: ENDEAVOR TELECOM, INC

Address: 120 INTERSTATE N PKWY SUITE 2
ATLANTA GA 30339

Telephone: 678 504-2485

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.: 75-2984739

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:
INSTALLATION OF HOME SECURITY ALARM SYSTEM

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.: 125044
Collected by: EM

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ATLANTIC HIGHLANDS

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 10/18/2013 Control #: 4320

Date Issued: 11/04/2013 Permit #: 201300312

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

Block: 37 Lot: 8 Qualification Code:

Work Site Location: 37 SIMPSON AVE

Owner in Fee: DIMARCO, ANTHONY A

Address: 371/2 SIMPSON AVE
ATLANTIC HIGHLANDS NJ 07716

E-mail:

Telephone: ()

Contractor: ENDEAVOR TELECOM, INC
ATTN: DON W ARMSTRONG

Address: 120 INTERSTATE N PKWY
ATLANTA GA 30339

E-mail:

Telephone: (678) 504-2485

Fax:

DESCRIPTION OF WORK:
INSTALLATION OF HOME SECURITY ALARM SYSTEM

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: 34BX000161000 Exp Date: 1/31/2014 Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed R-5

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

Building Occupied as _____ Utility Co. _____

1. New Building $0.00 2. Rehabilitation $300.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $300.00

Job Summary(Office Use Only)

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

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

C. CERTIFICATION IN LIEU OF OATH

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

_____ _____

Applicant's Signature/Contractor's seal and Signature Print Name

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
1		Alarm Devices/F.A.C. Panel
9		Other 1: Devices rated < 20 AMPs
		Other 2:
10		TOTAL NUMBER
		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 Htr./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
		KW Photovoltaic Systems
		Other 3:
		Other 4:
		Other 5:
		Other 6: 0
		Other 7: 0
		Other 8: 0
		Other 9: 0

FEE (Office Use Only)

$75.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$1.00
TOTAL FEE	$76.00

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

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

CERTIFICATE
IDENTIFICATION

Date Issued: 10/29/2013
Control #: 4308
Permit #: 201300298

Block: 37 Lot :8

Work Site Location: 37 SIMPSON AVE
Atlantic Highlands

Owner in Fee: DIMARCO, ANTHONY A

Address: 37 1/2 SIMPSON AVE
ATLANTIC HIGHLANDS NJ 07716

Telephone:

Agent/Contractor: DOUBLE L ROOFING

Address: 28 CENTRAL AVE
ATLANTIC HIGHLANDS NJ 07716

Telephone: 732 8720762

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.: 222475824

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:
RE-ROOF OVER 1 EXISTING ASPHALT SHINGLE ROOF ASTMD 3161 ROOF SHINGLES

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 Construction Official

Fees: $0.00
Paid[X]Check No.: 17006
Collected by: em

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE TECHNICAL SECTION

ATLANTIC HIGHLANDS

Date Received: 10/11/2013 Date Issued: 10/09/2013

Control #: 4308 Permit #: 201300298

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

Block: 37 Lot: 8 Qualification Code:

Work Site Location: 37 SIMPSON AVE

Owner Details

Name: DIMARCO, ANTHONY A

Address: 37 1/2 SIMPSON AVE
ATLANTIC HIGHLANDS NJ 07716

Telephone: ( )

E-mail:

Contractor Details

Contractor: DOUBLE L ROOFING
ATTN: LOU LICITRA

Address: 28 CENTRAL AVE
ATLANTIC HIGHLANDS NJ 07716

Telephone: (732) 872-0762 Fax:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason: 13vh0171700

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories		If Industrialized Building	
Height of Structure		Ft.	State Approved _____ HUD_____
Area - Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	**Est. Cost of Bldg. work:**
Volume of New Structure		Cu. Ft.	1. New Building 0.00
Total Land Area Disturbed		Sq. Ft.	2. Rehabilitation 4,000.00
Max. Live Load	0		3. Demolition 0.00
Max. Occupancy Load	0		4. Total (1+2+3) $4,000.00

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
RE-ROOF OVER 1 EXISTING ASPHALT SHINGLE ROOF
ASTMD 3161 ROOF SHINGLES

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	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				

Dates(Month/Day)

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	
[ ] Addition	
[ ] Rehabilitation	
[X] Roofing	$100.00
[ ] Siding	
[ ] Fence_____ Height (exceeds 6')	
[ ] Pylon Sign 0 Sq. Ft.	
[ ] Ground or Wall Sign 0 Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall 0.00 Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other 1:	
[ ] Other 2:	
[ ] Other 3:	
[ ] Demolition	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$6.80
TOTAL FEE	$106.80

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

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

BLOCK 8 LOT 37 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO 02-05

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 28 BELVEDER
2. Name of Owner in Fee EARLEY — Tel. (732) 291-2[illegible]
   Address 28 BELVEDER - (street) municipality (zip code)
3. Ownership in Fee: Public _____ Private ✓ Tel (732) 571-1004
4. Principal Contractor FABCO — Tel (732) 571-1004
   Address 245 WEST 14W LONG BEACH
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work M. FABIANO
   Tel (732) 571-1004 — FAX (_____) _____

BUILDING PERMIT MUST BE OBTAINED

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name ANTHONY FABIANO

Address 245 West AVE

Telephone (732) 5716004

Signature _____

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

Dig# 053610994

CONSTRUCTION PERMIT

Date Issued 1-3-05

Permit # 002-05

IDENTIFICATION Block Lot

Work Site Location 28 Belvidere Rd
Atlantic Highlands

Owner in Fee Ms. Early

Address SAME

Tel. (732) 291-2160

Qualification Code

Contractor FABCO INC.

Address 245 WEST AVE.
LONG BRANCH, NJ 07740 (732) 571-1004

Tel. ( )

Lic. No. or Bldrs. Reg. No. 4501045

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:

Remove 1-550 UST Tank

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 $ 1,100.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building	50
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	20
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	70
Check No	#2179
Cash	
Collected by	CW

(see reverse side)

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

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

Rig #0536109941

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1-3-05

Date Issued / Permit # 0074 05

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

Block 7 Lot 3 Qualification Code

Work Site Location 28 Belvidere Ave Rd
Atlantic Highlands

Owner in Fee MS Early

Address SAME

732 291-2160

Tel ( )

Contractor FABCO INC

Address 245 WEST AVE
LONG BRANCH, NJ 07740 (732) 571-1004

Tel ( )

Contractor License No or Builder Registration No USC1645

Federal Emp No 223548981

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

Remove 1-550 UST Tank

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [✓] Other

Joint Plan Review Required

[ ] Elec [ ] Plumb [ ] Fire [ ] Elevator

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date

Approved by

INSPECTIONS — Dates (Month/Day)

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

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)

$ 50

Administrative Surcharge $

Minimum Fee $

Stale Permit Surcharge Fee $

TOTAL FEE $ 50

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr Class Present Proposed

No of Stories

Height of Structure Fl

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: 1,100.00

1 New Bldg $

2 Rehabilitation $

3 Total (1+2) $

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

The Monmouth County Board of Health

Frank Pingitore
President

3435 HIGHWAY 9
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456
FAX (732) 409-7579

Michael A. Meddis, M.P.H.
Public Health Coordinator
and
Health Officer

Catherine Early
28 Belvidere Road
Atlantic Highlands, New Jersey 07716

MCHD LOG # 18947

12 May 2011

Re: Application Permit for an Irrigation/Non-Potable Water Supply System in:
Atlantic Highlands
Municipality

Dear Ms. Early:

Your application for permit to locate and construct an individual water supply and system at: 28 Belvidere Road, Atlantic Highlands Borough **Block:** 8 **Lot:** 37 **has been approved with condition(s).**

- All requirements of N.J.A.C. 7:9D-2.5(a) must be followed.
- Documentation of approved fluid used must be provided.

It is important that the proposed Irrigation/Non-Potable water supply and system be installed according to the provisions of N.J.S.A. 58:11-23 et seq. and N.J.A.C. 7:9D et seq. Failure to do this will result in the withholding of final approval, and could lead to the need for costly alterations and/or legal action.

(See Reverse Side)

The well driller of the above referenced system must contact this office for inspection at the following stages:

1. **When the well is in, and either sanitary well seal or pitless adapter have been installed.**

2. **When the storage tank is connected and functioning.**

This office should be given at least (24) hours notice before an inspection is desired.

Upon receipt of a completed well record report, and satisfactory inspections by the Health Department, a Certificate of Compliance indicating the water supply and system meets state standards will be issued to you by mail.

Sincerely,

Richard W. Englert
Sr. Registered Environmental Health Specialist

RWE:tas
cc: Atlantic Highlands Construction Office
Chris Mayer

BLOCK 8 LOT 37 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO 261-02

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at 28 Belvidere Rd.
2. Name of Owner in Fee Early, Cooperative ( ) _____
   Address same
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor H. Swift & Sons Tel (732) 291-2887
   Address 86 Asbury Ave.
   License No. OR, if new home, Builder Reg. No _____ Exp. Date _____
   Federal Employee No. _____ FAX ( ) _____
5. Architect or Engineer _____ Tel ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

Bill - cell 732-614-4824

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing		130.00	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☑ Plumbing	4,500.00	EWJ	9-26-02		9-26-02	EWJ			
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	4,500.00								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use
2. Use Group:
3. Change in Use Group, Indicate Former

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee, and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name William Dwight

Address _____

_____

Telephone (_____

Signature _____

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

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 8 Lot 37
Work Site Location 28 Belvidere
Owner in Fee Earley
Address
Tel. ( )

Contractor Harry Dwight & Sons
Address 86 Asbury Ave
Tel. (732) 291 2887
Lic. No. or Bldrs. Reg. No. 7203
Fed. Emp. No. 146526268

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:
GAS PIPING TO 2 FIREPLACES, COOKTOP, (plugged off)
AND GAS CONVERSION BURNER

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 $ 1500

Construction Official

Date

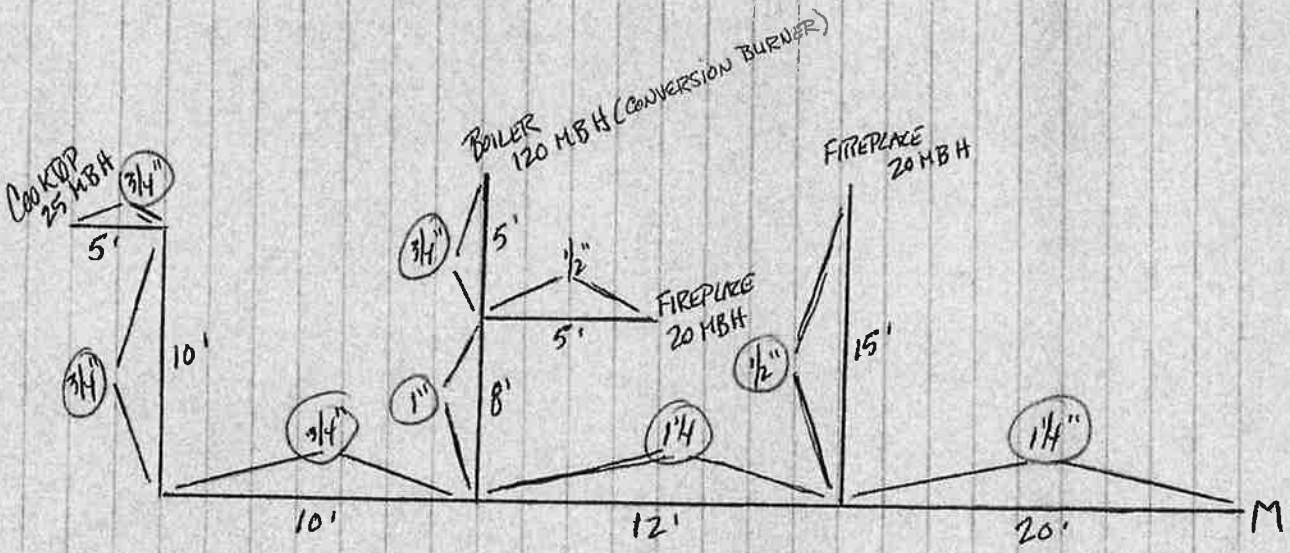
PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	130.00
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.44
Cert. of Occupancy	
Other	
Total	131.44
Check No.	3116
Cash	
Collected by	K. Duda

UCC F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)



CATHERINE EARLY 28 BELVEDERE RD ATL HLNDS

GAS RISER DIAGRAM

Harry Dwight & Son Plumbing & Heating

86 Asbury Ave., Atlantic Highlands, N.J., 07716
Phone 732-291-2887 Fax 732-291-1966

October 2, 2002

Boro Of Atlantic Highlands
Building Department
First Avenue
Atlantic Highlands, NJ, 07716
Re: Early residence fire permit

A plumbing permit was taken out for the above mentioned residence to perform a gas conversion, primarily for the hot water heating system. At the present, only the existing oil boiler shall be converted to gas, using a gas fired conversion burner. Gas lines were run to two existing wood burning fireplaces and capped off for the future installation of gas log sets, which will not be done at this time. Also, a gas line was run to the cabinet under the existing electric cooktop. This is for the future replacement, and will not be done at this time.

Thank You,

William H. Dwight
Harry Dwight & Son
Plumbing & Heating

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 8 Lot 37
Work Site Location 28 Belvidere
Owner In Fee Ath. Hlds. Catherine Early
Address Same.
Tele. ( )
Contractor Henry Dewitt
Address 84 Kearny.
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

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

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: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Existing Fireplaces Gas for Future cooktop
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 2 GAS PIPING TO EXISTING FIREPLACES			
Kitchen Hood Exhaust System			
Smoke Control System			
Gas [ ] or Oil [ ] Fired Appliances			
Other _____			

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

UCC F140
(rev 3/96)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 10/2/02
Date Issued
Control #
Permit # 261-02

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

Block 8 Lot 37
Work Site Location 28 BELVEDERE RD
ATLANTIC HIGHLANDS
Owner in Fee CATHERINE EARLY
Address SAME

Tele. ( )
Contractor HARRY DWIGHT & SON PLH
Address 86 ASBURY AVE
ATL HLNDS, NJ 07716
Tele. (732) 291 2887 Fax (732) 291 1966
Lic. No. 7203
Federal Emp. No. 146 52 6268

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 $ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 9-26-02
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
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]
Signature — Contractor's Seal

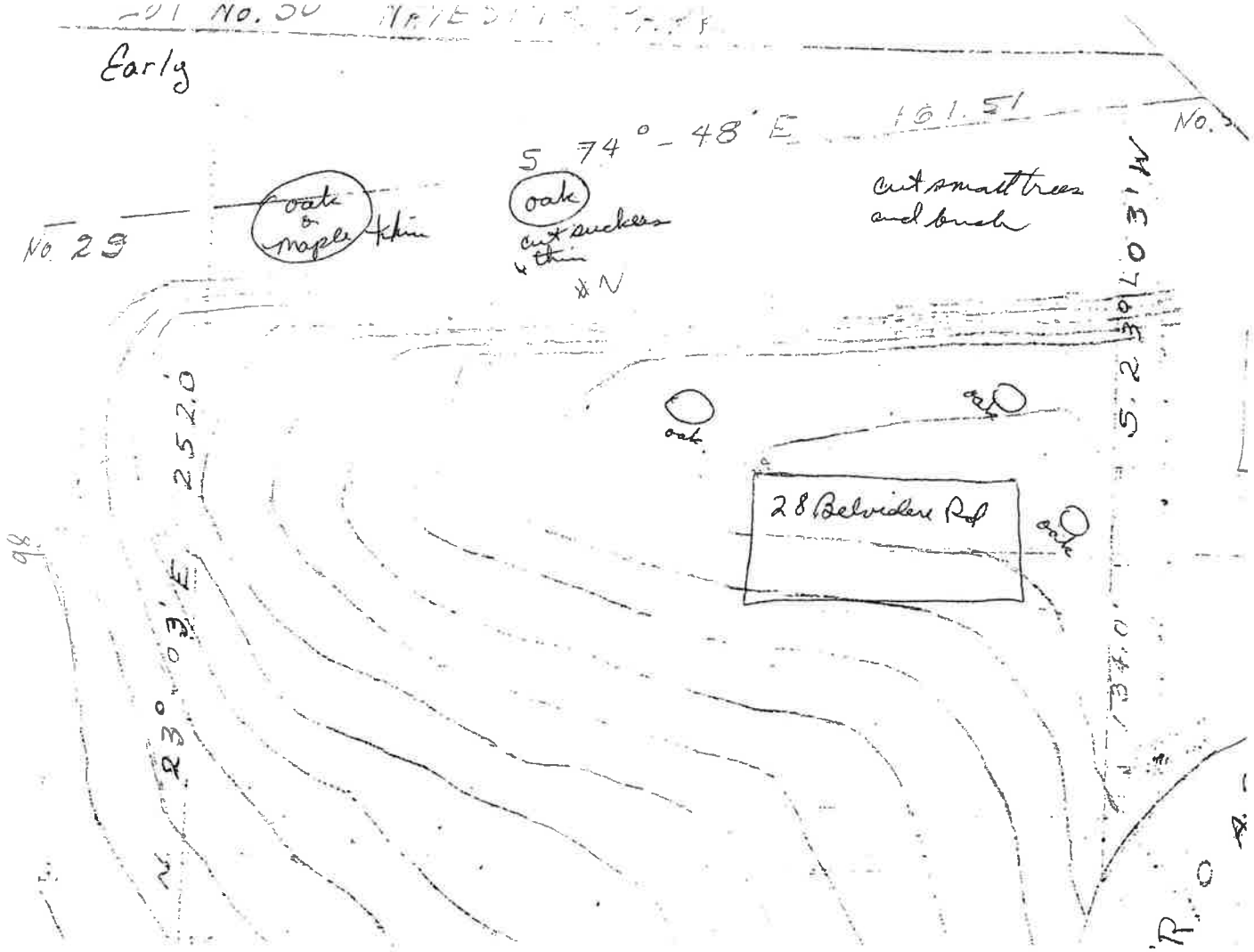
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

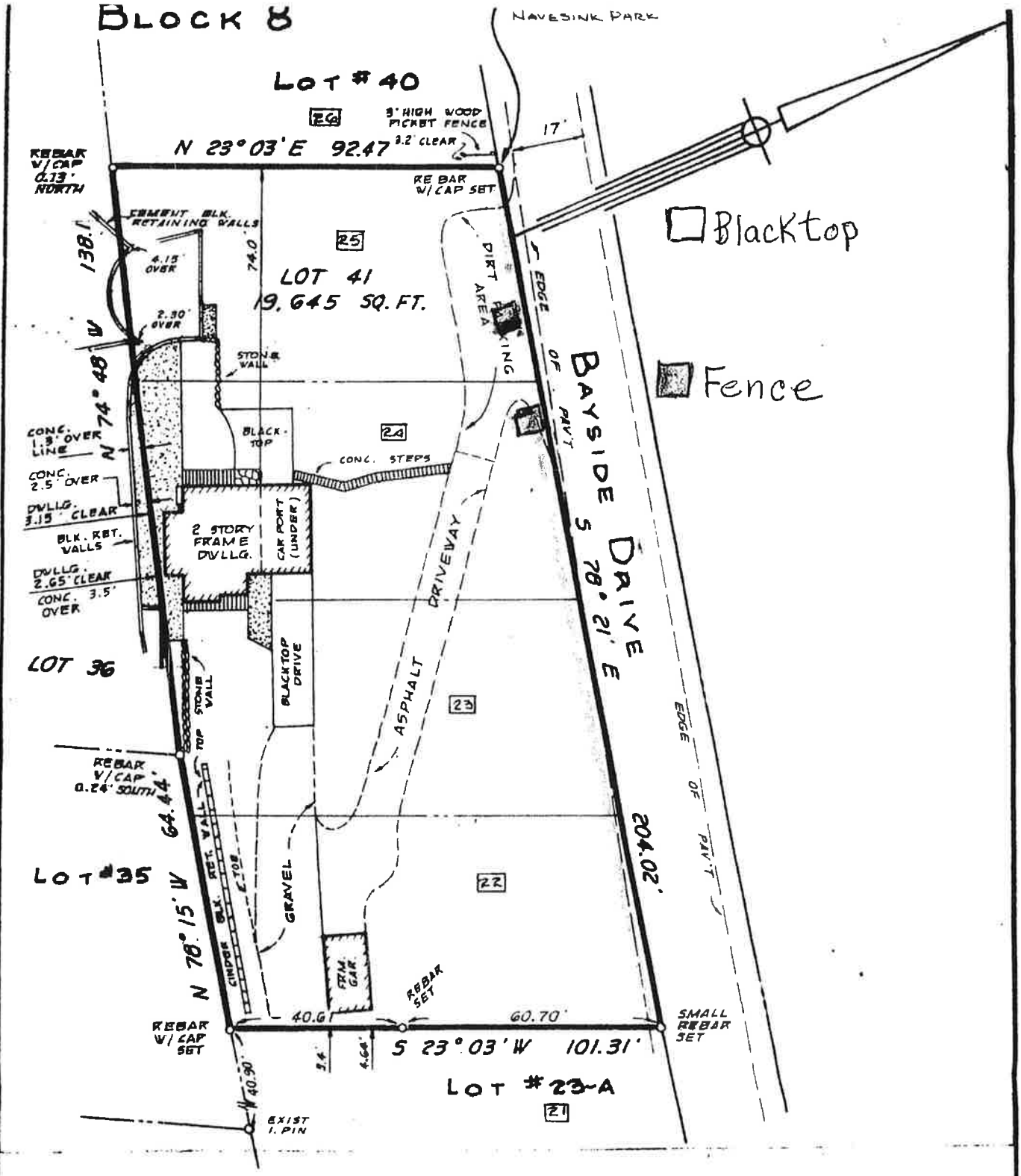
D. TECHNICAL SITE DATA (List of all fixtures.)

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
✓	Gas Piping	50.00
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
2	Other fireplaces	40.00
1	Other stove	20.00
1	Other gas conversion burner	20.00
		130.00
	Administrative Surcharge	$
	Minimum Fee	$
	DCA Training Fee	$ 1.44
	TOTAL FEE	$ 131.44

PD
LP 3114

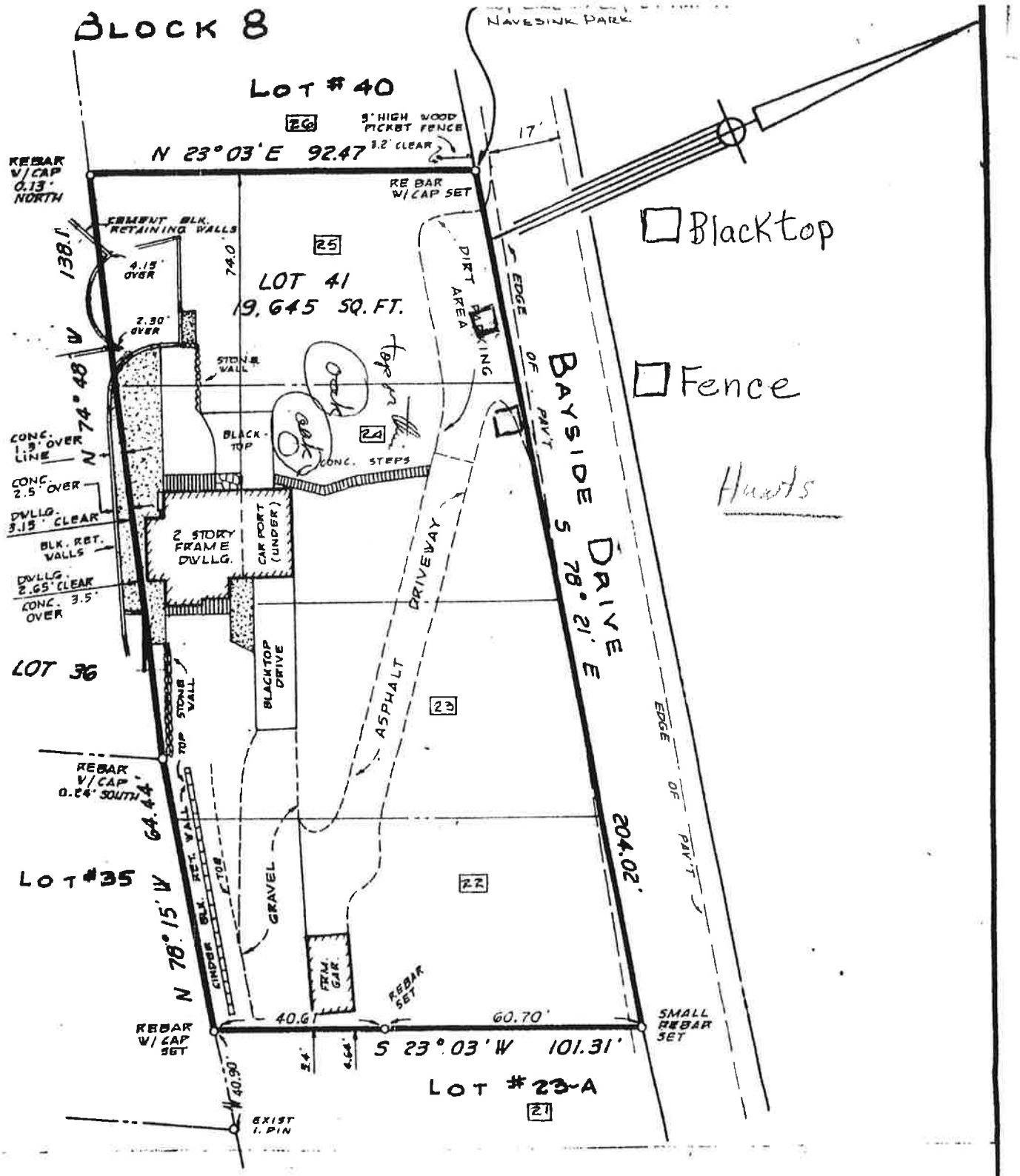
UCC F130 (rev 3/98)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy


Early
S 74° - 48' E
161.51
No. 29
oaks & maple thin
oak
cut suckers thin
cut small trees and brush
N 23° 03' E
25.20
S 20° 37' W
28 Belvidere Rd
oak
oak



LOCATION SURVEY FOR
"THOMAS P. HUNT" AND "MARY C. HUNT" H/W
LOT NUMBER FORTY-ONE (41): BLOCK NUMBER 8
TAX MAP OF ATLANTIC HIGHLANDS BOROUGH
PREMISES KNOWN AS NUMBER 17 "BAYSIDE DRIVE"
BOROUGH OF ATLANTIC HIGHLANDS, MONMOUTH COUNTY, NEW JERSEY

THIS IS TO CERTIFY TO "THOMAS P. HUNT" AND "MARY C. HUNT" H/W "CITY FEDERAL SAVINGS



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"THOMAS P. HUNT" AND "MARY C. HUNT" H/W
LOT NUMBER FORTY-ONE (41): BLOCK NUMBER 8
TAX MAP OF ATLANTIC HIGHLANDS BOROUGH
PREMISES KNOWN AS NUMBER 17 "BAYSIDE DRIVE"
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