

Lindsay Cranmer

5/1/20

From: Jenny Gleghorn
Sent: Monday, February 28, 2022 11:42 AM
To: Lindsay Cranmer
Subject: FW: [EXTERNAL]:OPRA request - OPRA on 71 Admiral Dr, Tuckerton, NJ 08087

Please process

Jenny Gleghorn, RMC
Borough Administrator/Municipal Clerk
420 East Main Street
Tuckerton, New Jersey 08087
609-296-2701

-----Original Message-----

From: Jasmin Elalfy [mailto:opra+request-29842-790a4719@requests.opramachine.com]
Sent: Monday, February 28, 2022 11:39 AM
To: OPRA requests at Tuckerton Borough <TuckertonBoroClerk@comcast.net>
Subject: [EXTERNAL]:OPRA request - OPRA on 71 Admiral Dr, Tuckerton, NJ 08087

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 Tuckerton 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:

Any letters of substantial damage

Construction: Any and all permits (open & closed), inspections, approvals, violations. Any record of the property having an oil or septic tank.

Health/Sanitation: Any record of water wells, on-site sanitary disposal systems (septic), septic or health violations and reports

Any recorded surveys or elevation certificates

address: 71 Admiral Dr, Tuckerton, NJ 08087

Yours faithfully,

Jasmin Elalfy

~~Open permits~~
~~violations~~

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-29842-790a4719@requests.opramachine.com

Is TuckertonBoroClerk@comcast.net the wrong address for OPRA requests to Tuckerton Borough? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=tuckerton_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_on_71_admiral_dr_tuckerton

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

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



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

8-1-96
96-170

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

Block _____
Work Site Location _____
Owner in Fee _____
Address _____
Telephone _____
Contractor _____
Address _____
Telephone _____
Lic. No. or State Reg. No. _____
Federal Emp. No. _____ or Social Security 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 _____
Walt Baker

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

re-roof

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
☐ NO Plans Req.	Type: _____
☐ All	Footings _____
☐ Footing	Foundation _____
☐ Foundation	Slab _____
☐ Frame	Frame _____
☐ Other	Insulation _____
Joint Plan Review Required:	
☐ Elec. ☐ Plumb. ☐ Fire	Finishes: _____
SUBCODE APPROVAL	
☐ CO ☐ CCO ☐ CA	Mechanical _____
Date: _____	TOO _____
Approved By: _____	Other _____
	Final _____

B. BUILDING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Const. 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.

TYPE OF WORK:	(Office Use Only) FEE
☐ New Building	
☐ Addition	
☐ Alteration	
☒ Roofing	35
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Demolition	

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA TRAINING FEE \$ _____
TOTAL FEE \$ 35

Collected by: _____
Date: _____

U.S.C. Form F-108
1 White - Inspector Copy
2 Green - Office Copy
3 Pink - Other Copy
4 Blue - Applicant Copy

Entered



CONSTRUCTION PERMIT

Date Issued 4-19-01
Control #
Permit # 88-01

IDENTIFICATION Block 51 Lot 20
Work Site Location 71 Admiral Dr.

Owner in Fee Olive Potter
Address Same

Contractor Viking Const.
Address 29 Deer Run Rd.
Pawcatuck, NJ 08087

Tele. ()
Lic. No. or State Reg. Exp. Date
Federal Emp. No.
or Social Security No.

Is hereby granted permission to perform the following work:

- ☒ BUILDING () PLUMBING () OTHER
() ELECTRICAL () FIRE PROTECTION
() ELEVATOR DEVICES

DESCRIPTION OF WORK:

Construct 75' timber/vinyl bulkhead +
5' x 70' cantilevered dock.

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 \$ 9400.00

PAYMENTS (Office Use Only)

Building	186
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	8
Cert. of Occ.	
Other	
Total	
Check No.	8380 196
Cash	
Collected By:	DBH

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-OFFICE 4 GOLD-APPLICANT



CONSTRUCTION PERMIT

Block 51 Lot 40
Subdivision

A IDENTIFICATION

Owner GEO. HAWTHORNE Agent SARVY P.H.
Address 71 Admiral Dr Address P.O. Box 281
J. L. L. L. TURKISTON
Tel. () Tel. ()
Work Site Address SARVY Lic. No. 6713
Federal Emp. No.

PAYMENTS

Fee \$ 10
Insured \$ 10
Check No. 4373
Date
City

is hereby granted permission
to perform the following work:

- ☐ BUILDING ☐ ELECTRICAL
☒ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

WATER SERVICE FROM
CURB TO DWELLING

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: \$ 520

Karl Graham
CONSTRUCTION OFFICIAL



Block 51 Lot 20
Subdivision _____

A IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Geo. Hawthorne
Address 700 Belmont Dr

Contractor Sammy P.H.
Address P.O. 282
IL - NORTON

Tel. 1 _____
Work Site Address Same

Tel. 1 _____
Lic. No./Bus. Permit _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH: (Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and has been authorized by the undersigned master plumber with this signature.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

- | No. | Fixture |
|-------|---------------------------|
| _____ | Water Closet/Bidet/Urinal |
| _____ | Bath |
| _____ | Lavatory/Sink |
| _____ | Shower/Hot Water Drain |
| _____ | Washing Machine |
| _____ | Dishwasher |
| _____ | Commercial Dishwasher |
| _____ | Water Heater |
| _____ | Domestic Boiler |
| _____ | Furnace |
| _____ | Steam Boiler |
| _____ | Water Util. Connection |
| _____ | Sewer Util. Connection |
| _____ | Hot Water |
| _____ | Water Cooler |

COLUMN 1

- | No. | Fixture |
|-------|----------------------|
| _____ | Garbage Disposal |
| _____ | Air Conditioner Unit |
| _____ | Indirect Connection |
| _____ | Sewer Ejector |
| _____ | Grease Trap |
| _____ | Interceptor |
| _____ | Backflow Device |
| _____ | Reduced Pressure |
| _____ | Backflow Device |
| _____ | Vent Stack |
| _____ | Riser System |
| _____ | Other _____ |
| _____ | Other _____ |
| _____ | Other _____ |

COLUMN 2

C PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____
Drainage - Material _____ Size _____
Building Sewer - Material _____ Size 3/4 IPS
Water Service - Material Poly Size _____
Venting - Material _____ Size 520
Estimated Cost of Plumbing Work: \$ _____

D COMMENTS

☐ Partial Release ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green - Office Copy White - Applicant Copy Blue - Inspector Copy



**PLUMBING
SUBCODE
TECHNICAL SECTION**

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

Block _____
Work Site Location 11100 MINERAL DR Lot 20
Owner in Fee CLIVE POTTER
Address GANE
Title LA
Contractor ALC CONTRACTS
Address 501 MARSHMAN ST 06757
City THUR State CT
Lic. No. _____
Federal Emp. No. _____
B. PLUMBING CHARACTERISTICS
Use Group Present Proposed _____
Building Sewer Size _____
Water Service Size _____
Est. Cost of Plumbing Work \$ 1000.00

JOB SUMMARY (Office Use Only)
PLAN REVIEW
☐ No Plans Required
Joint Plan Review Required:
☐ Building ☐ Electric
☐ Fire ☐ Elevator
☒ Plumbing Plans Approved
Order: 5-18-00
Approved by: [Signature]
SUBCODE APPROVAL
Date: 7-26-00 1 XCA
Approved by: _____
INSPECTIONS
Type: _____
Slab _____
Rough _____
Water _____
Sewer _____
Plumbing _____
Gas Equipment _____
Gas Piping _____
Solar _____
TCC _____
Dates (Month/Day)
Failure _____
Approval _____
Initial _____

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 _____

Licensed Plumbing Contractor ☒ Exempt Applicant

Date Received _____
Date Issued _____
Control # _____
Permit # 106-00

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

NO. _____
FUTURE EQUIPMENT
Water Closet _____
Urinal/Bidet _____
Bath Tub _____
Lavatory _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Hose Bib _____
Water Heater _____
Fuel Oil Piping _____
Gas Piping _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
GreaseTrap _____
Sewer Connection _____
Water Service Connection _____
Stacks _____
Other 57012 _____
Other _____
Other _____
FEE (Office Use Only)
Administrative Surcharge \$ _____
Minimum Fee \$ 50
DCA Training Fee \$ _____
TOTAL FEE \$ 50

UCC #130 (per State)
1 White - Inspector Copy
3 Pink - Office Copy
2 Green - Office Copy
4 Black - Applicant Copy



CONSTRUCTION PERMIT

Date Issued 5-18-00
Control #
Permit # 100-00

IDENTIFICATION Block 51
Work Site Location 71 ADMIRAL DR Lot 20

Owner in Fee Chive Potter
Address Same

Contractor AIR CONTROL CO
Address 601 MANCHESTER ST
Tel. Town Hall at 12457

Lic. No. or Bldg. Reg. No.
Fed. Emp. No.

is hereby granted permission to perform the following work:

- | | | |
|---|--|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 6 only) | ☐ OTHER |

DESCRIPTION OF WORK: INSTALL GAS PINE

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 \$ 400.00

Construction Official

Date 5-18-00

U.C.C. F170
(per 300)

- 1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	<u>50</u>
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	<u>(50)</u>
Check No. <u>157</u>	
Cash	
Collected by	



CONSTRUCTION PERMIT

Date issued 11-9-99
Control #
Permit # 99-226

IDENTIFICATION Block 51

Lot 80

Work Site Location 71 Admiral Dr.
Tuckerton N.J. 08087

Contractor Rish's Renovations

Address 355 Marshall Ave.
Tuckerton N.J. 08087

Owner In Fee Clare Potter

Address 71 Admiral Dr.
Tuckerton N.J. 08087

Tele. (609) 246-1924

Lic. No. or Bldg. Reg. No. 99-09 Exp. Date 10/99

Tele.

Federal Emp. No.

or Social Security no.

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Install new 6' sliding glass door
Replace 12' Picture window

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 \$ 4000.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	<u>80</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	<u>3</u>
Cost. of Occ.	
Other	
Total	<u>83</u>
Check No. <u>1642</u>	
Cash	
Collected By: <u>R. Summary</u>	

(see reverse side)

U.C.C. Form F-170C

1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-OFFICE 4 GOLD-APPLICANT

CONSTRUCTION PERMIT

Date issued 6-1-99
Control #
Permit # 99-19

IDENTIFICATION Block 51 Lot 20

Work Site Location 71 ADMIRAL DR.

Contractor _____
Address _____ H. O.

Owner in Fee CLIVE W. POTTER
Address AS ABOVE

Tele. () _____

Tok

Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

(X) BUILDING () PLUMBING () OTHER
() ELECTRICAL () FIRE PROTECTION
() ELEVATOR DEVICES

DESCRIPTION OF WORK:

Px 12 shed

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

R. Sweeney
COMMISSIONING OFFICER

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices ZONING 25
Other _____
DCA Training Fee _____
Cert. of Occ. _____
Other SHED 25
Total (50)
Check No. 217
Cash _____
Collected By R. J. [Signature]
(see reverse side)

U.C.C. Form F-170C

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



BUILDING SUBCODE SECTION TECHNICAL SECTION

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

Block 51-71 Address Dr. Lot 20
Work Site Location Truckee Ave. 18057
Owner In Fee Client
Address 71-1000 Dr.
Title Rich Brundage
Contractor 135 Prospect Ave.
Address Agency
Tel. () Fax ()
Lic. No. or Bldg. Reg. No. 99-09
Federal Emp. No. —



Date Received 11-9-99
Date Issued
Control #
Permit # 99-226

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 12' Picture window
Install new 6' sliding
glass door

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Debris (Month/Day)	Initial
☒ No Plans Required	<u>11-9-99</u>	<u>[Signature]</u>	☒ Footing	<u>Foundation</u>	<u>—</u>	<u>11-9-99</u>	<u>[Signature]</u>
☒ All			☒ Slab	<u>Frame</u>	<u>—</u>	<u>11-9-99</u>	<u>[Signature]</u>
☒ Footing			☒ Frame	<u>Barrier-Free</u>	<u>—</u>	<u>11-9-99</u>	<u>[Signature]</u>
☒ Foundation			☒ Insulation	<u>Finishes</u>	<u>—</u>	<u>11-9-99</u>	<u>[Signature]</u>
☒ Frame			☒ Energy	<u>Mechanical</u>	<u>—</u>	<u>11-9-99</u>	<u>[Signature]</u>
☒ Other			☒ TCO	<u>Other</u>	<u>—</u>	<u>11-9-99</u>	<u>[Signature]</u>
Joint Plan Review Required:			☒ Fire	<u>Final</u>	<u>—</u>	<u>11-9-99</u>	<u>[Signature]</u>
☒ Elec.			☒ Elevator	<u>Barrier-Free</u>	<u>—</u>	<u>11-9-99</u>	<u>[Signature]</u>
☒ Plumb.			☒ Mechanical				
☒ Fire			☒ TCO				
☒ Other			☒ Final				
SUBCODE APPROVAL							
☒ CO							
☒ GCA							
Date: <u>11-9-99</u>							
Approved by: <u>[Signature]</u>							

B. BUILDING CHARACTERISTICS

Use Group R3 Proposed R3
Const. Class Present Proposed Present
No. of Stories 1
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. New Bldg. \$ 4000.00
2. Alteration \$ —
3. Total (1+2) \$ 4000.00

FEE (Office Use Only)

Administrative Surcharge \$ 80
Minimum Fee \$ —
DCA Training Fee \$ —
TOTAL FEE \$ 80

1. Vehicle - Inspector Copy
2. Vehicle - Office Copy
3. Print - Office Copy
4. Gold - Applicant Copy

U.C.C. 9110
per 2009

Founded 1698



BOROUGH OF TUCKERTON

COUNTY OF OCEAN

140 E. MAIN STREET

TUCKERTON, NEW JERSEY 08087

ZONING OFFICE: 609-296-4916

CHECK # 207

ZONING APPLICATION/PERMIT

CASH

FEE: \$25.00

DATE 1 JUNE 1999

APPLICANT CLIVE W. POTTER PHONE _____

SITE 21 ADMIRAL DR BLOCK 51 LOT 20

OWNER OF RECORD CLIVE W. POTTER PHONE _____

ADDRESS OF OWNER AS ABOVE

Fully describe proposed work/use. Attach copy of site plan.

SHED

Clive W. Potter
Signature of Applicant

[FOR OFFICIAL USE ONLY]

Permit approved

Permit denied _____ Date 6-1-99

REMARKS _____

[Signature]
Signature of Zoning Officer



BUILDING SUBCODE TECHNICAL SECTION

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

Block 51 Lot 20
Work Site Location 914 Paradise Drive

Owner in Fee Clyde W. Parrella
Address 45 Avene

Tele. 30
Contractor 30
Address 30

Tele. () 30 Fax () 30
Lic. No. or Bldg. Reg. No. 30
Federal Emp. No. 30

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	
☐ No Plans Required			
☐ All			
☐ Footing			
☐ Foundation			
☐ Slab			
☐ Frame			
☐ Other			
Joint Plan Review Required:			
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator
SUBCODE APPROVAL			
☐ CO	☐ CCO	☐ CA	☐ CA
Date: <u> </u>			
Approved by: <u> </u>			
Barrier-Free			

B. BUILDING CHARACTERISTICS			
Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u> </u>
No. of Stories			2. Alteration \$ <u> </u>
Height of Structure			3. Total (1+2) \$ <u> </u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

*Young Rd. - 2.5
det # 207 R.S.*



Date Received 6-1-99
Date Insured 99-49
Contract # 99-49
Permit # 99-49

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

Clyde W. Parrella
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
8 x 12' SHED

FEE (Office Use Only)
\$

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

Administrative Surcharge
Minimum Fee
DCA Training Fee
TOTAL FEE \$

1 White + Inspector Copy
2 Green + Office Copy
3 Pink + Office Copy
4 Gold + Applicant Copy

U.C.C. F110
(Rev. 3/98)



CERTIFICATE

Date Issued 11-9-99
Control # 99-226
Permit #

IDENTIFICATION

Block 51
Work Site Location 71 1st St. 20
Address 71 1st St. 20
Owner In Fee 71 1st St. 20
Address 71 1st St. 20
Tele. (202) 555-1234
Contractor 71 1st St. 20
Address 71 1st St. 20
Tele. (202) 555-1234
Lic. No. or Bldg. Per. No. 71 1st St. 20
Federal Emp. No. 71 1st St. 20
or Social Security No. 71 1st St. 20

Home Warranty No. _____
Use Group _____
Maximum Live Load _____
Description of Work/Use: _____

new.

Type of Warranty Plan: [] State [] Private
Construction Classification _____
Maximum Occupancy Load _____

CERTIFICATE OF OCCUPANCY/APPROVAL

- ☐ CERTIFICATE OF OCCUPANCY
This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.
- ☐ 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 OCCUPANCY
If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____, or the owner will be subject to a fine or order to vacate:

Fee \$ 89
Paid by Check No. 1492
Collected by: R. R. R.

CONSTRUCTION OFFICIAL

U.C.C. Form F-300A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

Entered

**CONSTRUCTION
PERMIT**

Date Issued 12.17.12

Permit # 598-12

IDENTIFICATION Block 51 Lot 20 Qualification Code _____
 Work Site Location 71 Admiral Drive Contractor GeoGenix, LLC
Tuckerton, NJ 08087 Address 8888 Route 18
 Owner in Fee TRF DRAMM Old Bridge, NJ 08857
 Address Same as above Tel. (732) 343-7482
 Lic. No. or Bldg. Reg. No. 12VH02387400
 Tel. _____

to hereby grant 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: Post Hurricane Sandy Renovation "Reno"

- All WATER Pipes Replaced
 - All SEWAGE Pipes Replaced
 - All WIRE Replaced
 - All PLUMBING Replaced

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: \$ 1,500

UCC PERMIT

PAYMENTS (Office Use Only)

Building _____
 Electrical 75 _____
 Plumbing _____
 Fire Protection _____
 Elevator Devices _____
 Other _____
 DCA State Permit Fee 3 _____
 Cost of Occupancy _____
 Other _____
 Total 78 _____
 Check No. _____
 Cash _____
 Collected by _____
 (see reverse side)

12.19.2012

CUT-IN-CARD

MUNICIPALITY TUCKERTON  UTILITY CO. ACE

LOCATION 71 ADMIRAL DR BLK 51 LOT 20

OWNER DEAME OCCUPANT _____

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after _____ days

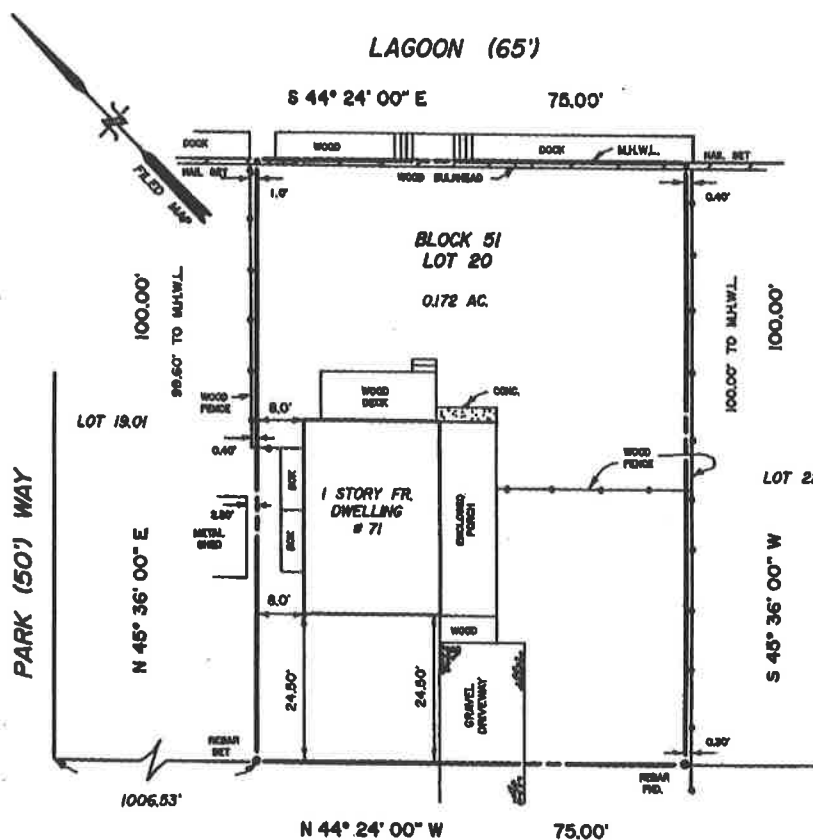
DESCRIPTION OF SERVICE RECONNECT AFTER STORM DAMAGE

INSTALLED BY GEO GENIX LICENSE NO. 17296

DATE 12/20/12 PERMIT # 598-12 INSPECTOR OC

☐ CALLED IN 1 LIC. NO.: 7675

U.C.C. Form F-3500 1 WHITE - UTILITY 2 CANARY - OFFICE/FILE



ADMIRAL (50') DRIVE

THIS SURVEY IS CERTIFIED TO:

CLIVE W. POTTER, SINGLEMAN & ELAINE SIMONS, SINGLEWOMAN

TITLE AMERICA AGENCY CORP.
PENN TITLE INSURANCE COMPANY

BEING KNOWN AS LOT 21 AND PART OF LOT 22 IN BLOCK 1 AS SHOWN ON A MAP ENTITLED, "MAP OF PARADISE COVE" AND FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON 7/26/1958 AS MAP NO. C-259.

A.K.A. LOT 20 IN BLOCK 51 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE BOROUGH OF TUCKERTON, OCEAN COUNTY, NEW JERSEY.

"TO ANY INSUROR OF TITLE RELYING HEREON AND ANY OTHER PARTY IN INTEREST," IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS THAT ARE NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN HEREON. THIS RESPONSIBILITY LIMITED TO THE CURRENT MATTER AS OF THE DATE OF THIS SURVEY.

OFFSETS AS SHOWN HEREON ARE NOT TO BE USED AS A BASIS FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.

SURVEY OF PREMISES

SITUATE

BOROUGH OF TUCKERTON

OCEAN COUNTY, NEW JERSEY

BLOCK 51

LOT 20

7/18/97

DATE

Michael D. Fasy
MICHAEL D. FASY

PROFESSIONAL LAND SURVEYOR N.J. LIC. NO. 34850
PROFESSIONAL PLANNER N.J. LIC. NO. 4693

MICHAEL D. FASY
& ASSOCIATES

SURVEYORS & PLANNERS

231 FALCON DRIVE
LITTLE EGGS HARBOR, NEW JERSEY 08067

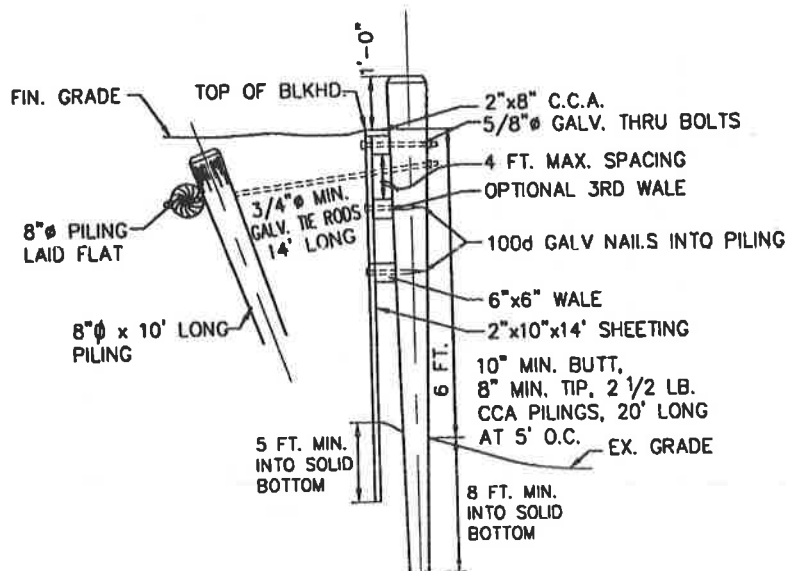
(609)296-8080

Date: 7/18/97

Drawn by: JL

Scale: 1" = 20'

Proj. No.: 623



BULKHEAD DETAIL
NO SCALE

NOTES:

1. TREATED PILINGS SHALL BE SOUTHERN YELLOW PINE TREATED WITH CHROMATED COPPER ARSENATE (C.C.A.), MEETING A.W.P.A. STANDARD FOR SALTWATER USE. (MIN. 2.5 LBS./C.F. OF WOOD)
2. SHEET PILINGS SHALL BE SOUTHERN YELLOW PINE TREATED WITH CHROMATED COPPER ARSENATE (MIN. 2.5 LBS./C.F.) AND SHALL BE S.P.I.B. "SEAWALL GRADE".
3. ALL OTHER LUMBER SHALL BE SOUTHERN YELLOW PINE TREATED WITH CHROMATED COPPER ARSENATE (MIN. 2.5 LBS./C.F.) AND SHALL BE S.P.I.B. "MARINE FRAMING GRADE".
4. BACKSYSTEM SHALL BE TREATED WITH CHROMATED COPPER ARSENATE, (MIN. 1.0 LBS./C.F.) OR CREOSOTE.
5. SERIES 300 VINYL SHEETING, AS SUPPLIED BY SHORE GUARD, OR APPROVED EQUIVALENT, MAY BE SUBSTITUTED.
6. ALL HARDWARE SHALL BE HOT DIPPED GALVANIZED CONFORMING TO A.S.T.M. -73.

NO.	DATE	DESCRIPTION	BY
BULKHEAD DETAIL			
LOT 48-26 BLOCK 88882 52			
LITTLE EGG HARBOR TOWNSHIP			
OCEAN COUNTY, NEW JERSEY			
DATE:	4/5/00		
JOB NO.:	A-9114		
SCALE:	NONE		
REVISED BY:	B.L.G.		
DATE:	J.D.		
SHEET:	1	NELKE, CONSTANTINE & ASSOC., INC. 11 LEFRIED LANE TUCKERTON, N.J. 08087 608-296-8100 CIVIL ENGINEERS LAND SURVEYORS PROFESSIONAL PLANNERS	
OF:	1	PROFESSIONAL ENGINEER N.J.P.E. NO. 32381 PA. P.E. 45938-R	