Michelle Clark 2024-40

From: STELLA BONDAR <opra+request-63155-8f9f686a@requests.opramachine.com>
Sent: Tuesday, June 25, 2024 7:16 PM
To: Clerk
Subject: [EXTERNAL] OPRA request - OPRA REQUEST - 100 Grand Ave, 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:

Client/Buyer: NewVision Ventures LLC

Seller: Gail D. Gustafsson

Property: 100 Grand Ave, Atlantic Highlands, NJ 07716

Please be advised that this office represents the Buyers in connection with the purchase of the above referenced property.

We are requesting a digital format of all OPEN and CLOSED permits, Certificates of Approval and other documents available pertaining to above referenced Property for the time period of Jan. 1972 - PRESENT:

1. Construction permits (all OPEN and CLOSED permits, Certificates of Approval) and approvals for any improvements made on the Property);

2. Oil tank (above or below ground) installation, removal and/or decommissioning permits; and gas conversion;

3. Propane tanks installation and/or decommissioning permits;

4. Septic system installation and/or decommissioning permits and/or pubic sewer connection;

5. Well installation and/or decommissioning permits;

6. Variances/permits for pools;

7. Variance/permits for sheds, additions, decks and fences.

If the above requested records are not maintained by your office. kindly forward OPRA request to the proper records custodian or direct as to the proper records custodian (N.J.S.A. 47:1A-5.h.).

Yours faithfully,

STELLA BONDAR

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-63155-8f9f686a@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_request_100_grand_ave_atlan

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.

BLOCK 50 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 100 Grand Ave PERMIT NO 13-00164

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at 100 GRAND AVENUE / ATLANTIC HIGHLANDS
2. Name of Owner in Fee ROSEMARIE KELLY
   Tel (609) 498-5823 e-mail
   Address 100 GRAND AVENUE (street) ATLANTIC HIGHLANDS, NJ (municipality) 07716 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor SSG - Barco, Inc Tel (609) 883-8021
   Address 122 Walters Avenue, Ewing, NJ 08638-1828 e-mail
   License No OR, if new home, Builder Reg No US00031 Exp. Date 10/31/13
   Home Improvement Contractor Registration No or Exemption Reason (if applicable)
   Federal Emp ID No 22-2369236 FAX (609) 883-8022
5. Architect or Engineer _____ Contact
   Address _____ e-mail
   Tel. ( ) _____ FAX ( ) _____
6. Responsible Person in Charge once Work has Begun AMY MAZZARELLA
   Tel. (609) 883-8021 FAX (609) 883-8022

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 60.-		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee	2.-		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 62.-		

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

OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1	☒ Minor Work									
2	☐ New Building									
3	☐ Addition									
4	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5	☐ Fire Protection									
6	☐ Plumbing									
7	☐ Electrical									
8	☐ Elevator Devices									
9	☐ Asbestos Abat. Subch. 8									
10	☐ Lead Hazard Abatement									
11	☐ Demolition									
	TOTAL COSTS	1,400.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units / Income-restricted
   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:

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 Malls
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 10/11)

CLOSED 8/6/13

00166-13

06-12-13P05:10 RCVD

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. 5:23-2.15(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 SSG - Barco, Inc.

Address 122 Walters Avenue
Ewing, NJ 08638-1828

Telephone (609) 883-8021

Signature Amy Manzanella

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

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

CERTIFICATE

1304 - ATLANTIC HIGHLANDS BORO

Date Issued: 08/06/2013
Permit # 13-00164
Certificate 1300164.1

IDENTIFICATION

Block 50 Lot 6 Qualifier
Work Site Location 100 GRAND AVE
Atlantic Highlands, NJ 07716
Owner in Fee KELLY,ROSE MARIE
Address 100 GRAND AVE
ATLANTIC HIGHLANDS, NJ 07716
Telephone
Contractor SSG-BARCO, INC
Address 122 Walters Avenue
Ewing NJ 08638
Telephone (609) 883-8021 FAX
Lic No/Bldrs Reg No. 13vh01952000 Fed. Emp. No. 222369236
13vh01952000
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
REMOVE UNDERGROUND OIL STORAGE TANK

☐ **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.
Reason for TCO:

☐ **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

Fee $62.00
Paid [$62.00] Check No. 005597
Collected by:

PermitsNJ

PNJF260 rev. (5/2013)
Printed On: 08/06/2013 14:33

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6-12-13
Control # 00166-13
Date Issued 6-21-13
Permit # 13-00164

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

Block 50 Lot 6 Qualification Code

Work Site Location 100 GRAND AVENUE
ATLANTIC HIGHLANDS, NJ

Owner in Fee: ROSEMARIE KELLY

Tel. ( ) 609-498-5813 e-mail

Address 100 GRAND AVENUE ATLANTIC HIGHLANDS, NJ 07716
street municipality zip code

Contractor: SSG - BARCO, INC. Tel. (609) 883-8021

Address 122 Walters Avenue, Ewing, NJ 08638-1828 e-mail

Contractor License No. or Builder Registration No. US 00031 Exp. Date 10/31/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01952000

Federal Emp. ID No. 22-2369236 FAX: (609) 883-8022

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	6/12/2013	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/16/2013
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			7/16/2013	JT
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 $
2. Rehabilitation $
3. Total (1+ 2) $ 1,400.00

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.

Signature Amy Mazzarella

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE A 550 GALLON UNDERGROUND #2 FUEL OIL STORAGE TANK.

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
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

UCC F110
(rev. 10/11)

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

RSJ #00597

BLOCK 50 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 065-01

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 100 GRAND AVENUE, ATLANTIC HIGHLANDS, N.J.
2. Name of Owner in Fee: ROSEMARIE KELLY Tel. (732) 291-3854
   Address: 100 GRAND AVE, ATLANTIC HIGHLANDS, N.J. 07716 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: FRONTIER FENCE Tel. (732) 495-0877
   Address: P.O. BOX 260 BELFORD, N.J. 07718
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3471846 FAX. (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (____) _____ FAX (____) _____

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	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	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									

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

UCC F100-1 (rev. 3/96)

4/3/01 Fence Front Yard + Side Yard 4'0 Mesh Atty B.J. Fenton

Borough of Atlantic Highlands 100 First Avenue, Atlantic Highlands, N.J. 07716

ZONING PERMIT

BLOCK 50 LOT 6 ZONE R-1

DATE 4/2/01 PERMIT #24-01

PROPERTY LOCATION 100 Grand Av.

PROPERTY OWNER Rose Marie Kelly

TELEPHONE # 732-291-3854

This is to certify that the above described premises together with any building hereon, are used or proposed to be used as of for:

Which is a:

✓ Use permitted by Ordinance.

_____ Use permitted by variance approved on subject to any special conditions attached to the grant thereof.

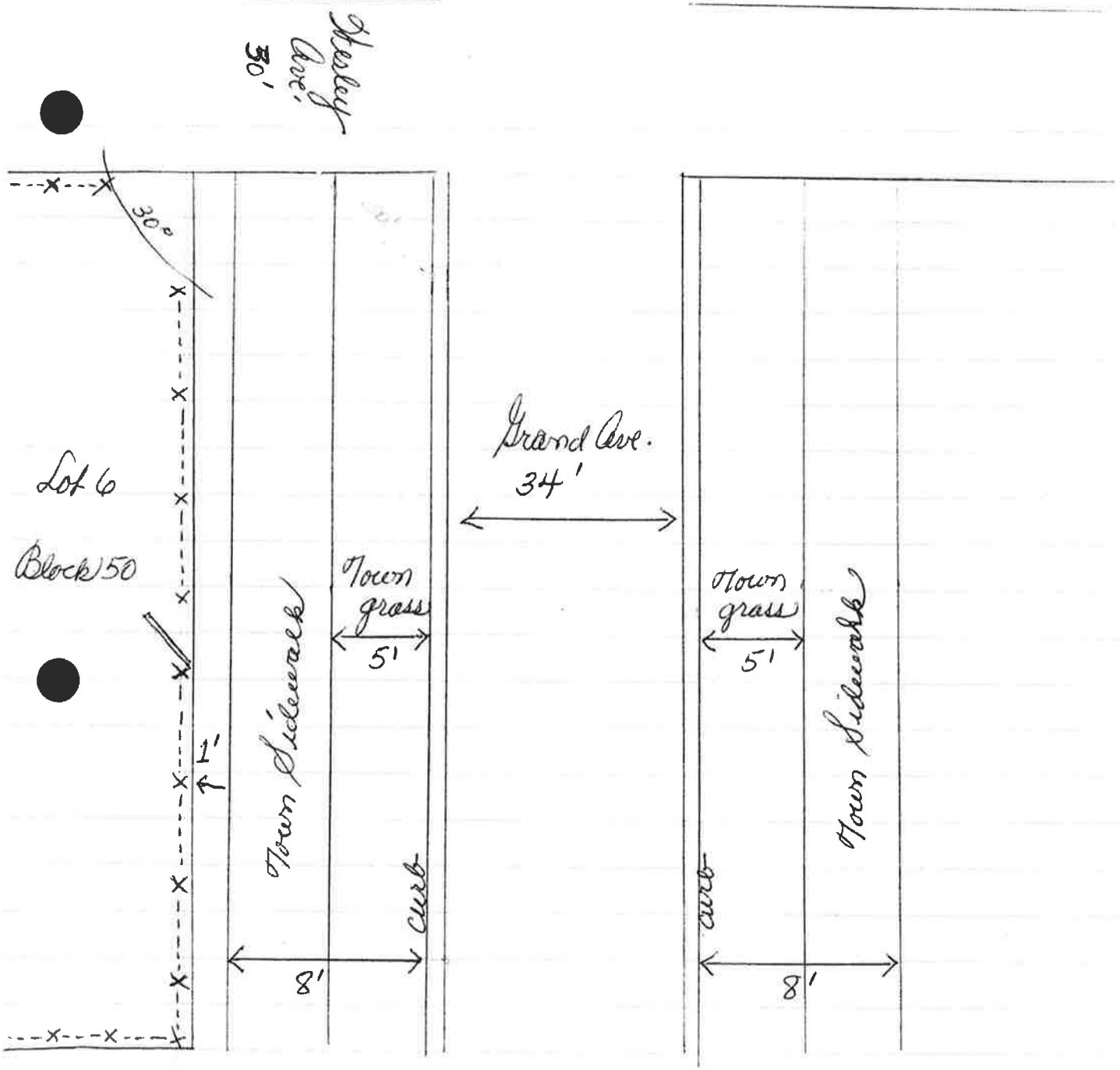
_____ VALID NONCONFORMING USE as established by ( ) finding of the Zoning Board of Adjustment, or ( ) by the undersigned zoning officer on the basis of evidence supplied by applicant as specified on the reverse hereof. Also specified on the reverse hereof is a detail statement of all aspects of the nonconforming use.

_____ There is a nonconforming structure on the premises by reason of insufficient ( ) setback, ( ) side yard, ( ) rear yard, ( ) other (specify), _____

_____ There is a proposed structure on the premises by reason of insufficient ( ) setback, ( ) side yard, ( ) rear yard, ( ) other (specify), _____

ZONING OFFICER: B.J. Scabb DATE: 4/3/01

Fence 4'0" Front + Side Yard only



Mr. Broton called on 3/30/01 and said that Grand Ave. was measured, and these are correct footages and it would be O.K. to go in 1' from inner sidewalk edge for fencing. Corner lot - 30° for clear vision.

Rosemarie Kelly

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4/10/01
Control #
Permit # 065-01

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

Block 50 Lot 6
Work Site Location 100 GRAND AVENUE
ATLANTIC HIGHLANDS, N.J. 07716
Owner in Fee ROSEMARIE KELLY
Address 100 GRAND AVENUE
ATLANTIC HIGHLANDS, N.J. 07716
Tele. (732) 291-3254
Contractor FRONTIER FENCE
Address P.O. BOX 260
BELFORD, N.J. 07718
Tele. (732) 495-6277 Fax ( ) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-3471245

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.

Rosemarie Kelly
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Traditional fence installed:
"PVC" (THE SPRINGFIELD)
WITH NEW ENGLAND POSTS

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [✓] Fence 4' Height (exceeds 6')
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$	
	25.-

Cash 25.-

Administrative Surcharge	$ 25.-
Minimum Fee	$
DCA Training Fee	$ N/A
TOTAL FEE	$ 25.-

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 5970

UCC F110
(rev. 3/98)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6-13-13
Control #

Date Issued 6-15-13
Permit # 13-00187

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

Block 50 Lot 6 Qualification Code

Work Site Location 100 GRAND AVE
ATLANTIC HIGHLANDS

Owner in Fee: ROSEMARIE KELLY
609-498-5813

Tel. ( ) e-mail

Address SAME

Contractor: PETRO (street) (municipality) Tel. (732) 882-6568 (zip code)

Address 99 RIVER AVE e-mail
LAKEWOOD NJ 08701

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 (if applicable): NJ13VH03882400

Federal Emp. ID No. 20-8048384 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ ~~400.00~~ 885.

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [X] Combustible
Capacity 275

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: 6/18/13 Approved by: WDW
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

U.C.C. F140 (rev. 02/11) 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: Curt Grant

Print name here: CURT GRANT

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL 275 GL STEEL OIL TANK IN BASEMENT

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	1	
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		
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		

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 $	75.00
TOTAL FEE $	75.00

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6-13-13
Control #

Date Issued 7-15-13
Permit # 13-00187

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

Block 50 Lot 6 Qualification Code

Work Site Location 100 GRAND AVE
ATLANTIC HIGHLANDS

Owner in Fee: ROSEMARIE KELLY

Tel. ( ) 609-498-5813 e-mail

Address SAME
street municipality zip code

Contractor: PETRO Tel. (732)882-6568

Address 99 RIVER AVE e-mail
LAKEWOOD NJ 08701

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): NJ13VH03882400

Federal Emp. ID No. 20-8048384 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water 00 Private Well

Est. Cost of Plumbing Work $ ~~6000.00~~ 2000.

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: 6-18-13
Approved by: R

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

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: Curt Grant

Print name here: CURT GRANT

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL 275 GL STEEL OIL TANK
IN BASEMENT

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	
	Water Heater	
1	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other OIL TANK	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 10.00
TOTAL FEE $

BLOCK 50 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 13-00187

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 100 GRAND AVE. Atlantic Highlands
2. Name of Owner in Fee: Rosemarie Kelly
   Tel. (609) 498-5813 e-mail _____
   Address SAME (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: PETRO Tel. ( ) _____
   Address 99 RIVER AVE e-mail _____
   LAKEWOOD, NJ 08701
   License No. OR, if new home, Builder Reg. No. 732-882-6568 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ID# 208048384
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun CURT GRANT
   Tel. 732 886-3444 FAX: 732 882-6551

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	70		
4. Fire Protection	75		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	5		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$150.00		

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☑ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☑ Plumbing	2000 -				6/18/13	RK			
☒ Fire Protection	885.				6/18/13	WWS			
☐ Elevator									
TOTAL COST	2885.								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: 1 family
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____
   Gained, Rental _____
   Lost, Sale _____
   Lost, Rental _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

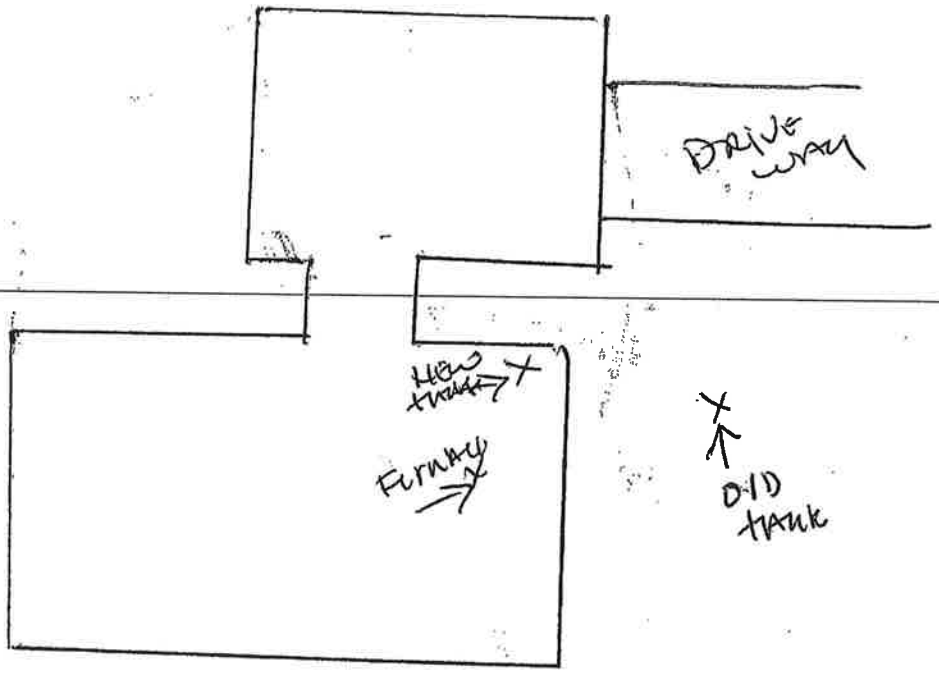
III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Rosemarie Kelly
100 Grand Ave.
Atlantic Highlands NJ.
07716



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