LOCK 138 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 20130547

2/19/13

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 10 WALNUT ST
2. Name of Owner in Fee: WALNUT KEYPORT LLC
   Tel. ([redacted]) [redacted] e-mail [redacted]
   Address 119 Bloomfield st (street) Hoboken (municipality), NJ 07030 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Metro Property Tel. (908) 227-5955
   Address 119 Bloomfield St e-mail _____
   Hoboken, NJ 07030
   License No. OR, if new home, Builder Reg. No. 13VH03577700 Exp. Date 12/31/13
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH035777 00
   Federal Emp. ID No. 41-2091890 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun John Powers
   Tel. (908) 227 5955 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. State Permit Surcharge 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. 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 ____	

Ia. PROPOSED WORK

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

Ib. 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					10-24-13				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
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

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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

Borough of Keyport
70 West Front St
Keyport, NJ 07735
(732)739-5134 FAX *(732)739-3479*

Permit No. 20130349
Control No. 92006079
Parcel(Block/Lot) 138/12
Date

Construction Permit

Work Site Location 10 WALNUT ST

Owner in Fee..... WALNUT KEYPORT, LLC
Address..... 119 BLOOMFIELD ST
HOBOKEN, NJ 07030
Phone.....

Contractor.... METRO PROPERTY GROUP, LLC
Address..... 119 BLOOMFIELD ST
HOBOKEN, NJ 07030
Phone.....(908)227-5955
Lic No..... None
Fed Emp No. 412091890

Permission is hereby granted to do the following work:

☑ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

CHANGE 8 WINDOWS, REPAIR ROOF, ADD SKYLIGHTS, OPEN PORCH

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

Estimated Cost of Work: $4,200

Construction Official Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$105
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	7
Certificate of Occupancy	0
Other	0
Total	$112

Check#/Cash.....
Paid .....
Collected By .....

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Borough of Keyport
70 West Front St
Keyport, NJ 07735
(732)739-5134 FAX *(732)739-3479*

Permit No. 20130349A 20140108
Control No. **92006203**
Parcel(Block/Lot) **138/12**
Date

Construction Permit

Work Site Location 10 WALNUT ST

Owner in Fee..... WALNUTKEYPORT LLC
Address..... 119 BLOOMFIELD STREET
HOBOKEN, NJ 07030
Phone.....

Contractor.... METRO PROPERTY GROUP, LLC
Address..... 119 BLOOMFIELD ST
HOBOKEN, NJ 07030
Phone.....(908)227-5955
Lic No..... None
Fed Emp No. 412091890

Permission is hereby granted to do the following work:

☑BUILDING	☑PLUMBING	☐DEMOLITION	☐ONGOING -
☑ELECTRIC	☐FIRE	☐ASBESTOS ABATEMENT	☐OTHER
☐ELEVATOR	☐MECHANICAL	☐LEAD HAZARD ABATEMENT	

Description of Work:

REPLACE KITCHEN CABINETS-SAME LOCATION, REPLACE HVAC, HWH & GAS PIPING. REBAB BATHROOM

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

Estimated Cost of Work: $32,500

Construction Official — Date 3/27/14

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$525
Electrical	240
Plumbing	310
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	55
Certificate of Occupancy	236
Other	0
Total	$1366

Check#/Cash.....
Paid .....
Collected By .....

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 92006079

Date Issued / Permit # 20130349

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

Block 38 Lot 10 Qualification Code

Work Site Location 10 WALNUT ST KEYPORT, NJ

Owner in Fee: WALNUT KEYPORT LLC

Tel. (908) [redacted] e-mail [redacted]

Address 119 Bloomfield st Hoboken, NJ 07030
(street / municipality / zip code)

Contractor: Metro Property Tel. (908) 227 5955

Address 119 Bloomfield st e-mail johnpmpg@gmail.com
Hoboken, NJ 07030

Contractor License No. or Builder Registration No. 13VH03577700 Exp. Date 12/31/13

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 10-24-13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] 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			2/14/14	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

No. of Stories

Height of Structure ____ ft.

Area — Largest Floor ____ sq. ft.

New Bldg. Area/All Floors ____ sq. ft.

Volume of New Structure ____ cu. ft.

x. Live Load

x. Occupancy Load

Constr. Class Present ____ Proposed ____

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 4200.
3. Total (1+ 2) $

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: John Powers

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Change 8 windows, reparr roof add skylights, open porch

TYPE OF WORK:

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

FEE (Office Use Only)

$ 105

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

Update

Date Received 9/26/2013
Control #

Date Issued
Permit # 20130349 A

BUILDING 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 138 Lot 10 Qualification Code

Work Site Location 10 WALNUT ST KEYPORT, NJ

Owner in Fee: WALNUT KEYPORT LLC / JOHN POWERS

Tel. (908) [redacted] e-mail [redacted]

Address 119 Bloomfield ST

Contractor: Metro Property / John Powers (street / municipality) Tel. (908) 227 5955 (zip code)

Address 119 Bloomfield ST e-mail JohnpmpSgmail.com

Hoboken, NJ 07030

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. 41-2096890 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[✓] Interior	3/27/14	tw

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure (Dates Month/Day)	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			4/25/14	
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 22,500

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: John Powers

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Kitchen Cabinets-same location
Replace HVAC, Hot water heater and gas piping.

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

FEE (Office Use Only)
$ 50

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

Hoboken, New Jersey 07030
(201)420-2066
Construction Official
Mr. Alfred N. Arezzo

SUBCODE TECHNICAL SECTION

Date Issued
Control #
Permit # 20130349 A

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

Block 138 Lot 12
Work Site Location 10 WALNUT ST HOBOKEN, NJ
Owner in Fee/Occupant JOHN POWERS WALNUT HOBOKEN LLC
Address 119 BLOOMFIELD ST HOBOKEN, NJ 07030
Tele. (908) [redacted]
Contractor Rose Electrical, Const.
Address 1601 Wagon Wheel CT Freehold NJ
Tele. (201) 390-7046 Fax ( )
Lic. No. 9016 C.C Exp 3/31/2015
Federal Emp. No. 22-3509868

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
10		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	80
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	35
	1.5KW	KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	1
		KW Transformer/Generator	
1	200	AMP Service	70
		AMP Subpanels	
		AMP Motor Control Center	1
		KW Elec. Sign/Outline Light	
		UPGRADE PANEL + REWIRE NO NEW LOADS	35

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3-18-14
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2/5/15
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			6-2-14	
Temp. Serv.				
Constr. Serv.				
TCO				
Other			6-2-14	
Service				
Final	11-17	1-15		

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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

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.

John DiTuro
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

U.C.C. F120
(rev. 3/96)

INSPECTOR COPY

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Update Permit #

Date Received
Control #
Date Issued 1/28/15
Permit # 20140349-E

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

Block 138 Lot 12 Qualification Code

Work Site Location 10 WALNUT ST KEYPORT NJ

Owner in Fee: JOHN POWERS/ WALNUT KEYPORT

Tel. (908) [redacted] e-mail [redacted]

Address 119 BLOOMFIELD ST (street) HOBOKEN (municipality) NJ 07030 (zip code)

Contractor: OWNER Tel. (908) 2275955

Address 119 BLOOMFIELD ST HOBOKEN, NJ 07030 e-mail Johnpowers@gmail.com

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ N/A EXISTING

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: John Powers

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
4		Detectors ~~EXISTING~~ New	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 30
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] ~~No~~ Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 2-20-15

Approved by: NB

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 2-5-15

Approved by: NB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-5	NB
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Dates (Month/Day)

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

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NOV 2 1 2014
HOBOKEN

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11-20-14
Date Issued
Control #
Permit # 20140349 A

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

Block 138 Lot 12
Work Site Location 10 Walnut Street
Keyport NJ
Owner in Fee WALNUT KEYPORT LLC
Address 19 Bloomfield Ave
Hoboken NJ 07030
Tele. (201) 908-[redacted]
Contractor Rose Electrical Const.
Address 1601 Wagon Wheel Ct.
Freehold, NJ.
Tele. 201) 280-7042 Fax ( ) NICKHESS1@YAHOO.com
Lic. No. 9016 6
Federal Emp. No. 22-3509808

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 500.00

Fire Alarm System
New [ ] Existing [✓]
Location of Panel: Local 120 volt
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: 11/24/14
Approved by: [signature]

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 12/4/14
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final FURNACE			12/4/14	DJ
Other BOILER HVH			12/4/14	DJ
			12/4/14	DJ

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]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace existing heat detector, smoke detector & 2 CO smoke combo units 120 volt to cost for existing
Water Supply Source System
Method of Alarm/Suppression System Supervision ____

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ____ Fuel ____

Alarm Systems [✓] 110v Interconnected NUMBER
[ ] System

		FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	____	____
Supervisory Devices (i.e., tampers, low/high air)	____	60
Signaling Devices (i.e., horn/strobes, bells)	____	____
Other Devices ____	____	____
TOTAL 4 UNITS	____	____
Suppression Systems		
Fire Pump ____ GPM Type ____	____	____
Dry Pipe/Alarm Valves	____	____
Pre-action Valves	____	____
Sprinkler Heads (Dry and Wet)	____	____
Standpipes	____	____
Pre-engineered Systems		
Wet Chemical	____	____
Dry Chemical	____	____
CO_2 Suppression	____	____
Foam Suppression	____	____
Halon Suppression	____	____
Other ____	____	____
Kitchen Hood Exhaust System	____	____
Smoke Control System	____	____
Gas [ ] or Oil [ ] Fired Appliances	____	____
Other ____	____	____

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

U.C.C. F140
(rev. 3/96)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/20160[illegible]
Control #
Date Issued 1/13/15
Permit # ~~2415016~~ 20140348

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

Block 138 Lot 10 Qualification Code

Work Site Location 10 WALNUT ST KEYPORT, NJ 07735

Owner in Fee: JOHN POWERS

Tel. (908) [redacted] e-mail [redacted]

Address 119 BLOOMFIELD ST (street) HOBOKEN (municipality) NJ 07030 (zip code)

Contractor: Tel. ( )

Address e-mail

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):

Federal Emp. ID No. 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:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work $ 400

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: John Powers

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
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	1	100
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 12/15/14 Approved by: MLH

[ ] 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: 12/9/14

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			12/9/14	DO
Other MLH				

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9200[illegible]
Control #
Date Issued 1/13/15
Permit # ~~20150015~~ 20140398

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

Block 138 Lot 12 Qualification Code

Work Site Location 10 WALNUT ST KEYPORT, NJ

Owner in Fee: JOHN POWERS

Tel. (908) [redacted] e-mail [redacted]

Address 119 BLOOMFIELD ST , HOBOKEN, NJ 07030
street municipality zip code

Contractor: Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 4200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 12-12-14 Approved by: EDZ
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 2-12-15
Approved by: EDZ

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			2-12-15	EDZ
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:

Print name here: John Powers

[ ] Licensed Plumbing Contractor [~~✓~~] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
UPDATE TO CORRECT PERMITS

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

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

Borough of Keyport
70 West Front St
Keyport, NJ 07735
(732)739-5134 FAX *(732)739-3479*

Permit No. 20146349C
Control No. **92006634**
Parcel(Block/Lot) **138/12**
Date

Construction Permit

Work Site Location 10 WALNUT ST

Owner in Fee..... WALNUTKEYPORT LLC
Address..... 119 BLOOMFIELD STREET
HOBOKEN, NJ 07030
Phone.....

Contractor.... OWNER
Address.....
Phone.....
Lic No.....
Fed Emp No.

Permission is hereby granted to do the following work:

☐ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

hard wired smoke detectors

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

Estimated Cost of Work: $500

Construction Official — Date 1/22/15

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$0
Electrical	55
Plumbing	0
Fire Protection	0
Elevator Devices	0
Mechanical	0
State Training Fee	1
Certificate of Occupancy	0
Other	0
Total	$56

Check#/Cash
Paid
Collected By

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

20140398

Borough of Keyport
70 West Front St
Keyport, NJ 07735
(732)739-5134 FAX *(732)739-3479*

Permit No.
Control No. **92006574**
Parcel(Block/Lot) **138/12**
Date

Construction Permit

Work Site Location 10 WALNUT ST

Owner in Fee..... WALNUTKEYPORT LLC
Address..... 119 BLOOMFIELD STREET
HOBOKEN, NJ 07030
Phone.....

Contractor.... OWNER
Address.....
Phone.....
Lic No.....
Fed Emp No.

Permission is hereby granted to do the following work:

☐BUILDING	☑PLUMBING	☐DEMOLITION	☐ONGOING -
☐ELECTRIC	☑FIRE	☐ASBESTOS ABATEMENT	☐OTHER
☐ELEVATOR	☐MECHANICAL	☐LEAD HAZARD ABATEMENT	

Description of Work:

UPDATE FOR PERMITS

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

Estimated Cost of Work: $4,600

Construction Official 03/17/14 Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$0
Electrical	0
Plumbing	63
Fire Protection	100
Elevator Devices	0
Mechanical	0
State Training Fee	9
Certificate of Occupancy	0
Other	0
Total	$172

Check#/Cash ~~172.00~~ #1017
Paid 172.00
Collected By

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Borough of Keyport
70 West Front St
Keyport, NJ 07735
(732)739-5134 FAX *(732)739-3479*

Permit No. 20140349A
Control No. **92006549**
Parcel(Block/Lot) **138/12**
Date

Construction Permit

Work Site Location 10 WALNUT ST

Owner in Fee..... WALNUTKEYPORT LLC
Address..... 119 BLOOMFIELD STREET
HOBOKEN, NJ 07030
Phone.....

Contractor.... ROSE ELECTRIC
Address..... 160 WAGONWHEEL CT
FREEHOLD, NJ 07728
Phone.....(201)780-7046
Lic No..... None
Fed Emp No.

Permission is hereby granted to do the following work:

☐BUILDING	☐PLUMBING	☐DEMOLITION	☐ONGOING -
☐ELECTRIC	☑FIRE	☐ASBESTOS ABATEMENT	☐OTHER
☐ELEVATOR	☐MECHANICAL	☐LEAD HAZARD ABATEMENT	

Description of Work:

FIRE UPDATE FOR PERMIT # 20130349

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

Estimated Cost of Work: $500

11/25/14
Construction Official Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$0
Electrical	0
Plumbing	0
Fire Protection	60
Elevator Devices	0
Mechanical	0
State Training Fee	1
Certificate of Occupancy	0
Other	0
Total	$61

Check#/Cash
Paid
Collected By

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

BLOCK 138 LOT 17 ADDRESS (SITE) 10 Walnut St. PERMIT NO. 5517

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work-site at: 10 Walnut St. Keyport
2. Name of Owner in Fee: Thompson & Freida Doughty Tel. ( ) [redacted]
   Address Same (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Family Tel. ( ) _____
   Address Same
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Ed Neville Tel. ( ) [redacted]

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 sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☒ Minor work (single trade)	
2. ☒ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	1,000
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

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:

U.C.C. Form F-100B

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit # 5517

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

Block 138 Lot 12
Work Site Location 10 WALNUT ST
KEYPORT
Owner in Fee Doughty, Thompson & Freida
Address 10 Walnut St.
Keyport, NJ 07735
Tele. ( ) [redacted]
Contractor Family
Address
Tele. (732) [redacted] Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Freida Doughty
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace roof
emergency

ALL WORK TO CONFORM TO CODE

NO MORE THAN 2 ROOFS ALLOWED

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other reroof	10-97	JV

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

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

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

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

FEE (Office Use Only)

	$
	95.00
	50.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1.00
TOTAL FEE	$ ~~96.00~~ 146.00

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. Alteration $ 4,000
3. Total (1+ 2) $ _____

Deposit refunded after inspection slip given to office

UCC/PRO F-110 (REV 3/96)
Professional Printing
(609) 468-7933

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

BLOCK 138 LOT 12 ADDRESS (SITE) 10 WALNUT ST PERMIT NO. 1602

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 10 WALNUT ST Keyport, NJ 07735
2. Name of Owner in Fee: THOMPSON & FREIDA DOUGHTY Tel. ([redacted])
   Address 10 WALNUT ST (street) Keyport (municipality), NJ 07735 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: THOMPSON DOUGHTY Tel. ([redacted])
   Address 10 WALNUT ST Keyport, NJ 07735
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work THOMPSON DOUGHTY Tel. [redacted]

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 sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

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:

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-5-94
Control #
Permit # 1602

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

Block 138 Lot 12
Work Site Location 10 WALNUT ST KEYPORT, NJ. 07735
Owner in Fee THOMPSON & FREIDA DOUGHTY
Address 10 WALNUT STREET KEYPORT NJ 07735
Tele. (908) [redacted]
Contractor THOMPSON G DOUGHTY
Address 10 WALNUT STREET KEYPORT, NJ 07735
Tele. (908) [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

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

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 Thompson Doughty

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[✓] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE

	$
43.00	

Paid [X] CASH. Administrative Surcharge $
Check # DCA - ~~Minimum~~ Fee $ 2.00
Collected by: TOTAL FEE $ 45.00

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

Permit No.

NOTICE OF UNSAFE STRUCTURE

Control No.

Log No. 4314

IDENTIFICATION

Work Site Location

Block/Lot 138/12

Owner in Fee

DOUGHTY, THOMPSON & FREDA
10 WALNUT ST
KEYPORT, N J 07735

Agent

7010 3090 0001 0375 5234

To: ☑ Owner ☐ Other:
☐ Agent/Contractor

DATE OF INSPECTION: 11/09/12

DATE OF THIS NOTICE: 11/09/12

ACTION

Take NOTICE that as a result of the inspections conducted by this agency on November 9, 2012 on the above property, an unsafe condition has been found to exist pursuant to N.J.S.A. 52:270-132 and N.J.A.C. 5:23-2.32. The building or structure, or portion thereof, deemed an unsafe condition is described as follows:

DUE TO WATER DAMAGE FROM HURRICANE THE SOUTHSIDE FOUNDATION WALL IS CAVING IN MAKING STRUCTURE UNSAFE. MUST HAVE A STRUCTURAL ENGINEER INSPECT STRUCTURE TO DETERMINE IF STRUCTURE CAN BE FIXED OR MUST BE DEMOLISHED.

You are hereby *ORDERED* to:

☑ Vacate the above structure by 11/09/12

☐ Demolish the above structure by _____, or correct the above noted unsafe conditions by no later than _____

Failure to correct the unsafe condition or refusal to comply with this *ORDER* will result in this matter being forwarded to legal counsel for prosecution and assessment of penalties up to $2,000 per week per violation. You must immediately declare to the Construction Official, your acceptance or rejection of the terms of this *ORDER*.

Any building or structure vacated pursuant to this *ORDER* shall not be reoccupied unless and until a certificate of occupancy is issued by the Construction Official.

If you wish to contest this ORDER, you may request a hearing before the Construction Board of Appeals of the County of MONMOUTH within 15 days of receipt of this notice as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the specific sections of the Uniform Construction Code in question and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you and you may also append any documents that you consider useful

The fee for an appeal is $ 100.00 and should be forwarded with your application to the Construction Board of Appeals Office at Hall of Records, PO Box 1255, Freehold, NJ 07728

If you have any questions concerning this matter, please call: Robert Burlew
Construction Official

By *ORDER* of Robert Burlew P.P.
CONSTRUCTION OFFICIAL

Date: _____

Construction Office, Borough of Keyport, Keyport, NJ 07735, (732)739-5134, FAX (732)739-3479