BLOCK 161 LOT 4 QUALIF /CODE _____ ADDRESS (SITE) 803 Edmunds. Ave PERMIT NO. 160007/+A

Added on list

received 2/18/16

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 803 Edmunds Ave.
2. Name of Owner in Fee: Angela Esposito.
   Tel. (732) 591-1167 e-mail Frantmarie@aol.com.
   Address: 12 Nolan Rd. Morganville. 07751
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Ocean Construction. Tel. (732) 737 5505
   Address 12 Nolan Rd Morganville NJ 07751 e-mail Ocean Construction100@gmail.c
   License No. OR, if new home, Builder Reg. No. 48172 Exp. Date 1-31-18
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ Fax ( ) _____
5. Architect or Engineer Kevin Roy Contact 732 620 8642
   Address 34 main St. PO 777 Englishtown e-mail Kcroy@optimum.net
   Tel. (732 620 8642 FAX ( ) _____
6. Responsible Person in Charge once Work has Begun Frank Esposito.
   Tel (732). 737 5505 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	$		

6/10

12-4-17

4/4/16 $1,385

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	2.	
2.	Height of Structure	33.5 ft.	
3.	Area—Largest Floor	900 sq. ft.	
4.	New Building Area	1690 sq. ft.	
5.	Volume of New Structure	15400 cu. ft.	
6.	Max. Live Load	40	
7.	Max Occupancy Load	70	
8.	If Industrialized Building: State Approved _____ HUD _____		
9.	Total Land Area Distrubed	sq. ft.	
10.	Flood Hazard Zone	13	
11.	Base Flood Elevation	16 ft.	
12.	Wetlands yes _____ no _____		

IIa. PROPOSED WORK:

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ 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	80K.				Shell only 3-10-16	WJV		6/22/16	WJV
☐ Electrical	6K				6/9/16				
☐ Plumbing	7K				6/14/16				
☐ Fire Protection	1K.				6/9/16	DO			
☐ Elevator									
TOTAL COSTS	95K.								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former:
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. 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. ☐ Undergroound Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

U.C.C. F100

Letters scanned together.

3/02/16 CALLED Kevin Roy for 2 sealed Letters + Vertical Lots) See pg 3. OK. Stapled together. Highlighted Green.

5/19/16 Water OK/Need Gas Riser Rec'd CALLED Magic Touch - mm

6/22/16 VJV
- Plans looks ok. where is 2nd copy ? ?
- where is Building tech sheet which states N.S.F.
- Decks are on original plan DID it meet Zoning ? ? ?

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(f)1.ix:

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 [signature] Date 2-18-16.

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 Frank Esposito.

Address 12 Nolan Rd Morganville NJ 07751

Telephone (732) 737 5505

Signature [signature]

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board			X	X	X	X	X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority			X	X	X	X	X	X	
☐ Water Authority			X	X	X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department			X	X	X	X	X	X	
☐ Soil Conservation			X	X	X	X	X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X	X	X	
☐ N.J. Department of Transportation	X	X	X	X	X	X	X	X	
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X	X	X	
☐ Utility Dig No.	X	X	X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition	
Building _____		Energy _____	
Electrical _____		Barrier Free _____	
Plumbing _____		Flood Hazard _____	
Fire Protection _____		As Built Elevation Cert. _____	
Mechanical _____		Other _____	
		Other _____	

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.			
☐ Temporary Certificate of Compliance	No.			
☐ Continued Certificate of Occupancy	No.			
☐ Certificate of Compliance	No.			
☐ Certificate of Occupancy	No.			
☐ Certificate of Approval	No.			
☐ Lead Abatement Clearance Certificate	No.			

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued: 4/6/16

Permit # 160007|

IDENTIFICATION Block 61 Lot 4 Qualification Code

Work Site Location 803 Edmunds Ave. Union Beach NJ 07735

Owner in Fee Angela Esposito

Address 31 Lloyd Rd Morganville NJ 07751

Tel. (732) 591-1167

Contractor Ocean Construction.

Address 12 Nolan Rd Morganville NJ 07751

Tel. (732) 7375505

Lic. No. or Bldrs. Reg. No. 48172 1/31/18.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

PARTIAL RELEASE: N.S.F.D

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 $ 95K.

Construction Official

4/4/16
Date

PAYMENTS (Office Use Only)

Building	1249
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	136
Cert. of Occupancy	
Other	
Total	1385
Check No.	1002
Cash	
Collected by	JW

(see reverse side)

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(856) 468-7933

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

received 6/8/16 mm

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued
Control #
Permit # 1600071 A
Date Permit Issued 6/28/16

IDENTIFICATION Block 61 Lot 4

Work Site Location 803 Edmunds Ave

Owner in Fee Angela Esposito.
Address 31 Lloyd Rd
Morganville NJ 07751
Tel. (732) 591-1167

Contractor Ocean Construction.
Address 12 Nolan Rd.
Morganville, NJ 07751
Tel. (732) 737-5505
Lic. No. or Bldrs. Reg. No. 48172
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 8 only) [ ] OTHER

DESCRIPTION OF WORK: interior utility rough

FOR N.S.F.D.

Estimated Cost of Work $ 11,200

Construction Official

Date

PAYMENTS (Office Use Only)

Building	188
Electrical	520
Plumbing	800
Fire Protection	275
Elevator Devices	0
Other	0
DCA Training Fee	36
Cert. of Occupancy	303
Other	
Total	2,122
Check No.	1019
Cash	—
Collected by	AW

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(856) 468-7933

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 4/6/16
Permit # 1600971

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

Block 61 Lot 4 Qualification Code

Work Site Location 803 Edmunds Ave.
Union Beach, NJ 07735

Owner in Fee: Angela Esposito

Tel. (732) 591-1167 e-mail FranImarie@aol.com

Address 31 Lloyd Rd Morganville NJ.
street municipality zip code

Contractor: Ocean Construction Tel. (732) 737-5505

Address 12 Nolan Rd Morganville NJ 07751

Ocean construction100@gmail e-mail?

Contractor License No. or Builder Registration No. 48172 Exp. Date 1-31-18

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
[X] All 3-10-16 VJO
[ ] Footing/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 3-10-16
Approved by: VJO

SUBCODE APPROVAL for CERTIFICATE

[X] CO [ ] CCO [ ] CA
Date: 12/1/17
Approved by: TJ

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing	5/9/16		5-12-16	
Footing Bonding				
Foundation	TOB		6-8-16	
Slab			8-3-16	VJO
Frame			11-21-16	
Truss Sys./Bracing				
Barrier-Free				
Insulation			12-3-16	VJO
Finishes-Base Layer				
Finishes-Final				
~~Energy~~ SHT/SW			8-15-16	VJO
Mechanical				
~~TOB~~ MID WALL			5-26-16	JC
Other				
Final			10/26/17	JC
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group: Present Proposed
No. of Stories 2
Height of Structure 33.5 Ft.
Area — Largest Floor 900 sq. ft. Sq. Ft.
New Bldg. Area/All Floors 1690 sq. ft. Sq. Ft.
Volume of New Structure 15,400 cu. ft. ~~25161~~ cu. ft.
Max. Live Load 40 psf
Max Occupancy Load 70 psf.

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

Est. Cost of Bldg. Work:

1. New Bldg. $ 95K.
2. Rehabilitation $
3. Total (1+2) $ 95K.

Front & Back Deck Footings 6-8-16

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:
Print name here: Frank Esposito.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Single family Home. 1690 sq ft.
Shell only

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)

$

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

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(rev. 11/09)
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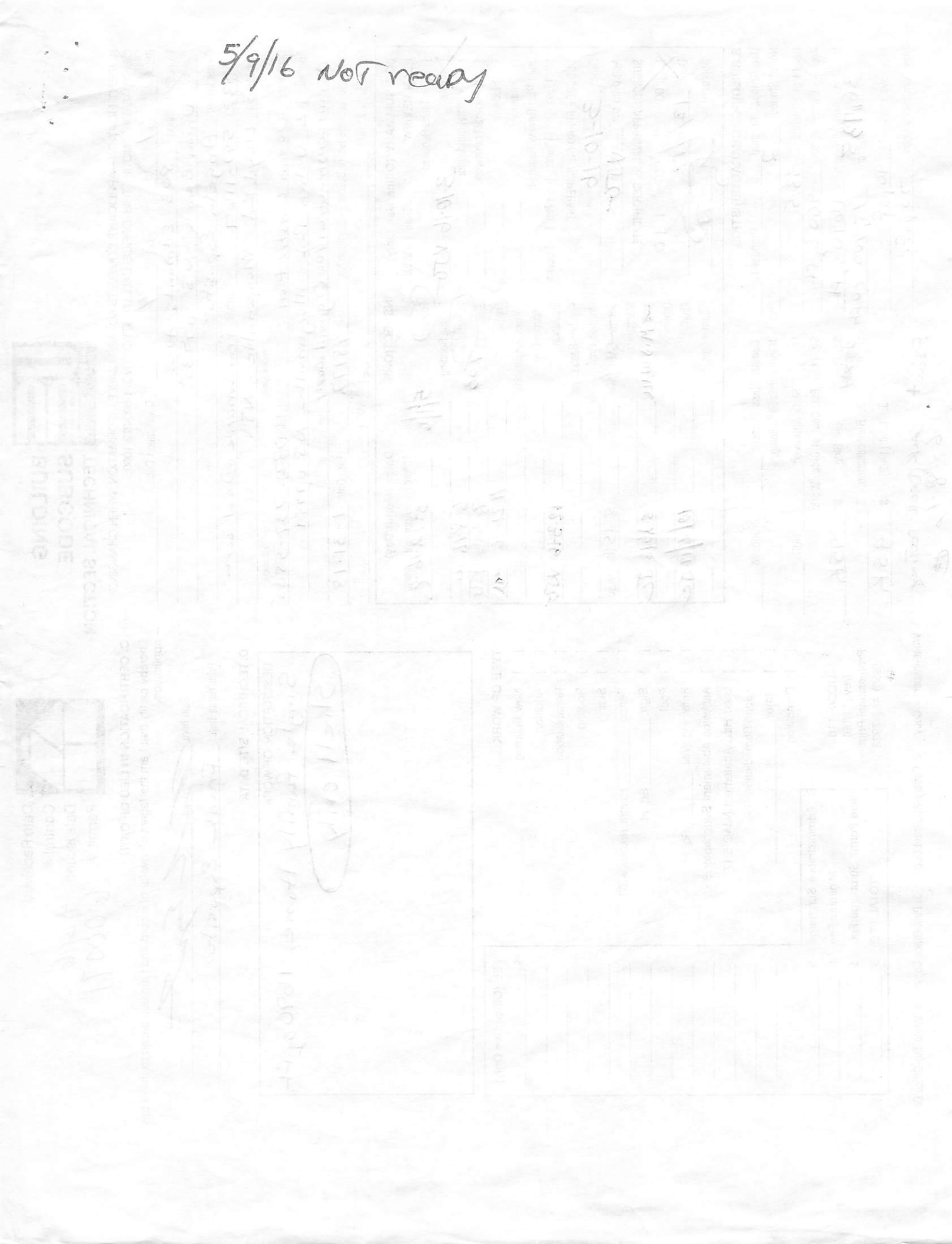
(856) 468-7933

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

5/9/16 NOT ready



received 6/8/16

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit # 1600071 A

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

Block 61 Lot 4 Qualification Code

Work Site Location 803 Edmunds Ave, 07735

Owner in Fee: Angela Esposito

Tel. (732) 551 1167 e-mail

Address 31 Lloyd Rd Morganville NJ 07751
street municipality zip code

Contractor: Deily Electric Tel. (732) 690-6738

Address 57 E. Front St Keyport NJ 07735 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. 10530 Exp. Date

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

Federal Emp. ID No. 22 3050 586 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 $ 700.00

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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 6/9/16 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE
[4] CO [ ] CCO [ ] CA
Date: 10/12/17
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			10/12/17	DV
Other ROUGH			11/2/16	DO

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here Ronald Deily

Print name here: Ronald Deily

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK New Home.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[4] System		
[4] 110v Interconnected		
[3] 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	7	
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 [X] Gas [ ] Oil [ ] Solid	4	
Fireplace Venting/Metal Chimney		
Other		

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

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(rev. 11/09)
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(856) 468-7933

11/29/16 - Rough okay

10/12/17 - final okay, no apparent violations

received 6/8/16

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # 1600071 A

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

Block 61 Lot 4 Qualification Code

Work Site Location 803 Edmunds Ave. 07735

Owner in Fee: Angela Esposito

Tel. (732) 591 1167 e-mail

Address 31 Lloyd Rd Morganville NJ 07751
street municipality zip code

Contractor: Deily Electric Tel. (732) 690-6738

Address 57 E. Front St Keyport NJ 07735

e-mail

Contractor License No. 10530 Exp. Date Mar 2018

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

Federal Emp. ID No. 22 3050586 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 5500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Ronald Deily

Print name here: Ronald Deily

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: wire new home

QTY.	SIZE	ITEMS	FEE (Office Use Only)
60		Lighting Fixture	
160		Receptacles	
35		Switches	
7		Detectors	
0		Light Poles	
2		Motors—Fract. HP	
0		Emergency & Exit Lights	
8		Communications Points	
0		Alarm Devices/F.A.C. Panel	
162		TOTAL NUMBERS	$
0		Pool Permit/with UW Lights	
0		Storable Pool/Spa/Hot Tub	
0		KW Elec. Rang/Receptacle	
0		KW Oven/Surface Unit	
0		KW Elec. Water Heater	
0		KW Elec. Dryer/Receptacle	
1	1.5	KW Dishwasher	
0		HP Garbage Disposal	
1	4.0	KW Central A/C Unit	
8		HP/KW Space Heater/Air Handler	
0		KW Baseboard Heat	
0		HP Motors 1/+ HP	
0		KW Transformer/Generator	
1	150	AMP Service	
0		AMP Subpanels	
0		AMP Motor Control Center	
0		KW Elec. Sign/Outline Light	
1		Furnace	

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: Approved by:

[✓] Electric Plans Approved

Date: 6/9/16 Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 6/9/16

Approved by: RBK

SUBCODE APPROVAL for CERTIFICATE

[X] CO [ ] CCO [X] CA

Date: 11-29-17

Approved by:

INSPECTIONS — **Dates (Month/Day)**

Type:	Failure	Failure	Approval	Initial
Rough			10/25/16	ZH
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			10/20/16	
Final	10/17/17		10/19/17	ZH
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

11/25/17 Meter Height OK - moved to deck

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

UCC/F-120
(rev. 11/09)
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Note! 6 fan boxes

10/17 ~~CO Lord Subdivision~~

dishwasher/Panel in sight

SW on furnace in attic

height of DFE - Basement equip mounting ??

(4 blocks from Top of blocks)

received 6/8/16

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6/28/16
Control #
Date Issued
Permit # 16-00071 A

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

Block 61 Lot 4 Qualification Code

Work Site Location 803 Edmunds Ave.
Union Beach, NJ 07735

Owner in Fee: Angela Esposito

Tel. (732) 591 1167 e-mail

Address 31 Lloyd Rd Morganville NJ 07751
street municipality zip code

Contractor: Magic Touch Construction Tel. (732) 8789625

Address 59 West Front St
Keyport NJ 07735 e-mail

Contractor License No. 12670 Exp. Date 6/31/17

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

Federal Emp. ID No. FAX: (732) 8789624

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 $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 6/14/16 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: 10/17/17
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough			11/9/16	
Water	7/21/16		12/6/16	
Sewer				
Fixtures				
Gas Equipment				
Gas Piping TEST			11/9/16	
LPGas Tank				
Fuel Oil Piping				
~~Solar~~ HVAC			12.6.16	JC
TCO				
FINAL	10/24/17		10/24/17	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Sign / Contractor Sign AND Seal here:

Print name here: Ryan Burke

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

DESCRIPTION OF WORK Rough & finish new house

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$
	Urinal/Bidet	
2	Bath Tub	
4	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
2	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
	Stacks	
	Garbage Disposal	
2	Other furnace	

ALL WORK TO BE DONE TO CURRENT CODES

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

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(rev. 11/09)
Professional Printing
(856) 468-7933

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

7/21/16 UNCOVER WATER
PIPE FOR DEPTH
TRACER WIRE
SET SLEEVE
FAIL

10/12/17
NO WATER TO SHOW
FIBER GLASS HEAT TAPE ON
ENCLOSED WATER
SENSOR FROM FREEZING
THERMOSTAT
FAIL-FLAG NO

10/17/17

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit # 16 0007/A

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

Block 61 Lot 4 Qualification Code

Work Site Location 803 Edmunds Ave.
Union Beach NJ 07735

Owner in Fee: Angela Esposito.

Tel. (732) 599-1167 e-mail

Address 31 Lloyd Rd (street) Morganville (municipality) NJ (zip code) 07751

Contractor: Ocean Construction. Tel. 732) 737 5505

Address 12 Nolan Rd.
Morganville NJ 07751 e-mail Oceanconstruction100@gmail.com

Contractor License No. or Builder Registration No. 48172 Exp. Date 1/31/18

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

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

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 12/4/17

Approved by: TJD

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			10/11	JC
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 $ 7,500
3. Total (1+2) $

C. CERTIFICATION IN LIEU OF OATH

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

Sign here

Print name here: Frank Esposito

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2-Decks 354 sq ft. Total.
(rear 160 sq'
Front 194 sq' → covered.

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)

$

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

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(856) 468-7933

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

Wrong tech

Borough of Union Beach
1205 Florence Avenue
Union Beach, NJ, 07735
(732)526-8687 FAX *(732)217-1288*

Permit No. **1600071**
Control No. **4581**
Parcel(Block/Lot) **61/4**
Date **4/06/2016**

Construction Permit

Work Site Location 803 EDMUNDS AVE

Owner in Fee..... JACK, CARMELA
Address..... 803 EDMUNDS AVENUE
UNION BEACH, NJ 07735
Phone..... (732)591-1167

Contractor.... OCEAN CONSTRUCTION
Address..... 12 NOLAN
MORGANVILLE NJ 07751
Phone.....(732)737-5505
Lic No..... 48172- 1/31/18
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:

NEW SINGLE FAMILY HOME - PARTIAL RELEASE FOR FOUNDATION & COMPLETE SHELL UP TO PHASE 3 (DECKS) OCEAN CONSTRUCTION -

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: $95,000

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	$1249
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	136
Certificate of Occupancy	0
Other	0
Total	$1385
Check#/Cash.....	1002
Paid	$1385
Collected By	JW

Total Administrative Fee: $0

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

Borough of Union Beach
1205 Florence Avenue
Union Beach, NJ, 07735
(732)526-8687 FAX *(732)217-1288*

Permit No. **1600071 A**
Control No. **4779**
Parcel(Block/Lot) **61/4**
Date **6/28/2016**

Construction Permit

Work Site Location 803 EDMUNDS AVE

Owner in Fee..... JACK, CARMELA
Address..... 803 EDMUNDS AVENUE
UNION BEACH, NJ 07735
Phone..... (732)591-1167

Contractor.... OCEAN CONSTRUCTION
Address..... 12 NOLAN
MORGANVILLE NJ 07751
Phone.....
Lic No..... 48172- 1/31/18
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 TO PARTIAL RELEASE: INTERIOR HOUSE/ELECTRIC/PLUMBING/FIRE/2 DECKS

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: $18,700

12/4/17
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	$188
Electrical	520
Plumbing	800
Fire Protection	275
Elevator Devices	0
Mechanical	0
State Training Fee	36
Certificate of Occupancy	303
Other	0
Total	$2122
Check#/Cash	1019
Paid	$2122
Collected By	JW

Total Administrative Fee: $0

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