BLOCK 72 LOT 2 ADDRESS (SITE) 317 MADISON AVE PERMIT NO. WO 010-92

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: 317 MADISON AVE
2. Name of Owner in Fee: MR YOUMAN Tel. (____) ____
   Address 317 MADISON AVE (street) WOODBINE (municipality) ____ (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: CHERRY CONSTRUCTION Tel. (____) ____
   Address 419 VILLAS N.J.
   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 ____ Tel. (____) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 176 —		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other ____			
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	$ 176 —		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. 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. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	5000 —

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-100A

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/2/92
Control #
Permit # WO 010-92

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

Block 72 Lot 3
Work Site Location 317 MADISON AVE WOODBRIDGE NJ
Owner in Fee MR VOURMAN
Address 317 MADISON AVE WOODBINE
Tele. ( )
Contractor Chenny Const.
Address 412 ELIAS
Tele. (609) 886-7044
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] 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

Group Present Proposed
Class Present Proposed
Ft.
Sq. Ft.
Sq. Ft.
Cu. Ft.
Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 8000 00
3. Total (1+2) $

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

(Office Use Only)
FEE
$ 176

Administrative Surcharge $
Paid [ ] Check # 1599 Minimum Fee $
Collected by: WCM. TOTAL FEE $ 176

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/2/92
Control #
Permit # WO 010-92

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

Block 72 Lot 3
Work Site Location 317 MADISON AVE WOODBINE NJ
Owner in Fee MR VOURMAN
Address 317 MADISON AVE WOODBINE

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

CONSTRUCTION PERMIT

Date Issued 3/2/92
Control #
Permit # WO 010-92

IDENTIFICATION Block 72 Lot 2
Work Site Location 317 MADISON AVE WOODBINE NJ
Owner in Fee MR. VOURMAN
Address SAME
Tele. ( )

Contractor C/HENNY CONST.
Address 413 VILLAS VILLAS NJ
Tele. (609) 886 7044
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
ROOFING & SIDING

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 $ 8000

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**
Building 176
Plumbing
Electrical
Fire Protection
Other
Other
DCA Training Fee
Cert. of Occ.
Other
Total 176
Check No. 1599
Cash
Collected By: WCM

(Office Use Only)
FEE
$
176

Surcharge $
nimum Fee $
TOTAL FEE $ 176

U.C.C. Form F-170A

(see reverse side)

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

Copy 2 Canary=Office Copy
y 4 Gold=Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/2/92
Control #
Permit # WO 010-92

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

Block 72 Lot 2
Work Site Location 312 Madison Ave Woodbine NJ
Owner in Fee Mr. Yoeman
Address 312 Madison Ave 08270 Blue
Tele. ( )
Contractor Chesney Const.
Address 412 Kings
Tele. (609) 886 7044
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: 4/24/92			Other				
Approved By: Mike Thompson			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 $ 3000
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

(Office Use Only)
FEE

$	
	176 —
Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$ 176 —

Paid [ ] Check # 1599
Collected by: WCR

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

BLOCK 12 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 329 Madison Ave PERMIT NO. WO-08-16072

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: 329 Madison Ave-Woodbine NJ. 08270
2. Name of Owner in Fee: Blanca Santiago
   Tel. (609) 861-7077 e-mail _____
   Address 329 Madison Ave (street) Woodbine (municipality) 08270 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Murray Benson Tel. (856) 691-7635
   Address 565 Garden Rd Pittsgrove 08318 e-mail mrry54@Aol.com
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 152445326 FAX: (856) 691-7635
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	56		
3. Plumbing	10		
4. Fire Protection	46		
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	$ 117		

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	

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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	200								
☑ Plumbing	$150.-								
☑ Fire Protection	34.00								
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
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 *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 9/06)

OLCE -Southern Regional Office
301 East Black Horse Pike Unit 5
Williamstown NJ 08094
(609)567-3653

CERTIFICATE

0516 - WOODBINE BORO

Date Issued: 11/24/2009
Permit # 08-16072+A
Certificate: 0816072.1

IDENTIFICATION

Block 72 Lot 2 Qualifier
Work Site Location 329 MADISON AVE
WOODBINE, NJ 08270

Owner in Fee CARLOS & BLANCA SANTIAGO
Address 329 MADISON AVE
WOODBINE, NJ 08270

Telephone (609) 861-7077
Contractor MURRAY BENSON
Address 565 GARDEN RD
PITTSGROVE, NJ 08318

Telephone (856) 691-7635 FAX
Lic No/Bldrs Reg No. Fed. Emp. No. 152445326

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 VB
Max. Occupancy Load
Description of Work/Use
HVAC REPLACEMENT 8/25/08: INSTALL 500 GAL LPG 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 5:1**

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 (0 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 $0.00
Paid [$0.00] Check No.
Collected by:

PermitsNJ

PNJF260 rev. (08/2008)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-18-08
Control #
Permit # WO-08-16072

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

Block 72 Lot 2
Work Site Location 329 Madison Ave: Woodbine N.J. 08270

Owner in Fee Blanca Santiago
Address 329 Madison Ave. Woodbine N.J. 08270

Tele. (609) 861-7077
Contractor Myrra / Benson
Address 565 Garden Rd. Pittsgrove N.J. 08318

Tele. (856) 691-7635 Cell # 856-364-7641
Lic. No.
Federal Emp. No. _____ or Social Security No. 152445326

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar (LP) Tank & Underground By others
[ ] Other _____
Location:
Total Est. Cost of Fire Prot. Work $ 3,400 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 11/23/09
Approved by: Al DeMichele

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			11/23/09	ADM
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Myrra Benson
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		46.00
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Paid [ ] Check #
Collected by:

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

U.C.C. Form F-140B

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued 5-16-05
Permit # WO-08-16072

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

Block 72 Lot 2 Qualification Code

Work Site Location 321 Madison Ave - Woodbine N.J. 08270

Owner in Fee: Blanca Santiago

Tel. (609) 861-7077 e-mail

Address 229 Madison Ave. Woodbine NJ 08270
street municipality zip code

Contractor: Murray Benson Tel. (856) 691-7635

Address 565 Garden Rd e-mail

Contractor License No. 13244526 Exp. Date

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

Federal Emp. ID No. 132445326 FAX: (856) 691-7635

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 5 Sept 05
Approved by:

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

Complete

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] 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	36
1		Receptacles	18
3		Switches	
		Detectors	
		Light Poles	
3		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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	
		KW Dishwasher	
		HP Garbage Disposal	
1	3.6	KW Central A/C Unit (max)	
1	15	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	

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

U.C.C. F120(State) (rev. 7/06) 1 White = Applicant Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Manila = Inspector Copy

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

BY VINCE TRUCKIN

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 329 Madison Ave. Woodbine N.J.

Owner in Fee: Blanca Santiago

Tel. (609) 861-7077 e-mail _____

Address 329 Madison Ave. Woodbine NJ 08270
street municipality zip code

Contractor: Murray Benson Tel. (856) 691-7635

Address 565 Garden Rd. Millsboro DE e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. 152445226 FAX: (856) 691-7635

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 $ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 8/5/08

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			8/18/08	AM
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO _____				

C. CERTIFICATION IN LIEU OF OATH

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

Murray Benson

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

H.V.A.C

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	
	Fuel Oil Piping	
30 FT	Gas Piping	10
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$ 10
State Permit Surcharge Fee	$
TOTAL FEE	$

NEED L.P TANK Permit NEED DRAWING

U.C.C. F130(State) (rev. 7/06)

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE TECHNICAL SECTION

UPDATE

Date Received 25 Aug 08
Date Issued
Control #
Permit # WO-08-16072 (2)

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

Block 72 Lot 2 Qualification Code ______

Work Site Location 329 Madison Ave
Woodbine, NJ

Owner in Fee: [illegible]

Tel. (609) [illegible] e-mail ______

Address [illegible] (street) (municipality) (zip code)

Contractor: [illegible] Tel. (609) [illegible]

Address [illegible] e-mail ______

Contractor License No. [illegible] Exp. Date [illegible]

Federal Emp. ID No. [illegible] FAX: (609) [illegible]

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$ 1400.00 +/-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: ______

Approved by: ______

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 9/5/08

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			9/5/08	[initials]
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO ______				

(Dates (Month/Day))

C. CERTIFICATION IN LIEU OF OATH

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

[signature]

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping underground gas piping	
X	Gas Piping	
X	LPGas Tank 500 gal A/G LPG Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks ______	
	Garbage Disposal ______	
	Other ______	

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

UCC/F-130 (REV. 07/05)
Professional Printing
(856) 468-7933

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 25 Aug 08
Date Issued
Control #
Permit # WO-08-16072

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

Block 72 Lot 2 Qualification Code

Work Site Location 329 Madison Ave Woodbine, NJ

Owner in Fee: Blanca Santiago

Tel. (609) 861-7077 e-mail

Address 329 Madison Ave (street) Woodbine (municipality) NJ 08270 (zip code)

Contractor Steenlandt Gas Service Tel. (609) 861-2118

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

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine

FEE (Office Use Only)
$ 65

PERMIT UPDATE

Date Update Issued 25 Aug 08
Control #
Permit # WO 08-16072
Date Permit Issued

IDENTIFICATION Block 73 Lot 2

Work Site Location 329 Madison Ave Woodbine NJ

Owner in Fee Blanca Santiago

Address Same

Tele. (609) 861-7077

Contractor Steenlandt's Gas Service

Address 177 Cedar Bridge Road Bellplain NJ 08270

Tele. (609) 861-2118

Lic. No. or Bldrs. Reg. No. 26-006 15 Aug 09

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Underground Gas Tank

Estimated Cost of Work $ 1400

CONSTRUCTION OFFICIAL

Amended/pd & issued 8/26/08

PAYMENTS **(Office Use Only)**

Building	
Electrical	
Plumbing	65
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	65
Check No.	05827
Cash	
Collected By:	

urcharge $
num Fee $
arge Fee $ 65
TAL FEE $

U.C.C. Form F-190B

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

tor copy 2. Canary- Applicant copy

Copy 4. White Tag- Office copy

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 25 Aug 08
Date Issued
Control #
Permit # WO-08-16072

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

Block 72 Lot 2 Qualification Code

Work Site Location 329 Madison Ave Woodbine, NJ

Owner in Fee: Blanca Santiago

Tel. (609) 861-7077 e-mail

Address 329 Madison Ave (street) Woodbine (municipality) NJ 08270 (zip code)

Contractor Steenlandt Gas Service Tel. (609) 861-2118

127 Cedar Bridge Rd e-mail

Belleplain, NJ 08270

Contractor License No. LPG-006 Exp. Date 8-15-09

Emp. ID No. 222-623-596/000 FAX: (609) 861-3621

PLUMBING CHARACTERISTICS

Group Present Proposed

Piping Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,400.00 +/-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] 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				

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.

Joseph Schwenbeck

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping UNDERGROUND GAS PIPING	
X	Gas Piping	
X	LPGas Tank 500 gal A/G LPG TANK	65 —
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 65 —
State Permit Surcharge Fee	$
TOTAL FEE	$

UCC/F-130 (REV. 07/05)
Professional Printing
(856) 468-7933

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued 8-18-08
Permit # WO-08-16072

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

Block 72 Lot 2 Qualification Code

Work Site Location 329 Madison Ave - Woodbine N.J. 08270

Owner in Fee: Blanca Santiago

Tel. (609) 861-7077 e-mail

Address 329 Madison Ave. Woodbine NJ 08270 (street / municipality)

Contractor: Murray Benson Tel. (856) 691-7635 (zip code)

Address 565 Garden Rd e-mail

Contractor License No. ~~15244532~~ 15244532 Exp. Date

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

Federal Emp. ID No. 152445326 FAX: (856) 691-7635

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Home (Sing. Fam) Utility Co.

Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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 work listed on this application.

Murray Benson
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS
		Lighting Fixtures
3	1	Receptacles
		Switches
		Detectors
~~3~~ 3		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		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
		KW Dishwasher
		HP Garbage Disposal
1	9.6	KW Central A/C Unit (max)
1	1.7	HP/KW Space Heater/Air Handler
		KW Baseboard Heat max
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

36

10

10

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

U.C.C. F120(State) (rev. 7/06) 1 White = Applicant Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Manila = Inspector Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8-18-08
Permit # WO-08-16072

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

Block 72 Lot 2 Qualification Code
Work Site Location 329 Madison Ave - Woodbine N.J. 08270

Owner in Fee: Blanca Santiago
Tel. (609) 861-7077 e-mail
Address 329 Madison Ave. Woodbine NJ 08270
street municipality zip code

Contractor: Murray Benson Tel. (856) 691-7635
Address 565 Garden Rd

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS
1		Lighting Fixtures

FEE (Office Use Only)
36—
BL

CONSTRUCTION PERMIT

Date Issued 8-18-08
Permit # WO-08-16072

IDENTIFICATION Block 72 Lot 2 Qualification Code
Work Site Location 329 Madison Ave Woodbine N.J. 08270
Owner in Fee Blanca Santiago
Address 329 Madison Ave Woodbine N.J. 08270
Tel. (609) 861-7077

Contractor Murray Benson
Address 565 Garden Rd Pitsgrove N.J. 08318
Tel. (856) 691-7635 Cell 856-364-7641
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING
[X] ELECTRICAL
[ ] ELEVATOR DEVICES
[X] PLUMBING
[X] FIRE PROTECTION
[ ] ASBESTOS ABATEMENT (Subchapter 8 only)
[ ] LEAD HAZARD ABATEMENT
[ ] DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:
Replace oil Heater (Hot Air) with LP. Hot Air - Add A.C. unit

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 $ 3600

Construction Official

8-18-08
Date

PAYMENTS (Office Use Only)

Building	
Electrical	56
Plumbing	10—
Fire Protection	46—
Elevator Devices	
Other	
DCA State Permit Fee	5—
Cert. of Occupancy	
Other	
Total	117—
Check No.	0113
Cash	
Collected by	BL

(see reverse side)

$
10—
10—

rcharge $
um Fee $
ge Fee $
AL FEE $

U.C.C. F170 (rev. 01/04)
1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

3 Pink = Office Copy 4 Manila = Inspector Copy

OLCE -Southern Regional Office
301 East Black Horse Pike Unit 5
Williamstown NJ 08094
(609)567-3653

CONSTRUCTION PERMIT

Date Issued: 08/18/2008
Permit # 08-16072

IDENTIFICATION Block 72 Lot 2 Qualifier

Work Site	329 MADISON AVE WOODBINE, NJ 08270	Contractor	MURRAY BENSON
		Address	565 GARDEN RD PITTSGROVE, NJ 08318
Owner in Fee	CARLOS & BLANCA SANTIAG	Telephone	(856) 691-7635
Address	329 MADISON AVE WOODBINE, NJ 08270	Lic. No. or Bldrs. Reg. No.	
Telephone	(609) 861-7077	Home Reg. No. or Exemption	

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING
[X] ELECTRICAL [X] FIRE PROTECTION [ ] LEAD HAZARD ABATEMEN
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] DEMOLITION

DESCRIPTION OF WORK:
HVAC REPLACEMENT

V. FEE SUMMARY (Office Only)

1. Building	$0.00
2. Electrical	$56.00
3. Plumbing	$10.00
4. Fire Protection	$46.00
5. Elevator	$0.00
6. Plan Review	$0.00
7. Subtotal	$112.00
8. DCA State Fee	$5.06
9. Subtotal	$117.06
10. Certificate	$0.00
11. Subtotal	$117.06
12. Exemption	$0.00
TOTAL	$117.00

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 for Selected Subcode(s) $3,750.00

Construction Official

Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the requirements of the Uniform Construction Code.
The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions of the adopted subcodes; Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5.23-3.5, "Posting Structures".

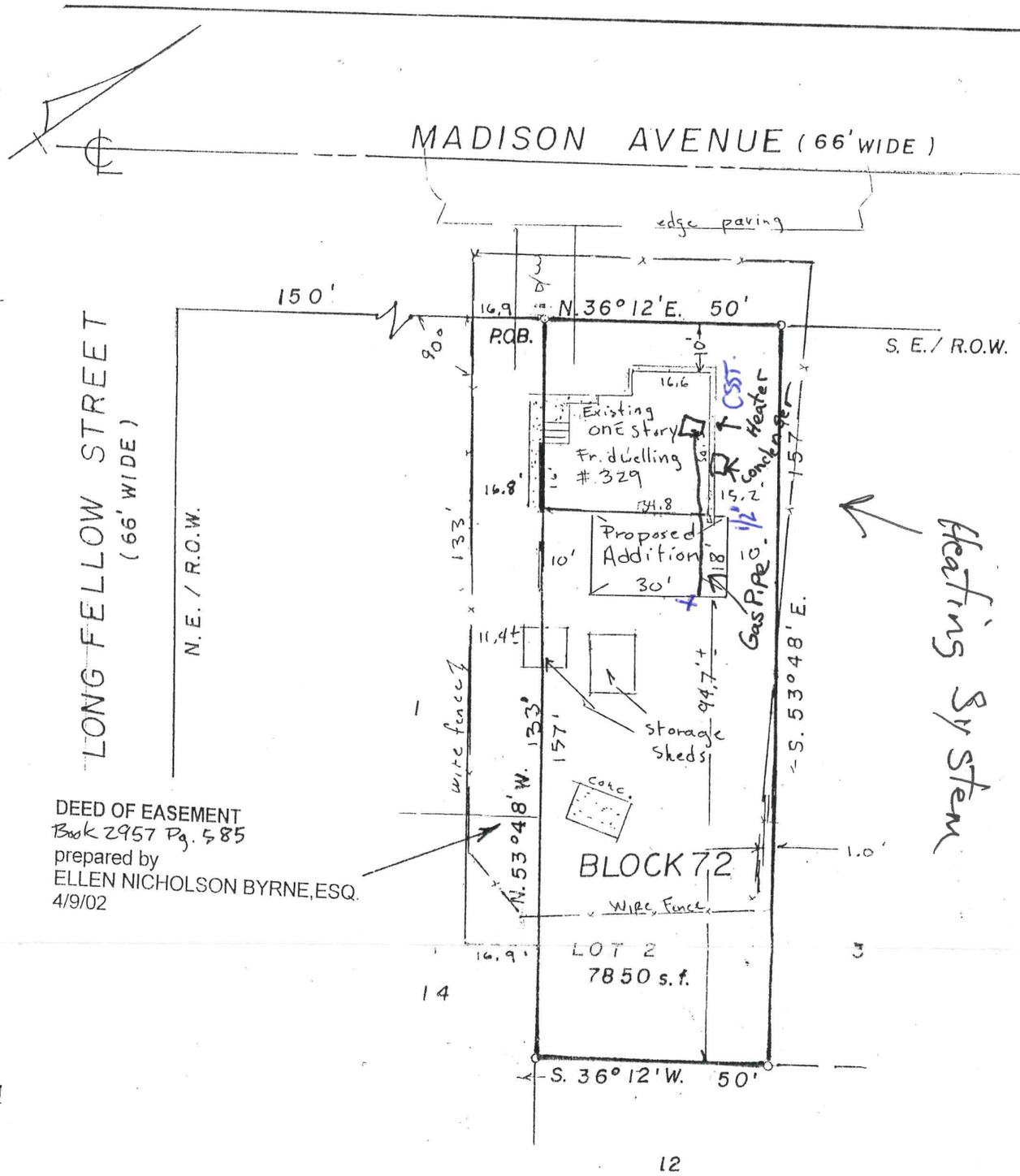
☐ A complete copy of released plans must be kept on the job site.

WO-08-16072
entered/pd/issued

8/20/08

PermitsNJ

PNJF170 (7/2008)



PLAN OF SURVEY

Lot 2, Block 72

BOROUGH OF WOODBINE, CAPE MAY COUNTY, NEW JERSEY

SCALE 1 INCH = 30 FEET March 22, 2002

MARK G. DEVAUL LAND SURVEYOR
20 DEVAULS LANE, OCEAN VIEW, N.J. 08230

Mark G. DeVaul
N.J. Lic. No. 34844

Rev. 2-27-08
Rev. 12-18-07

ISSUED TO:
BLANCA SANTIAGO

THIS PLAN IS INTENDED ONLY FOR THE USE OF THE ABOVE NAMED PARTY AS A CONSTRUCTION SURVEY FOR THE PURPOSE OF SUBMITTAL TO THE MUNICIPAL CONSTRUCTION OFFICE AND THE APPROVALS THEREOF.

NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE SURVEYOR FOR USE OF THIS SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, TRANSFER OF TITLE, SURVEY AFFIDAVIT OR MORTGAGE ACQUISITION BY ANY CURRENT OR CONSEQUENT OWNER, INSURER OF TITLE OR MORTGAGOR OF THIS PROPERTY.

No. 18,698

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 72 LOT 2 PERMIT # _____

WORK SITE ADDRESS 329 Madison Ave. Woodbine. N.J. 08270

Applicant Murray Benson

Certifying Individual _____ Company Murray Benson

Address 565 Garden Rd. Pittsgrove NJ 08318
Street City State Zip Code

Tel. (856) 691-7635

Check the Appropriate Box

Type of Replacement:

[✓] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[✓] Masonry Chimney — [redacted]
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed. Chimney Sealed Inside.

Murray Benson 8-17-08
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

Direct Vent Appliance:

No certification required:

Murray Benson 8-17-08
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)

BLOCK 72 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 329 MADISON AVE PERMIT NO. NO-08-16035

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: 329 MADISON AVE. WOODBINE NJ. 08270
2. Name of Owner in Fee: BLANCA SANTIGO
   Tel. (609) 861-7077 e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: SELF Tel. (609) 861-7077
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun BLANCA SANTIGO
   Tel. (609) 861-7077 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 182		
2. Electrical	36		
3. Plumbing	23		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	18		
10. Subtotal	$		
11. Cert. of Occupancy	25		
12. Other			
13. TOTAL	$ 284		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	12' ft.	
3. Area — Largest Floor	540 sq. ft.	
4. New Building Area	540 sq. ft.	
5. Volume of New Structure	6750 cu. ft.	
6. Construction Classification	VB	
7. Total Land Area Disturbed	540 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

IIa. PROPOSED WORK

609-805-1194

- ☐ 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	7,200.-				4/21/08	RM			
☐ Electrical									
☐ Plumbing									
☒ Fire Protection				3/31/08	4/15/08	RM			
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use: R5
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 *(primary use)*

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

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

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

MUNICIPALITY: Woodbine

BLOCK: 72

LOT: 2

NAME: SANTIAGO

DATE RECIVED: 3-31-08

	APPROVAL	REJECTED	RESUBMITTED	REJECTED	RESUBMITTED
BUILDING	RM 4-21-08	RM 4-4-08	4-14-08		
ELECTRIC	CO 4/21/08				
PLUMBING					
FIRE	4/21/08 GDM	3/31/08 GDM	4-14-08		
OTHER					
C.O.					

COMMENTS

STATE OF NEW JERSEY

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
OFFICE OF LOCAL CODE ENFORCEMENT
SOUTHERN REGIONAL OFFICE
301 E. BLACK HORSE PIKE UNIT #5
WILLIAMSTOWN, NJ 08094
OFFICE PHONE (609) 567-3653 FAX (609) 704-1510

FIRE PLAN REVIEW

PROJECT NAME Blanca Santiago DATE 3/31/08
BLOCK 72 LOT 2
ADDRESS 329 Madison
PLAN REVIEWER Al DeMichele

During the plan review it was determined that the following appear to be in conflict with the code. Please respond back with a letter and two sets of signed and sealed revised plans, along with any additional information that will indicate compliance.

(1.) Scope of work falls under REHAB code for smoke detector requirements.
Plans indicate smoke detectors to be installed in new dining/den area. (Not required in this area)
Smoke detectors are required in all bedrooms and hallway serving bedrooms. Please verify this on plans.

(2.) How is addition being heated? Existing/new HVAC?

BOROUGH OF WOODBINE
PLANNING / ZONING OFFICE
501 Washington Avenue
Woodbine, NJ 08270
(609) 861-5659
Fax: (609) 861-2529

William Pikolycky
Mayor

Monserrate Gallardo
Board Secretary

David Bennett
Chairman of the Board

Ms. Blanca Santiago
P.O. Box 277
Woodbine, NJ 08270

March 12, 2008

Dear Ms. Santiago:

Please find enclosed a copy of your approved zoning permit along with copies of the attached documents. I will by way of this correspondence also forward a copy to the Construction Officials. The Officials only come here to the Borough Hall every Monday from 9:00 am to 11:00 am, except on Holidays.

If you have any questions or concerns regarding the above information, please don't hesitate to call our office at the above number. Thank you.

Sincerely,

Monserrate Gallardo

Monserrate Gallardo, Clerk
Woodbine Zoning Office

cc: Chuck Kane, Construction Official
File

BOROUGH OF WOODBINE
APPLICATION FOR ZONING PERMIT

Date: 2/27/08

1. Applicant's Name: BLANCA SANTIAGO
   Address: 329 MADISON AVE. P.O. BOX 277
   Phone #: 609-861-7077 Fax #: _____ Email Address: _____
2. Owner's Name: BLANCA SANTIAGO
   Address: 329 MADISON AVE. P.O. BOX 277
   Phone #: 609-861-7077 Fax #: _____ Email Address: _____
3. Property Location: Block#: 72 Lot#: 2
   Address: 329 MADISON AVE, P.O. BOX 277
4. Zoning District: R2
5. Site Information:
   Existing Use ONE STORY DWELLING
   Existing Building Area 1936.51 SQ FT
   Existing % of lot coverage 11.93 %
   New Use ADDITION 2 ROOMS
   New Building Area 540 sq ft
   New % of lot coverage 6.88 %
6. Proposed Building Setbacks: Front 40.3 Rear 94.7
   Side 10' EACH SIDE
7. Brief Description of proposed structure or use: DEN & DINNING ROOM (18' x 30' WITH 10' SIDE YARD SETBACK ON EACH SIDE.)
8. Attach the following items to this application:
   Tax Map Sheet; Survey; Plot Plan; Drawing of structure; Prior Planning/Zoning Board Approvals, Proof of Payment of Taxes and Assessments
9. Return application to:

The Planning / Zoning Office
Borough of Woodbine
501 Washington Avenue
Woodbine, NJ 08270

10. Signature of applicant: ✓ Blanca Santiago
11. Signature of Owner (if different that applicant): same as above
12. Permit Application Fee: A. Residential $25.00 Check #: 3900
    B. Commercial/industrial$50.00 Check #: _____

FOR OFFICE USE ONLY

Date application received: 2/27/08 mk Date application complete: _____

X Approved Signature of Zoning Officer: _____ Date: 3/7/08

___ Denied Signature of Zoning Officer: _____ Date: _____

(See attached checklist for reasons for denial, if applicable)

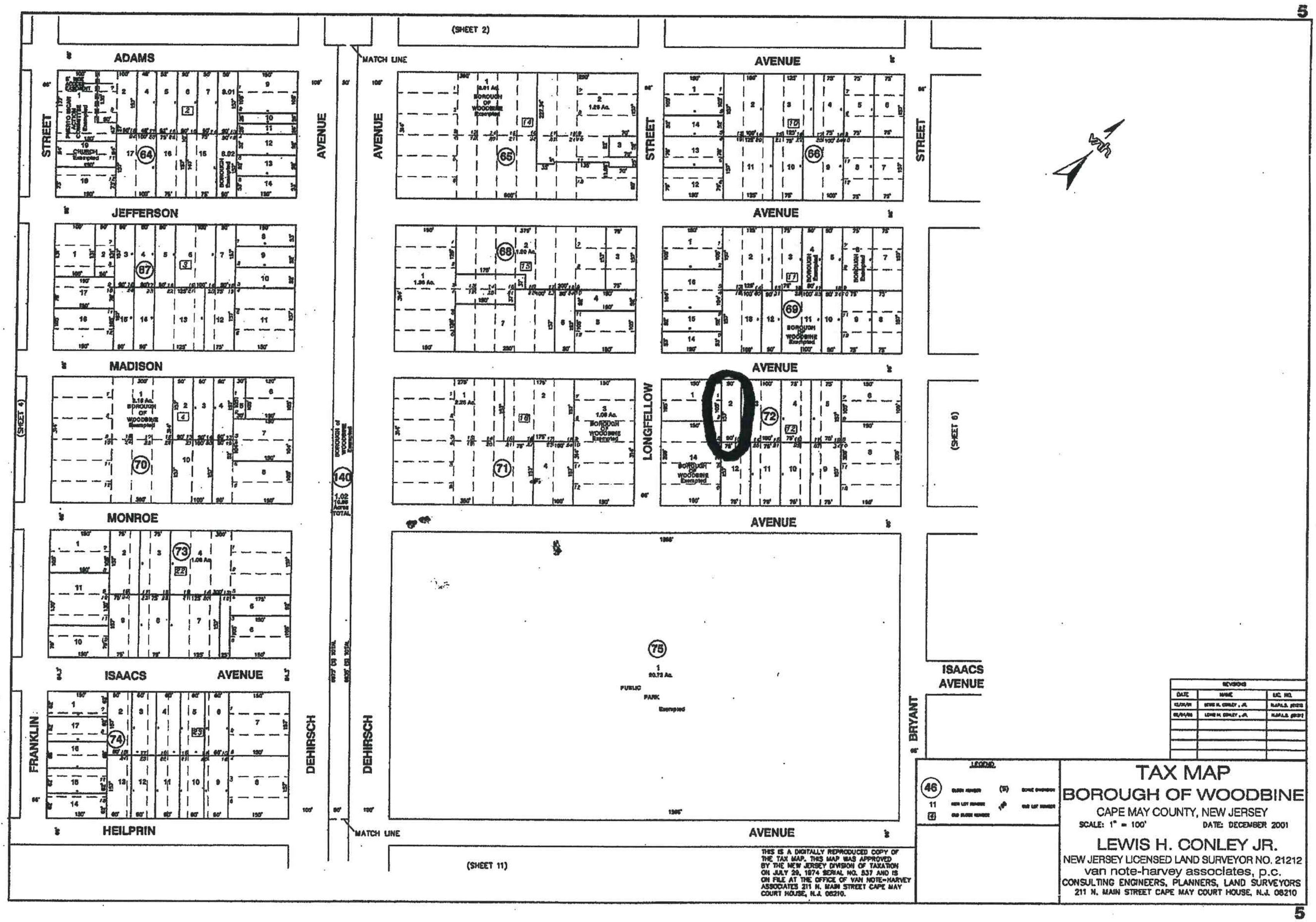
CHECKLIST
APPLICATION FOR ZONING PERMIT
BOROUGH OF WOODBINE

Applicant: Blanca Santiago
Block: 72 **Lot:** 2

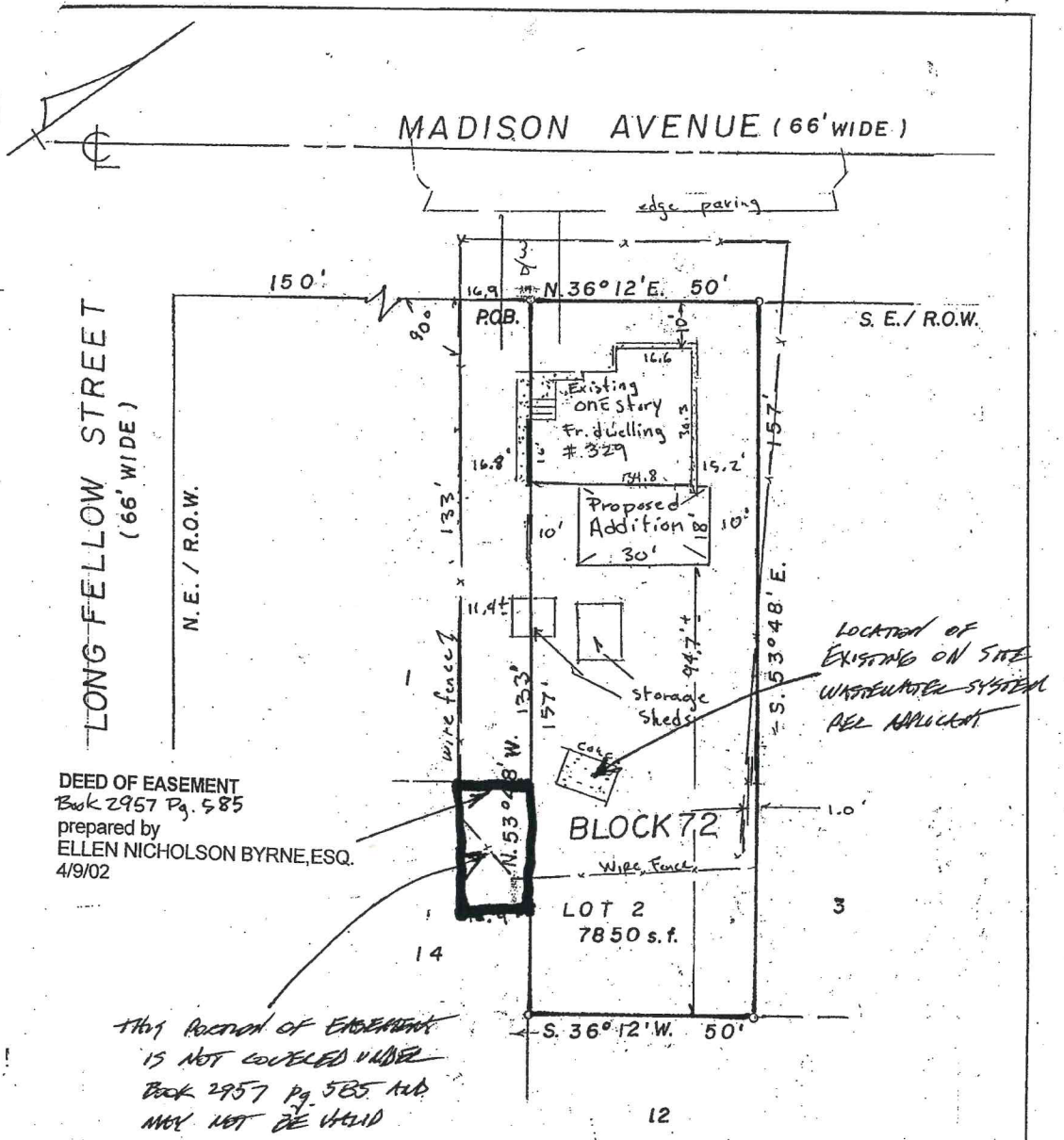
Item	Complies	Does Not Comply	Not Applicable
Completed application form signed by the applicant and the owner of record (all blanks must be filled in)	✓		
Application fee (payable to the Borough of Woodbine)	✓		
Copy of the tax map sheet that references the property	✓		
Survey of property showing current conditions	✓		
Plot plan showing the shape, location and dimensions of all proposed buildings and structures as well as their exact relation to lot and street lines.	✓		
Detailed Drawing of proposed structure	✓		
Prior Planning/Zoning Board approvals			✓
Proof of Payment of Taxes/Assessments	✓		

Review Comments:

3/7/08


5
(SHEET 2)
MATCH LINE
ADAMS
JEFFERSON
MADISON
MONROE
ISAACS AVENUE
HEILPRIN
FRANKLIN
STREET
AVENUE
DEHIRSCH
LONGFELLOW
BRYANT
ISAACS AVENUE
(SHEET 4)
(SHEET 6)
(SHEET 11)
64
65
66
67
68
69
70
71
72
73
74
75
140
PUBLIC PARK
BOROUGH OF WOODBINE
THIS IS A DIGITALLY REPRODUCED COPY OF THE TAX MAP. THIS MAP WAS APPROVED BY THE NEW JERSEY DIVISION OF TAXATION ON JULY 29, 1974 SERIAL NO. 537 AND IS ON FILE AT THE OFFICE OF VAN NOTE-HARVEY ASSOCIATES 211 N. MAIN STREET CAPE MAY COURT HOUSE, N.J. 08210.
LEGEND
TAX MAP
BOROUGH OF WOODBINE
CAPE MAY COUNTY, NEW JERSEY
SCALE: 1" = 100'
DATE: DECEMBER 2001
LEWIS H. CONLEY JR.
NEW JERSEY LICENSED LAND SURVEYOR NO. 21212
van note-harvey associates, p.c.
CONSULTING ENGINEERS, PLANNERS, LAND SURVEYORS
211 N. MAIN STREET CAPE MAY COURT HOUSE, N.J. 08210
5

3 of 7



PLAN OF SURVEY

Lot 2, , Block 72

BOROUGH OF WOODBINE, CAPE MAY COUNTY, NEW JERSEY

SCALE 1 INCH = 30 FEET March 22, 2002

MARK G. DEVAUL LAND SURVEYOR
20 DEVAULS LANE, OCEAN VIEW, N.J. 08230

Mark G. DeVaul
Mark G. DeVaul
N.J. Lic. No. 34844

Rev. 2-27-08
Rev. 12-18-07

ISSUED TO:
BLANCA SANTIAGO

THIS PLAN IS INTENDED ONLY FOR THE USE OF THE ABOVE NAMED PARTY AS A CONSTRUCTION SURVEY FOR THE PURPOSE OF SUBMITTAL TO THE MUNICIPAL CONSTRUCTION OFFICE AND THE APPROVALS THEREOF.

NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE SURVEYOR FOR USE OF THIS SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, TRANSFER OF TITLE, SURVEY AFFIDAVIT OR MORTGAGE ACQUISITION BY ANY CURRENT OR CONSEQUENT OWNER, INSURER OF TITLE OR MORTGAGOR OF THIS PROPERTY.

No. 18,698

(1) of (1) BSG 3/7/08

BOROUGH OF WOODBINE
TAX OFFICE
501 WASHINGTON AVE.
WOODBINE, NJ 08270
609-861-2153

February 27, 2008

Property Owner:
Carlos Santiago
PO Box 277
Woodbine, NJ 08270

Block: 72
Lot: 2
Property Loc. 329 Madison Ave

To whom this may concern:

As of this date the taxes are current to May1, 2008 on the above property

Letitia W. Wenerd
Deputy Tax Collector

7 of 7 B&C 3/7/08

OLCE -Southern Regional Office
301 East Black Horse Pike Unit 5
Williamstown NJ 08094
(609)567-3653

CERTIFICATE

0516 - WOODBINE BORO

Date Issued: 07/14/2008
Permit # 08-16035
Certificate: 0816035.1

IDENTIFICATION

Block 72 Lot 2 Qualifier

Work Site Location 329 MADISON AVE
, NJ 08270

Owner in Fee CARLOS & BLANCA SANTIAGO
Address 329 MADISON AVE
WOODBINE, NJ 08270

Telephone (609) 861-7077
Contractor HOMEOWNER
Address

Telephone FAX
Lic No/Bldrs Reg No. Fed. Emp. No.

Homeowner

Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group I/R-5
Maximum Live Load 0
Construction Class VB
Max. Occupancy Load 0
Description of Work/Use
CONSTRUCT 18'x 30' ADDITION TO EXISTING S.F.D.

☒ **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 5:1**

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 (0 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 $28.00
Paid [$28.00] Check No.
Collected by:

PermitsNJ

PNJF260 rev. (05/2008)

All Inspections for Permit 08-16035

Sorted by Date of Inspection, ascending

0516 - WOODBINE BORO

Subcode/Type	Date of Inspection	Conducted By	Result	Failed Comments	Perm. Ver.
Building					
Footing	05/05/2008	Marie L. Reese			Base
Foundation	06/16/2008	Marie L. Reese			Base
Frame	06/23/2008	Marie L. Reese			Base
Insulation	06/30/2008	Marie L. Reese			Base
Final	07/14/2008	Marie L. Reese			Base
Electrical					
Rough	06/16/2008	Charles Kane			Base
Final	07/14/2008	Charles Kane			Base
Fire Protection					
Final	07/14/2008	Paul A. DeMichele			Base

OLCE -Southern Regional Office
301 East Black Horse Pike Unit 5
Williamstown NJ 08094
(609)567-3653

CERTIFICATE

0516 - WOODBINE BORO

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WOODBINE, NJ 08270

Telephone (609) 861-7077
Contractor HOMEOWNER
Address

Telephone FAX
Lic No/Bldrs Reg No. Fed. Emp. No.
Homeowner
Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group I/R-5
Maximum Live Load 0
Construction Class VB
Max. Occupancy Load 0
Description of Work/Use
CONSTRUCT 18'x 30' ADDITION TO EXISTING S.F.D.

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_____ .

CONSTRUCTION OFFICIAL

Fee $28.00
Paid [$28.00] Check No.
Collected by:

PermitsNJ

PNJF260 rev. (05/2008)

329 MADISON AVE

PERMIT #WO 08-16035 LOT: 2 BLOCK: 72

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS
- [B] [I] SPACING
- [B] [I] SIZE

STRAPS
- [B] [I] SPACING (PER MANUFACTURER'S SPECS)
- [B] [I] SIZE

2. SILL PLATES:
- [B] [I] SIZE
- [B] [I] GRADE, SPECIES
- [B] [I] TREATMENT
- [B] [I] LAPS
- [B] [I] SILL SEALER
- [B] [I] PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- [B] [I] TERMITE PROTECTION

3. BEAM POCKETS:
- [B] [I] BEARING/SHIMS
- [B] [I] TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:
- [B] [I] SIZED PER PLAN
- [B] [I] ATTACHMENT/PLATES
- [B] [I] SPACING/LOCATION
- [B] [I] PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD	FLOOR
[B] [I]	[B] [I]	[B] [I]	SIZE
[B] [I]	[B] [I]	[B] [I]	GRADE, SPECIES
[B] [I]	[B] [I]	[B] [I]	SINGLE OR DOUBLE
[B] [I]	[B] [I]	[B] [I]	PRE-ENGINEERED PER MANUFACTURER'S SPECS
[B] [I]	[B] [I]	[B] [I]	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:
- [B] [I] SIZED PER PLAN
- [B] [I] TYPE
- [B] [I] GRADE, SPECIES
- [B] [I] LOCATION AND RELATION TO THE PLAN
- [B] [I] NAILING
- [B] [I] ATTACHMENT SCHEDULE
- [B] [I] BEARING
- [B] [I] LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD	FLOOR
[B] [I]	[B] [I]	[B] [I]	SIZED PER PLAN
[B] [I]	[B] [I]	[B] [I]	GRADE, SPECIES
[B] [I]	[B] [I]	[B] [I]	PRE-ENGINEERED COMPONENTS AS SPECIFIED
[B] [I]	[B] [I]	[B] [I]	BEARING
[B] [I]	[B] [I]	[B] [I]	NAILING
[B] [I]	[B] [I]	[B] [I]	BRIDGING
[B] [I]	[B] [I]	[B] [I]	CUTTING AND NOTCHING (AS PER CODE)
[B] [I]	[B] [I]	[B] [I]	POINT LOADS - SUPPORTED AS PER PLAN
[B] [I]	[B] [I]	[B] [I]	SPAN HANGERS
[B] [I]	[B] [I]	[B] [I]	HEADERS
[B] [I]	[B] [I]	[B] [I]	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD	FLOOR
			MATERIAL
[B] [I]	[B] [I]	[B] [I]	PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

[B] [I]	[B] [I]	[B] [I]	EDGE BLOCKING (IF REQUIRED)
[B] [I]	[B] [I]	[B] [I]	GAPPING
[B] [I]	[B] [I]	[B] [I]	LAYOUT

5. STAIR ATTACHMENT: N/A

1ST	2ND	3RD	FLOOR
[B] [I]	[B] [I]	[B] [I]	BEARING
[B] [I]	[B] [I]	[B] [I]	NAILING

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person In Charge of Work: [signature] Date: 5/4/08

Building Inspector Initials: CA

Date: 6-6-08

U.C.C. F390-1 (01/06)

PERMIT # WO-08-16035 LOT: 2 BLOCK: 72

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1ST	2ND	3RD	FLOOR
B X I	B X I	B X I	SIZE
B X I	B X I	B X I	SPACE
B X I	B X I	B X I	SPECIES AND GRADE
B X I	B X I	B X I	CUTTING, NOTCHING, AND BORING
B X I	B X I	B X I	HEADER SIZES
B X I	B X I	B X I	JACK STUD BEARING
	TOP PLATES		
B X I	B X I	B X I	NAILING
B X I	B X I	B X I	LAPS
B X I	B X I	B X I	RAFTER TIES
B X I	B X I	B X I	HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1ST	2ND	3RD	FLOOR
B X I	B X I	B X I	SIZE
B X I	B X I	B X I	SPACE
B X I	B X I	B X I	LAYOUT - SUPPORT BELOW PER CODE
B X I	B X I	B X I	SPECIES AND GRADE
B X I	B X I	B X I	CUTTING, NOTCHING, AND BORING
B X I	B X I	B X I	FIRE BLOCKING
B X I	B X I	B X I	HEADER SIZES
B X I	B X I	B X I	JACK STUD BEARING
	TOP PLATES		
B X I	B X I	B X I	NAILING
B X I	B X I	B X I	LAPS
B X I	B X I	B X I	STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1ST	2ND	3RD	FLOOR
B X I	B X I	B X I	SIZE
B X I	B X I	B X I	SPACE
B X I	B X I	B X I	SPECIES AND GRADE
B X I	B X I	B X I	CUTTING, NOTCHING, AND BORING
B X I	B X I	B X I	FIRE BLOCKING
B X I	B X I	B X I	HEADER SIZES
B X I	B X I	B X I	TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

- B I LAYOUT PLANS
- B I TRUSS MEMBERS
- B I CONNECTION SCHEDULE
- B I PERMANENT BRACING DETAILS
- B I DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
- B I EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS

- B X I LOCATION AS PER LAYOUT
- B I ALIGNMENT
- B X I BEARING
- B X I SPACING
- B X I CONNECTIONS TO BEARING POINTS
- B X I NO CONNECTION TO NON-BEARING POINTS
- B X I DAMAGE AND DEFECTS
- B I ENGINEERED METHOD OF REPAIR

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

N/A

- B I LAYOUT
- B I SIZE
- B I TYPE
- B I NAILING
- B I OVERLAP
- B I TERMINATION
- B I TRANSITION (I.E., CROSS) BRACING

3. GABLE END BRACING (AS PER DESIGN):

- B I LAYOUT
- B I SIZE
- B I TYPE
- B I NAILING
- B I OVERLAP
- B I TERMINATION

4. SOLID SAWN ROOF FRAMING:

- B X I SIZE
- B X I GRADES, SPECIES

LAYOUT

- B X I SPACING
- B X I SPAN
- B X I BEARING
- B X I FASTENING
- B I DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- B X I CUTTING, NOTCHING, AND BORING
- B X I BRIDGING
- B X I RIDGE SIZE
- B I HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. SHEATHING – EXTERIOR WALLS:

MATERIAL

- B X I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- B I GAPPING
- B X I LAYOUT
- B I CORNER BRACING (IF REQUIRED)

2. SHEATHING – ROOF:

MATERIAL

- B X I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- B X I BLOCKING, EDGE (IF REQUIRED)
- B X I CLIPS (IF REQUIRED)
- B I GAPPING
- B I LAYOUT

N/A

SHEATHING, FRT – ROOF

- B I FOUR FEET FROM FIREWALL
- B I NONCORROSIVE FASTENERS

U.C.C. F390-2 (01/06)

Initials: Resp. Person in Charge of Work B.S Building Inspector

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4-21-08
Date Issued
Control #
Permit # WO-08 16035

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

Block 72 Lot 2
Work Site Location 329 Madison Ave,
Woodbine NJ. 08270
Owner in Fee Blanca Bautista
Address 329 Madison Ave
Woodbine NJ 08270
Tele. ( )
Contractor Self
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	4/28	LM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 7/14/08
Approved by: Marie A Reese

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing			5/5/08	mva
Foundation			6/6/08	mva
Slab				
Frame			6.23.08	LM
Barrier-Free				
Insulation			6.30.08	LM
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7-14-08	mva
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R3
Constr. Class Present Proposed 5B
No. of Stories 1
Height of Structure 12 Ft.
Area — Largest Floor 320 Sq. Ft.
New Bldg. Area/All Floors 540 Sq. Ft.
Volume of New Structure 4320 Cu. Ft.
Total Land Area Disturbed 540 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 72,000
2. Alteration $
3. Total (1+ 2) $

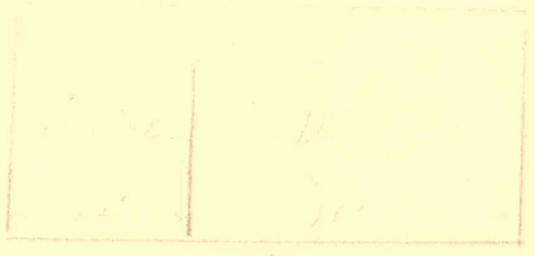
C. CERTIFICATION IN LIEU OF OATH

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

Blanca Bautista
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK 12'x30' addition



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

[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4 21 08
Date Issued
Control #
Permit # WO-08-16035

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Block 12 Lot 2
Work Site Location 329 Madison Ave
Woodbury NJ 08096
Owner in Fee/Occupant Blanca Santiago
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Woodbury, NJ 08096
Tele. (609) 848-7077
Contractor Self
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 4/10/08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4-10-08
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

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.

Blanca Santiago ✓
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
2		Lighting Fixtures
20		Receptacles
4		Switches
2		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		.....
		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
		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
		.....
		.....

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $ 60
DCA Training Fee $
TOTAL FEE $

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

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

FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-21-08
Control #
Permit # WO-08-16035

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

Block 72 Lot 2
Work Site Location 329 Madison Ave
Woodbine NJ 08270
Owner in Fee Blanca Santiago
Address 329 Madison Ave
Woodbine NJ 08270
Tele. ( )
Contractor - OWNER
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [x] Existing
Type: [ ] Gas [x] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Basement
Total Est. Cost of Fire Prot. Work $ $200.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[x] Fire Plans Approved
Date: 4/21/08
Approved by: Ed DeMichele

SUBCODE APPROVAL:
[x] CO [ ] CCO [ ] CA
Date: 7/14/08
Approved by: Ed DeMichele

INSPECTIONS:

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Email		7/14/08	7/14/08 2pm	
Other				
Other Rough			6/10/08	

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.

Blanca Santiago
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Addition
Smoke detector to be installed in bedroom, hallway serving bedroom, and basement all to be 110V/ batt. ( ) hard wired interconnected

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		$23.00
Smoke Detectors	(4)	
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

BLOCK NO. 72 LOT NO. 2 SUBDIVISION Youmans PERMIT NO. W0-0801-8

I. IDENTIFICATION

Proposed Work at: 319 Madison Av

Owner Name: Hance Youmans Tel. ( ) 856-21 74

Address 319 Madison Av. Woodbine N.J.

Principal Contractor: Tel. ( )

Address

Lic. No. or Builder Reg. No. Federal Emp. No.

Architect or Engineer: Tel. ( )

Address

Responsible Person in Charge of Work Tel. ( )

II. PROPOSED WORK

A. TYPE OF WORK

- [X] Minor Work (Single Trade)
- [ ] Small Job ($5,000 and no Prior Approvals)

Complete only II.B., III and IV.A. and Page 2

- [ ] New Building
- [ ] Addition
- [ ] Alteration
- [ ] Repair, Replacement
- [ ] Demolition
- [ ] Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. [ ]	Building/ Structural	$ 700.00
2. [ ]	Plumbing	
3. [ ]	Electrical	
4. [ ]	Fire Protection	
5. [ ]	Other	
6. [ ]	Other	
	TOTAL COST	$ 700.00

C. DO YOU WANT:

1. [ ] Partial Releases 2. [ ] Prototype Processing

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

1. [ ] Elevators/Dumbwaiters
2. [ ] High-Pressure Boilers
3. [ ] Refrigeration Systems
4. [ ] Pressure Vessels
5. [ ] Hazardous Uses/Places of Assembly
6. [ ] Cross-connections/ Backflow Preventors
7. [ ] Sprinklers
8. [ ] Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

RESIDENTIAL

1. [ ] Hotels (R–1)
2. [ ] Multi-Family (R–2) HMD Reg. No.:
3. [ ] Two Family (R–3b)
4. [X] One-Family (R–3a)

If new construction, enter no. of dwelling units

If other than new construction, enter no. of dwelling units:

Before Construction:

After Construction:

Net Gain (or loss):

NON-RESIDENTIAL

5. [ ] Theatres with Stage (A–1–A)
6. [ ] Movie Theatres (A–1–B)
7. [ ] Night Clubs (A–2)
8. [ ] Restaurants, Libraries, Museums (A–3)
9. [ ] Religious Assembly (A–4)
10. [ ] Outdoor Assembly (A–5)
11. [ ] Business (B)
12. [ ] Educational (E)
13. [ ] Moderate-Hazard Factory (F–1)
14. [ ] Low-Hazard Factory (F–2)
15. [ ] High-Hazard (H)
16. [ ] Institutional Detention Center (I–1)
17. [ ] Hospitals, Infirmaries (I–2)
18. [ ] Group Homes (I–3)
19. [ ] Mercantile (M)
20. [ ] Moderate-Hazard Warehouse (S–1)
21. [ ] Low-Hazard Warehouse (S–2)
22. [ ] Temporary, Misc. (U)
23. [ ] Other

State Specific Use: R3

Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. [X] Private (Individual, Corp., Non-profit Inst., Etc.)
2. [ ] Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	[ ]	[ ]	Gas
4.	[ ]	[ ]	Oil
5	[ ]	[ ]	Electric
6.	[ ]	[ ]	Solid (Wood, Coal, Etc.)
7.	[ ]	[ ]	Propane
8.	[ ]	[ ]	Solar
9.	[ ]	[ ]	Other

C. TYPE OF SEWAGE DISPOSAL

10. [ ] Public or Private Company
11. [ ] Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. [ ] Public or Private Company
13. [ ] Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories
15. Height of Structure Ft.
16. Area–Largest Floor Sq. Ft.
17. Bldg. Area–All Fls. Sq. Ft.
18. Volume of Structure Cu. Ft.
19. Total Land Area Disturbed Sq. Ft.

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☒	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
1-14-87	ALL CONSTRUCTION			
	BUILDING		5-6-87	
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☒ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 20.00
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	$.
– LESS: 20% of subtotal (when plan review performed by state agency).	(.)
D.C.A. TRAINING FEE .0006 x _____	= .
CERTIFICATE OF OCCUPANCY	.
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 20.00

DATE 1-14-87 Collected By JS

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. WO-001-87
DATE ISSUED 1-14-87
REVISION DATE
Block 72 Lot 2
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Hance Yourmans Contractor Owner
Address 319 Madison Address
Woodbine NJ
Tel. ( ) 861 2174 Tel. ( )

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this applicat...

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. WO-001-87
DATE ISSUED 1-14-87
Block 72 Lot 2
Subdivision

A. IDENTIFICATION

Owner Hance Yourmans Agent Owner
Address 319 Madison Address
Woodbine NJ
Tel. ( ) 861-2174 Tel. ( )
Work Site Address Same Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 20.00
Fees Remitted $
☐ Check No.
☒ Cash
☐ Other
Collected By: JS
Date: 1-14-87

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER

Description of work:

Inclose Portal

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: $ 700.00

James Giannone
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. W0-001-8
DATE ISSUED 1-14-87
REVISION DATE
Block 72 Lot 2
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Hamed Yasmeen
Address 319 Madison
Wood-Ridge
Tel. ( ) 801 2174
Work Site Address Same

Contractor OWNER
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OAT

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed wo is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Inclose Porch

See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☑ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

BUILDING CHARACTERISTICS

ROUP: R-3 Present Proposed

tories
Total Building Area—All Floors Sq. Ft.
Structure Ft.
Volume of Structure Cu. Ft.
est Floor Sq. Ft.
Total Land Area Disturbed Sq. Ft.
Cost of Building Work: $ 4700.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
5/6/87	work completed

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 5/6 87

Inspected By: JS

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)