2026-095

Michelle Clark

From: Stephanie Kubis Benedetto, Esq. <opra+request-91548-daf87960@requests.opramachine.com>
Sent: Friday, May 15, 2026 11:53 AM
To: Clerk
Subject: [EXTERNAL] OPRA request - OPRA Request - 33 Memorial Parkway B: 85, L: 5 Owner - David Janesian & Samantha Janesian

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Atlantic Highlands Borough,

Please accept this electronic request for public records made under OPRA and the common law right of access. I am not required to fill out an official form or use a particular software platform to submit my request per NJSA 47:1A-5(f), which states that an email from a requestor including all of the information required on the adopted form shall suffice in place of a completed form as a valid government record request.

I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

I WILL NOT use the requested government records for a commercial purpose.

I AM NOT seeking records in connection with a legal proceeding.

Records requested:

- Code enforcement complaints (with dates)
- Notices of violation
- Fines
- Certificates of occupancy
- Permit applications and approvals

- Zoning determinations Attached
- Planning/Zoning Board applications and resolutions No responsive records
- Filed liens Attached
- Surveys
- Construction and zoning

My preferred delivery method for response(s) to this request is by E-mail as attachments. Please confirm you have received this request. If you are not the custodian of records, please forward my request to that person and provide their email address to me for future reference.

Yours faithfully,

Stephanie Kubis Benedetto, Esq.

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-91548-daf87960@requests.opramachine.com

Is clerk@ahnj.com the wrong address for OPRA requests to Atlantic Highlands Borough? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=atlantic_highlands_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

https://opramachine.com/help/officers

View this OPRA request & responses online:

https://opramachine.com/request/opra_request_33_memorial_parkway

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

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

"OPRAmachine's mission is to give people easy and affordable access to New Jersey public records.

For more information, contact us at: (732) 707-1628 or PO Box 3180, New Brunswick, NJ 08903."

BOROUGH OF ATLANTIC HIGHLANDS
APPLICATION FOR DEVELOPMENT PERMIT

Instructions: Submit this completed application, copy of property survey, (2) copies of related plans. Property survey cannot be reduced or enlarged or be taken by facsimile transmission. **$30.00 NON REFUNDABLE FEE**

PROPERTY INFORMATION: BLOCK 85 LOT(S) 5 ZONE 2

PROPERTY ADDRESS: 33 Memorial Parkway

Describe in detail the proposed development; include square footage, height, location, proposed use). If the application is for an addition, describe the purpose (ex: bedroom). If the application involves a change of use of the property, a separate narrative is suggested. **If the property contains slopes, a steep slope permit must be obtained prior to any development.**

Current use of property: Residential

Is the property located on a corner lot or abut more than one street? Yes _____ No X
If yes, name of street(s) _____

Does the property contain any easements or other restrictions? Yes _____ No X

Is the property situated within 50' of the following: ponds, streams, brooks, marshes, rivers, creeks, etc, or other low lying areas; or is the property located within 500' of the mean high water line or any area regulated by the Department of Environmental Protection? Yes _____ No X
(If you answered yes, you must contact the NJDEP at 609-292-0060 to obtain clearance, prior to submitting this permit. Violations of the Wetlands could result in fines imposed by the State of New Jersey.)

PROPERTY OWNER David Janesian
Mailing Address 33 memorial Parkway, Atlantic Highlands, NJ 07716
APPLICANT (If different than owner) _____
Mailing Address _____

PLEASE READ THE FOLLOWING: I hereby certify the **(check one)** ✓ I am the owner of the subject property; or ___ I have permission from the property owner to submit this Application for Development. I certify, to the best of my knowledge all the information contained on this application is correct; and the survey provided is accurate and shows all structures located on the site. In addition, I grant permission to the Borough of Atlantic Highlands and their agents to come onto the subject property, for the purpose of conducting inspections, relating to this application.

DATE 10/13/21 **SIGNATURE** [signature]

*****This permit is issued for the purpose of property zoning only. Permit expires one year from the date of approval*****

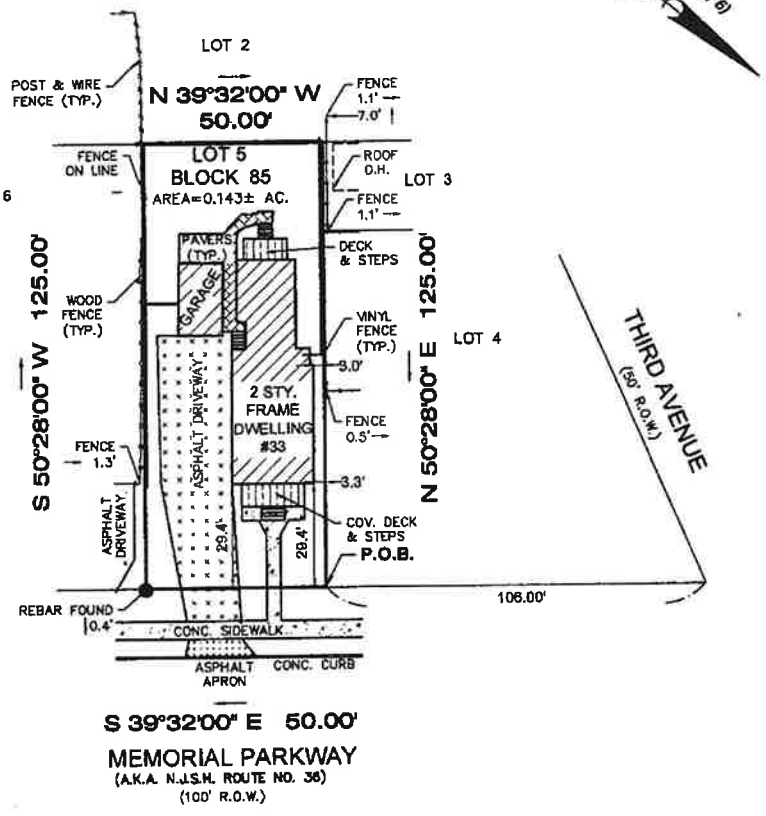
✓ DEVELOPMENT PERMIT APPROVED – CONDITIONS 6' fence as marked on survey

_____ DEVELOPMENT PERMIT DENIED _____

DATE 10-13-2021 **ZONING OFFICER** Michelle Clark

21-10-09

Red lines = 6 foot tall white vinyl privacy fence



TITLE DOCUMENTS NOT RECEIVED AT TIME OF SURVEY

PREPARED FOR: *DAVID JANESIAN AND SAMANTHA ZEITNER*

TITLE INSURER: *UNITAS TITLE AGENCY, LLC (20-40476TRE)*
CONNECTICUT ATTORNEYS TITLE INSURANCE COMPANY

BUYER'S ATTORNEY: *MICHAEL IVANCIU, Esquire*

IMPORTANT NOTES, PLEASE REVIEW:

- I DECLARE THAT, TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF, THIS MAP OR PLAN MADE ON 8-13-20 BY ME OR UNDER MY DIRECT SUPERVISION IS IN ACCORDANCE WITH THE RULES AND REGULATIONS PROMULGATED BY THE STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS.
- THIS SURVEY DOES NOT PURPORT TO IDENTIFY BELOW GROUND ENCROACHMENTS, UTILITIES, SERVICES LINES OR STRUCTURES, WETLANDS, OR RIPARIAN RIGHTS. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THE PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS, ENVIRONMENTALLY SENSITIVE AREAS, IF ANY ARE NOT LOCATED BY THIS SURVEY.
- OFFSET DIMENSIONS FROM STRUCTURES TO PROPERTY LINES SHOWN HEREON ARE NOT TO BE USED TO REESTABLISH PROPERTY LINES.
- THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE, SUBJECT TO RESTRICTIONS AND EASEMENTS RECORDED AND/OR UNRECORDED.
- BUILDING SETBACK LINES SHOWN HEREON ARE FROM RECORDED DEEDS AND FILED MAPS AND MAY NOT REFLECT CURRENT ZONING REQUIREMENTS.
- PROPERTY CORNERS HAVE NOT BEEN SET AS PER CONTRACTUAL AGREEMENT. (N.J.A.C. 13:40-5.1(D))

DB OR-9330-9826

CERTIFICATE OF AUTHORIZATION: 24GA28238000

MORGAN engineering & surveying

P.O. BOX 8232
TOMS RIVER, N.J. 08754
TEL: 732-270-9880
FAX: 732-270-9881
www.morganengineering&o.com

DAVID J. VON STEENBURG
PROFESSIONAL LAND SURVEYOR
N.J. LIC. No. 34500

SURVEY OF PROPERTY

LOT 5 BLOCK 85

BOROUGH OF ATLANTIC HIGHLANDS

COUNTY OF MONMOUTH NEW JERSEY

Scale:	Drawn By:	Date:	JOB #:	CAD File #:	Sheet #:
1"=30'	JD	8-13-20	20-06838	20-06838	1 OF 1

BOROUGH OF ATLANTIC HIGHLANDS
APPLICATION FOR DEVELOPMENT PERMIT

Instructions: Submit this completed application, copy of property survey, (2) copies of related plans. Property survey cannot be reduced or enlarged or be taken by facsimile transmission. **$30.00 NON REFUNDABLE FEE**

PROPERTY INFORMATION: **BLOCK** 85 **LOT(S)** 5 **ZONE** O-R

PROPERTY ADDRESS: 33 Memorial Parkway, Atlantic Highlands, NJ 07716

Describe in detail the proposed development; include square footage, height, location, proposed use). If the application is for an addition, describe the purpose (ex: bedroom). If the application involves a change of use of the property, a separate narrative is suggested. **If the property contains slopes, a steep slope permit must be obtained prior to any development.**

Installation of a Emergency Whole house standby generator – **Generator is approximately 4'L x 2.5' W x 2' H**

Current use of property: **RESIDENTIAL**

Is the property located on a corner lot or abut more than one street? Yes _____ No **X**
If yes, name of street(s) _____

Does the property contain any easements or other restrictions? Yes _____ No **X**
Is the property situated within 50' of the following: ponds, streams, brooks, marshes, rivers, creeks, etc, or other low lying areas; or is the property located within 500' of the mean high water line or any area regulated by the Department of Environmental Protection? Yes _____ No **X**
(If you answered yes, you must contact the NJDEP at 609-292-0060 to obtain clearance, prior to submitting this permit. Violations of the Wetlands could result in fines imposed by the State of New Jersey.)

PROPERTY OWNER David Janesian
Mailing Address 33 Memorial Parkway, Atlantic highlands, NJ 07716

APPLICANT (If different than owner) **Green sun Energy Services** – Contact : Chris Torre
Mailing Address **PO Box 4314 Middletown, NJ 07748**

PLEASE READ THE FOLLOWING: I hereby certify the **(check one)** ___ I am the owner of the subject property; or **X** I have permission from the property owner to submit this Application for Development. I certify, to the best of my knowledge all the information contained on this application is correct; and the survey provided is accurate and shows all structures located on the site. In addition, I grant permission to the Borough of Atlantic Highlands and their agents to come onto the subject property, for the purpose of conducting inspections, relating to this application.

DATE 03/05/21 **SIGNATURE** _____ for

*******This permit is issued for the purpose of property zoning only. Permit expires one year from the date of approval*******

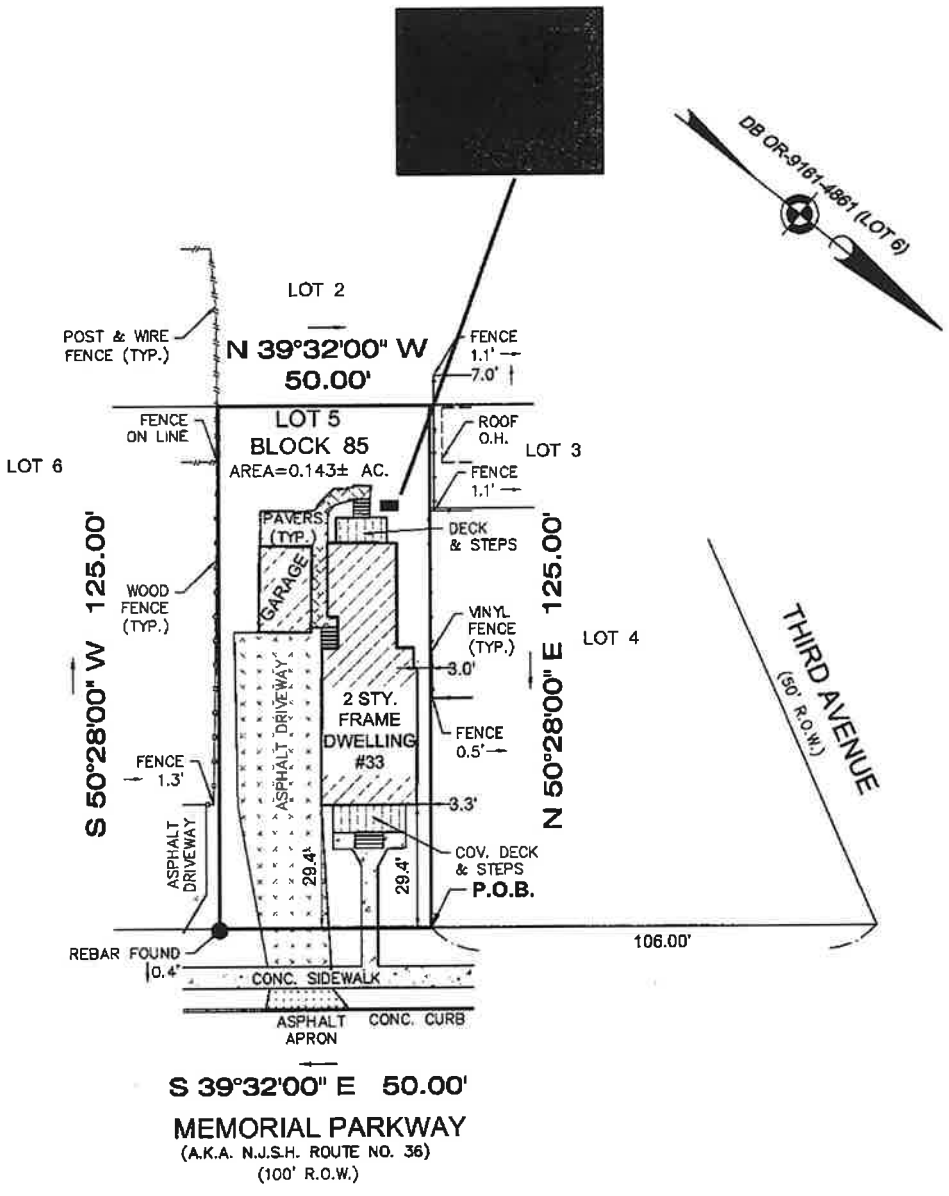
✓ DEVELOPMENT PERMIT APPROVED – CONDITIONS as marked on survey.

_____ DEVELOPMENT PERMIT DENIED _____

DATE 3-22-2021 **ZONING OFFICER** Michelle Clark

21-03-15

Ck # VV754



TITLE DOCUMENTS NOT RECEIVED AT TIME OF SURVEY

PREPARED FOR: *DAVID JANESIAN AND SAMANTHA ZEITNER*

TITLE INSURER: *UNITAS TITLE AGENCY, LLC (20-40476TRE)*
CONNECTICUT ATTORNEYS TITLE INSURANCE COMPANY

BUYER'S ATTORNEY: *MICHAEL IVANCIU, Esquire*

IMPORTANT NOTES, PLEASE REVIEW:

- I DECLARE THAT, TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF, THIS MAP OR PLAN MADE ON 8-13-20 BY ME OR UNDER MY DIRECT SUPERVISION IS IN ACCORDANCE WITH THE RULES AND REGULATIONS PROMULGATED BY THE STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS.
- THIS SURVEY DOES NOT PURPORT TO IDENTIFY BELOW GROUND ENCROACHMENTS, UTILITIES, SERVICES LINES OR STRUCTURES, WETLANDS, OR RIPARIAN RIGHTS. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THE PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS. ENVIRONMENTALLY SENSITIVE AREAS, IF ANY ARE NOT LOCATED BY THIS SURVEY.
- OFFSET DIMENSIONS FROM STRUCTURES TO PROPERTY LINES SHOWN HEREON ARE NOT TO BE USED TO REESTABLISH PROPERTY LINES.
- THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE, SUBJECT TO RESTRICTIONS AND EASEMENTS RECORDED AND/OR UNRECORDED.

BOROUGH OF ATLANTIC HIGHLANDS
APPLICATION FOR DEVELOPMENT PERMIT

Instructions: Submit this completed application, copy of property survey, (2) copies of related plans. Property survey cannot be reduced or enlarged or be taken by facsimile transmission. **$30.00 NON REFUNDABLE FEE**

PROPERTY INFORMATION: **BLOCK** 85 **LOT(S)** 5 **ZONE** O-R

PROPERTY ADDRESS: 33 Memorial Parkway, Atlantic Highlands, NJ 07716

Describe in detail the proposed development; include square footage, height, location, proposed use). If the application is for an addition, describe the purpose (ex: bedroom). If the application involves a change of use of the property, a separate narrative is suggested. **If the property contains slopes, a steep slope permit must be obtained prior to any development.**

Installation of a Emergency Whole house standby generator – **Generator is approximately 4'L x 2.5' W x 2' H**

Current use of property: **RESIDENTIAL**

Is the property located on a corner lot or abut more than one street? Yes _____ No **X**
If yes, name of street(s) _____

Does the property contain any easements or other restrictions? Yes _____ No **X**
Is the property situated within 50' of the following: ponds, streams, brooks, marshes, rivers, creeks, etc, or other low lying areas; or is the property located within 500' of the mean high water line or any area regulated by the Department of Environmental Protection? Yes _____ No **X**
(If you answered yes, you must contact the NJDEP at 609-292-0060 to obtain clearance, prior to submitting this permit. Violations of the Wetlands could result in fines imposed by the State of New Jersey.)

PROPERTY OWNER David Janesian
Mailing Address 33 Memorial Parkway, Atlantic highlands, NJ 07716

APPLICANT (If different than owner) **Green sun Energy Services** – Contact : Chris Torre
Mailing Address **PO Box 4314 Middletown, NJ 07748**

PLEASE READ THE FOLLOWING: I hereby certify the **(check one)** ___ I am the owner of the subject property; or **X** I have permission from the property owner to submit this Application for Development. I certify, to the best of my knowledge all the information contained on this application is correct; and the survey provided is accurate and shows all structures located on the site. In addition, I grant permission to the Borough of Atlantic Highlands and their agents to come onto the subject property, for the purpose of conducting inspections, relating to this application.

DATE 03/05/21 **SIGNATURE** [signature]

*******This permit is issued for the purpose of property zoning only. Permit expires one year from the date of approval*******

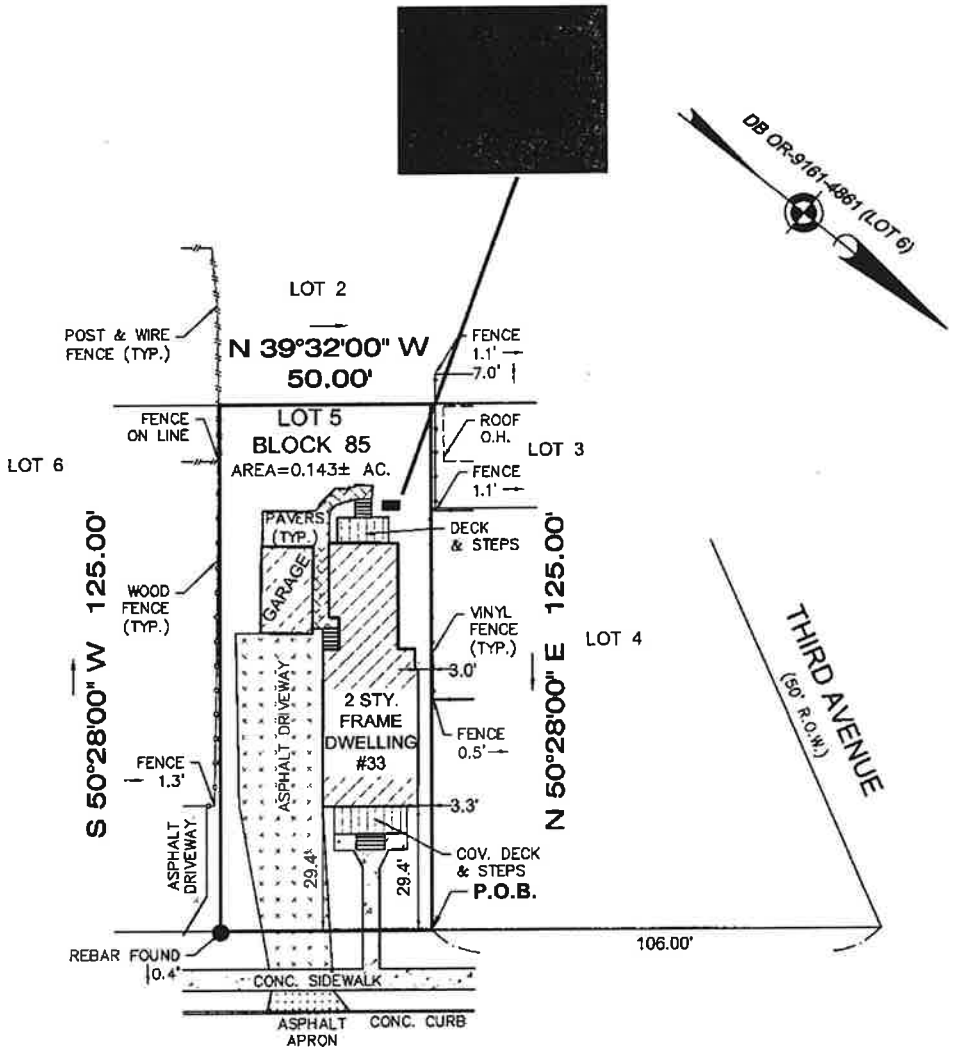
✓ DEVELOPMENT PERMIT APPROVED – CONDITIONS as marked on survey.

_____ DEVELOPMENT PERMIT DENIED _____

DATE 3-22-2021 **ZONING OFFICER** Michelle Clark

21-03-15

ck #VV754



TITLE DOCUMENTS NOT RECEIVED AT TIME OF SURVEY

PREPARED FOR: *DAVID JANESIAN AND SAMANTHA ZEITNER*

TITLE INSURER: *UNITAS TITLE AGENCY, LLC (20-40476TRE)*
CONNECTICUT ATTORNEYS TITLE INSURANCE COMPANY

BUYER'S ATTORNEY: *MICHAEL IVANCIU, Esquire*

IMPORTANT NOTES, PLEASE REVIEW:

- I DECLARE THAT, TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF, THIS MAP OR PLAN MADE ON 8-13-20 BY ME OR UNDER MY DIRECT SUPERVISION IS IN ACCORDANCE WITH THE RULES AND REGULATIONS PROMULGATED BY THE STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS.
- THIS SURVEY DOES NOT PURPORT TO IDENTIFY BELOW GROUND ENCROACHMENTS, UTILITIES, SERVICES LINES OR STRUCTURES, WETLANDS, OR RIPARIAN RIGHTS. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THE PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS. ENVIRONMENTALLY SENSITIVE AREAS, IF ANY ARE NOT LOCATED BY THIS SURVEY.
- OFFSET DIMENSIONS FROM STRUCTURES TO PROPERTY LINES SHOWN HEREON ARE NOT TO BE USED TO REESTABLISH PROPERTY LINES.
- THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE, SUBJECT TO RESTRICTIONS AND EASEMENTS RECORDED AND/OR UNRECORDED.

BOROUGH OF ATLANTIC HIGHLANDS
APPLICATION FOR DEVELOPMENT PERMIT

Instructions: Submit this completed application, copy of property survey, (2) copies of related plans. Property survey cannot be reduced or enlarged or be taken by facsimile transmission. **$30.00 NON REFUNDABLE FEE**

PROPERTY INFORMATION: BLOCK 55 LOT(S) 6 ZONE _____

PROPERTY ADDRESS: 33 Memorial Pkwy & Atlantic Hghlnds

Describe in detail the proposed development; include square footage, height, location, proposed use). If the application is for an addition, describe the purpose (ex: bedroom). If the application involves a change of use of the property, a separate narrative is suggested. **If the property contains slopes, a steep slope permit must be obtained prior to any development.**

Current use of property: Resnd.

Is the property located on a corner lot or abut more than one street? Yes _____ No N

If yes, name of street(s) _____

Does the property contain any easements or other restrictions? Yes _____ No N

Is the property situated within 50' of the following: ponds, streams, brooks, marshes, rivers, creeks, etc, or other low lying areas; or is the property located within 500' of the mean high water line or any area regulated by the Department of Environmental Protection? Yes _____ No _____

(If you answered yes, you must contact the NJDEP at 609-292-0060 to obtain clearance, prior to submitting this permit. Violations of the Wetlands could result in fines imposed by the State of New Jersey.)

PROPERTY OWNER Mehmet Kile

Mailing Address 37 Pershing Pl Belport NJ 07731

APPLICANT (If different than owner) same.

Mailing Address _____

PLEASE READ THE FOLLOWING: I hereby certify the **{check one)** ___ I am the owner of the subject property; or ___ I have permission from the property owner to submit this Application for Development. I certify, to the best of my knowledge all the information contained on this application is correct; and the survey provided is accurate and shows all structures located on the site. In addition, I grant permission to the Borough of Atlantic Highlands and their agents to come onto the subject property, for the purpose of conducting inspections, relating to this application.

DATE 2/14/20 **SIGNATURE** [signature]

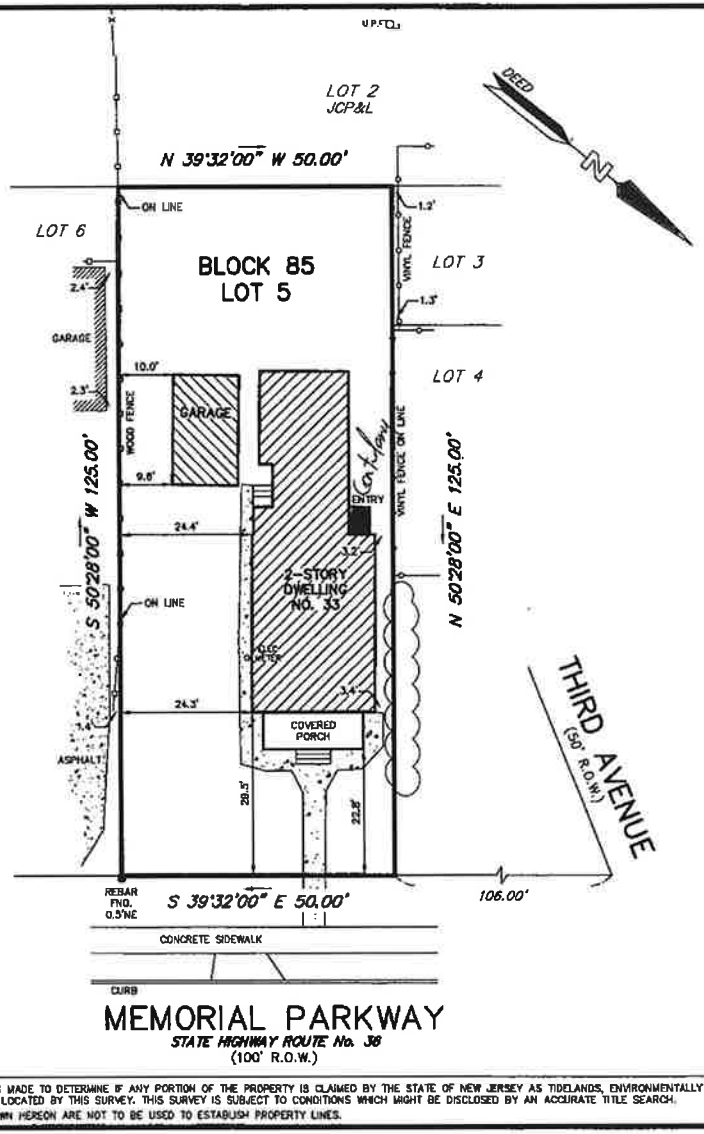
*****This permit is issued for the purpose of property zoning only. Permit expires one year from the date of approval*****

✓ DEVELOPMENT PERMIT APPROVED – CONDITIONS Must maintain 5' side yard set back

_____ DEVELOPMENT PERMIT DENIED

DATE 2-14-2020 **ZONING OFFICER** Michelle Clark

20-02-01



THIS SURVEY IS CERTIFIED TO:

- ***MEHMET KILIC***
- *FIDELITY NATIONAL TITLE INSURANCE COMPANY*
- *FOUNDATION TITLE, LLC – EATONTOWN (315–134391)*
- *KANTOR and LINDEROTH*
- *LAWRENCE KANTOR, ESQUIRE*

DEED REFERENCE:
DEED BOOK 8671, PAGE 769 et seq.

NOTES:

1. *KNOWN AS LOT 5 IN BLOCK 85 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE BOROUGH OF ATLANTIC HIGHLANDS, MONMOUTH COUNTY, NEW JERSEY, SHEET No. 21.*
2. *UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY.*
3. *A WRITTEN WAIVER AND DIRECTION NOT TO SET CORNER MARKERS HAS BEEN OBTAINED FROM THE ULTIMATE USER PURSUANT TO P.L. 2003, c.14 (N.J.S.A. 45:8–36.3) AND N.J.A.C. 13:40–5.1(d).*

SURVEY OF PROPERTY

33 MEMORIAL PARKWAY
LOT 5 BLOCK 85

BOROUGH OF ATLANTIC HIGHLANDS MONMOUTH COUNTY NEW JERSEY

Charles Surmonte P.E. & P.L.S.
New Jersey Professional Engineer and [illegible]yor
License No. 3588[illegible]

301 Main Street, 2nd Floor
Allenhurst, New Jersey, 07711
Phone 732-660-0606
Fax 732-660-0404

NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THE PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS, ENVIRONMENTALLY SENSITIVE AREAS, IF ANY ARE NOT LOCATED BY THIS SURVEY. THIS SURVEY IS SUBJECT TO CONDITIONS WHICH MIGHT BE DISCLOSED BY AN ACCURATE TITLE SEARCH.
OFFSETS AS SHOWN HEREON ARE NOT TO BE USED TO ESTABLISH PROPERTY LINES.

PROJECT No.	DATE:	SCALE:	SHEET:
19-1332	11-26-19	1"=20'	1 OF 1

SHAPIRO & DeNARDO, LLC

ATTORNEYS AT LAW
A PENNSYLVANIA LIMITED LIABILITY COMPANY

14000 Commerce Parkway, Suite B
Mount Laurel, NJ 08054
Tel: (856) 793-3080 Fax: (847) 627-8809

GERALD M. SHAPIRO +++
DAVID S. KREISMAN **
CHRISTOPHER A. DeNARDO +

+ Licensed in New Jersey and Pennsylvania
++ Licensed in New Jersey and New York
+++ Licensed in Illinois and Florida
++++ Licensed in New Jersey and Florida
+++++Licensed in Rhode Island and New Jersey
*+ Licensed in New Jersey, Pennsylvania, Florida
* Licensed in New Jersey Only
** Licensed in Illinois Only
***Licensed in Pennsylvania Only

NJ Attorneys
CHANDRA M. ARKEMA +
Managing Partner – NJ
KATHLEEN M. MAGOON *
Supervising Foreclosure Attorney
KRYSTIN M. KANE+++++
KATHERINE KNOWLTON LOPEZ +
COURTNEY A. MARTIN*+
DONNA L. SKILTON +
CHARLES G. WOHLRAB +
JEFFREY RAPPAPORT*
GARY M. KANELLIS ++
Of Counsel

June 11, 2018

Attn: Municipal Clerk
Atlantic Highlands Borough
Mun. Bldg.
100 First Ave
Atlantic Highlands, NJ 07716

Re: **Notice of Foreclosure Filing Pursuant to N.J.S.A. 46:10B-51**
33 Memorial Pkwy

Atlantic Highlands, NJ 07716
Our File No. 18-022514
Docket Number F-012212-18
Wells Fargo Bank, NA

Dear Municipal Clerk:

In accordance with the N.J.S.A. 46:10B-51 this will serve as Notice to the Municipality that a foreclosure complaint to foreclose a mortgage has been filed against the above referenced property. The name and contact information for the person responsible for receiving complaints of property maintenance and code violations is as follows:

Wells Fargo Bank, N.A.
c/o Ed Beck
Foreclosure and Asset Management
190 River Road
3rd Floor, MAC #M6153-031
Summit, NJ 07901

The name and contact information of the in-state representative, responsible for notifying the foreclosing creditor about any issues regarding the care, maintenance, security and upkeep of the exterior of the property if it becomes vacant and abandoned is as follows:

Wells Fargo Bank, N.A.
c/o Ed Beck
Foreclosure and Asset Management
190 River Road
3rd Floor, MAC #M6153-031
Summit, NJ 07901

This will also Notice that according to available land records the property being foreclosed is not an "affordable unit" pursuant to the "Fair Housing Act."

ATLANTIC HIGHLANDS
100 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716
732-2911444

CERTIFICATE
IDENTIFICATION

Date Issued: 02/17/2022
Control #: 6000
Permit #: 20210145

Block: 85 Lot: 5

Work Site Location: 33 MEMORIAL PKWY
ATLANTIC HIGHLANDS

Owner in Fee: JANESIAN, DAVID

Address: 33 MEMORIAL PKWY
ATLANTIC HIGHLAND NJ 07716

Telephone: 551 486-9654

Agent/Contractor: GREEN SUN ENERGY SERVICES

Address: 79 MCCUTCHEON COURT
MIDDLETOWN NJ 07748

Telephone: 732 410-7818

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use:
STANDBY GENERATOR

Update Desc. of Wk/Use:

[ ] **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.

[X] **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 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:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

JOSEPH KACHINSKY Construction Official

Fees: $0.00

Paid[X]Check No.: 1450

Collected by: EM

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 6-4-2021
Permit # 20210145

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

Block 85 Lot 5 Qualification Code

Work Site Location 33 Memorial Parkway, Atlantic highlands, NJ 07716

Owner in Fee: David Janesian

Tel. (551) 486-9654 e-mail tavoj34@hotmail.com

Address 33 Memorial Parkway, Atlantic highlands, NJ 07716

Contractor: Shore Electrical LLC Tel. (732) 546-0923

Address 15 Newman Street e-mail shoreelectrical07@gmail.cor

Red Bank NJ, 07701

Contractor License No. 34EB01601000 Exp. Date 3/31/2021

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

Federal Emp. ID No. FAX: (732) 410-7422

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. JCPL

Est. Cost of Elec. Work $ 1400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6/3/21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2/11/22
Approved by:

INSPECTIONS	Dates (Month/Day)		
Barrier-Free			
Trench			
Temp. Serv.			
Constr. Serv.			
TCO	Exterior OK		
Other			
Service			
Final	Pokes 2/11/22	2/22/22	
Barrier-Free			

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: John McGowan

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Electrical installation for Emergency Standby Generator

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		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	
1	18 kW	/Generator	75
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	150	Automatic Transfer Switch	75

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 150.

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

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 20210145

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

Block 85 Lot 5 Qualification Code

Work Site Location 33 Memorial Parkway, Atlantic highlands, NJ 07716

Owner in Fee: David Janesian

Tel. (551)486-9654 e-mail tavoj34@hotmail.com

Address 33 Memorial Parkway, Atlantic Highlands, NJ 07716
(street / municipality / zip code)

Contractor: Charles G Carman Plumbing & Heating LLC Tel. (609) 978-1304

Address 1192 Windlass Dr. Manahawkin 08050 e-mail ccarmanplumbing@outlook.c

Contractor License No. 36BI01090700 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 01-075272 FAX: (732) 410-7422

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 450 (Gas Labor) $ 3200 (Generator Cost)

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[X] Mechanical Plans Approved
Date: 3-23-21 Approved by: M
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 3-23-21 M
Approved by: M
SUBCODE APPPROVAL for CERTIFICATE
Date: [X] CA 1-21-22 [ ] CCO
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Othe				
Other				
Final			1-21-22	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant sign/Contractor sign and seal here:

Print name here: Charles G Carman

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of natural gas pipe for an Emergency Standby Generator.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
1	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Generator	
	Other	

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

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

Standby Generator Load Calculation Worksheet

Green Sun energy Services, LLC
PO Box 4314, Middletown, NJ 07748
PLEASE DIRECT ALL QUESTIONS TO: Chris Torre
Phone: 732-410-7818 Ext. 402

Date 3/1/2021
Client Name David Janesian
Address 33 Memorial Parkway, Atlantic highlands, NJ 07716
Elec. Service (AMPS) 150 Amps
ATS Type Managed Whole House
Fuel Type Natural Gas

Calculations As Per NEC Article 220 Part IV

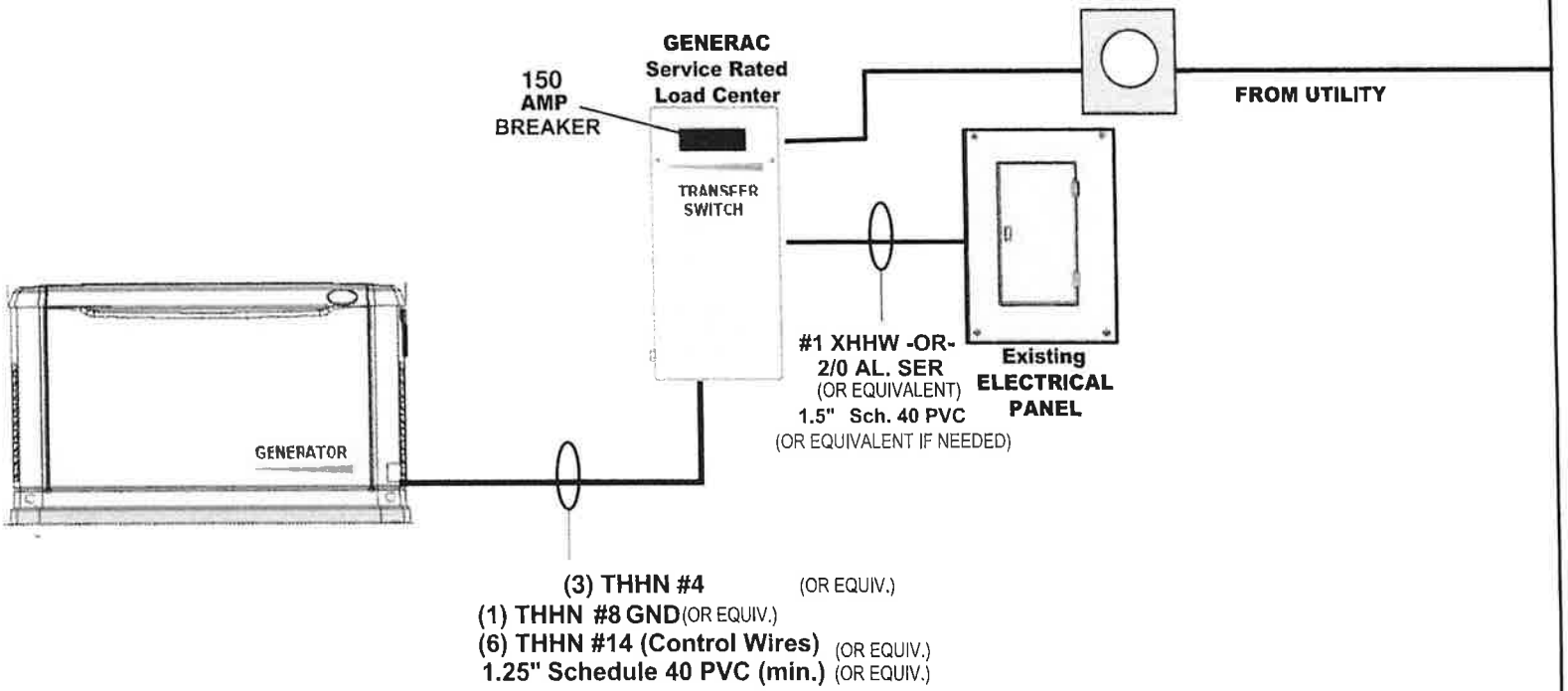
Generac Guardian® 18/17 kW Aluminum Home Standby Generator (816cc G-Force Engine) Evolution 2.0 Controller & Wi-Fi (Genset Only) (Model # 7226), Generac Model # RXSW150A3 150-Amp Automatic Transfer Switch (Service Disconnect), Group 26-R (525cc) 12-Volt Start Battery, Bisque Fascia Base Trim Kit, ONE Generac Smart Management Module (SMM) for the Smart Control of ONE 50 AMP Device, DiversiTech Prefabricated Concrete GenPad (54" x 31" x 3", 189 LBS). This package also includes up to 20-feet of Electrical, 20-feet of Plumbing, a 5-Year Limited Warranty from Generac, and a 5-Year Limited Workmanship Warranty from Green Sun Energy Service, LLC.

	Qty	Rating (Load)	Factor Loads (VA)	Loads (VA)	Loads (kW) (VA ÷ 1,000)
GENERAL LOADS	2295	3.00 VA/ft²	100%	6885 VA	6.89 kW
General Lighting and General Use Receptacles 3 VA/ft²					
Small Appliance Circuits (< = 20 Amp)					
Kitchen/Other GFCI Circuits	2	1500	100%	3000 VA	3.00 kW
Laundry Circuit (Washer/Gas Dryer)	1	1500	100%	1500 VA	1.50 kW
Fixed Appliances (Full Current Rating)					
Electric Dryer	0	0	100%	0 VA	0.00 kW
Well Pump (1/2 HP)	0.0	0	100%	0 VA	0.00 kW
Sump Pump	0	0	100%	0 VA	0.00 kW
Pool Filter	0	0	100%	0 VA	0.00 kW
Hot Tub	0	0	100%	0 VA	0.00 kW
Refrigerator	2	800	100%	1600 VA	1.60 kW
Stand Alone Freezer	0	0	100%	0 VA	0.00 kW
Microwave	1	1300	100%	1300 VA	1.30 kW
Disposal	0	0	100%	0 VA	0.00 kW
Dishwasher	1	1500	100%	1500 VA	1.50 kW
Electric Range/Oven Combo	0	0	100%	0 VA	0.00 kW
Electric Range or Counter-Mounted Cooking Surface	0	0	100%	0 VA	0.00 kW
Wall-Mounted Electric Oven	0	0	100%	0 VA	0.00 kW
Wall-Mounted Double Electric Oven	0	0	100%	0 VA	0.00 kW
Electric Oven/Microwave (Combo Unit)	0	0	100%	0 VA	0.00 kW
Gas Water Heater W/Electric Start	1	500	100%	500 VA	0.50 kW
Electric Water Heater	0	0	100%	0 VA	0.00 kW
Garage Door Opener	0	0	100%	0 VA	0.00 kW
EV Charging Station	0	0	100%	0 VA	0.00 kW
Other	0	0	100%	0 VA	0.00 kW
Total General Loads VA kW				**16285 VA**	**16.29 kW**

HEAT / A-C LOAD	**Maximum Supported LRA:**	130			
A-C / Cooling Equipment	**LRA AC # 1:**	117		**LRA AC # 2:**	0
Window or Portable AC Unit		0	100%	0 VA	0.00 kW
Mini Split / Heat Pump	0	0	100%	0 VA	0.00 kW
Air Conditioning - Central / 1 Ton	0	0	100%	0 VA	0.00 kW
Air Conditioning - Central / 2 Ton	0	0	100%	0 VA	0.00 kW
Air Conditioning - Central / 3 Ton	1	3000	100%	3000 VA	3.00 kW
Air Conditioning - Central / 4 Ton	0	0	100%	0 VA	0.00 kW
Air Conditioning - Central / 5 Ton	0	0	100%	0 VA	0.00 kW
Heating					
Furnace and/or Air Handler	1	700	100%	700 VA	0.70 kW
Supplemental Electric Heat	0	0	65%	0 VA	0.00 kW
Electric Space Heating					
Less than 4 separately controlled units		0	65%	0 VA	0.00 kW
4 or more separately controlled units		0	40%	0 VA	0.00 kW
System With Continuous Nameplate Load		0	100%	0 VA	0.00 kW
Largest Heat / A-C Load (VA) VA kW	1	3000 VA	100%	3000 VA	3.00 kW

GENERAL LOADS		10000	100%	10000 VA	10.00 kW
1st 10 kW of General Loads		6285	40%	2514 VA	2.51 kW
Remaining General Loads (kW)		700	40%	280 VA	0.28 kW
Total Heating Load (If Air Conditioning Load is Shed)				**12794 VA**	**12.79 kW**
CALCULATED GENERAL LOAD (kW)		3000	100%	3000 VA	3.00 kW
LARGEST HEAT / A-C LOAD				**15794 VA**	**15.79 kW**
TOTAL CALCULATED LOAD (Net General Loads + Heat/A-C Load)					
LESS: Loads Managed By Load Shedding ATS	**Curcuits Shed**				
Largest Heat / A-C Load (VA) VA kW	1	3000	100%	-3000 VA	-3 kW
EV Charging Station	0	0	40%	0 VA	0 kW
Hot Tub	0	0	40%	0 VA	0 kW
Pool Filter	0	0	40%	0 VA	0 kW
Electric Dryer	0	0	40%	0 VA	0 kW
Electric Oven/Microwave (Combo Unit)	0	0	40%	0 VA	0 kW
Dishwasher	0	1500	40%	0 VA	0 kW
Electric Range/Oven Combo	0	0	40%	0 VA	0 kW
Electric Range or Counter-Mounted Cooking Surface	0	0	40%	0 VA	0 kW
Wall-Mounted Electric Oven	0	0	40%	0 VA	0 kW
Other	0	0	40%	0 VA	0 kW
TOTAL CALCULATED LOAD (Net Of Load Shedding)	1			**12794 VA**	**12.79 kW**

INSTALLATION OF:
Generator Model No. 7226



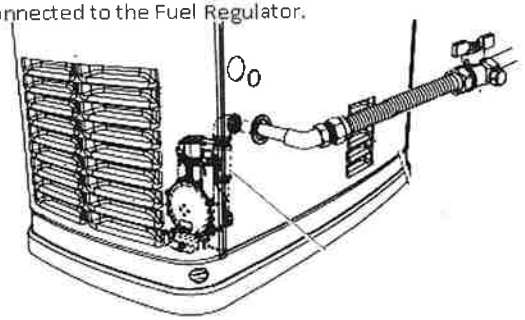
(3) THHN #4 (OR EQUIV.)
(1) THHN #8 GND (OR EQUIV.)
(6) THHN #14 (Control Wires) (OR EQUIV.)
1.25" Schedule 40 PVC (min.) (OR EQUIV.)

3-

GreenSun
PO Box 4314 Middletown, NJ 07748
732-410-7818

Standby Generator Line Diagram for Block: 85 **Lot:** 5
David Janesian
3 Memorial Parkway, Atlantic highlands, NJ 0771
Generator Sys. Size: 10 kW
License # 34EB01601000
Date: 3/1/2021 12:00:00 AM

Note: All Generac Air Cooled Generators are Equipped with an integrated Sediment trap installed internally & connected to the Fuel Regulator.



INSTALLATION OF:
Generator Model No. 7226

Requires 247 **CFH @ 100% Load**
Total BTU's : 247,000

Total NG Pipe Distance: 80 **ft**
NG Pipe Size : 1.25 **"**

GreenSun
PO Box 4314 Middletown, NJ 07748
732-410-7818

Standby Generator Line Diagram for Block: 85 **Lot:** 5

David Janesian
3 Memorial Parkway, Atlantic highlands, NJ 0771
Generator Sys. Size: 18 kW
HIC License # 13HV06229000

Date: 3/1/2021 12:00:00 AM

ATLANTIC HIGHLANDS
100 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716
732-2911444

CERTIFICATE

Date Issued: 08/27/2020
Control #: 1606
Permit #: 201600296

IDENTIFICATION

Block: 85 Lot : 5 Qualific:
Work Site Location: 33 MEMORIAL PKWY
Atlantic Highlands
Owner in Fee: DUBARTON, C
Address: 33 MEMORIAL PKWY
ATLANTIC HIGHLANDS NJ 07716

Telephone:
Agent/Contractor: KURT SCHLOEDER
Address: 426 BENNETTS MILLS ROAD
JACKSON NJ 08527
Telephone: 908 692-6864
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load: 0
Certificate Exp Date:
Description of Work/Use:
REPLACE OR REPAIR ROOFING MATERIALS GUTTERS ON PREVIOUSLY EXISTING REAR ADDITION AND GARAGE

Update Desc. of Wk/Use:

[ ] **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.

[X] **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 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:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

JOSEPH KACHINSKY Construction Official

Fees $0.00
Paid[X]Check No. 1820
Collected by: EM

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9-9-16
Permit # 1600296

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

Block 85 Lot 5 Qualification Code

Work Site Location 33 Memorial Parkway
Atlantic Highlands, NJ 07716

Owner in Fee: Christopher L. DuBarton

Tel. (NONE) e-mail atlantickit@yahoo.com

Address 33 Memorial Pkwy. (street) Atlantic Highlands (municipality) NJ (zip code) 07716

Contractor: Kurt Schlueter Tel. (908) 692-6864

Address 426 Bennetts Mills Rd. e-mail kurtfmww@yahoo.com
Jackson, NJ 08527

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH07021000

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Christopher L. DuBarton

Print name here: Christopher L. DuBarton

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] ~~No~~ Plans Required		
[ ] All	9/2/16	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior Roof		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7/30/20
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final ✓			7/30/20	
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 9200.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] 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	$ 247.

ATLANTIC HIGHLANDS
100 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716
732-2911444

CERTIFICATE

Date Issued: 08/27/2020
Control #: 5502
Permit #: 202000045

IDENTIFICATION

Block: 85 Lot : 5 Qualific:
Work Site Location: 33 MEMORIAL PKWY
Atlantic Highlands
Owner in Fee: HILL 21, LLC
Address: 17 VANCOUVER ROAD
MORGANVILLE NJ 07751
Telephone:
Agent/Contractor: SULEYMAN KILIC
Address: 37 PERSHING PLACE
KEYPORT NJ 07735
Telephone: 732 673-5761
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load: 0
Certificate Exp Date:
Description of Work/Use:
SLIDING DOOR
ADDING 3RD BATHROOM AND SHOWER
REMODELING EXISTING KITCHEN
REMODELING BATHROOMS
Update Desc. of Wk/Use:

[ ] **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.

[X] **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 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:

JOSEPH KACHINSKY Construction Official

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Fees $0.00
Paid[X]Check No. 2000045
Collected by: EM

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 3-11-2020
Control #
Permit # 20 00045

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

Block 85 Lot 5
Work Site Location 33 Memorial Parkway, Atlantic Highlands NJ 07716
Owner in Fee Mehmet Kilic
Address 37 Pershing Place Keyport, NJ 07735
Tele. (732) 673-5761
Contractor Suleyman Kilic
Address 37 Pershing Place Keyport, NJ 07735
Tele. (732) 673-5761 Fax ( ) _____
Lic. No. or Bldrs. Reg. No. 0351794
Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Sliding door
Adding 3rd bathroom and shower
Remodeling existing kitchen
Remodeling bathrooms
Insulation in whole house
New sheetrock

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/20	
[ ] Footing		
[ ] Foundation	3/24/2020	
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 7/30/20
Approved by: JV

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing				
Foundation				
Slab				
Frame ✓			3/24/20	JV
Barrier-Free				
Insulation ✓			4/7/20	JV
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓			7/30/20	JV
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] 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	$ 625

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 25,000

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

Date Received 2-27-2020
Control #
Date Issued 3-11-2020
Permit # 2000045

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

Block 85 Lot 5 Qualification Code

Work Site Location 33 memorial Prkw Atlantic Highland

Owner in Fee: Mehmet Kilic

Tel. (732) 673 5761 e-mail

Address 37 pershing Pl Keyport NJ 07735
street municipality zip code

Contractor: Sunrise touch/ Vince Rosato Tel. (732) 388 0790

Address 59 2 front St Keyport e-mail
NJ 07735

Contractor License No. 15438 Exp. Date 2021

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

Federal Emp. ID No. 202333372 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Vincent Rosato

[ ] 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)
35		Lighting Fixtures	
45		Receptacles	
25		Switches	
6		Detectors	
		Light Poles	
		Motors--Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 180
		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	
1	1.5	KW Dishwasher	35
		HP Garbage Disposal	
1	3	KW Central A/C Unit	35
1	1	HP/KW Space Heater/Air Handler	35
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	150	AMP Service	110
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/3/20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7/30/20
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initials
Rough			3/11/20	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/30/20	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 395.00

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received 2-27-2020
Control #
Date Issued 3-11-2020
Permit # 2000045

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

Block 85 Lot 5 Qualification Code
Work Site Location 33 Memorial Pkwy. Atlantic Highland
Owner in Fee: Mehmet Kilic
Tel. (732) 635-7401 e-mail Skilic67@yahoo.com
Address 257 Pershing St (street) Keyport (municipality) NJ 07735 (zip code)
Contractor: James O'Brien Tel. (732) 241-9995
Address 31 Scholer Drive e-mail
Union Beach NJ 07735
Contractor License No. or Builder Registration No. 19HC00240500 Exp. Date 6-30-2020
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 74-3209378 FAX: ( )

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 4500

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: JO'B
Print name here: James O'Brien

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK INSTALL 100,000 BTU 80% FURNACE IN ATTIC. 4 TON A/C CONDENSER & COIL. DUCT WORK. NO ELECTRIC. NO GAS [redacted]. NEW INSTALL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 2-27-2020
Approved by: mv
SUBCODE APPPROVAL for CERTIFICATE
[X] CA [ ] CCO
Date: 7-30-2020
Approved by: MV

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping			3/7/2020	mv
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Fire			7-30-20	mv

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air (Furnace)	20
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other A/C	40.

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2-27-2020
Control #
Date Issued 3-11-2020
Permit # 20 00045

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

Block 85 Lot 5 Qualification Code

Work Site Location 33 Memorial Prkwy Atlantic Highland

Owner in Fee: Mehmet Kilic

Tel. (732) 6735761 e-mail Skilic678@yahoo.com

Address 37 Pershing Pl Keyport NJ 07735
street municipality zip code

Contractor: Apollo Sw Plumbing Tel. (732) 264-3666

Address 110 W Front St Keyport e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 3 Public Sewer X Private Septic

Water Service Size ~~3~~ 3/4" Public Water X Private Well

Est. Cost of Plumbing Work $ 3000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Lewis Amaro

Print name here: Lewis Amaro

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Gas Work

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 2-27-2020
Approved by: MV

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 7/30/20
Approved by: MV

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			3-17-2020	MV
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7-30-20	MV

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
3	Lavatory	60
2	Shower	40
	Floor Drain	
1	Sink	20
x1	Dishwasher	20
	Drinking Fountain	
x1	Washing Machine	20
	Hose Bibb	
x1	Water Heater	40
	Fuel Oil Piping	
x1	Gas Piping	50
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 230.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2-27-2020
Control #
Date Issued 20 00045
Permit # 3-11-2020

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

Block 85 Lot 5 Qualification Code

Work Site Location 33 Memorial Drive Atlantic Highland

Owner in Fee: Mehmet Kilic

Tel. (732) 6735761 e-mail skilic672yahoo.com

Address 37 pershing pl
street municipality zip code

Contractor: Magictouch/Uina Rosato Tel. (732) 7880590

Address 59 w front, Key Port New Jersey e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 15438

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 15438

Fire Alarm Contractor No. 15438 Exp. Date 2021

Federal Emp. No. 202333372 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel:

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 5,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

45 smoke Alarms
3 Combos

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[7] System		
[7] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $ 60.

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 3/3/20

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 3/3/20

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3/11/20	
Other Rough				

33 memorial Pkwy