BLOCK 43.02 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 24 Poole Ave. Avon, NJ. PERMIT NO. 27-2004 CA

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 24 Poole Avenue. Avon by the Sea, NJ
2. Name of Owner in Fee: Maryrose Belletier Tel. [redacted]
   Address 24 Poole avenue (street) Avon by the Sea, NJ (municipality) 07717
3. Ownership in Fee: Public _____ Private ✓ [redacted]
4. Principal Contractor: Robert Belletier
   Address 24 Poole ave. ave. Avon by the Sea, NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer Feldman; Feldman Tel. [redacted]
   Address 49 County Rd. 537 West Colts Neck, NJ
6. Responsible Person in Charge of Work Robert Belletier
   Tel. [redacted] FAX [redacted]

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

4612
00297_058111
27-2004 SF
0002G9EJ

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☑ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☑ Plumbing					3-11-04				
7. ☑ Electrical	1200				3/10/04				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

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:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (✓) I further certify that I will perform or supervise the following work:
C.1. (✓) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. (✓) Electrical C.4. (✓) Plumbing

D. (✓) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature Robert Belletier Date 2/26/2004

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

Avon by the Sea

Township of Union
Code Enforcement Agency
1976 Morris Avenue
Union, NJ 07083
(908) 851-8599

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3-8-04
Date Issued 3-12-04
Control #
Permit # 27

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

Block 43.02 Lot 4
Work Site Location 24 Poole Avenue
Avon by the Sea, NJ 07717
Owner in Fee Maryrose Belletier
Address 24 Poole Avenue
Avon by the Sea, NJ 07717
Tele. [redacted]
Contractor Robert Belletier
Address 24 Poole Avenue Avon by the Sea, NJ 07717
Tele. [redacted] Fax [redacted]
Lic. No. [redacted]
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.

Robert Belletier
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacing existing
due to water damage.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date: 12-22-04		
Approved by: 12-22-04		
Exempt 1-31-05		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing			3-17-04	
Foundation				
Slab				
Frame			4-21-04	
Barrier-Free				
Insulation			4-24-04	
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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)
$ 750—

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 750—

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 $ 30,000
3. Total (1+ 2) $ _____

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Avon By The Sea

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received 4-6-2004
Date Issued
Control #
Permit #

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

Block 43.02 Lot 4
Work Site Location 24 Poole Avenue
Avon by the Sea, NJ. 07717
Owner in Fee Maryrose Bellecher
Address 24 Poole Avenue
Avon by the Sea, NJ 07717
Tele. [redacted]
Contractor Service Air Co.
Address 611 Elizabeth Ave
Linden NJ
Tele. [redacted] Fax [redacted]
Lic. No. [redacted]
Federal Employer [redacted]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of New Furnace 90% 100,500 BTU's Horizontal
135GCR 3 Ton Condenser w/ C611

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4
Heating System [ ] Conversion [✓] Replacement
Fuel: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Type: [ ] Hydronic [ ] Hot Air
Estimated Cost of Mechanical Work $ 1500

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.
PLANS APPROVED
Date: _____
Approved by: _____
SUBCODE APPROVAL
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping	____	____	____	____
Appliance	____	____	____	____
Chimney/Vent	____	____	____	____
Oil Piping	____	____	____	____
Oil Tank	____	____	____	____
LPG Tank	____	____	____	____
Hydronic Piping	____	____	____	____
Fireplace	____	____	____	____
Chimney Cert.	____	____	____	____
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.

Signature

U.C.C. F145
(6/96)

Also attached are
the specifications
for the unit.

AVON BY THE SEA

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received 4-6-2004
Date Issued
Control #
Permit #

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

Block 43.02 Lot 4
Work Site Location 24 Poole Avenue
Avon by the Sea, NJ. 07717
Owner in Fee Marjorie Pelletier
Address 24 Poole Avenue
Avon by the Sea, NJ 07717
Tele. [redacted]
Contractor Service Air Co
Address 611 Elizabeth Ave
[redacted]
Tele. [redacted] / Fax [redacted]
Lic. No. 22I-611-065
Federal Emp. No.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of New Furnace 90% 100,000 BTU's Horizontal 135 CFM 3 ton condenser w/coil

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4
Heating System [ ] Conversion [✓] Replacement
Fuel: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Type: [ ] Hydronic [ ] Hot Air
Estimated Cost of Mechanical Work $ 1500

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.
PLANS APPROVED
Date:
Approved by:
SUBCODE APPROVAL
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping	4-14			
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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.

Signature

U.C.C. F145
(6/96)

[redacted]

Approved by: _____

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

[redacted]

Approved by: _____

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

650.75-TG6L (999)

TECHNICAL GUIDE

LUXAIRE®
Heating ■ Air Conditioning

MODELS: G9T

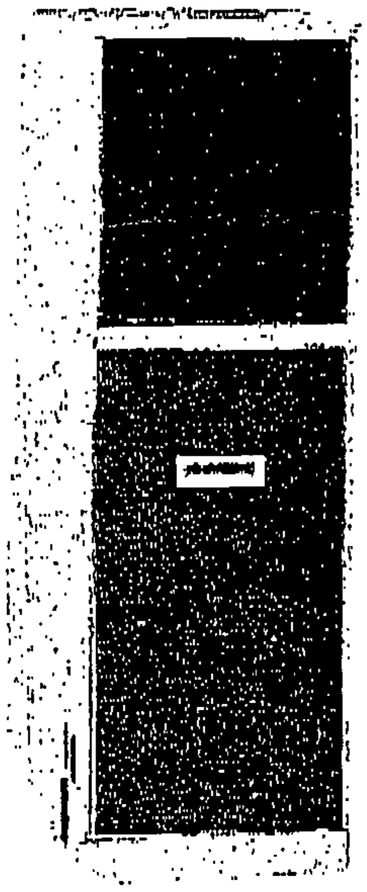
DOWNFLOW / HORIZONTAL

CONDENSING / HIGH EFFICIENCY

GAS-FIRED FURNACES

91 AFUE

DUAL CERTIFIED
40 - 120 MBH INPUT



EFFICIENCY RATING CERTIFIED Gama

CERTIFIED

DESIGN CERTIFIED

DESCRIPTION

These Category IV, highly efficient, direct vent, compact, condensing type furnaces are designed for residential installation in mobile homes or manufactured buildings. All units are factory assembled, wired and tested to assure dependable and economical installation and operation.

These units may be installed in downflow applications without any conversion required.

If units are applied in below freezing applications, field supplied heat tape is required to prevent possible damage.

WARRANTY

Lifetime limited warranty on both heat exchangers to the original purchaser; a 20-year limited warranty from original installation date to subsequent purchaser.

10-year warranty on commercial applications.

5-year limited parts warranty.

FEATURES

- Compact, easy to install, ideal 45" cabinet height
- Blower-off delay for cooling SEER improvement
- Built-in, high level self diagnostics with fault code display
- Low unit amp requirement for easy replacement application
- Integrated control module for reliable, economical operation
- May be installed as either two-pipe (sealed combustion) using outdoor combustion air or single pipe vent (using indoor combustion air) or attic combustion air
- Top vent intake connection with single pipe application allows downflow installation in narrow locations
- Electronic Hot Surface Ignition saves fuel cost with increased dependability and reliability
- Induced combustion system with inshot main burners for quiet, efficient operation
- No special vent termination kit required
- 100% shut off main gas valve for extra safety
- PSC - multiple speed, direct drive motor with large, quiet blower
- 24V, 40 VA fuse protected control transformer and blower relay supplied for add-on cooling
- Hi-tech tubular aluminized steel primary heat exchanger
- Secondary (condensing) heat exchanger of 29-4C high-grade stainless steel
- Timed on, adjustable blower off capability for maximum comfort
- Blower door safety switch
- Easy access from front of unit for cleaning, maintenance or service
- Protection from intake, exhaust or condensate blockage

TABULAR DATA SHEET

Outdoor Split-System Air Conditioner 2- 5 Tons

Supersedes: 550.50-N1.1W (0200) 035-15796-604 Rev. B (0600)

H*BE-F024* Thru H*BE-F060* 14 SEER

Physical and Electrical Data

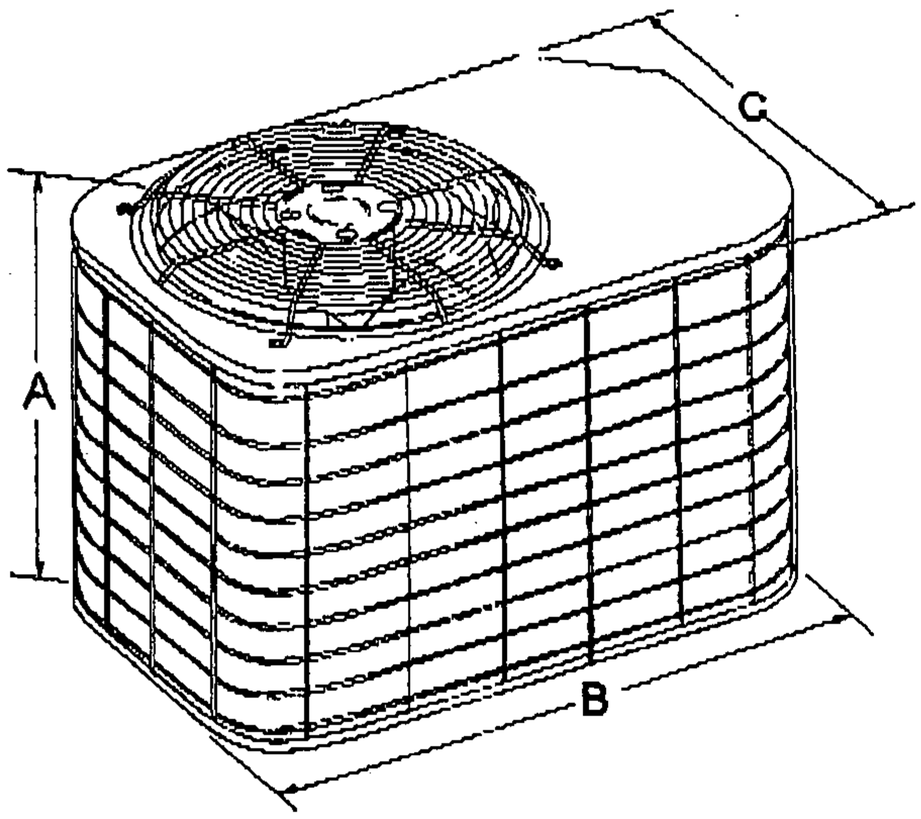
Model			HABE-F024S	HABE-F030S	HABE-F036S	HBBE-F042S	HBBE-F048S	HABE-F060S
Unit Supply Voltage			208/230 - 1 - 60					
Normal Voltage Range[1]			187 to 252					
Minimum Circuit Ampacity			12.1	14.9	18.1	17.8	20.6	30.9
Max Overcurrent Device Amps[2]			20	20	25	30	35	50
Compressor Type			Inertia	Inertia	Scroll	Scroll	Scroll	Scroll
Compressor Amps	Rated Load		9.3	10.9	13.5	13.2	15.5	23.7
	Locked Rotor		57	64	73	95	109	129
Crankcase Heater			No	No	No	No	No	No
Fan Motor Amps	Rated Load		.5	1.3	1.3	1.3	1.3	1.3
Fan Diameter Inches			22	22	22	24	24	24
Fan Motor	Rated HP		1/15	1/4	1/4	1/4	1/4	1/4
	Nominal RPM		830	825	825	825	825	825
	Nominal CFM		2,260	3,300	3,300	3,300	3,300	3,300
Coil	Face Area Sq Ft		19.65	23.58	23.58	22.5	27.0	27.0
	Rows Deep		1	1	1	2	2	2
	Fin /Inch		18	18	18	18	18	18
Liquid Line OD			3/8	3/8	3/8	3/8	3/8	3/8
Vapor Line OD			7/8	7/8	7/8	1 1/8	1 1/8	1 1/8
Unit Charge (Lbs - Oz)[3]			8 - 0	9 - 14	9 - 6	14 - 0	14 - 3	14-14
Charge Per Foot, oz.[3]			.70	.70	.70	.76	.76	.76
Operating Weight Lbs			209	228	219	240	264	276

[1] Rated in accordance with ARI Standard 110, utilization range "A".

[2] Dual element fuses or HACR circuit breaker

[3] The Unit Charge is correct for the outdoor unit, matched indoor coil and 15 feet of refrigerant tubing. For tubing lengths other than 15 feet, add or subtract the amount of refrigerant, using the difference in length multiplied by the per foot value.

Dimensions

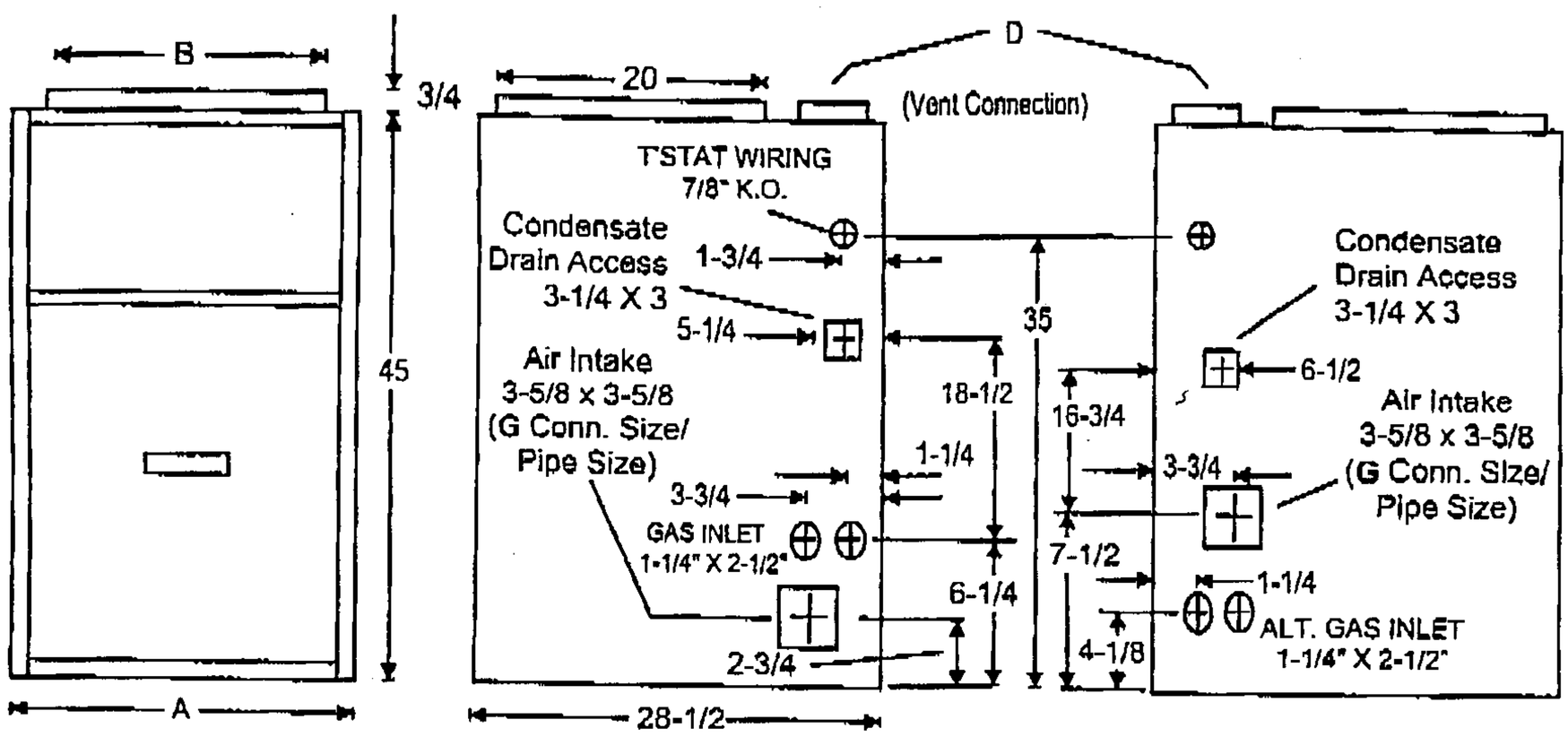


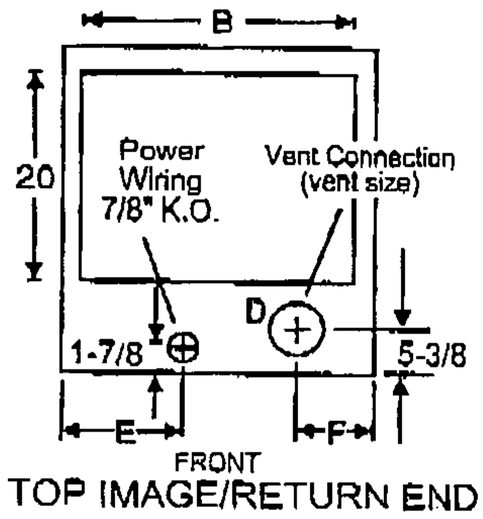
All dimensions are in inches. They are subject to change without notice. Certified dimensions will be provided upon request.

Unit Model H*BE	Dimensions (inches)			Refrigerant Connection Line Size	
	A[1]	B	C	Liquid	Vapor
024	33	37	27	3/8	7/8
030	39	37	27	3/8	7/8
036	39	37	27	3/8	7/8
042	32	43	32	3/8	1-1/8
048	38	43	32	3/8	1-1/8
060	38	43	32	3/8	1-1/8

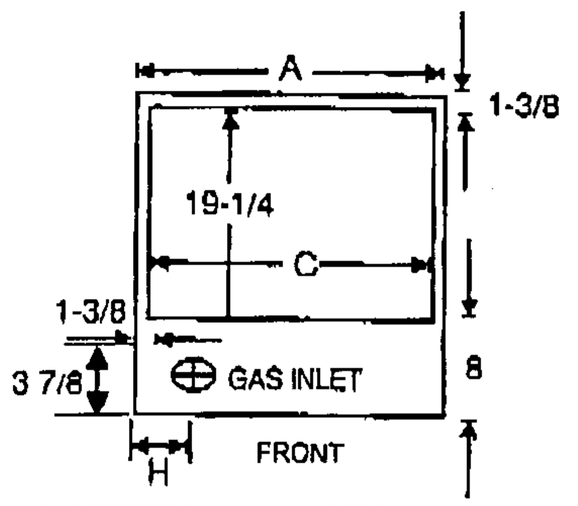
[1] Including fan guard

650.75-TG6L (999)





TOP IMAGE/RETURN END



BOTTOM IMAGE/SUPPLY END

All dimensions are in inches, and are approximate.

MODEL	A	B	C	D	E	F	G
G9T04008DHA13	14-1/2	13-1/4	11-3/4	2	5-1/8	2-1/2	2
G9T06012DHB13	17-1/2	16-1/4	14-3/4	2	6-5/8	2-1/4	2
G9T08012DHB13	17-1/2	16-1/4	14-3/4	2	6-5/8	2-1/4	2
G9T08016DHC13	21	19-3/4	18-1/4	2	8-3/8	2-1/4	2
G9T10020DHC13	21	19-3/4	18-1/4	2	8-3/8	2-1/4	2
G9T12020DHD13	24-1/2	23-1/4	21-3/4	2 (3)[1]	10-1/8	2-1/4	3

1. Vent pipe must be increased to 3" on this model.

INTAKE/VENT SIZING TABLE - 1 PIPE/2 PIPE SYSTEM

MODEL	PIPE SIZE	MAX. ELBOWS VS. ONE WAY VENT LENGTH (FT.)			
		5-40	45	50	75
G9T04008DHA13	2"	6	5	4	N/A
G9T06012DHB13					
G9T08012DHB13					
G9T08016DHC13					
G9T10020DHC13					
G9T04008DHA13	3"	8	7	6	5
G9T08012DHB13					
G9T08016DHC13					
G9T10020DHC13					
G9T12020DHD13	3" Only	6	5	4	N/A

April 5, 2004

Borough of Avon by the Sea
301 Main Street
Avon, NJ 07717
Attn: Building Dept – Michelle

Re: 24 Poole Avenue
Avon, NJ
Block 43.02 Lot 4

Dear Michelle,

Enclosed please find the mechanical permit for the HVAC unit that is to be installed at our home. We did not submit this when I filed for the original building permit.

Can you please process the permit and contact me when it is ready so that we can add the update to our current building permit.

Kindly contact me with any questions on my cell phone 732-567-6715.

Sincerely,

Lynn Belletier

Lynn Belletier

Avon by the Sea

~~Township of Union~~
~~Code Enforcement Agency~~
~~[redacted]~~

CONSTRUCTION PERMIT

Date Issued 3-12-04
Control #
Permit # 27

IDENTIFICATION Block 43.02 Lot 4

Work Site Location 24 Poole Avenue
Avon by the Sea, NJ 07717

Owner in Fee Maryrose Bellecher

Address 24 Poole Avenue
Avon by the Sea, NJ 07717

Tel. [redacted]

Contractor Robert Bellecher

Address 24 Poole Avenue
Avon by the Sea, NJ 07717

Tel. [redacted]

Lic. [redacted]

Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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 $ 30,000

Robert M. Meeker
Construction Official

3-8-04
Date

PAYMENTS (Office Use Only)

Building	750 —
Electrical	35 —
Plumbing	50 —
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	41 —
Cert. of Occupancy	
Other	
Total	876 —
Check No.	106
Cash	
Collected by	MD

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 approved plans and 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

If you do not understand any of this information, please ask.

Avon by the Sea

~~Township of Union~~
~~Code Enforcement Agency~~
~~1976 Morris Avenue~~
~~Union, NJ 07083~~
~~(908) 851-7600~~

CONSTRUCTION PERMIT

Date Issued 3-12-04
Control #
Permit # 27

IDENTIFICATION Block 43.02 Lot 4

Work Site Location 24 Poole Avenue
Avon by the Sea, NJ 07717

Owner in Fee Marjorie Bellefier

Address 24 Poole Avenue
Avon by the Sea NJ 07717

Tel. [redacted]

Contractor Robert Bellefier

Address 24 Poole Avenue
Avon by the Sea, NJ 07717

Tel. [redacted]

Lic. N [redacted]

Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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 $ 30,000

Robert M Mahr.
Construction Official

3-8-04
Date

PAYMENTS (Office Use Only)

Building	150 —
Electrical	35 —
Plumbing	50 —
Fire Protection	
Elevator Devices	
Other	"
DCA Training Fee	41 —
Cert. of Occupancy	
Other	
Total	8716 —
Check No.	106
Cash	
Collected by	MD

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 approved plans and 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

If you do not understand any of this information, please ask.

Avon by the Sea

~~Township of Union~~
~~Code Enforcement Agency~~
~~1976 Morris Avenue~~
~~Union, NJ 07083~~
~~(908) 851-8585~~

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3-8-04
Date Issued 3-12-04
Control #
Permit # 27

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

Block 43.02 Lot 4
Work Site Location 24 Poole Avenue
Avon by the Sea, NJ 07717
Owner in Fee Maryrose Belletier
Address 24 Poole Avenue
Avon by the Sea, NJ 07717
Tele. [redacted]
Contractor Robert Belletier
Address 24 Poole Avenue · Avon by the Sea, NJ 07717
[redacted]
Tele.
Lic.
Fede[redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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 $ 30,000
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.
Robert Belletier
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacing Existing
Due to water damage.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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)
$ 150 —

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 150 —

U.C.C. F110
(rev. 3/98)

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Avon by The Sea

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3-8-04
Date Issued 3-12-04
Control #
Permit # 27

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

Block 43.02 Lot 4
Work Site Location 24 Poole avenue
Avon by The Sea, NJ 07717
Owner in Fee Maryrose Belleher
Address 24 Poole Avenue
Avon by The Sea, NJ 07717
Tele. [redacted]
Contractor Robert Belleher
Address 24 Poole Avenue
Avon, NJ 07717
Tele. [redacted]
Lic. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ ~~5,000.00~~ 2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3-11-04
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas 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.

Robert Belleher
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 10
	Urinal/Bidet	
1	Bath Tub	10
1	Lavatory	10
	Shower	
	Floor Drain	10
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	10
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	50
DCA Training Fee	$	
TOTAL FEE	$	50

U.C.C. F130
(rev. 3/96)

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Avon by the Sea

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3-8-04
Date Issued 3-12-04
Control # 3-12-04
Permit # 27

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

Block 43.02 Lot 4
Work Site Location 24 Poole Avenue
Avon by the Sea, NJ 07717
Owner in Fee Maryrose Belleher
Address 24 Poole Avenue
Avon by the Sea, NJ 07717
Tele. [redacted]
Contractor Robert Belleher
Address 24 Poole Avenue
[redacted]
Tele. [redacted]
Lic. No [redacted]
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ ~~5,000.00~~ 2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3-11-04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1/23/07
Approved by: TB

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			4-20-04	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			4-20-04	
Solar				
TCO				
FINAL			1/23/07	TB

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.

Robert Belleher
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 10
	Urinal/Bidet	
1	Bath Tub	10
1	Lavatory	10
	Shower	
	Floor Drain	10
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	10
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 50.
DCA Training Fee	$
TOTAL FEE	$ 50 —

U.C.C. F130
(rev. 3/96)

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3 Pink = Office Copy 4 Gold = Applicant Copy

AVON BY THE SEA

[redacted]

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3-8-04
Date Issued 3-12-04
Control #
Permit # 27

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

Block 43.07 Lot 4
Work Site Location 24 POOLE AVE
AVON BY THE SEA, N.J. 07717
Owner in Fee/Occupant MARYROSE BEILETIER
Address 24 POOLE AVE
AVON, N.J. 07717
Tele. [redacted]
Contractor MONMOUTH ELECTRIC SERVICE INC
Address PO BOX 184 20 THOMAS AVE
SHREWSBURY, N.J.
Tele [redacted]
Lic. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3/10/04
Approved by: C. Phillips

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 1/29/07
Approved by: C. Phillips

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			4/14/04	CP
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/29/07	CP

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.

[signature]
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
11		Lighting Fixtures
15		Receptacles
9		Switches
3		Detectors
		Light Poles
1	BATH FAN	Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
39		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)

	$ 35-
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 35-

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AVON BY THE SEA

[redacted]

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3-8-04
Date Issued 3-12-04
Control # 3-12-04
Permit # 27

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

Block 43.07 Lot 4
Work Site Location 24 POOLE AVE
AVON BY THE SEA, N.J. 07717
Owner in Fee/Occupant MARYROSE BELLETIER
Address 24 POOLE AVE
AVON N.J. 07717
Tele. [redacted]
Contractor MONMOUTH ELECTRIC SERVICE INC
Address PO BOX 184 20 THOMAS AVE
SHREWSBURY N.J.
Tele. [redacted]
Lic. N [redacted]
Feder [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1700

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[V] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3/10/04
Approved by: C. Mullen

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
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.

Applicant's Signature/Contractor's Seal and Signature

[V] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixtures	
15		Receptacles	
9		Switches	
3		Detectors	
		Light Poles	
1	BATH FAN	Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
39		TOTAL NUMBERS	$ 35-
		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	
		.....	
		.....	

Administrative Surcharge	$	~~$ 35-~~
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

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

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February 26, 2004

Mr. Patrick McMahon
Building Inspector
Borough of Avon by the Sea
Main Street
Avon by the Sea, NJ 07717

Re: 24 Poole Avenue
Avon by the Sea, NJ

Dear Mr. McMahon

As per our conversation, enclosed please find our permit application along with two signed and sealed drawings for the construction repairs at our home at the above referenced address. We are replacing the existing items that were damaged due to the pipes that burst in our attic on Sunday January 11, 2004.

The mechanical contractor (Service Air Company) will be forwarding to you his permit application so that it can also be processed along with the enclosed.

As you are aware, we will be on vacation till March 6, 2004; however if you need to reach either my husband or me feel free to contact us on our cell phone at 732-567-6715.

We greatly appreciate your help regarding this matter and look forward to working with you.

Sincerely,

Lynn Belletier

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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