Township of Middle

33 ME[illegible]
CAPE MAY CO[illegible] NJ 08210

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name Reid MI ____ Last Name Simon

Company ____

Mailing Address 19 W Atlantic Ave.

City Cape May Court House State NJ Zip 08210 Email ISHUS27@gmail.com

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ✓

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Reid Simon Date 8\6\19

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: $.05 per page for 8x11
$.07 per page for 8 x14
Unless otherwise Specified on attached form

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

With regards to the address detailed on the following page, 19 W Atlantic Ave., I am requesting to inspect any available documents related to: Permits, drawings, etc.

1. Additions or Structural Modifications
2. Roofing & Siding Installation
3. Installation\Replacement of water or sewer lines
4. HVAC Modification\Installation\Repair incl. Fuel Tank installation or removal
5. Layout drawings or blueprints of structures

Requesting Access to Government Records Under the New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 et seq.)

Information Requested:

( ) Copy of Minutes (specify board or entity, date, topic or other identifying information)

_____

_____

( ) Copy of Ordinance or Resolution (specify date, number, or other identifying information)

_____

_____

( ) Police Accident Report Fee: _____

Identify Accident: _____

( ) Other (specify) _____

_____

_____

( ) License Information (Specify) _____

_____

_____

Information on a Specific Property Address 19 W Atlantic Ave.

Block 254 Lot 6

Former Lots 14 & 15 in Block 254

Lots 14 & 15 in Block 2, Section A on Map of Town Lots of Harry S. Douglass filed on 11\28\1896

( ) Municipal Lien Search Fee: $ 10.00

Municipal Lien Searches are provided by the designated search officer and will be provided within 15 days after the request is received and the fee paid, as provided in N.J.S.A. 54:5-1 1, et seq.

( ) List of Property Owners within 200' Fee: _____

As provided in N.JS.A. 40:55D- 1 2, the fee is the greater of $.25 per name or $1 0.00

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

_____ _____

Custodian Signature Date

1. This form should only be used to submit records requests to the ***Township of Middle***
2. Complete and date this request form and deliver it in person during regular business hours or by mail, fax or electronically to the appropriate custodian of the record requested. Your request is not considered filed until the appropriate custodian of the record requested has received a completed request form. If you submit the request form to any other officer or employee of the ***Township of Middle***, that officer or employee may not have the authority to accept your request form on behalf of the ***Township of Middle*** and your request will be directed to the appropriate division custodian. The seven business day response time will not commence until the proper custodian reviews the request to determine if it is complete.

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N. J. 08210
(609) 465-8740

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/24/11
Date Issued
Control # 4012
Permit # C-111

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

Block 54 Lot 14
Work Site Location 19 ATHLETIC AVE
Owner in Fee ESTRADE
Address 19 ATHLETIC AVE
Tele. [redacted]
Contractor HARMON & BOEHLE
Address 5 BARNEGAT DR
W. CAPE MAY NJ
Tele. (609) 536 1112
Lic. No. or Bldrs. Reg. No. 1111
Federal Emp. No. _____ or Social Security No. 111307137

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
INSTALL VINYL SIDING WITH INSULATION BOARD
TRIM WOODWORK WITH VINYL COATED ALUMINUM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 5726
2. Alteration $ _____
3. Total (1+2) $ _____

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

(Office Use Only) FEE	
	$ _____
Administrative Surcharge	$ _____
Minimum Fee	$ _____
TOTAL FEE	$ 12 —

Paid [X] Check # _____
Collected by: _____

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

PRO 102

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740

UNIFORM CONSTRUCTION CODE NEW JERSEY

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-30-91
Control # 4822
Permit # 7091

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

Block 254 Lot 14
Work Site Location 19 West Atlantic Ave
[illegible]
Owner in Fee Jerry J Costande [illegible]
Address [illegible]

Tele. ([redacted]) [redacted]
Contractor Ed. Watts Elect. [illegible]
Address [illegible]
[illegible]
Tele. (609) [illegible]
Lic. No. [illegible]
Federal Emp. No. ________ or Social Security No. [illegible]

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other [illegible]
Building Occupied as Dwelling Utility Co. ______
Est. Cost of Elec. Work $ 330.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS: Type:	Failure	Failure	Approval	Initial
[ ] No Plans Required	Rough				
Joint Plan Review Required:	Temporary				
[ ] Bldg. [ ] Plumb. [ ] Fire	Constr. Serv.				
[ ] Elec. Plans Approved	TCO				
Date:	Other				
Approved by:	Service				
SUBCODE APPROVAL:	Final			10391	[illegible]
[ ] CO [ ] CCO [X] CA	Temp. Cut-in-Card Date Issued				
Date: 10-3-91	Final Cut-in-Card Date Issued 10-3-91				
Approved by: [signature]	Line Dept.				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	100 A	Service Entrance	
		Other	

Administrative Surcharge $ ______
Paid [ ] Check # 1100 Minimum Fee $ ______
Collected by: [illegible] TOTAL FEE $ 35 -

U.C.C. Form F-120A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

PRO 103

BUILDING SUBCODE
TECHNICAL SECTION

Control #

Date Issued 11-3-06
Permit # 060983

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

Block 259 Lot 6 Qualification Code

Job Site Location 19 W. Atlantic Ave.
Cape May Courthouse

Owner in Fee Costande, Jerry

Address 19 W. Atlantic Ave.
[redacted]

Tel. ( ) —

Contractor East Coast Roofing

Address 3137 Mannheim Ave.
Mays Landing, NJ 08330

Tel. ( ) 609- 965-1900 FAX (609) 965-2721

Contractor License No. or Builder Registration No. 13VH00181500

Federal Emp. No 22-2323684

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

Tear off and remove asphalt shingles from roof of home. Install new 30 year asphalt shingles over same.

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

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

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. Rehabilitation $ 5,000
3. Total (1+ 2) $ 5,000

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

U.C.C. P110 (rev. 07/03)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 32790
Date Issued
Permit # 20190521

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

Block 254 Lot 6 Qualification Code

Work Site Location 19 West Atlantic Ave
Cape May Courthouse, NJ

Owner in Fee: Lucy Constande

Tel. [redacted] e-mail

Address 19 West Atlantic Ave Cape May Court
street municipality zip code

Contractor: Certified Environmental Contractors Tel.

Address 255 Squankum Rd Farmingdale, NJ 07727 e-mail
FID#20-1093424 DEP# 243905
Contractor License No. 732-534-4892 FAX 732-534-4893 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason
DCA# 13VH02010700
Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [X] No Plans Required 7/5/19 [illegible]
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
If Industrialized Building:
State Approved HUD
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

Est. Cost of Bldg. Work:
1. New Bldg. $ 950
2. Rehabilitation $
3. Total (1+2) $ 950

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: Doreen Kehley
Print name here: Doreen Kehley

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
AST Removal 275 gal

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

FEE (Office Use Only)
$

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

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