

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



Date Received 6-24-91
Date Issued 6-26-91
Control # 4052
Permit # 6-7-91

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

Block 19 Lot 14
Work Site Location 19 Atlantic Ave
Owner In Fee 65510000
Address 19 Atlantic Ave
Tele. (609) 465-8740
Contractor HEMPOL & BOEHM
Address 500 West 1st St
Tele. (609) 536-1772
Lic. No. or Bldrs. Reg. No. 111
Federal Emp. No. 11160137 or Social Security No. 11160137

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Req.			Type:				
☐ All			Footings				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes:				
☐ Elec. ☐ Plumb. ☐ Fire			Energy				
SUBCODE APPROVAL			Mechanical				
☐ CO ☐ CCO ☐ CA			TCO				
Date:			Other:				
Approved By:			Final:				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____ Ft.
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. \$ 5724
2. Alteration \$ _____
3. Total (1+2) \$ _____

U.C.C. Form F-110A

1 White=Inspector Copy
3 Pink=Office Copy

2 Canary=Office Copy
4 Gold=Applicant Copy

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
HOUSE WOODWORK WITH VINYL TRIM
ALUMINUM

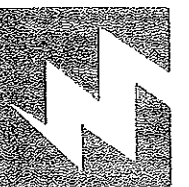
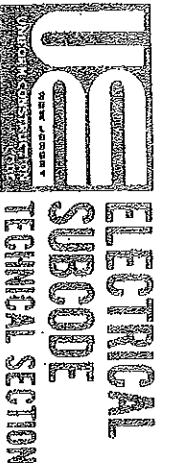
TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
- ☐ Fence _____ Height _____ Sq. Ft.
- ☐ Sign _____
- ☐ Pool _____
- ☐ Elevator _____
- ☐ Asbestos Abatement _____
- ☐ Other _____

(Office Use Only)
FEE
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Administrative Surcharge \$ _____
Paid ☒ Check # _____ Minimum Fee \$ _____
Collected by: USE TOTAL FEE \$ 12

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



Date Received 11-30-11
Date Issued
Control # 4822
Permit # 47091

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

Block 254
Work Site Location 19 West Atlantic Ave

Owner in Fee J. J. O'Leary, J. O'Shannon
Address 19 West Atlantic Ave

Tele. (609) 465-8740
Contractor J. J. O'Leary, J. O'Shannon

Address 19 West Atlantic Ave

Tele. (609) 465-8740
Lic. No. 10344 or Social Security No. 1572-36-5114

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Warehouse Utility Co.
Est. Cost of Elec. Work \$ 330,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plans Required

Joint Plan Review Required:

☐ Bldg. ☐ Plumb. ☐ Fire

☐ Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL:

☐ CO ☐ CA

Date: 11-30-11

Approved by: J. J. O'Leary

INSPECTIONS:

Type:

Rough

Temporary

Const. Serv.

TCO

Other

Service

Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Line Dept.

Dates (Month/Day)

Failure

Failure

Approval

Initial

D. TECHNICAL SITE DATA

NO. SIZE

ITEM

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

Service Entrance

Other

FEE (Office Use Only)

Paid ☐ Check # 1100 Administrative Surcharge
Collected by: 1100 Minimum Fee
TOTAL FEE \$ 35-

[] Licensed Electrical Contractor [] Exempt Applicant

Signature-Contractor J. J. O'Leary 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



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

Qualification Code

Site Location 19 W. Atlantic Ave.

Cape May Courthouse

Owner Fee Costade, Jeff

Address 19 W. Atlantic Ave.

Tel. () East Coast Roofing

Contractor 3137 Mannheim Ave.

Address 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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
			Type	Failure
☐ No Plans Required			Footings	Failure
☐ All			Footings Bonding	Approval
☐ Footings			Foundation	Initial
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			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	Est. Cost of Bldg. Work
Constr. Class	Present	Proposed	1. New Bldg. \$ 5,000
No. of Stories			2. Rehabilitation \$ 5,000
Height of Structure			3. Total (1+2) \$ 5,000
Area - Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Control #
Date Issued 11-3-06
Permit # 060983

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.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

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



BUILDING SUBCODE TECHNICAL SECTION



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. _____ 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 Exp. Date _____

Contractor License # 32-58448 State of NJ # 32-834-4893

Home Improvement Contractor # 190102610700 Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW ☒ No Plans Required 15114 Initial D

☐ All ☐ Footings/Foundations ☐ Structural/Framework ☐ Exterior ☐ Interior

Joint Plan Review Required: ☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT ☐ Insulation ☐ Finishes -Base Layer ☐ Finishes -Final

Date: _____ Energy _____ Mechanical _____ TCO _____ Other _____

Approved by: _____ Barrier-Free _____

SUBCODE APPROVAL for CERTIFICATE ☐ CO ☐ CCO ☐ CA

Date: _____ Final _____

Approved by: _____ Barrier-Free _____

SUBCODE APPROVAL for CERTIFICATE ☐ CO ☐ CCO ☐ CA

Date: _____ Final _____

Approved by: _____ Barrier-Free _____

SUBCODE APPROVAL for CERTIFICATE ☐ CO ☐ CCO ☐ CA

Date: _____ Final _____

Approved by: _____ Barrier-Free _____

SUBCODE APPROVAL for CERTIFICATE ☐ CO ☐ CCO ☐ CA

Date: _____ Final _____

Approved by: _____ Barrier-Free _____

SUBCODE APPROVAL for CERTIFICATE ☐ CO ☐ CCO ☐ CA

Date: _____ Final _____

Approved by: _____ Barrier-Free _____

SUBCODE APPROVAL for CERTIFICATE ☐ CO ☐ CCO ☐ CA

Date: _____ Final _____

Approved by: _____ Barrier-Free _____

SUBCODE APPROVAL for CERTIFICATE ☐ CO ☐ CCO ☐ CA

Date: _____ Final _____

Approved by: _____ Barrier-Free _____

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 Kenley

Print name here: Doreen Kenley

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

AST Removal 275 gal

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____

☐ Sign _____ Sq. Ft. _____

☐ Pool _____ Sq. Ft. _____

☐ Retaining Wall _____ Sq. Ft. _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☒ Other Ast Removal

☐ Demolition

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

U.C.C. #110 (rev. 11/03)

Internet version

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

Date Received 3/27/90

Control # 20190521

Date Issued _____

Permit # _____