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

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Received 6·24·91
Date Issued
Control # 4052
Permit # 6·1·11

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

Block 754 Lot 14
Work Site Location 19 Atlantic Ave

Owner in Fee Castonde
Address 19 Atlantic Ave

Tele. ([redacted]) [redacted]-[redacted]
Contractor Herman L. Poehler
Address 5 Beachcrest Dr
N Cape May NJ
Tele. (609) 886 1772
Lic. No. or Bldrs. Reg. No. 177
Federal Emp. No. ______ or Social Security No. 111-10-0137

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]
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Install vinyl siding
with insulation board
cover woodwork with vinyl coated
aluminum

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other ____			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

(Dates (Month/Day) apply to the Failure, Failure, Approval and Initial columns.)

TYPE OF WORK:

TYPE OF WORK	(Office Use Only) FEE
[ ] New Building	$
[ ] Addition	
[ ] Alteration	
[ ] Roofing	
[✓] Siding	
[ ] Other ______	
[ ] Demolition	
[ ] Miscellaneous	
[ ] Fence ______ Height	
[ ] Sign ______ Sq. Ft.	
[ ] Pool	
[ ] Elevator	
[ ] Asbestos Abatement	
[ ] Other ______	

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. $ 5724
2. Alteration $
3. Total (1+2) $

Administrative Surcharge $
Paid [X] Check # ______ Minimum Fee $
Collected by: ______ TOTAL FEE $ 12—

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 1-30-91
Date Issued
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
Owner in Fee Jerry J Costande
Address
Tele. ([redacted]) [redacted]
Contractor Ed. Watts Elect. Contractors
Address
Tele. (609)
Lic. No.
Federal Emp. No. ______ or Social Security No.

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: ______
Approved by: ______

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			10391	

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 1-03-91
Approved by: [signature]

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 1-03-91
Line Dept.

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-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

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	100A	Service Entrance	
		Other	

Administrative Surcharge $ ______
Paid [ ] Check # 1100 Minimum Fee $ ______
Collected by: ______ 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

APPLICATION—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 W. Atlantic Ave.
Cape May Courthouse

Owner in Fee Costande, Jerry

Address 19 W. Atlantic Ave.

Tel. ( ) [redacted]

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)
$

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

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

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. [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. or Builder Registration 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
[✓] No Plans Required	7/5/19	[initials]
[ ] 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 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				

(Dates (Month/Day))

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. $ 950
2. Rehabilitation $ ______
3. Total (1+2) $ 950

U.C.C. F110 (rev. 11/09)
Internet version

Date Received
Control # 32790
Date Issued
Permit # 20190521

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: [signature]
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 Remova
[ ] 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.