Middle Township
33 Mechanic Street
Cape May Court House NJ 08210
609-465-8740

CERTIFICATE
IDENTIFICATION

Date Issued: 03/09/2009
Control #: 18444
Permit #: 20060980

Block: 95.07 Lot : 1 Qualification Code:

Work Site Location: 38 SANDCASTLE DR. CMCH
MIDDLE

Owner in Fee: DJW TIDEWATER

Address:

Telephone:

Agent/Contractor:

Address:

Telephone:

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: SFD

Update Desc. of Wk/Use:

[X] **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.

[ ] **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

Donald Arndt Construction Official

Fees: $152.00

Paid[X]Check No.: 1023

Collected by: SRC

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 11-3-2008
Control #
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: Nicholas Electric Tel. (609) 708 8505

Address _____ e-mail _____

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

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

Fire Alarm Contractor No. 14230 Exp. Date 9/09

Federal Emp. ID No. 22-3672782 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: [ ] 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 $ 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. _____
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	7	
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 [X] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[X] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 11/22/08

Approved by: _____

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 11/22/08

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			11/22	
Other _____				

1. White-Inspector copy 2. Canary-Applicant copy

3. Pink-Office copy 4. White Tag-Office copy

UCC/F-140 (REV. 07/05)
Professional Printing
(856) 468-7933

TOWNSHIP OF MIDDLE
33 MECHANIC STREET
CAPE MAY COURT HOUSE, NJ 08210
(609) 465-6740

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
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 _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

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

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.

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

* NO GLUE PLATE
OK 11/30/06 RP

Cell #
425-2583 CHRIS ATKINSON MASON

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: 3-8-05
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			11-10-06	
Footing Bonding				
Foundation			11/30/06	
~~Slab~~ GLUE PLATE			11/30/06	
Frame	3-30-07	4-11-07	4-12-07	
Truss Sys./Bracing				
Barrier-Free				
Insulation			4-12-07	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	8-21-08		9-2-08	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] 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 $ _____

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 $ _____
3. Total (1+ 2) $ _____

UCC/F-110 (REV. 08/05)
Professional Printing
(609) 468-7933

1. White-Inspector copy 2. Canary-Applicant copy
3. Pink-Office copy 4. White Tag- Office copy

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

PLUMBING SUBCODE TECHNICAL SECTION

38 SAND CASTLE

Date Received
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 [illegible] Lot [illegible] Qualification Code ______
Work Site Location 38 [illegible]
[illegible] NJ [illegible]
Owner in Fee [illegible]
Address [illegible]
[illegible] NJ [illegible]
Tel ([illegible]) [illegible] 4649
Contractor Schollhorst
Address 383 Corson Tavern Rd.
Ocean View, NJ 08230
Tel (609) 624-1524 FAX (___)
Contractor License No. 11072
Federal Emp. No. N/A

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed New Const.
Building Sewer Size ______ Public Sewer ✓ Private Septic ______
Water Service Size ______ Public Water ______ Private Well ______
Est. Cost of Plumbing Work $ 12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: [illegible]
Approved by: [signature]

SUBCODE APPROVAL
[✓] CO [ ] CCO [✓] CA
Date: 9/17/07
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough	2/26/07	3-2-07	3/5/07	[illegible]
Water				
Sewer				
Fixtures	9/7/07		9/17/07	[illegible]
Gas Equipment			9/17/07	[illegible]
Gas Piping	2/26/07	3/2/07	3/5/07	[illegible]
LPGas Tank				
Fuel Oil 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.

[signature]

Applicant's Signature/Contractor's Seal and Signature
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

UCC/F-130 (REV. 1/04)
Professional Printing
(856) 468-7933

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

38 SandCastle

TOWNSHIP OF MIDDLE
22 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8760

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
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 ____ Lot ____ Qualification Code ____

Work Site Location 38 ____

Owner in Fee ____

Address ____

Tel ( ) ____

Contractor ____

Address ____

Tel ( ) ____ FAX ( ) ____

Contractor License No. ____

Federal Emp. No. ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ ____

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

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

D. TECHNICAL SITE DATA

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	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved

Date: 12506

Approved by: ____

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA

Date: 121407

Approved by: ____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			3807	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.			112206	
TCO				
Other				
Service			32807	
Final	11907		121407	
Barrier-Free				

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

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933