

Belmar.



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

4-25-95
95-108

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

Block 131 Lot 7
Work Site Location 217 15th Ave. Front.
Owner in Fee SCHIFFEL/SIRACUSA
Address 609 DUNLAP TER.
LINCOLN NJ 07083
Tele. (908) 686-3729
Contractor BALTIC ROOFING (OTIS MILLER)
Address ELIZABETH, N.J.
Tele. (908) 352-1425
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security 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.

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ROOF
TAKE OFF ALL OLD ROOF
PUT ON NEW ROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Req.	4/24	AK	Type:	Failure Failure Approval Initial
☐ 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	

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

\$ _____

48.00

Administrative Surcharge

\$ 2.00

Paid ☒ Check # 1943

Minimum Fee

\$ 50.00

Collected by: AK

TOTAL FEE

\$ 50.00

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed R3
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor N/A 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. \$ _____
2. Alteration \$ 2000.-
3. Total (1+2) \$ _____

BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

ed 4-25-75
95-108

Block 131 Lot 7
Work Site Location 217 15th Ave. Front.
Owner in Fee SCHIFFEL/SIRACUSA
Address 607 DURKEE TER.
UNION NY 07083
Tele. (908) 686-3229
Contractor BALTIM. ROOFING (URS MILLER)
Address 6612 ABETO N.J.
Tele. (908) 552-1425
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

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

ROOF
TAKE OFF ALL OLD ROOF
PUT ON NEW ROOF

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
☒	No Plans Req.	<u>4/4/91</u>	<u>AK</u>	Type:	Failure	Failure	Approval
☐	All	_____	_____	Footing	_____	_____	Initial
☐	Footing	_____	_____	Foundation	_____	_____	_____
☐	Foundation	_____	_____	Slab	_____	_____	_____
☐	Frame	_____	_____	Frame	_____	_____	_____
☐	Other _____	_____	_____	Insulation	_____	_____	_____
Joint Plan Review Required:				Finishes:	_____	_____	_____
☐	Elec.	☐	Plumb.	☐	Fire	_____	_____
SUBCODE APPROVAL				Energy	_____	_____	_____
				Mechanical	_____	_____	_____
☐	CO	☐	CCO	☐	CA	_____	_____
Date: _____				TCO _____	_____	_____	_____
Approved By: _____				Other _____	_____	_____	_____
				Final _____	_____	_____	_____

Use Group Present RE Proposed RE
 Constr. Class Present _____ Proposed _____
 No. of Stories _____
 Height of Structure _____ Ft.
 Area—Largest Floor N/A 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. \$ _____
2. Alteration \$ 2000.
3. Total (1+2) \$ _____

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

FEE

\$ _____

ADDRESS: _____

11900

10

NAME _____

Journal of Management Inquiry 20(6)br/>DOI: 10.1177/1056492611428111
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200

\$ _____

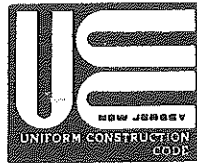
§ _____

\$ 50

U.C.C. Form F-110A

1 White = Office Copy
3 Pink = Applicant Copy

2 Canary = Office Copy
4 Hard = Inspector Copy



CONSTRUCTION PERMIT

PERMIT NO. 254
DATE ISSUED 5-2-87
Block 131 Lot 7
Subdivision _____

A. IDENTIFICATION

Owner Schiffle / Xiravara Agent owner
Address 764 E. 2nd Ave Address _____
Roselle, NJ
Tel. (241-4369) Tel. (_____)
Work Site Address 217 13th Ave Lic. No. _____
Rear Federal Emp. No. _____

PAYMENTS

Permit Fee \$ 30
Fees Remitted \$ 30
☐ Check No. _____
☒ Cash
☐ Other _____
Collected By: ape
Date: 5/1/87

is hereby granted permission
to perform the following work:

- ☐ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER _____

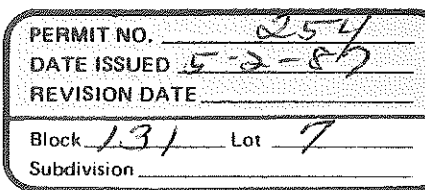
Description of work:

Re-roof Rear Bungalow
1 over 1

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: \$ 500

for Gregory Kink
CONSTRUCTION OFFICIAL ape



APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner, Schiffle / Surinena Contractor owner
Address 764 E. Ind Ave Address _____
Roselle, NJ
Tel. (1) 241-4369 Tel. () _____
Work Site Address 217 13th Ave Lic. No. _____
River Federal Emp. No. _____

AGENT SIGNATURE

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Re-roof Rear
Bungalow

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration/Renovation
 ☐ Roofing
 ☐ Siding
 ☐ Other _____
☐ Demolition
☐ Miscellaneous
 ☐ Fence
 ☐ Sign
 ☐ Pool
 ☐ Elevator
 ☐ Other _____

Fee Basis

Fee

SUBTOTAL

Minimum Building
Fee (if applicable)

Total Building Fee
(Greater of Minimum
or Subtotal)

 See Plans

USE GROUP: _____ Present _____ Proposed _____

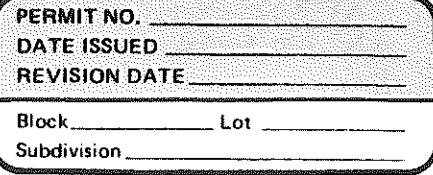
No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

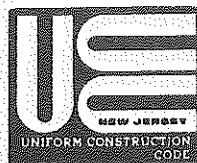
Estimated Cost of Building Work: \$ 500

☐ Partial Releases ☐ Prototype Processing



When changing contractors, notify this office

AGENT SIGNATURE



CONSTRUCTION PERMIT

PERMIT NO.	238		
DATE ISSUED	5/12/86		
Block	131	Lot	7
Subdivision			

A. IDENTIFICATION

Owner Stephen Singusa Agent STEWART MCCURRIE
Address 764 E. 2nd Ave. Address 51 W MILTON AVE
Roselle N.J. RAHWAY NJ 07065
Tel. (201) 241-4369 also TR. (609) 987-0700 Ex 318
Work Site Address 217 13th Ave. Lic. No. 7560.
Real House Federal Emp. No. 146-50-4691

PAYMENTS

Permit Fee \$ 30
Fees Remitted \$ 30
☒ Check No. 1436
☐ Cash
☐ Other
Collected By: OPC
Date: 5/12/86

is hereby granted permission
to perform the following work:

- ☐ BUILDING ☒ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER _____

Description of work:

Transfer Meter to outside
of Building and install
New Service.

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: \$ 450

for Gregory Kirk
CONSTRUCTION OFFICIAL



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.
NATIONAL HEADQUARTERS
900 HADDON AVE. COLLINGSWOOD, NJ 08108
609-858-4400

PERMIT NO. 238
DATE ISSUED 5/12/86
REVISION DATE _____
Block 131 Lot 7
Subdivision _____

ELECTRICAL SUBCODE TECHNICAL SECTION

A. IDENTIFICATION

APPLICANT – Complete unshaded areas only When changing contractors, notify this office

Owner Stephen Siracusa Contractor STEWART M'CURRIE
Address 764 E. 2nd Ave. Address 51 W MILTON AVE
Roselle N.J. 07203 RAHWAY NJ 07065
Tel. (201) 241-4369 Work # 609-987-0700 EX 318
Tel. # _____
Work Site Address 217 13th Ave Etc.No./Bus. Permit. 7560
Belmar N.J. 07203 Federal Emp. No. 146-50-4691

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Stewart M'Currie
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee	Fee
	Switching Outlets	\$		H.V.A.C. Equipment	\$	COLUMN 1 \$ <u>10</u>
	Lighting Outlets			Switching Devices		COLUMN 2
	Receptacle Outlets			Transformers		SUBTOTAL \$ <u>10</u>
	Range/Oven			Motors/Generators/Compressors (state no. and size of each)		Minimum Electrical Fee (If applicable) \$ <u>20</u>
	Dryer, Electric					Total Electrical Fee (Greater of Minimum or Subtotal) \$ <u>30</u>
	Water Heater, Electric					
	Heating, Electric					
	Switches			Other		
	Lighting Fixtures			Other		
	Receptacles			Other		
	Bonding, Pool/Vault			Other		
<u>1</u>	Service/Feeders	<u>10</u>		Other		
COLUMN 1 \$			COLUMN 2 \$			

OFFICE COPY

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____
Service: 100 Amps 1 Phase _____ System Type _____
3 Wire 208 Volts _____ Wiring Method _____
Total No. of Meters: 1
Estimated Cost of Electrical Work: \$ 450

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – ELECTRICAL

DATE _____

JOB CONDITION/COMMENTS

DATE	JOB CONDITION/COMMENTS
5/12/11	Panel in Clov also Sew into Bunk for Jod

[illegible]

JOB SUMMARY

- ☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ β CO ☐ CA

Date: 5/14/86

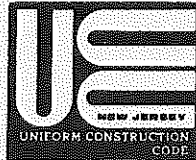
Inspected By: [Signature]

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Rough				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card	05/14/86	137842



CONSTRUCTION PERMIT

PERMIT NO. 486
DATE ISSUED 9-30-87
Block 131 Lot 7
Subdivision _____

A. IDENTIFICATION

Owner SCHIFFL/SIRACUSA Agent _____
Address 609 DUQUESNE TER Address _____
UNION, N.J. 07083
Tel. (201) 686-3729 Tel. (Home owner) _____
Work Site Address 217 13th Ave. - Rear Lic. No. _____
Rear Federal Emp. No. _____

PAYMENTS

Permit Fee \$ 20
Fees Remitted \$ 20
☐ Check No. 1021
☐ Cash
☐ Other _____
Collected By: ape
Date: 9/30/87

is hereby granted permission
to perform the following work:

- ☐ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☒ OTHER siding

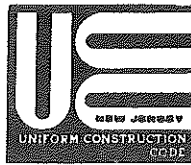
Description of work:

vinyl siding

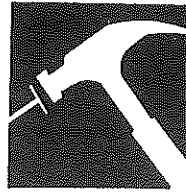
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work: \$ 1000

for Gregory Kink
CONSTRUCTION OFFICIAL ape



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO.	486		
DATE ISSUED	9-30-87		
REVISION DATE			
Block	131	Lot	7
Subdivision			

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner SCHIFFL/SIRACUSA
Address 609 DUQUESNE TER
UNION, N.J. 07083
Tel. (201) 686-3729
Work Site Address 217 13th AVE. - Rear
Rear

Contractor _____
Address _____
Tel. () _____
Lic. No. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Vinyl siding installed on entire structure

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
 - ☐ Roofing
 - ☒ Siding
 - ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
 - ☐ Fence
 - ☐ Sign
 - ☐ Pool
 - ☐ Elevator
 - ☐ Other _____

Fee Basis

Fee

SUBTOTAL

Minimum Building Fee (if applicable)

Total Building Fee (Greater of Minimum or Subtotal)

\$ 20

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

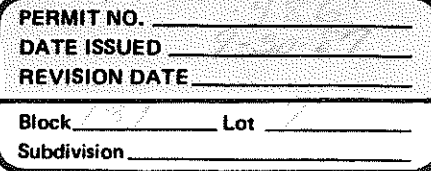
Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ 1000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing



APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Contractor _____

Address _____

Tel. () _____

Lic. No. _____

Federal Emp. No. _____

AGENT SIGNATURE

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

Application For Building Permit

Date May 27, 1981

The undersigned, in compliance with the Building Code requirements, hereby makes application for a permit for construction and/or alteration of building herein described and as indicated on the accompanying building plans. All provisions of the Building Code, Fire Prevention Code and Zoning Ordinance shall be complied with in the construction and/or alteration of said building, whether specified herein or not.

Building Permit and approval plans must be kept on the premises, as directed by the Building Code and the Building Official, until completion of the work and Certificate Of Occupancy is issued.

1. Owner MR. ELMER A. DOD
(In addition, if a Corporation, give name and title of responsible officer)

2. Owner's Residence or principal office 610 Stamford Dr. Northvale, N.J.

3. Location of Building Operation 217-13th Ave. B. S. Marks, N.J.

4. New Building NO Alteration NO Addition NO
(yes-no) (yes-no) (yes-no)

5. Total Cost of the Work Including All Labor & All Material \$4000.00

6. Zone Classification Flam 5 (Zoning Ordinance)

7. Construction Classification (Type) 1 Family

8. Occupancy and Use Classification 1 Family

9. If a Dwelling—Number of Families 1

10. Size of Plot: Width 30 Feet. Depth 30 Feet. Irreg. NO

11. Size of Building: Front 30 Feet. Rear 30 Feet. Depth 30 Feet.
(Note: Accompanying plot plans must clearly indicate all side, rear and front set-back dimensions)

12. Number of Stories ONE Height 10 Feet

13. Any other buildings on the Plot NO Occupancy NO
(yes-no) (yes-no)

14. Will any buildings be demolished or removed NO
(describe specifically)

15. Material, thickness and depth of footings

16. Material and thickness of foundation walls

17. Live Loads: First Floor NO Upper Floors NO Roof NO

18. Type of Roof NO Material of covering NO

19. If Alteration or Addition: (Describe in detail work to be done) REPAIR PLUMBING WORK PLUMBING FEE \$ 5
REPAIR WALLS AND CEILING ELECTRICAL FEE \$ 5
REPLACE CEILING STEPS ALTERATION FEE \$ 8.00

20. Contractor's Name Bura Const. Co. NO. CUBIC FEET \$ 5

21. Contractor's Address 1004 P St. So. Belmar, N.J. STATE SURCHARGES NO

22. Architect's Name NO

23. Architect's Address NO

24. Board Of Adjustment Approval Granted NO NEW CONSTRUCTION FEE \$ 5
When required—date

New Jersey } ss.
Monmouth County }

according to law, deposes and says he is the person making the within application, that he resides at being sworn on his oath

No. 19 of the building or structure on the premises within referred to, that he has been authorized by the Owner or Lessee to make this application and that the statements therein contained are correct and true in all particulars.

Sworn and subscribed before me this 19 day of May, 1981

(Notary Public)

NOVELL All Trash, Waste
and Debris Resulting From
Building York.

BUILDING DEPARTMENT

Borough of Belmar, New Jersey

Account No.

13440
B-131
2-7

Application For Building Permit

Date Dec 19, 1980

The undersigned, in compliance with the Building Code requirements, hereby makes application for a permit for construction and/or alteration of building herein described and as indicated on the accompanying building plans. All provisions of the Building Code, Fire Prevention Code and Zoning Ordinance shall be complied with in the construction and/or alteration of said building, whether specified herein or not.

Building Permit and approval plans must be kept on the premises, as directed by the Building Code and the Building Official, until completion of the work and Certificate Of Occupancy is issued.

- Owner M. F. Levin Hood
(In addition, if a Corporation, give name and title of responsible officer).
- Owner's Residence or principal office 217 13th Ave, Belmar, N.J.
- Location of Building Operation 217 13th Ave, Belmar, N.J.
- New Building NO Alteration NO Addition NO
(yes-no) (yes-no) (yes-no)
- Total Cost of the Work Including All Labor & All Material \$ 200.00
- Zone Classification _____ (Zoning Ordinance)
- Construction Classification (Type) Fluores
- Occupancy and Use Classification SINGLE Family
- If a Dwelling—Number of Families ONE
- Size of Plot: Width 50 Feet. Depth 100 Feet. Irreg. NO (yes-no)
- Size of Building: Front _____ Feet. Rear _____ Feet. Depth _____ Feet.
(Note: Accompanying plot plans must clearly indicate all side, rear and front set-back dimensions)
- Number of Stories ONE Height _____ Feet
- Any other buildings on the Plot YES Occupancy SINGLE Family
- Will any buildings be demolished or removed NO (describe specifically)
- Material, thickness and depth of footings _____
- Material and thickness of foundation walls _____
- Live Loads: First Floor _____ Upper Floors _____ Roof _____
- Type of Roof SHINGLES Material of covering _____
- If Alteration or Addition: (Describe in detail work to be done) PLUMBING FEE \$
INSTALL DR. BURNER ELECTRICAL FEE \$
ALTERATION FEE \$ 4.00
- Contractor's Name ANDERSON HEATING CO. NO. CUBIC FEET \$ _____
- Contractor's Address 109 8th Ave, Belmar STATE SURCHARGES _____
- Architect's Name _____ NEW CONSTRUCTION FEE \$ _____
- Architect's Address _____
- Board Of Adjustment Approval Granted _____ When required—date)

New Jersey } ss.
Monmouth County }

_____ being sworn on his oath according to law, deposes and says he is the person making the within application; that he resides at _____

No. _____ of the building or structure on the premises within referred to, that he has been authorized by the Owner or Lessee to make this application and that the statements therein contained are correct and true in all particulars.

Sworn and subscribed before me this _____ day of _____ 1980

(Notary Public)

Application For Building Permit

Account No. 12490

Block 131
Lot 7

Date

7-11-78

The undersigned, in compliance with the Building Code requirements, hereby makes application for a permit for construction and/or alteration of building herein described and as indicated on the accompanying building plans. All provisions of the Building Code, Fire Prevention Code and Zoning Ordinance shall be complied with in the construction and/or alteration of said building, whether specified herein or not.

Building Permit and approval plans must be kept on the premises, as directed by the Building Code and the Building Official, until completion of the work and Certificate Of Occupancy is issued.

1. Owner MEELIN, HARRY (In addition, if a Corporation, give name and title of responsible officer).

2. Owner's Residence or principal office 612 STAMFORD DR, NEPTUNE NJ

3. Location of Building Operation 217 13th AVE TRENTON NJ

4. New Building Alteration YES (yes-no) Addition (yes-no)

5. Total Cost of the Work Including All Labor & All Material \$35,000

6. Zone Classification (Zoning Ordinance)

7. Construction Classification (Type)

8. Occupancy and Use Classification ONE FAMILY DWELLING

9. If a Dwelling—Number of Families ONE

10. Size of Plot: Width 50 Feet. Depth 140 Feet. Irreg. NO (yes-no)

11. Size of Building: Front Feet. Rear Feet. Depth Feet. (Note: Accompanying plot plans must clearly indicate all side, rear and front set-back dimensions)

12. Number of Stories ONE Height ONE FAMILY

13. Any other buildings on the Plot YES Occupancy NO (yes-no)

14. Will any buildings be demolished or removed (describe specifically)

15. Material, thickness and depth of footings

16. Material and thickness of foundation walls

17. Live Loads: First Floor Upper Floors Roof

18. Type of Roof Material of covering

19. If Alteration or Addition: (Describe in detail, work to be done)

REMOVE AND REPLACE CENTER COLUMN ON CIRCULAR

3-2x4 BUILT UP + FACIA

CRESOTE

20. Contractor's Name THOMAS KELLY

21. Contractor's Address

22. Architect's Name

23. Architect's Address

24. Board Of Adjustment Approval Granted when

New Jersey } ss.
Monmouth County

according to law, deposes and says he is the person making the within application; that he resides at

No.

and that he is the of the building or structure on the premises within referred to, that he has been authorized by the Owner or Lessee to make this application and that the statements therein contained are correct and true in all particulars.

Sworn and subscribed before me this 11th day of July, 1978

Michael Rappan (Notary Public)

OR DPH