OFFICE OF THE CONSTRUCTION OFFICIAL

Permit Options Report

Report Run from 01/01/1985 to 09/03/2020
Block No: 315 Lot No: 12

September 03, 2020 2:30:44PM

Permit #	Permit Date	Block	Lot	Work Site Address	Control No.	Close Date	Owner	Type	Use Group
BFee	EFee	FFee	PFee	MFee	VFee	DCA Fees	Cert Fees	Tot Fees	New Cost	Alt Cost	Dem Cost	Sq Footage	Cu Footage
Description													
20100317	05/03/2010	315	12	8607 WINCHESTER AVE	21801	7/19/2010	BUCHALSKI, MARTIN AND DE	3	R-5
$900.00	$175.00	$174.00	$303.00	$0.00	$0.00	$85.00	$40.00	$1677.00	$0.00	$49150.00	$0.00		
RENOVATE KITCHEN AND BATH. UPDATE LIVING ROOM AND LAUNDRY ON 1ST FLOOR. RENOVATE (2) BATHS, CONSTRUCT LOFT IN MASTER BEDROOM AND UPDATE. CONFORM STAIRWAY FROM MASTER BEDROOM TO 3RD FL													
20100029	01/13/2010	315	12	8607 WINCHESTER AVE	21430	1/19/2010	ESTATE OF EDWARD FINA	6	U
$100.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$100.00	$0.00	$0.00	$800.00		
REMOVE 1000 GAL UST #2 OIL													
20100308	05/03/2010	315	12	8607 WINCHESTER AVE	21605	7/19/2010	BUCHALSKI, MARTIN AND DE	3	R-5
$180.00	$0.00	$0.00	$0.00	$0.00	$0.00	$10.00	$0.00	$190.00	$0.00	$6000.00	$0.00		
NON STRUCTURAL INTERIOR DEMO IN PREPARATION FOR RENOVATIONS													
20100317	07/14/2010	315	12	8607 WINCHESTER AVE	21912	7/19/2010	BUCHALSKI, MARTIN AND DE	3	R-5
$0.00	$0.00	$0.00	$58.00	$0.00	$0.00	$8.00	$0.00	$66.00	$0.00	$4800.00	$0.00		
INSTALL GAS PIPING, WATER CLOSET, LAVATORY AND SHOWER													
20010188	03/20/2001	315	12	8607 Winchester Ave.	9809	12/26/2001	Fina, Lorinda	3	R-3
$72.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$74.00	$0.00	$3000.00	$0.00		
Remove Asphalt Roof Shingles And Install Black													
20100317	05/25/2010	315	12	8607 WINCHESTER AVE	21823	7/19/2010	BUCHALSKI, MARTIN AND DE	32	R-5
$176.00	$58.00	$58.00	$0.00	$0.00	$0.00	$28.00	$0.00	$320.00	$12300.00	$400.00	$0.00	726	7986
CONSTRUCT OF (2) DORMERS													
20100317	05/25/2010	315	12	8607 WINCHESTER AVE	21897	7/19/2010	BUCHALSKI, MARTIN AND DE	3	R-5
$0.00	$58.00	$0.00	$0.00	$0.00	$0.00	$1.00	$0.00	$59.00	$0.00	$500.00	$0.00		
INSTALL SUPPLEMENTAL FIRE ALARM SYSTEM													
$1428.00	**$291.00**	**$232.00**	**$361.00**	**$0.00**	**$0.00**	**$132.00**	**$40.00**	**$2486.00**	**$12300.00**	**$63850.00**	**$800.00**	**726**	**7986**

No of Permits : 7

CITY OF MARGATE
101 North Washington Avenue
Margate NJ 08402
609-822-1974

CERTIFICATE
IDENTIFICATION

Date Issued: 07/19/2010
Control #: 21801
Permit #: 20100317

Block: 315 Lot : 12 Qualification Code:

Work Site Location: 8607 WINCHESTER AVE
MARGATE

Owner in Fee: BUCHALSKI, MARTIN AND DEBRA

Address: 1 S. SUMERSET AVENUE
VENTNOR NJ 08406

Telephone: 609 471-9069

Agent/Contractor: REMARKABLE RENOVATIONS

Address: 1 S. SOMERSET AVENUE
VENTNOR NJ 08406

Telephone: 609 471-9069

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:
RENOVATE KITCHEN AND BATH. UPDATE LIVING ROOM AND LAUNDRY ON 1ST FLOOR. RENOVATE (2) BATHS, CONSTRUCT LOFT IN MASTER BEDROOM AND UPDATE. CONFORM STAIRWAY FROM MASTER BEDROOM TO 3RD FLOOR LOFT. INSTALL COVERED ROOF OVER EXISTING PORCH.

Update Desc. of Wk/Use:
INSTALL GAS PIPING, WATER CLOSET, LAVATORY AND SHOWER, CONSTRUCT OF (2) DORMERS, INSTALL SUPPLEMENTAL FIRE ALARM SYSTEM

[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

GUY J. GALANTINO Construction Official

Fees: $40.00

Paid[X]Check No.: 6250

Collected by: ND

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

JM

CITY OF MARGATE
101 NORTH WASHINGTON AVENUE
MARGATE, NJ 08402
609 - 822-1974

Permit Number: 20100317
Update Number:
Control Number: 21801
Application Date: 04/20/10
Permit Date: 5/3/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 315 Lot : 12 Qualifier :
Work Site Location: 8607 WINCHESTER AVE MARGATE

Owner In Fee: BUCHALSKI, MARTIN AND DEBRA
Address: 1 S. SUMERSET AVENUE
VENTNOR NJ 08406
Telephone: (609) - 471-9069
Use Group(s): R-5

Contractor: REMARKABLE RENOVATIONS
Address: 1 S. SOMERSET AVENUE
VENTNOR NJ 08406
Telephone: (609) - 471-9069
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[X] BUILDING [X] PLUMBING [ ] DEMOLITION
[X] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

RENOVATE KITCHEN AND BATH. UPDATE LIVING ROOM AND LAUNDRY ON 1ST FLOOR. RENOVATE (2) BATHS, CONSTRUCT LOFT IN MASTER BEDROOM AND UPDATE CONFORM STAIRWAY FROM MASTER BEDROOM TO 3RD FLOOR LOFT

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$49,150.00
Cost of Demolition:	$0.00
Total Cost:	$49,150.00

PAYMENTS	(Office Use Only)
Building	$900.00
Electrical	$175.00
Plumbing	$303.00
Fire Protection	$174.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$85.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	$40.00
CCO Fee	
Minimum Fee	
Total	$1,677.00
All Fees Waived	No

Amount to be Paid: **$1,677.00**
Check Number: 6250
Check amount: $1,677.00

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

GUY J. GALANTINO — Date 5/4/10
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Collected by: ND
Receipt No:
Total Cash Amount:
Total Check Amount: $1,677.00
Total CC Amount:
Grand Total: $1,677.00

Note: CALL FOR ALL INSPECTIONS, ALL WORK MUST COMPLY WITH APPROVED PRINTS, STATE & LOCAL CODES

DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

21801

Date Received 3/16/10 rec/4/2/10 cmp
Date Issued 5/3/10
Control #
Permit # 2010-0317

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

Block 315 Lot 12 Qualification Code

Work Site Location 8607 WINCHESTER AVE
MARGATE, NJ 08402

Owner in Fee: Debra Buchalski
Tel. (609 471-9069 e-mail clowndevelops@aol.com
Address 15 Somerset Ave, Ventnor, 08406
street municipality zip code

Contractor: Remarkable Renovations Tel. (609) 471-5065
Address 15 Somerset Ave, Ventnor

Contractor License No. or Builder Registration No. 13VH04482270 Exp. Date 12/31/10
Federal Emp. ID No. 26-0542765 FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application and perform the work listed on this application.

Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
1ST FLOOR RENOVATION -
K.I.T, BATH, UPDATE LR & LAUNDRY
2ND FLOOR
UPDATE 2 BATHS, LOFTING M.B.
UPDATE & CONFORM STAIRWAY
FROM MB TO 3RD FL LOFT
- UPDATE & COMPLY NEW PLUMBING MECH, ELECTRICAL
- INSTALL 4x6 COVERED ROOF ON EXISTING OPEN PORCH

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All new	4/6/10	AG
[ ] 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
- [ ] 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)

$	
	900.-
	40.-
Administrative Surcharge	$
Minimum Fee	$ 51.-
State Permit Surcharge Fee	$
TOTAL FEE	$ 991.-

B. BUILDING CHARACTERISTICS

Use Group:	Present	Proposed R5	
Constr. Class	Present	Proposed 5B	
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 $ 30,000
3. Total (1+2) $

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(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy 06/08

CK # 6250-1677 - RW 4/30/10

DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3/16/10 mw / 4/20/10 corrs
Date Issued 5/3/10
Control #
Permit # 2010-0317

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

Block 315 Lot 12 Qualification Code
Work Site Location 8607 Winchester Ave
MARGATE
Owner in Fee: Debra Buchalski
Tel. (609) 471-9069 e-mail downdevelops@aol.com
Address 1 S Somerset Ave, Ventnor, NJ 08406
street municipality zip code
Contractor: McBride and Company Tel. (609) 927-7117
Address 450 Adams Ave
Somers Point, NJ 08244
Contractor License No. 8478 Exp. Date 6/30/2011
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04837200
Federal Emp. ID No. 22-2825379 FAX: (609) 927-4501

B.PLUMBING CHARACTERISTICS

Use Group: Present Proposed
Building Sewer Size 4 in Public Sewer ✓ Private Septic
Water Service Size 1 in Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 8750

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Date Initial
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 4/22/10
Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
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 I am authorized to make this application and perform the work listed on this application.

Applicant 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)
3	Water Closet	REPLACE EXISTING	39.-
	Urinal/Bidet		
	Bath Tub		
3	Lavatory	"	39.-
3	Shower	"	39.-
	Floor Drain		
1	Sink		13.-
1	Dishwasher		13.-
	Drinking Fountain		
1	Washing Machine		13.-
1	Hose Bibb		13.-
1	Water Heater		13.-
1	Fuel Oil Piping		
1	Gas Piping		82.-
	LPGas Tank		
	Steam Boiler		
	Hot Water Boiler		
	Sewer Pump		
	Interceptor/Separator		
	Backflow Preventer		
	Greasetrap		
	Sewer Connection		
	Water Service Connection		
	Stacks		
1	Garbage Disposal		13.-
2	Other	COND DRAINS	26.-

Administrative Surcharge $	
Minimum Fee $	303.-
State Permit Surcharge Fee $	15.-
TOTAL FEE $	318.-

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

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(856) 468-7933

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

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DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3/16/10 rec 4/20/10 copy
Date Issued 5/3/10
Control #
Permit # 2010-0317

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

Block 315 Lot 12 Qualification Code

Work Site Location 8607 Winchester Ave MARGATE

Owner in Fee: Debra Buchalski

Tel. (609) 471-9065 e-mail downdevelops@aol.com

Address 15 Somerset Ave, Ventnor, NJ
street municipality zip code

Contractor: Action Elec Tel. (609) 390-1433

Address 14 Vernon rd Mays Lnding NJ 08223

Contractor License No. 9127 Exp. Date 4/12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3329478 FAX: ( ) 390-0267

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 5,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
12		Lighting Fixture	
10		Receptacles	
8		Switches	
—		Detectors	
		Light Poles	
2		Motors—Fract. HP	
		Emergency & Exit Lights	
6		Communications Points	
		Alarm Devices/F.A.C. Panel	
38		TOTAL NUMBERS	$ 45.-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1	9kS	KW Elec. Rang/Receptacle	13.-
1	3	KW Oven/Surface Unit	13.-
1	3kS	KW Elec. Water Heater	13.-
1	5.5	KW Elec. Dryer/Receptacle	13.-
1	2	KW Dishwasher	13.-
1	3/4	HP Garbage Disposal	13.-
2	3	KW Central A/C Unit	26.-
2	9kS	HP/KW Space Heater/Air Handler	26.-
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
EXISTG		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Date Initial
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 4/27/10
Approved by:

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

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Administrative Surcharge $	
Minimum Fee $	175.-
State Permit Surcharge Fee $	9.-
TOTAL FEE $	~~45.00~~ 184.-

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

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(856) 468-7933

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

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DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974

FIRE SUBCODE TECHNICAL SECTION

Date Received 3/16/10 rec 4/20/10 corr
Date Issued 5/3/10
Control #
Permit # 2040-0317

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

Block 315 Lot 12 Qualification Code
Work Site Location 8607 Winchester Ave
MARGATE
Owner in Fee: Debra Buchanan
Tel. (609) 471-9069 e-mail downdevelops@aol.com
Address 15 Somerset Ave, Ventnor
street municipality zip code
Contractor: Action Elec Tel. (609) 390-1433
Address 14 Vernon Rd
Margate, NJ 08223
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div. of Fire Safety Installer No.
Fire Alarm Contractor No. 9121 Exp. Date 4/12
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-3325498 FAX: (609) 390-0267

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:
Total Cost of Fire Protection Work $ 400

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 4/22/10 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4/22/10 Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.
Applicant Signature/ Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	8	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	8	
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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		58.-
State Permit Surcharge Fee $		1.-
TOTAL FEE $		59.-

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DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974

FIRE SUBCODE TECHNICAL SECTION

Date Received 3/16/10 INC / 4/20/10 comp
Date Issued 5/3/10
Control #
Permit # 2010-0317

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

Block 315 Lot 12 Qualification Code
Work Site Location 8607 Winchester Ave

Owner in Fee: Debra Buchalski
Tel. (609) 471-9069 e-mail downdevelopsf@aol.com
Address 1 S Somerset Ave, Ventnor, NJ
street municipality zip code

Contractor: Bartholomew HVAC Tel. (609) 653 2027
Address 5 Willow Brook Lane
ENT NJ 08234

Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div. of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 149585258000 FAX: 609 653 8363

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] (Replacement)

Fuel Type: [ ] (Gas) [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location: Heater Room
Total Cost of Fire Protection Work $ 5000.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 4/22/10 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4/22/10 Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.
Applicant Signature/ Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK Replace Heat/AC
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	2	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		116.-
State Permit Surcharge Fee $		9.-
TOTAL FEE $		125.-

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(856) 468-7933

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

06/08

DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974

ELECTRICAL SUBCODE TECHNICAL SECTION

21897

Date Received 5-19-10
Date Issued 5/25/10
Control #
Permit # 2010-0317+2

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

Block 315 Lot 12 Qualification Code

Work Site Location 9607 WINCHESTER AVE
MARGATE NT 08402

Owner in Fee: DEBRA MARTIN BUCHALSKI

Tel. ( ) e-mail

Address 15 SOMERSET AVE VENTNOR 08406
street municipality zip code

Contractor: SHORE ALARM LLC Tel. (609) 822-4606

Address 2939 SUNSET AVENUE
LONGPORT NJ 08403

Contractor License No. 34BA00018300 Exp. Date 6/2010

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 213-08-1959 FAX: ( )

B.ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed ✓

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required 5/24/10
Date Initial

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

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

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/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	

5-24-10
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59 CK# 2243

Administrative Surcharge $	
Minimum Fee $	58
State Permit Surcharge Fee $	1
TOTAL FEE $	59

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

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

06/08

CITY OF MARGATE
101 NORTH WASHINGTON AVENUE
MARGATE, NJ 08402
609 - 822-1974

Permit Number: 20100317
Update Number: 1
Control Number: 21823
Application Date: 05/07/10
Permit Date: 5/25/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 315 Lot : 12 Qualifier :
Work Site Location: 8607 WINCHESTER AVE MARGATE

Owner In Fee: BUCHALSKI, MARTIN AND DEBRA
Address: 1 S. SUMERSET AVENUE
VENTNOR NJ 08406
Telephone: (609) - 471-9069
Use Group(s): R-5

Contractor: REMARKABLE RENOVATIONS
Address: 1 S. SOMERSET AVENUE
VENTNOR NJ 08406
Telephone: (609) - 471-9069
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[X] BUILDING [ ] PLUMBING [ ] DEMOLITION
[X] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

CONSTRUCT OF (2) DORMERS

ESTIMATED COST OF WORK:

Cost of Construction:	$12,300.00
Cost of Alteration:	$400.00
Cost of Demolition:	$0.00
Total Cost:	$12,700.00

PAYMENTS	(Office Use Only)
Building	$176.00
Electrical	$58.00
Plumbing	
Fire Protection	$58.00
Elevator Devices	
Mechanical	
VolFee (DCA)	$27.00
AltFee (DCA)	$1.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$320.00
All Fees Waived	No

Amount to be Paid: **$320.00**
Check Number: 6267
Check amount: $320.00

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

GUY J. GALANTINO — Date 5/26/10
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Collected by: DC
Receipt No:
Total Cash Amount:
Total Check Amount: $320.00
Total CC Amount:
Grand Total: $320.00

Note: CALL FOR ALL INSPECTIONS, ALL WORK MUST COMPLY WITH APPROVED PRINTS AND R. RUBINS ZONING APPROVAL

DIVISION OF BUILDING & FIRE SAFETY

101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974

5/14/10

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

21823 UPDATE

Date Received 5/7/10
Date Issued 5/24/10
Control #
Permit # 2010-0317+1

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

Block 315 Lot 12 Qualification Code

Work Site Location 8607 WINCHESTER MARGATE

Owner in Fee: DEBRA BUCHALSKI

Tel. (609) 471-9069 e-mail downdevelops@aol.com

Address 1 S SOMERSET AVE VENTNOR NJ 08406
street municipality zip code

Contractor: REMARKABLE RENOVATIONS Tel. (609) 471-9069

Address 1 S SOMERSET AVE, VENTNOR, NJ

Contractor License No. or Builder Registration No. BVH0446270 Exp. Date 12/31/10

Federal Emp. ID No. 26-0542765 FAX: (609) 471-9069

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Debra Buchalski
Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

~~ADD POOL POOL ELEVATION~~

ADDITION OF 2 DORMERS

5A CONSTRUCTION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All std	5/14/10	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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
[ ] 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 $ 176.-
State Permit Surcharge Fee $ 27.-
TOTAL FEE $ 203.-

B. BUILDING CHARACTERISTICS

Use Group:	Present R3	Proposed	
Constr. Class	Present 5A	Proposed	
No. of Stories			
Height of Structure		Ft.	
Area — Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors	726	Sq. Ft.	
Volume of New Structure	7986	Cu. Ft.	
Total Land Area Disturbed		Sq. Ft.	

Est. Cost of Bldg. Work
1. New Bldg. $ 73,000
2. Rehabilitation $
3. Total (1+2) $

5/17/10 V6267 320 DC

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1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy 06/08

DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE TECHNICAL SECTION

UPDATE

Date Received 5/7/10
Date Issued 5/24/10
Control #
Permit # 9010-0317 +1

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

Block 315 Lot 12 Qualification Code

Work Site Location 8007 Winchester Margate NJ

Owner in Fee: Debra Buchinski

Tel. ( ) 471-9069 e-mail

Address # / Somerset ave Ventnor, (street / municipality / zip code)

Contractor: Action Elec Service Tel. (609) 390-1433

Address 14 Oornon Rd Marmora NJ 08223

Contractor License No. 9121 Exp. Date 4/12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3329498 FAX: ( ) 390-0261

B.ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 500.00 ALT-400.- ADD-100.-

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) ~~owner of record~~ and I am authorized to make this application, and perform the work listed on this application.

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixture	
7		Receptacles	
2		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
13		TOTAL NUMBERS	$ 45.-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/Receptacle	
1	4.5	KW Oven/Surface Unit	13.-
		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	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Date Initial

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 5/11/10

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Administrative Surcharge $	
Minimum Fee $	58.-
State Permit Surcharge Fee $	1.-
TOTAL FEE $	59.-

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Professional Printing
(856) 468-7933

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

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

DIVISION OF BUILDING & FIRE SAFETY
101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974

FIRE SUBCODE TECHNICAL SECTION

UPDATE

Date Received 5/7/10
Date Issued 5/04/10
Control #
Permit # 2010-0317+1

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

Block 315 Lot 12 Qualification Code

Work Site Location 8607 Winchester Margate NJ

Owner in Fee: Debra Buchalski

Tel. ( ) 971-9069 e-mail

Address #1 Somerset Vernon
street municipality zip code

Contractor: Action Elec Service Tel. ( ) 390-1433

Address 14 Commerce Blvd Marmora NJ 08223

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 9121

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

Fire Alarm Contractor No. Exp. Date 4/12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3329498 FAX: ( ) 390-0267

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 200.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

ADD

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date 5/11/10 Approved by: Cay
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date 5/11/10 Approved by: Cay

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	2	
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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		58
State Permit Surcharge Fee $		
TOTAL FEE $		

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06/08

CITY OF MARGATE
101 NORTH WASHINGTON AVENUE
MARGATE, NJ 08402
609 - 822-1974

Permit Number: 20100317
Update Number: 2
Control Number: 21897
Application Date: 05/21/10
Permit Date: 5/25/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 315 Lot : 12 Qualifier :
Work Site Location: 8607 WINCHESTER AVE MARGATE

Owner In Fee: BUCHALSKI, MARTIN AND DEBRA
Address: 1 S. SUMERSET AVENUE
VENTNOR NJ 08406
Telephone: (609) - 471-9069
Use Group(s): R-5

Contractor: SHORE ALARM LLC
Address: 2939 SUNSET AVENUE
LONGPORT NJ -
Telephone: (609) - 428-7067
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: 21-3081959

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITION
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL SUPPLEMENTAL FIRE ALARM SYSTEM

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$500.00
Cost of Demolition:	$0.00
Total Cost:	$500.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$58.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$59.00
All Fees Waived	No

Amount to be Paid: **$59.00**
Check Number: 2243
Check amount: $59.00

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

GUY J. GALANTINO
Construction Official

5/26/10
Date

Collected by: JM
Receipt No:
Total Cash Amount:
Total Check Amount: $59.00
Total CC Amount:
Grand Total: $59.00

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note: CALL FOR ALL INSPECTIONS. MUST MEET ALL STATE AND LOCAL CODES

CITY OF MARGATE

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 05/21/2010
Control #: 21897

Date Issued: 05/25/2010
Permit #: 20100317 -2

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

Block: 315 Lot: 12 Qualification Code:

Work Site Location: 8607 WINCHESTER AVE

Owner in Fee/Occupant: BUCHALSKI, MARTIN AND DEBRA

Address: 1 S. SUMERSET AVENUE
VENTNOR, NJ 08406

E-mail:

Telephone: (609) 471-9069

Contractor: SHORE ALARM LLC
ATTN:

Address: 2939 SUNSET AVENUE
LONGPORT NJ -

Telephone: (609) 428-7067
Fax:

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp. Date:

Federal Emp. No.: 21-3081959

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building: $0.00
2. Rehabilitation: $500.00
3. Demolition: $0.00
Est.Cost of Elec.Work (1+2+3): $500.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec.Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp.Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and bonding Certification				

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.

[ ] Licened Electrical Contractor
[ ] Certified Landscape Irrigation Contractor
[ ] Exempt Applicant

Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
1		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER: 1	$45.00
		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 Htr./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	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	$58.00
State Permit Surcharge Fee	$1.00
TOTAL FEE	$59.00

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and three photocopies

CITY OF MARGATE
101 North Washington Avenue
Margate NJ 08402
609-822-1974

CERTIFICATE
IDENTIFICATION

Date Issued: 07/19/2010
Control #: 21605
Permit #: 20100308

Block: 315 Lot : 12 Qualification Code:

Work Site Location: 8607 WINCHESTER AVE
MARGATE

Owner in Fee: BUCHALSKI, MARTIN AND DEBRA

Address: 1 S. SUMERSET AVENUE
VENTNOR NJ 08406

Telephone: 609 471-9069

Agent/Contractor: AMERICAN CONTRACTORS SERVICES INC.

Address: 2547 FIRE ROAD, C-3
EGG HARBOR TOWNSHIP NJ 08234

Telephone: 609 407-0500

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:
NON STRUCTURAL INTERIOR DEMO IN PREPARATION FOR RENOVATIONS

Update Desc. of Wk/Use:

[ ] **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.

[X] **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

GUY J. GALANTINO Construction Official

Fees: $0.00

Paid[X]Check No.: 6247

Collected by: DC

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CITY OF MARGATE
101 NORTH WASHINGTON AVENUE
MARGATE, NJ 08402
609 - 822-1974

Permit Number: 20100308
Update Number:
Control Number: 21605
Application Date: 03/16/10
Permit Date: 5/3/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 315 Lot : 12 Qualifier :
Work Site Location: 8607 WINCHESTER AVE MARGATE

Owner In Fee: BUCHALSKI, MARTIN AND DEBRA
Address: 1 S. SUMERSET AVENUE
VENTNOR NJ 08406
Telephone: (609) - 471-9069
Use Group(s): R-5

Contractor: AMERICAN CONTRACTORS SERVICES INC.
Address: 2547 FIRE ROAD, C-3
EGG HARBOR TOWNSHIP NJ 08234
Telephone: (609) - 407-0500
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[X] BUILDING [ ] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

NON STRUCTURAL INTERIOR DEMO IN PREPARATION FOR RENOVATIONS

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$6,000.00
Cost of Demolition:	$0.00
Total Cost:	$6,000.00

PAYMENTS	(Office Use Only)
Building	$180.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$10.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$190.00
All Fees Waived	No

Amount to be Paid:	**$190.00**
Check Number:	6247
Check amount:	$190.00

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

GJG 5/4/10

GUY J. GALANTINO — Date
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Collected by:	DC
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$190.00
Total CC Amount:	
Grand Total:	$190.00

Note: NON STRUCTURAL DEMO ONLY.

DIVISION OF BUILDING & FIRE SAFETY

101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974

Called 3/17/10 Yp

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

21605

Date Received 3/16/10
Date Issued 5/3/10
Control #
Permit # 2010-0308

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

Block 315 Lot 12 Qualification Code

Work Site Location 8607 Winchester Ave

Owner in Fee: DEBRA DUCHALSKI

Tel. (609 471-9069 e-mail downdevelops@aol.com

Address 1 S Somerset Ave, Ventnor
street municipality zip code

Contractor: AMERICAN CONTRACTORS SERVICE Tel. 609 407-0500

Address 2547 FIRE RD C-3
E.H.T. N.J. 08224

Contractor License No. or Builder Registration No. 13VH01387600 Exp. Date 12/10

Federal Emp. ID No. 522346386 FAX: 609 407-0536

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Debra Duchalski
Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NON STRUCTURAL
INTERIOR DEMO ONLY
IN PREPARATION FOR
RENOVATION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other Structural	3/16/10	

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

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Dates (Month/Day) 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
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[X] Demolition

FEE (Office Use Only)

$

Administrative Surcharge	$	
Minimum Fee	$	180.-
State Permit Surcharge Fee	$	10.-
TOTAL FEE	$	190.-

B. BUILDING CHARACTERISTICS

Use Group:	Present R-5	Proposed	
Constr. Class	Present III	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) $6000.00

4/28/10 6247 190.00

UCC/F-110
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy 06/08

CITY OF MARGATE
101 NORTH WASHINGTON AVENUE
MARGATE, NJ 08402
609 - 822-1974

Permit Number: 20100317
Update Number: 3
Control Number: 21912
Application Date: 05/25/10
Permit Date: 7/14/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 315 Lot : 12 Qualifier :
Work Site Location: 8607 WINCHESTER AVE MARGATE

Owner In Fee: BUCHALSKI, MARTIN AND DEBRA
Address: 1 S. SUMERSET AVENUE
VENTNOR NJ 08406
Telephone: (609) - 471-9069
Use Group(s): R-5

Contractor: REMARKABLE RENOVATIONS
Address: 1 S. SOMERSET AVENUE
VENTNOR NJ 08406
Telephone: (609) - 471-9069
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ] BUILDING [X] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL GAS PIPING, WATER CLOSET, LAVATORY AND SHOWER

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$4,800.00
Cost of Demolition:	$0.00
Total Cost:	$4,800.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$58.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$8.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$66.00
All Fees Waived	No

Amount to be Paid: **$66.00**
Check Number: 6315
Check amount: $66.00

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

GGG 7/15/10

GUY J. GALANTINO — Date
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Collected by: ND
Receipt No:
Total Cash Amount:
Total Check Amount: $66.00
Total CC Amount:
Grand Total: $66.00

Note: CALL FOR ALL INSPECTIONS. MUST MEET ALL STATE AND LOCAL CODES

DIVISION OF BUILDING & FIRE SAFETY

101 N. WASHINGTON AVENUE
MARGATE CITY, NEW JERSEY 08402
(609) 822-1974

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE TECHNICAL SECTION

Update 21912

Date Received 5-25-10
Date Issued 7-14-10
Control #
Permit # 2010-0317+3

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

Block 315 Lot 13 Qualification Code
Work Site Location 8607 Winchester
Owner in Fee: Buchalski / Martin - Debra
Tel. ( ) e-mail
Address (street, municipality, zip code)

Contractor: ED'S Plumbing Inc- Tel. (609) 641-1662
Address 170 Alder Ave Ellt NJ 08234

Contractor License No. 12124 Exp. Date 6/30/2011
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 20-0880931 FAX: ( )

B.PLUMBING CHARACTERISTICS

Use Group: Present ✓ Proposed
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ ~~$5,000.00~~ 1800.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Date Initial
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 5/25/10
Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
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 I am authorized to make this application and perform the work listed on this application.

Edward Mahr
Applicant Signature/ Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	13.-
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	13.-
1	Shower	13.-
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping ~~Extra fireplace~~	~~$2.-~~ Not done per contractor-see letter
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

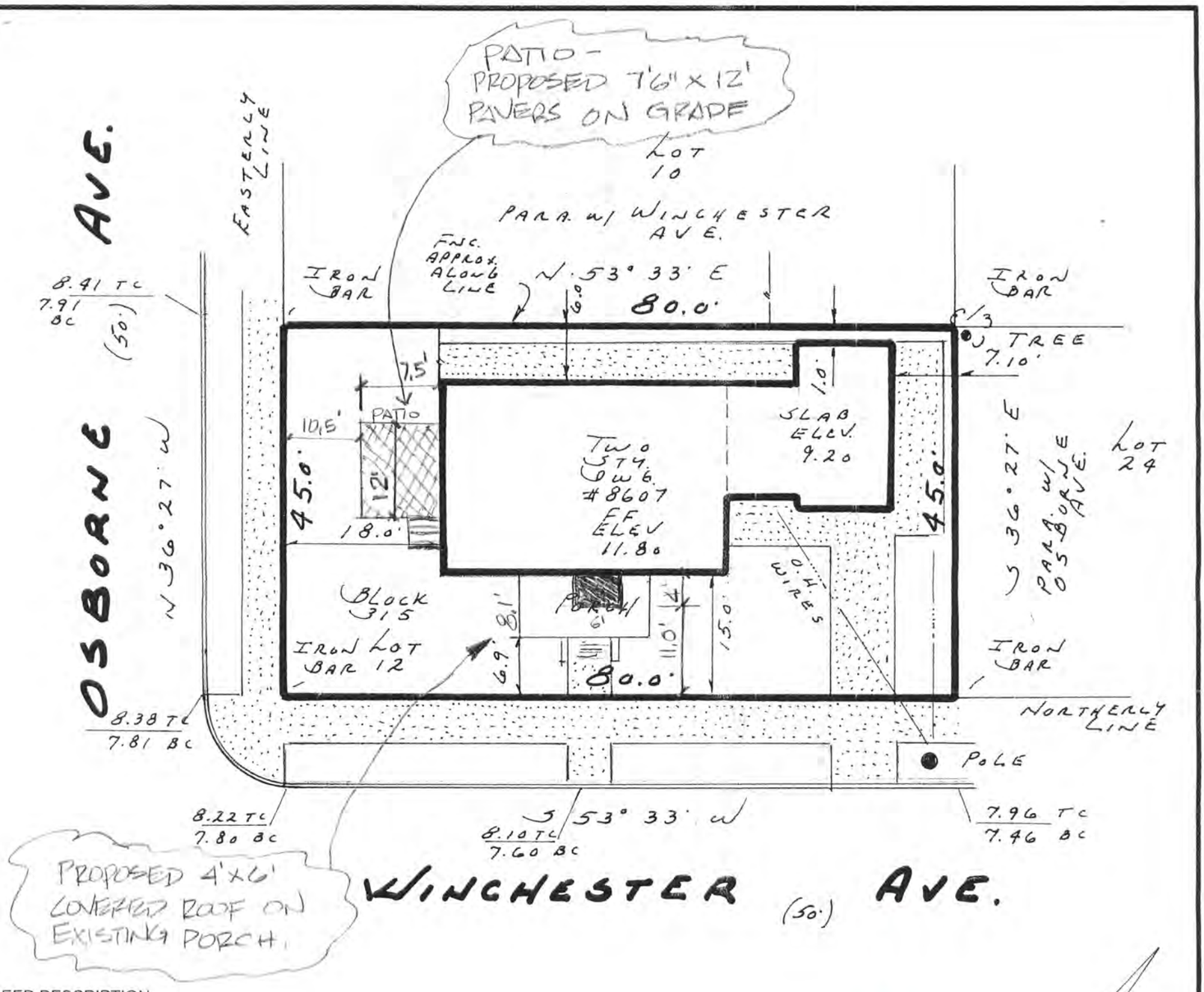
Administrative Surcharge $	
Minimum Fee $	~~125~~ 38.-
State Permit Surcharge Fee $	8.-
TOTAL FEE $	~~130~~ 66.-

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

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

Ck #6315-66.- AD 7/14/10

UCC/F-130
Professional Printing
(856) 468-7933



DEED DESCRIPTION

Description of a certain tract or parcel of land situate in the City of Margate, County of Atlantic, State of New Jersey, being designated as Lot 12 in Block 315 on the current official tax map and being more particularly described as follows:

Beginning at the intersection of the Northerly line of Winchester Ave. (50' wide) with the Easterly line of Osborne Ave. (50' wide) and from thence running;

1. North 36 degrees 27 minutes West along the Easterly line of Osborne Ave. a distance of 45.0 feet to a point in the division line between lots 10 and 12 block 315; thence
2. North 53 degrees 33 minutes East along last mentioned division line and parallel with Winchester Ave. a distance of 80.0 feet to a point in the division line between lots 24 and 12 block 315; thence
3. South 36 degrees 27 minutes East along last mentioned division line and parallel with Osborne Ave. a distance of 45.0 feet to a point in the Northerly line of Winchester Ave.; thence
4. South 53 degrees 33 minutes West along the Northerly line of Winchester Ave. 80.0 feet to a point in the Easterly line of Osborne Ave. and the point and place of Beginning

2-25-10
Porch NOT a Patio as Shown OK per John
Tyler

LOCAL DATUM

NOTES

TC = TOP OF CURB
BC = BOTTOM OF CURB

Martin & Debra Buchalski
Trident Land Transfer Co NJ

GENERAL NOTES:

Offsets are shown only for checking compliance with deed restrictions and zoning regulations. Offsets shall not be used for any other purposes. Surveyor shall not have any responsibility or liability if the offsets shown are used other than as intended.

This property is subject to any documents of record, either recorded or unrecorded. Underground improvements, easements, property line agreements or other conditions unknown to the surveyor are not shown. Surveyor reserves the right to modify this survey should any such information become available.

Surveyor's signature and embossed seal signify that this survey was prepared in accordance with the current regulations adopted by the New Jersey State Board of Professional Engineers and Land Surveyors. Only signed and sealed copies of this survey shall be considered as true copies.

The illustration of riparian claims or regulated wetlands affecting subject property, if any, are not included as a part of surveyor's contract. Surveyor reserves the right to modify this survey should client specifically request these additional services.

This survey has been prepared only for the use of the named parties. Surveyor shall not have any responsibility or liability should this survey be used for resale of property, for use with survey affidavit, or for use by any other person or entity not specifically named, for any reasons other than as intended.

Property is located in a F.E.M.A. FIRM ZONE " A-8 ".

Surveyed in accordance with Commitment No.

In consideration of the mutual covenants and promises contained in the agreement between the above named parties and the undersigned, the provisions of which are incorporated herein by reference, I declare that this plan is based on a field survey made on 1/28/10 by me or under my immediate supervision in accordance with N.J.A.C. 13:40-5.1, and to the best of my professional knowledge, information and belief,

a) correctly represents the conditions found at and as of the date of the field survey, except such easements, if any, below the surface of the lands or on the surface of the lands and not visible,

b) except as shown on the plan, there are no discrepancies between the boundary lines of the subject property as shown on the plan and as described in the legal description of record.

This plan is made to provide information to the title insurer so that it may insure title to the lands shown herein and for the mortgage holder named above. This declaration is given solely to the above named parties for this transaction only and is not transferable, except as provided herein.

PAUL H. KOELLING
PLS; N.J. LICENSE NO. 24GS02177100
PP; N.J. LICENSE NO. 33LI00200700

SURVEY OF PREMISES

SITUATE IN
CITY OF MARGATE
COUNTY OF ATLANTIC, N.J.

BLOCK 315 LOT 12

PAUL H. KOELLING & ASSOCIATES, LLC
SURVEYING — PLANNING
2161 SHORE ROAD
LINWOOD, NJ 08221
phone (609) 927-0279 fax (609) 927-0188
CERTIFICATE OF AUTHORIZATION #24GA28133100

Date: JAN. 29, 2010 Jokalski
Scale: 1" = 15' Project No. 15914