IDENTIFICATION

Block 54 Lot 07 Qual
Work Site Location 42 BRIGHTON AVE.

Owner in Fee/Occupant LAUT, KATHLEEN & JOSEPH
Address 3302 MAPLEVALE CIRCLE
NEWTON SQUARE, PA 19073-
Telephone [redacted]
Contractor RON SCHMIDT & SON
Address 125 OAK AVE
ISLAND HEIGHTS, NJ 08732-
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Home Warranty No. NA
Type of Warranty Plan: [X] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification 5A
Maximum Occupancy Load 0
Description of Work/Use:

NEW SINGLE FAMILY HOUSE

[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 the owner 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 _____, ____.

CONSTRUCTION OFFICIAL

Fee $ 28
Paid [X] Check No. 6454
Collected by: CW

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E:

BOROUGH OF SEASIDE PARK
FINAL ZONING APPROVED
JUL 13 2005

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/4/04
Date Issued
Control #
Permit # 04-296

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

Block 44 Lot 7
Work Site Location 42 BRIGHTON AVE SEASIDE PARK NJ
Owner in Fee JOE-KATHY LAUT
Address 42 BRIGHTON AVE SEASIDE PK NJ
Tele. [redacted]
Contractor RON SCHMIDT & SON BUILDERS LLC
Address 125 OAK AVE / P.O BOX 7 ISLAND HEIGHTS NJ 08732
Tele. (732) 288-0900 Fax (732) 288-2727
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Cash Ron 10/23/04

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
NEW HOME

R5

FIRE RETARDANT DECKS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[T] All	9.30.04	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 6-20-05
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			11-4-04	
Foundation			11-17-04	
Slab				
Frame			4-12-05	
Barrier-Free				
Insulation			4-Rm 6	
Finishes			1-13-05	
Ext. Sheathing			1-26-05	
Mechanical			4-7-05	
TCO				
Other Pools			1-12-05	
Final			6-20-05	
Barrier-Free				

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)
$ 1064

Administrative Surcharge	$	1064
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

B. BUILDING CHARACTERISTICS

Use Group	Present		Proposed R3 R5
Constr. Class	Present	V-B 3	Proposed V-B 5A
No. of Stories			
Height of Structure		34,10	Ft.
Area — Largest Floor		1.314.8	Sq. Ft.
New Bldg. Area/All Floors		2482.6	Sq. Ft.
Volume of New Structure		39.416.5	Cu. Ft.
Area Disturbed		2058.2	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 340,000.00
2. Alteration $
3. Total (1+ 2) $ 340,000.00

1. C/O APC
2. BASEMENT
3. NO HOW REQ'D

U.C.C. F110 (rev. 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/4/04
Date Issued
Control #
Permit # 04-296

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

Block 44 Lot 7
Work Site Location 42 BRIGHTON AVE SEA SIDE PARK
Owner in Fee JOE KATHY LAUT
Address 42 BRIGHTON AVE SEA SIDE PARK NJ
Tele [redacted]
Contractor Jeff Jones
Address P.O. Box 489
Tele (732) 929-3200 Fax ( ) _____
Lic. No. 12016
Federal Emp. No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____
Building Sewer Size 4" Public Sewer ✓ Private Septic _____
Water Service Size 3/4" Public Water ✓ Private Well _____
Est. Cost of Plumbing Work $ 15,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9-9-04
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6.29.05
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Slab			2-23-05	
Rough			4-12-05	
Water ✓			10-14-04	
Sewer ✓				
Fixtures			6.29.05	
Gas Equipment				
Gas Piping			4-12-05	
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 — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	24
	Urinal/Bidet	
2	Bath Tub	16
4	Lavatory	32
1	Shower	8
	Floor Drain	
1	Sink	8
1	Dishwasher	8
	Drinking Fountain	
1	Washing Machine	8
4	Hose Bibb	32
1	Water Heater	8
	Fuel Oil Piping	
1	Gas Piping	50
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	50
1	Water Service Connection	50
5	Stacks	40
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	334
DCA Training Fee	$	
TOTAL FEE	$	

UCC F130 (rev. 3/96)
1 White = Inspector Copy
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3 Pink = Office Copy
4 Gold = Applicant Copy

UP

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2/23/05
Date Issued
Control #
Permit # 04-296

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

Block 42 Lot 7
Work Site Location 42 Brighton Ave

Owner in Fee Joe Lynch
Address 42 Brighton Ave.

Tele. [redacted]
Contractor Jeff Plumbing
Address P.O. Box 493

Tele. (732) 929-3200 Fax ( )
Lic. No. 12017
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 5" Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 2-23-05
Approved by

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-29-05
Approved by

INSPECTIONS Type	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas 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 — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	8
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
2	Sink	16
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 35
DCA Training Fee	$
TOTAL FEE	$

UCC F130 (rev 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE SUBCODE TECHNICAL SECTION

Date Received 10/4/04
Date Issued
Control #
Permit # 04-296

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

Block 44 Lot 7
Work Site Location 42 BRIGHTON AVE SEASIDE PARK
Owner in Fee JOE KATHY CAUT
Address 42 BRIGHTON AVE SEASIDE PARK NJ
Tele. ( )
Contractor Mark G. Stewart
Address 46 Cedar Drive TOMS River NJ 08753
Tele. (732) 286-3875 Fax ( )
Lic. No. 8087
Federal Emp. No

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R Proposed R-5
Constr. Class Present Proposed 5A
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 800.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 9-30-04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6.30.05
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				
Final		4	6.30.05	
Other ROUGH			4.20.05	

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.

Mark Stewart
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: smoke detectors NEW R-5
Water Supply Source
Method of Alarm/Suppression System Supervision

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity Fuel		
Alarm Systems X 110v Interconnected [ ] System	NUMBER 6	
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	6	35
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		
Halon Suppression		
Other		
Kitchen Hood Exhaust System	1	46
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances 2-FAM 1-UNIT	4	184
Other FIREPLACE	1	46

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	311

U.C.C. F140
(rev. 3/96)

Zoning OK 4/8/04 GB Seaside Park

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 44 Lot 7
Work Site Location 42 BRIGHTON AVE SEA SIDE PARK NJ
Owner in Fee/Occupant JOE KATHY LANT
Address 42 BRIGHTON AVE SEASIDE PK NJ.
Tele. ( )
Contractor Mark G. Stewart
Address 46 Cedar Drive Toms River NJ 08753
Tele (732) 286-3875 Fax ( )
Lic No 8087
Federal Emp. No

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 10,000.00

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: 6 Feb.
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			05/25	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 10/4/04

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.

Mark Stewart
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
56		Lighting Fixtures
67		Receptacles
54		Switches
6		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
180	✓	Communications Points
180		Alarm Devices/F Alm 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
1	2Kw	KW Dishwasher
		HP Garbage Disposal
2	3Kw	KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	200	AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
2		furnace

FEE (Office Use Only)

OCT 7 [illegible] 12

$

#6456
Administrative Surcharge $
Minimum Fee $ 57
DCA Training Fee $ 1
RCF TOTAL FEE $

UCC F120 (rev. 3/98)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

IDENTIFICATION

Block 44 Lot 07 Qual

Work Site Location 42 BRIGHTON AVE.

Owner in Fee/Occupant LAUT, KATHLEEN & JOSEPH
Address 3302 MAPLEVALE CIRCLE
NEWTON SQUARE, PA 19073-
Telephone [redacted]
Contractor RON SCHMIDT & SON
Address 125 OAK AVE
ISLAND HEIGHTS, NJ 08732-
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

DEMO SINGLE FAMILY HOUSE

[ ] 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.

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If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner 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 _____, ____.*

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 6453
Collected by: CW

U.C.C. F260 (rev. 3/96) NJ UCCARS S.24E1

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/4/04
Date Issued
Control #
Permit # 04-295

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

Block 44 Lot 7
Work Site Location 42 BRIGHTON AVE
SEASIDE PARK NJ
Owner in Fee JOE - KATHIE LAUT
Address 42 BRIGHTON AVE
SEASIDE PARK NJ
Tele. [redacted]
Contractor RON SCHMIDT & SON BUILDERS LLC
Address 125 OAK AVE P.O BOX 7
ISLAND HEIGHTS NJ
Tele. (732) 288-0900 Fax (732) 288-2727
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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 Ronn Schmidt

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Demo House & Garage

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required 9.7 [illegible]
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-12-04
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10/29/04	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (exceeds 6')
  [ ] Sign _____ Sq Ft
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $ 46
DCA Training Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R
Constr. Class Present R-3 Proposed R-3
No. of Stories 3
Height of Structure 34.10 Ft.
Area — Largest Floor 1,314.8 Sq. Ft.
New Bldg. Area/All Floors 2482.6 Sq. Ft.
Volume of New Structure 39,416.3 Cu. Ft.
Total Land Area Disturbed 2,058.2 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 7500.00

U.C.C. F110 (rev. 3/98)

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3 Pink = Office Copy
4 Gold = Applicant Copy