BLOCK 3207 LOT 2 QUALIFICATION CODE ADDRESS (SITE) 3305 Bathland Ave PERMIT NO 2090871

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

Applicant Complete Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1 Proposed work Site at
2 Name of Owner in Fee — Saunders, Raymond & [illegible]
Tel e-mail
Address [illegible] Ond A zip code
3 Ownership in Fee Public Private
4 Principal Contractor: Tel 917-
Address [illegible] Delran R e-mail [illegible]
License No OR, if new home, Builder Reg No Exp Date
Home Improvement [illegible] n No or Exemption Reason (if applicab
Federal Emp ID No FAX
5 Architect or Engineer Contact
Address e-mail
Tel FAX
6 Responsible Person in Charge once Work has Begun
Tel FAX

V. FEE SUMMARY (for office use only)

			Update	Update
1	Building	$ 1860.00	[illegible]	
2	Electrical	179.00	84.00	
3	Plumbing	328.00	58.00	0 SD
4	Fire Protection	58.00	58.00	
5	Elevator Devices			
6	Subtotal	2445.00		
7	Less 20% for State Plan Review	$		
8	Subtotal	$		
9	State Permit Surcharge Fee	159.00	66.00	
10	Subtotal	$ 50.00		
11	Cert of Occupancy			
12	Other			
13	TOTAL	$ 2654.00	1166.00	4.2.00

VI BUILDING/SITE CHARACTERISTICS

(office use only)

1 Number of Stories
2 Height of Structure ft
3 Area — Largest Floor sq ft
4 New Building Area sq ft
5 Volume of New Structure cu ft
6 Max Live Load
7 Max Occupancy Load
8 If Industrialized Building: State Approved HUD
9 Total Land Area Disturbed ft
10 Flood Hazard Zone [illegible]
11 Base Flood Elevation [illegible] ft
12 Wetlands yes no

IIa. PROPOSED WORK

☐ Minor Work ☒ New Building modular HOME site ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat -Subch 8 ☐ Lead Hazard Abatement ☐ Redon Remediation ☐ Annual Permit

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (*primary use*) 12 modular
1. State Specific Use: 341
2 Use Group, Proposed
3 Change in Use Group, Indicate Present:
4 No of dwelling units

	Total Units	Income-Restricted
Gained, Sale		
Gained, Rental		
Lost, Sale		
Lost, Rental		

B NON-RESIDENTIAL (*primary use*)
1 State Specific Use:
2 Use Group, Proposed
3 Change in Use Group, Indicate Present
C MIXED USE - List secondary use(s):
D Construct Classification Present
Proposed V-B

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (optional)

	Est Cost	Plans Rec'd by	Date Rec'd	Date Disapproved	Approval Date	Reviewer	Resubmission Dates Received	Resubmission Dates Rejection	Re-viewer
☑ Building		6	5.31.19	5.23.19	7/9				
☑ Electrical					5/8/19				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

III. PLAN REVIEW (optional)

DO YOU WANT 19-0820
1 ☐ Partial Releases
2 ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1 ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2 ☐ High Pressure Boilers
3 ☐ Pressure Vessels
4 ☐ Refrigeration Systems
5 ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7 ☐ Sprinklers/Standpipes
8 ☐ Smoke Control Systems in Open Wells
9 ☐ Underground Storage Tanks
10 ☐ Swimming Pools, Spas and Hot Tubs
11 ☐ LP Gas Tanks
12 ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S A 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY. THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2 15(f)1 ix;

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2 ( ) Fire Protection

I further certify that I will perform the following work:
C 3 ( ) Electrical C.4 ( ) Plumbing

D ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N J A.C 5:23-2 15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N J A C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent

I further certify the following as required by the Uniform Construction Code N.J.A.C. 5:23-2 15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws

I understand that if any of the above statements are willfully false, I am subject to punishment.

(V) Check if contractor

Agent Name [redacted]

Address [redacted]
Egg Harbor Twp. NJ 08234

Telephone [redacted]

Signature: [redacted]

III ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A C 5:17

U C C F100-2 (rev 5/2007)

OFFICE DATE RECEIVED

VIII. PRIOR APPROVALS CHECKLIST (office use only)

	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		
	Prelimin Initial	Final Date	Prelimin Initial	Final Date	Prelimin Initial	Final Date	Prelimin Initial	Final Date	COMMENTS
☐ Zoning Officer			X						
☐ Planning Board									
☐ Zoning Board			X						
☐ Sewer Authority									
☐ Water Authority			X						
☐ Police Department			X						
☐ Health Department			X						
☐ Soil Conservation									
☐ N J Department of Community Affairs	X		X		X		X		
☐ N J Department of Transportation	X		X		X		X		
☐ N J Department of Environmental Protection	X		X		X		X		
☒ Utility Dig No 183412048									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only — optional)

Name of Code & Edition		Name of Code & Edition	
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert	
Mechanical		Other	
		Other	

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No				
☐ Temporary Certificate of Compliance	No				
☐ Continued Certificate of Occupancy	No				
☐ Certificate of Compliance	No				
☒ Certificate of Occupancy	No 20198771	8/19/20			
☐ Certificate of Approval	No				
☐ Lead Abatement Clearance Certificate	No				

U C C F100-3 (rev 12/07)

CITY OF OCEAN CITY
CONSTRUCTION CODE ENFORCEMENT

UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

MUNICIPALITY _____

LOCATION 5th & Ocean Front ____ UTILITY CO Ace

_____ BLK _____ LOT _____

OWNER Flounders ____ OCCUPANT _____

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after _____ days

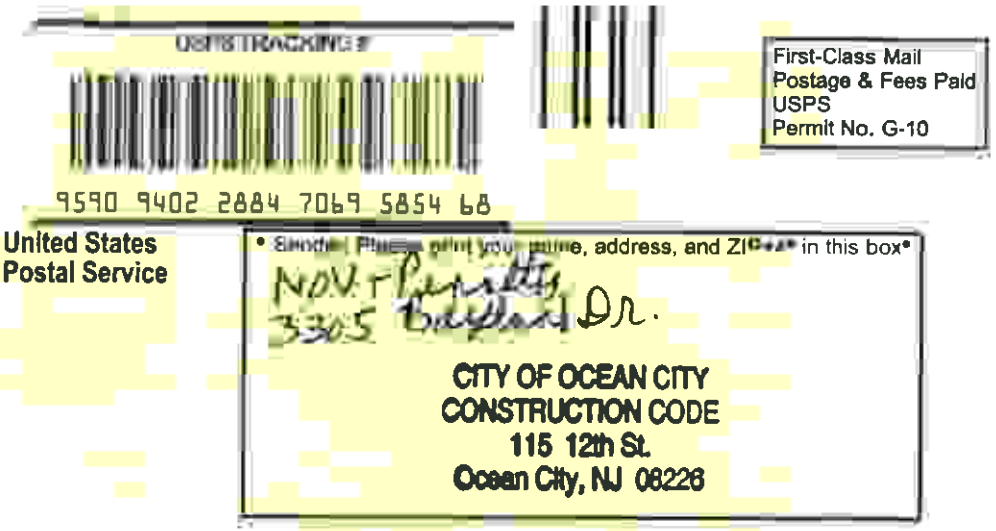
DESCRIPTION OF SERVICE New 200 Amp by Ace

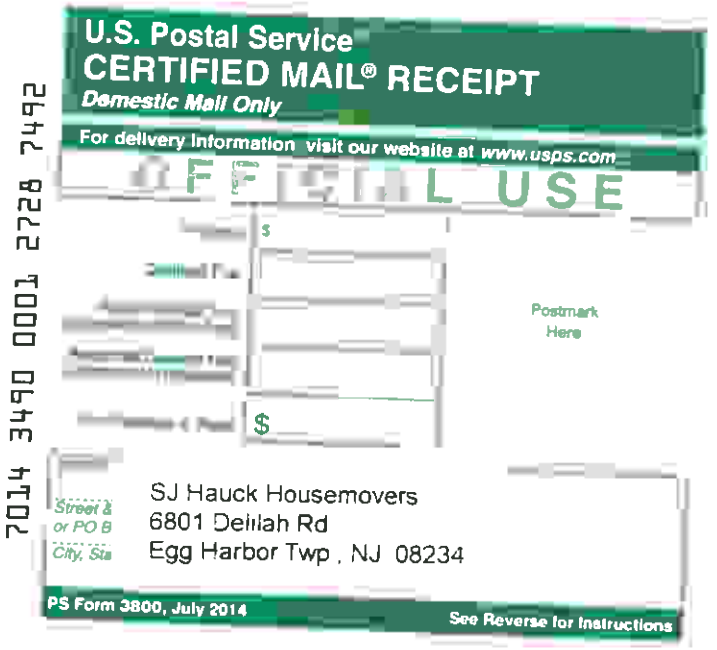
INSTALLED BY KN Elec ____ LICENSE NO 18329

DATE 8/28/19 ____ PERMIT # 19-0871 INSPECTOR BH

LIC NO [illegible]

U C C Form F-350A 1 WHITE - UTILITY 2 CANARY - OFFICE/FILE 3 PINK - OFFICE/CONTRACTOR **PRO 141**


USPS TRACKING #
9590 9402 2884 7069 5854 68
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10
United States
Postal Service
CITY OF OCEAN CITY
CONSTRUCTION CODE
115 12th St.
Ocean City, NJ 08226


U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information visit our website at www.usps.com
OFFICIAL USE
Postmark
Here
7014 3490 0001 2728 7492
SJ Hauck Housemovers
6801 Delilah Rd
Egg Harbor Twp , NJ 08234
PS Form 3800, July 2014
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SJ Hauck Housemovers
6801 Shilah Rd
Egg Harbor Twp , NJ 08234

9590 9402 2884 7069 5854 68

2. Article Number (Transfer from service label)

7014 3490 0001 2728 7497

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Service Type

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

Ocean City
115 12th Street
Ocean City, NJ 08226

Date Issued 8/19/2020
Control Number 19-0820
Permit Number 20190871
Permit Issue Date 6/24/2019
Certificate Number 20190871

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 3305 BAYLAND DR Ocean City, NJ 08226 Block: 3207 Lot: 2 Qual:

Owner in Fee: FLOUNDERS RICHARD J & MARY ANN

Owner Address: [redacted]

Telephone:

Contractor SJ HOMES INC

Address 68701 DELILAH ROAD EGG HARBOR TWP NJ 08234

Telephone: (609) 927-6700 Fax: (609) 927-6715 Federal Emp. Number [redacted]

License Number or Builders Registration Number:

Home Warranty Number: NJ135197 Type of Warranty Plan: ☐ State ☑ Private

Use Group R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: NEW SINGLE FAMILY DWELLING - - MODULAR

Certificate Comments

☑ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years), see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Date Printed: 8/19/2020

C C F260 (rev 08/05)

Fee: $50.00
Check Number: 5864
Collected By: Sheree Benoit

3305 Bayland Dr NEW SFD (MOSLEY)

CO ISSUANCE CHECKLIST CO ✓ or CA _____

4.27.9 SEALED PILE LOG YES

✓ MID-TERM SURVEY APPROVAL IN FILE

✓ ELEVATION CERTIFICATE (SEALED COPY, FINISH CONSTRUCTION) YES

✓ ELEVATION CERTIFICATE HAS BEEN CHECKED & APPROVED

✓ FINAL AS-BUILT SURVEY (SEALED COPY)

✓ APPLICATIONS FOR CERTIFICATE WITH FINAL COST OF CONST.

✓ ALL INSPECTIONS APPROVED ~~1ST UNIT~~ Seigle

✓ ALL INSPECTIONS APPROVED 2ND UNIT

✓ HOME WARRANTY PARTICIPATION CERTIFICATE 1ST UNIT

✓ HOME WARRANTY PARTICIPATION CERTIFICATE 2ND UNIT

✓ CHECK WARRANTY TO MAKE SURE WE HAVE A COPY OF BUILDER REGISTRATION FOR PERSON LISTED AS BUILDER-WARRANTOR

✓ CONDITIONAL CAPE ATLANTIC SOIL COMPLIANCE CERTIFICATE

✓ FINAL CAPE ATLANTIC SOIL COMPLIANCE CERTIFICATE

✓ CONCRETE APPROVED

✓ ZONING COMPLIANCE APPROVED

N/A LIST CHECKED FOR COAH APPLICABILITY? DOES IT APPLY? YES OR NO

n/a RECEIPT FOR COAH FEE IF APPLICABLE

✓ FRAMING CHECKLIST YES

✓ FLOODPROOFING CERTIFICATE

N/A ELEVATOR INSPECTION

N/A FRT SPRAY CERTIFICATION N/A

✓ OUTSTANDING ESCROW PAID

✓ HEALTH DEPT APPROVED

✓ V ZONE CERTIFICATION

Municipality Copy
5/14/2020

CERTIFICATE OF PARTICIPATION

RETURN SIGNED HBW COPY TO:
210HBW@2-10.com / 303.306.2222 or
P.O. Box 441525 | Aurora, CO 80044

RECEIVED
MAY
CONSTRUCTION

Notice: This is a four part form The designated recipient's copy is stated above. Any modifications, alterations or revisions made to this document without express written consent of the warranty insurer and/or [illegible] will void the warranty coverage. This document is not valid unless there is a typed Enrollment Verification number in the Validation box in the lower right hand portion of this page and this document has been signed by the warranty insurer or their [illegible] issues this Certificate of Participation

1. Homebuyer(s): Rick Flounders, Mary Ann Flounders (610)368-7801
(Name(s) as recorded on deed) Home Phone

Address of Home: 3305 Bayland Ave | Ocean City | 0508 | NJ | 08226
Street | City | Muni-code | State | Zip Code

Block #: 3207 Lot #: 2 Subdivision 3305 Bayland Ave

2. Builder Name: SJ Hauck Homes Inc HBW Builder #: NJ-8805-8918-HW-

3. Effective Date of Warranty (Date of Closing): September 30, 2019 State Registration #: 048259

4. Contract Price of Home: $331,175.00 Total Warranty Amount Paid: $1,159.12

5. Rate Formula:

$331,175.00	x	1.25	=	$413,968.75	÷ 1,000 =	$413.97	x	$2.80	=	$1,159.11
Contract Price Of Home		If price does not include land		Warranty Limit				Rate		Total Warranty Fee

6. FHA/VA Financing ☐ Yes ☒ No

7. Type of Home: ☒ Single Family Detached ☐ Two-Family ☐ Condo ☐ Duplex ☐ Three-Family ☐ Townhouse

8 Construction Type ☐ Low Rise (1-2 story) ☐ Mid-Rise (3-6 story) ☐ High Rise (7 story or greater) ☐ Site Built ☒ Modular ☐ Manufactured on Permanent Foundation

9 Effective Date of Common Elements Coverage _____ (date main structure housing individual units is completed). No common elements coverage will be provided unless all units in a building are enrolled.

ACKNOWLEDGEMENT OF RECEIPT OF WARRANTY DOCUMENTS

The undersigned Builder has delivered and the undersigned Homeowner(s) hereby acknowledge receipt of the following warranty documents:

1. Home Buyers Warranty Certificate of Participation
2. Home Buyers Warranty Booklet (NJ_1.2.10v1)

CERTIFICATION OF ENROLLMENT

This certifies that the above-described dwelling unit is enrolled in the 2-10 Home Buyers Warranty New Home Warranty Plan and that the warranty cost, receipt of which is hereby acknowledged, has been paid in full to warranty insurer

Homeowner(s) _____ Date:_____

Homeowner(s) _____ Date: _____

Builder _____ Date:_____

Verification:

Municipality Copy

Enrollment Verification Number:

NJ135197

WARRANTY INSURER

New Home Warranty Insurance Company, A Risk Retention Group

13900 E Harvard Ave. Aurora, CO 80014

OFFERED BY: Home Buyers Warranty as Administrator for Warranty Insurer

Date 05/14/2020

APPLICATION FOR CERTIFICATE

6/24/19

1/6/2020

F/19/2020

IDENTIFICATION

Work Site Location 3305 A[illegible] Dr

Owner in Fee Richard Flounders

Address 3305 Buckwood Dr.

Tel

Contractor SJ Haven Construction

Address 6801 Dolilah Rd.
EHT, NJ 08234

Tel (609) 927-6700

License No [illegible]

Federal Employee No [redacted]

ACTION

- ☑ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ ___ 292,500

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below

DESCRIPTION OF WORK/USE Single family dwelling

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted Incomplete [illegible]d on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGN _____

OWNER/AGENT

☐ OWNER ☐ AGENT

UCC F270(rev 8/2011)

Ocean City
115 East 12th Street
Ocean City, NJ 08226
(609) 399-6111 x9758

5 2020
CONSTRUCTION

Date Issued:	8/18/2020
Application Number:	ZA-20-00836
Application Date:	8/17/2020
Project Number:	
Permit Number:	ZP-20-00803
Fee:	$50.00 CHK 967

Zoning Permit -Final// New Single (Modular)

Worksite **3305 BAYLAND DR**
Location: **Ocean City, NJ 08226**

Owner: **FLOUNDERS, RICHARD J & MARY ANN**
Address [redacted]

Applicant: **SJ HAUCK**
Address: **6801 DELILAH RD**
EGG HARBOR TWP, NJ 08234

Block: **3207** Lot **2** Qualifier _____ Zone: **RL1-50**

This Certifies that an application for the issuance of a Zoning Permit -Final// New Single (Modular) has been examined

Present Use: **DWELLING - SINGLE FAMILY**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **DWELLING - SINGLE FAMILY Final Zoning**

Work Description:

Resubmittals After Denial//Final//New Single Family Dwelling - Resubmittals After Denial//Final//New Single Family Dwelling (Modular), 5' Fence, Shed

Application Approved Date: 8/18/2020

Upon review it was determined that the Zoning Permit -Final// New Single (Modular)

☐ Permitted by Ordinance 25-1200 3 1b
☐ Permitted by Variance approved on _____
☑ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Additional Comments
a

1- Maintenance of street trees is the responsibility of the property owner(s).
2- Final Zoning and Concrete Approved.
3- Final Grading shall not affect adjacent properties.
4- Contractor signs shall be removed within (5) days of the Certificate of Occupancy
5- Real Estate signs shall be in conformance with Ordinance 25-1700.29

David "Randy" DiPalma

David R DiPalma, Code Enforcement Officer

8/18/2020
Date

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

RECEIVED
JAN 9 2020
CONSTRUCTION

OMB No 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner

SECTION A – PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1 Building Owner's Name
FLOUNDERS, RICK

Policy Number:

A2 Building Street Address (including Apt , Unit, Suite, and/or Bldg No) or P O Route and Box No.
3305 BAYLAND DRIVE

Company NAIC Number:

City	State	ZIP Code
OCEAN CITY	New Jersey	08226

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
BLOCK: 3207 LOT: 2

A4. Building Use (e g , Residential, Non-Residential, Addition, Accessory, etc) RESIDENTIAL

A5 Latitude/Longitude: Lat 39 2547 Long -74 6139 Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6 Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance

A7. Building Diagram Number 7

A8 For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) 1449.00 sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1 0 foot above adjacent grade 8

c) Total net area of flood openings in A8 b 1600.00 sq in

d) Engineered flood openings? ☒ Yes ☐ No

A9. For a building with an attached garage:

a) Square footage of attached garage N/A sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A

c) Total net area of flood openings in A9.b N/A sq in

d) Engineered flood openings? ☐ Yes ☐ No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1 NFIP Community Name & Community Number	B2 County Name	B3 State
CITY OF OCEAN CITY-345310	CAPE MAY	New Jersey

B4 Map/Panel Number	B5. Suffix	B6 FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
34009C0088	F	10-05-2017	10-05-2017	AE	9'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:

B11 Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date: ☐ CBRS ☐ OPA

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No) or P O. Route and Box No
3305 BAYLAND DRIVE

Policy Number:

City	State	ZIP Code
OCEAN CITY	New Jersey	08226

Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1 Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2 Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO
Complete Items C2.a–h below according to the building diagram specified in Item A7 In Puerto Rico only, enter meters

Benchmark Utilized: GPS Vertical Datum: NAVD88

Indicate elevation datum used for the elevations in items a) through h) below

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source

Datum used for building elevations must be the same as that used for the BFE

		Check the measurement used	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	6.10	☒ feet	☐ meters
b) Top of the next higher floor	15.60	☒ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	☒ feet	☐ meters
d) Attached garage (top of slab)	N/A	☒ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	11.70	☒ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	6.00	☒ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	6.00	☒ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	6.00	☒ feet	☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information
I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☒ Check here if attachments.

Certifier's Name	License Number	
THOMAS R. DENEKA	35828	
Title: PLS		
Company Name: HDG		
Address: 701 WEST AVENUE SUITE 301		
City: OCEAN CITY	State: New Jersey	ZIP Code: 08226
Signature: Thomas R Deneka	Date: 11-11-2019	Telephone: (609) 398-4477 Ext

Place Seal Here

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner

Comments (including type of equipment and location, per C2(e), if applicable)
C-2-E IS HEAT PUMP, ADDITIONAL HVAC UNIT AT ELEVATION 15.4'
A-8-C CONSISTS OF (8) SMART VENTS MODEL #1540-510 COVERING 200 SQ FT OF VENT SPACE EACH

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg No.) or P.O. Route and Box No 3305 BAYLAND DRIVE			Policy Number:
City OCEAN CITY	State New Jersey	ZIP Code 08226	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG)

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2 For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG

E3 Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG

E4 Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG

E5 Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge

Property Owner or Owner's Authorized Representative's Name

Address	City	State	ZIP Code

Signature	Date	Telephone

Comments

☐ Check here if attachments

ELEVATION CERTIFICATE

OMB No 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3305 BAYLAND DRIVE			Policy Number:
City OCEAN CITY	State New Jersey	ZIP Code 08226	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below Check the measurement used in Items G8–G10 In Puerto Rico only, enter meters

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information (Indicate the source and date of the elevation data in the Comments area below.)

G2 ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3 ☐ The following information (Items G4–G10) is provided for community floodplain management purposes

G4 Permit Number	G5 Date Permit Issued	G6 Date Certificate of Compliance/Occupancy Issued
20190871	6/24/19	8/19/2020

G7. This permit has been issued for: ☒ New Construction ☐ Substantial Improvement

G8 Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum _____

G9 BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters Datum

G10 Community's design flood elevation: [illegible] 11.6 ☒ feet ☐ meters Datum [illegible]

Local Official's Name [illegible] Title [illegible]

Community Name [illegible] Telephone [illegible]

Signature [illegible] Date 1.9.20

Comments (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6

OMB No 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A			FOR INSURANCE COMPANY USE
Building Street Address (including Apt , Unit, Suite, and/or Bldg No) or P O Route and Box No 3305 BAYLAND DRIVE			Policy Number
City OCEAN CITY	State New Jersey	ZIP Code 08226	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6 Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8 If submitting more photographs than will fit on this page, use the Continuation Page.

Photo One

Photo One Caption FRONT VIEW 10.25.19 — Clear Photo One

Photo Two

Photo Two Caption SMART VENT MODEL #1540-510 10 25 19 — Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No) or P O Route and Box No 3305 BAYLAND DRIVE			Policy Number:
City OCEAN CITY	State New Jersey	ZIP Code 08226	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken, "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8

Photo Three

Photo Three Caption REAR VIEW 10.25.19 — Clear Photo Three

Photo Four

Photo Four Caption SMART VENT MODEL #1540-510 10 25.19 — Clear Photo Four

ICC EVALUATION SERVICE

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ESR-2074

Reissued 02/2019

This report is subject to renewal 02/2021.

DIVISION: 08 00 00—OPENINGS

SECTION: 08 95 43—VENTS/FOUNDATION FLOOD VENTS

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS:
MODELS #1540-520; #1540-521; #1540-510; #1540-511; #1540-570; #1540-574; #1540-524; #1540-514
FLOOD VENT SEALING KIT #1540-526

ICC ES | ICC ES PMG | ICC ES LISTED

"2014 Recipient of Prestigious Western States Seismic Policy Council (WSSPC) Award in Excellence"

A Subsidiary of ICC INTERNATIONAL CODE COUNCIL

ICC-ES Evaluation Report

ESR-2074

Reissued February 2019

This report is subject to renewal February 2021

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DIVISION: 08 00 00—OPENINGS
Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: MODELS #1540-520; #1540-521; #1540-510; #1540-511; #1540-570; #1540-574; #1540-524; #1540-514
FLOOD VENT SEALING KIT #1540-526

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2018, 2015, 2012, 2009 and 2006 *International Building Code®* (IBC)
- 2018, 2015, 2012, 2009 and 2006 *International Residential Code®* (IRC)
- 2018 *International Energy Conservation Code®* (IECC)
- 2013 *Abu Dhabi International Building Code* (ADIBC)†

†The ADIBC is based on the 2009 IBC. 2009 IBC code sections referenced in this report are the same sections in the ADIBC.

Properties evaluated:

- Physical operation
- Water flow

2.0 USES

The Smart Vent® units are engineered mechanically operated flood vents (FVs) employed to equalize hydrostatic pressure on walls of enclosures subject to rising or falling flood waters. Certain models also allow natural ventilation.

3.0 DESCRIPTION

3.1 General:

When subjected to rising water, the Smart Vent® FVs internal floats are activated, then pivot open to allow flow in either direction to equalize water level and hydrostatic pressure from one side of the foundation to the other. The FV pivoting door is normally held in the closed position by a buoyant release device. When subjected to rising water, the buoyant release device causes the unit to unlatch, allowing the door to rotate out of the way and allow flow. The water level stabilizes, equalizing the lateral forces. Each unit is fabricated from stainless steel. Smart Vent® Automatic Foundation Flood Vents are available in various models and sizes as described in Table 1. The SmartVENT® Stacking Model #1540-511 and FloodVENT® Stacking Model #1540-521 units each contain two vertically arranged openings per unit.

3.2 Engineered Opening:

The FVs comply with the design principle noted in Section 2.7.2.2 and Section 2.7.3 of ASCE/SEI 24-14 [Section 2.6.2.2 of ASCE/SEI 24-05 (2012, 2009, 2006 IBC and IRC)] for a maximum rate of rise and fall of 5.0 feet per hour (0.423 mm/s). In order to comply with the engineered opening requirement of ASCE/SEI 24, Smart Vent FVs must be installed in accordance with Section 4.0.

3.3 Ventilation:

The SmartVENT® Model #1540-510 and SmartVENT® Overhead Door Model #1540-514 both have screen covers with $^1/_4$-inch-by-$^1/_4$-inch (6.35 by 6.35 mm) openings, yielding 51 square inches (32 903 mm^2) of net free area to supply natural ventilation. The SmartVENT® Stacking Model #1540-511 consists of two Model #1540-510 units in one assembly, and provides 102 square inches (65 806 mm^2) of net free area to supply natural ventilation. Other FVs recognized in this report do not offer natural ventilation.

3.4 Flood Vent Sealing Kit:

The Flood Vent Sealing Kit Model #1540-526 is used with SmartVENT® Model #1540-520. It is a Homasote 440 Sound Barrier® (ESR-1374) insert with 21 – 2-inch-by-2-inch (51 mm x 51 mm) squares cut in it. See Figure 4.

4.0 DESIGN AND INSTALLATION

4.1 SmartVENT® and FloodVENT®:

SmartVENT® and FloodVENT® are designed to be installed into walls or overhead doors of existing or new construction from the exterior side. Installation of the vents must be in accordance with the manufacturer's instructions, the applicable code and this report. Installation clips allow mounting in masonry and concrete walls of any thickness. In order to comply with the engineered opening design principle noted in Section 2.7.2.2 and 2.7.3 of ASCE/SEI 24-14 [Section 2.6.2.2 of ASCE/SEI 24-05 (2012, 2009, 2006 IBC and IRC)], the Smart Vent® FVs must be installed as follows:

- With a minimum of two openings on different sides of each enclosed area.
- With a minimum of one FV for every 200 square

feet (18.6 m^2) of enclosed area, except that the SmartVENT® Stacking Model #1540-511 and FloodVENT® Stacking Model #1540-521 must be installed with a minimum of one FV for every 400 square feet (37.2 m^2) of enclosed area

- Below the base flood elevation
- With the bottom of the FV located a maximum of 12 inches (305.4 mm) above the higher of the final grade or floor and finished exterior grade immediately under each opening.

4.2 Flood Vent Sealing Kit

The Flood Vent Sealing Kit Model 1540-526 is used in conjunction with FloodVENT® Model #1540-520. When installed and tested in accordance with ASTM E283, the FV and Flood Vent Sealing Kit assembly have an air leakage rate of less than 0 2 cubic feet per minute per lineal foot (18 56 l/min per lineal meter) at a pressure differential of 1 pound per square foot (50 Pa) based on 12.58 lineal feet (3 8 lineal meters) contained by the Flood Vent Sealing Kit

5.0 CONDITIONS OF USE

The Smart Vent® FVs described in this report comply with, or are suitable alternatives to what is specified in, those codes listed in Section 1 0 of this report, subject to the following conditions:

5.1 The Smart Vent® FVs must be installed in accordance with this report, the applicable code and the manufacturer's installation instructions. In the event of a conflict, the instructions in this report govern.

5.2 The Smart Vent® FVs must not be used in the place of "breakaway walls" in coastal high hazard areas, but are permitted for use in conjunction with breakaway walls in other areas.

6.0 EVIDENCE SUBMITTED

6.1 Data in accordance with the ICC-ES Acceptance Criteria for Mechanically Operated Flood Vents (AC364), dated August 2015 (editorially revised October 2017)

6.2 Test report on air infiltration in accordance with ASTM E283

7.0 IDENTIFICATION

7.1 The Smart VENT® models and the Flood Vent Sealing Kit recognized in this report must be identified by a label bearing the manufacturer's name (Smartvent Products, Inc), the model number, and the evaluation report number (ESR-2074)

7.2 The report holder's contact information is the following:

SMART VENT PRODUCTS, INC.
430 ANDBRO DRIVE, UNIT 1
PITMAN, NEW JERSEY 08071
(877) 441-8368
www.smartvent.com
info@smartvent.com

TABLE 1—MODEL SIZES

MODEL NAME	MODEL NUMBER	MODEL SIZE (in.)	COVERAGE (sq. ft.)
FloodVENT®	1540-520	15 3/4" X 7 3/4"	200
SmartVENT®	1540-510	15 3/4" X 7 3/4"	200
FloodVENT® Overhead Door	1540-524	15 3/4" X 7 3/4"	200
SmartVENT® Overhead Door	1540-514	15 3/4" X 7 3/4"	200
Wood Wall FloodVENT®	1540-570	14" X 8 3/4"	200
Wood Wall FloodVENT® Overhead Door	1540-574	14" X 8 3/4"	200
SmartVENT® Stacker	1540-511	16" X 16"	400
FloodVent® Stacker	1540-521	16" X 16"	400

For **SI:** 1 inch = 25 4 mm; 1 square foot = m^2

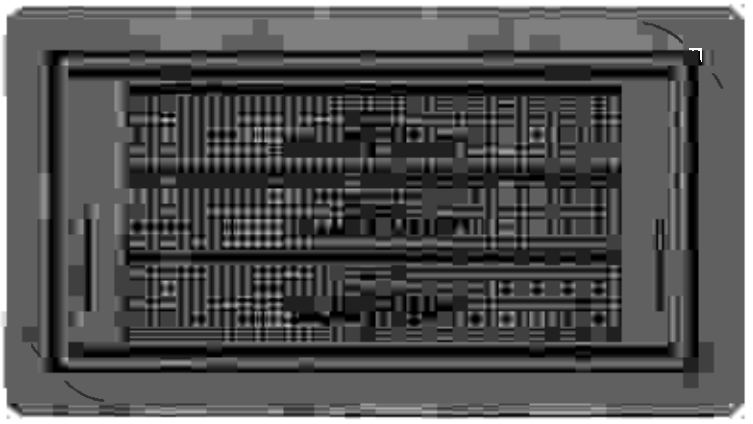


FIGURE 1—SMART VENT: MODEL 1540-510

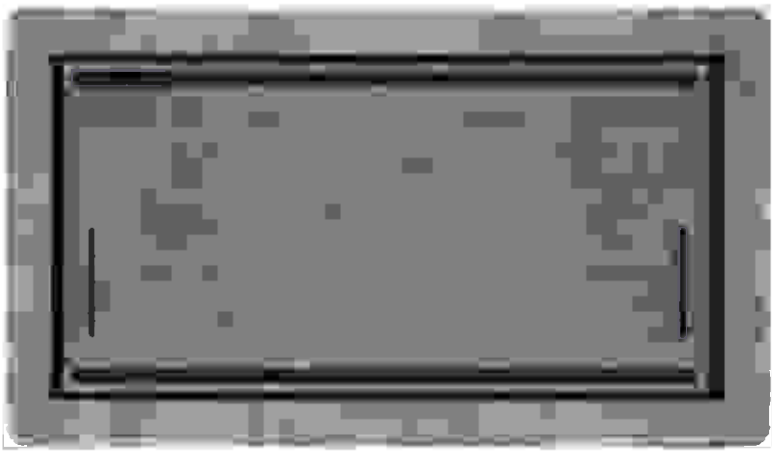


FIGURE 2—SMART VENT MODEL 1540-520

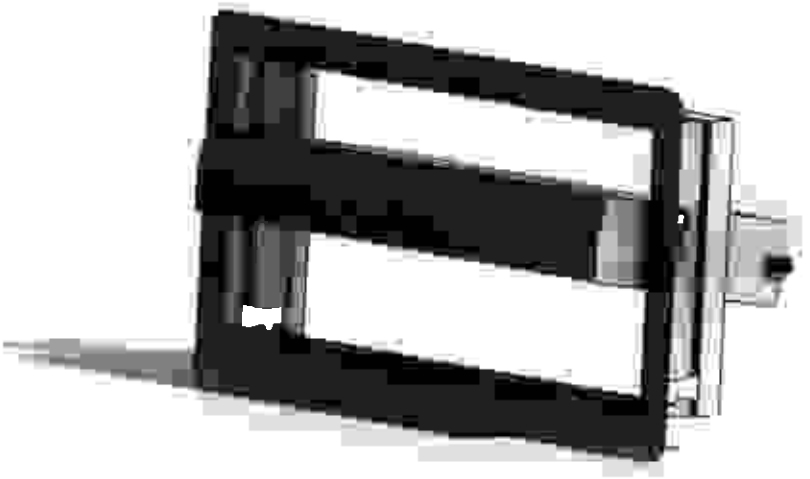


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN

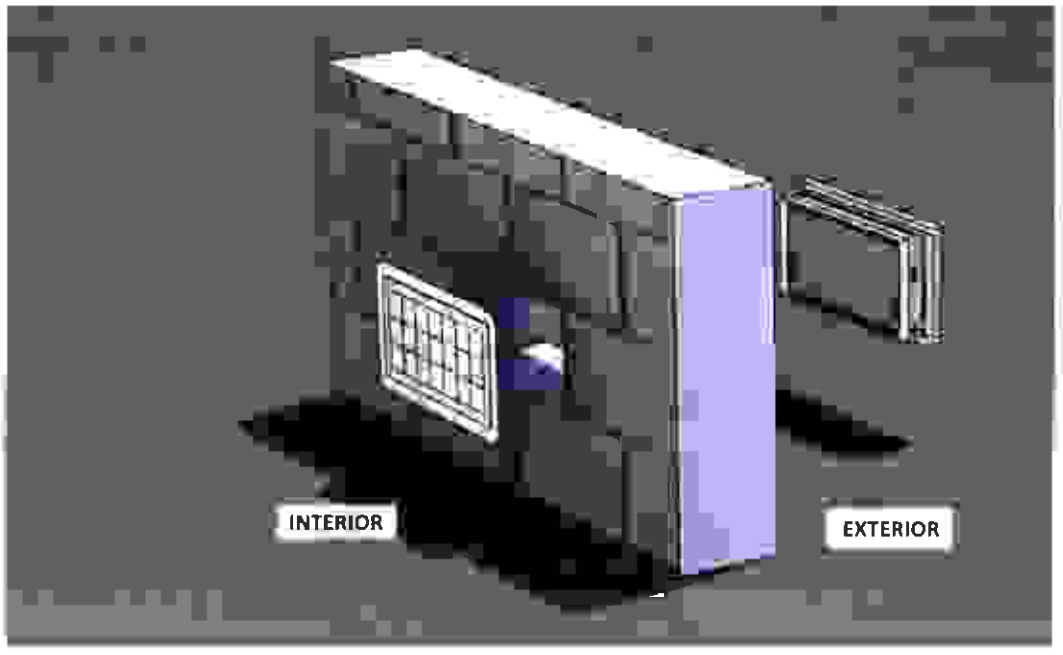


FIGURE 4—FLOOD VENT SEALING KIT

Ocean City
ZONING OFFICE
115 EAST 12TH STREET
OCEAN CITY, NJ 08226
(609) 399-6111 X9758
KJONES@OCNJ US

Application Date: 1/9/2020
Application Number: ZA-20-00013
Permit Number:
Project Number:

Fee: $100

Denial of Application

Date: 3/12/2020

To: SJ HAUCK
6801 DELILAH RD
EGG HARBOR TWP, NJ 08234

CC: APP TELE:(609) 927-6700
APP EMAIL:TOMS@SJHAUCK.COM

RE 3305 BAYLAND DR
BLOCK: 3207 LOT: 2 QUAL: ZONE: RL1-50

DEAR SJ HAUCK,

Your request is hereby denied based upon the following requirements:
25-1200 3.2 Notification of Noncompliance.
In the event that the Zoning Officer determines that the side yard setbacks, rear yard setbacks, front yard setbacks, half-story, eave height and dormer controls, height of the constructed building, or any other zoning control does not comply with the applicable zoning laws and regulations of Ocean City, he shall notify the owner of the building and shall not issue a final Zoning Permit until compliance with appropriate zoning laws is met
See email dated 1/9/2020 for Details.
Re-Submittal fee required 50.00

The following comments were made during the denial process:
25-1200.3.2 Notification of Noncompliance
In the event that the Zoning Officer determines that the side yard setbacks, rear yard setbacks, front yard setbacks, half-story, eave height and dormer controls, height of the constructed building, or any other zoning control does not comply with the applicable zoning laws and regulations of Ocean City, he shall notify the owner of the building and shall not issue a final Zoning Permit until compliance with appropriate zoning laws is met.
See email dated 1/9/2020 for Details.
Re-Submittal fee required 50 00

Sincerely,

Kenneth L Jones

KENNETH L JONES, ZONING OFFICER

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 805
TRENTON, NJ 08625-0805

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

February 8, 2018

SJ HAUCK HOMES INC
6801 DELILAH ROAD
EGG HARBOR TWP, NJ 08234

RE: REG. #48259
RENEWAL DATE: 2/28/2020

Dear Mr Hauck II

Enclosed are your Renewal / New Home Builder Registration Card. Your warranty premium rate is 00319 .

This rate is effective immediately and supersedes any other rates previously assigned. Please use this rate, multiplied by the selling price of the home (or 1.25 times the total contract price of the home times this rate if it is built on the owner's lot) to compute the premium due for each new home you enroll in the State Plan

Due to a malfunctioning of our validating machine, this letter must accompany your new home builder's registration card, which shall reflect an expiration date of February 28, 2020. The new home builder's registration card shall be attached to this letter and bear the original initials of the undersigned If there are any other markings or alterations made to this letter or the new home builders registration card, your new home builder's registration may be considered null and void

Should you have any questions, please call me at (609) 984-6635

Sincerely,

Sharnell Forney
Builders Registration
Bureau of Homeowner Protection

PERMIT # 2019-0421

RECEIVED
AUG 22 2019
CONSTRUCTION CODE

LOT: 2 BLOCK: 5.04

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I' Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE Garage

1. ANCHORAGE:

BOLTS
- [B] [I] SPACING
- [B] [I] SIZE

STRAPS
- [ ] [ ] SPACING (PER MANUFACTURER'S SPECS)
- [ ] [ ] SIZE

2. SILL PLATES:
- [B] [I] SIZE
- [B] [I] GRADE, SPECIES
- [B] [I] TREATMENT
- [B] [ ] LAPS
- [B] [I] SILL SEALER
- [ ] [ ] PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- [ ] [ ] TERMITE PROTECTION

3. BEAM POCKETS:
- [B] [ ] BEARING/SHIMS
- [ ] [ ] TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:
- [ ] [ ] SIZED PER PLAN
- [ ] [ ] ATTACHMENT/PLATES
- [ ] [ ] SPACING/LOCATION
- [ ] [ ] PAINT/COATING

B. FLOOR FRAMING AND FLOORING Modular

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD	FLOOR
[B] [I]	[B] [I]	[B] [I]	SIZE
[ ] [ ]	[ ] [ ]	[ ] [ ]	GRADE, SPECIES
[ ] [ ]	[ ] [ ]	[B] [ ]	SINGLE OR DOUBLE
[B] [I]	[B] [I]	[B] [I]	PRE-ENGINEERED PER MANUFACTURER'S SPECS
[B] [I]	[B] [I]	[ ] [I]	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS
- [ ] [ ] SIZED PER PLAN
- [B] [I] TYPE
- [B] [I] GRADE, SPECIES
- [ ] [ ] LOCATION AND RELATION TO THE PLAN
- [ ] [I] NAILING
- [ ] [ ] ATTACHMENT SCHEDULE
- [B] [ ] BEARING
- [B] [I] LAPPING

3. FLOOR JOIST:

1ST		3RD	FLOOR
		[B] [ ]	SIZED PER PLAN
[B]	[I]	[B] [ ]	GRADE, SPECIES
[B]	[I]	[B] [I]	PRE-ENGINEERED COMPONENTS AS SPECIFIED
[B]	[I]	[B] [I]	BEARING
[B]	[I]	[B] [I]	NAILING
[B]	[I]	[B] [I]	BRIDGING
[B]	[I]	[B] [I]	CUTTING AND NOTCHING (AS PER CODE)
[B]	[I]	[B] [I]	POINT LOADS - SUPPORTED AS PER PLAN
[B]	[I]	[B] [I]	SPAN HANGERS
[B]	[I]	[B] [I]	HEADERS
[B]	[I]	[B] [I]	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING Modular

1ST	2ND	3RD	FLOOR
MATERIAL			
[B] [I]	[B] [I]	[B] [I]	PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

[B] [I]	[B] [I]	[ ] [I]	EDGE BLOCKING (IF REQUIRED)
[B] [ ]	[B] [I]	[ ] [I]	GAPPING
[B] [I]	[B] [I]	[B] [I]	LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD	FLOOR
[B] [I]	[B] [I]	[B] [I]	BEARING
[B] [ ]	[B] [I]	[B] [I]	NAILING

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23

Responsible Person in Charge of Work _____ Date 8/22/19

Building Inspector Initials: AC

Date 8-23-19

PERMIT # 2 [redacted] LOT: 2 BLOCK: 32

RECEIVED
AUG 27 [redacted]
CONSTRUCTION

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

	1ST	2ND	3RD FLOOR
B I	B I	B I	SIZE
B I	B I	B I	SPACE
B I	B I	B I	SPECIES AND GRADE
B I	B I	B I	CUTTING, NOTCHING, AND BORING
B I	B I	B I	HEADER SIZES
B I	B I	B I	JACK STUD BEARING
			TOP PLATES
B I	B I	B I	NAILING
B I	B I	B I	LAPS
B I	B I	B I	RAFTER TIES
B I	B I	B I	HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

	1ST	2ND	
B I	B I	B I	SIZE
B I	B I	B I	SPACE
B I	B I	B I	LAYOUT - SUPPORT BELOW PER CODE
B I	B I	B I	SPECIES AND GRADE
B I	B I	B I	CUTTING, NOTCHING, AND BORING
B I	B I	B I	FIRE BLOCKING
B I	B I	B I	HEADER SIZES
B I	B I	B I	JACK STUD BEARING
			TOP PLATES
B I	B I	B I	NAILING
B I	B I	B I	LAPS
B I	B I	B I	STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1ST	2ND	3RD FLOOR
B I	B I	SIZE
B I	B I	SPACE
B I	B I	SPECIES AND GRADE
B I	B I	CUTTING, NOTCHING, AND BORING
B I	B I	FIRE BLOCKING
B I	B I	HEADER SIZES
B I	B I	TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW

- B I LAYOUT PLANS
- TRUSS MEMBERS
- CONNECTION SCHEDULE
- I PERMANENT BRACING DETAILS
- B I DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
- B I EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS
- B LOCATION AS PER LAYOUT
- I ALIGNMENT
- BEARING
- I SPACING
- CONNECTIONS TO BEARING POINTS
- NO CONNECTION TO NON-BEARING POINTS
- I DAMAGE AND DEFECTS
- I ENGINEERED METHOD OF REPAIR

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

- B LAYOUT
- SIZE
- TYPE
- B NAILING
- B OVERLAP
- B TERMINATION
- B I TRANSITION (I.E. CROSS) BRACING

3. GABLE END BRACING (AS PER DESIGN)

- LAYOUT
- SIZE
- B I TYPE
- NAILING
- OVERLAP
- TERMINATION

4. SOLID SAWN ROOF FRAMING:

- B I SIZE
- B I GRADES, SPECIES

LAYOUT

- B I SPACING
- I SPAN
- B I BEARING
- B I FASTENING
- I DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- I CUTTING, NOTCHING, AND BORING
- BRIDGING
- I RIDGE SIZE
- HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL

- B I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- B GAPPING
- B I LAYOUT
- B I CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

MATERIAL

- B I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- BLOCKING, EDGE (IF REQUIRED)
- I CLIPS (IF REQUIRED)
- I GAPPING
- LAYOUT

SHEATHING, FRT - ROOF

- B I FOUR FEET FROM FIREWALL
- B I NONCORROSIVE FASTENERS

UCC F390-2 (01/06)

Initials Resp. Person in Charge of Work _____ Building Inspector _____

9/27/19 3207/2

ST ASSOCIATES

599 SHORE ROAD, SOMERS POINT, NEW JERSEY 08244
PHONE (609) 927-5050 FAX (609) 927-3330

May 24, 2019

SJ Hauck
6801 Delilah Road
Egg Harbor Twp., NJ 08234

Re: 3305 Bayland Drive
Ocean City, NJ
Date Inspected: 5/21/19-5/24/19

Gentlemen

Please be advised that foundation piles at the referenced site were driven subject to our inspection

Twenty-eight (28) piles were driven to a maximum movement of 12 inches during 9 seconds of vibration by the hammer and therefore, have an ultimate load capacity of more than 12 tons. Enclosed please find pile logs for the above described foundation piles.

This inspection complies with requirements listed below

1 The preservative treatment, sizes and pole lengths comply with the specifications
2 The bearing capacities are confirmed
3 We did observe driving operations and maintained accurate records for each element.
4 We verified placement locations and plumbness, type and size of hammer, recorded number of seconds per inch of penetration and tip & butt sizes.

The inspection was under and subject to my control. Various employees, sometimes multiple employees provide the inspections.

If you have any questions or need additional information, please do not hesitate to contact our office

Very truly yours,

G. W. [illegible] III, P.E., P.P.
PE 21[illegible]

Encls

ST ASSOCIATES

599 SHORE ROAD, SOMERS POINT, NEW JERSEY 08244
PHONE (609) 927-5050 FAX (609) 927-3330

WORK SHEET FOR PILE INSPECTION

HAMMER TYPE	VIBRATORY ALLIED MODEL 4000	FORMULA		
POLE LENGTH	25' - (25) 35'	550 (HP) + B(rp) / rp + (Q(SL))		
SPECIFIED LOAD	12T	HP	22	hp
TREATMENT	80#	B	4900	lbs
MIN. TIP SIZE	N/A	rp	0 2	ft/sec
MIN. BUTT SIZE	10"	Q	35	Cycles per sec
		SL	0 008	Soil Loss
JOB LOCATION	3305 BAYLAND DRIVE		27250	lbs
			2000	lbs / Ton
CONTRACTOR	SJ HAUCK			
DATE INSPECTED	5/21/19-5/24/19	INSPECTOR	LINDA	

	SECONDS	INCHES	FT EMBEDED		SECONDS	INCHES	FT EMBEDED
1	TEST	12	26	16	11	12	19
2	9	12	28	17	10	12	26
3	10	12	28	18	10	12	26
4	9	12	28	19	9	12	26
5	9	12	27	20	10	12	27
6	9	12	28	21	9	12	20
7	10	12	20	22	10	12	26
8	9	12	20	23	10	12	26
9	10	12	19	24	9	12	20
10	11	12	19	25	9	12	19
11	10	12	28	26	10	12	19
12	9	12	28	27	9	12	25
13	10	12	28	28	10	12	26
14	9	12	28	29			
15	9	12	28	30			

George Wray Thomas
PE 21822

3207/2

Marine Lumber & Piling, LLC
PO BOX 977
Barnegat, NJ 08005

OFFICE:(609) 698-9600 FAX:(609) 698-5050

155007
05/22/19

SJ HAUCK CONSTRUCTION LLC
6801 DELILAH ROAD
EGG HARBOR TOWNSHIP, NJ
08234

STEVE 609 402 2011
TOM 609 957 0662
3305 BAYLAND DRIVE
OCEAN CITY, NJ

SJHAUCK C.O.D

JEREMY MLP 05/21/19

3	080.1035	10" BUTT 35' PILE SYPCCA .80	182.68	548 04
3	080.1025	10" BUTT 25' PILE SYPCCA .80	154.70	464.10

Invoice subtotal **1012.14**
Sales tax @ 6.62500% **67.05**

Invoice total **1079.19**

ALL CCA LUMBER SOLD IS TO BE USED IN MARINE APPLICATIONS ONLY.

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE ADDED TO ALL INVOICES OVER 30 DAYS OLD.
ANY AND ALL WARRANTIES ARE WARRANTED BY THE MANUFACTURER OR WOOD PRESERVATIVE COMPANY, NOT BY MARINE LUMBER & PILING LLC.

Thank You For Your Business!!

Marine Lumber & Piling, LLC
PO BOX 977
Barnegat, NJ 08005

OFFICE:(609) 698-9600 FAX:(609) 698-5050

154947
05/21/19

SJ HAUCK CONSTRUCTION LLC
6801 DELILAH ROAD
EGG HARBOR TOWNSHIP, NJ
08234

STEVE 609 402 2011
TOM 609 957 0662
3305 BAYLAND DRIVE
OCEAN CITY, NJ

SJHAUCK C.O D

JEREMY MLP 05/18/19

22	080.1035	10" BUTT 35' PILE SYPCCA .80	182.68	4018 96
6	025.1025	10" BUTT 25' PILE SYPCCA 2.5	193 38	1160 28

Invoice subtotal **5179.24**
Sales tax @ 6.62500% **343.12**

Invoice total **5522.36**

ALL CCA LUMBER SOLD IS TO BE USED IN MARINE APPLICATIONS ONLY.

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE ADDED TO ALL INVOICES OVER 30 DAYS OLD.
ANY AND ALL WARRANTIES ARE WARRANTED BY THE MANUFACTURER OR WOOD PRESERVATIVE COMPANY, NOT BY MARINE LUMBER & PILING LLC.

Thank You For Your Business!!

Marine Lumber & Piling, LLC
PO BOX 977
Barnegat, NJ 08005

OFFICE:(609) 698-9600 FAX:(609) 698-5050

154824
05/16/19

SJ HAUCK CONSTRUCTION LLC
6801 DELILAH ROAD
EGG HARBOR TOWNSHIP, NJ
08234

3305 BAYLAND DRIVE
TOM-609-957-0662
OCEAN CITY

SJHAUCK C.O.D

CHARLIE MLP 05/15/19

1	080.1035	10" BUTT 35' PILE SYPCCA .80	182.68	182 68
		TEST POLE		
		PAID IN FULL C/CARD		

Invoice subtotal	**182.68**
Sales tax @ 6.62500%	**12.10**
Invoice total	**194.78**

ALL CCA LUMBER SOLD IS TO BE USED IN MARINE APPLICATIONS ONLY.

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE ADDED TO ALL INVOICES OVER 30 DAYS OLD.
ANY AND ALL WARRANTIES ARE WARRANTED BY THE MANUFACTURER OR WOOD PRESERVATIVE COMPANY, NOT BY MARINE LUMBER & PILING LLC.

Thank You For Your Business!!

CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

CONSTRUCTION CODE OFFICE

SENT VIA CERTIFIED MAIL AND FIRST CLASS MAIL
70143490000127287492

June 17, 2019

SJ Hauck Housemovers
6801 Delilah Rd
Egg Harbor Twp., NJ 08234

RE 3305 Bayland Dr
Block: 3207, Lot: 2
Ocean City, NJ

To Whom It May Concern:

It has come to our attention that construction work is being performed at 3305 Bayland Dr, Ocean City without the necessary permits and/or approvals. Per UCC Section N.J.A.C. 5:23-2.14, permits are required. Piling where installed without the necessary permits and/or approvals. Please keep in mind since no permits were issued, violations and penalties have been issued

If you should have any questions please contact our office at 609-525-9174.

Sincerely,

Cornelius Bogue, CFM
Construction Official

CB/sab

Enclosures
Cc: Dottie McCrossan, City Solicitor

NOTICE OF VIOLATION AND ORDER TO TERMINATE

Permit/Control #
Date Issued: 6/17/2019
Violation #: V-19-00041

IDENTIFICATION

Work Site Location: 3305 BAYLAND DR Ocean City, NJ 08226
Block: 3207 Lot: 2 Qualification Code:
Owner in Fee FLOUNDERS RICHARD J & MARY ANN
Owner Address [redacted]
Agent/Contractor: SJ HAUCK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234

To: Contractor/Builder **AND** Owner in Fee

DATE OF INSPECTION: 6/14/2019 DATE OF THIS NOTICE: 6/17/2019

ACTION

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
N.J.A.C. 5:23 - 2.14(a) - WORK PERFORMED WITHOUT REQUIRED PERMIT
PILING INSTALLED WITHOUT THE NECESSARY PERMITS AND/OR APPROVALS

You are hereby ***ORDERED*** to terminate the said violations on or before 6/17/2019

No Certificate of Occupancy or Approval will be issued unless the said violations are corrected

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $2,000.00 per week per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid

If you wish to contest this ***ORDER,*** you may request a heanng before the Construction Board of Appeals of the Cape May County within 15 days of receipt of this ***ORDER*** as provided by N J A.C 5:23A-2 1 The Application of the Construction Board of Appeals may be used for this purpose

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: 4 Moore Road
Cape May Court House, NJ 08210

If you have any questions concerning this matter, please call

NOTICE of Violation and ***Order*** to Terminate Date

NOTICE OF VIOLATION AND ORDER TO TERMINATE

Permit/Control #:
Date Issued: 6/17/2019
Violation #: V-19-00042

IDENTIFICATION

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226
Block: 3207 Lot: 2 Qualification Code:
Owner in Fee FLOUNDERS RICHARD J & MARY ANN
Owner Address [redacted]
Agent/Contractor SJ HAUCK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234

To: Contractor/Builder **AND** Owner in Fee

DATE OF INSPECTION 6/14/2019 DATE OF THIS NOTICE: 6/17/2019

ACTION

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
N.J.A.C. 5:23 - 2.18(c) - FAILURE TO OBTAIN THE REQUIRED INSPECTIONS
PILING INSTALLED WITHOUT CALLING FOR THE REQUIRED INSPECTION

You are hereby ***ORDERED*** to terminate the said violations on or before 6/17/2019

No Certificate of Occupancy or Approval will be issued unless the said violations are corrected

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $2,000.00 per week per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the Cape May County within 15 days of receipt of this ***ORDER*** as provided by N J A.C. 5:23A-2 1 The Application of the Construction Board of Appeals may be used for this purpose

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them You may include a brief statement setting forth your position and the nature of the relief sought by you You may also append any documents that you consider useful.

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: 4 Moore Road
Cape May Court House, NJ 08210

If you have any questions concerning this matter, please call [redacted]

NOTICE of Violation and ***Order*** to Terminate [redacted] Construct[redacted] Official Date [redacted]

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 6/17/2019
Violation #: V-19-00043

IDENTIFICATION

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226
Block 3207 Lot 2 Qualification Code
Owner in Fee [redacted]
Owner Address [redacted]
Agent/Contractor: S.J HAUCK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234

To: ☒ Owner ☐ Other:
☒ Agent/Contractor

ACTION

☐ On _____ you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued Reinspection of the work site on _____ revealed the following violation(s) remain:
(NONE)

☑ On _____ , you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [X] failed to obtain a construction permit; or [X] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

☐ On _____ you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $4,000.00

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the Cape May County within 15 days of receipt of this ***ORDER*** as provided by N J A C 5:23 A-2 1 The Application of the Construction Board of Appeals may be used for this purpose

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: 4 Moore Road
Cape May Court House NJ 08210

If you have any questions concerning this matter, please

NOTICE and ORDER of PENALTY _____ Date _____

7179

Ocean City
115 East 12th Street
Ocean City, NJ 08226
(609) 399-6111 x9758

Date Issued:	7/16/2019
Application Number	ZA-19-00849
Application Date	7/15/2019
Project Number:	
Permit Number:	ZP-19-00828
Fee:	$50 00 CHK 5971

Zoning Permit - Mid-Term// New Single (Modular)

Worksite Location: **3305 BAYLAND DR**
Ocean City, NJ 08226

Owner: FLOUNDERS, RICHARD J & MARY ANN
Address [redacted]

Applicant: **SJ HAUCK (MICHELLE)**
Address: **6801 DELILAH RD**
EGG HARBOR TWP, NJ 08234

Block **3207** Lot: **2** Qualifier Zone: **RL1-50**

This Certifies that an application for the issuance of a Zoning Permit - Mid-Term// New Single (Modular) has been examined

Present Use: **DWELLING - SINGLE FAMILY**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use **DWELLING - SINGLE FAMILY MODULAR**

Work Description:
Under - New Single Family Dwelling - Under - New Single Family Dwelling (Modular), 5' Fence, Shed

Application Approved Date: 7/16/2019

Upon review it was determined that the Zoning Permit - Mid-Term// New Single (Modular)

☑ Permitted by Ordinance 25-1200.3.1 , a
☐ Permitted by Variance approved on
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Additional Comments:
a Crawlspace to comply with §25-107
b Existing shed to be relocated to hold required setbacks
c. Fence approved at 5' in side and rear yard

CONCRETE R O W PERMIT REQUIRED

1- Final grading shall conform to ordinance 25-1700 8 9 and 25-300.8.1
2- Requires inspection of formed concrete areas that are in the Public Right of Way Please contact 48 hours prior to pour (call 399-6111x9799 or 9758 or e-mail at zoning@ocnj us)
3- Requires a MID-TERM and FINAL AS BUILT SURVEY.
4- Concrete shall comply with 17-2.5.
5- Street trees shall conform to plot plans location and ordinance 25-1700.38 12
6- Building requires Gutter and Downspouts.
7- Curb Strip shall conform to City Engineers approval
8- Signs shall conform to 25-1700 29.7 while building is under construction
9- If Applicable: Stone size shall conform with 25-1700.45 3,4 (permitted is 1" to 3" diameter)

Kenneth L. Jones

Kenneth L Jones, Zoning Officer — 7/16/2019 Date

PERMIT UPDATE

Date Update Issued 11/22/2019
Control # 19-1958
Permit # 20190871+B

IDENTIFICATION Block 3207 Lot 2 Qualifier
Work Site Location 3305 BAYLAND DR Ocean City NJ 08226
Owner in Fee FLOUNDERS RICHARD J & MARY ANN [redacted]
Telephone

Contractor BROADLEY'S/MDI
Address 115 ROOSEVELT BLVD PO BOX 37 MARMORA NJ 08223
Telephone (609) 390-3981
Lic No or Bldrs. Reg No 13VH01292800 19HC00663400
Federal Employee No [redacted]

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
BACKFLOW PREVENTER/LAWN SPRINKLER

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 $

Construction Official

11/22/2019
Date

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$82
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$82
Check No	6644
Cash	$0
Credit	$0
Collected By	Terri Nev

U C C F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N J A C 5:23-2 18 This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below Requests for inspections must be made at least 24 hours prior to the time the inspection is desired Inspections will be performed within three business days of the time for which they are requested The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode
2. Foundations and all walls up to grade level prior to back filling
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3 5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site

If you do not understand any of this information, please ask

11/22

PERMIT UPDATE

Date Update Issued 11/22/19
Control # 19-1958
Permit # 20190871+B

IDENTIFICATION Block 3207 Lot: 2 Qualifier
Work Site Location 3305 BAYLAND DR Oce City NJ 08226

Owner in Fee FLOUNDERS RICHARD J & MARY ANN
[redacted]

Telephone

Contractor BROADLEY'S/MDI
Address 115 ROOSEVELT BLVD PO BOX 37 MARMORA NJ 08223
Telephone (609) 390-3981
Lic No or Bldrs Reg No 13VH01292800 19HC00663400
Federal Employee No [redacted]

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
BACKFLOW PREVENTER/LAWN SPRINKLER

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

Construction Official

Date 11/15

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$82
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$82
Check No	
Cash	$0
Credit	$0
Collected By	

U C C F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N J A C 5:23-2 18 This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below Requests for inspections must be made at least 24 hours prior to the time the inspection is desired Inspections will be performed within three business days of the time for which they are requested The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode
2. Foundations and all walls up to grade level prior to back filling
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable

☐ Required special inspections The applicant by accepting the permit will be deemed to have consented to these requirements.

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3 5, "Posting structures"

☑ A complete copy of released plans must be kept on the job site

If you do not understand any of this information, please ask

Change to Permit # 20190527

Date Received 11/20/19
Contr... #

Date Issued 11/22/19
Permit # 20190871+B

PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 Bayland Dr., Ocean City

Owner in Fee: [illegible] & Mary Ann [illegible]

Tel ____ e-mail

Address
street municipality zip code

Contractor BROADLEY'S Tel (609) 390-3907

Address 115 ROOSEVELT BOULEVARD e-mail
MARMORA, NJ 08223

Contractor License No 36B10060770 Exp. Date 06/30/~~2019~~ 2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH01292800

Federal Emp. ID No. [redacted] FAX (609) 840-6979

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 200.00

JOB SUMMARY (Office Use Only)

P... REVIEW
[ ] ...ns Required
[ ] Partial -Underslab Utilities Approved
Date: ________ Approved by: ________
[ ] Plumbing Plans Approved
Date ________ Approved by
Joint Plan Review Required
[ ] Bldg [ ] Elec [ ] Fire [ ] Elev

SUBCODE APPROVAL for PERMIT
Date [illegible]
Approved by [illegible]

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

INSPECTIONS Type	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			11/22/19	[illegible]

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: BRIAN G. BROADLEY

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DE... Backflow Preventer for Irrigation System Certified By Box of Rain Irrigation ... 392-7935

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
✓	Other Backflow Preventer for Irrigation System	

Administrative Surcharge $
Minimum Fee $ 82.00
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F130 (rev. 11/09)
Internet version

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

19-1958

11/22/19 Final - OK

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 11/20/2019
Control # 19-1958
Date Issued 11/22/2019
Permit # 20190871+B

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226

Owner in Fee FLOUNDERS RICHARD J & MARY ANN

Address [redacted]

Email

Tel

Contractor BROADLEY'S/MDI

Address 115 ROOSEVELT BLVD PO BOX 37 MARMORA NJ 08223

Email

Tel (609) 390-3981 Fax (609) 390-1277

Home improvment Contractor Registration No or Exemption Reason(is applicable)

Contractor License No Expiration Date

Federal Employee No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by

SUBCODE APPROVAL for CERTIFICATE

☐ 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				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BACKFLOW PREVENTER/LAWN SPRINKLER

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventor	$82
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	
	TOTAL FEE	$82

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U C C F130 (rev 11/09)

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

3207/2

BOX OF RAIN IRRIGATION, INC

100 Central Ave. Ocean City, NJ 08226 609-398-7935 boxofrainir@comcast.net

Steve McCusker Owner/Prestident

New Jersey License Number 10417

NOV 12 2019

BACKFLOW DEVICE INSPECTION FORM

Owner Name and Address	**Date**
SJ Hauck	11/20/19
Contact Person	**Time**
Harold Hauch	2:00 pm
Device Address and Location	**Type of Backflow Prevention Device**
3305 Bayland Dr. Ocean City, NJ 08226	Pressure Vacum Breaker
Device Identification Number	**Make**
CB623025	Wilkins
Test Kit Serial Number	**Size**
11091723	1"
Calibration Date	**Model Number**
2/18/19	720
	Serial Number
Check Valve DP and Flow Conditon	CB623025
___**3.2**__ PSID _____Flow ___**X**_____No Flow	**Test after installation (X)** **Test after repairs** **Annual Test**
Air Inlet Valve DP Opening Point	**At the time of test, the downstream shut-off valve was:**
Opened at: ____**3.6**_____PSID Did not open_____	Closed tight_____**X**____ Leaked_____ Not tested_____
Line Pressure	**Protection Type**
____**55**____PSI	Service Line_____**X**____ Fire Service Line _____ Internal Domestic Plumbing System _____
PASS___X___ FAIL_____ OTHER_____ **Remarks:** **Service Restored_____yes___**	
Signature of Certified Tester: **Stephen A. McCusker, President**	**Test Witnessed By:** **Steve Pinto**

PAID 5934
6/24/19 $2,000 CK

NOTICE AND ORDER OF PENALTY

Permit/Control #
Date Issued: 6/17/2019
Violation #: V-19-00043

IDENTIFICATION

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226
Block 3207 Lot 2 Qualification Code:
Owner in Fee: FLOUNDERS,RICHARD J & MARY ANN
Owner Address [redacted]
Agent/Contractor: SJ HAUCK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234

To [X] Owner [ ] Other:
[X] Agent/Contractor

9

ACTION

[ ] On , you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued Reinspection of the work site on revealed the following violation(s) remain:
(NONE)

[X] On , you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [X] failed to obtain a construction permit; or [X] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On , you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder A **Stop Construction Order** was issued. Reinspection of the work site on revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $4,000.00

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the Cape May County within 15 days of receipt of this ***ORDER*** as provided by N.J A C 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: 4 Moore Road
Ma Court House NJ 10

If you have any questions concerning this matter, pl

NOTICE and ORDER of PENALTY Date

PERMIT UPDATE

Date Update Issued 9/9/2019
Control # 19-1383
Permit # 2019-71+A

IDENTIFICATION Block 3207 Lot 2 Qualifier
Work Site Location: 3305 BAYLAND DR Ocean City, NJ 08226

Owner in Fee FLOUNDERS,RICHARD J & MARY ANN
[redacted]

Telephone

Contractor SJ HOMES INC
Address 68701 DELILAH ROAD EGG HARBOR TWP NJ 08234

Telephone (609) 927-6700
Lic No or Bldrs Reg No 48259
Federal Employee No. [redacted]

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

ALTERATION, ELECTRICAL ALTERATIONS, PLUMBING ALTERATIONS

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

Estimated Cost of Work $0.00

Construction Official

9/9/2019
Date

PAYMENTS (Office Use Only)

Building	$900
Electrical	[redacted]
Plumbing	$58
Fire Protection	$58
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$66
CO Fee	
Other	
Total	$1,166
Check No	6315
Cash	$0
Credit	$0
Collected By	Terri Ney

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures, tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask

PERMIT UPDATE

Date Update Issued
Control # 19-1383
Permit # 20190871+A

IDENTIFICATION Block 3207 Lot 2 Qualifier
Work Site Location 3305 BAYLAND DR Ocean City NJ 08226
Owner in Fee FLOUNDERS RICHARD J & MARY ANN [redacted]
Telephone

Contractor SJ HOMES INC
Address 68701 DELILAH ROAD EGG HARBOR TWP NJ 08234
Telephone (609) 927-6700
Lic No or Bldrs Reg No 48259
Federal Employee No [redacted]

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
ALTERATION ELECTRICAL ALTERATIONS. PLUMBING ALTERATIONS

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

Construction Official
Date

PAYMENTS (Office Use Only)	
Building	$900
Electrical	$84
Plumbing	[illegible]
Fire Protection	$58
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$66
CO Fee	
Other	$0
Total	$1,166
Check No	
Cash	$0
Credit	$0
Collected By	

U C C F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N J A C 5:23-2 18 This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired Inspections will be performed within three business days of the time for which they are requested The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures, electrical wiring, devices and fixtures; mechanical systems equipment

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3 5, "Posting structures"

- [x] A complete copy of released plans must be kept on the job site

If you do not understand any of this information, please ask

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/29/19
Control # 19-1383
Date Issued 9/9/19
Permit # 20190871+A

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 Bayland Ave
Ocean City NJ 08226

Owner in Fee: Flowers, Richard & Mary Anne

Tel ( ) e-mail

Address 3305 Bayland Ave Ocean City 08226
street municipality zip code

Contractor: SJ Hauck Tel. (609) 927-6705

Address 6801 Delilah Rd
Egg Harbor Twp NJ 08234 e-mail mschelick@sjhauck.com

Contractor License No. or Builder Registration No. 13HC01012300 Exp. Date 3/31/2019

Federal Emp. ID No. [redacted] FAX: (609) 927-6715

C CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Thomas Sullivan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Frame 2nd floor walls

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All — 8/30/19
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			9-10-19	ML
Truss Sys./Bracing				
Barrier-Free				
Insulation			9-12-19	ML
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	ML 11-20-19		11-22-19	ML
Barrier-Free				

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [X] Other Room 2nd Floor
- [ ] Demolition

FEE (Office Use Only)

$ 900.00

Administrative Surcharge $
Minimum Fee $ 57.00
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 30,000
3. Total (1+2) $ 30,000

19-1383

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

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

FIELD CORRECTION NOTICE
CITY OF OCEAN CITY

115 12th Street, Ocean City, NJ 08226
609-525-9174
609-399-8419 Fax

LOCATION _____ PERMIT NO _____

ISSUED TO _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO _____

Upon inspection, violation of the _____ Sec _____ were in evidence

The following orders are hereby issued for their correction _____

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED

ALL CORRECTIONS MUST BE MADE ON OR BEFORE _____

DATE _____ BY _____
INSPECTOR

WHITE - Original YELLOW - File Copy

FIELD CORRECTION NOTICE
CITY OF OCEAN CITY

115 12th Street, Ocean City, NJ 08226
609-525-9174
609-399-8419 Fax

LOCATION _____ PERMIT NO _____

ISSUED TO _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO _____

Upon inspection, violation of the _____ Sec _____ were in evidence

The following orders are hereby issued for their correction _____

Allok 11-22-19 HL

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

ALL CORRECTIONS MUST BE MADE ON OR BEFORE _____

DATE _____ BY _____
INSPECTOR

WHITE - Original YELLOW - File Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/27/2019
Control # 19-1383
Date Issued 9/9/2019
Permit # 20190871+A

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226

Owner in Fee FLOUNDERS RICHARD J & MARY ANN

Address [redacted]

Tel Email

Contractor: SJ HOMES INC

Address 68701 DELILAH ROAD EGG HARBOR TWP NJ 08234

Email

Tel (609) 927-6700 Fax (609) 927-6715

Contractor License No or, if new home, Bldrs Reg No Exp

Home improvment Contractor Registration No or Exemption Reason(is applicable)

Federal Emp ID No [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ALTERATION, ELECTRICAL ALTERATIONS, PLUMBING ALTERATIONS,

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec ☐ Plumb ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date
Approved by

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date
Approved by

INSPECTIONS Type:	Failure	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				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5 If Industrial Building
Constr Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft Est. Cost of Bldg. Work:
Area - Largest Floor Sq Ft 1 New Bldg
New Bldg Area / All Floors Sq Ft 2 Rehabilitation $30,000
Volume of New Structure Cu Ft 3 Total (1+2) $30,000
Total Land Area Disturbed Sq Ft

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☑ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6')
- ☐ Sign Sq Ft
- ☐ Pool
- ☐ Retaining Wall Sq Ft
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5 17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

$900

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$57
TOTAL FEE	$957

U C C F110 (rev 11/09)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/26/19
Control #
Date Issued 9/9/19
Permit # 20190871+A

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONT[illegible] NOTIFY THIS OFFICE CALL [illegible]TILITY DIG NO: 1-800-272-1000

Block [illegible] Qualification Code

Work Site Location [illegible]

Owner in Fee: [illegible]

Tel [illegible] e-mail

Address [illegible]

Contractor KN Electrical Contractor INC Tel (609) 833-0301

Address 109 E Patcong ave e-mail Dennis@kleinerniceta.com

Linwood NJ 08221

Contractor License No 01832900 Exp Date 03/31/2021

Home Improvement Contractor Registration No or Exemption Reason

Federal Emp ID No [redacted]9 FAX: (609) 939-1663

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed 2nd floor

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

Building Occupied as Utility Co

Est Cost of Elec Work $ [illegible]

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 [illegible] on this application

Applicant sign/Contractor sign and seal here [illegible]

Print name here Dennis Kleiner

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK [illegible]

QTY	SIZE	ITEMS	FEE (Office Use Only)
12		Lighting Fixtures	
35		Receptacles	
5		Switches	
4	5	Detectors	
		Light Poles	
		Motors—Fract HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
Lolo		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
7	7	KW Central A/C Unit	
1	1	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

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date _____ Approved by:

[ ] Electric Plans Approved

Date: _____ Approved by

Joint Plan Review Required

[ ] Bldg [ ] Plumb [ ] Fire [ ] Elev.

SUBCODE [illegible] MIT

Date [illegible]

Approved by [illegible]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date

Approved by

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval
Rough			9/10/19
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	$ 84.00
Minimum Fee	$
State Permit Surcharge Fee	$ 2.00
TOTAL FEE	$

UCC F120 (rev. 11/09) Internet version

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

19-1383

11/18/15

- 7' min to bottom of ceiling fan blades to floor

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/27/2019
Date Issued 9/9/2019
Control # 19-1383
Permit # 20190871+A

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226

Owner in Fee FLOUNDERS RICHARD J & MARY ANN

Address [redacted]

Email

Tel

Contractor KN ELECTRICAL CONTRACTOR INC

Address [redacted]

Email dennis@kleinerniceta.com

Tel (609) 833-0301 Fax

Lic No 01832900 Exp Date 3/31/2021

Home improvment Contractor Registration No or Exemption Reason(is applicable)

Federal Employee No [redacted]

B ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co

Estimated Cost of Electrical Work $1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		
Partial Underslab Utilities Approved		
Date by		
Electric Plans Approved		
Date by		

Joint Plan Review Required

☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

SUBCODE APPROVAL for PERMIT

Date: by

SUBCODE APPROVAL for CERTIFICATE

☐ 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

C CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D TECHNICAL DATA

DESCRIPTION OF WORK
ALTERATION, ELECTRICAL ALTERATIONS, PLUMBING ALTERATIONS

QTY	SIZE	ITEMS	FEE (Office Use Only)
12		Lighting Fixtures	
35		Receptacles	
15		Switches	
5		Detectors	
		Light Poles	
		Motors - Fract HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A C Panel	
67		TOTAL NUMBERS	$58
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec Water Heater	
		KW Elec Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
1	1	KW Central A/C Unit	$13
1	1	HP/KW Space Heater/Air	$13
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2
TOTAL FEE	$86

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/27/19
Control #
Date Issued 9/9/19
Permit # 20190871

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3350 Bayview Ave

Owner in Fee: [redacted]

Tel [redacted] e-mail [redacted]

Address [redacted]

Contractor BROADLEY'S Tel (609) 390-3907

Address 115 ROOSEVELT BOULEVARD e-mail

MARMORA, NJ 08223

Contractor License No 36B10060770 Exp Date 06/30/2019

Home Improvement Contractor Registration No or Exemption Reason 13VH01292800

Federal Emp ID No [redacted] FAX (609) 840-6979

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 $ 3500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date _____ Approved by
[ ] Plans Approved
[ ] Plan Review Required
[ ] Bldg [ ] Elec [ ] Fire [ ] Elev
SUBCODE for PERMIT
Date
Approved by

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date 11/22/19
Approved by

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9/24/19	
Water				
Sewer				
Fixtures	11/20/19		11/22/19	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: BRIAN G. BROADLEY

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK 2nd bathroom group on 2nd floor aspect point

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $	58.00
Minimum Fee $	
State Permit Surcharge Fee $	7.00
TOTAL FEE $	

UCC F130 (rev 11/09)
Internet version

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

19-1892 1383

FIELD CORRECTION NOTICE
CITY OF OCEAN CITY

115 12th Street, Ocean City, NJ 08226
609-525-9174
609-399-8419 Fax

LOCATION _____ PERMIT NO 2014 - 7

ISSUED TO _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO _____

Upon inspection, violation of the N.S.P. Sec _____ were in evidence

The following orders are hereby issued for their correction

1. Update Permit for Lean-to

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED

ALL CORRECTIONS MUST BE MADE ON OR BEFORE ASAP

DATE 11/10 BY _____
INSPECTOR

WHITE - Original YELLOW - File Copy

3207/2

BOX OF RAIN IRRIGATION, INC

100 Central Ave. Ocean City, NJ 08226 609-398-7935 boxofrain@comcast.net

Steve McCusker Owner/Prestident

New Jersey License Number 10417

BACKFLOW DEVICE INSPECTION FORM

Owner Name and Address	**Date**
SJ Hauck	11/20/19
Contact Person	**Time**
Harold Hauch	2:00 pm
Device Address and Location	**Type of Backflow Prevention Device**
3305 Bayland Dr. Ocean City, NJ 08226	Pressure Vacum Breaker
Device Identification Number	**Make**
CB623025	Wilkins
Test Kit Serial Number	**Size**
11091723	1"
Calibration Date	**Model Number**
2/18/19	720
	Serial Number
Check Valve DP and Flow Conditon	CB623025
___3.2__ PSID _____Flow ___X_____No Flow	**Test after installation (X)** **Test after repairs** **Annual Test**
Air Inlet Valve DP Opening Point	**At the time of test, the downstream shut-off valve was:**
Opened at: ____3.6_____PSID Did not open_____	Closed tight_____X____ Leaked_____ Not tested_____
Line Pressure	**Protection Type**
____55____PSI	Service Line_____X____ Fire Service Line_____ Internal Domestic Plumbing System_____
PASS___X___ FAIL_____ OTHER_____ **Remarks:** **Service Restored_____yes___**	
Signature of Certified Tester: **Stephen A. McCusker, President**	**Test Witnessed By:** **Steve Pinto**

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/27/2019
Control # 19-1383
Date Issued 9/9/2019
Permit # 20190871+A

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226

Owner in Fee FLOUNDERS RICHARD J & MARY ANN

Address [redacted]

Email

Tel

Contractor BROADLEY'S/MDI

Address 115 ROOSEVELT BLVD PO BOX 37 MARMORA NJ 08223

Email

Tel (609) 390-3981 Fax (609) 390-1277

Home improvment Contractor Registration No or Exemption Reason(is applicable)

Contractor License No Expiration Date

Federal Employee No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date by

☐ Plumbing Plans Approved

Date

Approved by

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by

	Dates (Month/Day)			
	Failure	Failure	Approval	Initial
[illegible]				
[illegible]				
[illegible]				
[illegible]				
[illegible]				
[illegible]				
[illegible]				
[illegible]				
[illegible]				
[illegible]				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ALTERATION, ELECTRICAL ALTERATIONS, PLUMBING ALTERATIONS,

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$13
	Urinal/Bidet	
1	Bath Tub	$13
1	Lavatory	$13
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
	Administrative Surcharge	
	Minimum Fee	$58
	State Permit Surcharge Fee	$7
	TOTAL FEE	$65

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U C C F130 (rev 11/09)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 9/3/19
Control #
Date Issued 9/9/19
Permit # 20190871+A

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

Block 3207 Qualification Code
Work Site Location [illegible]
Owner in Fee [illegible]
Tel 609 264 6278 e-mail
Address 6801 [illegible]
Contractor KN [illegible]trical Contractor Tel (609) 833-0301
Address 109 E Patcong ave, Linwood NJ 08221 e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No
Fire Protection Equipment, NJ [illegible]e Safety Installer No
Fire Alarm Contractor No. [illegible] Exp Date 03/31/2021
Home Improvement [illegible]ation No or Exemption Reason
Federal [redacted] FAX (609) 939-1663

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 $

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application
Applicant/Contractor sign here: [signature]
Print name here Dennis Kleiner

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Smoke Detectors
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System [illegible]		
[illegible], heat, pulls, water/flow)	5	
Supervisory Devices (i e , tampers, low/high air)		
Signaling Devices (i e , horn/strobes, bells)		
Other Devices		
TOTAL	5	
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 $ 58.00
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
[illegible] 9/6/19
[ ] Bldg [ ] Elec [ ] Plumb [ ] Elev
SUBCODE APPROVAL for PERMIT
Date
[illegible] OVAL for CERTIFICATE [ ] CA
Date
Approved by

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval
Alarm System	Rough		9/10/19
Suppression Sys			
Standpipe			
Fire Pump			
Pre-Eng System			
Mechanical			
Smoke Control			
TCO			
Flam/Combust Tanks			
Fireplace Venting			
Final			11/15/19
Other _____			

UCC F140 (rev 02/11) Internet version

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 8/27/2019
Control # 19-1383
Date Issued 9/9/2019
Permit # [redacted]

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226

Owner in Fee FLOUNDERS RICHARD J & MARY ANN

Address [redacted]08 Email

Tel

Contractor M & L ELECTRIC Tel (609) 517-2021

Address 6521 EAST LAKE DR MAY LANDING NJ 08330 Email

Fire Protection Equipment, NJ Div of Fire Safety Permit No

Fire Protection Equipment, NJ Div of Fire Safety Installer No

Fire Alarm Contractor No Expiration Date

Home improvment Contractor Registration No or Exemption Reason(is applicable)

Federal Employee No [redacted] Fax

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr Class Present Proposed

Heating Systems ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location

Total Cost of Fire Protection Work

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ALTERATION ELECTRICAL ALTERATIONS, PLUMBING ALTERATIONS,

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☑ 110v Interconnected		
☑ CO Detectors/110v		
Alarm Devices (i e smoke, heat, pulls, water/flow)	5	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL	5	$45.00
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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge		
Minimum Fee		$58
State Permit Surcharge Fee		
TOTAL FEE		$58

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plan Required
Partial Underslab Utilities Approved
Date by
☐ Fire Protection Plans Approved
Date
Approved by

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: by

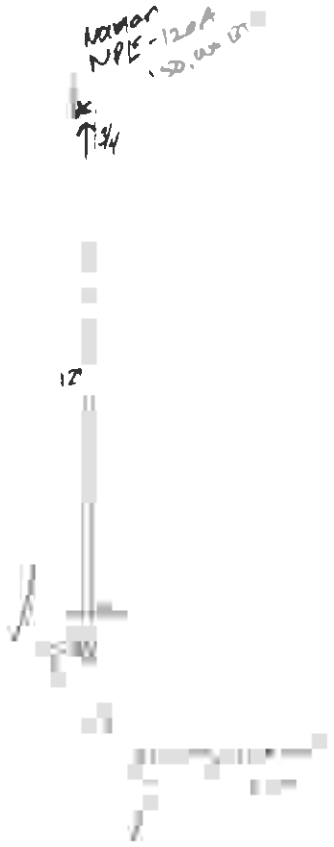
SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date by

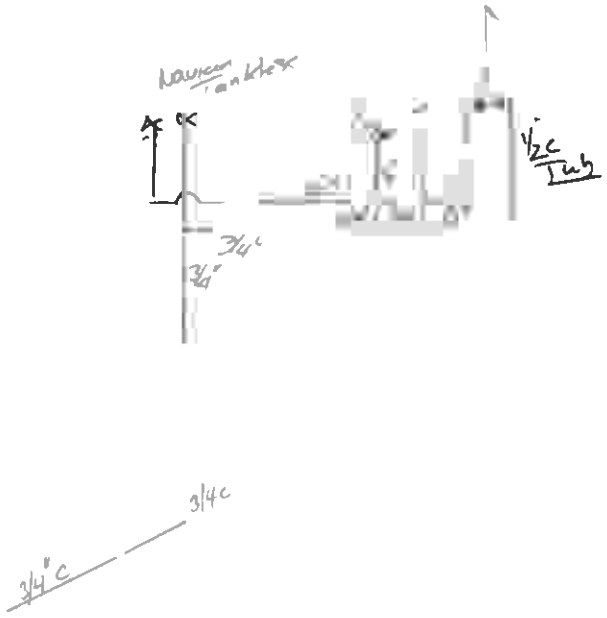
INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys				
Standpipe				
Fire Pump				
Pre-Eng System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final				
Other				

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

Block 3207 Lot 2

SWU Natural Water Gas Riser

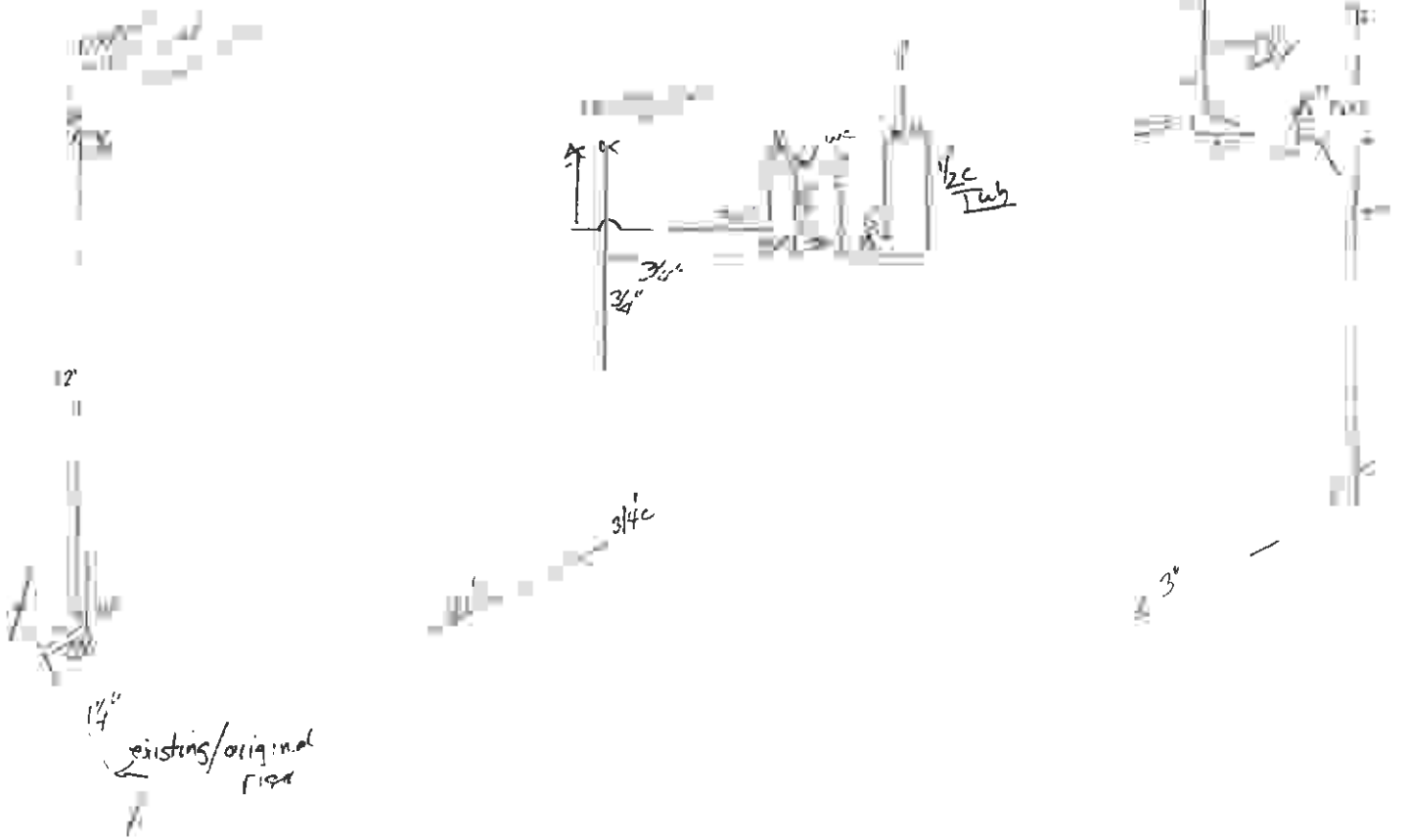




OCEAN CITY CONSTRUCTION CODE OFFICE

		DATE
PERMIT #		
BUILDING		
ELECTRIC		
PLUMBING		9/6/19
FIRE		
RELEASED		
CONST OFF'L		

Block 3207 Lot 2



Brian F. Bradley

OCEAN CITY CONSTRUCTION CODE OFFICE

PERMIT #		DATE
BUILDING		
ELECTRIC		
PLUMBING		9/6/19
FIRE		
RELEASED		
CONST		

Ocean City
115 12th Street
Ocean City, NJ 08226

Plumbing Plan Review

Control Number	19-1392	Permit Number:	20190871+B	Tube Number	
Application Date:	8/27/2019	Permit Issue Date			
Received Date:	8/27/2019	Result:	Fail	Result Date	8/29/2019

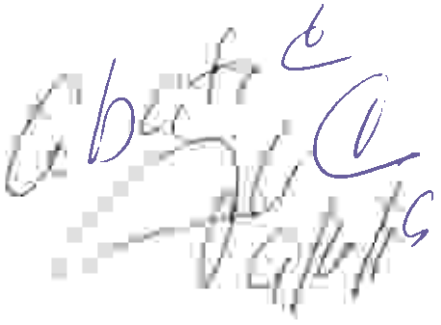
Work Site Location	3305 BAYLAND DR Ocean City, NJ 08226
	Block: 3207 Lot: 2 Qualifier:
Owner:	FLOUNDERS,RICHARD J & MARY ANN
Owner Address:	[redacted]
Telephone:	
Agent:	SJ HOMES INC
Agent Address:	68701 DELILAH ROAD EGG HARBOR TWP NJ 08234
Telephone:	(609) 927-6700
Contractor:	BROADLEY'S/MDI
Contractor Address	115 ROOSEVELT BLVD. PO BOX 37 MARMORA NJ 08223
Telephone:	(609) 390-3981
Engineer:	
Engineer Address:	
Telephone:	
Architect:	
Architect Address	
Telephone:	

Plan Review Comments: 1.Provide a sanitary drain and vent riser diagram as per code.

2.Provide a domestic hot & cold water piping schematic as per code.

Reviewed by: JIm Cotton

Plan Review Subcode Notes



* * * Communication Result Report (Sep. 4. 2019 8:44AM) * * *

1)
2)

Date/Time: Sep. 4 2019 8:43AM

File

No.	Mode	Destination	Pg(s)	Result
9902	Memory TX	16099276715		OK

Reason for error
E) 1) Hang up or line fail
E) 3) No answer
E) 5) Exceeded max. E-mail size
E) 2) Busy
E) 4) No facsimile connection
E) 6) Destination does not support IP-Fax

Ocean City
115 12th Street
Ocean City, NJ 08226

[redacted]

8/29/2019

Applicant:
Architect:
Architect Address:
Telephone:

Plan Review Comments: 1.Provide a sanitary dash and vent riser diagram as per code.

[redacted]

Reviewed by: Jim Cotten

[redacted]

SJ HAUCK CONSTRUCTION

RECEIVED
AUG 29 2019
CONSTRUCTION CODE

To: City of Ocean City From: SJ Hauck Construction

Fax: 609 927-6715 Pages: 2

Phone: 609 927-6700 Date: 8/29/19

Re: 3305 Bayfront building upgrade CC:

☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Reply

Comments: Thank You!

6801 Delilah Road Egg Harbor Twp., NJ 08234 Phone 609-927-6700 Fax 609-927-6715

CONSTRUCTION PERMIT

Date Issued 6/24/2019
Control # 19-0820
Permit # 20190871

IDENTIFICATION Block: 3207 Lot 2
Work Site Location 3305 BAYLAND DR Ocean City, NJ 08226

Owner in Fee FLOUNDERS RICHARD J & MARY ANN
[redacted]

Telephone

Qualifier
Contractor SJ HOMES INC
Address 68701 DELILAH ROAD EGG HARBOR TWP NJ 08234

Telephone: [redacted]
Lic No or Bldrs Reg No [redacted]
Federal Employee. No [redacted]

Is hereby granted permission to perform the following work

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK
NEW SINGLE FAMILY DWELLING - MODULAR

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 [redacted]

Construction Officia

6/24/2019
Date

PAYMENTS (Office Use Only)

Building	$1,880
Electrical	$179
Plumbing	$328
Fire Protection	$58
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$159
CO Fee	$50.00
Other	$0
Total	$2,654
Check No	5864
Cash	$0
Credit	$0
Collected By	Sheree Benoit

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation, electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures, electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment, electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask

CONSTRUCTION PERMIT

Date Issued
Control # 19-0820
Permit #

IDENTIFICATION Block: 3207 Lot 2 Qualifier
Work Site Location 3305 BAYLAND DR Ocean City NJ 08226

Owner in Fee FLOUNDERS RICHARD J & MARY ANN
[redacted]

Telephone

Contractor SJ HOMES INC
Address 68701 DELILAH ROAD EGG HARBOR TWP NJ 08234

Telephone (609) 927-6700
Lic No or Bldrs Reg No 48259
Federal Employee. No [redacted]

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
NEW SINGLE FAMILY DWELLING - MODULAR

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

Construction Official

Date 6/19/17

PAYMENTS (Office Use Only)	
Building	$1,880
Electrical	$179
Plumbing	$328
Fire Protection	$58
Elevator Devices	
Other	$0.00
DCA Training Fee	$159
CO Fee	$50.00
Other	$0
Total	$2,654
Check No	
Cash	$0
Credit	$0
Collected By	

U C C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N J A C 5:23-2.18 This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired Inspections will be performed within three business days of the time for which they are requested The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode
  2. Foundations and all walls up to grade level prior to back filling
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable

- [ ] Required special inspections The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures, tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable, and verification of compliance with NJAC 5:23-3 5, "Posting structures"

- [x] A complete copy of released plans must be kept on the job site

If you do not understand any of this information, please ask

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/8/19
Control # 6/21/19
Date Issued
Permit # 20190871

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

Block 32017 Lot and Qualification Code

Work Site Location 8122

Owner in Fee

Tel. e-mail

Address Ocean City municipality zip

Contractor:

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date 3/31/201

Home Improvement [redacted] or Exemption Reason

Federal Emp. ID No FAX

C CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) [redacted] and am authorized to make this application.

Sign here:

Print name here:

D TECHNICAL SITE DATA

DESCRIPTION OF WORK

Set Modular home on new Pilings as Per Plans

Left Side Setbacks 6'

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- All 6.12.19
- Footings/Foundations
- Structural/Framework
- Exterior
- Interior

Joint Plan Review Required:

[ ] Elec [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[x] CO [ ] CC [ ] CA

Date: 2.0

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Footing CP			7-19-19	HL
Footing Bonding				
Foundation				
Slab			7-10-19	HL
Frame	7-17-19	7-26-19	9-10-19	HL
Truss Sys./Bracing				
Barrier-Free				
Insulation			9-12-19	HL
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
~~Other~~ Marriage Wall	7-1-19	7-17-19	9-10-19	HL
Final	NC 10-30-19		11-22-19	HL
Barrier-Free				

TYPE OF WORK:

- [x] New Building
- [ ] Addition
- [x] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall ____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE ($)

$ 58.00
1822.00

Administrative Surcharge $
Minimum Fee $ 122.00
State Permit Surcharge Fee $
TOTAL FEE $

B BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

No. of Stories

Height of Structure ____ ft.

Area — Largest Floor ____ sq. ft.

New Bldg. Area/All Floors ____ sq. ft.

Volume of New Structure ____ cu. ft

Max. Live Load

Max. Occupancy Load

Constr. Class Present ____ Proposed

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg.

1. **New Bldg.**
2. Rehabilitation
3. Total (1+ 2) $ 239,000

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

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

FIELD CORRECTION NOTICE
CITY OF OCEAN CITY

115 12th Street, Ocean City, NJ 08226
609-525-9174
609-399-8419 Fax

LOCATION _____ PERMIT NO _____

ISSUED TO _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO _____

Upon inspection, violation of the _____ Sec. _____ were in evidence

The following orders are hereby issued for their correction _____

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. All ok 11.22.19 HL

ALL CORRECTIONS MUST BE MADE ON OR BEFORE _____

DATE _____ BY _____
INSPECTOR

WHITE - Original YELLOW - File Copy

FIELD CORRECTION NOTICE
CITY OF OCEAN CITY

115 12th Street, Ocean City, NJ 08226
609-525-9174
609-399-8419 Fax

LOCATION _____ PERMIT NO _____

ISSUED TO _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO _____

Upon inspection, violation of the _____ Sec _____ were in evidence

The following orders are hereby issued for their correction _____

(4) _____

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. All ok 11-22-19

ALL CORRECTIONS MUST BE MADE ON OR BEFORE _____

DATE _____ BY _____
INSPECTOR

WHITE - Original YELLOW - File Copy

FIELD CORRECTION NOTICE
CITY OF OCEAN CITY

115 12th Street, Ocean City, NJ 08226
609-525-9174
609-399-8419 Fax

LOCATION _____ PERMIT NO _____

ISSUED TO _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO _____

Upon inspection, violation of the _____ Sec _____ were in evidence

The following orders are hereby issued for their correction _____

All ok 11-22-19 HL

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED

ALL CORRECTIONS MUST BE MADE ON OR BEFORE _____

DATE _____ BY _____
INSPECTOR

WHITE - Original YELLOW - File Copy

FIELD CORRECTION NOTICE
CITY OF OCEAN CITY

115 12th Street, Ocean City, NJ 08226
609-525-9174
609-399-8419 Fax

LOCATION _____ PERMIT NO _____

ISSUED TO _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO _____

Upon inspection, violation of the _____ Sec _____ were in evidence

The following orders are hereby issued for their correction _____

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. All ok 11-22-19 HL

ALL CORRECTIONS MUST BE MADE ON OR BEFORE _____

DATE _____ BY _____
INSPECTOR

WHITE - Original YELLOW - File Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/8/2019
Control # 19-0820
Date Issued 6/24/2019
Permit # 20190871

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226

Owner in Fee FLOUNDERS RICHARD J & MARY ANN

Address [redacted]

Tel Email

Contractor SJ HOMES INC

Address 68701 DELILAH ROAD EGG HARBOR TWP NJ 08234

Email

Tel (609) 927-6700 Fax (609) 927-6715

Contractor License No or, if new home, Bldrs Reg No Exp

Home improvment Contractor Registration No or Exemption Reason(is applicable)

Federal Emp ID No [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec ☐ Plumb ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date
Approved by

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys /Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5 If Industrial Building
Constr Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft Est Cost of Bldg. Work:
Area - Largest Floor Sq Ft 1 New Bldg $175,000
New Bldg Area / All Floors 1 Sq Ft 2 Rehabilitation $64,000
Volume of New Structure 1 Cu Ft 3 Total (1+2) $239,000
Total Land Area Disturbed Sq Ft

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SINGLE FAMILY DWELLING, - MODULAR

TYPE OF WORK

- ☑ New Building
- ☐ Addition
- ☑ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6')
- ☐ Sign Sq Ft.
- ☐ Pool
- ☐ Retaining Wall Sq Ft
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5 17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

	$58
	$1,822
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$122
TOTAL FEE	$2,002

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

[redacted]

Date Received 8-22-19
Control #
Date Issued
Permit # 19-0871

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

Block 3307 Qualification Code

Work Site L[redacted]

Owner in Fee [redacted]

Tel e-mail

Address [redacted] 8326

Contractor KN Electrical Contractor INC Tel (609) 833-0301

Address 109 E Patcong ave e-mail Dennis@kleinerniceta.com

Linwood NJ 08221

Contractor License No 01832900 Exp Date 03/31/2021

Home Improvement Contractor Registration No or Exemption Reason

Federal Emp ID No [redacted] FAX (609) [redacted]

Bill 609-805-2605

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co

Est Cost of Elec Work $ 6,000.-

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 [redacted] this application

Applicant sign/Contractor sign and seal here [redacted]

Print name here Dennis Kleiner

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

D. TECHNICAL SITE DATA

[redacted]

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F A C Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by:

[ ] Electric Plans Approved

Date:_____ Approved by

Joint Plan Review Required

[ ] Bldg [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL for PERMIT

Date

Approved by

S[redacted] APPR[redacted] for CERTIFICATE

[ ] CO [ ] O[redacted]

Approved by

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	8/22/19		8/23/19	
Barrier-Free				
Trench				
Temp Serv				
Constr Serv				
TCO				
Other				
Servi ACE				
Final				
Barrier-Free				

Temp Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 9/20/19 ACE

Annual Pool Inspection

Date of Grounding and Bonding Certification

UCC F120 (rev 11/09)
Internet version

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

[redacted]

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/8/19
Control #
Date Issued 6/21/19
Permit # 2019087

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING [illegible] NOTIFY THIS OFFICE CALL [illegible] LITY DIG NO 1-800-272-1000

Block [illegible] Qualification Code

Work Site [illegible]

Owner in Fee [illegible]

Tel 1-610-[illegible]

Address [illegible]

Contractor [illegible] Tel 609 399-1999

Address [illegible] e-mail

[illegible] Harbor Twp, NJ [illegible]

Contractor License No [illegible] Exp Date [illegible]

Home Improvement Contractor Registration No or Exemption Reason

Federal Emp ID No [redacted] FAX 609 [illegible]

B ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co

Est Cost of Elec Work [illegible]

JOB SUMMARY (Office Use Only)

REVIEW

[ ] No Plans Required

[ ] Partial -Understab Utilities Approved

Date:_____ Approved by: _____

[ ] Electric Plans Approved

Date:_____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE [illegible]

Date [illegible]

Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	8/22/19			
Barrier-Free				
Trench				
Temp Serv				
Constr. Serv.				
TCO				
Other				
Service	6/22/19			
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 am authorized to make this application and perform the work listed on this appl[illegible]

Applicant sign/Contractor sign and seal here:

Print name here

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

D. TECHNICAL SITE DATA

DE[illegible] OF WORK

QTY.	SIZE	ITEMS	F (Office Use
6		Lighting Fixtures	
		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
	3.0	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	[illegible]	AMP Service	
1		AMP Subpanels	
1		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$ 179.00
Minimum Fee	$ [illegible].00
State Permit Surcharge Fee	$
TOTAL FEE	$

U C C F120 (rev 11/09)
Internet version

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

8/22/19

- change overhead meter socket to underground
- grounding incomplete
- socket can not be located over gas meter
- Garage rough incomplete
- Replace 60A w/ 100A
- Turn Panel into sub panel
- main disconnect required outside
- Platform Landing?

ELECTRICAL SUBCODE
TECHNICAL SECTION

CHANGE OF CONTRACTOR

Date Received 9/3/19
Control # 6/24/19
Date Issued
Permit # 20190871

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

Block 3207 Qualification Code
Work Site Location 3305
Owner in Fee
Tel 609 e-mail
Address

Contractor: KN Electrical Contractor INC Tel (609) 833-0301
Address 109 E Patcong ave e-mail Dennis@kleinerniceta.com
Linwood NJ 08221
Contractor License No [redacted] Exp Date 03/31/2021
Home Improvement Contractor Registration No or Exemption Reason
Federal Emp ID No 824178939 FAX: (609) 939-1663

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date _____ Approved by: _____
[ ] Electric Plans Approved
Date _____ Approved by:
Joint Plan Review Required:
[ ] Bldg [ ] Plumb [ ] Fire [ ] Elev
SUBCODE PERMIT
Date
Approved by
SUBCODE APPROVAL for CERTIFICATE
[ ] 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 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 am authorized to make this application and perform the work listed on this application

Applicant sign/Contractor sign and seal here:

Print name here: Dennis Kleiner

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Change of Contract

QTY	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
6		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3	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	
1	200	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

CHANGE OF CONTRACTOR

Date Received 5/8/2019
Date Issued 6/24/2019
Control # 19-0820
Permit # 20190871

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226

Owner in Fee FLOUNDERS RICHARD J & MARY ANN

Address [redacted] Email

Tel

Contractor KN ELECTRICAL CONTRACTOR INC

Address [redacted] Email dennis@kleinerniceta.com

Tel (609) 833-0301 Fax

Lic No 01832900 Exp Date 3/31/2021

Home improvment Contractor Registration No or Exemption Reason(is applicable)

Federal Employee No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co

Estimated Cost of Electrical Work $6,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW SINGLE FAMILY DWELLING, - MODULAR

QTY	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
6		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors - Fract HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A C Panel	
16		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec Water Heater	
		KW Elec Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
	3	KW Central A/C Unit	$13
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
	200	AMP Service	$58
1	200	AMP Subpanels	$58
		AMP Motor Control Center	
		KW Elec Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$11
TOTAL FEE	$190

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		
Partial Underslab Utilities Approved		
Date: by		
Electric Plans Approved		
Date by		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

SUBCODE APPROVAL for PERMIT
Date by

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date
Approved by

INSPECTIONS		Dates (Month/Day)		
Type	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 Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/8/2019
Date Issued 6/24/2019
Control # 19-0820
Permit # 20190871

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226

Owner in F [redacted] FLOUNDERS RICHARD J & MARY ANN

Address [redacted]

Email

Tel

Contractor: TOM JACKSON & SONS ELECTRICAL SERVICE

Address PO BOX 372 SOMERS POINT NJ 08244

Email

Tel (609) 390-0050 Fax (609) 390-0267

Lic No 9121 Exp Date 3/31/2018

Home improvment Contractor Registration No or Exemption Reason(is applicable):

Federal Employee No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co

Estimated Cost of Electrical Work $6,000

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certifd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
NEW SINGLE FAMILY DWELLING, - MODULAR

	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
6		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors - Fract HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C Panel	
16		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3	KW Central A/C Unit	$13
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
	200	AMP Service	$58
1	200	AMP Subpanels	$58
		AMP Motor Control Center	
		KW Elec Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$11
TOTAL FEE	$190

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		
Partial Underslab Utilities Approved		
Date: by		
Electric Plans Approved		
Date by		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
☐ Electrical Plans Approved		
SUBCODE APPROVAL for PERMIT		
Date: by:		
SUBCODE APPROVAL for CERTIFICATE		
☐ 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				

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5/8/19
Control #
Date Issued 6/21/19
Permit # 20190871

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING [illegible] NOTIFY THIS OFFICE CALL [illegible] ITY DIG NO: 1-800-272-1000

Block [illegible] Qualification Code

Work Site Location [illegible]

Owner in Fee: [redacted]

Tel [illegible]

Contractor M & L ELECTRIC Tel (609) 625-0550

Address 6521 LAKE DRIVE e-mail

MAYS LANDING, NJ 08330

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 03/31/2019

Home Improvement [illegible] No or Exemption Reason

Federal Emp ID No [redacted]6 FAX

B. FIRE PROTECTION CHA[illegible]TERISTICS

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 Prote[illegible]

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm Sys[illegible]: [ ] New OR [ ] Existing
Location of Panel:

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

C CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here [signature]

Print name here MATTHEW SIMONE

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK Install Furnace

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER
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	0
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 S[illegible]s	
Kitchen Hood Exhaust System	
Smoke Control System	
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	
Fi[illegible]imney	

FEE (Office Use Only)
$

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date Approved by:
[illegible] Protection Plans Approved
[illegible] Approved by
Joint Plan Review Required:
[ ] Bldg. [ ] Elec [ ] Plumb [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date
Approved by

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

INSPECTIONS	Dates (Month/Day)		
Type	Failure	Failure	Approval
Alarm System	6/20/19		[illegible]
Suppression 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 photocopies

FIRE SUBCODE
TECHNICAL SECTION

Date Received 5/8/2019
Control # 19-0820
Date Issued 6/24/2019
Permit # 20190871

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 BAYLAND DR Ocean City, NJ 08226

Owner in Fee FLOUNDERS RICHARD J & MARY ANN

Address [redacted] Email

Tel

Contractor M & L ELECTRIC Tel (609) 517-2021

Address 6521 EAST LAKE DR. MAYS LANDING NJ 08330 Email

Fire Protection Equipment, NJ Div of Fire Safety Permit No

Fire Protection Equipment, NJ Div of Fire Safety Installer No

Fire Alarm Contractor No Expiration Date

Home improvment Contractor Registration No or Exemption Reason(is applicable)

Federal Employee No [redacted] Fax

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr Class Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location

Total Cost of Fire Protection Work $8,500

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW SINGLE FAMILY DWELLING, - MODULAR

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i e smoke, heat, pulls, water/flow)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☑ Gas ☐ Oil ☐ Solid	1	$58
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	$58
State Permit Surcharge Fee	$16
TOTAL FEE	$74

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plan Required
Partial Underslab Utilities Approved
Date: by
☐ Fire Protection Plans Approved
Date:
Approved by

☐ Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: by:

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

CHANGE OF CONTRACTOR

Date Received 7/2/19
Control #

Date Issued 7-3-19
Permit # 2019087

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 Bay Ave

Owner in Fee: [redacted]

Tel

Address 3305 Bayland Avenue Ocean City

Contractor BROADLEY'S Tel (609) 390-3907

Address 115 ROOSEVELT BOULEVARD e-mail
MARMORA, NJ 08223

Contractor License No 36B10060770 Exp Date 06/30/2019

Home Improvement Contractor Registration No or Exemption Reason 13VH01292800

Federal Emp ID No [redacted] FAX (609) 840-6979

B PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est Cost of Plumbing Work $ 5000-00

JOB SUMMARY (Office Use Only)

LAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date _____ Approved by
[ ] Plumbing Plans Approved
_____ Approved by:
Joint Plan Review Required:
[ ] Bldg [ ] Elec [ ] Fire [ ] Elev.

SUBCODE PERMIT
Date
Approved by

SUBCODE A
[X] CO [ ] CO [ ] CA
Date
Approved

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures	11/20/19			
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar _____				
TCO				
Final				

C CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here [signature]

Print name here: BRIAN G. BROADLEY

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
✓	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
✓	Other	

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

UCC F130 (rev 11/09)
Internet version

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

11/20/19 - Final Fi[illegible]

11/22/19 Final - OK

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 5/8/19
Control #
Date Issued 6/21/19
Permit # 20190871

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

Block [illegible] L [illegible] Qualification Code

Work Site Location [illegible] and [illegible]

Owner in Fee [redacted]

Tel. ( ) e-mail

Address [illegible] and [illegible]

Contractor C4R Plumbing & Heating Inc Tel (609) 693-0006

Address 229 Route 9 Lanoka Harbor, NJ 08734 e-mail

Contractor License No [illegible] Exp Date [illegible]

Home Improvement C [illegible] (if applicable)

Federal Emp. ID No [redacted] FAX: (609) 693-1749

B PLUMBING CHA

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by:

[illegible] lans A[illegible]

Joint P[illegible] Required

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE [illegible] for PERMIT

Date [illegible]

SUBCODE APP[illegible] for CERTIFICATE

[ ] 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 [illegible] authorized to make this application and perform the work listed on this application

Applicant's Signature/Contractor's Seal and Signature

[N] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
✓	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
	Stacks	
	Other	
✓	Other water & sewer lines	

Administrative Surcharge	$	328.00
Minimum Fee	$	10.00
State Permit Surcharge Fee	$	
TOTAL FEE	$	

7/3/19 Wtr + Swr - OK

11/22/19 - Final - OK

PLUMBING SUBCODE
TECHNICAL SECTION

CHANGE OF CONTRACTOR

Date Received 5/8/2019
Control # 19-0820
Date Issued 6/24/2019
Permit # [redacted]

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226

Owner in Fee FLOUNDERS RICHARD J & MARY ANN

Address [redacted]

Email

Tel

Contractor: BROADLEY'S/MDI

Address 115 ROOSEVELT BLVD PO BOX 37 MARM[redacted] NJ 08223

Email

Tel (609) 390-3981 Fax (609) 390-1277

Home improvment Contractor Registration No or Exemption Reason(is applicable)

Contractor License No 000827 Expiration Date 6/30/2019

Federal Employee No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Prese[redacted] Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $5,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW SINGLE FAMILY DWELLING. - MODULAR

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	$82
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
1	Sewer Connector	$82
1	Water Service Connection	$82
	Stacks	
1	Other	$82

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$10
TOTAL FEE	$338

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved
Date by

☐ Plumbing Plans Approved
Date
Approved by

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date by

SUBCODE APPROVAL for CERTIFICATE
☐ 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				
Final				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

PLUMBING SUBCODE

TECHNICAL SECTION

Date Received 5/8/2019
Control # 19-0820
Date Issued 6/24/2019
Permit # 20190871

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

Block 3207 Lot 2 Qualification Code

Work Site Location 3305 BAYLAND DR Ocean City, NJ 08226

Owner in Fee FLOUNDERS RICHARD J & MARY ANN

Address [redacted]

Tel

Contractor C & R PLUMBING AND HEATING INC

Address 822 ROUTE 9 LANOKA HARBOR NJ 08734

Email

Tel (609) 693-0006 Fax (609) 693-1749

Home improvment Contractor Registration No or Exemption Reason(is applicable)

Contractor License No 7713 Expiration Date

Federal Employee No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $5 000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by

☐ Plumbing Plans Approved

Date

Approved by:

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date by

SUBCODE APPROVAL for CERTIFICATE

☐ 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				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW SINGLE FAMILY DWELLING, - MODULAR

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	$82
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
1	Sewer Connector	$82
1	Water Service Connection	$82
	Stacks	
1	Other A/C	$82

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$10
TOTAL FEE	$338

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U C C F130 (rev 11/09)

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

CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

CONSTRUCTION CODE OFFICE

SENT VIA CERTIFIED MAIL AND FIRST CLASS MAIL
70143490000127287492

June 17, 2019

SJ Hauck Housemovers
6801 Delilah Rd
Egg Harbor Twp., NJ 08234

RE 3305 Bayland Dr
Block: 3207, Lot: 2
Ocean City, NJ

To Whom It May Concern:

It has come to our attention that construction work is being performed at 3305 Bayland Dr, Ocean City without the necessary permits and/or approvals. Per UCC Section N.J.A.C. 5:23-2.14, permits are required. Piling where installed without the necessary permits and/or approvals. Please keep in mind since no permits were issued, violations and penalties have been issued

If you should have any questions please contact our office at 609-525-9174.

Sincerely,

Cornelius Byrne, CFM
Construction Official

CB/sab

Enclosures
Cc: Dottie McCrossan, City Solicitor

Ocean City
115 12th Street
Ocean City, NJ 08226

Plumbing Plan Review

Control Number:	19-0820	Permit Number:		Tube Number:	
Application Date:	5/8/2019	Permit Issue Date			
Received Date:	5/8/2019	Result	Fail	Result Date:	5/8/2019

Work Site Location	3305 BAYLAND DR Ocean City, NJ 08226
	Block 3207 Lot: 2 Qualifier:
Owner	FLOUNDERS,RICHARD J & MARY ANN
Owner Address:	[redacted]
Telephone:	
Agent:	SJ HOMES INC
Agent Address:	68701 DELILAH ROAD EGG HARBOR TWP NJ 08234
Telephone:	(609) 927-6700
Contractor	C & R PLUMBING AND HEATING INC
Contractor Address	822 ROUTE 9 LANOKA HARBOR NJ 08734
Telephone:	(609) 693-0006
Engineer	
Engineer Address:	
Telephone:	
Architect:	
Architect Address:	
Telephone:	

Plan Review Comments

1.Provide a sanitary drain and vent diagram and a domestic hot & cold water piping schematic for all field installed work.

2.Provide a gas piping schematic showing lengths of all runs and branches, pipe sizes, btu's for each appliance and total load.

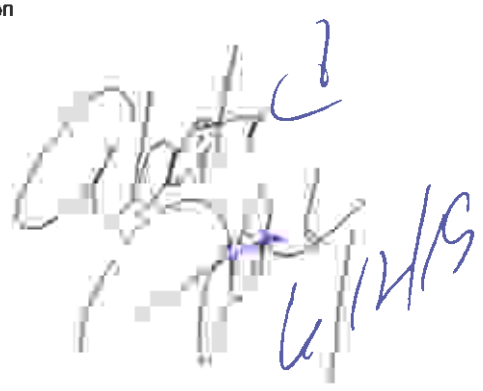
3.All piping in unheated ares shall be protected from freezing as per code. Please provide a detailed drawing of the proposed protection.

5/30/19 The above items have not been addressed.

Reviewed by: Jim Cotton

Reviewed by: Jim Cotton

Plan Review Subcode Notes



BLOCK 3207 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 3305 Bartlett Ave PERMIT NO _____

CONSTRUCTION PERMIT APPLICATION

Applicant Completes Sections I, II (optional), IV, V, and VII

I. IDENTIFICATION

1 Proposed work Site at [redacted]

2 Name of Owner in Fee [redacted]

Tel _____ e-mail _____

Address [redacted] Zip code

3 Ownership in Fee Public _____ Private _____

4. Principal Contractor _____ Tel _____

Address _____ e-mail _____

License No OR, if new home, Builder Reg No _____ Exp Date _____

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

Federal Emp ID No _____ FAX _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. _____ FAX _____

6 Responsible Person in Charge once Work has Begun _____

Tel _____ FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1 Building	$		
2 Electrical			
3 Plumbing			
4 Fire Protection			
5 Elevator Devices			
6 Subtotal			
7 Less 20% for State Plan Review	$		
8 Subtotal	$		
9 State Permit Surcharge Fee			
10 Subtotal	$		
11 Cert of Occupancy			
12. Other			
13 TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1	Number of Stories	
2	Height of Structure	ft
3	Area — Largest Floor	sq ft.
4	New Building Area	sq ft.
5	Volume of New Structure	cu ft.
6	Max Live Load	
7	Max Occupancy Load	
8	If Industrialized Building: State Approved _____ HUD _____	
9	Total Land Area Disturbed	sq. ft.
10	Flood Hazard Zone	
11	Base Flood Elevation	ft
12.	Wetlands yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch 8
- ☑ New Building modular home slt
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Redon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

	Est Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	$ 247,000								
☑ Electrical									
☑ Plumbing									
☑ Fire Protection	$ 8,500 -								
☐ Elevator									
TOTAL COST	$ 258,000								

FOR OFFICE USE ONLY (optional)

VII. DESCRIPTION OF BUILDING USE

A RESIDENTIAL (*primary use*)

1 State Specific Use:

2 Use Group, Proposed _____

3 Change in Use Group, Indicate Present:

4 No of dwelling units:

	Total Units
Gained, Sale	
Gained, Rental	
Lost, Sale	
Lost, Rental	

B NON-RESIDENTIAL (*primary use*)

1. State Specific Use:

2 Use Group, Proposed: _____

3 Change in Use Group, Indicate Present:

C. MIXED USE - List secondary use(s): _____

D Construct. Classification: Present _____

Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1 ☐ Partial Releases

2 ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1 ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2 ☐ High Pressure Boilers
3 ☐ Pressure Vessels
4 ☐ Refrigeration Systems
5 ☐ Cross-Connections/Backflow Preventers
6 ☐ Hazardous Uses/Places of Assembly
7 ☐ Sprinklers/Standpipe
8 ☐ Smoke Control Systems in Open Wells
9 ☐ Underground Storage Tanks
10 ☐ Swimming Pools, Spas and Hot Tubs
11 ☐ LP Gas Tanks
12. ☐ Fire Alarm

REScheck Software Version 4.6.5

Compliance Certificate

PFS Corporation
Northeast Region
APPROVED
H Raup – 3
4/12/19
Approval limited to
Factory Built Portion

Project O#8082

Energy Code:	**2015 IECC**
Location:	**Ocean City, New Jersey**
Construction Type:	**Single-family**
Project Type:	**New Construction**
Conditioned Floor Area	**1,449 ft2**
Glazing Area	**14%**
Climate Zone:	**4 (5169 HDD)**
Permit Date:	
Permit Number:	

Construction Site:
3305 BAYLAND DRIVE
OCEAN CITY, NJ 08226

Owner/Agent:
SJ HAUCK CONSTRUCTION LLC
6801 DELILAH RD
EGG HARBOR TOWNSHIP, NJ 08234

Designer/Contractor:
ICON LEGACY CMH
246 SAND HILL RD
SELINSGROVE, PA 17870

Compliance: Passes using UA trade-off

Compliance **1.2% Better Than Code** Maximum UA: **325** Your UA: **321** Maximum SHGC **0.40** Your SHGC **0.28**

The % Better or Worse Than Code Index reflects how close to compliance the house is based on code trade-off rules
It DOES NOT provide an estimate of energy use or cost relative to a minimum-code home

Envelope Assemblies

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	U-Factor	UA
ABOVE COLLAR TIE: Flat Ceiling or Scissor Truss	971	38 0	0.0	0.030	29
BEHIND KNEE WALL: Flat Ceiling or Scissor Truss	281	38 0	0.0	0.030	8
SLOPED CEILING: Cathedral Ceiling	180	19 0	0.0	0 052	9
KNEE WALLS: Wood Frame, 16" o.c	142	13.0	5 0	0.057	8
HOUSE WALLS: Wood Frame, 16" o.c	1,988	21 0	0.0	0.057	95
Window 1: Vinyl/Fiberglass Frame:Double Pane with Low-E SHGC: 0 28	293			0.340	100
Door 1: Solid	22			0.170	4
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	1,449	19.0	0 0	0 047	68

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application The proposed building has been designed to meet the 2015 IECC requirements in RES*check* Version 4.6 5 and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist

Icon Legacy CMH — Name - Title
Brett Hebert — Signature
4/12/19 — Date

BLOCK 3307 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 3305 Bayland Ave. PERMIT NO _____

CONSTRUCTION PERMIT APPLICATION

Applicant Completes Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1 Proposed work Site at: [redacted]

2 Name of Owner in Fee [redacted]

Tel _____ e-mail _____

Address [redacted] street zip

3. Ownership in Fee Public _____ Private _____

4 Principal Contractor [redacted] Tel [redacted]

Address [redacted] e-mail [redacted]

License No OR, if new home, Builder Reg No [redacted] Exp Date [redacted]

Home Improvement [redacted] No. or Exemption Reason (if [redacted]

Federal Emp ID No [redacted] FAX: [redacted]

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel _____ FAX _____

6 [redacted] in Charge once Work has Begun _____

Tel [redacted] FAX: [redacted]

V. FEE SUMMARY (for office use only)

			Update	Update
1	Building	$		
2.	Electrical			
3	Plumbing			
4	Fire Protection			
5	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8	Subtotal	$		
9	State Permit Surcharge Fee			
10.	Subtotal	$		
11	Cert of Occupancy			
12	Other			
13	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1	Number of Stories	
2	Height of Structure	ft
3	Area — Largest Floor	sq. ft
4	New Building Area	sq ft.
5	Volume of New Structure	cu. ft.
6	Max Live Load	
7	Max Occupancy Load	
8	If Industrialized Building: State Approved _____ HUD _____	
9	Total Land Area Disturbed	sq ft.
10	Flood Hazard Zone	
11	Base Flood Elevation	ft
12	Wetlands yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☑ New Building modular home slt
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Redon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	[redacted]								
☑ Electrical	[redacted]								
☑ Plumbing	[redacted]								
☑ Fire Protection	$1,500.-								
☐ Elevator									
TOTAL COST	[redacted]								

VII. DESCRIPTION OF BUILDING USE

A RESIDENTIAL (*primary use*)

1 State Specific Use:

2 Use Group, Proposed _____

3 Change in Use Group, Indicate Present

4 No of dwelling units:

	Total Units	Income-Restrict
Gained, Sale		
Gained, Rental		
Lost, Sale		
Lost, Rental		

B NON-RESIDENTIAL (*primary use*)

1. State Specific Use:

2. Use Group, Proposed _____

3. Change in Use Group, Indicate Present:

C MIXED USE - List secondary use(s): _____

D Construct Classification: Present _____

Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1 ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2 ☐ High Pressure Boilers
3 ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardows Uses/Places of Assembly
7 ☐ Sprinklers/Stand[redacted]s
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10 ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks
12 ☐ Fire Alarm

Ocean City
115 12th Street
Ocean City, NJ 08226

Plumbing Plan Review

Control Number	19-0820	Permit Number:		Tube Number	
Application Date	5/8/2019	Permit Issue Date			
Received Date:	5/8/2019	Result:	Fail	Result Date:	5/8/2019

Work Site Location:	3305 BAYLAND DR Ocean City, NJ 08226		
	Block: 3207	Lot: 2	Qualifier
Owner:	FLOUNDERS,RICHARD J & MARY ANN		
Owner Address:	[redacted]		
Telephone:			
Agent:	SJ HOMES INC		
Agent Address:	68701 DELILAH ROAD EGG HARBOR TWP NJ 08234		
Telephone:	(609) 927-6700		
Contractor:	C & R PLUMBING AND HEATING INC		
Contractor Address:	822 ROUTE 9 LANOKA HARBOR NJ 08734		
Telephone:	(609) 693-0006		
Engineer:			
Engineer Address:			
Telephone:			
Architect:			
Architect Address:			
Telephone:			

Plan Review Comments:

1.Provide a sanitary drain and vent diagram and a domestic hot & cold water piping schematic for all field installed work.

2.Provide a gas piping schematic showing lengths of all runs and branches, pipe sizes, btu's for each appliance and total load.

3.All piping in unheated ares shall be protected from freezing as per code. Please provide a detailed drawing of the proposed protection.

Reviewed by: Jim Cotton

Plan Review Subcode Notes

NEW JERSEY
AMERICAN WATER

3215 Fire Road
Egg Harbor Twp NJ 08234

P 609-677-4623
F 609-641-7729
E alyssa morales@amwater com

May 8, 2019

Via e-mail: michelled@sjhauck.com

Michelle Daukshus
SJ Hauck
6801 Delilah Rd
Egg Harbor Twp, NJ 08226

Re: Water and Wastewater Availability
Block 3207 Lot 2
3305 Bayland Dr, Ocean City, NJ
Premise # 9180692573 Svc # 10639

Dear Ms Daukshus,

New Jersey American Water currently provides water and wastewater service to 3305 Bayland Drive by means of a three quarter-inch domestic service and a six-inch wastewater service located on Bayland Drive The exact locations of the service lines should be verified by calling 811 prior to the design and installation of your plumbing. This application was completed for a single family home, whereas no new services will be added. However, NJAW will upgrade the existing service lines while your property is under construction.

Please return this availability letter with the completed information below to New Jersey American Water at the above address NJAW will then apply for the street opening permit to begin the installation or upgrade process, which may take from 8-12 weeks. NJAW does not guarantee that our application to open the street will be approved for your project. The Customer is responsible to determine if the City has any current or future restrictions on road construction during your process of obtaining a building permit.

I acknowledge this project has started: Sign _____ Date _____

Estimated date when your plumber will install service line(s) to the street: Date _____

Ocean City Ordinance Number 06-18 adopted July 19, 2006, requires an additional restoration fee for the impact on the service life of the street. The restoration fee is determined by the age of the street; therefore, the restoration fee cannot be determined until the City receives the street opening permit application from NJAW The City of Ocean City sends the billing directly to you. Direct questions or concerns to Mrs Jennifer Shiffler, Office of Engineering and Construction; 609-399-6111 X9799.The **City will not process a street opening permit until they receive the fee.**

It is the Customer's responsibility to complete all plumbing between the building and New Jersey American Water's services before calling for a meter When you are ready for meters, please contact our Customer Service Center at **1-800-272-1325.** If you have any questions, please contact our office.

Sincerely,

Alyssa Morales
GPS Operations Technician

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

SJ HAUCK CONSTRUCTION LLC
Steven Hauck Sr, Steven Hauck
6801 Delilah Rd
Egg Harbor Township NJ 08234

FOR PRACTICE IN NEW JERSEY AS A(N): Home Elevation Contractor

02/06/2018 TO 03/31/2019
VA

13HE00001[illegible]
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee Registrant/Certificate Holder

ACTING [illegible]

Ocean City
115 East 12th Street
Ocean City, NJ 08226
(609) 399-6111 x9758

Date Issued: 4/30/2019
Application Number: ZA-19-00254
Application Date: 3/13/2019
Project Number:
Permit Number: ZP-19-00455
Fee: $100.00 CHK 882

Zoning Permit - New Single (Modular)

Worksite Location **3305 BAYLAND DR**
Ocean City, NJ 08226

Owner: **FLOUNDERS, RICHARD J & MARY ANN**
Address [redacted]

Applicant: **SJ HAUCK (MICHELLE)**
Address: **6801 DELILAH RD**
EGG HARBOR TWP, NJ 08234

Block: **3207** Lot: **2** Qualifier: Zone: **RL1-50**

This Certifies that an application for the issuance of a Zoning Permit - New Single (Modular) has been examined

Present Use: **DWELLING - SINGLE FAMILY**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **DWELLING - SINGLE FAMILY MODULAR**

Work Description:
New Single Family Dwelling - New Single Family Dwelling (Modular), 5' Fence, Shed

Application Approved Date: 4/30/2019

Upon review it was determined that the Zoning Permit - New Single (Modular)

☑ Permitted by Ordinance §25-204 4, 25-1700 14, 25-300 15f
☐ Permitted by Variance approved on
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Additional Comments:
a Crawlspace to comply with §25-107.
b. Existing shed to be relocated to hold required setbacks.
c Fence approved at 5' in side and rear yard.

CONCRETE R O W PERMIT REQUIRED

1- Final grading shall conform to ordinance 25-1700.8 9 and 25-300.8.1
2- Requires inspection of formed concrete areas that are in the Public Right of Way Please contact 48 hours prior to pour (call 399-6111x9799 or 9758 or e-mail at zoning@ocnj us).
3- Requires a MID-TERM and FINAL AS BUILT SURVEY
4- Concrete shall comply with 17-2 5
5- Street trees shall conform to plot plans location and ordinance 25-1700 38.12
6- Building requires Gutter and Downspouts
7- Curb Strip shall conform to City Engineers approval
8- Signs shall conform to 25-1700 29 7 while building is under construction
9- If Applicable: Stone size shall conform with 25-1700 45 3,4 (permitted is 1" to 3" diameter)

Jessica M Fenton Assistant Zoning Officer — 4/30/2019 Date

Ocean City
115 East 12th Street
Ocean City, NJ 08226
(609) 399-6111 x9758

Date Issued: 5/8/2019
Application Number: ZA-19-00513
Application Date: 5/7/2019
Project Number:
Permit Number: ZP-19-00497
Fee: $75.00 CHK 5647

Concrete R.O.W. Permit

Worksite **3305 BAYLAND DR**
Location **Ocean City, NJ 08226**

Owner: **FLOUNDERS, RICHARD J & MARY ANN**
Address [redacted]

Applicant: **SJ HAUCK (MICHELLE)**
Address: **6801 DELILAH RD**
EGG HARBOR TWP, NJ 08234

Block: **3207** Lot: **2** Qualifier: Zone **RL1-50**

This Certifies that an application for the issuance of a Concrete R O W Permit has been examined

Present Use: **DWELLING - SINGLE FAMILY**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **DWELLING - SINGLE FAMILY MODULAR**

Work Description
Concrete R.O.W. - Concrete R.O.W. - New Single Family Dwelling (Modular), 5' Fence, Shed

Application Approved Date: 5/8/2019

Upon review it was determined that the Concrete R O W Permit

☑ Permitted by Ordinance §25-1700 28 4
☐ Permitted by Variance approved on
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Additional Comments:
1- Requires inspection of formed concrete areas that are in the Public Right of Way. Please contact 48 hours prior to pour with requested date and time of concrete form inspection (Please call 399-6111x9799 or 9758 or e-mail zoning@ocnj us) Failure to obtain inspection and/or improperly poured concrete in the public right of way may result in enforcement action
2- All curbs shall have a minimum curb face of six (6") inches and a maximum face of eight (8") inches All concrete shall comply with the requirements of City Ordinance 17-2
3- Curb Strip shall be pervious (grass or other vegetation), or may be exempt from pervious if approved by Zoning
4- Lot grading shall not have negative impact on adjacent properties in accordance with City Ordinances 25-300 8 and 25-1700.8
5- Asphalt can not be disturbed. All curb shall be face formed without disturbing asphalt
6- ADA ramp and detectable warning surface required at corners

Jessica M Fenton, Assistant Zoning Officer — 5/8/2019 Date

CAFRA REVIEW CHECKLIST
City of Ocean City, New Jersey

For Office Use Only
Zoning Permit # _____

APPLICABLE TO SINGLE FAMILY OR DUPLEX DEVELOPMENT ONLY
TO BE COMPLETED BY APPLICANT OR AGENT
(Please type or print)
(If application is for other than a residential single family or duplex, this Checklist does not apply. Consult a professional or the NJDEP regarding applicability of the CAFRA regulations.)

PROJECT ADDRESS [redacted] 96
BLOCK [redacted] **LOT** [redacted]
APPLICANT NAME [redacted] **DATE** [redacted]

CHECK ONE:
___BULKHEADED LAGOON LOT(Answer questions under A below)
___BAYFRONT OR OCEANFRONT LOT within 150' of bulkhead or back of dune (Answer questions under B below)
___NONE OF THE ABOVE (THIS FORM IS NOT APPLICABLE- STOP HERE)

A. FOR SINGLE FAMILY OR DUPLEX DEVELOPMENT ON A BULKHEADED LAGOON LOT:
Development on these lots may be eligible for a CAFRA Permit-By-Rule. Answer YES, NO or N/A to the following:

- ___No wetlands on property
- ___Bulkhead across entire water frontage of lot
- ___Silt fence proposed along length of bulkhead, 10' return on each side
- ___All construction except decks set back 15' from water side of bulkhead (Exceptions may be made to setback with engineering certificate and deed restriction)
- ___Building above BFE
- ___No plastic liners under landscape or gravel
- ___Pool empties into sanitary sewer system
- ___Driveway permeable or pitched to permeable.

If YES (or N/A) to each item above, the project is permissible under Permit-By-Rule. If NO to any item above, it may require a CAFRA General Permit.
ELIGIBLE FOR PERMIT BY RULE _____YES ____NO
NOT ELIGIBLE, CAFRA GENERAL PERMIT REQUIRED ____YES ____NO
CAFRA GENERAL PERMIT APPLIED FOR ___YES ___NO ___n/a

B. FOR SINGLE FAMILY OR DUPLEX DEVELOPMENT ON THE BAYFRONT OR ON THE OCEANFRONT:

1. Is this project a development that is larger and/or in a different footprint than a previous building on the site?___YES ___NO
   If the answer to (1) is YES, a CAFRA General Permit is required. If the answer is NO, go to question (2)
   CAFRA GENERAL PERMIT REQUIRED ___YES ___NO
   CAFRA GENERAL PERMIT APPLIED FOR ___YES ___NO ___N/A

2. Is this project an in-ground pool on the waterside of the building? ___YES ___NO
   If the answer to (2) is YES, a CAFRA General Permit is required If the answer is NO, go to question (3)
   CAFRA GENERAL PERMIT REQUIRED ___YES ___NO
   CAFRA GENERAL PERMIT APPLIED FOR ___YES ___NO ___N/A

(Checklist continued on back of page)

3. Is this project an expansion less than 400 sq. ft of an existing building, or an accessory structure, on the non-waterward side of the building? ___YES ___NO
   If the answer to (3) is YES, it may be exempt from the CAFRA regulations. Go to question (4).
   MAY BE EXEMPT FROM CAFRA ___YES ___NO
   CAFRA GENERAL PERMIT APPLIED FOR ___YES ___NO ___N/A

4. Is this project an open deck, gazebo, garden, or a similar small structure, or an above-ground pool less than 500 sq. ft. draining to a sanitary sewer, on the waterward side of an existing building, not on a beach, dune or wetland? ___YES ___NO
   If the answer to (4) is YES, it may be exempt from the CAFRA regulations.
   MAY BE EXEMPT FROM CAFRA ___YES ___NO
   CAFRA GENERAL PERMIT APPLIED FOR ___YES ___NO ___N/A

IF A CAFRA PERMIT IS REQUIRED, AN OCEAN CITY BUILDING PERMIT WILL NOT BE ISSUED UNTIL THE CAFRA PERMIT IS APPROVED BY NJDEP.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Michelle L Daukshus
APPLICANT/AGENT Name (Print or type)

Applicant/Agent signature

12th 2019
DATE

For questions regarding this Checklist, call 525-9331 (Environmental Office), 525-9370 (Zoning Office) or 525-9172 (Construction Official).

FOR OFFICE USE ONLY: **Zoning Permit #** _____

Check One:

___**PROJECT REQUIRES CAFRA GENERAL PERMIT**

___**PROJECT IS ELIGIBLE FOR PERMIT BY RULE**

___**PROJECT IS EXEMPT FROM CAFRA**

5/2/19

Authorized city official **Date**

PERMIT BY RULE IS HEREBY ISSUED.

Authorized city official **Date**

7/3/02

SJ HAUCK CONSTRUCTION

Hello Neighbor,

SJ Hauck Construction will be starting a Piling Project at 3305 Bayland Ocean City, NJ in the next couple of weeks. We wanted to notify you, because we understand the process of setting a house can be stressful not only for the homeowner, but the other residents on the street as well.

In an effort to make this process as easy for you as possible, we invite you to come up and speak to our crew members, at any time, should you have any questions or concerns. Our Project Managers will be stopping by a few times a week in our SJ Hauck Pickups as well. Lastly, the staff at our office can always be reached by phone at 609-927-6700 to assist you.

We are a locally owned business with homes and families in the community. We care about every project as if we were working on our own. We will make every attempt to prove that to you.

Sincerely,

Harold Haug

Operations Manager

THE CITY OF OCEAN CITY
TAX ASSESSMENT OFFICE
861 Asbury Avenue
City Hall, Room 107
Ocean City, NJ 08226
Phone: (609) 525-9374
Fax: (609) 391-0650

FAX TRANSMITTAL

DATE: **June 10, 2019**

FROM: **Kathleen Tenaglia, Senior Assessing Clerk**

TO: **Michelle, S J Hauck**

RE: **200 Ft List Request 3305 Bayland Dr B-3207 L-2**

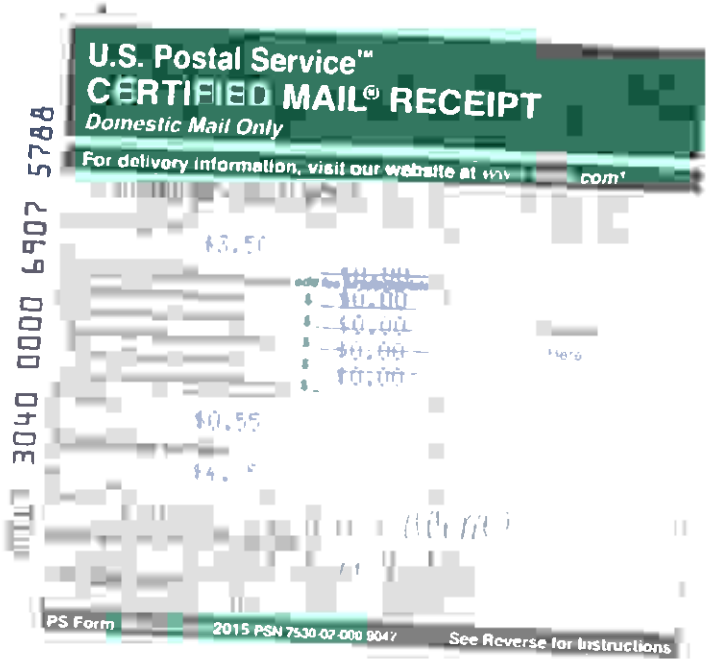
SENT TO FAX NUMBER: 1-609-927-6715

NO. OF PAGES INCLUDING COVER: 5

COMMENT: **Per your request faxing the requested properties. Original list will be mailed today. Thank you.**

ADJACENT PROPERTY LISTING APPLICANT: RICHARD & MARY ANN FLOUNDERS c/oS. J. HAUC
TAXING DISTRICT 08 OCEAN CITY COUNTY 05 CAPE MAY

PROPERTY ID	PROPERTY LOCATION	CLASS	OWNERS NAME & ADDRESS
3207 1	3307 BAYLAND DR	2	OLENGINSKI, JAN ANTHONY JR & ATHENA 7 STEVENS CT LAFAYETTE HILL, PA 19444
3207 2	3305 BAYLAND DR	2	FLOUNDERS,RICHARD J & MARY ANN 124 LORI LANE BROOMALL, PA 19008
3207 3	3303 BAYLAND DR	2	LIDDY, MARK J & SUSAN M GREEN- 2024 BRANDYWINE ST PHILA, PA 19130
3207 4	3301 BAYLAND DR	2	NUCERA, DOMINIC F & LYNN A 200 WHEATSHEAF LN LANGHORNE, PA 19047
3207 5	3217 BAYLAND DR	2	BABEL, FRED JR & EILEEN 3217 BAYLAND DRIVE OCEAN CITY, N J 08226
3207 21	3230 BAY AVE OB3207,L22	2	MUCH, MARK P & JACQUELINE D 909 ROUNDELAY DR WEST CHESTER, PA 19382
3207 22	3300 BAY AVE OB3207,L23	15C	CAPE MAY COUNTY COONTY LIBRARY OFF BLDG CAPE MAY COURT HOUSE, N J 08210
3207 23	3304 BAY AVE OB3207 L24	15C	CAPE MAY COUNTY COUNTY LIBRARY OFFICE BLG CAPE MAY COURT HOUSE, N J 08210
3350.01 17	BAY AVE AND 34TH ST OB3350 L1	15C	CITY OF OCEAN CITY 861 ASBURY AVE OCEAN CITY, NJ 08226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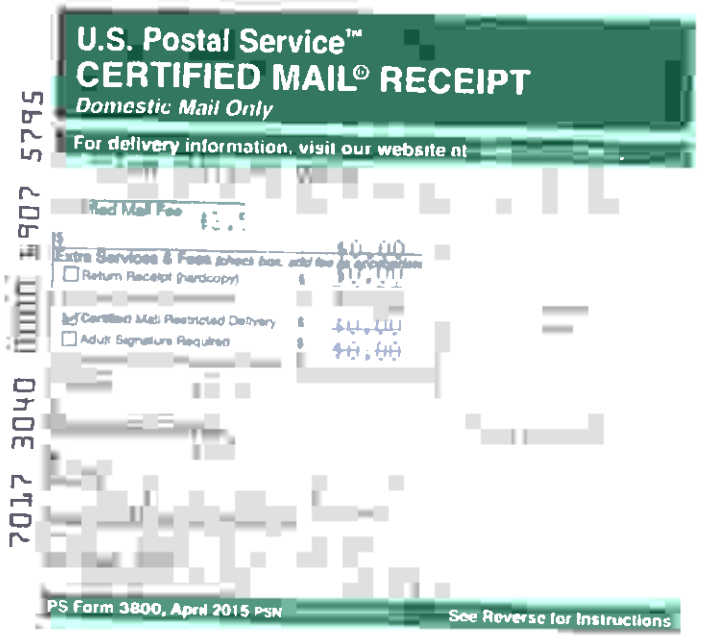
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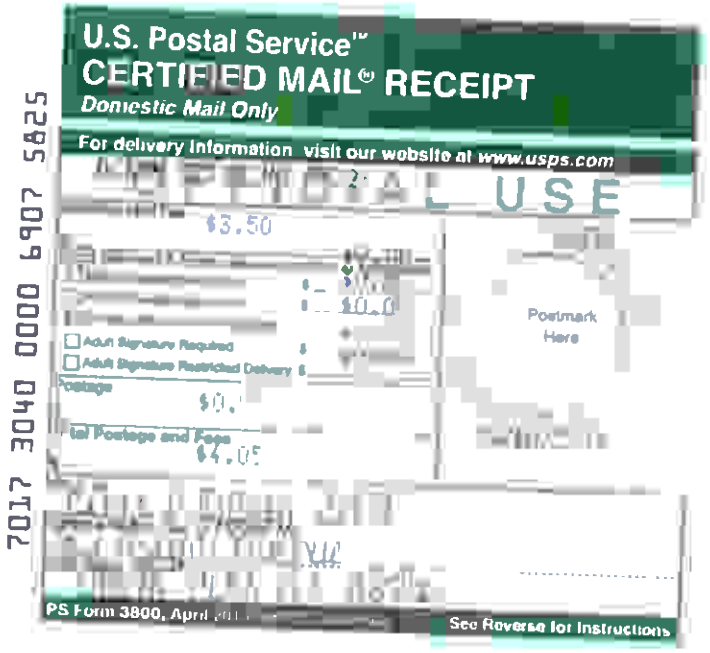
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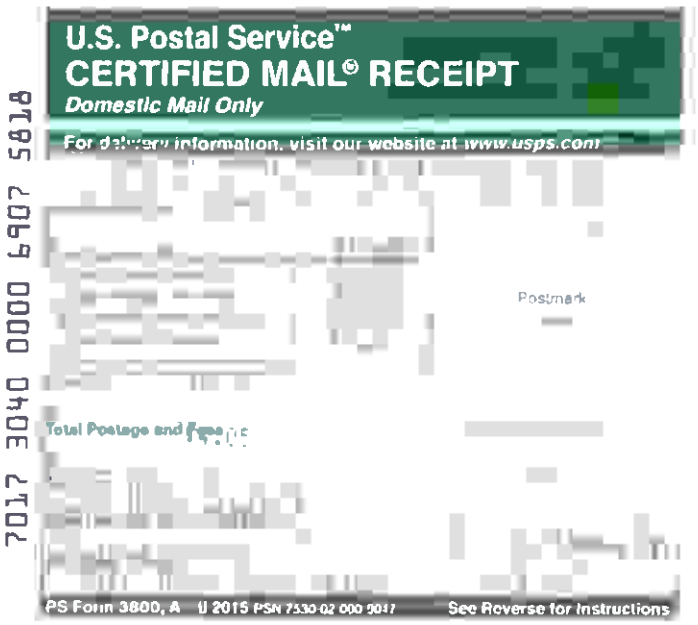
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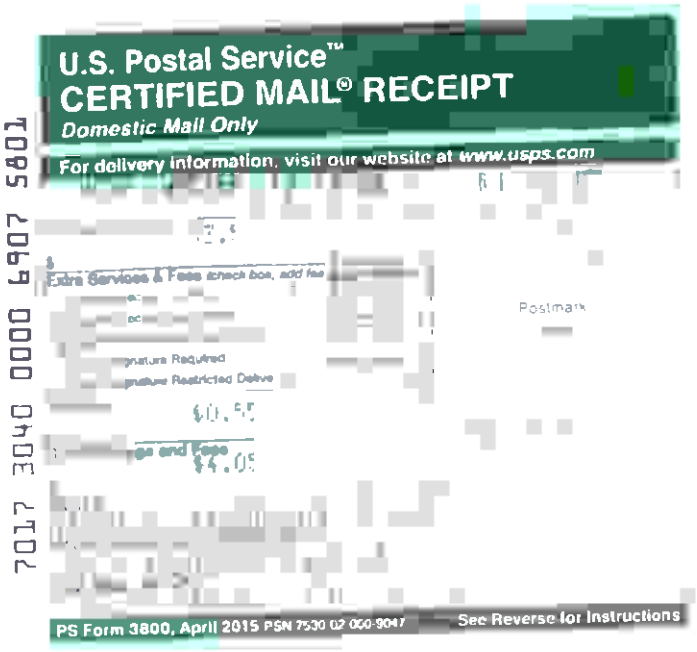
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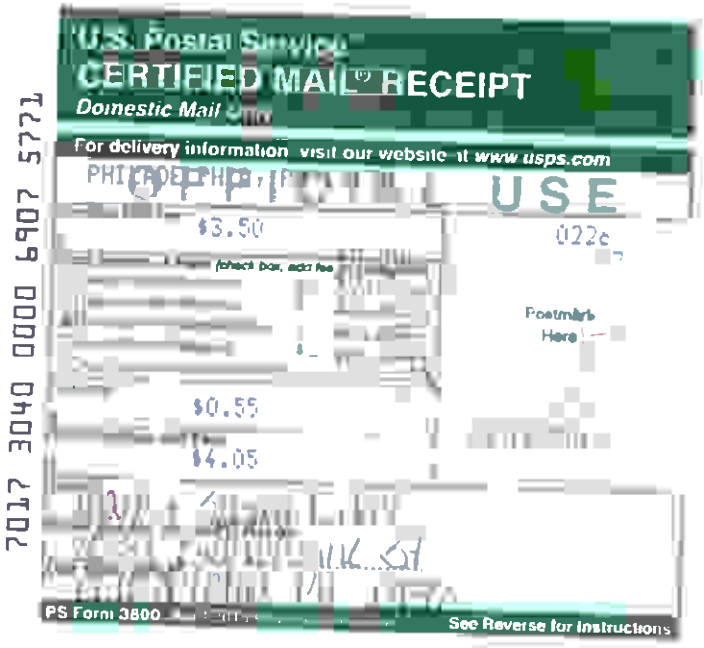
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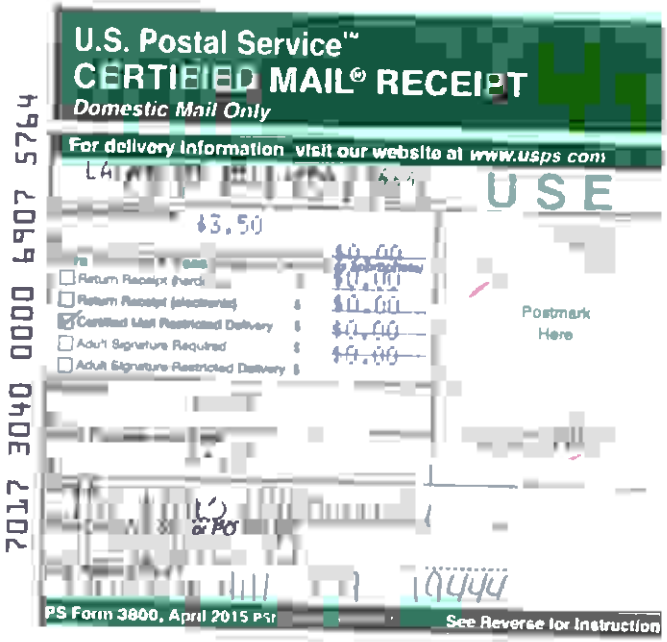
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See Reverse for Instruction
7017 3040 0000 6907 5764

FORM A
REQUEST FOR ADDRESSES WITHIN 200' FOR DEMOLITION OF STRUCTURES, OR
REQUEST FOR ADDRESSES WITHIN 200' FOR PILE INSTALLATION, OR
REQUEST FOR ADDRESSES WITHIN 200' FOR PILE INSTALLATION
AS PER ORDINANCE 16-17
PHONE: 609-525-9374 (FAX: 609-391-0650)

SUBMIT TO THE TAX ASSESSMENT OFFICE
(City Hall, Room 107, Ocean City, NJ 08226)

Date Submitted: 6/7/2019

Applicant: Stouch 1801 Delilah Road E66 Harbor Twp. NJ 08234

Block Number (Subject Property): 3807

Lot Number (Subject Property): 2

Lot Dimensions (Subject Property): _____

Property Location (Subject Property Address): 3325 Bayland Ocean City, NJ

Reason for List Preparation: (Please Check One)

_____ **DEMOLITION OF SUBJECT PROPERTY:** by checking this option the applicant is identifying that demolition will occur on the subject property and that the applicant will notify the owners of all properties within two hundred (200) feet of the site [illegible] per Ocean City Ordinance No. 16-17]

✓ **PILE INSTALLATION AT SUBJECT** [illegible]
(Pile installation by mechanical [illegible]**)** [illegible] Installation will occur at the subject property. Additionally, by checking this option the applicant certifies that all pile installation will be performed via mechanical boring/auger and [illegible] per Ocean City Ordinance No. 16-17] and that prior to the [illegible] the applicant will notify the owners of all properties within one hundred (200) feet of the site [as per Ocean City Ordinance No. 16-17]

_____ **PILE INSTALLATION AT SUBJECT PROPERTY (200' LIST)**
(Pile installation via pile hammer): by checking this option the applicant is identifying that pile installation will occur at the subject property. Additionally, by checking this option the applicant certifies that all pile installation will be performed via pile hammer as per Ocean City Ordinance No. 16-17 and that prior to installation of piling the Applicant will notify the owners of all properties within two hundred (200) feet of the site (as per Ocean City Ordinance No. 16-17.)

Along with this request form, please submit a check in the amount of ten dollars ($10), made payable to the City of Ocean City, to cover administrative costs. If payment is made in cash, please be advised that the Assessor's office will only accept exact change.

I authorize the Tax Assessor's Office to compile a listing of property [illegible] and mailing addresses located within either a 100 foot radius or within a 200 foot [illegible] of the above mentioned [illegible], as per the radius selection identified by me in this application (as per Ocean City Ordinance No. 16-17.)

[illegible] Dated: 6/7/2019
Authorized Signature

Please call me when the list is complete at: [illegible]

Please mail the list to the following address: 1801 Delilah Road
E66 Harbor Twp. NJ 08234

CITY OF OCEAN CITY
AMERICA'S GREATEST FAMILY RESORT
CONSTRUCTION CODE ENFORCEMENT

PARTIAL RELEASE DISCLAIMER

I understand that by requesting the review of the foundation only for this project, it will be reviewed as a "simple" project, not in its entirety.

I also understand that when granted the permit, I am installing the foundation "at my own risk". There is no guarantee that the entire permit will be granted in the current form or in any other form per the Uniform Construction Code- NJAC 5:23-2.15(f)4i(3).

If requesting a partial release for a masonry foundation, I have included an additional set of plans signed and sealed by the architect with evidence of approval by the Ocean City Zoning Office. When released with the footing/foundation permit, I will have them available on the project site for the field inspections of the work.

Signed, Michelle L Daukshus Date: [redacted]

Printed name Michelle L. Daukshus

Project address: [redacted]

Block/Lot Block: 3207 Lot: 2

115 12th STREET, OCEAN CITY, NJ 08226
609-525-9174 FAX 609-399-8419

Ocean City

Payment PMNT-19-011000 with Fee Items

Tracking	Date	Cash	Charge	Check	Check #	Account	Receiver
PMNT-19-011000	6/24/2019	0	0	2000	5934	CONSTRUCTION CODE	Sheree Benoit
						Fee	Paid
Violation Fee	[redacted] 080 001 500105 0		3305 BAYLAND DR		V-19-00043	2000	2000
						2000	2000

1 Payments	Cash Total	Charge Total	Check Total	Total	Fee Total	Paid Total
1 Fee Items	$0 00	$0 00	$2,000 00	$2,000 00	$2,000.00	$2,000 00

Totals by Department

	Fee Total	Paid Total		Fee Total	Paid Total		Fee Total	Paid Total
Construction	$2,000 00	$2,000 00	Zoning Board	$0 00	$0 00	Pet	$0 00	$0 00
Engineering	$0 00	$0 00	Planning Board	$0 00	$0 00	Fire Prevention	$0 00	$0 00
Public Works	$0 00	$0 00	Land Use	$0 00	$0 00			
Health Pro	$0 00	$0 00	Code Enforcement	$0 00	$0 00			

Permit issued

Permit/Control # 2019071
Date Issued: [redacted] 6/24/19
Violation #: [redacted]

NOTICE OF VIOLATION AND ORDER TO TERMINATE

IDENTIFICATION

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226
Block: 3207 Lot: 2 Qualification Code:
Owner in Fee FLOUNDERS,RICHARD J & MARY ANN
Owner Address [redacted]
Agent/Contractor: SJ HAUCK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234

To: Contractor/Builder **AND** Owner in Fee

DATE OF INSPECTION: 6/14/2019 DATE OF THIS NOTICE 6/17/2019

ACTION

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
N.J.A.C. 5:23 - 2.14(a) - WORK PERFORMED WITHOUT REQUIRED PERMIT
PILING INSTALLED WITHOUT THE NECESSARY PERMITS AND/OR APPROVALS

You are hereby ***ORDERED*** to terminate the said violations on or before 6/17/2019

No Certificate of Occupancy or Approval will be issued unless the said violations are corrected

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $2,000.00 per week per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the Cape May County within 15 days of receipt of this ***ORDER*** as provided by N J A C 5:23A-2 1 The Application of the Construction Board of Appeals may be used for this purpose

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: 4 Moore Road
Cape May Court House, NJ 08210

If you have any questions concerning this matter, please call [redacted]

NOTICE of Violation and ***Order*** to Terminate [redacted] Date [redacted]

Permit issued 20192871 6/24/19

NOTICE OF VIOLATION AND ORDER TO TERMINATE

Permit/Control #
Date Issued: 6/17/2019
Violation #: V-19-00042

IDENTIFICATION

Work Site Location 3305 BAYLAND DR Ocean City NJ 08226
Block: 3207 Lot: 2 Qualification Code:
Owner in Fee: FLOUNDERS RICHARD J & MARY ANN
Owner Address [redacted]
Agent/Contractor SJ HALICK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234

To: Contractor/Builder **AND** Owner in Fee

DATE OF INSPECTION: 6/14/2019 DATE OF THIS NOTICE: 6/17/2019

ACTION

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
N.J.A.C. 5:23 - 2.18(c) - FAILURE TO OBTAIN THE REQUIRED INSPECTIONS
PILING INSTALLED WITHOUT CALLING FOR THE REQUIRED INSPECTION

You are hereby ***ORDERED*** to terminate the said violations on or before 6/17/2019

No Certificate of Occupancy or Approval will be issued unless the said violations are corrected

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $2,000.00 per week per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the Cape May County within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23A-2.1 The Application of the Construction Board of Appeals may be used for this purpose

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them You may include a brief statement setting forth your position and the nature of the relief sought by you You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: 4 Moore Road
Cape May Court House, NJ 08210

If you have any questions concerning this matter, please call [redacted]

NOTICE of Violation and ***Order*** to Terminate [redacted] Date [redacted]

S J Hauck Housemovers LLC
6801 Delilah Road
Egg Harbor Township, NJ 08234
Office: 609-927-6700
Fax: 609-927-6715
www.welifthouses.com
NJ Home Elevation Contractor # 13HE00001200

Permit Submittal

Ocean City

Date: [illegible]

Address: [illegible] 8326

X		Construction Permit Application Jacket
X		Zoning Permit Application
X		$100 Check made out to Ocean City
X		Safety Plan
X		Building Subcode Technical Sheet
X		Home Elevation License
X		Home Elevation Contractor Certification
X		Plumbing Subcode
X		Electric Subcode
		Temp Pole Subcode
X		Utility Disconnects modular home 2+1
		Construction Permit Application Jacket for Temporary Pole
		Sealed Cribbing Plan - 2
X		Sealed Survey - 2
X		Sealed Plot Plan - 3
X		Sealed Prints - Complete Set - 3

Ocean City
115 12th Street
Ocean City, NJ 08226

Building Plan Review

Control Number:	19-0820	Permit Number:		Tube Number:	
Application Date:	5/8/2019	Permit Issue Date			
Received Date:	6/7/2019	Result:	Fail	Result Date:	6/7/2019

Work Site Location:	3305 BAYLAND DR Ocean City, NJ 08226
	Block: 3207 Lot: 2 Qualifier
Owner:	FLOUNDERS,RICHARD J & MARY ANN
Owner Address:	[redacted]
Telephone:	
Agent:	SJ HOMES INC
Agent Address:	68701 DELILAH ROAD EGG HARBOR TWP NJ 08234
Telephone:	(609) 927-6700
Contractor:	SJ HOMES INC
Contractor Address:	68701 DELILAH ROAD EGG HARBOR TWP NJ 08234
Telephone:	(609) 927-6700
Engineer:	AI5 STUDIOS
Engineer Address:	701 WEST AVENUE STE 301 OCEAN CITY NJ 08226
Telephone:	(609) 398-4477
Architect:	
Architect Address:	
Telephone:	

OK 7:I
6.7.19

Plan Review Comments. 1) Please show on the permit application the [illegible] prices for the modular home, (new building), and the site constructed work, (rehabilitation), which includes the pilings, beams, hardware, porches, porch roofs, stairs, HVAC, insulation, etc.

2) Please submit plans for the HVAC equipment platform and screen wall shown on the plans as "by others".

3) Please show on the foundation plan the design loads, flood zone, etc., (missing sheet 2 of 2?).

4) Please show on the plans the projection of the roof overhang. A projection on the left side over 12" will require fire rating.

5) The modular plans show that the [illegible] floor finishes and insulation are by others. Please clarify to what extent the second [illegible] be finished
The R38 roof and ceiling, R13 [illegible] wall, and R19 over the crawl are required by the RES Check and must be installed before occupancy.

6) Please show on the plans details of the stairs and enclosure, and the door from the garage to the living area above.

Additional comments may result when the information requested is submitted and reviewed.

Reviewed by Robert [illegible]

Date Printed: 6/7/2019

Ocean City
115 12th Street
Ocean City, NJ 08226

Building Plan Review

Review of amended plans and response received 6-7-19

1) Field price appears low. Please provide a complete [illegible] break down including all second floor finish work: framing, insulation, drywall doors trim, [illegible]

2) The amended plans show a shallow HVAC fo[illegible]. Please submit a soils report that supports the use of the shallow foundation

3) , 4) , and 5) OK

[illegible] be [illegible] on the modular plans.

[illegible] is to be enclosed, please show on the plans that the beams [illegible] rated the same 1 hour, (The beam sizes shown do not [illegible]

Additional comments may [illegible]t when the information requested is submitted and reviewed.

Reviewed by Robert Pen[illegible]

Plan Review Subcode Notes

Ocean City
115 12th Street
Ocean City, NJ 08226

Building Plan Review

Control Number:	19-0820	Permit Number:		Tube Number	
Application Date:	5/8/2019	Permit Issue Date			
Received Date:	5/23/2019	Result	Fail	Result Date:	5/23/2019

Work Site Location	3305 BAYLAND DR Ocean City, NJ 08226
	Block: 3207 Lot 2 Qualifier
Owner:	FLOUNDERS,RICHARD J & MARY ANN
Owner Address:	[redacted]
Telephone:	
Agent:	SJ HOMES INC
Agent Address:	68701 DELILAH ROAD EGG HARBOR TWP NJ 08234
Telephone:	(609) 927-6700
Contractor:	SJ HOMES INC
Contractor Address:	68701 DELILAH ROAD EGG HARBOR TWP NJ 08234
Telephone:	(609) 927-6700
Engineer:	AI5 STUDIOS
Engineer Address:	701 WEST AVENUE STE 301 OCEAN CITY NJ 08226
Telephone:	(609) 398-4477
Architect:	
Architect Address:	
Telephone:	

Plan Review Comment

1) Please show on the permit application the separate prices for the modular home, (new building), and the site constructed work, (rehabilitation), which includes the pilings, beams, hardware, porches, porch roofs, stairs, HVAC, insulation, etc. SEEMS LOW NEEDS BREAK DOWN

2) [illegible]

OK RD 5.31.19 3) Please show on the foundation plan the design loads, flood zone, etc., (missing sheet 2 of 2?).

OK RD 6.7.19 4) Please show on the plans the projection of the roof overhang. A projection on the left side over will require fire rating. 10"

OK RD 6.7.19 5) The modular plans show that the second floor finishes and insulation are by others. Please verify to what extent the second floor will be finished.
The R38 roof and ceiling, R13 kneewall, and R19 over the crawl are required by the RES Check and must be installed before occupancy.

6) [illegible]

Additional comments may result when the information requested is submitted and reviewed.

Reviewed by Robert Penrose RP

[illegible] RP

5.31.19 - [illegible]
6.5.19 - SPOKE TO MICHELLE @ SJ HAXIL & EXPLAINED #6 RP
6.7.19 - NEW COMMENTS

Ocean City
115 12th Street
Ocean City, NJ 08226

Building Plan Review

Plan Review Subcode
Notes

Ocean City
115 12th Street
Ocean City, NJ 08226

Building Plan Review

Control Number:	19-0820	Permit Number:		Tube Number	
Application Date:	5/8/2019	Permit Issue Date:			
Received Date:	5/23/2019	Result:	Fail	Result Date:	5/23/2019

Work Site Location:	3305 BAYLAND DR Ocean City, NJ 08226
	Block: 3207 Lot: 2 Qualifier:
Owner:	FLOUNDERS,RICHARD J & MARY ANN
Owner Address:	[redacted]
Telephone:	
Agent:	SJ HOMES INC
Agent Address:	68701 DELILAH ROAD EGG HARBOR TWP NJ 08234
Telephone:	(609) 927-6700
Contractor:	SJ HOMES INC
Contractor Address	68701 DELILAH ROAD EGG HARBOR TWP NJ 08234
Telephone:	(609) 927-6700
Engineer:	AIS STUDIOS
Engineer Address:	701 WEST AVENUE STE 301 OCEAN CITY NJ 08226
Telephone:	(609) 398-4477
Architect:	
Architect Address:	
Telephone:	

Plan Review Comments: 1) Please show on the permit application [illegible] prices for the modular home, (new building), and the site constructed work, (rehabilitation), which includes the pilings, beams, hardware, porches, porch roofs, stairs, HVAC, insulation, etc.

2) Please submit plans for the HVAC equipment platform and screen wall shown on the plans as "by others".

Missing Permit Set

3) Please show on the foundation plan the design loads, flood zone, etc., (missing sheet 2 of 27).

4) Please show on the plans the projection of the roof overhang. A projection on the left side over 12" will require fire rating.

5) The modular plans show that the second floor finishes and insulation are by others. Please clarify to what extent the second floor will be finished.
The R38 roof and ceiling, R13 kneewall, and R19 over the crawl are required by the RES Check and must be installed before occupancy.

6) Please show on the plans details of the stairs and enclosure, and the door from the garage to the living area above.

Additional comments may result when the information requested is submitted and reviewed

Reviewed by Robert Penrose

David Holst, RA, NCARB
Architect
dholst@ai5studios.com

701 West Avenue
Suite 301
Ocean City, NJ 08226
609.398.4477
www.ai5studios.com
Cert. of Auth. No. 21AC00040300

June 6, 2019

Mr. Richard Flounders
[redacted]

RE: **Building Review Comments**
3305 Bayland Drive
Block 3207 / Lot 2
Ocean City, Cape May Co., New Jersey
Project No. 31547.01

Dear Mr. Flounders,

In response to the Building Plan Review comments prepared by Mr. Robert Penrose of the Ocean City Construction Office for the above captioned property, we offer the following:

1. The general contractor will complete the permit application with itemized pricing for the individual elements of the project.

2. A new mechanical platform has been designed to position the mechanical equipment above elevation 11.0 and to provide 36" high screening of the HVAC equipment. The new platform design is illustrated on sheet S101.

3. The design loads and flood hazard area data for the project are indicated on drawing sheets A101 & S102

4. See the enclosed drawing titled BIRD from the modular manufacturer Icon Legacy, dated 5/15/19. The side and eave roof overhangs are dimensions to be 10". As this overhang will be greater than 5 feet from all property lines, no fire rating is required. An additional note indicating this overhang dimension has also been added to drawing number 8 on sheet S101.

5. The second floor finishes have been added to drawing A101. Insulation is to be installed as specified in the REScheck Certificate provided by the modular manufacturer. R-38 insulation provided above the collar ties in the flat ceiling, R-38 provided behind knee walls of second floor, R-19 provided in sloped cathedral ceiling of second floor, and R-13 provided in knee walls.

6. Riser and tread information for the stairs from the first floor to the garage level have been added to the foundation plan on sheet S101. Notes regarding the stairway enclosure fire rating have also been included on sheet S101.

In response to the Plumbing Plan Review comments prepared by Mr. Jim Cotton for the above captioned property we offer the following:

1. A sanitary drain and vent diagram for domestic hot and cold water piping for the jobsite installed fixtures has been added to sheet S1
2. A gas piping riser diagram has been added to sheet S1
3. All piping in unheated portions of the structure will be protected with a minimum of one inch of insulation in accordance with section 2.16 of the NSPC. Notes to this affect can be found in the general project notes on sheet A101 section 14.10, and o on sheet S102.

6/10/19 Editorial Item

Please do not hesitate to contact me if you have any questions or if you require additional information.

Sincerely,

David Holst, RA, NCARB

Encl: Drawings A101, S101 & S102 by ai5 studios dated 06/06/19
BIRD by Icon Legacy dated 05/15/19
REScеck Certificate by Icon Legacy dated 04/12/19

cc: Mr. Michael Dayer – SJ Hauck Homes (via email)
Ms. Michelle Daukshus – SJ Hauck Homes (via email)

ndence\2019-06 06 1

Construction Code

From: Michelle Daukshus <MichelleD@sjhauck.com>
Sent: Thursday, June 6, 2019 8:03 AM
To: Construction Code
Cc: Thomas Sullivan
Subject: ATTN: Bob Penrose 3305 Bayland
Attachments: 3305 Bayland - Building Plan Review Revisions.pdf

Importance: High

Good Morning Bob,

I hope you are having a great week. I have attached revised Construction Jacket and Building subcode breaking out the new building and rehabilitation costs per your request on the Building Plan review (Item #1). I have also attached a copy of your Building Plan review for easy reference. I am still waiting on the architect to send revised plans to satisfy the other conditions you are requesting.

Should you have any further questions or concerns with my attachments, please do not hesitate to contact me.

Thank you and have a fantastic day!

Michelle L. Daukshus
Project Administrator
SJ Hauck Construction, LLC
6801 Delilah Road
Egg Harbor Twp, NJ 08234

Office: 609-927-6700 x113
Fax: 609-927-6715
Email: MichelleD@SJHauck.com
www.SJHauckConstruction.com

Ocean City
115 12th Street
Ocean City, NJ 08226

Building Plan Review

Review of amended plans and response received 6-7-19:

1) Field price appears low. Please provide a complete cost break down including all second floor finish work: framing, insulation, drywall doors trim, etc.

2) The amended plans show a shallow HVAC foundation. Please submit a soils report that supports the use of the shallow foundation.

3) , 4) , and 5) OK

6) The fire rated walls and door must be shown on the modular plans.

7) (New Comment)- If the ground floor is to be enclosed, please show on the plans that the beams supporting the fire rated assembly will be rated the same 1 hour, (The beam sizes shown do not conform with Type IV heavy timber).

Additional comments may result when the information requested is submitted and reviewed.

Reviewed by Robert Penrose

Plan Review Subcode Notes

Terri L. Ney

From: Michelle Daukshus <MichelleD@sjhauck.com>
Sent: Monday, June 10, 2019 2:53 PM
To: Terri L. Ney
Subject: ATTN: Bob Penrose - 3305 Bayland
Attachments: 3305 Bayland - REVISED Permit Jacker.pdf; 3305 Bayland - REVISED Building Subcode.pdf

Importance: High

Hi Terri,

Thank you for taking the time to explain the issue with Item #1 on the Building Plan Review. I FINALLY figured out what the issue was. All my paperwork (including sub proposals, plans, survey etc.) was based on a second floor. My original contract I was provided with only indicated a first floor for Building Subcode costs that's why the price was low. I have attached a revised building jacket cover page along with revised Building Subcode reflecting the additional floor. I apologize for any confusion.

Would you kindly please forward my attachments to Bob for his review along with this email so he knows what the confusion was.

Again, I am sorry for any confusion

Have a fantastic day.

Michelle L. Daukshus
Project Administrator
SJ Hauck Construction, LLC
6801 Delilah Road
Egg Harbor Twp, NJ 08234

Office: 609-927-6700 x113
Fax: 609-927-6715
Email: [redacted]
www.SJHauckConstruction.com

David Holst, RA, NCARB
Architect
dholst@ai5studios.com

701 West Avenue
Suite 301
Ocean City, NJ 08226
609.398 4477
www.ai5studios.com
Cert. of Auth No. 21AC00040300

June 10, 2019

Mr. Richard Flounders
[redacted]

RE: **Building Review Comments**
3305 Bayland Drive
Block 3207 / Lot 2
Ocean City, Cape May Co., New Jersey
Project No. 31547.01

Dear Mr. Flounders,

In response to the Building Plan Review comments prepared by Mr. Robert Penrose of the Ocean City Construction Office for the above captioned property, dated June 7th 2019, we offer the following:

1. The general contractor will provide a complete cost breakdown for all second floor finishes

2. Please see the enclosed letter by John Halbruner dated June 7th, 2019 describing the shallow foundation system and soil conditions.

3. Satisfied through previous revision

4 Satisfied through previous revision

5 Satisfied through previous revision

6. A note has been added to sheet S101 describing the addition of 1 layer of 5/8" type ' x' gypsum wall board to the interior of the stairwell to provide a 1 hour rated barrier. Also, the contractor will verify that the door provided by the modular manufacturer meets the requirements of section R302.5.1 of the IRC 2015 NJ Edition for opening protection between a garage and residence. That door will be either solid wood not less than 1 3/8" thick, solid of honeycomb seel door 1 3/8" thick, or a 20 minute rated door.

7. (2) layers of 5/8" type 'x' gypsum sheathing has been added to details 4,5,and 6 on sheet S101 to provide the dropped beams supporting the modular units with 1 hour fire rated protection. Fiberglass coated

exterior gypsum sheathing is to be used around the perimeter where the sheathing is exposed to the exterior of the building.

In response to the Plumbing Plan Review comments prepared by Mr. Jim Cotton for the above captioned property we offer the following:

1. Comment addressed in revision dated 06/06/19

2. Comment addressed in revision dated 06/06/19

3. All piping in unheated portions of the structure will be protected from freezing with a minimum of one inch of insulation in accordance with section 2.16 of the NSPC. Notes to this affect can be found in the general project notes on sheet A101 section 14.10, and on the plumbing riser diagram on sheet S102.

Please do not hesitate to contact me if you have any questions or if you require additional information

Sincerely,

David Holst, RA, NCARB

Encl Drawing S101 by ai5 studios dated 06/10/19
Drawing S102 by ai5 studios dated 06/10/19
Letter RE HVAC Platform by John Halbruner dated 06/07/19

cc Mr. Michael Dayer – SJ Hauck Homes (via email)
Ms. Michelle Daukshus – SJ Hauck Homes (via email)

John E. Halbruner, RA, PE
President
jhalbruner@hdg-nj com

701 West Avenue
Suite 301
Ocean City, NJ 08226
609.398.4477
www.hdg-nj com
Cert. of Auth. No 24GA28087300

HDG
ENGINEERING
SURVEYING
ENVIRONMENTAL

June 7, 2019

Richard Flounders
[redacted]

RE: **HVAC Platform Foundation**
3305 Bayland Drive
Block 3207 /Lot 2
Ocean City, Cape May Co., NJ
Project No. 31547.01

Dear Mr Flounders,

Based upon my familiarity with soil conditions at the subject site and surrounding area, it is my professional opinion that a shallow, soil-supported footing system is appropriate to support a mechanical platform. A deep foundation system such as piling is not warranted

Sincerely,

John E. Halbruner, RA, PE

cc: Mr. Michael Dayer – SJ Hauck Homes (via email)
Ms. Michelle Daukshus – SJ Hauck Homes (via email)

OFFICE COPY

PFS Corporation d/b/a PFS TECO
An Employee-Owned Company

April 12, 2019 **IBC Transmittal: 2019-007**

IBC Library
Industrialized Buildings Commission
Suite 210
505 Huntmar Park Drive
Herndon, VA 20170

Re: icon legacy Custom Modulars, Selinsgrove, PA
submittal of: #8082 Revision

To Whom It May Concern

Enclosed please find one copy of the referenced documentation, approved under the IBC Uniform Administration Procedures.

PFS Corporation has reviewed the enclosed documents and found them to conform to the best of our knowledge, to the requirements of the codes specified on the documents for the state of destination.

Should you have any question, please feel free to call this office at any time.

Sincerely, Harold Raup

Digitally signed by Harold Raup
DN: cn=Harold Raup, o=PFSTECO, ou, email=harold.raup@pfsteco com, c=US
Date: 2019.04.12 09:47:13 -04'00'

Harold Raup
Staff Plane Reviewer
License # P-101

Enc: As stated above.

Cc: PFS File
John Aungst, Icon engineering

Date Received at PFS 4-10-19
IBC Transmittal No (by PFS) 2019-007
Project No (by PFS)

ADDITIONAL OR MODIFIED ACCEPTANCE (MODULARS/PANELIZED)

This form is to be used only when the manufacturer is seeking acceptance of an additional model modified model or model name change which uses a previously accepted building system

Current PFS Building System Acceptance # 1460
Model Name No O#8082
Manufacturer's Name ICON LEGACY CUSTOM MODULAR HOMES
Plant(s) at which model will be produced SELINSGROVE, PA 17870
Check One NEW MODEL ✓ Revised Model*

TECHNICAL DATA

	Conforms		
Floor Plan Showing	Yes	N	N A
Braced Wall Method or Shearwalls	✓		
Building Size (LxW Dimensions)	✓		
Room Sizes, Light & Ventilation Schedule	✓		
Exit Requirements	✓		
Electrical Outlet Spacing & Smoke Detector	✓		
Location of Labels & Data Plates	✓		
Use Group, Type Const , Total Sq Ft Area	✓		
Plumbing System Design or Reference No (TYPICAL)	✓		
Heat Loss Calculations or Reference No HL1	✓		
HVAC/Furnace Size Model No ONSITE			✓
Thermal Performance Calculations or Reference No (RESCHECK)	✓		
Electrical Load Calculations or Reference No (TYPICAL)	✓		
Service Size and Location 200 amp in BEDROOM#1	✓		
Applicable Building Codes see floor plan	✓		

Submit model to the followingstates NEW JERSEY

*Description of Modification CHANGED ROOF PITCH AND REDID ALL BEAM CALL OUTS

Requested by (designer) BRETT HEBERT Date 4/10/19

For PFS Use

Staff Plan Reviewer Harold Raup IBC Certification # P-101 Date 4-12-19

Structural Calculation(s) Reviewed By P E # Date

RWETIRE APPROVAL ON FILE

**(1) copy sent to IBC within 15 days of approval

VERBAL APPROVAL GIVEN ☐ By Whom To Whom Date

MODEL WAS DEVIATED ✓ Revision Number

THIS FORM SHALL BE FILLED OUT COMPLETELY WITH EACH MODEL ACCEPTANCE OR MODIFICATION PRIOR TO SUBMITTAL TO PFS

cc File/Mfg/Insp/IBC
forms\form-m
Rev 05/13/08 mb

REScheck Software Version 4.6.5

Compliance Certificate

PFS Corporation
Northeast Region
APPROVED
H Raup – 3
4/12/19
Approval limited to
Factory Built Portion

Project O#8082

Energy Code:	**2015 IECC**
Location:	**Ocean City, New Jersey**
Construction Type:	**Single-family**
Project Type:	**New Construction**
Conditioned Floor Area:	**1,449 ft2**
Glazing Area	**14%**
Climate Zone:	**4 (5169 HDD)**
Permit Date:	
Permit Number:	

Construction Site:
3305 BAYLAND DRIVE
OCEAN CITY, NJ 08226

Owner/Agent:
SJ HAUCK CONSTRUCTION LLC
6801 DELILAH RD
EGG HARBOR TOWNSHIP, NJ 08234

Designer/Contractor:
ICON LEGACY CMH
246 SAND HILL RD
SELINSGROVE, PA 17870

Compliance: Passes using UA trade-off

Compliance **1.2% Better Than Code** Maximum UA **325** Your UA: **321** Maximum SHGC: **0.40** Your SHGC **0.28**

The % Better or Worse Than Code Index reflects how close to compliance the house is based on code trade-off rules.
It DOES NOT provide an estimate of energy use or cost relative to a minimum-code home.

Envelope Assemblies

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	U-Factor	UA
ABOVE COLLAR TIE: Flat Ceiling or Scissor Truss	971	38.0	0.0	0.030	29
BEHIND KNEE WALL: Flat Ceiling or Scissor Truss	281	38.0	0.0	0.030	8
SLOPED CEILING: Cathedral Ceiling	180	19.0	0.0	0.052	9
KNEE WALLS: Wood Frame, 16" o.c.	142	13.0	5.0	0.057	8
HOUSE WALLS: Wood Frame, 16" o.c.	1,988	21.0	0.0	0.057	95
Window 1: Vinyl/Fiberglass Frame:Double Pane with Low-E SHGC: 0.28	293			0.340	100
Door 1: Solid	22			0.170	4
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	1,449	19.0	0.0	0.047	68

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2015 IECC requirements in RES*check* Version 4.6.5 and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Icon Legacy CMH — Name - Title
Brett Hebert — Signature
4/12/19 — Date

RES*check* Software Version 4.6.5

Inspection Checklist

Energy Code: 2015 IECC

Requirements: 0.0% were addressed directly in the RES*check* software

Text in the "Comments/Assumptions" column is provided by the user in the REScheck Requirements screen. For each requirement, the user certifies that a code requirement will be met and how that is documented, or that an exception is being claimed. Where compliance is itemized in a separate table, a reference to that table is provided.

Section # / Req ID	Pre-Inspection/Plan Review	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
[illegible]	Construction drawings and documentation demonstrate energy code compliance for the building envelope. Thermal envelope represented on construction documents.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
103.1, 103.2, 403.7 [PR3][1]	Construction drawings and documentation demonstrate energy code compliance for lighting and mechanical systems. Systems serving multiple dwelling units must demonstrate compliance with the IECC Commercial Provisions.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
302.1, 403.7 [PR2][2]	Heating and cooling equipment is sized per ACCA Manual S based on loads calculated per ACCA Manual J or other methods approved by the code official.	Heating: Btu/hr____ Cooling: Btu/hr____	Heating: Btu/hr____ Cooling: Btu/hr____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

PFS Corporation
Northeast Region
APPROVED
H Raup – 3
4/12/19
Approval limited to Factory Built Portion

1 High Impact (Tier 1) | 2 Medium Impact (Tier 2) | 3 Low Impact (Tier 3)

Section # & Req.ID	Foundation Inspection	Complies?	Comments/Assumptions
303.2.1 [FO11]²	A protective covering is installed to protect exposed exterior insulation and extends a minimum of 6 in. below grade.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.0 [FO12]²	Snow- and ice-melting system controls installed.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

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1 High Impact (Tier 1) 2 Medium Impact (Tier 2) 3 Low Impact (Tier 3)

Section # & Req.ID	Framing / Rough-In Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
402.1.1, 402.3.4 [FR1][1]	Door U-factor	U-____	U-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values*
402.1.1 402.3.1 402.3.3 402.5 [FR2][1]	Glazing U-factor (area-weighted average).	U-____	U-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values*
303.1.3 [FR4][1]	U-factors of fenestration products are determined in accordance with the NFRC test procedure or taken from the default table.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.1.1 [FR23][1]	Air barrier and thermal barrier installed per manufacturer's instructions.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.3 [FR20][1]	Fenestration that is not site built is listed and labeled as meeting AAMA /WDMA/CSA 101/I.S.2/A440 or has infiltration rates per NFRC 400 that do not exceed code limits.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.4.5 [FR16][2]	IC-rated recessed lighting fixtures sealed at housing/interior finish and labeled to indicate ≤2.0 cfm leakage at 75 Pa.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403 3.1 [FR12][1]	Supply and return ducts in attics insulated >= R-8 where duct is >= 3 inches in diameter and >= R-6 where < 3 inches. Supply and return ducts in other portions of the building insulated >= R-6 for diameter >= 3 inches and R-4 2 for < 3 inches in diameter.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.5 [FR15][3]	Building cavities are not used as ducts or plenums.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.4 [FR17][2]	HVAC piping conveying fluids above 105 ºF or chilled fluids below 55 ºF are insulated to ≥R-3.	R____	R____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.4.1 [FR24][1]	Protection of insulation on HVAC piping.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.3 [FR18][2]	Hot water pipes are insulated to ≥R-3	R____	R____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.6 [FR19][2]	Automatic or gravity dampers are installed on all outdoor air intakes and exhausts.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

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1 High Impact (Tier 1) | 2 Medium Impact (Tier 2) | 3 Low Impact (Tier 3)

Additional Comments/Assumptions:

PFS Corporation
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Section # & Req.ID	Insulation Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
[illegible]	All installed insulation is labeled or the installed R-values provided.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402 1 1 402 2 6 [IN1][1]	Floor insulation R-value.	R-____ ☐ Wood ☐ Steel	R-____ ☐ Wood ☐ Steel	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values*
303.2, 402.2.7 [IN2][1]	Floor insulation installed per manufacturer's instructions and in substantial contact with the underside of the subfloor, or floor framing cavity insulation is in contact with the top side of sheathing, or continuous insulation is installed on the underside of floor framing and extends from the bottom to the top of all perimeter floor framing members.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.1.1, 402.2.5, 402.2.6 [IN3][1]	Wall insulation R-value. If this is a mass wall with at least ½ of the wall insulation on the wall exterior, the exterior insulation requirement applies (FR10).	R-____ ☐ Wood ☐ Mass ☐ Steel	R-____ ☐ Wood ☐ Mass ☐ Steel	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values*
303.2 [IN4][1]	Wall insulation is installed per manufacturer's instructions.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

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1 High Impact (Tier 1) 2 Medium Impact (Tier 2) 3 Low Impact (Tier 3)

Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
402.1.1 402.2.1 402 2.2 402.2.6 [FI1][1]	Ceiling insulation R-value	R-____ ☐ Wood ☐ Steel	R-____ ☐ Wood ☐ Steel	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Envelope Assemblies table for values*
303.1.1.1 303.2 [FI2][1]	Ceiling insulation installed per manufacturer's instructions. Blown insulation marked every 300 ft².			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.2.3 [FI22][2]	Vented attics with air permeable insulation include baffle adjacent to soffit and eave vents that extends over insulation.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402.2.4 [FI3][1]	Attic access hatch and door insulation ≥R-value of the adjacent assembly.	R____	R____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
402 4.1.2 [FI17][1]	Blower door test @ 50 Pa <=5 ach in Climate Zones 1-2, and <=3 ach in Climate Zones 3-8.	ACH 50 = ____	ACH 50 =____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.4 [FI4][1]	Duct tightness test result of <=4 cfm/100 ft2 across the system or <=3 cfm/100 ft2 without air handler @ 25 Pa. For rough-in tests, verification may need to occur during Framing Inspection	____ cfm/100 ft²	____ cfm/100 ft²	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.3 [FI27][1]	Ducts are pressure tested to determine air leakage with either: Rough-in test: Total leakage measured with a pressure differential of 0.1 inch w.g across the system including the manufacturer's air handler enclosure if installed at time of test. Postconstruction test: Total leakage measured with a pressure differential of 0.1 inch w.g. across the entire system including the manufacturer's air handler enclosure.	____ cfm/100 ft²	____ cfm/100 ft²	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.3.2.1 [FI24][1]	Air handler leakage designated by manufacturer at <=2% of design air flow.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.1.1 [FI9][2]	Programmable thermostats installed for control of primary heating and cooling systems and initially set by manufacturer to code specifications.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.1.2 [FI10][2]	Heat pump thermostat installed on heat pumps.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.1 [FI11][2]	Circulating service hot water systems have automatic or accessible manual controls			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

1 High Impact (Tier 1) | 2 Medium Impact (Tier 2) | 3 Low Impact (Tier 3)

Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
403.6.1 [FI25][2]	All mechanical ventilation system fans not part of tested and listed HVAC equipment meet efficacy and air flow limits.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.2 [FI26][2]	Hot water boilers supplying heat through one- or two-pipe heating systems have outdoor setback control to lower boiler water temperature based on outdoor temperature.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.1.1 [FI28][2]	Heated water circulation systems have a circulation pump. The system return pipe is a dedicated return pipe or a cold water supply pipe. Gravity and thermos-syphon circulation systems are not present. Controls for circulating hot water system pumps start the pump with signal for hot water demand within the occupancy. Controls automatically turn off the pump when water is in circulation loop is at set-point temperature and no demand for hot water exists.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.1.2 [FI29][2]	Electric heat trace systems comply with IEEE 515.1 or UL 515. Controls automatically adjust the energy input to the heat tracing to maintain the desired water temperature in the piping.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.2 [FI30][2]	Water distribution systems that have recirculation pumps that pump water from a heated water supply pipe back to the heated water source through a cold water supply pipe have a demand recirculation water system. Pumps have controls that manage operation of the pump and limit the temperature of the water entering the cold water piping to 104ºF	PFS Corporation Northeast Region APPROVED H Raup – 3 4/12/19 Approval limited to Factory Built Portion		☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
403.5.4 [FI31][2]	Drain water heat recovery units tested in accordance with CSA B55.1. Potable water-side pressure loss of drain water heat recovery units < 3 psi for individual units connected to one or two showers. Potable water-side pressure loss of drain water heat recovery units < 2 psi for individual units connected to three or more showers.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
404.1 [FI6][1]	75% of lamps in permanent fixtures or 75% of permanent fixtures have high efficacy lamps. Does not apply to low-voltage lighting.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
404.1.1 [FI23][3]	Fuel gas lighting systems have no continuous pilot light.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

1 High Impact (Tier 1) | 2 Medium Impact (Tier 2) | 3 Low Impact (Tier 3)

Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
3 [FI7][2]	Compliance certificate posted.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	
303.3 [FI18][3]	Manufacturer manuals for mechanical and water heating systems have been provided.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	

Additional Comments/Assumptions:

PFS Corporation
Northeast Region
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H Raup – 3
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1 High Impact (Tier 1) 2 Medium Impact (Tier 2) 3 Low Impact (Tier 3)

2015 IECC Energy Efficiency Certificate

Insulation Rating	R-Value
Above-Grade Wall	21.00
Below-Grade Wall	0.00
Floor	19.00
Ceiling / Roof	38.00
Ductwork (unconditioned spaces):	

Glass & Door Rating	U-Factor	SHGC
Window	0.34	0.28
Door	0.17	

Heating & Cooling Equipment	Efficiency
Heating System:	
Cooling System:	
Water Heater:	

Name: _____ Date: _____

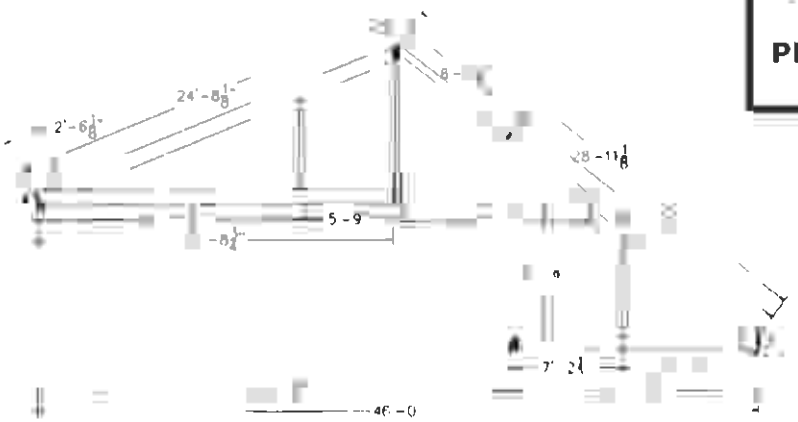
Comments

PFS Corporation
Northeast Region
APPROVED
H Raup – 3
4/12/19
Approval limited to
Factory Built Portion

TRUSS CALCULATIONS

LEGACY CUSTOM MODULAR HOMES

PFS APPROVED
DATE 4/12/19
PFS CORPORATION
Bloomsburg, PA



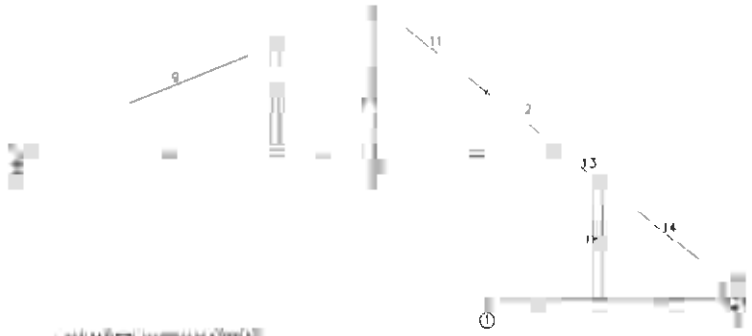
TRUSS NO.: TSHED-46-SPECIAL **TRUSS CENTERS:** 16 in O C
JOB NO.: 190178
HIGH SIDE PITCH: 4.625/12
LOW SIDE PITCH: 9/12
SPAN: 46'-0"

HIGH (4.625/12) SIDE

GROUND SNOW LOAD:	**20 psf**
*** BALANCED SNOW LOAD:**	20 4 psf
UNBALANCED SNOW LOAD:	33 6 psf
OPPOSITE SIDE UNB. SNOW LOAD:	6 12 psf
UNBALANCED SNOW LOAD LENGTH:	5.09 ft
APPLIED MWFRS UPLIFT:	25 72 psf WINDWARD AT 97/125 mph
	17 08 psf LEEWARD AT 97/125 mph
APPLIED C & C UPLIFT:	36 62 psf AT 97/125 mph

* 5 psf RAIN ON SNOW SURCHARGE APPLIED

LOW (9/12) SIDE



*** BALANCED SNOW LOAD:**	20 4 psf
UNBALANCED SNOW LOAD:	0 psf
OPPOSITE SIDE UNB. SNOW LOAD:	0 psf
UNBALANCED SNOW LOAD LENGTH:	0 ft
APPLIED MWFRS UPLIFT:	26 31 psf WINDWARD AT 97/125 mph
	14.94 psf LEEWARD AT 97/125 mph
APPLIED C & C UPLIFT:	28 34 psf AT 97/125 mph

* 5 psf RAIN ON SNOW SURCHARGE APPLIED

TC DL	10 psf
BC DL	10 psf
BC LL	10 psf WHERE h < 42"
BC LL	20 psf WHERE h ≥ 42"
BC LL	40 psf BETWEEN KNEEWALLS

MEMBER	SIZE & SPECIES
1 - 4	2 x 10 SPF #2
5 - 6	2 x 12 SPF #2
7	2 x 6 SPF #2
8	2 x 4 SPF #2
9 - 10	2 x 12 SPF #2
11	2 x 6 SPF #2
12 - 15	2 x 10 SPF #2
16 - 19	2 x 4 SPF #2

04/09/19

MAXIMUM SUPPORT REACTIONS (lbs)

	DEAD LOAD	DL + LL - 20 psf GSL	MWFRS 0.6 DL + 97/125 mph UPLIFT	C & C 0.6 DL + 97/125 mph UPLIFT
LS EXTERIOR WALL (4)	191	331	0	0
HS EXTERIOR WALL (6)	142	421	-200	-159
RIDGE POST (8)	1366	2611	-1088	-1244
INTERMEDIATE BEAM (1)	81	290	0	0

MAXIMUM DEFLECTION

	HIGH SIDE MAXIMUM CSI	HIGH SIDE MAXIMUM DEFLECTION (in)	HIGH SIDE /	LOW SIDE MAXIMUM CSI	LOW SIDE MAXIMUM DEFLECTION (in)	LOW SIDE /
BOTTOM CHORD	0 974	0 834	503	0 308	[illegible]	1231
TOP CHORD	0 965	[illegible]	324	0 906	0 799	447
WEB	0.098	0.00	[illegible]	0 726	0 00	[illegible]

NOTES: 1. WIND PER ASCE 7-10, 125 mph (Vult) = 97 mph (Vasd), EXP C
2. SNOW PER ASCE 7-10, 20 psf GSL, Ct = 1 1, Ce = 1 0
DRIFTING LENGTH IS LATERAL DISTANCE FROM RIDGE
3. COMPONENT DESIGN IS BASED ON C & C PRESSURES
TRUSS UPLIFT CONNECTIONS ARE BASED ON MWFRS PRESSURES

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TRUSS CALCULATIONS

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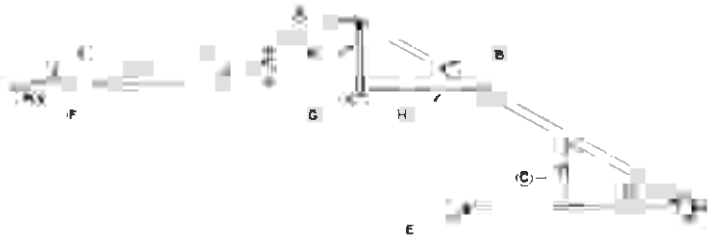
Bloomsburg, PA

LEGACY CUSTOM MODULAR HOMES

04/09/19

TRUSS CONNECTIONS

PROJECT NUMBER	190178
TRUSS NUMBER	TSHED-46-SPECIAL
TRUSS PITCH	4.625/12 & 9/12
TRUSS SPAN	46'-0"



UPLIFT CONNECTIONS (MWFRS LOADS):

HIGH SIDE EXTERIOR WALL			CHECK STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END
UPLIFT (lbs)	CASE	CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS20 STRAP	10 d NAILS
200	WIND	1.6	OK	2	2	OK	2	2	OK	2
ALTERNATE (3) 16 d NAILS TOENAILED THROUGH BC INTO BAND PLUS (2) 16 d NAILS THROUGH SHEATHING INTO BAND AND STUD										
LOW SIDE EXTERIOR WALL			CHECK STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END
UPLIFT (lbs / PER SIDE)	CASE	CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS20 STRAP	10 d NAILS
0	WIND	1.6	NO CONN REQ'D	—	N/A	NO CONN REQ'D	N/A	—	NO CONN REQ'D	N/A
ALTERNATE NO CONN REQ'D										

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TRUSS CALCULATIONS

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LEGACY CUSTOM MODULAR HOMES

04/09/19

TRUSS CONNECTIONS

PROJECT NUMBER 190178
TRUSS NUMBER TSHED-46-SPECIAL
TRUSS PITCH 4.625/12 & 9/12
TRUSS SPAN 46'-0"

MAXIMUM OF DL + LL + 20 psf GSL & 0.6 DL + 97/125 mph WIND

CONDITION "A" - RIDGE			CHECK STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END
TENSION (lbs)	CASE	CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	FALSE	FALSE
1617	SNOW	1.15	NO GOOD	N/A	N/A	NO GOOD	N/A	N/A	NO GOOD	#DIV/0!
		ALTERNATE	USE (26) 8 d NAILS EACH END OF 1 x 4							
	CASE	CD								
319	SNOW	1.15	OK FOR (2) SIMPSON A34 EACH RAFTER PLUS USE (2) ROWS OF 10 d NAILS AT 11 in O.C. THROUGH PLATES							
CONDITION "B" - TOP CHORD FLIP										
TENSION (lbs)	CASE	CD								
1592	SNOW	1.15	USE (30) 6 d NAILS THROUGH SHEATHING EACH SIDE							
		ALTERNATE	USE (38) 16 ga STAPLE THROUGH SHEATHING EACH SIDE							
SHEAR (lbs)	CASE	CD								
150	SNOW	1.15	USE (2) 16 d NAILS TOENAILED EACH END PLUS USE 10 d NAILS AT 12 in O.C. THROUGH PLATES							
			CHECK STRAP	QTY / END	QTY / END	CHECK ALT. STRAP	QTY / END	QTY / END	CHECK ALT. STRAP	QTY / END
CONDITION "C" - LOW SIDE KNEE WALL			CHECK STRAP	QTY / END	QTY / END	CHECK ALT. STRAP	QTY / END	QTY / END	CHECK ALT. STRAP	QTY / END
TENSION (lbs)	CASE	CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS20 STRAP	10 d NAILS
443	WIND	1.6	OK	3	5	OK	2	5	OK	4
COMPRESSION (lbs)	CASE	CD								
	SNOW	1.15	USE (3) 16 d NAILS THROUGH CHORD BLOCK (WHEN USED)							
CONDITION "D" - LOW SIDE HEEL										
TOP CHORD (lbs)	CASE	CD								
181	WIND	1.6	USE (1) 1/2" BOLT (DOUBLE SHEAR, 3/8" SIDE PLATES)							
			PLUS NO ADDITIONAL FASTENERS REQUIRED							
		ALTERNATE	USE (1) 1/2" BOLT (DOUBLE SHEAR, 3/8" SIDE PLATES)							
			PLUS NO ADDITIONAL FASTENERS REQUIRED							
BOTTOM CHORD (lbs)	CASE	CD								
9	WIND	1.6	USE (2) 6 d NAILS OR (3) 16 ga STAPLES PER GUSSET EACH SIDE							

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TRUSS CALCULATIONS

LEGACY CUSTOM MODULAR HOMES

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DATE 4/12/19
PFS CORPORATION
Bloomsburg, PA

TRUSS CONNECTIONS

PROJECT NUMBER 190178
TRUSS NUMBER TSHED-46-SPECIAL
TRUSS PITCH 4.625/12 & 9/12
TRUSS SPAN 46'-0"

04/09/19

CONDITION "E" - BOTTOM CHORD AT FLOOR										
SHEAR (lbs)	CASE	CD	SIMPSON A34							
	SNOW	1.15	OK							
STRAP ACROSS MATING LINE			CHECK STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END
TENSION (lbs)	CASE	CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS20 STRAP	10 d NAILS
229	WIND	1.6	OK	2	3	OK	2	3	OK	2
DIAPHRAGM LOAD (plf)	CASE	CD	CHECK FLOOR DIAPHRAGM							
57	WIND	1.6	OK FOR 7/16" OSB (UN-BLOCKED) w/ 8d NAILING AT 6"/12"							
CONDITION "F" - HIGH SIDE HEEL:										
AXIAL (lbs)	CASE	CD								
	SNOW	1.15	USE (10) 16 d NAILS THROUGH TIE INTO RAFTER							
CONDITION "G" - HIGH SIDE COLLAR TIE AT BEAM										
SHEAR (lbs)	CASE	CD								
484	SNOW	1.15	USE (5) 16 d NAILS TOENAILED INTO BEAM EACH END							
CONDITION "H" - LOW SIDE COLLAR TIE										
SHEARAXIAL	CASE	CD								
1361	SNOW	1.15	USE (10) 16 d NAILS THROUGH TIE INTO RAFTER							
SHEAR (lbs)	CASE	CD								
222	SNOW	1.15	USE (2) 16 d NAILS TOENAILED INTO BEAM							
			CHECK STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END
TENSION (lbs)	CASE	CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS20 STRAP	10 d NAILS
951	WIND	1.6	NO GOOD	N/A	N/A	NO GOOD	4	9	OK	7
CONDITION "J" - HIGH SIDE KNEE WALL			CHECK STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END
TENSION (lbs)	CASE		1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS20 STRAP	10 d NAILS
347	SNOW	1.15	OK	3	4	OK	2		OK	4
COMPRESSION (lbs)	CASE	CD								
	SNOW	1.15	USE (2) 16 d NAILS THROUGH CHORD BLOCK (WHEN USED)							
CONDITION "K" - RIDGE POST			CHECK STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END
	CASE	CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS20 STRAP	10 d NAILS
443	WIND	1.6	OK	3	5	OK	2	5	OK	4
			STRAP STUD TO RIDGE BEAM							
		PLUS	USE (3) 16 d NAILS THROUGH BEAM INTO STUD EACH SIDE							
CONDITION "L" - TOP CHORD EXTENSION										
TENSION (lbs)	CASE	CD								
16	SNOW	1.15								
SHEAR (lbs)	CASE	CD								
250	WIND	1.6	FASTENER TENSION = 72 lbs							
			USE (2) ROWS OF (2) 8 d NAILS THROUGH EXTENSION INTO RAFTER 1 " FROM EACH EDGE							

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TRUSS CALCULATIONS

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LEGACY CUSTOM MODULAR HOMES

COMPONENT LOAD SUMMARY

EXTERIOR WALL DEAD LOAD =		psf x	10	ft	120 plf
MATING WALL DEAD LOAD =		psf x	10	ft	80 plf
FLOOR DEAD LOAD =	10	psf x	12.75	ft / 2 =	63.75 plf
FLOOR LIVE LOAD =	40	psf	12.75	ft / 2 =	255 plf
CEILING DEAD LOAD =	5	psf x	12.75	ft / 2 =	31.88 plf
FLOOR DEAD LOAD =	10	psf x	14.75	ft / 2 =	73.75 plf
FLOOR LIVE LOAD =	40	psf	14.75	ft / 2 =	295 plf
CEILING DEAD LOAD =	5	psf x	14.75	ft / 2 =	36.88 plf

* CROSS SECTION IS FOR REFERENCE ONLY
AND MAY NOT REFLECT ACTUAL TRUSS

10	psf x	13.75	ft / 2 =	68.75 plf
40	psf x	13.75	ft / 2 =	275 plf
5	psf x	13.75	ft / 2 =	34.38 plf
10	psf x	15.75	ft / 2 =	78.75 plf
40	psf x	15.75	ft / 2 =	315 plf
5	psf x	15.75	ft / 2 =	39.38 plf

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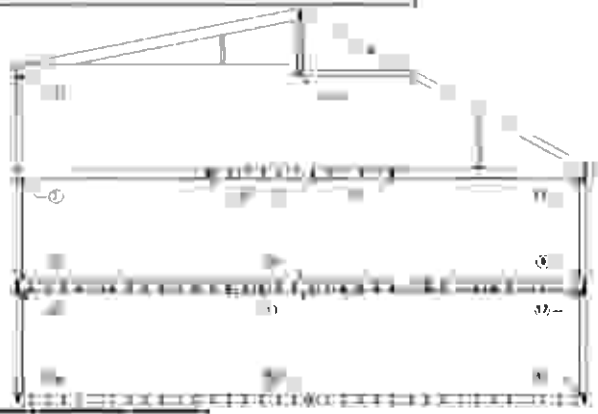
LOCATIONS 1 & 3 = EXT. WALL HEADER & EXT. WALL STUD
LOCATION 2 = INTERIOR SUPPORT
LOCATION 4 = RIDGE POST
LOCATIONS 5 & 6 = PERIMETER BAND
LOCATIONS 7 & 8 = EXT. WALL HEADER & EXT. WALL STUD
LOCATIONS 9 & 10 = PERIMETER BAND
LOCATIONS 11 & 12 = EXT. WALL HEADER & EXT. WALL STUD
LOCATIONS 13 & 14 = PERIMETER BAND
LOCATIONS 5, 6, 9, 10, 13 & 14 MAY BE USED TO GENERATE FOUNDATION LOADS



TRUSS TSHED-46-SPECIAL, 4.625/12 & 9/12 PITCH, 46'-0" WIDTH

COMPONENT LOADS (lbs/ft)

20 psf GROUND SNOW

LOCATION	1		3		5		7 (12.75 ft)	7 (13.75 ft)	7 (14.75 ft)	7 (15.75 ft)	8	9				
DEAD LOAD	107	980	306	79	79	143	64	69	74	79						
LIVE LOAD			524	315		106	255	275		315	524	6				
TOTAL LOAD	316		830	394		249	319	344		394						
LOCATION	10 (12.75 ft)	10 (13.75 ft)	10 (14.75 ft)	10 (15.75 ft)	11		13 (12.75 ft)	13 (13.75 ft)	13 (14.75 ft)			15		16 (13.75 ft)	16 (14.75 ft)	16 (15.75 ft)
DEAD LOAD	248		268	278	426	263	279	292	304	317	546	383	463	481	8	516
LIVE LOAD	510	550	590	630	2	106	510	550		630	524	106	765	825	885	945
TOTAL LOAD	758	8		908		3	790	842	8	947	1070	489	1229	1306	1384	1461

C & C UPLIFT

LOCATION	1	2	3	4	5	6	7 (12.75 ft)	7 (13.75 ft)		7 (15.75 ft)		9				
UPLIFT (0.6) DEAD LOAD	64	588	183	47	47	86	38	41	44	47		158				
97/125 mph UPLIFT	-119	-933	-	-	-	0	-	-								
LOCATION	10 (12.75 ft)	10 (13.75 ft)	10 (14.75 ft)	10 (15.75 ft)	11		13 (12.75 ft)	13 (13.75 ft)	13 (14.75 ft)	13 (15.75 ft)	14	15	16 (12.75 ft)	16 (13.75 ft)	16 (14.75 ft)	16 (15.75 ft)
UPLIFT (0.6) DEAD LOAD		155	161	167			168	175	183	190	328	230	278	288		309
97/125 mph UPLIFT																

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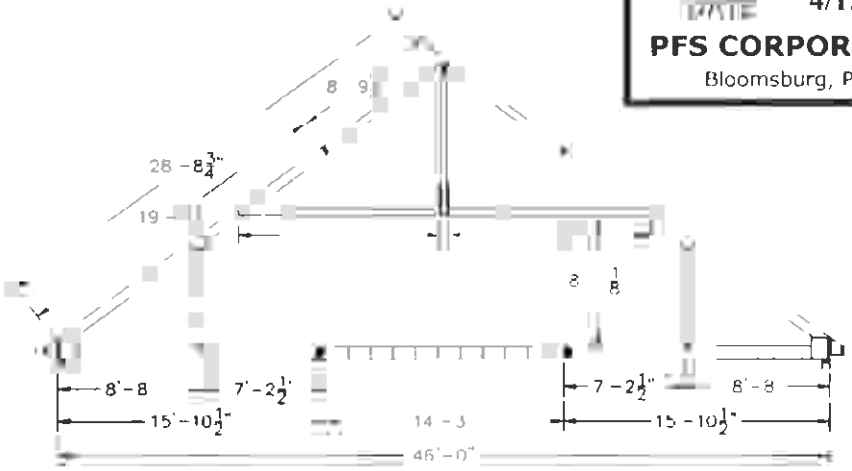

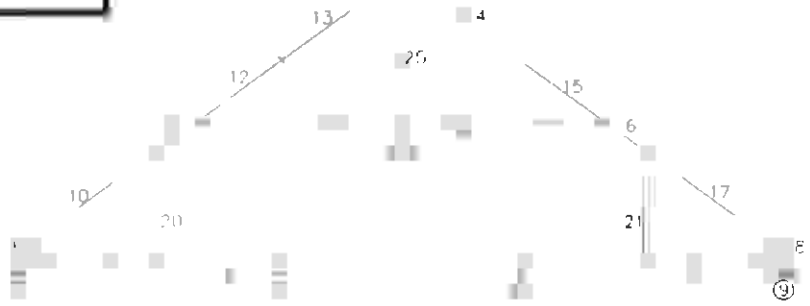

TRUSS NO.: T7-46-SPECIAL-DRIFTING
JOB NO.: 190178
PITCH: 9/12
SPAN: 46'-0"
TRUSS CENTERS: 16 in O.C

GROUND SNOW LOAD	**20 psf**	**TC DL:**	10 psf
BALANCED SNOW LOAD	20.4 psf	**BC DL:**	10 psf
UNBALANCED SNOW LOAD	N/A psf	**BC LL:**	10 psf WHERE h < 42"
DRIFTING SNOW LOAD	42.35 psf	**BC LL:**	20 psf WHERE h ≥ 42"
OPPOSITE SIDE UNB. SNOW LOAD	N/A psf	**BC LL:**	40 psf BETWEEN KNEEWALLS
UNBALANCED SNOW LOAD LENGTH	N/A ft		

APPLIED MWFRS UPLIFT 26.02 psf WINDWARD AT 97/125 mph
14.78 psf LEEWARD AT 97/125 mph
APPLIED C & C UPLIFT 28.03 psf AT 97/125 mph

MEMBER	SIZE & SPECIES
1 - 4 & 5 - 8	2 x 10 SPF #2
9 - 12 & 15 - 18	2 x 8 SPF #2
13 - 14	2 x 8 SPF #2
19 - 22	2 x 4 SPF #2
23 - 24	2 x 6 SPF #2
25	2 x 4 SPF #2

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MAXIMUM SUPPORT REACTIONS (lbs)

	DEAD LOAD	DL + LL + 20 psf GSL	MWFRS 0.6 DL + 97/125 mph UPLIFT	C & C 0.6 DL + 97/125 mph UPLIFT
EXTERIOR WALL (2)	4	1105	-150	
INTERMEDIATE BEAM (5)	65	307	-52	0
INTERMEDIATE BEAM (6)			-57	0
EXTERIOR WALL (9)	492	1102	-148	-295
RIDGE POST (20)	382	1026	-194	

MAXIMUM INTERIOR & DEFLECTION

	MAXIMUM CSI	MAXIMUM DEFLECTION (in)	
BOTTOM CHORD		0.264	761
TOP CHORD	0.591	0.654	
WEB		0.00	

NOTES: 1 INTERMEDIATE BEAM REACTIONS ARE TOTAL
2 WIND PER ASCE 7-10, 125 mph (Vult) = 97 mph (Vasd), EXP C
3 SNOW PER ASCE 7-10 20 psf GSL, Ct = 1.1, Ce = 1.0
DRIFTING LENGTH IS LATERAL DISTANCE FROM RIDGE
4 COMPONENT DESIGN IS BASED ON C & C PRESSURES
TRUSS UPLIFT CONNECTIONS ARE BASED ON MWFRS PRESSURES
5. MEMBERS 23, 24 AND 25 ARE TO BE LATERALLY BRACED AT MID-POINTS.
6 DRIFTING SNOW FROM A 30.5' UPPER ROOF APPLIED TO FULL RIGHT SIDE TOP CHORD

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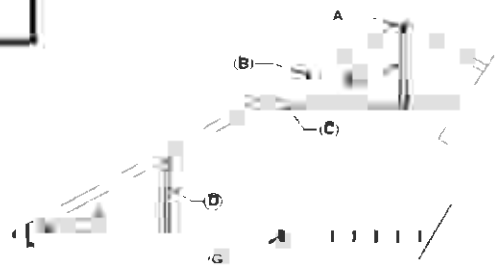
LEGACY CUSTOM MODULAR HOMES

TRUSS CONNECTIONS

PROJECT NUMBER 190178
TRUSS NUMBER T7-46-SPECIAL-DRIFTING
TRUSS PITCH 9/12
TRUSS SPAN 46'-0"



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UPLIFT CONNECTIONS (MWFRS LOAD)

97/125 mph

EXTERIOR WALL							QTY / END	QTY / END		
UPLIFT (lbs)	CASE	CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS20 STRAP	10 d NAILS
150	WIND	1.6	OK	2	2	OK	2	2	OK	2
ALTERNATE (2) 16 d NAILS TOENAILED THROUGH BC INTO BAND PLUS (2) 16 d NAILS THROUGH SHEATHING INTO BAND AND STUD										

MAXIMUM OF DL + LL + 20 psf GSL & 0.6 DL + 97/125 mph WIND

CONDITION "A" - RIDGE			CHECK STRAP	QTY / END	QTY / END	CHECK ALT. STRAP	QTY / END	QTY / END	CHECK ALT. STRAP	QTY / END
		CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS20 STRAP	10 d NAILS
		1.15	NO GOOD	N/A	N/A	OK	3		OK	6
ALTERNATE USE (8) 8 d NAILS EACH END OF 1 x 4										
SHEAR (lbs)	CASE	CD								
225	SNOW	1.15	USE (3) 16 d NAILS INTO END GRAIN EACH END PLUS USE 10 d NAILS AT 8 in O.C. THROUGH PLATES							
CONDITION "B" - TOP CHORD FLIP										
TENSION (lbs)	CASE	CD								
335	SNOW	1.15	USE (7) 6 d NAILS THROUGH SHEATHING EACH SIDE							
ALTERNATE USE (8) 16 ga STAPLE THROUGH SHEATHING EACH SIDE										
SHEAR (lbs)	CASE	CD								
97	SNOW	1.15	USE (2) 16 d NAILS TOENAILED EACH END PLUS USE 10 d NAILS AT 18 in O.C. THROUGH PLATES							
			CHECK STRAP	QTY / END	QTY / END	CHECK ALT. STRAP	QTY / END	QTY / END	CHECK ALT. STRAP	QTY / END
MOMENT (in-lbs)	CASE	CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS16 STRAP	10 d NAILS
	SNOW	1.15	NO GOOD	N/A	N/A	NO GOOD	N/A	N/A	OK	10
		STRAP TENSION =	1099 lbs							
CONDITION "C" - COLLAR TIE										
AXIAL (lbs)	CASE	CD								
1140	SNOW	5	USE (9) 16 d NAILS THROUGH TIE INTO RAFTER EACH END							
SHEAR (lbs)	CASE	CD								
9		1.15	USE (2) 16 d NAILS TOENAILED INTO BEAM EACH END							
			CHECK STRAP	QTY / END	QTY / END	CHECK ALT. STRAP	QTY / END	QTY / END	CHECK ALT. STRAP	QTY / END
TENSION (lbs)	CASE	CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS20 STRAP	10 d NAILS
752	WIND	1.6	NO GOOD	N/A	N/A	OK	3		OK	6
*** MID SPAN BRACES REQUIRED ATTACH 2x4 BRACES w/ (2) 16 d NAILS INTO TIE										

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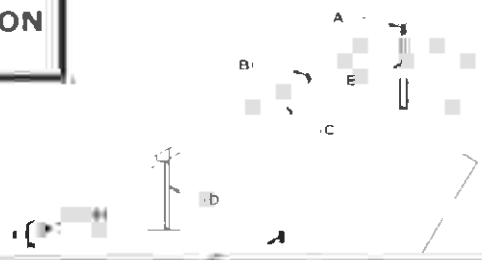
04/09/19

TRUSS CONNECTIONS

PROJECT NUMBER **190178**
TRUSS NUMBER **T7-46-SPECIAL-DRIFTING**
TRUSS PITCH **9/12**
TRUSS SPAN **46'-0"**



CONDITION "D" - KNEE WALLS			CHECK STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END
[illegible]	CASE	CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS20 STRAP	10 d NAILS
486	SNOW	1.15	NO GOOD	N/A	N/A	OK	3	5	OK	5
COMPRESSION (lbs)	CASE	CD								
139	SNOW	1.15	USE (2) 16 d NAILS THROUGH CHORD BLOCK (WHEN USED)							
CONDITION "E" - RIDGE POST			CHECK STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END	QTY / END	CHECK ALT STRAP	QTY / END
TENSION (lbs)	CASE	CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS20 STRAP	10 d NAILS
365	WIND	1.6	OK	3	4	OK	2	4	OK	3
			STRAP STUD TO RIDGE BEAM							
		PLUS	USE (2) 16 d NAILS THROUGH BEAM INTO STUD EACH SIDE							
CONDITION "F" - HEEL										
TOP CHORD (lbs)	CASE	CD								
914	SNOW	1.15	USE (1) 1/2" BOLT (DOUBLE SHEAR, 3/8" SIDE PLATES)							
			PLUS (3) 6 d NAILS OR (3) 16 ga STAPLES PER GUSSET EACH SIDE							
		ALTERNATE	USE (1) 3/4" BOLT (DOUBLE SHEAR, 1/2" SIDE PLATES)							
			PLUS NO ADDITIONAL FASTENERS REQUIRED							
BOTTOM CHORD (lbs)	CASE	CD								
[illegible]	SNOW	1.15	USE (8) 6 d NAILS OR (10) 16 ga STAPLES PER GUSSET EACH SIDE							
CONDITION "G" - BOTTOM CHORD AT MATING LINE										
			[illegible]					QTY / END	[illegible]	QTY / END
TENSION (lbs)	CASE	CD	1 1/2" x 26ga STRAP	10 d NAILS	16 ga STAPLE	1 1/2" x 20 ga STRAP	10 d NAILS	16 ga STAPLE	SIMPSON CS20 STRAP	10 d NAILS
842	SNOW	1.6	NO GOOD	N/A	N/A	OK	3	8	OK	6
		ALTERNATE	USE (7) 16 d NAILS THROUGH DECKING EACH SIDE							
SHEAR (lbs)	CASE	CD	WHERE NO BEARING WALL BELOW							
307	SNOW	1.15	USE (3) 16 d NAILS TOENAILED INTO BAND							
		ALTERNATE	OK FOR (1) SIMPSON A34 CHORD TO BEAM							

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6512 SIX FORKS RD., SUITE 203-B
RALEIGH, NC 27615

COMPONENT LOAD SUMMARY

EXTERIOR WALL DEAD LOAD =	12	psf x	10		120 plf	
MATING WALL DEAD LOAD =	8	psf x	10		80 plf	
FLOOR DEAD LOAD =	10	psf x	12 75	ft / 2 =	63 75 plf	
FLOOR LIVE LOAD =	40	psf x	12 75	ft / 2 =	255 plf	
CEILING DEAD LOAD =	5	psf x	12.75	ft / 2 =	31.88 plf	
FLOOR DEAD LOAD =	10	psf x	14 75	ft / 2 =	73 75 plf	
FLOOR LIVE LOAD =	40	psf x	14 75	ft / 2 =	295 plf	
CEILING DEAD LOAD =	5	psf x	14 75	ft / 2 =	36 88 plf	

10	psf	13 75	ft / 2 =	68 75 plf
40	psf x	13.75	ft / 2 =	275 plf
5	psf	13 75	ft / 2 =	34 38 plf
10	psf	15 75	ft / 2 =	78 75 plf
40	psf x	15 75	ft / 2 =	315 plf
5	psf	15 75	ft / 2 =	39 38 plf

LOCATIONS 1 & 3 = EXT WALL HEADER & EXT WALL STUD
LOCATION 2 = INTERIOR SUPPORT
LOCATION 4 = RIDGE POST
LOCATIONS 5 & 6 = PERIMETER BAND
LOCATIONS 7 & 8 = EXT WALL HEADER & EXT WALL STUD
LOCATIONS 9 & 10 = PERIMETER BAND
LOCATIONS 11 & 12 = EXT WALL HEADER & EXT WALL STUD
LOCATIONS 13 & 14 = PERIMETER BAND
LOCATIONS 5, 6, 9, 10, 13 & 14 MAY BE USED TO GENERATE FOUNDATION LOADS

* CROSS SECTION IS FOR REFERENCE ONLY AND MAY NOT REFLECT ACTUAL TRUSS

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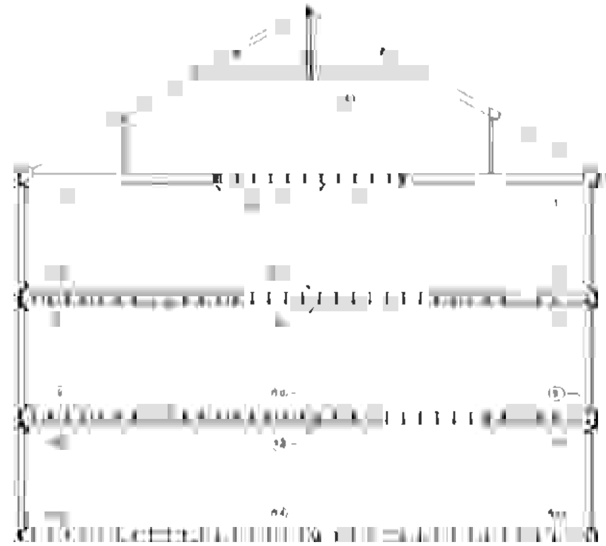

TRUSS T7-46-SPECIAL-DRIFTING, 9/12 PITCH, 46'-0" WIDTH

COMPONENT LOADS (lbs/ft)

20 psf GROUND SNOW

LOCATION	1	[illegible]	3 (12 75 ft)	3 (13 75 ft)	3 (14 75 ft)	3 (15 75 ft)	[illegible]	5	6 (12 75 ft)	6 (13 75 ft)	[illegible]	6 (15 75 ft)
DEAD LOAD	370	49	64	[illegible]	74	79	287	490	248	258	[illegible]	278
LIVE LOAD	[illegible]	182	255	275	[illegible]	315	483	459	510	550	590	630
TOTAL LOAD	829	231	319	344	[illegible]	394	770	[illegible]	[illegible]	808	858	[illegible]
LOCATION	[illegible]	8 (12 75 ft)	8 (13 75 ft)	8 [illegible] 4 75 [illegible]	8 (15 75 ft)	9	[illegible] 2 75 [illegible]	10 (13 75 ft)	10 (14 75 ft)	10 (15 75 ft)		
DEAD LOAD	490	279	292	304	317	610	463	481	[illegible]	516		
LIVE LOAD	459	510	550	[illegible]	[illegible]	459	765	825	885	[illegible] 5		
TOTAL LOAD	949	790	842	[illegible]	947	1069	1229	1306	1384	1461		
LOCATION	11	12 (12 75 ft)	12 (13 75 ft)	2 [illegible] 4 75	12 (15 75 ft)	13	4 [illegible] 2 5 [illegible]	14 (13 75 ft)	4 [illegible] 4 5 [illegible]	14 (15 75 ft)		
DEAD LOAD	610	495	515	535	[illegible]	730	679	704	729	754		
LIVE LOAD	[illegible]	765	825	885	945	459	1020	1100	1180	1260		
TOTAL LOAD	[illegible]	1261	1341	1421	1501	1189	[illegible]	1804	[illegible]	2014		

C & C UPLIFT

[illegible]	1	2	3 (12 75 ft)	3 [illegible] 3 5 [illegible]	3 (14 75 ft)	[illegible]	4	5	6 (12 75 ft)	6 (13 75 ft)	6 (14 75 ft)	6 (15 75 ft)
UPLIFT (0 6) DEAD LOAD	222	29	[illegible]	41	[illegible]	47	172	294	149	155	6[illegible]	167
97/125 mph UPLIFT	-222	0					-262	150				
LOCATION	7	8 (12 75 ft)	8 (13 75 ft)	8 (14 75 ft)	8 (15 75 ft)	9	10 (12 75 ft)	10 (13 75 ft)	10 (14 75 ft)	10 (15 75 ft)		
UPLIFT (0 6) DEAD LOAD	294	[illegible]	[illegible]	183	190	[illegible]	278	288	[illegible]	[illegible]		
97/125 mph UPLIFT	-150					78						
[illegible]	11	12 (12 75 ft)	12 (13 75 ft)	12 (14 75 ft)	2 [illegible] 5 75	[illegible]	14 (12 75 ft)	14 (13 75 ft)	14 (14 75 ft)	14 (15 75 ft)		
UPLIFT (0 6) DEAD LOAD	366	297	[illegible]	321	333	[illegible]	407	422	437	452		
97/125 mph UPLIFT	-78	[illegible]				-6						

04/09/19

BARLOW ENGINEERING, P C
8512 SIX FORKS RD , SUITE 203-B
RALEIGH, NC 27615

Project: 8082

Location: #01 RIDGE BEAM
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)
(4) 1 5 IN x 24.0 IN x 30 125 FT (15 + 15.1)
2 0 Rigidlam LVL - Roseburg Forest Products
Section Adequate By: 47 9%
Controlli[illegible] Factor: Shear

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CAUTIONS
* Laminations are to be fully connected to provide uniform transfer of loads to all members

[illegible]			Center	
Live Load	0.06	IN L/3171	0.06	IN L/3104
Dead Load	0.03	in	0.04	in
Total Load	0.09	IN L/1982	0 09	IN L/1920

Live Load Deflection Criteria: L/240 Total Load Deflection Criteria: L/180

REACTIONS	A	B	C
Live Load	6428 lb	18433 lb	6474 lb
Dead Load	5699 lb	19130 lb	5778 lb
Total Load	12127 lb	37563 lb	12252 lb
Bearing Length	2 69 in	8 35 in	2.72 in

BEAM DATA	Left	Center
Span Length	15 ft	15 13 ft
Unbraced Length-Top	0 ft	0 ft
Unbraced Length-Bottom	0 ft	0 ft
Live Load Duration Factor	1.00	
Notch Depth	0.00	

LOADING DIAGRAM

UNIFORM LOADS	Left		Center	
Uniform Live Load	979	plf	979	plf
Uniform Dead Load	980	plf	980	plf
Beam Self Weight	36	plf	36	plf
Total Uniform Load	1995	plf	1995	plf

MATERIAL PROPERTIES
2 0 Rigidlam LVL - Roseburg Forest Products

	Base Values	Adjusted
Bending Stress:	Fb = 3100 psi	Fb' = 2843 psi
	Cd=1 00 CF=0 92	
Shear Stress:	Fv = 290 psi	Fv' = 290 psi
	Cd=1 00	
Modulus of Elasticity:	E = 2000 ksi	E' = 2000 ksi
Comp ⊥ to Grain:	Fc - ⊥ = 750 psi	Fc - ⊥' = 750 psi

Controlling Moment: -56581 ft-lb
Over right support of span 1 (Left Span)
Created by combining all dead loads and live loads on span(s) 1, 2
Controlling Shear: 18828 lb
At left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 1, 2

Comparisons with required sections:	Req'd	Provided
Section Modulus:	238.85 in3	576 in3
Area (Shear):	97 39 in2	144 in2
Moment of Inertia (deflection):	647.99 in4	6912 in4
Moment:	-56581 ft-lb	136450 ft-lb
Shear:	18828 lb	27840 lb

NOTES

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Project: 8082

Location: #01 RIDGE BEAM (UPLIFT)
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)
(4) 1 5 IN x 24.0 IN x 30 125 FT (15 + 15 1)
2.0 Rigidlam LVL - Roseburg Forest Products
Section Adequate By: 1906.7%
Control Factor Shear

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CAUTIONS
* Laminations are to be fully connected to provide uniform transfer of loads to all members

DEFLECTIONS	Left		Center	
Live Load	-0.01	IN L/MAX	-0.01	IN L/MAX
Dead Load	0 00	in	0.00	in
Total Load	-0.01	IN L/MAX	-0.01	IN L/MAX

Live Load Deflection Criteria: L/240 Total Load Deflection Criteria: L/180

REACTIONS	A	B	C
Live Load	175 lb	-1713 lb	169 lb
Dead Load	202 lb	678 lb	205 lb
Total Load	377 lb	-1035 lb	374 lb
Uplift (1.5 F.S)	**-1067 lb**	**-2994 lb**	**-1074 lb**
Bearing Length	0 08 in	0 15 in	0.08 in

BEAM DATA	Left	Center
Span Length	15 ft	15 13 ft
Unbraced Length-Top	0 ft	0 ft
Unbraced Length-Bottom	0 ft	0 ft
Live Load Duration Factor	1.00	
Notch Depth	0.00	

LOADING DIAGRAM

UNIFORM LOADS	Left		Center	
Uniform Live Load	-183	plf	-183	plf
Uniform Dead Load	0	plf	0	plf
Beam Self Weight	36	plf	36	plf
Total Uniform Load	-147	plf	-147	plf

MATERIAL PROPERTIES
2.0 Rigidlam LVL - Roseburg Forest Products

	Base Values	Adjusted
Bending Stress:	Fb = 3100 psi	Fb' = 2843 psi
	Cd=1 00 CF=0 92	
Shear Stress:	Fv = 290 psi	Fv' = 290 psi
	Cd=1 00	
Modulus of Elasticity:	E = 2000 ksi	E' = 2000 ksi
Comp ⊥ to Grain:	Fc - ⊥ = 750 psi	Fc - ⊥' = 750 psi

Controlling Moment: 4169 ft-lb
Over right support of span 1 (Left Span)
Created by combining all dead loads and live loads on span(s) 1, 2
Controlling Shear: -1387 lb
At left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 1, 2

Comparisons with required sections:	Req'd	Provided
Section Modulus:	17.6 in3	576 in3
Area (Shear):	7 18 in2	144 in2
Moment of Inertia (deflection):	99.92 in4	6912 in4
Moment:	4169 ft-lb	136450 ft-lb
Shear:	-1387 lb	27840 lb

NOTES

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Bloomsburg, PA

Project: 8082

Location: #02 CLG BM
Multi-Loaded Multi-Span Beam
[2015 International Building Code(2015 NDS)
(4) 1.5 IN x 9 25 IN x 15 0 FT
2.0 Rigidlam LVL - Roseburg Forest Products
Section Adequate By: 10 3%
Controllin[illegible] Factor: Deflection

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CAUTIONS
* Laminations are to be fu[illegible] connected to [illegible] uniform transfer of loads to all members

DEFLECTIONS Center

Live Load	0.45	IN L/397
Dead Load	0.13	in
Total Load	0.59	IN L/307

Live Load Deflection Criteria: L/360 Total Load Deflection Criteria: L/240

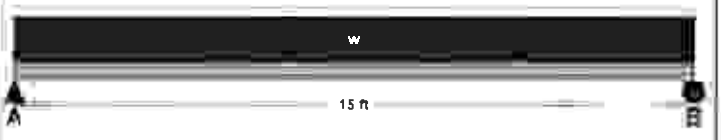
REACTIONS

	A	B
Live Load	2363 lb	2363 lb
Dead Load	697 lb	697 lb
Total Load	3060 lb	3060 lb
Bearing Length	0.68 in	0.68 in

BEAM DATA Center

Span Length	15 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	15 ft
Live Load Duration Factor	1 00
Notch Depth	0 00

LOADING DIAGRAM



UNIFORM LOADS Center

Uniform Live Load	315	plf
Uniform Dead Load	79	plf
Beam Self Weight	14	plf
Total Uniform Load	408	plf

MATERIAL PROPERTIES
2 0 Rigidlam LVL - Roseburg Forest Products

	Base Values	Adjusted
Bending Stress:	Fb = 3100 psi	Fb' = 3203 psi
	Cd=1 00 CF=1 03	
Shear Stress:	Fv = 290 psi	Fv' = 290 psi
	Cd=1 00	
Modulus of Elasticity:	E = 2000 ksi	E' = 2000 ksi
Comp. ⊥ to Grain:	Fc - ⊥ = 750 psi	Fc - ⊥' = 750 psi

Controlling Moment: 11471 ft-lb
7.5 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: 3059 lb
At left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections:	Req'd	Provided
Section Modulus:	42.98 in3	85 56 in3
Area (Shear):	15.82 in2	55 5 in2
Moment of Inertia (deflection):	358.75 in4	395 73 in4
Moment:	11471 ft-lb	22835 ft-lb
Shear:	3059 lb	10730 lb

NOTES

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Project: 8082

Location: #03 WINDOW HDR
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)
(3) 1 5 IN x 14.0 IN x 2 531 FT
2 0 Rigidlam LVL - Roseburg Forest Products
Section Adequate By: 21 0%
Controlli[illegible] Factor: Shear

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CAUTIONS
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DEFLECTIONS	Center	
Live Load	0 00	IN L/MAX
Dead Load	0.00	in
Total Load	0 00	IN L/MAX

Live Load Deflection Criteria L/240 Total Load Deflection Criteria L/180

REACTIONS	A	B
Live Load	6124 lb	304 lb
Dead Load	5449 lb	290 lb
Total Load	11573 lb	594 lb
Bearing Length	3.43 in	0.18 in

BEAM DATA	Center
Span Length	2 53 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	2.53 ft
Live Load Duration Factor	1.15
Notch Depth	0.00

LOADING DIAGRAM

UNIFORM LOADS	Center
Uniform Live Load	0 plf
Uniform Dead Load	0 plf
Beam Self Weight	16 plf
Total Uniform Load	16 plf

POINT LOADS - CENTER SPAN

Load Number	One
Live Load	6428 lb
Dead Load	5699 lb
Location	0.12 ft

MATERIAL PROPERTIES
2.0 Rigidlam LVL - Roseburg Forest Products

	Base Values		Adjusted	
Bending Stress:	Fb =	3100 psi	Fb' =	3497 psi
	Cd=1 15 CF=0 98			
Shear Stress:	Fv =	290 psi	Fv' =	334 psi
	Cd=1 15			
Modulus of Elasticity:	E =	2000 ksi	E' =	2000 ksi
Comp ⊥ to Grain:	Fc - ⊥ =	750 psi	Fc - ⊥' =	750 psi

Controlling Moment: 1383 ft-lb
0 13 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: 11573 lb
At left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections	Req'd	Provided
Section Modulus:	4.74 in3	147 in3
Area (Shear):	52.05 in2	63 in2
Moment of Inertia (deflection):	3 09 in4	1029 in4
Moment:	1383 ft-lb	42838 ft-lb
Shear:	11573 lb	14007 lb

NOTES

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Project: 8082

Location: #04 WINDOW HDR
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)
(3) 1 5 IN x 9.25 IN x 3 198 FT
2 0 Rigidlam LVL - Roseburg Forest Products
Section Adequate By: 20.1%
Controll[illegible] Factor Shear

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CAUTIONS
* Laminations are to be fu[illegible] connected to [illegible] uniform transfer of loads to all members

DEFLECTIONS Center

Live Load	0 01	IN L/3273
Dead Load	0 01	in
Total Load	0.02	IN L/1734

Live Load Deflection Criteria: L/240 Total Load Deflection Criteria: L/180

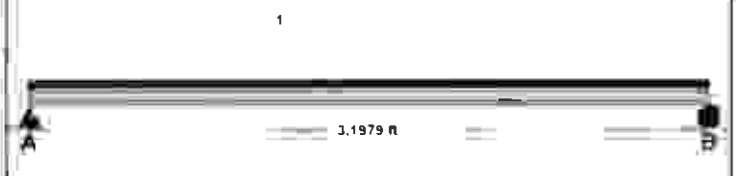
REACTIONS A B

Live Load	4080	lb	2394	lb
Dead Load	3626	lb	2134	lb
Total Load	7706	lb	4528	lb
Bearing Length	2.28	in	1.34	in

BEAM DATA [illegible]

Span Length	3.2 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	3.2 ft
Live Load Duration Factor	1.15
Notch De[illegible]	0.00

LOADING DIAGRAM



UNIFORM LOADS Center

Uniform Live Load	0	plf
Uniform Dead Load	0	plf
Beam Self Weight	10	plf
Total Uniform Load	10	plf

POINT LOADS - CENTER SPAN

Load Number	One
Live Load	6474 lb
Dead Load	5727 lb
Location	1.18 ft

MATERIAL PROPERTIES
2.0 Rigidlam LVL - Roseburg Forest Products

	Base Values		Adjusted	
Bending Stress:	Fb = 3100	psi	Fb' = 3683	psi
	Cd=1 15 CF=1 03			
Shear Stress:	Fv = 290	psi	Fv' = 334	psi
	Cd=1 15			
Modulus of Elasticity:	E = 2000	ksi	E' = 2000	ksi
Comp. ⊥ to Grain:	Fc - ⊥ = 750	psi	Fc - ⊥' = 750	psi

Controlling Moment: 9100 ft-lb
1 18 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: 7707 lb
At left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections:	Req'd	Provided
Section Modulus:	29 65 in3	64.17 in3
Area (Shear):	34 66 in2	41.63 in2
Moment of Inertia (deflection):	30 82 in4	296.79 in4
Moment:	9100 ft-lb	19695 ft-lb
Shear:	7707 lb	9255 lb

NOTES

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Bloomsburg, PA

Project: 8082

Location: #04 WINDOW HDR (UPLIFT)
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)
(3) 1.5 IN x 9.25 IN x 3.198 FT
2 0 Rigidlam LVL - Roseburg Forest Products
Section Adequate By: 1756.1%
Controlling Factor: Shear

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CAUTIONS
* Laminations are to be fully connected to provide uniform transfer of loads to all members

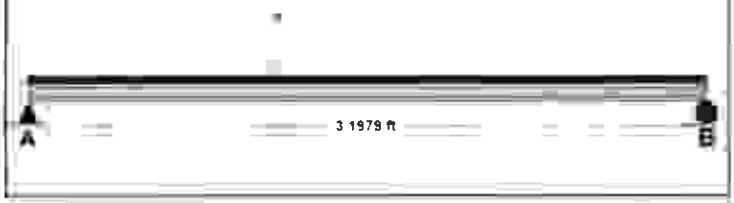
DEFLECTIONS	Center	
Live Load	0.00	IN L/MAX
Dead Load	0.00	in
Total Load	0.00	IN L/MAX

Live Load Deflection Criteria: L/240 Total Load Deflection Criteria: L/180

REACTIONS	A	B
Live Load	-698 lb	-410 lb
Dead Load	17 lb	17 lb
Total Load	-681 lb	-393 lb
Uplift (1.5 F.S)	**-687 lb**	**-399 lb**
Bearing Length	0.00 in	0.00 in

BEAM DATA	Center
Span Length	3.2 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	3.2 ft
Live Load Duration Factor	1.60
Notch Depth	0.00

LOADING DIAGRAM



UNIFORM LOADS	Center
Uniform Live Load	0 plf
Uniform Dead Load	0 plf
Beam Self Weight	10 plf
Total Uniform Load	10 plf

POINT LOADS - CENTER SPAN	
Load Number	One
Live Load	-1108 lb
Dead Load	0 lb
Location	1.18 ft

MATERIAL PROPERTIES
2 0 Rigidlam LVL - Roseburg Forest Products

	Base Values		Adjusted	
Bending Stress	Fb =	3100 psi	Fb' =	5081 psi
	Cd=1.60 Cl=0.99 CF=1.03			
Shear Stress:	Fv =	290 psi	Fv' =	464 psi
	Cd=1.60			
Modulus of Elasticity:	E =	2000 ksi	E' =	2000 ksi
Comp ⊥ to Grain:	Fc - ⊥ =	750 psi	Fc - ⊥' =	750 psi

Controlling Moment: -813 ft-lb
1.18 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: -694 lb
1.0 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections:	Req'd	Provided
Section Modulus:	1.92 in3	64.17 in3
Area (Shear):	2.24 in2	41.63 in2
Moment of Inertia (deflection):	3.72 in4	296.79 in4
Moment:	-813 ft-lb	27172 ft-lb
Shear:	-694 lb	12876 lb

NOTES

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Project: 8082

Location: #05 WINDOW HDR
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)]
(3) 1.5 IN x 7 25 IN x 6 396 FT
#2 - Spruce-Pine-Fir - Dry Use
Section Adequate By 177.1%
Controlli[illegible] Factor Moment

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CAUTIONS
* Laminations are to be [illegible] connected to [illegible] uniform transfer of loads to all members

DEFLECTIONS Center

Live Load	0.04	IN L/1952
Dead Load	0 02	in
Total Load	0 06	IN L/1267

Live Load Deflection Criteria: L/240 Total Load Deflection Criteria: L/180

REACTIONS A B

	A	B
Live Load	668 lb	668 lb
Dead Load	361 lb	361 lb
Total Load	1029 lb	1029 lb
Bearing Length	0 54 in	0.54 in

BEAM DATA Center

Span Length	6.4 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	6 4 ft
Live Load Duration Factor	1.15
Notch Depth	0.00

LOADING DIAGRAM

UNIFORM LOADS Center

Uniform Live Load	209	plf
Uniform Dead Load	107	plf
Beam Self Weight	6	plf
Total Uniform Load	322	plf

MATERIAL PROPERTIES
#2 - Spruce-Pine-Fir

	Base Values	Adjusted
Bending Stress	Fb = 875 psi	Fb' = 1389 psi
	Cd=1 15 CF=1 20 Cr=1 15	
Shear Stress:	Fv = 135 psi	Fv' = 155 psi
	Cd=1 15	
Modulus of Elasticity	E = 1400 ksi	E' = 1400 ksi
Comp. ⊥ to Grain:	Fc - ⊥ = 425 psi	Fc - ⊥' = 425 psi

Controlling Moment: 1646 ft-lb
3.2 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: -1030 lb
6 0 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections:	Req'd	Provided
Section Modulus:	14.23 in3	39 42 in3
Area (Shear):	9 95 in2	32 63 in2
Moment of Inertia (deflection)	20 3 in4	142.9 in4
Moment	1646 ft-lb	4562 ft-lb
Shear:	-1030 lb	3377 lb

NOTES

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Project: 8082

Location: #06 WINDOW HDR
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2012 NDS)]
(3) 1.5 IN x 14.0 IN x 6.396 FT
2.0 Rigidlam LVL - Roseburg Forest Products
Section Adequate By: 3.2%
Controlling Factor: Shear

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CAUTIONS
* Laminations are to be fully connected to provide uniform transfer of loads to all members

DEFLECTIONS Center

Live Load	0.02	IN L/4552
Dead Load	0.01	in
Total Load	0.03	IN L/2685

Live Load Deflection Criteria: L/360 Total Load Deflection Criteria: L/240

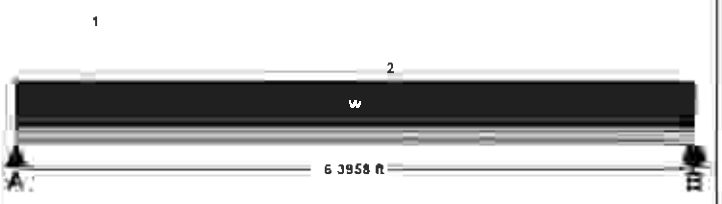
REACTIONS

	A	B
Live Load	6555 lb	1888 lb
Dead Load	5248 lb	1097 lb
Total Load	11803 lb	2985 lb
Bearing Length	3 50 in	0 88 in

BEAM DATA Center

Span Length	6.4 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	6.4 ft
Live Load Duration Factor	1.00
Notch Depth	0.00

LOADING DIAGRAM



UNIFORM LOADS Center

Uniform Live Load	315 plf
Uniform Dead Load	79 plf
Beam Self Weight	16 plf
Total Uniform Load	410 plf

POINT LOADS - CENTER SPAN

Load Number	One	Two
Live Load	6124 lb	304 lb
Dead Load	5449 lb	290 lb
Location	0.74 ft	3 53 ft

MATERIAL PROPERTIES
2.0 Rigidlam LVL - Roseburg Forest Products

	Base Values	Adjusted
Bending Stress:	Fb = 3100 psi	Fb' = 3041 psi
	Cd=1 00 CF=0 98	
Shear Stress:	Fv = 290 psi	Fv' = 290 psi
	Cd=1 00	
Modulus of Elasticity:	E = 2000 ksi	E' = 2000 ksi
Comp. ⊥ to Grain:	Fc - ⊥ = 750 psi	Fc - ⊥' = 750 psi

Controlling Moment: 8675 ft-lb
0.77 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: 11802 lb
At left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections	Req'd	Provided
Section Modulus:	34.23 in3	147 in3
Area (Shear):	61.05 in2	63 in2
Moment of Inertia (deflection):	91.97 in4	1029 in4
Moment	8675 ft-lb	37250 ft-lb
Shear:	11802 lb	12180 lb

NOTES

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Project: 8082

Location: #06 WINDOW HDR (UPLIFT)
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)
(3) 1 5 IN x 14 0 IN x 6 396 FT
2 0 Rigidlam LVL - Roseburg Forest Products
Section Adequate By: 2057 0%
Controlling Factor: Shear

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CAUTIONS
* Laminations are to be fully connected to provide uniform transfer of loads to all members

DEFLECTIONS Center

Live Load	0.00	IN L/MAX
Dead Load	0 00	in
Total Load	0.00	IN L/MAX

Live Load Deflection Criteria: L/360 Total Load Deflection Criteria: L/240

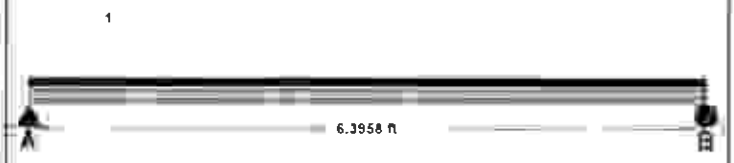
REACTIONS

	A	B
Live Load	-943 lb	-124 lb
Dead Load	50 lb	50 lb
Total Load	-893 lb	-74 lb
Uplift (1.5 F.S)	**-909 lb**	**-91 lb**
Bearing Length	0 01 in	0 01 in

BEAM DATA Center

Span Length	6 4 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	6 4 ft
Live Load Duration Factor	1.60
Notch Depth	0.00

LOADING DIAGRAM



UNIFORM LOADS Center

Uniform Live Load	0 plf
Uniform Dead Load	0 plf
Beam Self Weight	16 plf
Total Uniform Load	16 plf

POINT LOADS - CENTER SPAN

Load Number	One
Live Load	-1067 lb
Dead Load	0 lb
Location	0 74 ft

MATERIAL PROPERTIES
2.0 Rigidlam LVL - Roseburg Forest Products

	Base Values	Adjusted
Bending Stress:	Fb = 3100 psi	Fb' = 4705 psi
	Cd=1 60 Cl=0 97 CF=0 98	
Shear Stress:	Fv = 290 psi	Fv' = 464 psi
	Cd=1 60	
Modulus of Elasticity:	E = 2000 ksi	E' = 2000 ksi
Comp ⊥ to Grain:	Fc - ⊥ = 750 psi	Fc - ⊥' = 750 psi

Controlling Moment: -665 ft-lb
0 77 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: -903 lb
1 0 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections:	Req'd	Provided
Section Modulus:	1 7 in3	147 in3
Area (Shear):	2 92 in2	63 in2
Moment of Inertia (deflection)	8.28 in4	1029 in4
Moment	-665 ft-lb	57635 ft-lb
Shear:	-903 lb	19488 lb

NOTES

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Project: 8082

Location: #07 WINDOW HDR
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)]
(3) 1.5 IN x 7 25 IN x 3 198 FT
#2 - Spruce-Pine-Fir - Dry Use
Section Inadequate By: 3.5%
Controllin[illegible] Factor Shear / De[illegible]h R[illegible]red 7.5 In.

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CAUTIONS
* Laminations are to be ful[illegible] connected to p[illegible] vide uniform transfer of loads to all members

DEFLECTIONS	Center	
Live Load	0.01	IN L/3607
Dead Load	0.01	in
Total Load	0 02	IN L/2151

Live Load Deflection Criteria: L/360 Total Load Deflection Criteria: L/240

REACTIONS	A	B
Live Load	1771 lb	928 lb
Dead Load	1267 lb	515 lb
Total Load	3038 lb	1443 lb
Bearing Length	1 59 in	0 75 in

BEAM DATA	Center
Span Length	3 2 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	3.2 ft
Live Load Duration Factor	1.00
Notch Depth	0.00

LOADING DIAGRAM

UNIFORM LOADS	Center
Uniform Live Load	315 plf
Uniform Dead Load	79 plf
Beam Self Weight	6 plf
Total Uniform Load	400 plf

POINT LOADS - CENTER SPAN

Load Number	One
Live Load	1692 lb
Dead Load	1510 lb
Location	0.8 ft

MATERIAL PROPERTIES
#2 - Spruce-Pine-Fir

	Base Values		Adjusted	
Bending Stress:	Fb =	875 psi	Fb' =	1208 psi
	Cd=1 00 CF=1 20 Cr=1 15			
Shear Stress:	Fv =	135 psi	Fv' =	135 psi
	Cd=1 00			
Modulus of Elasticity:	E =	1400 ksi	E' =	1400 ksi
Comp. ⊥ to Grain:	Fc - ⊥ =	425 psi	Fc - ⊥' =	425 psi

Controlling Moment: 2301 ft-lb
0 8 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: 3038 lb
At left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections:	Req'd	Provided
Section Modulus:	22.87 in3	39.42 in3
Area (Shear):	33.76 in2	32 63 in2
Moment of Inertia (deflection):	15 95 in4	142 9 in4
Moment:	2301 ft-lb	3967 ft-lb
Shear:	3038 lb	2936 lb

NOTES

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Project: 8082

Location: #07 WINDOW HDR (UPLIFT)
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)
(3) 1.5 IN x 7.25 IN x 3.198 FT
#2 - Spruce-Pine-Fir - Dry Use
Section Adequate By: 342 7%
Controlli[illegible] Factor: Shear

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CAUTIONS
* Laminations are to be [illegible]y connected to [illegible]vide uniform transfer of loads to all members

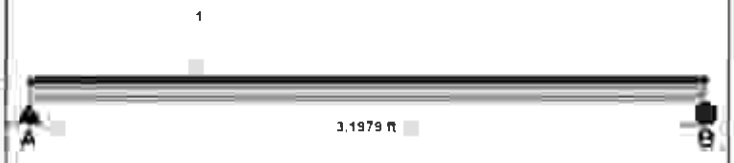
DEFLECTIONS	Center
Live Load	-0 01 IN L/6542
Dead Load	0.00 in
Total Load	-0.01 IN L/6619

Live Load Deflection Criteria: L/360 Total Load Deflection Criteria: L/240

REACTIONS	A	B
Live Load	-1066 lb	-357 lb
Dead Load	9 lb	9 lb
Total Load	-1057 lb	-348 lb
Uplift (1.5 F.S)	**-1060 lb**	**-351 lb**
Bearing Length	0.00 in	0.00 in

BEAM DATA	Center
Span Length	3 2 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	3 2 ft
Live Load Duration Factor	1 60
Notch Depth	0 00

LOADING DIAGRAM



UNIFORM LOADS	Center
Uniform Live Load	0 plf
Uniform Dead Load	0 plf
Beam Self Weight	6 plf
Total Uniform Load	6 plf

POINT LOADS - CENTER SPAN	
Load Number	One
Live Load	-1423 lb
Dead Load	0 lb
Location	0 8 ft

MATERIAL PROPERTIES
#2 - Spruce-Pine-Fir

	Base Values		Adjusted	
Bending Stress:	Fb =	875 psi	Fb' =	1923 psi
	Cd=1 60 Cl=1 00 CF=1 20 Cr=1 15			
Shear Stress	Fv =	135 psi	Fv' =	216 psi
	Cd=1 60			
Modulus of Elasticity	E =	1400 ksi	E' =	1400 ksi
Comp ⊥ to Grain:	Fc - ⊥ =	425 psi	Fc - ⊥' =	425 psi

Controlling Moment: -847 ft-lb
0 8 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: -1061 lb
1 0 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections	Req'd	Provided
Section Modulus:	5.28 in3	39.42 in3
Area (Shear):	7.37 in2	32 63 in2
Moment of Inertia (deflection):	7 86 in4	142.9 in4
Moment:	-847 ft-lb	6316 ft-lb
Shear:	-1061 lb	4698 lb

NOTES

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Location: #08 WINDOW HDR
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)
(3) 1.5 IN x 5.5 IN x 2 531 FT
#2 - Spruce-Pine-Fir - Dry Use
Section Inadequate By: 52.4%
Controlling Factor: Shear / Depth Required 8.38 In

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DEFLECTIONS	Center	
Live Load	0 01	IN L/5078
Dead Load	0.00	in
Total Load	0 01	IN L/3972

Live Load Deflection Criteria L/360 Total Load Deflection Criteria L/240

REACTIONS	A	B
Live Load	530 lb	2630 lb
Dead Load	144 lb	764 lb
Total Load	674 lb	3394 lb
Bearing Length	0 35 in	1 77 in

BEAM DATA	
Span Length	2.53 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	2.53 ft
Live Load Duration Factor	1 00
Notch Depth	0.00

LOADING DIAGRAM

UNIFORM LOADS	Center
Uniform Live Load	315 plf
Uniform Dead Load	79 plf
Beam Self Weight	5 plf
Total Uniform Load	399 plf

POINT LOADS - CENTER SPAN

Load Number	One
Live Load	2363 lb
Dead Load	697 lb
Location	2.39 ft

MATERIAL PROPERTIES
#2 - Spruce-Pine-Fir

	Base Values		Adjusted	
Bending Stress	Fb =	875 psi	Fb' =	1308 psi
	Cd=1 00 CF=1 30 Cr=1 15			
Shear Stress:	Fv =	135 psi	Fv' =	135 psi
	Cd=1 00			
Modulus of Elasticity	E =	1400 ksi	E' =	1400 ksi
Comp. ⊥ to Grain:	Fc - ⊥ =	425 psi	Fc - ⊥' =	425 psi

Controlling Moment: 571 ft-lb
1 7 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: -3394 lb
3 0 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections	Req'd	Provided
Section Modulus:	5.24 in3	22.69 in3
Area (Shear):	37.71 in2	24.75 in2
Moment of Inertia (deflection)	4 42 in4	62.39 in4
Moment:	571 ft-lb	2473 ft-lb
Shear:	-3394 lb	2228 lb

NOTES

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Location #09 WINDOW HDR
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)
(3) 1.5 IN x 5 5 IN x 3.198 FT
#2 - Spruce-Pine-Fir - Dry Use
Section Adequate By: 449.5%
Controlling Factor: Shear

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DEFLECTIONS	Center	
Live Load	0.00	IN L/MAX
Dead Load	0.00	in
Total Load	0 01	IN L/5620

Live Load Deflection Criteria: L/360 Total Load Deflection Criteria: L/240

REACTIONS	A	B
Live Load	169 lb	169 lb
Dead Load	236 lb	236 lb
Total Load	405 lb	405 lb
Bearing Length	0 21 in	0 21 in

BEAM DATA	Center
Span Length	3 2 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	3 2 ft
Live Load Duration Factor	1 00
Notch Depth	0.00

LOADING DIAGRAM

UNIFORM LOADS	Center
Uniform Live Load	106 plf
Uniform Dead Load	143 plf
Beam Self Weight	5 plf
Total Uniform Load	254 plf

MATERIAL PROPERTIES
#2 - Spruce-Pine-Fir

	Base Values	Adjusted
Bending Stress	Fb = 875 psi	Fb' = 1308 psi
	Cd=1 00 CF=1 30 Cr=1 15	
Shear Stress:	Fv = 135 psi	Fv' = 135 psi
	Cd=1 00	
Modulus of Elasticity	E = 1400 ksi	E' = 1400 ksi
Comp. ⊥ to Grain:	Fc - ⊥ = 425 psi	Fc - ⊥' = 425 psi

Controlling Moment: 324 ft-lb
1.6 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: -405 lb
3.0 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections:	Req'd	Provided
Section Modulus	2 97 in3	22.69 in3
Area (Shear):	4 5 in2	24 75 in2
Moment of Inertia (deflection)	2 66 in4	62 39 in4
Moment:	324 ft-lb	2473 ft-lb
Shear:	-405 lb	2228 lb

NOTES

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Location: #10 WINDOW HDR
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)
(3) 1 5 IN x 3 5 IN x 2.531 FT
#2 - Spruce-Pine-Fir - Dry Use
Section Adequate By: 344.7%
Controlling Factor: Shear

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DEFLECTIONS	Center
Live Load	0.00 IN L/6984
Dead Load	0.01 in
Total Load	0.01 IN L/2939

Live Load Deflection Criteria: L/360 Total Load Deflection Criteria: L/240

REACTIONS	A	B
Live Load	134 lb	134 lb
Dead Load	185 lb	185 lb
Total Load	319 lb	319 lb
Bearing Length	0 17 in	0.17 in

BEAM DATA	Center
Span Length	2.53 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	2.53 ft
Live Load Duration Factor	1.00
Notch Depth	0.00

LOADING DIAGRAM

UNIFORM LOADS	Center
Uniform Live Load	106 plf
Uniform Dead Load	143 plf
Beam Self Weight	3 plf
Total Uniform Load	252 plf

MATERIAL PROPERTIES
#2 - Spruce-Pine-Fir

	Base Values		Adjusted	
Bending Stress:	Fb =	875 psi	Fb' =	1509 psi
	Cd=1 00 CF=1 50 Cr=1 15			
Shear Stress:	Fv =	135 psi	Fv' =	135 psi
	Cd=1 00			
Modulus of Elasticity:	E =	1400 ksi	E' =	1400 ksi
Comp. ⊥ to Grain:	Fc - ⊥ =	425 psi	Fc - ⊥' =	425 psi

Controlling Moment: 202 ft-lb
1 27 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: 319 lb
At left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections:	Req'd	Provided
Section Modulus:	1 6 in3	9 19 in3
Area (Shear):	3 54 in2	15 75 in2
Moment of Inertia (deflection):	1 31 in4	16 08 in4
Moment	202 ft-lb	1156 ft-lb
Shear	319 lb	1418 lb

NOTES

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Project: 8082

Location #11 WINDOW HDR
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)
(3) 1 5 IN x 9.25 IN x 6 396 FT
#2 - Spruce-Pine-Fir - Dry Use
Section Adequate By: 38.2%
Controlling Factor Moment

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CAUTIONS
* Laminations are to be fully connected to provide uniform transfer of loads to all members

DEFLECTIONS	Center	
Live Load	0.05	IN L/1617
Dead Load	0.03	in
Total Load	0 08	IN L/1011

Live Load Deflection Criteria: L/360 Total Load Deflection Criteria: L/240

REACTIONS	A	B
Live Load	1676 lb	1676 lb
Dead Load	1003 lb	1003 lb
Total Load	2679 lb	2679 lb
Bearing Length	1 40 in	1 40 in

BEAM DATA	Center
Span Length	6.4 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	6 4 ft
Live Load Duration Factor	1 00
Notch Depth	0 00

LOADING DIAGRAM

UNIFORM LOADS	Center	
Uniform Live Load	524	plf
Uniform Dead Load	306	plf
Beam Self Weight	8	plf
Total Uniform Load	838	plf

MATERIAL PROPERTIES
#2 - Spruce-Pine-Fir

	Base Values		Adjusted	
Bending Stress:	Fb =	875 psi	Fb' =	1107 psi
	Cd=1 00 CF=1 10 Cr=1 15			
Shear Stress:	Fv =	135 psi	Fv' =	135 psi
	Cd=1 00			
Modulus of Elasticity	E =	1400 ksi	E' =	1400 ksi
Comp. ⊥ to Grain	Fc - ⊥ =	425 psi	Fc - ⊥' =	425 psi

Controlling Moment: 4283 ft-lb
3 2 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: 2678 lb
At left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections:	Req'd	Provided
Section Modulus:	46.43 in3	64 17 in3
Area (Shear):	29.76 in2	41 63 in2
Moment of Inertia (deflection):	70.42 in4	296.79 in4
Moment:	4283 ft-lb	5919 ft-lb
Shear:	2678 lb	3746 lb

NOTES

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Project: 8082

Location: #12 DOOR HDR
Multi-Loaded Multi-Span Beam
[2015 International Residential Code(2015 NDS)
(3) 1 5 IN x 5.5 IN x 3.458 FT
#2 - Spruce-Pine-Fir - Dry Use
Section Adequate By: 54 4%
Controlling Factor: Shear

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DEFLECTIONS	Center	
Live Load	0.02	IN L/2150
Dead Load	0 01	in
Total Load	0 03	IN L/1350

Live Load Deflection Criteria: L/360 Total Load Deflection Criteria: L/240

REACTIONS	A	B
Live Load	906 lb	906 lb
Dead Load	537 lb	537 lb
Total Load	1443 lb	1443 lb
Bearing Length	0 75 in	0 75 in

BEAM DATA	Center
Span Length	3 46 ft
Unbraced Length-Top	0 ft
Unbraced Length-Bottom	3.46 ft
Live Load Duration Factor	1.00
Notch Depth	0 00

LOADING DIAGRAM

UNIFORM LOADS	Center
Uniform Live Load	524 plf
Uniform Dead Load	306 plf
Beam Self Weight	5 plf
Total Uniform Load	835 plf

MATERIAL PROPERTIES
#2 - Spruce-Pine-Fir

	Base Values		Adjusted	
Bending Stress	Fb =	875 psi	Fb' =	1308 psi
	Cd=1 00 CF=1 30 Cr=1 15			
Shear Stress:	Fv =	135 psi	Fv' =	135 psi
	Cd=1 00			
Modulus of Elasticity	E =	1400 ksi	E' =	1400 ksi
Comp ⊥ to Grain:	Fc - ⊥ =	425 psi	Fc - ⊥' =	425 psi

Controlling Moment: 1248 ft-lb
1 73 Ft from left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2
Controlling Shear: 1443 lb
At left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 2

Comparisons with required sections	Req'd	Provided
Section Modulus:	11 44 in3	22.69 in3
Area (Shear):	16.03 in2	24.75 in2
Moment of Inertia (deflection):	11 09 in4	62 39 in4
Moment	1248 ft-lb	2473 ft-lb
Shear:	1443 lb	2228 lb

NOTES

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Bloomsburg, PA

Project: 8082

Location: POST AT STAIRS SUPPORTTING RIDGE BM #01
Column
[2015 International Residential Code(2015 NDS)
(5) 1.5 IN x 5.5 IN x 8.094 FT
#2 - Spruce-Pine-Fir - Dry Use
Section Adequate By: 1.4%

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CAUTIONS
* Laminations to be nailed together per National Design Specifications for Wood Construction Section 15.3.3.1

VERTICAL REACTIONS

Live Load:	Vert-LL-Rxn =	18433	lb
Dead Load:	Vert-DL-Rxn =	19021	lb
Total Load	Vert-TL-Rxn =	37454	lb

COLUMN DATA

Total Column Length:	8.09	ft
Unbraced Length (X-Axis) Lx	8.09	ft
Unbraced Length (Y-Axis) Ly	8.09	ft
Column End Condition-K (e)	1	
Axial Load Duration Factor	1 60	

COLUMN PROPERTIES
#2 - Spruce-Pine-Fir

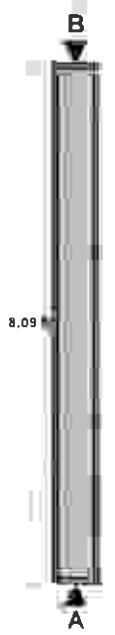
	Base Values	Adjusted
Compressive Stress:	Fc = 1150 psi	Fc' = 921 psi
	Cd=1 60 Cf=1 10 Cp=0 46	
Bending Stress (X-X Axis)	Fbx = 875 psi	Fbx' = 2093 psi
	Cd=1 60 CF=1 30 Cr=1 15	
Bending Stress (Y-Y Axis)	Fby = 875 psi	Fby' = 2093 psi
	Cd=1 60 CF=1 30 Cr=1 15	
Modulus of Elasticity:	E = 1400 ksi	E' = 1400 ksi

Column Section (X-X Axis):	dx =	5.5	in
Column Section (Y-Y Axis):	dy =	7.5	in
Area:	A =	41.25	in2
Section Modulus (X-X Axis)	Sx =	37.81	in3
Section Modulus (Y-Y Axis)	Sy =	10 31	in3
Slenderness Ratio:	Lex/dx =	17.66	
	Ley/dy =	12.95	

Column Calculations (Controlling Case Only):
Controlling Load Case: Axial Total Load Only (L + D)

Actual Compressive Stress:	Fc =	908	psi
Allowable Compressive Stress:	Fc' =	921	psi
Eccentricity Moment (X-X Axis):	Mx-ex =	0	ft-lb
Eccentricity Moment (Y-Y Axis):	My-ey =	0	ft-lb
Moment Due to Lateral Loads (X-X Axis):	Mx =	0	ft-lb
Moment Due to Lateral Loads (Y-Y Axis):	My =	0	ft-lb
Bending Stress Lateral Loads Only (X-X Axis):	Fbx =	0	psi
Allowable Bending Stress (X-X Axis):	Fbx' =	2093	psi
Bending Stress Lateral Loads Only (Y-Y Axis):	Fby =	0	psi
Allowable Bending Stress (Y-Y Axis):	Fby' =	2093	psi
Combined Stress Factor:	**CSF =**	**0.99**	

LOADING DIAGRAM



AXIAL LOADING

Live Load:	PL =	18433	lb
Dead Load:	PD =	18960	lb
Column Self Weight	CSW =	61	lb
Total Axial Load:	PT =	37454	lb

NOTES

PFS APPROVED
DATE 4/12/19
PFS CORPORATION
Bloomsburg, PA

Project: 8082

Location: CANTILEVER FOR CONDENSING UNIT
Floor Joist
[2015 International Building Code(2015 NDS)
1 5 IN x 9.25 IN x 7.229 FT (3.4 + 3.8) @ 12 O.C.
#2 - Southern Pine - Dry Use
Section Adequate By: 231.1%
Controlling Factor: Moment

Brett Hebert
Icon Legacy Custom Modular Homes, LLC
246 Sand Hill Road
Selinsgrove, PA 17870

StruCalc Version 10 0.1 6 4/10/2019 8:23:33 AM

DEFLECTIONS		Left		Center	
Live Load	0 02	IN 2L/3878	0.00	IN L/MAX	
Dead Load	0.02	in	0 00	in	
Total Load	0 04	IN 2L/2008	0 00	IN L/9274	

Live Load Deflection Criteria: L/360 Total Load Deflection Criteria L/240

REACTIONS	A	B
Live Load	274 lb	76 lb
Dead Load	226 lb	-33 lb
Total Load	500 lb	43 lb
Uplift (1.5 F.S)	0 lb	**-94 lb**
Bearing Length	0.59 in	0.05 in

SUPPORT LOADS	A	B
Live Load	274 plf	76 plf
Dead Load	226 plf	-33 plf
Total Load	500 plf	43 plf

LOADING DIAGRAM

MATERIAL PROPERTIES
#2 - Southern Pine

	Base Values	Adjusted
Bending Stress	Fb = 800 psi	Fb' = 867 psi
	Cd=1 00 Cl=0 94 CF=1 00 Cr=1 15	
Shear Stress:	Fv = 175 psi	Fv' = 175 psi
	Cd=1 00	
Modulus of Elasticity	E = 1400 ksi	E' = 1400 ksi
Comp ⊥ to Grain	Fc - ⊥ = 565 psi	Fc - ⊥' = 565 psi

Controlling Moment: -467 ft-lb
Over left support of span 2 (Center Span)
Created by combining all dead loads and live loads on span(s) 1, 2
Controlling Shear: -273 lb
3 0 Ft from left support of span 1 (Left Span)
Created by combining all dead loads and live loads on span(s) 1, 2

Comparisons with required sections	Req'd	Provided
Section Modulus	6 46 in3	21 39 in3
Area (Shear):	2 34 in2	13.88 in2
Moment of Inertia (deflection):	11.82 in4	98 93 in4
Moment:	-467 ft-lb	1546 ft-lb
Shear	-273 lb	1619 lb

JOIST DATA	Left	Center
Span Length	3 42 ft	3 81 ft
Unbraced Length-Top	0 ft	0 ft
Unbraced Length-Bottom	0 ft	0 ft

Floor sheathing applied to top of joists-top of joists fully braced
Floor Duration Factor 1 00

JOIST LOADING

Uniform Floor Loading		Left	Center
Live Load	LL =	40 psf	40 psf
Dead Load	DL =	15 psf	15 psf
Total Load	TL =	55 psf	55 psf
TL Adj For Joist Spacing	wT =	55 plf	55 plf
Partially Distributed Loading			
Live Load	LL =	0 psf	0 psf
Dead Load	DL =	25 psf	0 psf
Load Start	A =	0 ft	0 ft
Load End	B =	3.42 ft	0 ft
Load Length	C =	3.42 ft	0 ft

NOTES

PFS APPROVED
DATE 4/12/19
PFS CORPORATION
Bloomsburg, PA

PFS CORPORATION
Approval Limited to Factory Built Portion Only

State:	**New Jersey**
Signature:	*Harold Raup*
Title:	**Staff Plan Reviewer**
Date:	4/12/19

246 SAND HILL ROAD
SELINSGROVE, PA 17870
PHONE: (570) 374-3280
FAX: (570) 374-1122
WWW.ICONLEGACY.COM

ICON LEGACY™ CUSTOM MODULAR HOMES LLC

FRONT ELEVATION

ACCESS TO GRADE NOT PROVIDED BY ICON

GRADE IS SIX FOOT ABOVE SEA LEVEL

BFE IS 9' PLUS 1' FREEBOARD
6' ABOVE SEA LEVEL
FLOOR IS 8' ABOVE GRADE

ALL UTILITIES AND MECHANICAL EQUIPMENT MUST BE LOCATED ABOVE THE DESIGN FLOOD ELEVATION.

ALL MATERIALS LOCATED BELOW THE DESIGN FLOOD ELEVATION MUST BE FLOOD RESISTANT.

OFFICE COPY

REVISION	DATE	BY
PRELIM	9/28/18	DRP
FINAL	10/31/18	TLM
REVISED FINAL	11/12/18	DRP
REV. FINAL	12/31/18	DRP

SJ HAUCK
3305 BAYLAND DRIVE
CITY OCEAN CITY
COUNTY CAPE MAY
STATE N.J.
ZIP 08226
SNOW LOAD (LBS) 20
WIND SPEED (MPH) 125 (Vult)
TYPE CAPE
MODEL 8082
SQ. FT. 1,449
SERIAL # / ORDER # O#8082

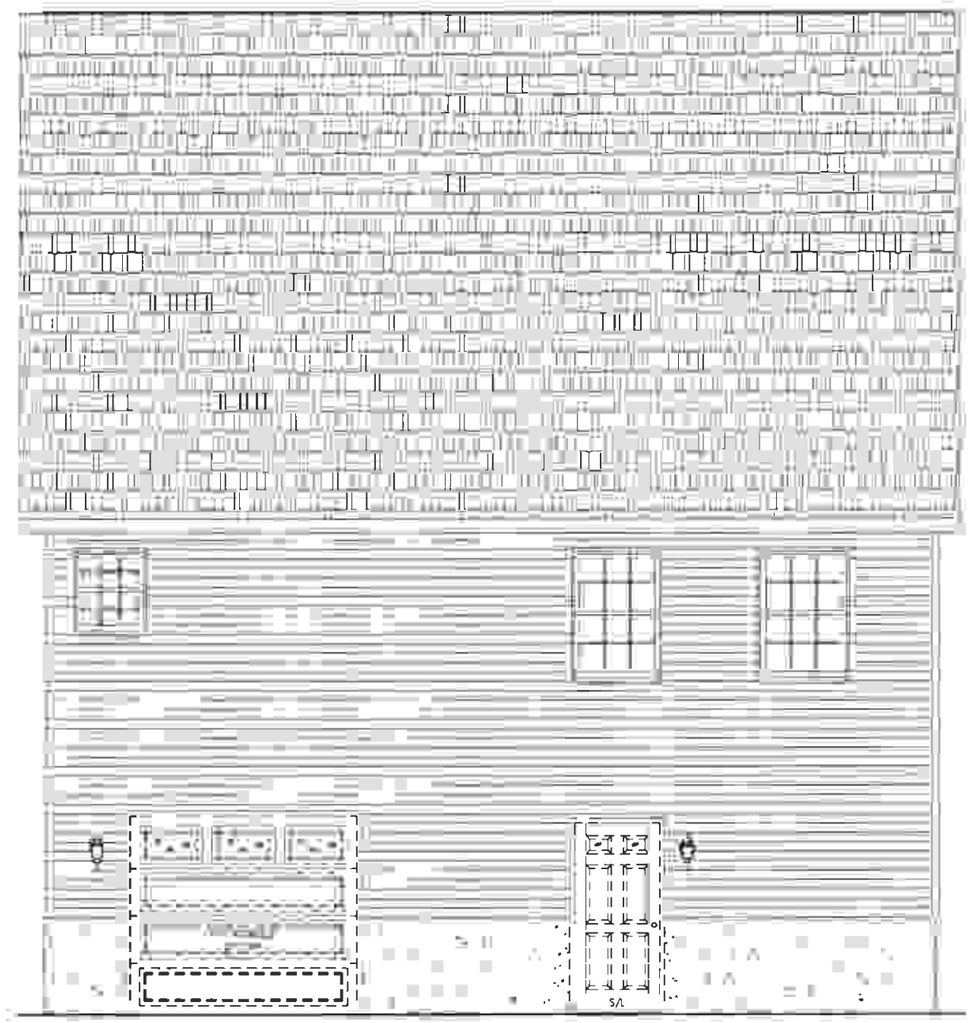
FRONT ELEVATION

JEA

SERIAL # / ORDER # O#8082

PAGE # EV1

PFS Corporation
Northeast Region
APPROVED
H Raup – 3
4/12/19
Approval limited to Factory Built Portion



REAR ELEVATION

ACCESS TO GRADE NOT PROVIDED BY CON

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ICON LEGACY™ CUSTOM MODULAR HOMES LLC

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10/31/18	FINAL	TLM
11/12/18	REVISED FINAL	DRP
12/31/18	REV. FINAL	DRP

CLIENT	SU HAUCK
ADDRESS	3305 BAYLAND DRIVE
CITY	OCEAN CITY
STATE	NJ
ZIP	08226
COUNTY	CAPE MAY
SNOW LOAD (LBS)	20
WIND SPEED (MPH)	125 (Vult)
SQFT	1,449
TYPE	CAPE
FILE NAME	O#8082

REAR ELEVATION

jla

O#8082

PAGE #

EV2

PFS Corporation
Northeast Region
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4/12/19
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LEFT ELEVATION

ACCESS TO GRADE NOT PROVIDED BY ICON

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ICON LEGACY - CUSTOM MODULAR HOMES

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11/12/18	REVISED FINAL	DRP
12/31/18	REV FINAL	DRP

INDEPENDENT BUILDER: SJ HAUCK
ADDRESS: 3305 BAYLAND DRIVE
CITY: OCEAN CITY
COUNTY: CAPE MAY
SITE NAME: O#8082
STATE: NJ
ZIP: 08226
SNOW LOAD (LBS): 20
WIND: 112
TYPE: CAPE
SQ FT: 1,449
808

LEFT ELEVATION

SERIAL # / ORDER #: O#8082

PAGE #: EV3

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RIGHT ELEVATION

ACCESS TO GRADE NOT PROVIDED BY ICON

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ICON LEGACY CUSTOM MODULAR HOMES LLC

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INDEPENDENT BUILDER
SJ HAUCK

3305 BAYLAND DRIVE
CITY OCEAN CITY
COUNTY CAPE MAY
8082
FILE NAME O#8082

STATE NJ
ZIP 08226
SNOW LOAD (LBS) 20
WIND SPEED (MPH) 125 (Vult)
SQFT 1,449
TYPE CAPE

RIGHT ELEVATION

O#8082

EV4

BASEMENT, HABITABLE ATTIC, AND EVERY SLEEPING ROOM SHALL HAVE AT LEAST ONE OPERABLE EMERGENCY ESCAPE AND RESCUE OPENING PER 2015 IRC R310.

BUILDER IS RESPONSIBLE TO PROVIDE ICON LEGACY CMH WITH ANY LOCAL/STATE CODES OR AMENDMENTS THAT WILL AFFECT THE DESIGN AND CONSTRUCTION OF THE HOUSE.

NO LOT LINE FIRE SEPARATION REQUIRED
REPLACING EXISTING HOUSE ON LOT

PFS Corporation
Northeast Region
APPROVED
H Raup - 3
4/12/19
Approval limited to Factory Built Portion

* [illegible] ROVIDED BY ICON)
* [illegible] IMUM [illegible] LOCATED [illegible] GE OF A [illegible] OF THE FINISHED FLOOR

ALL WINDOW HEADERS TO BE 82" A.F.F.

[redacted]

31'-6"

14'-6"

26'-0"

SHED DORMER

PORCH
NOT PROVIDED BY ICON

9'-0"

25'-0"

FRONT OF HOUSE

NOT[illegible]
1. [illegible] EXTERIOR WALL [illegible]
2. [illegible]
3. 8'-0" [illegible]
4. [illegible] WINDOWS
5. [illegible]
6. [illegible]
7. [illegible] MER

2015 INTER[illegible] CODE W/NJ AMENDMENTS
2015 PHCC [illegible] PLUMBING CODE W/NJ AMENDMENTS
2014 NFPA N[illegible] CODE W/NJ AMENDMENTS
2015 INTER[illegible]SERVATION CODE W/NJ AMENDMENTS

O#8082

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11/12/18	REVISED FINAL	DRP
12/31/18	REV. FINAL	DRP

INDEPENDENT BUILDER: SJ HAUCK
3305 BAYLAND DRIVE
CITY: OCEAN CITY | STATE: NJ | 08226
COUNTY: CAPE MAY | SNOW LOAD (LBS): 20 | WIND SPEED (MPH): 125 (Vult)
8082 | 1,449 | CAPE

1ST STORY FLOOR PLAN

FP1

ICON LEGACY CUSTOM MODULAR HOMES LLC
246 SAND HILL ROAD
SELINSGROVE, PA 17870
PHONE: (570) 374-3280
FAX: (570) 374-1122
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Northeast Region
APPROVED
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4/12/19
Approval limited to
Factory Built Portion

30'-6"
SHED DORMER

23'-5"

PROPOSED 2ND FLOOR ONLY
(FINISHED AND INSULATED NOT PROVIDED BY ICON)

THE 2ND FLOOR TO BE INSPECTED AND APPROVED
BY THE LOCAL BUILDING INSPECTOR.

246 SAND HILL ROAD
SELINSGROVE, PA 17870
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FAX: (570) 374-1122
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ICON LEGACY™ CUSTOM MODULAR HOMES LLC

DATE	REVISION	BY
9/28/18	PRELIM	DRP
10/31/18	FINAL	TLM
11/12/18	REVISED FINAL	
12/31/18	REV. FINAL	DRP

ATTN: SJ HAUCK
ADDRESS: 3305 BAYLAND DRIVE
CITY: OCEAN CITY
COUNTY: CAPE MAY
ORDER NO: 8082
MODEL: O#8082
STATE: NJ
ZIP: 08226
SNOW LOAD (LBS): 20
WIND SPEED (MPH): 125 (Vult)
SQFT: 1,449
TYPE: CAPE
SERIAL NO:

2ND STORY FLOOR PLAN

jea

O#8082

PAGE #
FP2

315 LL + 79 DL=394 TL

(6) HDR 3- 1/2" x 14" M L
6'-4¾"
3'-6¾6"
UPLIFT -91

106 LL + 143 DL=249 TL

HDR 3-2x6 SPF (8)

HDR 3-1 1/2" x 9 1/4" M L (7)

315 LL + 79 DL=394 TL

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11/12/18	REVISED FINAL	DRP
12/31/18	REV FINAL	DRP

INDEPENDENT BUILDER
SJ HAUCK

LILLIAN AVENUE

COUNTY
CAPE MAY

ZIP
8082

SNOW LOAD (LBS)
20

WIND SPEED (MPH)
125 (Vult)

1 449

CAPE

O#8082

1ST STORY BEAMS

O#8082

BM1

PFS Corporation
Northeast Region
APPROVED
H Raup – 3
4/12/19
Approval limited to Factory Built Portion

THIS SECTION TO BE COMPLETED ON-SITE BY OTHERS.
REQUIRED TO BE INSPECTED AND APPROVED BY THE LOCAL BUILDING INSPECTOR.

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SELINSGROVE, PA 17870
PHONE: (570) 374-3280
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ICON LEGACY CUSTOM MODULAR HOMES LLC

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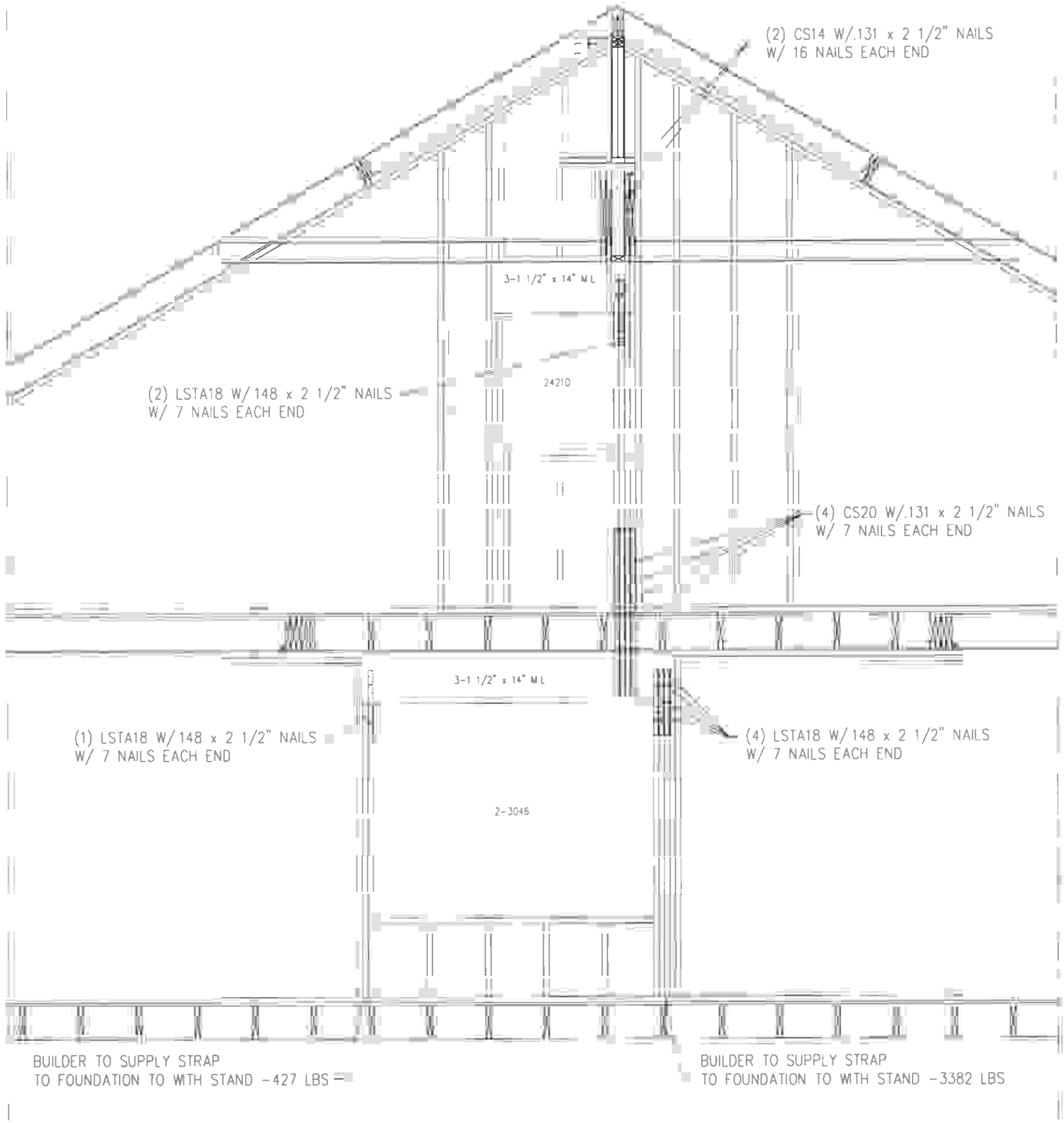
11/12/18	REVISED FINAL	DRP
12/31/18	REV FINAL	DRP

INDEPENDENT BUILDER: SJ HAUCK
3305 BAYLAND DRIVE
CITY: OCEAN CITY
STATE: NJ
ZIP: 08226
COUNTY: CAPE MAY
SEPARATE NO:
SNOW LOAD (LBS): 20
WIND SPEED (MPH): 125 (Vult)
ORDER NO: 8082
TYPE: CAPE
1,449
FILE NAME: O#8082

2ND STORY BEAMS

O#8082

PAGE #: BM2



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REV FINAL	DRP	12/31/18

105 BAYLAND DRIVE
OCEAN CITY
CAPE MAY
SJ HA CK
08226
S.F.
NJ
SNOW LOAD (LBS)
20
WIND
110
D (MPH)
Vult
CAPE
1449
8082

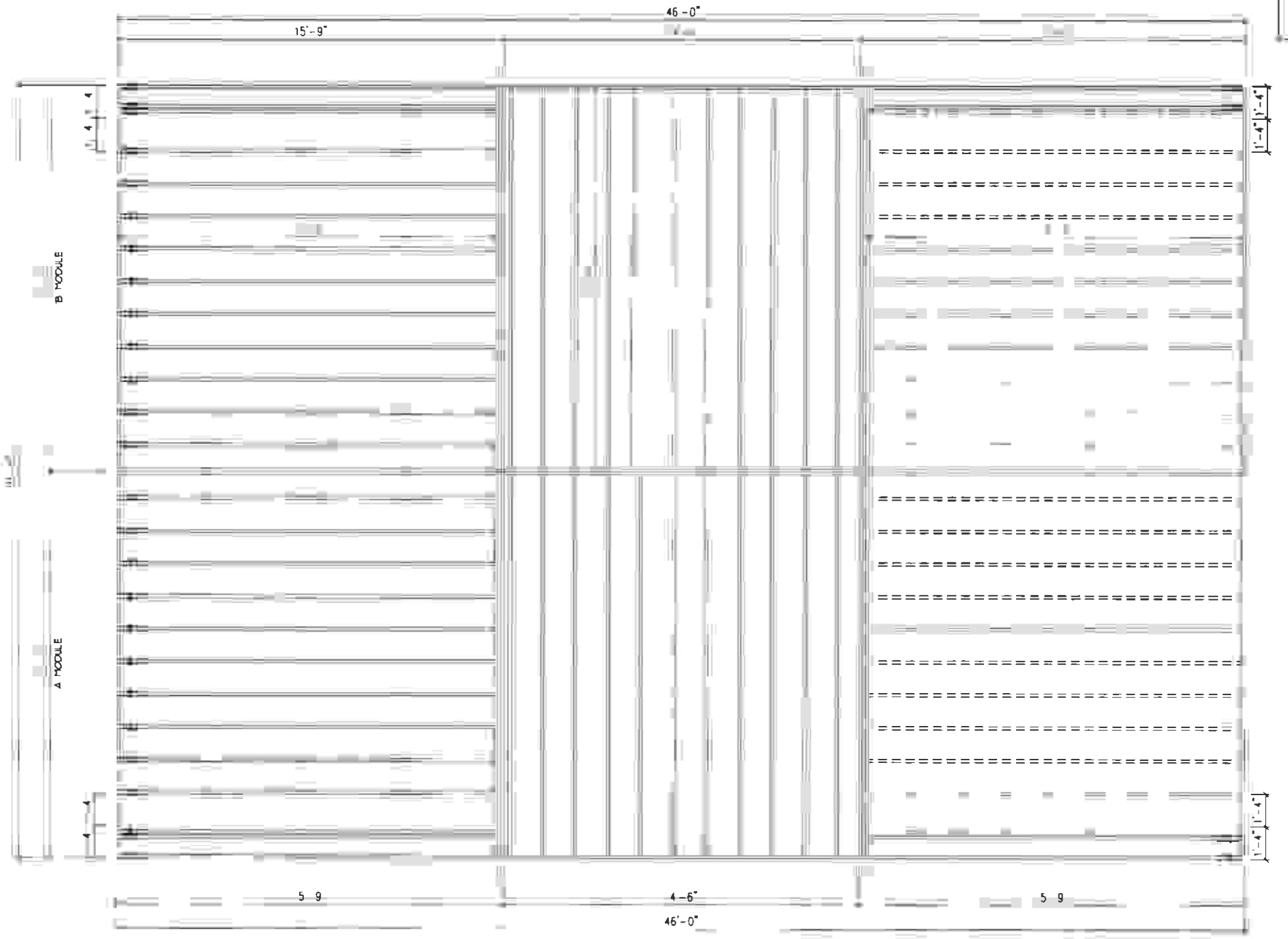
2ND STORY BEAMS

THIS BUILDING HAS BEEN CONSTRUCTED FROM AN APPROVED SYSTEMS OR PCP MODEL APPROVAL
jea

O#8082

BM2.1

PFS Corporation
Northeast Region
APPROVED
H Raup – 3
4/12/19
Approval limited to
Factory Built Portion



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11/12/18	REVISED FINAL	DRP
12/31/18	REV. FINAL	DRP

INDEPENDENT BUILDER
SJ HAUCK

DAYLANDER III

OCEAN CITY
COUNTY
CAPE MAY

STA
N
226

SNOW LOAD (LBS)
20

WIND SPEED (MPH)
125 (Vult)

1 449

CAPE

2

1ST STORY CEILING FRAMING

THIS BUILDING HAS BEEN CONSTRUCTED FROM AN APPROVED SPECIFIC OR PCS MODEL APPROVAL

jea

O#8082

PAGE #
CF1

50# LIGHT BOXES REQUIRED

PFS Corporation
Northeast Region
APPROVED
H Raup – 3
4/12/19
Approval limited to
Factory Built Portion

COIL WIRE OUT
OF RECEPTACLE
FOR WP-GFI
RECEPTACLE @ GRADE

LIGHT BOXES REQUIRED IN ALL ROOMS, HALLWAYS, AND GARAGE.

246 SAND HILL ROAD
SELINSGROVE, PA 17870
PHONE: (570) 374-3280
FAX: (570) 374-1122
WWW.ICONLEGACY.COM

ICON LEGACY™ CUSTOM MODULAR HOMES LLC

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FINAL	10/31/18	TLM
REVISED FINAL	11/12/18	DRP
REV FINAL	12/31/18	DRP

SJ HAUCK
MAYFAIR RIV
OCEAN CITY
CAPE MAY

N.J.
SNOW LOAD (LBS) 20
ZIP 6
WIND SPEED (MPH) 125 (Vult)
449
CAPE

1ST STORY ELECTRICAL PLAN

C#8082

PAGE # EL1

NOTE FOR NEW JERSEY

THIS FOUNDATION PLAN IS SUGGESTIVE ONLY. THE FINAL DESIGN FOR ALL PRE-SITE WORK REQUIRED IN CONNECTION WITH THE SET-UP/INSTALLATION OF THE UNIT SHALL BE PREPARED BY A NEW JERSEY P.E. OR R.A. THIS FOUNDATION IS TO BE BASED ON LOCAL SOIL CONDITIONS.

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Northeast Region
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H Raup – 3
4/12/19
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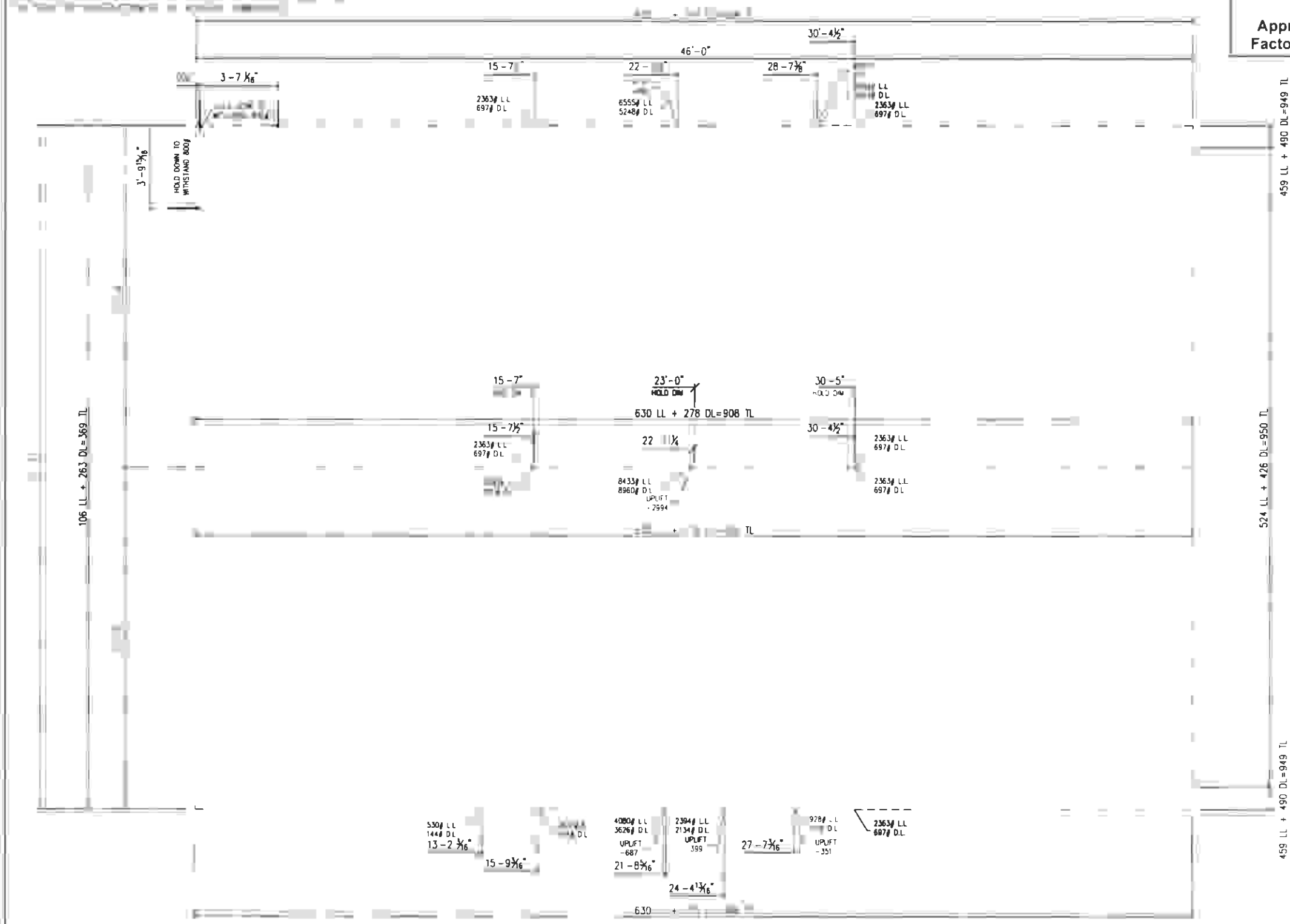

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REVISED FINAL	10/31/18	TLM
REV. FINAL	11/12/18	DRP
	12/31/18	DRP

INDEPENDENT BUILDER
SJ HAUCK

3305 BAYLAND DRIVE
CITY: OCEAN CITY
STATE: NJ
COUNTY: CAPE MAY
ZIP CODE: 08226
SNOW LOAD (LBS): 20
WIND SPEED (MPH): 112 (Vult)
TYPE: CAPE
8082
449

FOUNDATION PLAN

jea

O#8082

PAGE # FND

SHIPLOOSE PIPES BUILDER TO RUN CONNECTIONS ON-SITE
INSTALL OVERHANG BLOCKS & EXTENSIONS

PFS Corporation
Northeast Region
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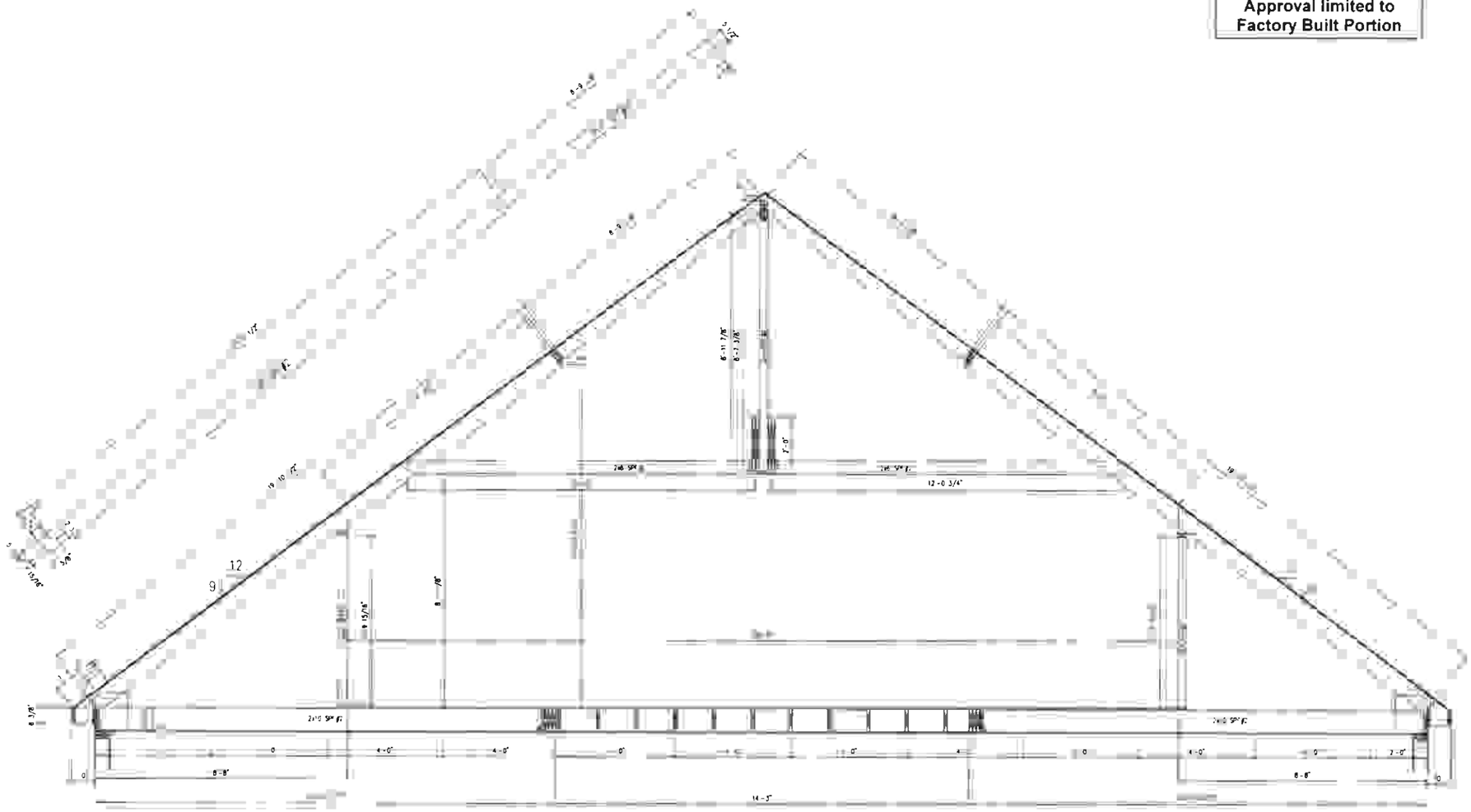

9/12 - 46'-0" WIDE - GOOD TO 40#GSL - 16" O.C.
STORAGE RAFTER

THIS TRUSS DESIGN MAY BE USED FOR LESSER SPANS PROVIDED
NO MEMBER HAS A GREATER LENGTH AND ALL CONNECTIONS ARE AS SPECIFIED.

jea

O#8082

TR1

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SELINSGROVE, PA 17870
PHONE: (570) 374-3280
FAX: (570) 374-1122
WWW.ICONLEGACY.COM

ICON LEGACY CUSTOM MODULAR HOMES LLC

REVISION	BY	DATE
PRELIM	DRP	9/28/18
FINAL	TLM	10/31/18
REVISED FINAL	DRP	11/12/18
REV FINAL	DRP	12/31/18

INDEPENDENT BUILDER: SJ HAUCK
3305 BAYLAND AVENUE
OCEAN CITY
COUNTY: CAPE MAY
SERIAL NO: 8082
FILE NAME: O#8082

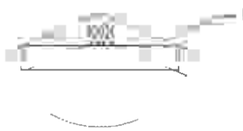
STATE: NJ
ZIP: 08226
SNOW LOAD (LBS): 20
WIND SPEED (MPH): 125 (Vult)
TYPE: CAPE
1,449

46'-0" 7/12 RAFTER

CONNECTION: A-2

1 1/2" X 20GA STRAP @ 16" O C
W/3-6D NAILS EACH END
OR
W/6-16GA. STAPLES EACH END

ALTERNATE



USE 8-8D NAILS EACH END OF 1X4

CONNECTION: A-1

USE 3-16D NAIL NTO END GRAIN EACH END
AND
USE 10D NAILS @ 8" O C THROUGH PLATES

CONNECTION: C

USE 9-16D NAILS EACH END

CONNECTION: B-1

USE 7-6D NAILS THROUGH SHEATHING
OR
USE 8-16GA STAPLES THROUGH SHEATHING

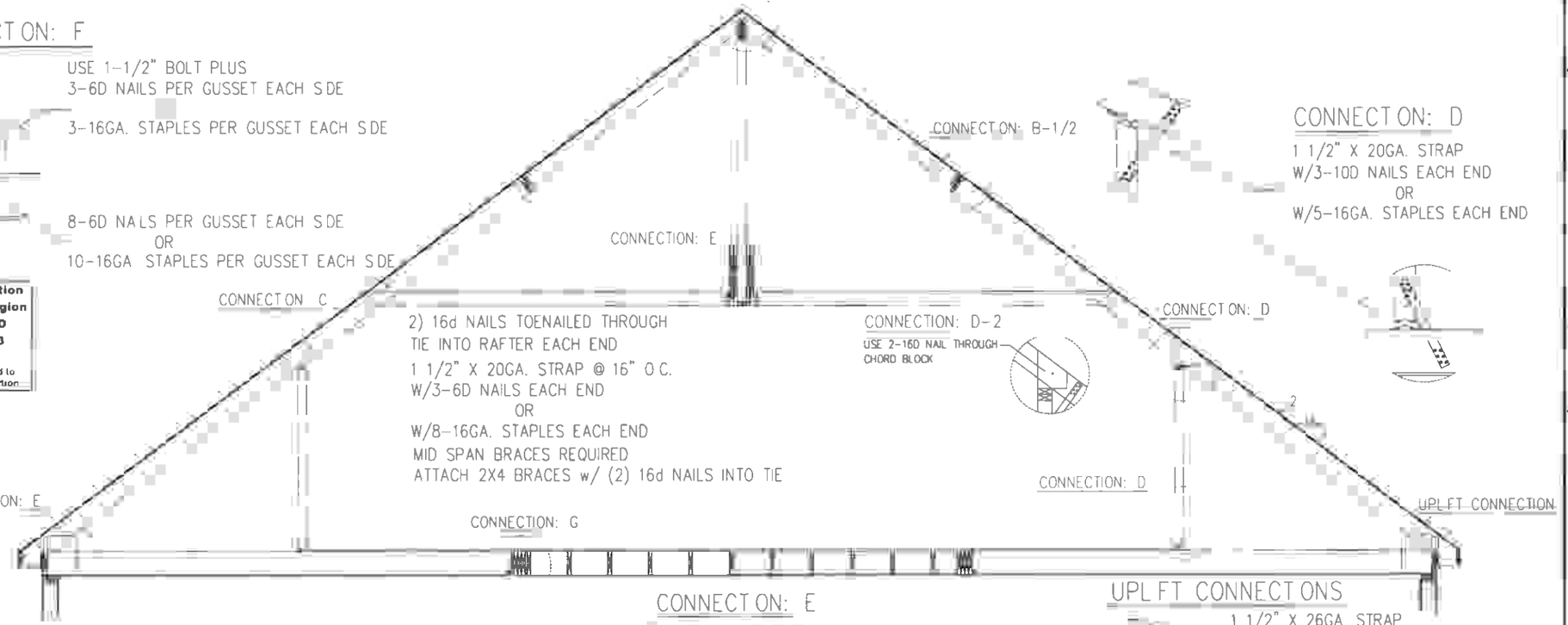
CONNECTION: B-2

USE 2-16D NAILS TOENAILED EACH END
AND
USE 10D NAILS @ 18" O.C. THROUGH PLATES
AND
SIMPSON CS16 STRAP w/ 10) 10d NAILS EACH END

CONNECTION: F

USE 1-1/2" BOLT PLUS
3-6D NAILS PER GUSSET EACH SIDE
3-16GA. STAPLES PER GUSSET EACH SIDE

8-6D NAILS PER GUSSET EACH SIDE
OR
10-16GA STAPLES PER GUSSET EACH SIDE



CONNECTION: D

1 1/2" X 20GA. STRAP
W/3-10D NAILS EACH END
OR
W/5-16GA. STAPLES EACH END

CONNECTION: E

" O.C.
ND
ROUGH BEAM

UPLIFT CONNECTIONS

1 1/2" X 26GA STRAP
W/2-10D NAILS EACH END
OR
W/2-16GA. STAPLES EACH END
OR
(2) 16d NAILS TOENAILED THROUGH BC INTO BAND PLUS (2) 16d NAILS THROUGH SHEATHING NTO BAND AND STUD

CONNECTION: G

USE 7-16D NAILS THROUGH DECKING EACH SIDE
OR
1 1/2" X 20GA. STRAP
W/3-10D NAILS EACH END

WHERE NO BEARING WALL BELOW
USE (3) 16d NAILS TOENAILED INTO BAND
ALTERNATE: OK FOR (1) SIMPSON A34 CHORD TO BEAM

PFS Corporation
Northeast Region
APPROVED
H Raup - 3
4 12 19
Approval limited to Factory Built Portion

9/12 - 46'-0" WIDE - GOOD TO 40#GSL - 16" O.C.

STORAGE RAFTER

GOOD TO 150 MPH WIND SPEED

THIS TRUSS DESIGN MAY BE USED FOR LESSER SPANS PROVIDED
NO MEMBER HAS A GREATER LENGTH AND ALL CONNECTIONS ARE AS SPECIFIED.

246 SAND HILL ROAD
SELINSGROVE, PA 17870
PHONE: (570) 374-3280
FAX: (570) 374-1122
WWW.ICONLEGACY.COM

ICON LEGACY CUSTOM MODULAR HOMES LLC

REVISION	BY	DATE
PRELIM	DRP	9/28/18
FINAL	TLM	10/31/18
REVISED FINAL	DRP	11/12/18
REV. FINAL	DRP	12/31/18

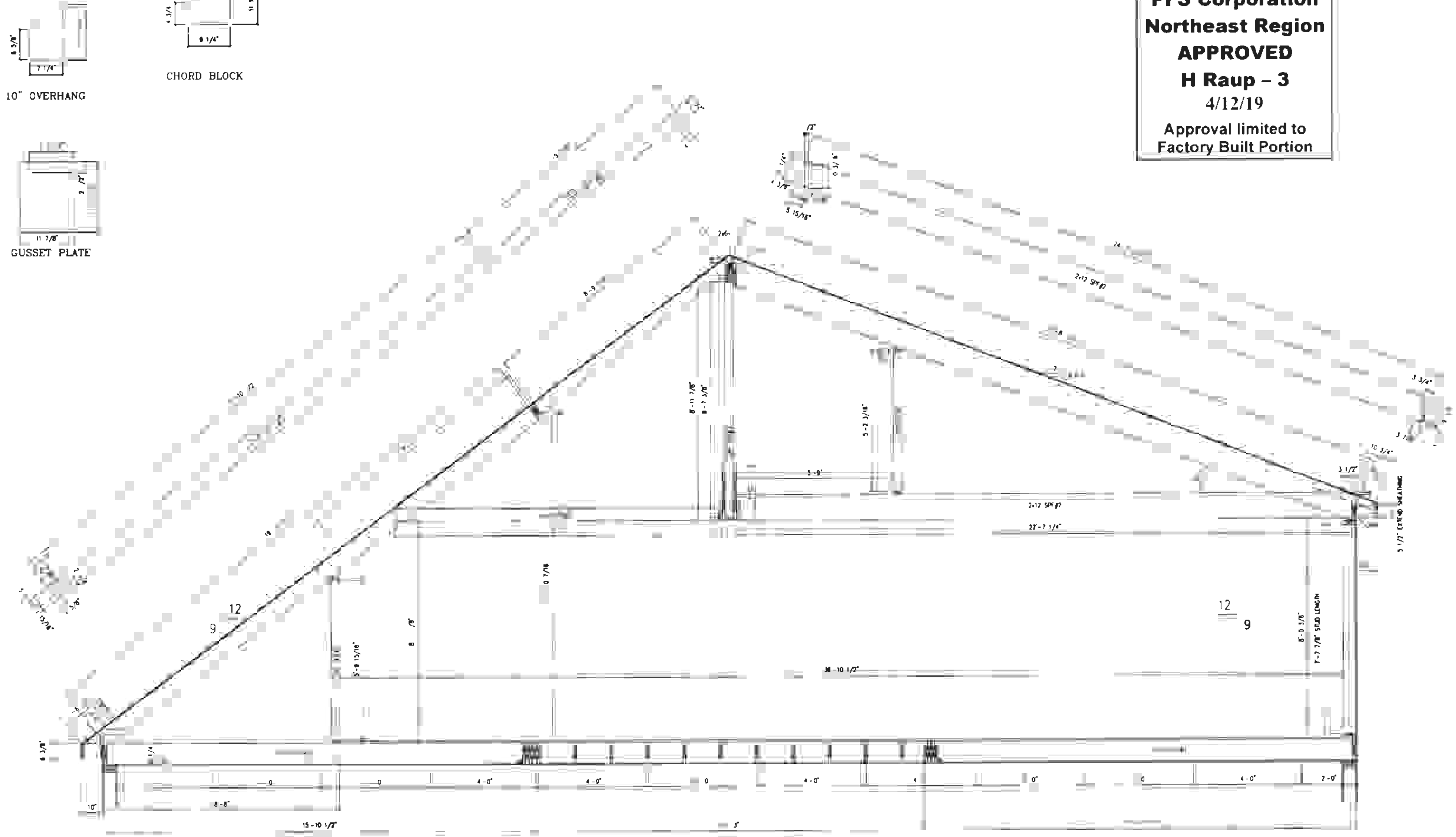
HALLK
3305 BAYLAND AVENUE
CITY OCEAN CITY
STATE NJ
08226
SNOW LOAD (LBS) 0
WIND 120 MPH
CAPE MAY
NJ
82
FILE NAME O#8082

7/12 RAFTER CONNECTIONS

O#8082

PAGE TR2

SHIPLOOSE PIPES BUILDER TO RUN CONNECTIONS ON-SITE
INSTALL OVERHANG BLOCKS & EXTENSIONS



PFS Corporation
Northeast Region
APPROVED
H Raup - 3
4/12/19
Approval limited to
Factory Built Portion

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DATE	REVISION	BY
9/28/18	PRELIM	DRP
10/31/18	FINAL	TLM
11/12/18	REVISED FINAL	DRP
12/31/18	REV. FINAL	DRP

J HAUCK
3305 BAYLAND AVE
OCEAN CITY, NJ 08226
CAPE MAY
SNOW LOAD (LBS) 20
CAPE
1,449
O#8082

46'-0" SHED DORMER

9/12 SHED DORMER - 46'-0" WIDE - GOOD TO 40#GSL - 16" O.C. STORAGE RAFTER

THIS TRUSS DESIGN MAY BE USED FOR LESSER SPANS PROVIDED
NO MEMBER HAS A GREATER LENGTH AND ALL CONNECTIONS ARE AS SPECIFIED.

O#8082

TR3

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SELINSGROVE, PA 17870
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FAX: (570) 374-1122
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ICON LEGACY CUSTOM MODULAR HOMES LLC

CONNECTION A-1

ALTERNATE

USE 26-8D NAIL EACH END OF 1X4

2) SIMPSON A34 EACH RAFTER
AND
USE (2) ROWS 10D NAILS @ 11" O.C.
THROUGH PLATES

CONNECTION: B-1

USE 30-6D NAILS THROUGH SHEATHING
OR
USE 38-16GA STAPLES THROUGH SHEATHING

CONNECTION: B-2

USE 2-16D NAILS TOENAILED EACH END
AND
USE 10D NAILS @ 12" O.C. THROUGH PLATES

CONNECTION: J-1

1 1/2" X 26GA. STRAP
W/3-10D NAILS EACH END
OR
W/4-16GA. STAPLES EACH END

CONNECTION: K

CONNECTION: C

1 1/2" X 26GA. STRAP
W/3-10D NAILS EACH END
OR
W/5-16GA. STAPLES EACH END

CONNECTION: J-2

USE 2-16D NAIL THROUGH
CHORD BLOCK

CONNECTION: L

USE [illegible] 8d NAILS
THR[illegible] INTO RAFTERS
1" [illegible]

CONNECTION: K
CONNECTION: H
CONNECTION: J
CONNECTION L
CONNECTION F
CONNECTION C
UPLIFT CONNECTION

CONNECTION: H

CONNECTION: C

USE 4-16D NAIL TOENAILED

CONNECTION: F

USE 10-16D NAILS THROUGH
TIE INTO RAFTER

12
9

CONNECTION: C-2

USE 3-16D NAIL THROUGH
CHORD BLOCK

USE 10-16D NAILS THROUGH
TIE INTO RAFTER

CONNECTION: G

USE 5-16D NAIL TOENAILED
INTO BEAM EACH END

CONNECTION D
CONNECTION: C
CONNECTION: E

CONNECTION: E

D)

UPLIFT CONNECTION

1 1/2" X 26GA. STRAP
W/2-10D NAILS EACH END
OR
W/2-16GA. STAPLES EACH END
OR
(3) 16d NAILS TOENAILED THROUGH BC
INTO BAND PLUS (2) 16d NAILS THROUGH
SHEATHING INTO BAND AND STUD

CONNECTION: D

USE 1-1/2" BOLT PLUS
2-6D NAILS PER [illegible]T EACH SIDE
OR
3-16GA STAPLES PER GUSSET EACH SIDE

2-6D NAILS PER GUSSET EACH SIDE
OR
3-16GA STAPLES PER GUSSET EACH SIDE

9/12 - 46'-0" WIDE - GOOD TO 40#GSL - 16" O.C.
SHED DORMER STORAGE RAFTER
GOOD TO 150 MPH WIND SPEED

THIS TRUSS DESIGN MAY BE USED FOR LESSER SPANS PROVIDED
NO MEMBER HAS A GREATER LENGTH AND ALL CONNECTIONS ARE AS SPECIFIED.

PFS Corporation
Northeast Region
APPROVED
H Raup - 3
4/12/19
Approval limited to
Factory Built Portion

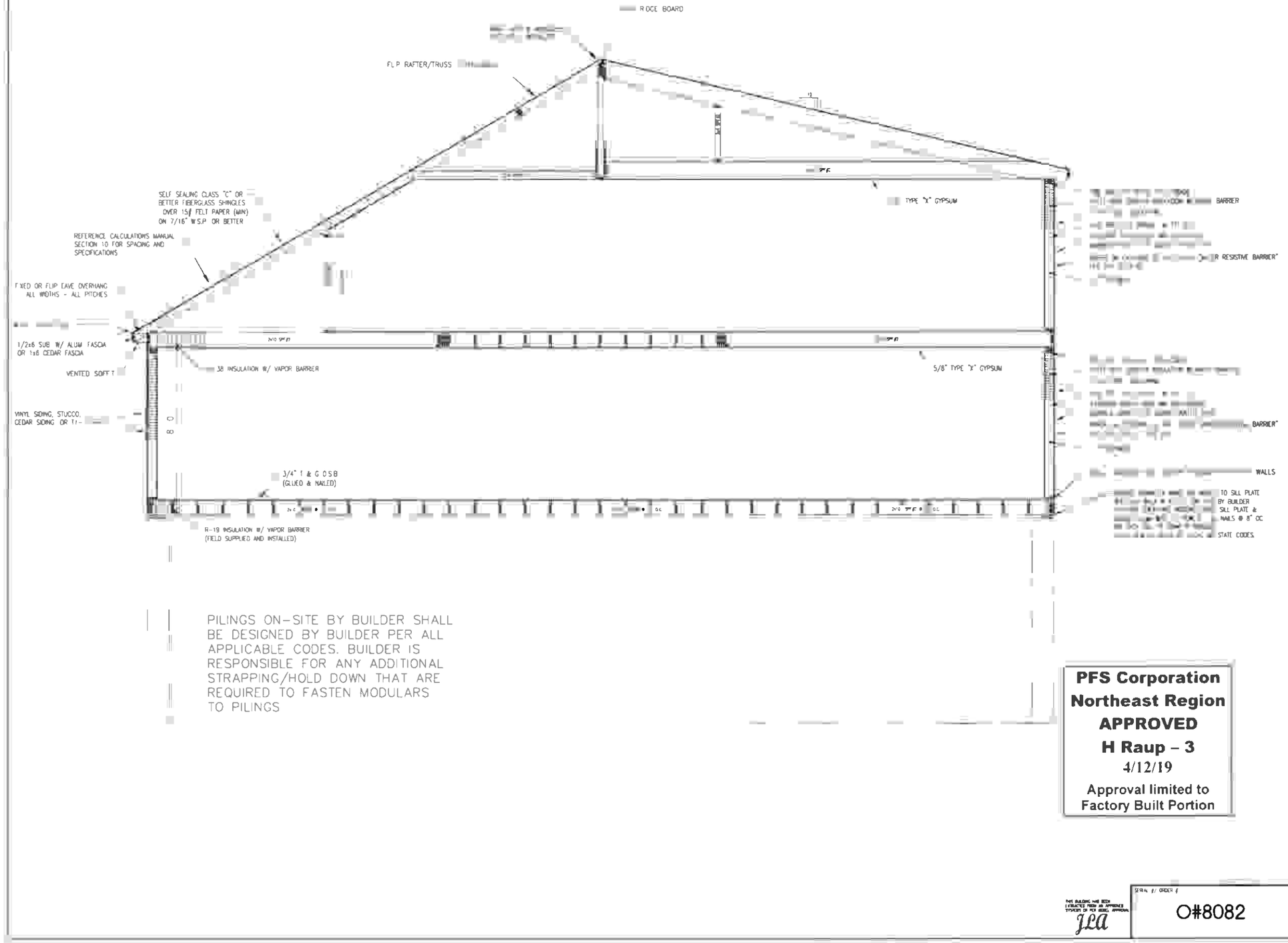
REVISION	BY	DATE
PRELIM	DRP	9/28/18
FINAL	TLM	10/31/18
REVISED FINAL	DRP	11/12/18
REV FINAL	DRP	12/31/18

ADDRESS	3305 BAYLAND AVENUE
CITY	OCEAN CITY
STATE	NJ
ZIP	08226
COUNTY	CAPE MAY
SNOW LOAD (LBS)	20
WIND SPEED (MPH)	125 (Vult)
TYPE	CAPE
ORDER NO	8082
SERIAL NO	1,449
FILE NAME	O#8082

SJ HAUCK

O#8082

TR4



PILINGS ON-SITE BY BUILDER SHALL BE DESIGNED BY BUILDER PER ALL APPLICABLE CODES. BUILDER IS RESPONSIBLE FOR ANY ADDITIONAL STRAPPING/HOLD DOWN THAT ARE REQUIRED TO FASTEN MODULARS TO PILINGS

PFS Corporation
Northeast Region
APPROVED
H Raup – 3
4/12/19
Approval limited to Factory Built Portion

246 SAND HILL ROAD
SELINSGROVE, PA 17870
PHONE: (570) 374-3280
FAX: (570) 374-1122
WWW.ICONLEGACY.COM

ICON LEGACY - CUSTOM MODULAR HOMES LLC

REVISION	BY	DATE
PRELIM	DRP	9/28/18
FINAL	TLW	10/31/18
REVISED FINAL	DRP	11/12/18
REV FINAL	DRP	12/31/18

INDEPENDENT BUILDER: SJ HAUCK
ADDRESS: 3305 BAYLAND DRIVE
CITY: OCEAN CITY
STATE: NJ
COUNTY: CAPE MAY
ORDER NO: 8082
SERIAL NO: O#8082
SNOW LOAD (LBS): 20 PSF
WIND SPEED (MPH): 125 (VULT)
TYPE: CAPE
SQFT: 1,449
08226

CROSS SECTION / DETAIL #1

THIS BUILDING HAS BEEN CONSTRUCTED FROM AN APPROVED SYSTEMS OR PER MODEL APPROVAL
JLA

SERIAL # / ORDER #: O#8082

PAGE #: SE1

DOOR AND WINDOW SCHEDULE

WINDOWS

DESCRIPTION	OPENING	AREA	LIGHT	CLEAR OPENING WIDTH (EACH)	CLEAR OPENING HEIGHT (EACH)	VENT	U-FACTOR	QTY	TOTAL AREA
PLY GEM MW PRO SERIES CLASSIC MODULAR DOUBLE HUNG TVBDH24210M	30 3/8" X 37 5/8	7.94	4 8	25.000	14.563	2.40	0 34	4	31 76
PLY GEM MW PRO SERIES CLASSIC MODULAR DOUBLE HUNG TVBDH3046M	38 3/8" X 57 5/8	15 36	10.8	33.000	24.563	5.76	0.34	7	107.52
PLY GEM MW PRO SERIES CLASSIC MODULAR DOUBLE HUNG TVBDH3046M-2	76 3 4" X 57 5/8	30.71	21 6	33 000	24 563	11.52	0 34	5	153 55
							0 AL		92 83

EXTERIOR DOORS

DESCRIPTION	ROUGH OPENING	AREA	LIGHT	CLEAR OPENING WIDTH (EACH)	CLEAR OPENING HEIGHT (EACH)	VENT	U-FACTOR	QTY	TOTAL AREA
THERMA-TRU 3068 < 50% GLASS	38 1/2" X 82 1/8"	21 96	0 0	0.000			0 17	1	21 96
							AL		1

PFS Corporation
Northeast Region
APPROVED
H Raup – 3
4/12/19
Approval limited to Factory Built Portion

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FAX: (570) 374-1122
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ICON LEGACY CUSTOM MODULAR HOMES LLC

REVISION	DATE	BY
PRELIM	9/28/18	DRP
FINAL	10/31/18	TLM
REVISED FINAL	11/12/18	DRP
REV. FINAL	12/31/18	DRP

SJ HAUCK
3305 BAYLAND DRIVE
CITY OCEAN CITY
COUNTY CAPE MAY
FILE NAME 8082
STATE NJ
ZIP 08226
SNOW LOAD (LBS) 20
WIND SPEED (MPH) 125 (Vult)
DOT 1,449
EXPOSURE CAPE

JLA

O#8082

PAGE 2

DWS

PFS Corporation
Northeast Region
APPROVED
H Raup – 3
4/12/19
Approval limited to
Factory Built Portion

STATE NJ – NEW JERSEY
CEILING HEIGHT 8 FT
4364 WINDOW AND DOOR BTU/H LOSS
3036 WALL BTU/H LOSS
2373 CEILING BTU/H LOSS
4747 FLOOR BTU/H LOSS
28181 INFILTRATION BTU/H LOSS
42701 TOTAL BTU/H LOSS
1251 TOTAL WATT LOSS
51 FT. RADIATION
78 FT. HWBB
51 FT. HI CAPACITY HWBB

[redacted]

THE HVAC SYSTEM IS NOT PART OF THIS MODULAR [redacted] ED TO BE PERMITTED SEPARATELY.
THE HVAC SYSTEM MUST BE DESIGNED PER ACCA M[redacted] MANUAL S,
DUCTWORK PER ACCA MANUAL D, AND SEALED [redacted] A PER NYS EDUCATION LAW ARTICLES 145 AND 147
THE HVAC SYSTEM WILL BE REVIEWED, APPROVED, A[redacted] THE LOCAL BUILDING OFFICIAL.

JLA

O#8082

HL1

246 SAND HILL ROAD
SELINSGROVE, PA 17870
PHONE: (570) 374-3280
FAX: (570) 374-1122
WWW.ICONLEGACY.COM

ICON LEGACY CUSTOM MODULAR HOMES LLC

DATE	REVISION	BY
9/28/18	PRELIM	DRP
10/31/18	FINAL	TLM
11/12/18	REVISED FINAL	DRP
12/31/18	REV. FINAL	DRP

INDEPENDENT BUILDER
SJ HAUCK
3305 BAYLAND DRIVE
CITY OCEAN CITY STATE NJ ZIP 08226
SERIES AP LOAD (LBS) 2 1 1/2
WIDTH 8082 1 449 CAP
FILE NAME O#8082

1ST STORY HEAT LOSS

METHOD TYPE	BRACE WALL LINE	WIND SPEED <130	BRACE WALL LINE SPACING	CONTINUOUS SHEATHING REQUIRED R602.10.3(1)	EXPOSURE/HEIGHT FACTORS EXPOSURE D R301.2(2) 1 5	ROOF EAVE TO RIDGE HEIGHT 14.6 FT R602.10.3(2) 1.3	NUMBER OF BRACE WALL LINES	WALL REDUCTION FACTOR 0 9	LENGTH REQUIREMENTS FOR BRACE WALL PANELS WITH CONTINUOUS SHEATHING	FULL HEIGHT SHEATHING PROVIDED
CS-WSP	46	BRACE WALL #1	31 5	6 567	6.567 X 1 5 = 9 850	9.850 X 1 3 = 12.805	12 805 X 1.00 = 12 805	12 805 X 0 90 11 525	24	29.58 Feet
CS-WSP	31 5	BRACE WALL #2	46	8 700	8 700 X 1 5 = 13.050	13 050 X 1.3 = 16 965	16 965 X 1.00 = 16.965	16 965 X 0 90 15 269	35	15.50 Feet
CS-WSP	46	BRACE WALL #3	31 5	5 225	5 225 X 1 5 = 9 850	9.850 X 1.3 = 12 805	12 805 X 1.00 = 12 805	12 805 X 0 90 11 525	24	40 25 Feet
CS-WSP	31 5	BRACE WALL #4	46	6 900	6.900 X 1.5 = 13.050	13.050 X 1.3 16 965	16 965 X 1.00 = 16.965	16.965 X 0 90 15.269	24	21.50 Feet

[redacted]

ICON LEGACY CUSTOM MODULAR HOMES LLC

DATE	REVISION	BY
9/28/18	PRELIM	DRP
10/31/18	FINAL	TLM
11/12/18	REVISED FINAL	DRP
12/31/18	REV. FINAL	DRP

ADDRESS 3305 BAYLAND DRIVE
CITY OCEAN CITY
CAPE MAY
STATE NJ
ZIP 08226
SNOW LOAD (LBS) 20
WIND SPEED (MPH) 125 (Vult)
SQFT 1,449
TYPE CAPE
8082
FILE NAME O#8082

1ST STORY SHEAR WALLS

SERIAL #/ ORDER # O#8082

PAGE # SW1

ZONING APPROVED

BY

D

OFFICE COPY

OCEAN CITY CONSTRUCTION CODE OFFICE

PERMIT # 20190871 DATE

BUILDING 6.17.19

ELECTRIC

PLUMBING

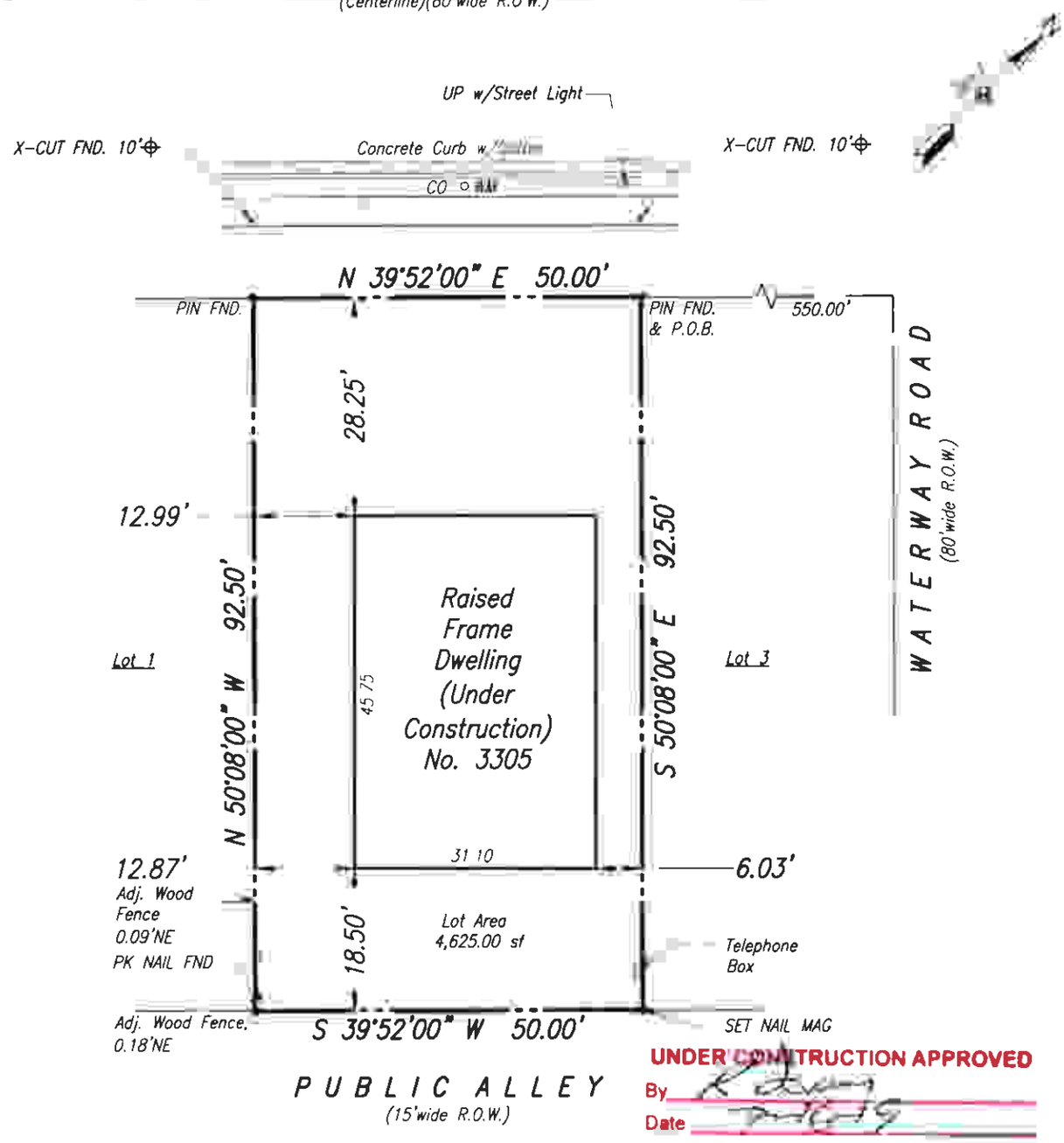
FIRE

RELEASED

CONST OFF

ALL UTILITIES AND MECHANICAL EQUIPMENT MUST BE LOCATED ABOVE THE DESIGN FLOOD ELEVATION.

ALL MATERIALS LOCATED BELOW THE DESIGN FLOOD ELEVATION MUST BE FLOOD RESISTANT.



1 Foundation Location Survey

Scale: 1" = 20'

GENERAL NOTES

1. Field work for survey performed on May 30, 2019.
2. Survey performed without the benefit of a title report.

ELEVATION DATA

Reference Datum: NAVD 1988

Top of Slab: Elev. 6.10
Top of Stringer. Elev. 14.50
Peak of Roof: Elev. 42.00
(Building Height = 42.00 - 12.00 (BFE + 3) = 30.00')

Building Coverage: 30.8% (1,423.09 sf)

Floor Area Ratio: 56.9% (2,631.00 sf)

Elevations in NAVD 1988 datum as obtained through GPS measurements to 0.10' per GPS RTK parameters.

Certify to: Flounders, Rick

Project

No	Description	Date
1.	Initially Issued	06-05-19
2	Roof Peak & Slab	07-12-19
2.	Bldg Cov. & F.A.R	07-16-19

HDG
ENGINEERING
LAND SURVEYING
ENVIRONMENTAL CONSULTING
701 west avenue, suite 301
ocean city, nj 08226
tel. 609.398.4477
www hdg-nj.com
cert. of auth. no. 24GA28087300

I declare that to the best of my professional knowledge and belief this map is the result of a field survey made ... prepared as per the "State Board of Professional Engineers and Land Surveyors". This property is subject to documents of record, Underground improvements, assessments, rights, restrictions, right of ways, encroachments or ... subject property are not included as part of contract.

Thomas R. Deneka
Thomas R. Deneka
LS#28

Location

3305 Bayland Drive
Block: 3207 Lot: 2
City of Ocean City
Cape May County
New Jersey

Client

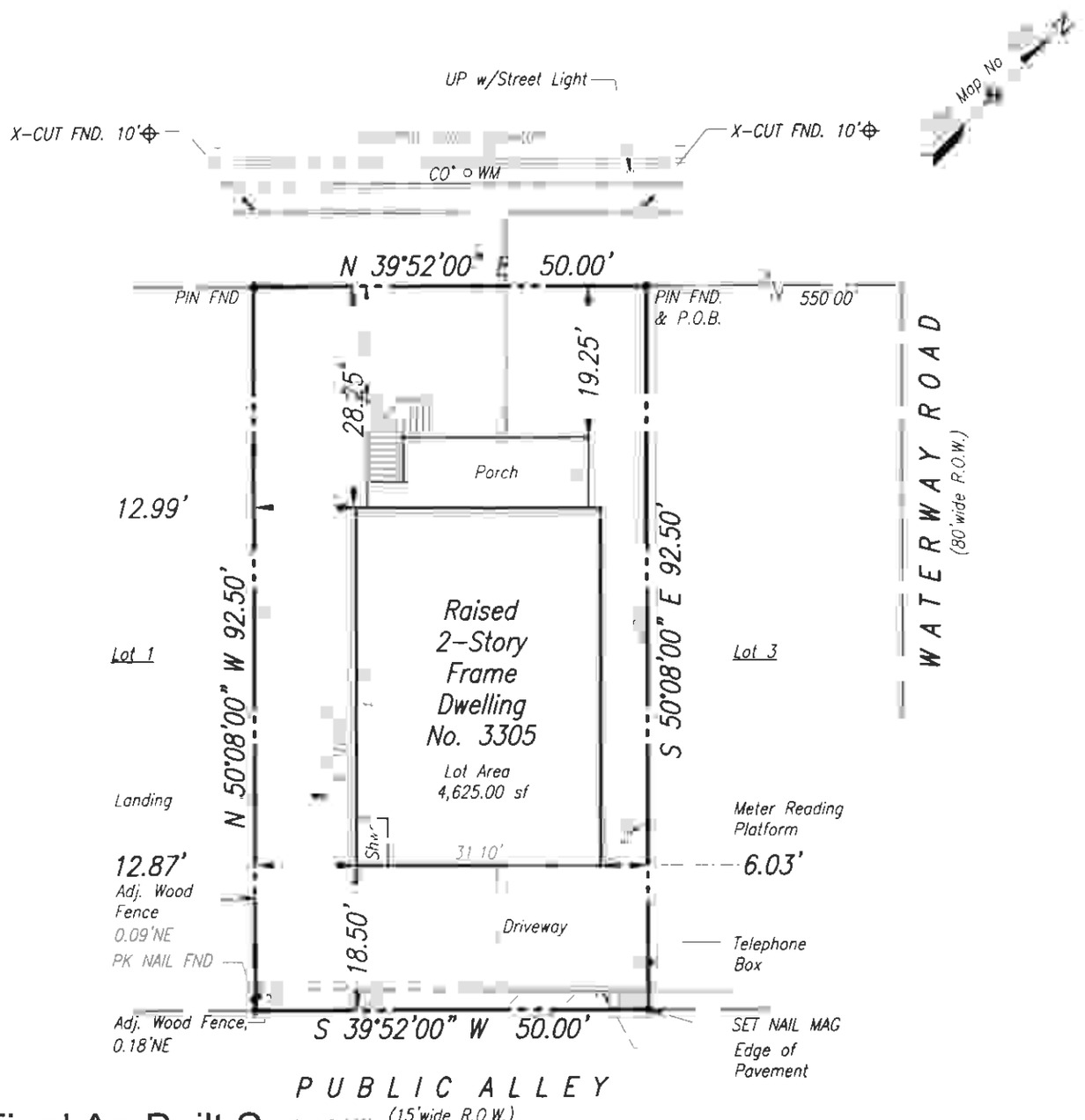
Drawn By R.F.R
Checked By T.R.D
Project No 31547.02

Foundation Location Survey

V102

Sheet 01 of 01


JUL 16 2019



1 Final As-Built Survey

Scale: 1" = 20'

DESCRIPTION
Being Known as Lot 2, Block 3207 per Filed Map No. 908 filed November 29, 1965.

GENERAL NOTES
1. Field work for survey performed on May 30, 2019 & October 25, 2019

2. Survey performed without the benefit of a title report

Zonining
Lot Area: 4,625 sf
Building Coverage: 30.8% (1,423.09 sf)
Impervious Coverage: 46.8% (2,166 sf)
Habitable Stories: 2
Floor Area Ratio: 56.9% (2,631.00 sf)3

"Habitable Stories" & "Floor Area Ratio" shown above per plan prepared by HDG entitled "Plot Plan" bearing drawing number GZ101 (sheet 1 of 1) dated November 14, 2018 (last revised 04.23.19).

ELEVATION DATA
Reference Datum: NAVD 1988

Top of Slab: Elev. 6.10
Top of Stringer: Elev. 14.50
Peak of Roof. Elev. 42.00
(Building Height = 42.00 - 12.00 (BFE + 3) = 30.00')

Elevations in NAVD 1988 datum as obtained through GPS measurements to 0.10' per GPS RTK parameters.

ELEVATION DATA LEGEND

0.00 Existing Elevation

Certify to:
- Flounders, Rick

Project

No	Description	Date
1.	Initially Issued	11-08-19

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ENVIRONMENTAL CONSULTING
701 west avenue, suite 301
ocean city, nj 08226
tel. 609.398.4477
www.hdg-nj.com
24GA28087300

I declare that to the best of my professional knowledge and belief this map or plan is the result of a field survey made on the date shown, by me or

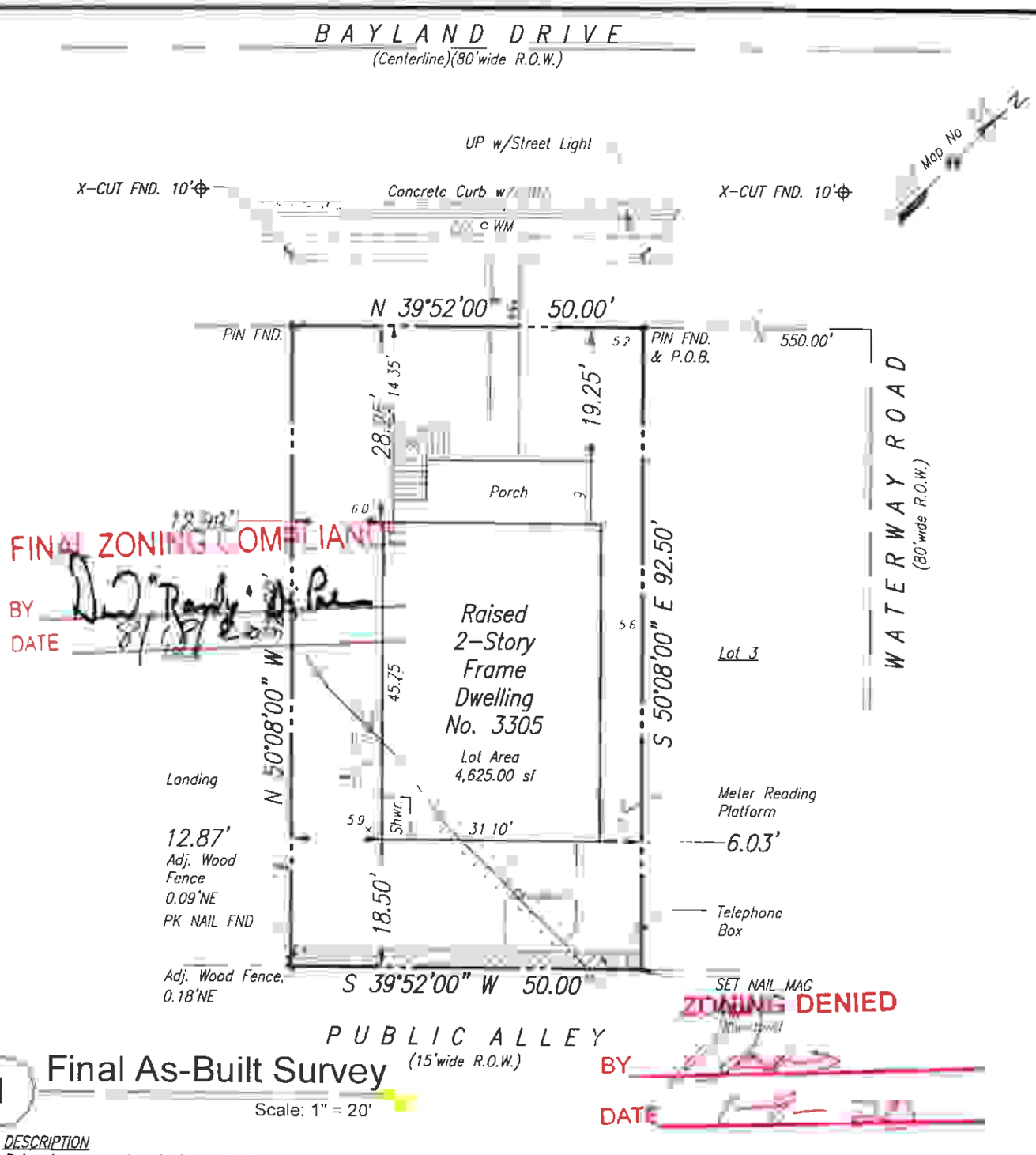
Thomas R. Deneka

Location

3305 Bayland Drive
Block: 3207 Lot: 2
City of Ocean City
Cape May County
New Jersey

Drawn By: R D S
Project No
Checked By: T R.D.
31547.02

Final As-Built Survey
V103
Sheet 01 of 01



1 Final As-Built Survey

Scale: 1" = 20'

DESCRIPTION

Being Known as Lot 2, Block 3207 per Filed Map No. 908 filed November 29, 1965.

GENERAL NOTES

1. *Field work for survey performed on May 30, 2019 & October 25, 2019.*
2. *Survey performed without the benefit of a title report.*

Zoning

8% (1,423.09 sf)
46.8% (2,166 sf)

Floor Area Ratio: 56.9% (2,631.00 sf)3

"Habitable Stories" & "Floor Area Ratio" shown above per plan prepared by HDG entitled "Plot Plan" bearing drawing number GZ101 (sheet 1 of 1) dated November 14, 2018 (last revised 04.23.19).

ELEVATION DATA

Reference Datum. NAVD 1988

Top of Slab: Elev. 6.10
Top of Stringer: Elev. 14.50
Peak of Roof: Elev. 42.00
(Building Height = 42.00 – 12.00 (BFE + 3) = 30.00')

Elevations in NAVD 1988 datum as obtained through GPS measurements to 0.10' per GPS RTK parameters.

ELEVATION DATA LEGEND

x 0.00 Existing Elevation

Certify to:
- Flounders, Rick

Project

No.	Description	Date
1	Initially Issued	11-08-19

HDG
ENGINEERING
LAND SURVEYING
ENVIRONMENTAL CONSULTING
701 west avenue, suite 301
ocean city, nj 08226
tel. 609.398.4477
www.hdg-nj.com
auth. no. 24GA2808

I declare that, to the best of my professional knowledge and belief, this map or plan is the result of a field survey made on the date shown, by me or under my direct supervision, in accordance with the rules and regulations promulgated by the State Board of Professional Engineers and Land Surveyors.

Thomas P. Deneka

Location

3305 Bayland Drive
Block: 3207 Lot: 2
City of Ocean City
Cape May County
New Jersey

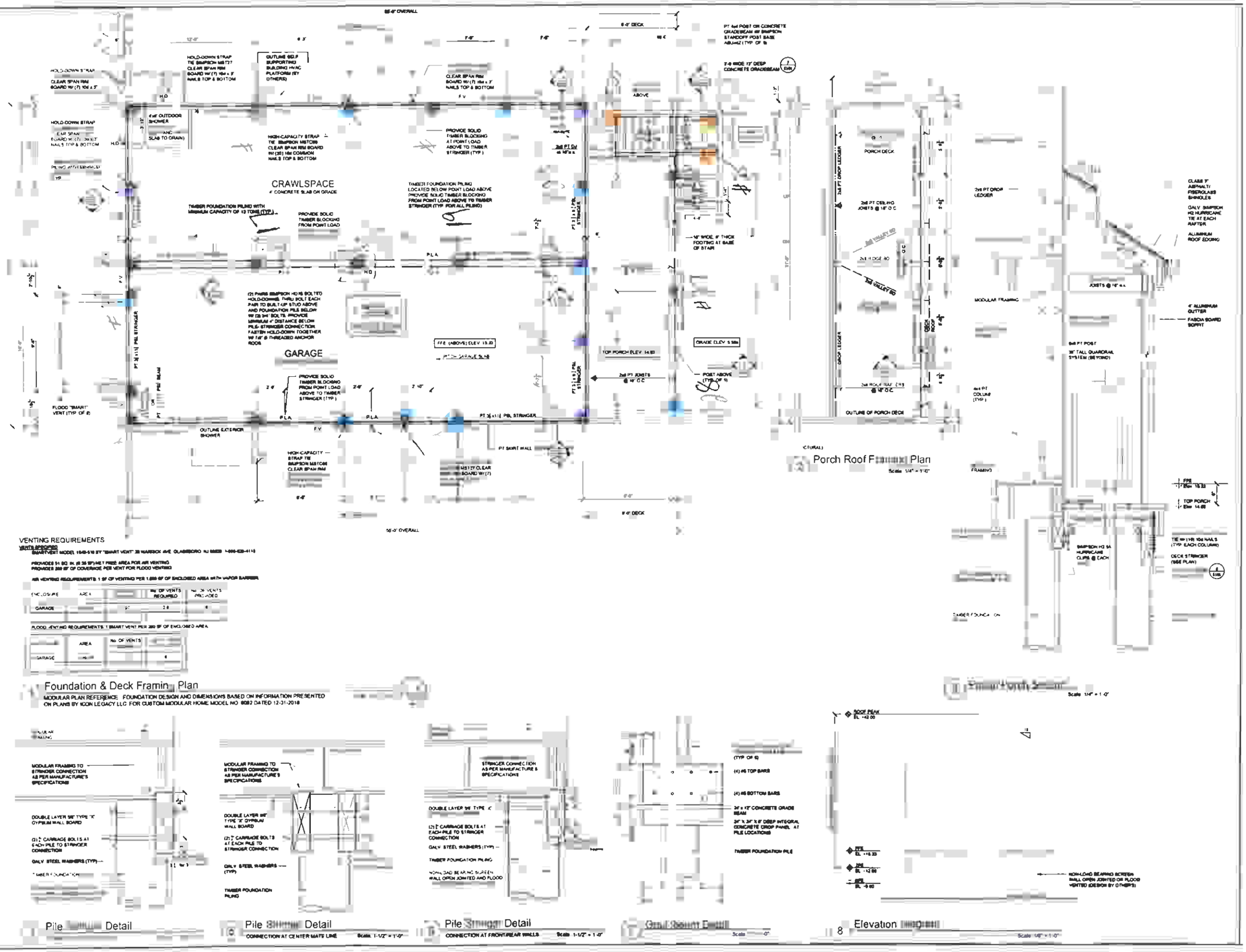
Client:

Drawn By: R.D.S.
Checked By: T.P.D.
Project No: 31547.02

Final As-Built Survey

V103

Sheet 01 of 01



VENTING REQUIREMENTS

ENCLOSURE	AREA	No. OF VENTS REQUIRED	No. OF VENTS PROVIDED
GARAGE	97	2	6

	AREA	No. OF VENTS
GARAGE		6

MODULAR PLAN REFERENCE: FOUNDATION DESIGN AND DIMENSIONS BASED ON INFORMATION PRESENTED ON PLANS BY ICON LEGACY LLC FOR CUSTOM MODULAR HOME MODEL NO 8082 DATED 12-31-2018

HDG
ENGINEERING
LAND SURVEYING
ENVIRONMENTAL CONSULTING

701 west avenue, suite 301
ocean city, nj 08226
tel. 609.398.4477
www.hdg-nj.com
cert. of auth no. 24GA28087300

Project Team:
Architecture & Interior Design:

ai Studios
www.aiStudios.com
cert. of auth no.
21AC00040300

John E. Halbeundt

Project:
Flounders Residence
New Single Family (Modular) Home

3305 Bayland Drive
Block 3207 / Lot 2
Ocean City
Cape May County
New Jersey

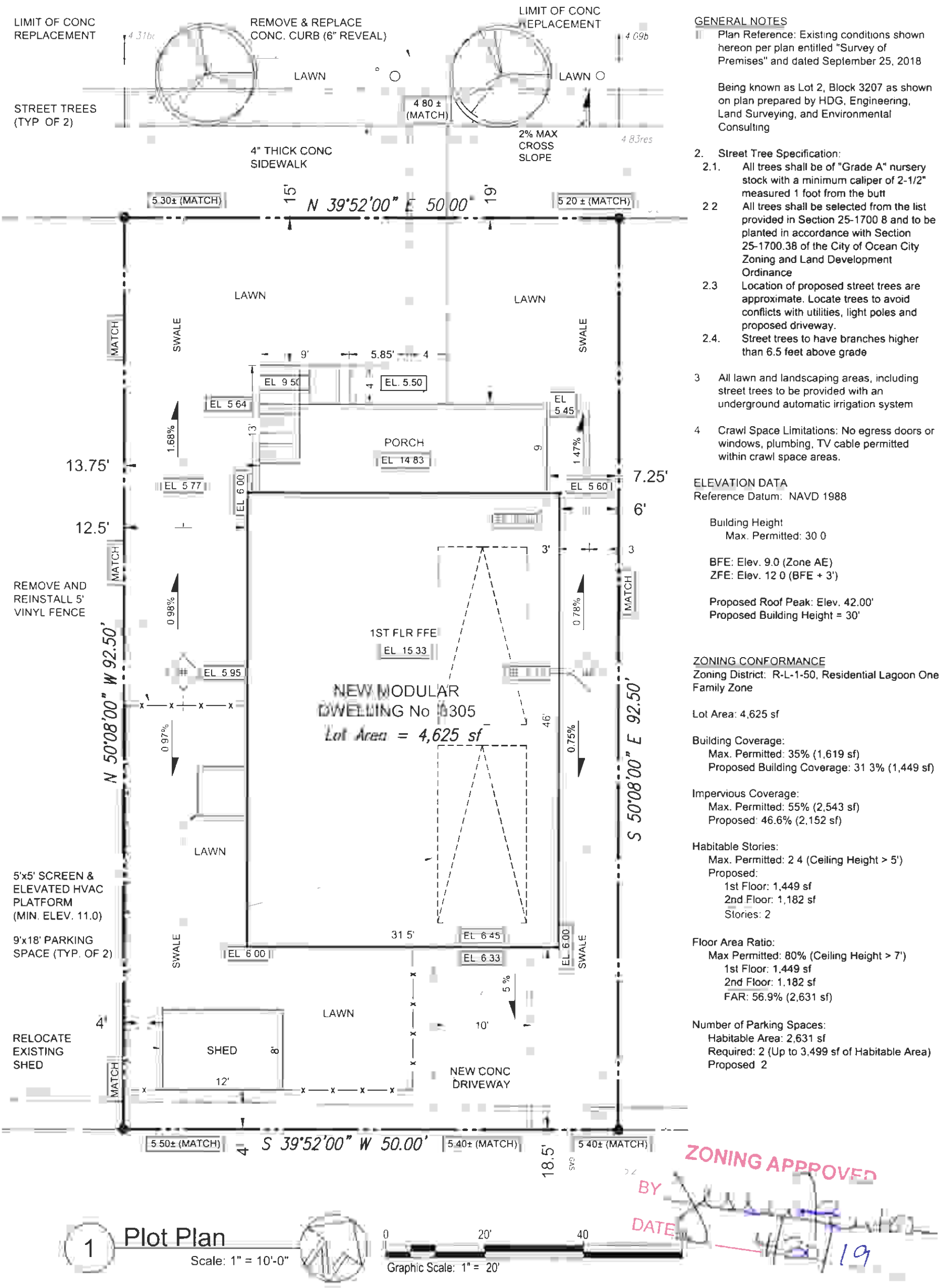
Mr. Rick Flounders

Project No. 31547.02

Foundation Plans, Section & Details

S101

Sheet 01 of 02



1 Plot Plan
Scale: 1" = 10'-0"

0 20' 40
Graphic Scale: 1" = 20'

GENERAL NOTES

1. Plan Reference: Existing conditions shown hereon per plan entitled "Survey of Premises" and dated September 25, 2018

   Being known as Lot 2, Block 3207 as shown on plan prepared by HDG, Engineering, Land Surveying, and Environmental Consulting

2. Street Tree Specification:
   - 2.1. All trees shall be of "Grade A" nursery stock with a minimum caliper of 2-1/2" measured 1 foot from the butt
   - 2.2 All trees shall be selected from the list provided in Section 25-1700.8 and to be planted in accordance with Section 25-1700.38 of the City of Ocean City Zoning and Land Development Ordinance
   - 2.3 Location of proposed street trees are approximate. Locate trees to avoid conflicts with utilities, light poles and proposed driveway.
   - 2.4. Street trees to have branches higher than 6.5 feet above grade

3. All lawn and landscaping areas, including street trees to be provided with an underground automatic irrigation system

4. Crawl Space Limitations: No egress doors or windows, plumbing, TV cable permitted within crawl space areas.

ELEVATION DATA
Reference Datum: NAVD 1988

Building Height
Max. Permitted: 30 0

BFE: Elev. 9.0 (Zone AE)
ZFE: Elev. 12 0 (BFE + 3')

Proposed Roof Peak: Elev. 42.00'
Proposed Building Height = 30'

ZONING CONFORMANCE
Zoning District: R-L-1-50, Residential Lagoon One Family Zone

Lot Area: 4,625 sf

Building Coverage:
Max. Permitted: 35% (1,619 sf)
Proposed Building Coverage: 31 3% (1,449 sf)

Impervious Coverage:
Max. Permitted: 55% (2,543 sf)
Proposed: 46.6% (2,152 sf)

Habitable Stories:
Max. Permitted: 2 4 (Ceiling Height > 5')
Proposed:
1st Floor: 1,449 sf
2nd Floor: 1,182 sf
Stories: 2

Floor Area Ratio:
Max Permitted: 80% (Ceiling Height > 7')
1st Floor: 1,449 sf
2nd Floor: 1,182 sf
FAR: 56.9% (2,631 sf)

Number of Parking Spaces:
Habitable Area: 2,631 sf
Required: 2 (Up to 3,499 sf of Habitable Area)
Proposed 2

HDG
ENGINEERING
LAND SURVEYING
ENVIRONMENTAL CONSULTING
701 west avenue, suite 301
ocean city, nj 08226
tel. 609 398.4477
www hdg-nj com
cert of auth. no. 24GA28087300

John E. Halbruner
NJ Professional Engineer No 42918

Certify to

Project
Flounder Residence
A New Modular Single Family

Location
3305 Bayland Drive
Block 3207 / Lot 2
Ocean City, Cape May County
New Jersey

Client
Richared Flounders, Sr.

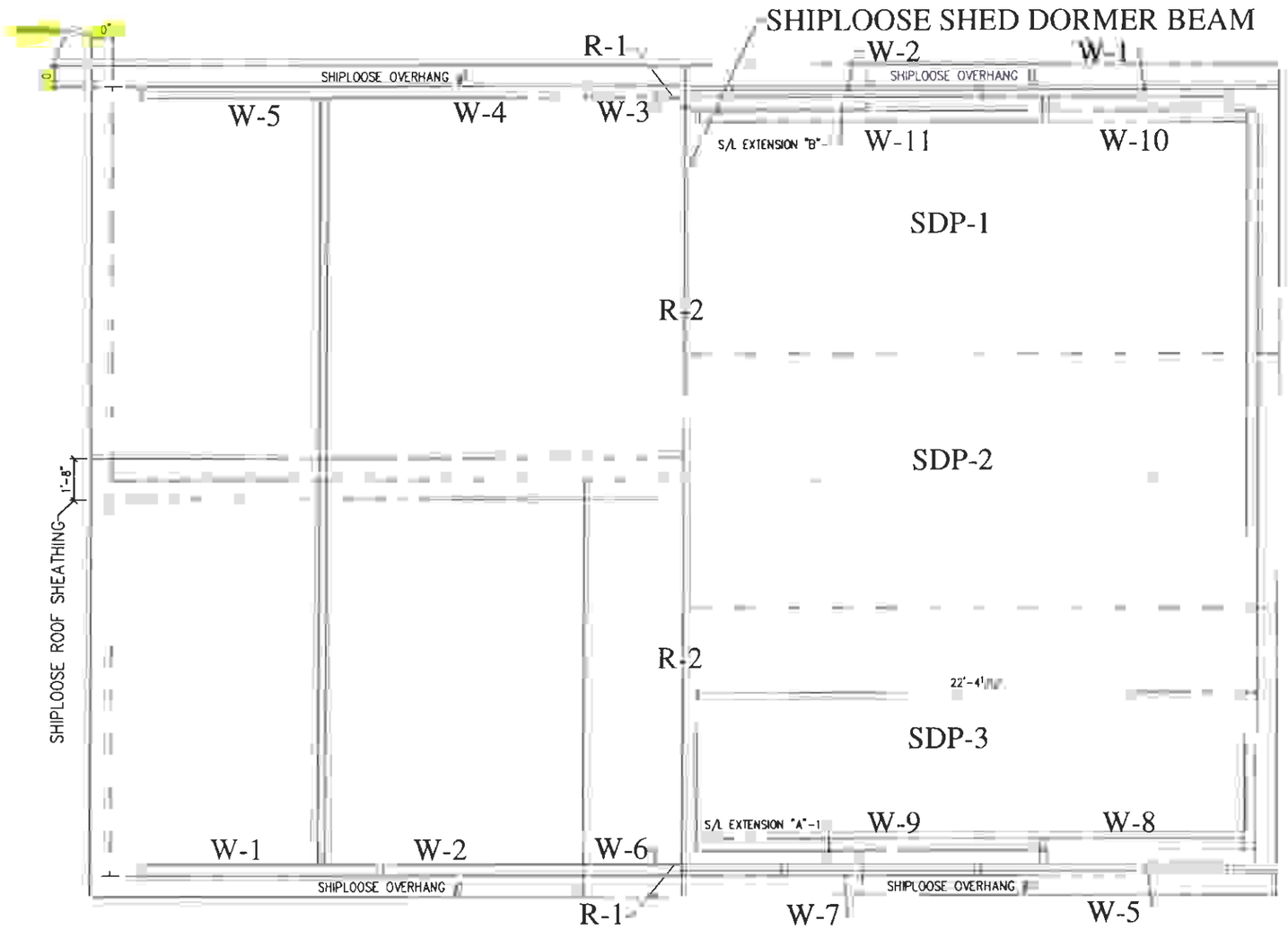
No.	Description	Date
1	Issued for Owner Review	11.14.18
2.	Initial Issuance	02.25.19
3.	HVAC Platform	03.08.19
4.	Per Zoning Review	04.23.19

Drawn By: JJM
Checked By: JEH
Project No. 31547.02

Plot Plan

GZ101
Sheet 01 of 01

OFFICE COPY



246 SAND HILL ROAD
SELINSGROVE, PA 17870
PHONE: (570) 374-3280
FAX: (570) 374-1122
WWW.ICONLEGACY.COM

ICON LEGACY CUSTOM MODULAR HOMES LLC

REVISION	DATE	BY
PRELIM	9/28/18	DRP
FINAL	10/31/18	TLM
REVISED FINAL	11/12/18	DRP
REV FINAL	12/31/18	DRP
PRODUCTION	5/15/19	PSS

INDEPENDENT BUILDER: ONSTRUCTION LLC
ADDRESS 3305 BAYLAND AVENUE
CITY OCEAN CITY
COUNTY CAPE MAY
FILE NAME O#8082
STATE NJ
SNOW LOAD (LBS) 20
SQFT 1,449
ZIP 08226
TYPE CAPE
(MPH) Util)
2740

BIRD'S EYE

S#2740/O#8082

BIRD