

BLOCK 1010 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 200 Walton Place PERMIT NO. 20190355



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 200 Walton Place Ocean City, NJ 08226
 2. Name of Owner in Fee: Salvati, Harry
 Tel. (609) 313-6488 e-mail _____
 Address 200 Walton Place Ocean City 08226
 street municipality zip code
 3. Ownership in Fee: Public _____ Private ☒
 4. Principal Contractor: SJ Hauck Tel. (609) 927-6700
 Address 6801 Delilah Road Email: _____
Essex Harbor Twp, NJ 08234
 License No. OR, if new home, Builder Reg. No. 1314E00001200 Exp. Date 3/31/2019
 Home Improvement _____ Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ Fax: (609) 927-6715
 5. Architect or Engineer Indusione Contact _____
 Address 1409 New Road Northfield, NJ e-mail _____
 Tel. (609) 383-9000 Fax: (609) 872-8226
 6. Responsible Person in Charge once Work has Begun SJ Hauck
 Tel. (609) 927-6700 Fax: (609) 927-6715

V. FEE SUMMARY (for office use only)

		Update
1. Building	\$ <u>3499.00</u>	
2. Electrical	<u>1166.00</u>	
3. Plumbing	<u>296.00</u>	
4. Fire Protection	<u>58.00</u>	<u>58.00</u>
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$ <u>296.00</u>	<u>2.00</u>
9. State Permit Surcharge Fee		
10. Subtotal	\$ <u>50.00</u>	
11. Cert. of Occupancy		
12. Other	<u>4315.00</u>	<u>100.00</u>
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 <u>FE PANEL 0089</u>	
11. Base Flood Elevation <u>DFE 9+2</u>	ft.
12. Wetlands yes _____ no _____	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☒ Addition HOLKE 11A ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. - Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☒ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>144,700</u>		<u>3/8/19</u>	<u>3/1/19</u>	<u>3/12/19</u>	<u>BM</u>		
<u>5000-</u>				<u>2/21/19</u>	<u>BM</u>		
<u>5000-</u>				<u>2/21/19</u>	<u>BM</u>		
<u>500-</u>				<u>2/24/19</u>	<u>BM</u>		

TOTAL COST 155,200-

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases 19-0253
 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 System
 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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: EXISTING DUPLEX
 2. Use Group, Proposed: R5
 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 6/24/19

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.

☒ Check if contractor.

Agent Name SI Hauck

Address 6801 Delilah Road
EGG HARBOR TWP, N.J. 08234

Telephone (609) 987-6789

Signature Michelle X. Hauck

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

1000

[illegible]

AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

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

CERTIFICATES ISSUED (office use only)

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. <u>20190355</u>	<u>1/3/2020</u>	_____	_____
Certificate of Approval	No. _____	_____	_____	_____
Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

3/15/19



FIRE PROTECTION 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 1010 Lot 3 Qualification Code _____
Work Site Location 80 WATER PLACE _____
City CLARK TWP, NJ 08806 _____
Owner [REDACTED] e-mail _____
Tel. _____
Address 80 WATER PLACE City CLARK TWP Zip 08806
Contractor M & L ELECTRIC Municipality _____ 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: _____
Federal Emp. ID No. _____

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: _____

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: _____

Total Cost of Fire Protection Work \$ 500-

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required	Alarm System				
[] Partial - Underslab Utilities Approved	Suppression Sys.				
Date: _____	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: <u>2/21/19</u>	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT		TCO			
Date: _____	Flam/Combust Tanks				
Approved by: _____	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE		Final			
[] CO [] CCO [] CA	Other				
Date: _____					
Approved by: _____					

U.C.C. F140 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received

Control #

Date Issued

Permit #

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:

Print name here: MATTHEW SIMONE

D. TECHNICAL SITE DATA ☒ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK: Full home evaluation project

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, waterflow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	<u>20</u>	
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 _____		

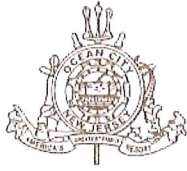
Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

2-21-19
19-0253
3-22-19
20190355



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

CONSTRUCTION CODE OFFICE

February 10, 2020

Re: Harold Salvati, Nicole Lamborne and Kathleen Pusicz
20 Walton Place
Ocean City, NJ 08226

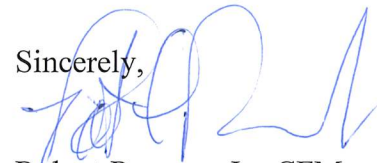
To Whom It May Concern,

This letter is provided to confirm that the project to elevate the property identified above has been successfully completed.

The floor system and mechanical systems have been elevated above the Design Flood Elevation (DFE) of BFE plus 2' of freeboard required by the Flood Damage Protection Ordinance adopted by the City of Ocean City, NJ. The ordinance follows the applicable guidelines and requirements of FEMA, the NFIP, and the NJ State DEP.

Please visit our office at the Engineering and Operations building located at 115 12th Street, or call 609-525-9173 to contact a member of the Construction Office Staff, should you have any additional questions or need further assistance.

Sincerely,



Robert Penrose, Jr., CFM
Floodplain Manager
City of Ocean City

RLP/tln



TRANSMITTAL SHEET
NFIP REPETITIVE LOSS (RL) UPDATE WORKSHEETS

PLEASE NOTE: WE CANNOT APPROVE YOUR AW-501 RL UPDATE WORKSHEETS,
UNLESS YOU RETURN THIS SIGNED DOCUMENT.

Contact Information: Please provide the following information should we need to contact your community for more information to approve your updates.

Name: Robert Penrose, Jr., CFM

Address: 115 12th Street

Ocean City, NJ 08226

Phone: 609-525-9174 **Fax:** 609-399-8419

E-mail: rpenrose@ocnj.us

Community Name: Ocean City, NJ

Community ID: 345310

IF YOU HAVE ANY QUESTIONS ON
HOW TO UPDATE THE WORKSHEETS OR
WHERE TO SEND THEM CALL:
MS. SHERRY HARPER @ 850-682-1998
OR E-mail: sharper@iso.com

Please, indicate the number of RL Update Worksheets you are submitting for this update! 1

Please check all that apply

- ☐ We have returned new updated worksheets OR ones that previously did not have the necessary Mitigation Action/Funding codes.
- ☒ We have attached documentation to support our updates for Building Removal and Flood Protection Provided. Elevation certificate attached.
- ☒ Mitigation Action/funding codes have been provided, as appropriate.
- ☐ We have described the steps taken to locate any properties that we were unable to identify from the Information provided.
- ☒ We have retained copies of all the worksheets we submitted.

UPDATES AUTHORIZED BY: (THIS FORM MUST BE SIGNED BY A COMMUNITY OFFICIAL)

Robert Penrose, Jr., CFM

Floodplain Manager, City of Ocean City, NJ

PRINT NAME AND TITLE

SIGNATURE

2-3-20

DATE

MAIL OR FAX YOUR UPDATED RL WORKSHEETS AND THIS RL TRANSMITTAL SHEET TO:

NFIP REPETITIVE LOSS UPDATES
c/o Ms. Sherry Harper, AICP, CFM
Insurance Services Office, Inc.
2382 Susan Drive
Crestview, FL 32536
Phone: 850-682-1998
FAX: 201-748-1869

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 HAROLD & NICOLE SALVATI				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 20 WALTON PLACE				Company NAIC Number:	
City OCEAN CITY		State New Jersey		ZIP Code 08226	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 3, BLOCK 1010					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. 39.28021 Long. -74.58214 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 6					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) 485.00 sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 3					
c) Total net area of flood openings in A8.b 600.00 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 18-358					
B1. NFIP Community Name & Community Number CITY OF OCEAN CITY 345310			B2. County Name CAPE MAY		B3. State New Jersey
B4. Map/Panel Number 34009C0089	B5. Suffix F	B6. FIRM Index Date 10-05-2017	B7. FIRM Panel Effective/ Revised Date 10-05-2017	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 9.0
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. 20 WALTON PLACE			Policy Number:	
City OCEAN CITY	State New Jersey	ZIP Code 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: <u>LOCAL BENCH</u> Vertical Datum: <u>NGVD 1988</u> 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)	4.25	☒ feet	☐ meters	
b) Top of the next higher floor	12.37	☒ 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)	12.37	☒ feet	☐ meters	
f) Lowest adjacent (finished) grade next to building (LAG)	4.00	☒ feet	☐ meters	
g) Highest adjacent (finished) grade next to building (HAG)	4.17	☒ feet	☐ meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	3.73	☒ feet	☐ meters	
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION <u>18-358</u>				
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. <i>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.</i>				
Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☒ Check here if attachments.				
Certifier's Name HOWARD A. TRANSUE		License Number GS33541		GS33541 Place Seal Here  10/21/2019
Title PROFESSIONAL LAND SURVEYOR				
Company Name SCHAEFFER NASSAR SCHEIDEGG, CE, LLC				
Address 1425 CANTILLON BOULEVARD				
City MAYS LANDING	State New Jersey	ZIP Code 08330		
Signature 	Date 10-21-2019	Telephone (609) 625-7400	Ext.	
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) ITEM A8b VENTS ARE SMART VENTS MODEL 1540-510 RATED AT 200 SQ. IN. EACH. ITEM C2e ALL MECHANICALS ARE AT FINISH FLOOR GRADE OR ABOVE.				

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. 20 WALTON PLACE			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 18-358				
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. 20 WALTON PLACE		Policy Number:	
City OCEAN CITY	State New Jersey	ZIP Code 08226	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)18-358

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
-------------------	------------------------	---

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: _____ ☐ feet ☐ meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

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

☐ Check here if attachments.

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.			Policy Number:	
20 WALTON PLACE				
City	State	ZIP Code	Company NAIC Number	
OCEAN CITY	New Jersey	08226		

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 AND RIGHT SIDE VIEW	18-358	Clear Photo One
-------------------	--------------------------------	--------	-----------------



Photo Two

Photo Two Caption	FRONT VIEW AND LEFT SIDE VIEW		Clear Photo Two
-------------------	-------------------------------	--	-----------------

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. 20 WALTON PLACE			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

18-358

Clear Photo Three

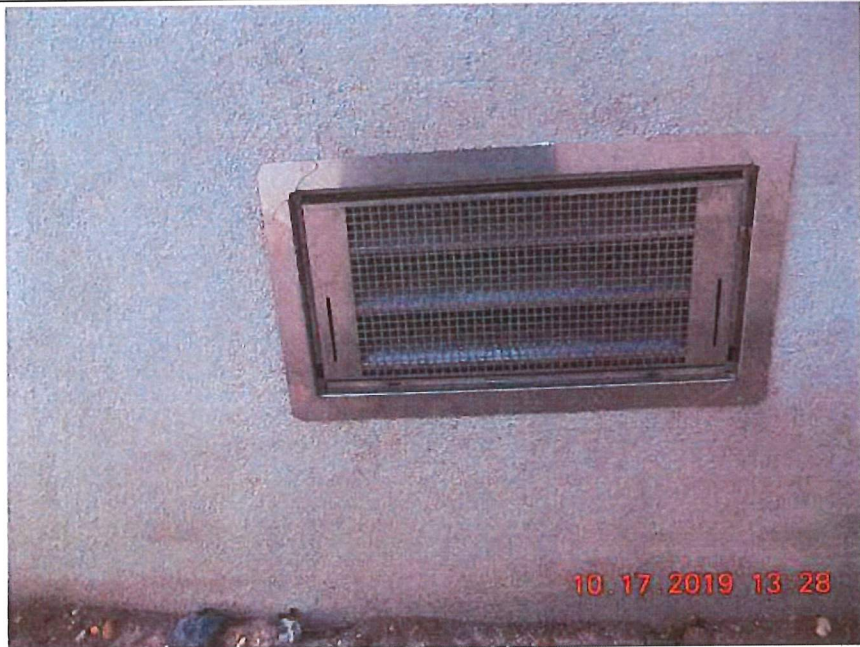


Photo Four

Photo Four Caption SMART VENT MODEL 1540-510 TYPICAL OF 3

Clear Photo Four

ICC-ES Evaluation Report

ESR-2074

Reissued February 2019

This report is subject to renewal February 2021.

www.icc-es.org | (800) 423-6587 | (562) 699-0543

A Subsidiary of the International Code Council®

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 mm²) 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 mm²) 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 m²) 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 m²) 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 (AC308), 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 = m²

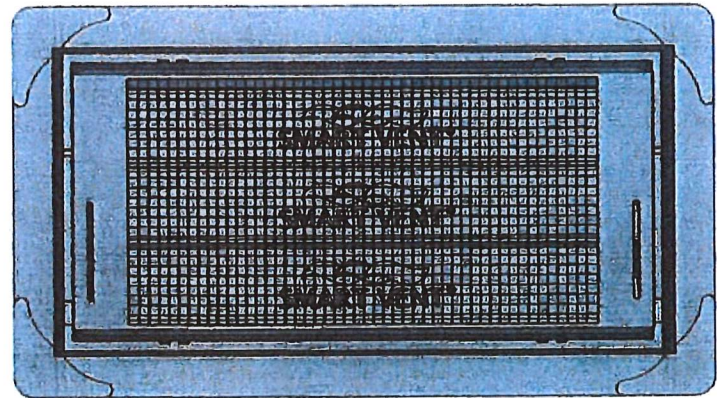


FIGURE 1—SMART VENT: MODEL 1540-510

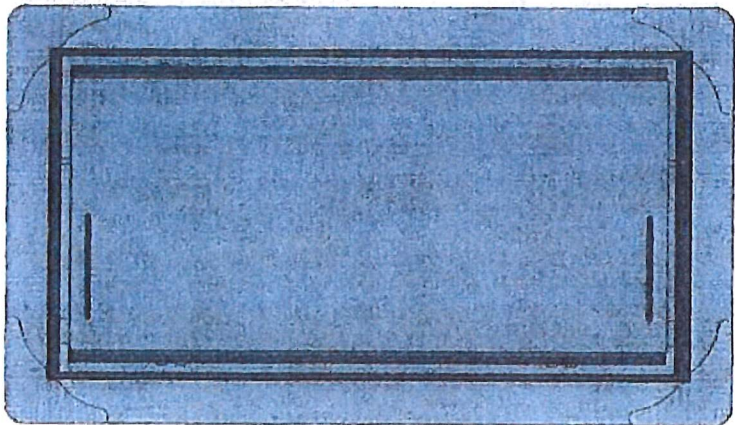


FIGURE 2—SMART VENT MODEL 1540-520

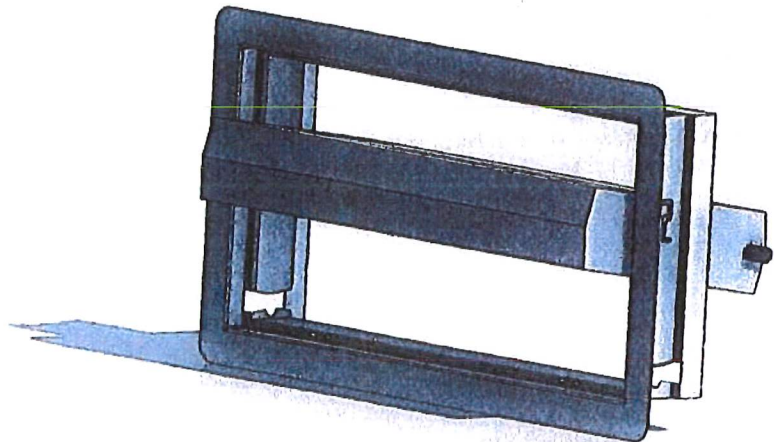


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN

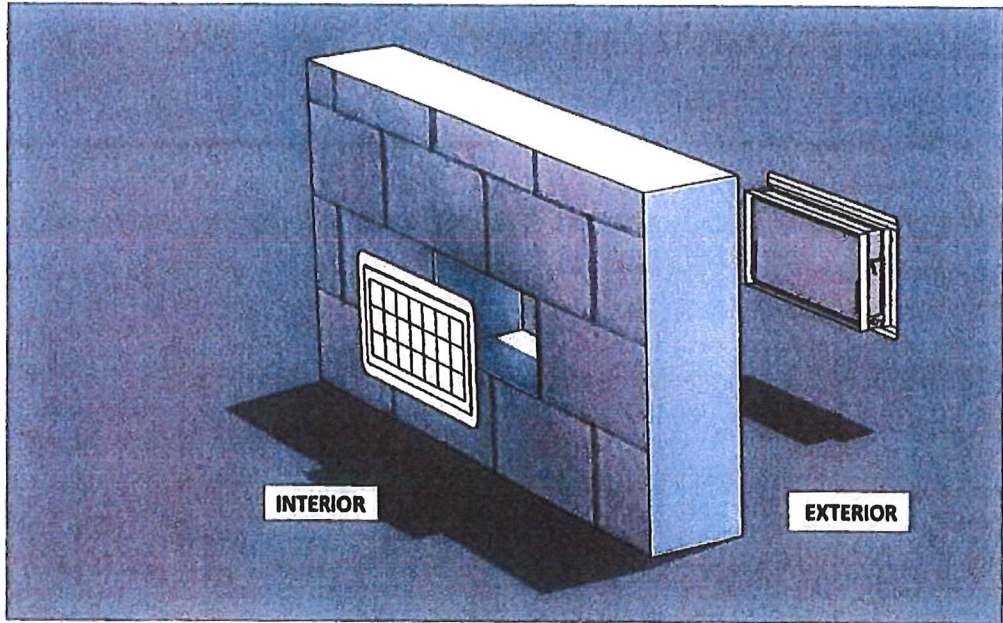


FIGURE 4—FLOOD VENT SEALING KIT

18-358



Most Widely Accepted and Trusted

ICC-ES Evaluation Report

ESR-2074 CBC and CRC Supplement

Reissued February 2019

This report is subject to renewal February 2021.

www.icc-es.org | (800) 423-6587 | (562) 699-0543 A Subsidiary of the International Code Council®

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 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Smart Vent® Automatic Foundation Flood Vents, recognized in ICC-ES master evaluation report ESR-2074, have also been evaluated for compliance with codes noted below.

Applicable code edition:

- 2016 California Building Code (CBC)
- 2016 California Residential Code (CRC)

2.0 CONCLUSIONS

2.1 CBC:

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the master evaluation report ESR-2074, comply with 2016 CBC Chapter 12, provided the design and installation are in accordance with the 2015 *International Building Code*® (IBC) provisions noted in the master report and the additional requirements of CBC Chapters 12, 16 and 16A, as applicable.

The products recognized in this supplement have not been evaluated under CBC Chapter 7A for use in the exterior design and construction of new buildings located in any Fire Hazard Severity Zone within State Responsibility Areas or any Wildland-Urban Interface Fire Area.

2.2 CRC:

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the master evaluation report ESR-2074, comply with the 2016 CRC, provided the design and installation are in accordance with the 2015 *International Residential Code*® (IRC) provisions noted in the master report.

The products recognized in this supplement have not been evaluated under 2016 CRC Chapter R337, for use in the exterior design and construction of new buildings located in any Fire Hazard Severity Zone within State Responsibility Areas or any Wildland-Urban Interface Fire Area.

The products recognized in this supplement have not been evaluated for compliance with the International Wildland-Urban Interface Code®.

This supplement expires concurrently with the master report, reissued February 2019.



18-358



Most Widely Accepted and Trusted

ICC-ES Evaluation Report

ESR-2074 FBC Supplement

Reissued February 2019

This report is subject to renewal February 2021.

www.icc-es.org | (800) 423-6587 | (562) 699-0543 A Subsidiary of the International Code Council®

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 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Smart Vent® Automatic Foundation Flood Vents, recognized in ICC-ES master report ESR-2074, have also been evaluated for compliance with the codes noted below.

Applicable code editions:

- 2017 Florida Building Code—Building
- 2017 Florida Building Code—Residential

2.0 CONCLUSIONS

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the master evaluation report ESR-2074, comply with the *Florida Building Code—Building* and the FRC, provided the design and installation are in accordance with the 2015 *International Building Code*® provisions noted in the master report.

Use of the Smart Vent® Automatic Foundation Flood Vents has also been found to be in compliance with the High-Velocity Hurricane Zone provisions of the *Florida Building Code—Building* and the *Florida Building Code—Residential*.

For products falling under Florida Rule 9N-3, verification that the report holder's quality assurance program is audited by a quality assurance entity approved by the Florida Building Commission for the type of inspections being conducted is the responsibility of an approved validation entity (or the code official when the report holder does not possess an approval by the Commission).

This supplement expires concurrently with the master report, reissued February 2019.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Harold Salvati, Nicole Lamborne, Kathleen Pusicz	For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 20 Walton Place City OCEAN CITY State NJ ZIP Code08226	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 1010 lot 3	

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

A5. Latitude/Longitude: Lat. N 39° 16' 49.7" Long. W 074° 34' 56.1" 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 2

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s)	<u>820</u> sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	<u>0</u>
c) Total net area of flood openings in A8.b	<u>0</u> sq in

A9. For a building with an attached garage, provide:

a) Square footage of attached garage	<u>n/a</u> sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	<u>n/a</u>
c) Total net area of flood openings in A9.b	<u>n/a</u> sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number City of Ocean City 345310		B2. County Name Cape May		B3. State NJ	
B4. Map/Panel Number 345310/0002	B5. Suffix C	B6. FIRM Index Date 7/15/92	B7. FIRM Panel Effective/Revised Date 9/5/84	B8. Flood Zone(s) A7	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10.0

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 (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe) _____

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

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-g below according to the building diagram specified in Item A7.
Benchmark Utilized n/a Vertical Datum NGVD29
Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>4.2</u>	☒ feet ☐ meters (Puerto Rico only)
b) Top of the next higher floor	<u>6.6</u>	☒ feet ☐ meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>n/a</u>	☒ feet ☐ meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>n/a</u>	☒ feet ☐ meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>n/a</u>	☒ feet ☐ meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>5.3</u>	☒ feet ☐ meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>5.4</u>	☒ feet ☐ meters (Puerto Rico only)

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.

☐ Check here if comments are provided on back of form.

Certifier's Name Paul H. Koelling, PLS		License Number NJ 24GS 02177100	
Title Professional Land Surveyor		Company Name PAUL H. KOELLING & ASSOCIATES, LLC	
Address 2161 Shore Road		City Linwood	State NJ ZIP Code 08221
Signature <u>Paul H. Koelling</u>	Date 3/26/09	Telephone (609) 927-0279	

PLACE
SEAL
HERE



Ocean City
115 12th Street
Ocean City, NJ 08226

Date Issued 1/3/2020
Control Number 19-0253
Permit Number 20190355
Permit Issue Date 3/22/2019
Certificate Number 20190355

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 20 WALTON PL Ocean City, NJ 08226 Block: 1010 Lot: 3 Qual: _____

Owner in Fee: SALVATI, HAROLD, ETAL

Owner Address: _____

Telephone: _____

Contractor SJ HAUCK HOUSEMOVERS

Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234

Telephone: (609) 927-6700 Fax: (609) 927-6715

License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: HOUSE LIFT, RENOVATION

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

Fee: \$50.00

Check Number: 5031

Collected By: Sheree Benoit



NFIP DIRECT
PO BOX 913111
DENVER, CO 80291-3111

Agency Phone: (609) 597-8507

NFIP Policy Number: RL00043430
Company Policy Number: RL00043430
Agent: NDRSCG8535



Policy Term: 03/31/2019 12:01 AM through 03/31/2020 12:01 AM
Renewal Billing Payor: FIRST MORTGAGEE

To report a claim visit or call us at: <https://my.nfipdirect.fema.gov>
(800) 767-4341

REVISED FLOOD INSURANCE POLICY DECLARATIONS

STANDARD POLICY - DWELLING FORM

DELIVERY ADDRESS	INSURED NAME(S) AND MAILING ADDRESS
HAROLD SALVATI / N LAMBONRE & K PUSICZ 13 CHERRY RUN ROAD MONROEVILLE, NJ 08343	HAROLD SALVATI / N LAMBONRE & K PUSICZ 13 CHERRY RUN ROAD MONROEVILLE, NJ 08343

COMPANY MAILING ADDRESS	PROPERTY LOCATION
NFIP DIRECT PO BOX 913111 DENVER, CO 80291-3111	20 WALTON PL OCEAN CITY, NJ 08226-3416

RATING INFORMATION	DESCRIPTION: N/A
ORIGINAL NEW BUSINESS DATE: 03/31/2009	DATE OF CONSTRUCTION: 07/01/1922
REINSTATEMENT DATE: N/A	COMMUNITY NUMBER: 345310 0089 F REGULAR PROGRAM
BUILDING OCCUPANCY: TWO TO FOUR FAMILY	COMMUNITY NAME: OCEAN CITY, CITY OF
CONDOMINIUM INDICATOR: NOT A CONDO	CURRENT FLOOD ZONE: AE
NUMBER OF UNITS: N/A	GRANDFATHERED: NO
PRIMARY RESIDENCE: NO	FLOOD RISK/RATED ZONE: AE
ADDITIONS/EXTENSIONS: N/A	ELEVATION DIFFERENCE: 3
BUILDING TYPE: TWO FLOORS	ELEVATED BUILDING TYPE: ELEVATED
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: ENCLOSURE WITH PROPER OPENINGS	

MORTGAGEE / ADDITIONAL INTEREST INFORMATION	
FIRST MORTGAGEE: ALL CREDITED CONDIDERED MTG INC ISAOA ATIMA 1801 RESEARCH BLVD STE 410 ROCKVILLE, MD 20850	LOAN NO: 59004638
SECOND MORTGAGEE:	LOAN NO: N/A
ADDITIONAL INTEREST:	LOAN NO: N/A
DISASTER AGENCY:	CASE NO: N/A DISASTER AGENCY:

PREMIUM CALCULATION — Pre-FIRM Elevation Rated

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM
BUILDING	\$250,000	\$2,000	\$60,000	0.270	\$190,000	0.080	(\$24.00)	\$290.00
CONTENTS	\$52,500	\$2,000	\$25,000	0.380	\$27,500	0.120	(\$10.00)	\$118.00

Coverage limitations may apply. See your policy form for details.

Endorsement Effective Date: 01/13/2020

ENDORSEMENT PREMIUM: \$0.00

Insured / Mailing Address Changed

Prefirm Elevation Rated

ANNUAL SUBTOTAL:	\$408.00
INCREASED COST OF COMPLIANCE:	\$5.00
COMMUNITY RATING DISCOUNT: 25%	(\$103.00)
RESERVE FUND ASSESSMENT: 15.0%	\$47.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM :	\$357.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$50.00
TOTAL:	\$657.00
PRORATA PREMIUM ADJUSTMENT:	\$2,929.00
ADJUSTED ANNUAL PREMIUM:	\$3,586.00

Zero Balance Due - This Is Not A Bill

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Policy issued by NFIP DIRECT

Company NAIC: 99999



File: 8502913

Page 1 of 2



DocID: 70747604

This page is intentionally left blank.



National Flood Insurance Program

NFIP REPETITIVE LOSS (RL) UPDATE WORKSHEET (AW-501)

NOTE: SEE REVERSE SIDE FOR MITIGATION ACTION CODES AND PAPERWORK BURDEN STATEMENT

Printed On: THE INFORMATION ON THIS FORM IS BASED ON CLAIMS ON OR BEFORE:

REPETITIVE LOSS NUMBER: RL00043430 and Property Locator 0004271

				Internal use only		A		N/A		FRR
CURRENT NFIP COMMUNITY NAME: Ocean City, NJ										
COMMUNITY ID # : 345310 0088										
CURRENT PROPERTY ADDRESS						PREVIOUS PROPERTY ADDRESS/COMMUNITY ID #				
20 Walton Place										
Ocean City, NJ 08226										
LAST CLAIMANT: Harold Salvati, Nicole Lamborne										
and Kathleen Pusicz										
INSURED:Yes NAMED INSURED:Same										
DATES OF LOSSES					TOTAL NUMBER OF LOSSES FOR PROPERTY 9					

REQUESTED UPDATES

MARK ALL UPDATES BELOW THAT APPLY (IMPORTANT – READ THE INSTRUCTIONS)

- 1.☐ INFORMATION PROVIDED NOT SUFFICIENT TO IDENTIFY PROPERTY.
Choose this update if all attempts to locate the property fail. Please describe the steps you took to locate the property in the comments section below.
- 2.☐ COSMETIC CHANGES REQUIRED TO THE ADDRESS:
Use this update to correct or update the property address shown above.
Only change the address not the name.
- 3.☐ PROPERTY NOT IN OUR COMMUNITY OR JURISDICTION:
Choose this update if you have positively determined that the property shown is not located in your community. Please provide the correct community name and if known the NFIP Community ID Number. If available, please attach a map showing the property location.

ASSIGN TO COMMUNITY NAME: NFIP COMMUNITY ID #
- 4.☒ FLOOD PROTECTION PROVIDED.
Choose this update only if some type of structural intervention has occurred to the building, property or the source of flooding that protects the building from future events similar to those that occurred in the past. The correction must be supported by documentation such as an Elevation Certificate and the Mitigation information below must be provided.

Mitigation Action 1.) A Source of Mitigation Funding 3.) K See the back of this form for the appropriate codes.
- 5.☐ NO BUILDING ON PROPERTY.
Choose this update only if the property in question can be positively identified as the site of the previously flooded building and documentation is available to support that an insurable building no longer exists at this site. The correction must be supported by documentation such as a Demolition or Relocation Permit and the Mitigation information below must be provided.

Mitigation Action 2.) Source of Mitigation Funding 3.) See the back of this form for the appropriate codes.
- 6.☐ DUPLICATE LISTING WITH RL NUMBER: COMBINE AS ONE LISTING.

Choose this update to identify two or more separate listings that are for the same building. List all other RL numbers that are duplicates to this property. Please indicate which address shown is the correct address to use.
- 7.☐ HISTORIC BUILDING: Check this box if you know the building is listed on a State or National Historic Registry.

ADDITIONAL COMMENTS:

A SIGNED RL TRANSMITTAL SHEET MUST ACCOMPANY THIS FORM FOR APPROVAL OF THE UPDATE!

SEE PRIVACY ACT STATEMENT ON THE BACK

MITIGATION ACTION CODES

- 1.) If you checked the box that says “FLOOD PROTECTION PROVIDED,” please enter the letter below (a –f) that best describes the situation:
- a. The building was elevated to or above the Base Flood Elevation (BFE).

b. The building was elevated but not to the BFE.

c. The building (non-residential) was floodproofed to the BFE.

d. The building was partially floodproofed (but, not to the BFE).

e. The building was protected by a flood control/stormwater management project.

f. The building was replaced by a new elevated/floodproofed building.
- 2.) If you checked the box that says “NO BUILDING ON PROPERTY,” please enter the letter below (g – i) that best describes the situation.
- g. The building was demolished, but not acquired through any program.

h. The building was acquired and demolished as part of a program.

i. The building was relocated out of the floodplain.

MITIGATION FUNDING CODES

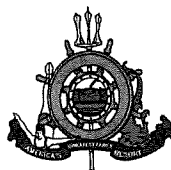
- 3.) Please choose from the following (j – y) to identify the primary and secondary funding sources for the mitigation action described by a – i above.

FEMA PROGRAMS	NON FEMA FUNDING SOURCES
j. Hazard Mitigation Grant Program (HMGP). k. Flood Mitigation Assistance Program (FMA). l. Pre-Disaster Mitigation Grant Program (PDM). m. Repetitive Flood Claims (RFC) n. Severe Repetitive Loss Program (SRL) o. Section 1362 Acquisition Program. p. Other FEMA Programs	q. Increased Cost of Compliance (ICC) coverage. r. U.S. Housing & Urban Development (HUD) Community Development Block Grant (CDBG). s. U.S. Army Corps of Engineers or Natural Resources Conservation Service (NRCS) Project. t. Other Federal Program. u. State Program. v. Local Program. w. Property Owner x. Natural Disaster or Fire. y. Unknown

OMB Statement: Public reporting burden for this information collection is estimated at 35 hours for the application and certification process. Burden means the time, effort and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (OMB Control Number 1660-0022). You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Note: Do not send your completed questionnaire to this address.

Privacy Act: The information contained in this transmittal is legally privileged and confidential. Its use is protected under the Privacy Act of 1974, 5 U.S.C. Section 552(a). Use of the provided information is restricted to the applicable Routine Use(s) cited in the System Notice published at 67 FR 3193 January 23, 2003. The information provided should be used consistently with the purpose(s) for which the records were released as stated in the applicable Routine Use(s) cited herein.

Further, under the Privacy Act of 1974, 5 U.S.C. Section 552(a), personal identifiers, such as names, may be used only for limited purposes. One of the allowable uses of names and flood insurance claims history is to analyze the effectiveness of local flood loss reduction efforts. In addition, the Routine Use furthers the floodplain management and hazard mitigation goals of the Agency by making more detailed NFIP records available to communities. Communities may use personal identifiers for this purpose only and are prohibited from using them for solicitation, or other reasons.



Ocean City
115 12th Street
Ocean City, NJ 08226

Date Issued 1/3/2020
Control Number 19-0253
Permit Number 20190355
Permit Issue Date 3/22/2019
Certificate Number 20190355

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

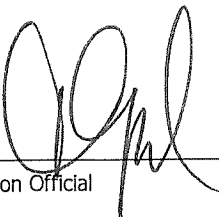
Work Site Location: 20 WALTON PL Ocean City, NJ 08226 Block: 1010 Lot: 3 Qual: _____
Owner in Fee: SALVATI, HAROLD, ETAL
Owner Address: _____
Telephone: _____
Contractor SJ HAUCK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234
Telephone: (609) 927-6700 Fax: (609) 927-6715
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: HOUSE LIFT, RENOVATION

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

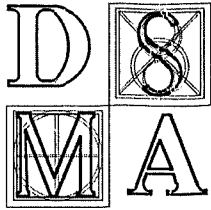
Fee: \$50.00
Check Number: 5031
Collected By: Sheree Benoit

20 WALTON PL. - HOME ELEVATION

CO ISSUANCE CHECKLIST

CO X or CA _____

- 5319 SEALED PILE LOG ~~YES~~ YES, HELICALS
- ☒ 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
- ☒ 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
- ☒ LIST CHECKED FOR COAH APPLICABILITY? DOES IT APPLY? YES OR NO NO
- ☒ RECEIPT FOR COAH FEE IF APPLICABLE
- ☒ FRAMING CHECKLIST YES
- ☐ FLOODPROOFING CERTIFICATE
- ☐ ELEVATOR INSPECTION
- ☒ FRT SPRAY CERTIFICATION YES ~~YES~~ YES 1.3.20
- ☐ OUTSTANDING ESCROW PAID
- ☐ HEALTH DEPT APPROVED
- ☐ V ZONE CERTIFICATION



P 1.2.20

DANIEL SCOTT MASCIONE
ARCHITECT
LLC
1409 NEW ROAD
NORTHFIELD, NEW JERSEY 08225
609 383 9000 P
609 272 8226 F
www.mascione.com

City of Ocean City - Division of Construction
115 12th Street
Ocean City, New Jersey 08226
Robert Penrose, Construction Official

re: 20 Walton Place
Ocean City, New Jersey
Block: 1010 Lot: 3

December 18, 2019

Mr. Penrose,

The scope of work for this dwelling was to lift the house to the required freeboard elevation and to design modifications to the decks and stairs as required to provide access to each level of this two-family home. No interior modifications were proposed, and no increase to the decks were proposed other than the reconfiguration of the landings and stairs as required because of the new finished floor elevation. The existing dwelling and all existing entry stairs, landings and decks were not fire rated.

As you are aware, the existing left side setback to the structure is approximately 1.7'. If this dwelling was new construction all landings and decks closer than 5' from the property line would require a 1-hour fire rating. Because of the existing deck construction, it would be cost prohibitive to rebuild all landings and decks with a fiberglass finish, which would be required to provide the fire rating at the underside of the framing material.

While only one means of egress is required, our design provides an egress stair on both the front and back of the dwelling to provide an additional means of egress. This additional egress stair, providing a second route to evacuate in the event of a fire, should help alleviate the risk involved in being unable to fire-rate the existing deck construction.

If I can provide any additional information or if you have any comments or questions, please do not hesitate to contact me.

Sincerely,

Daniel Scott Mascione, AIA LEED AP
NEW JERSEY 21A101336400

MEMBER OF THE AMERICAN INSTITUTE OF ARCHITECTS • NCARB CERTIFIED • MEMBER OF ICC
CERTIFICATE OF AUTHORIZATION 21AC00050800



OCEAN CITY CONSTRUCTION CODE OFFICE

PERMIT #	DATE
BUILDING	
ELECTRIC	
PLUMBING	
FIRE	
RELEASED	
CONST. OFF'L	



APPLICATION FOR
CERTIFICATE

Permit #
Date Issued
- or -
Control #
Certificate Application Received:
Certificate Issued:

20190355
3/22/19
11/22/19
1/3/2020

IDENTIFICATION

Work Site Location 20 Walton Pl. Block 1010 Lot 3 Qualification Code _____
Contractor SS Hock Construction
Owner in Fee Harry Schiik Address 6801 Delilah Rd.
Address 20 Walton Pl. EHF, NJ 08834
Tel. 609 927 6700
License No. 13HE 0000 1200
Federal Employee No. 65-1302444

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: \$ 155,000

(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:

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 items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

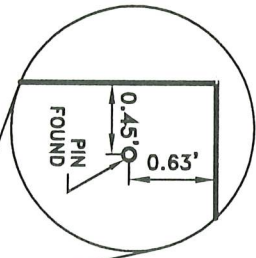
☐ OWNER ☐ AGENT

RECEIVED

NOV 22 2019

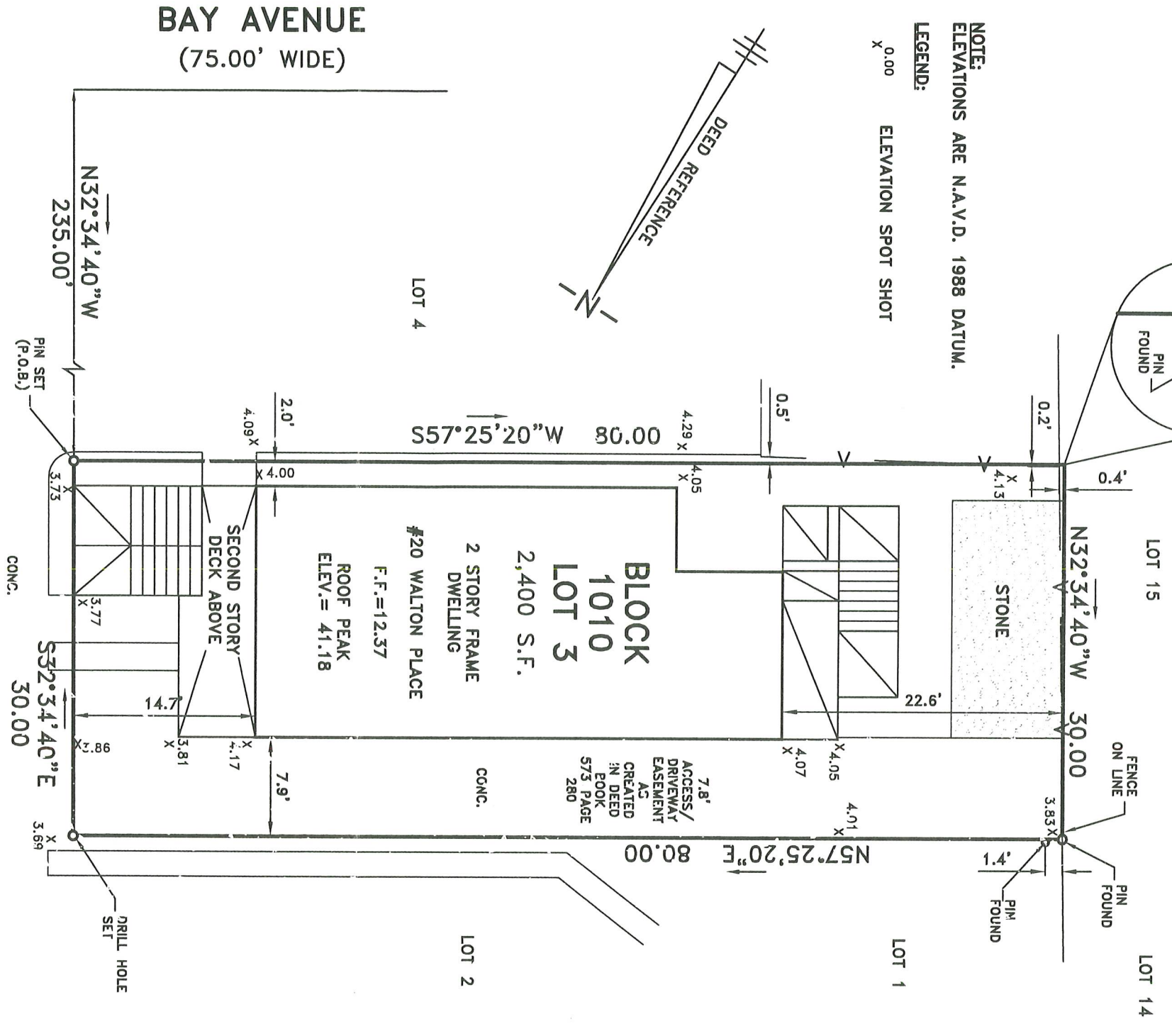
CONSTRUCTION

LOT AREA=2,400 S.F.
BUILDING COVERAGE=800 S.F. (33.3%)
IMPERVIOUS COVERAGE=2,049 S.F. (85.4%)
FLOOR AREA RATIO=62%
PEAK ELEV.= 41.18'
DWELLING HEIGHT=28.8'
B.F.E.=9.00 FEET
Z.F.E.=12.00 FEET



NOTE:
ELEVATIONS ARE N.A.V.D. 1988 DATUM.

LEGEND:
X 0.00 ELEVATION SPOT SHOT



OWNERSHIP AND USE OF DOCUMENTS

THIS DOCUMENT, AND THE INFORMATION CONTAINED HEREIN, IS THE PROPERTY OF SCHAEFFER NASSAR SCHEIDEGG CONSULTING ENGINEERS, LLC. IT IS TO BE USED ONLY FOR THE PROJECT AND PURPOSE SPECIFICALLY IDENTIFIED HEREIN. NO PART OF THIS DOCUMENT IS TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF SCHAEFFER NASSAR SCHEIDEGG CONSULTING ENGINEERS, LLC. THE INFORMATION CONTAINED HEREIN IS NOT TO BE USED FOR ANY OTHER PROJECT OR PURPOSE WITHOUT THE WRITTEN PERMISSION OF SCHAEFFER NASSAR SCHEIDEGG CONSULTING ENGINEERS, LLC.

TO: HAROLD & NICOLE SALVATI

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS MAP OR PLAN IS THE RESULT OF A FIELD SURVEY MADE ON OCTOBER 3, 2018 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." THE INFORMATION SHOWN HEREON CORRECTLY REPRESENTS THE CONDITIONS FOUND AT, AND AS OF THE DATE OF THE FIELD SURVEY, EXCEPT SUCH IMPROVEMENTS OR EASEMENTS, IF ANY, BELOW THE SURFACE AND NOT VISIBLE. THIS CERTIFICATION IS GIVEN SOLELY TO THE ABOVE NAMED PARTIES EXCEPT AS FOLLOWS:

- A. TO THE TITLE INSURER SO THAT IT MAY INSURE TITLE TO PREMISES SHOWN HEREON
- B. TO THE MORTGAGE HOLDER, THE CERTIFICATION SHALL SURVIVE TO ITS SUCCESSORS AND/OR ASSIGNS, AS THEIR INTEREST MAY APPEAR.

HOWARD A. TRANSUE, PROFESSIONAL LAND SURVEYOR
NEW JERSEY LICENSE NO. 33541

Schaeffer Nassar Scheidegg
CONSULTING ENGINEERS, LLC
Surveyors • Environmentalists • Planners
1425 Cantillon Boulevard • Mays Landing • New Jersey
Telephone: (609) 625 - 7400 • Fax: (609) 909 - 0253
Certificate of Authorization #24GA28103800

SURVEY OF PROPERTY FOR:		DATE:	10-09-18
HAROLD & NICOLE SALVATI		SCALE:	1"=10'
		DRAWN:	B.G.
20 WALTON PLACE		CHECKED	H.A.T.
BLOCK 1010, LOT 3		UPDATED:	5-21-19
OCEAN CITY			6-5-19
CAPE MAY COUNTY			10-18-19
NEW JERSEY		FILE NO.	18-358

11-22-19

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 HAROLD & NICOLE SALVATI						Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 20 WALTON PLACE						Company NAIC Number:	
City OCEAN CITY		State New Jersey		ZIP Code 08226			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 3, BLOCK 1010							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>							
A5. Latitude/Longitude: Lat. <u>39.28021</u> Long. <u>-74.58214</u> 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 <u>6</u>							
A8. For a building with a crawlspace or enclosure(s):							
a) Square footage of crawlspace or enclosure(s) <u>485.00</u> sq ft							
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>3</u>							
c) Total net area of flood openings in A8.b <u>600.00</u> sq in							
d) Engineered flood openings? ☒ Yes ☐ No							
A9. For a building with an attached garage:							
a) Square footage of attached garage <u>N/A</u> sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>							
c) Total net area of flood openings in A9.b <u>N/A</u> sq in							
d) Engineered flood openings? ☐ Yes ☒ No							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION <u>18-358</u>							
B1. NFIP Community Name & Community Number CITY OF OCEAN CITY 345310				B2. County Name CAPE MAY		B3. State New Jersey	
B4. Map/Panel Number 34009C0089	B5. Suffix F	B6. FIRM Index Date 10-05-2017	B7. FIRM Panel Effective/ Revised Date 10-05-2017	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 9.0		
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. 20 WALTON PLACE			Policy Number:
City OCEAN CITY	State New Jersey	ZIP Code 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: LOCAL BENCH Vertical Datum: NGVD 1988
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.

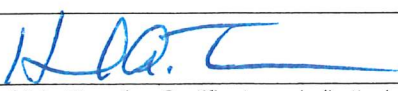
Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>4.25</u>	☒ feet	☐ meters
b) Top of the next higher floor	<u>12.37</u>	☒ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	☐ feet	☐ meters
d) Attached garage (top of slab)	<u>N/A</u>	☐ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>12.37</u>	☒ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>4.00</u>	☒ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>4.17</u>	☒ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>3.73</u>	☒ feet	☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION 18-358

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 HOWARD A. TRANSUE		License Number GS33541	GS33541 Place Seal Here  10/21/2019
Title PROFESSIONAL LAND SURVEYOR			
Company Name SCHAEFFER NASSAR SCHEIDEGG, CE, LLC			
Address 1425 CANTILLON BOULEVARD			
City MAYS LANDING	State New Jersey	ZIP Code 08330	
Signature 	Date 10-21-2019	Telephone (609) 625-7400	Ext.

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)
ITEM A8b VENTS ARE SMART VENTS MODEL 1540-510 RATED AT 200 SQ. IN. EACH.
ITEM C2e ALL MECHANICALS ARE AT FINISH FLOOR GRADE OR ABOVE.

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. 20 WALTON PLACE			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 18-358				
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. 20 WALTON PLACE			Policy Number:	
City OCEAN CITY	State New Jersey	ZIP Code 08226	Company NAIC Number	
SECTION G – COMMUNITY INFORMATION (OPTIONAL) 18-358				
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 20190355		G5. Date Permit Issued 3/22/19		G6. Date Certificate of Compliance/Occupancy Issued 1/3/2020
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: DFE = 9+2 = 11.0 ☒ feet ☐ meters Datum NAVD88				
Local Official's Name ROBERT PENROSE, JR., CFM		Title FLOODPLAIN MANAGER		
Community Name CITY OF OCEAN CITY		Telephone 609-525-9178		
Signature [Signature]		Date 11-22-19		
Comments (including type of equipment and location, per C2(e), if applicable) HOME ELEVATION				
☐ 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. 20 WALTON PLACE			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.				
10.17.2019 13:27				
Photo One Caption FRONT VIEW AND RIGHT SIDE VIEW 18-358 Clear Photo One				
10.17.2019 13:27				
Photo Two Caption FRONT VIEW AND LEFT SIDE VIEW Clear Photo Two				

FEMA Form 086-0-33 (7/15)
Replaces all previous editions.
Form Page 5 of 6

Form Page 5 of 6

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. 20 WALTON PLACE			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

18-358

Clear Photo Three



Photo Four

Photo Four Caption SMART VENT MODEL 1540-510 TYPICAL OF 3

Clear Photo Four

ICC-ES Evaluation Report

ESR-2074

Reissued February 2019

This report is subject to renewal February 2021.

www.icc-es.org | (800) 423-6587 | (562) 699-0543

A Subsidiary of the International Code Council®

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 mm²) 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 mm²) 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 m²) 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 m²) 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 = m²

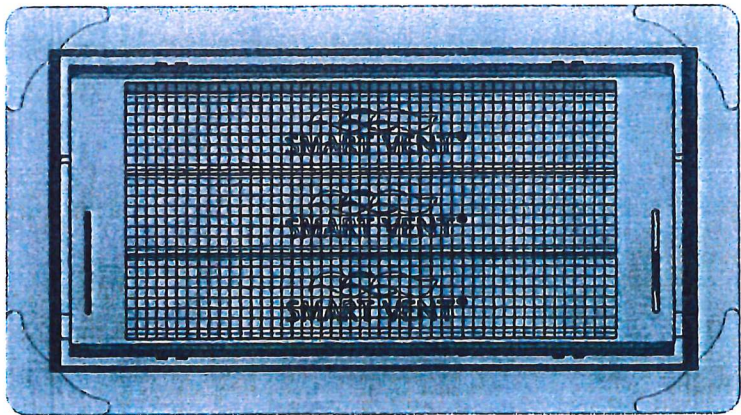


FIGURE 1—SMART VENT: MODEL 1540-510

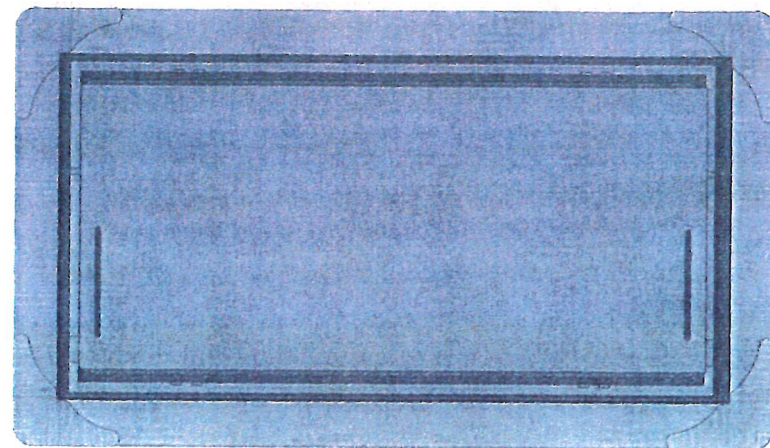


FIGURE 2—SMART VENT MODEL 1540-520

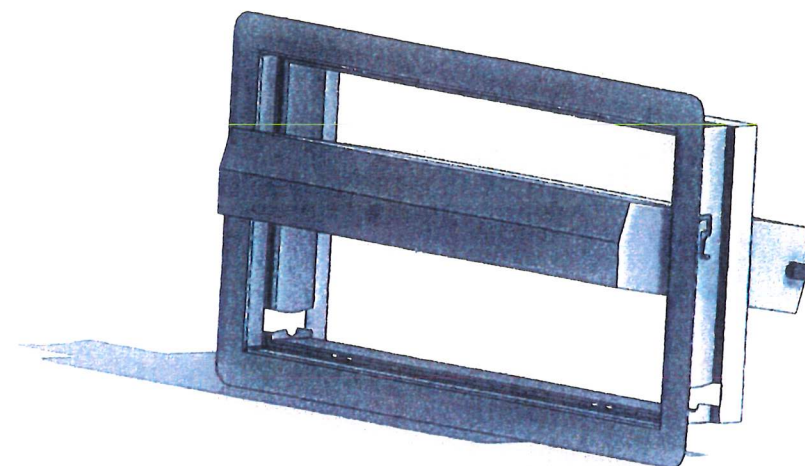


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN

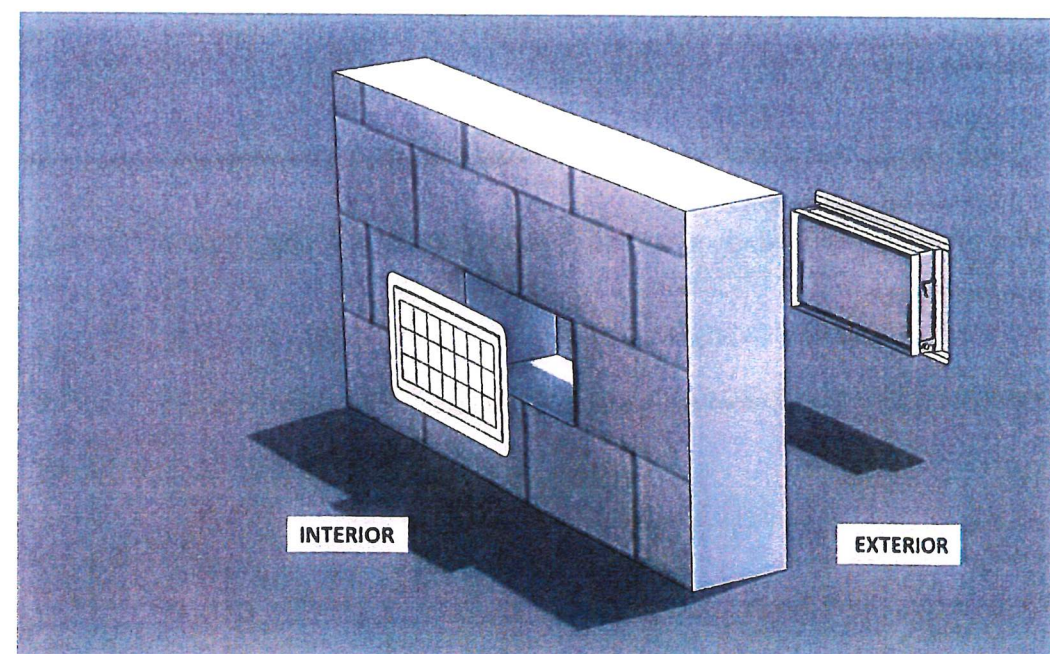


FIGURE 4—FLOOD VENT SEALING KIT



Most Widely Accepted and Trusted

ICC-ES Evaluation Report

ESR-2074 CBC and CRC Supplement

Reissued February 2019

This report is subject to renewal February 2021.

www.icc-es.org | (800) 423-6587 | (562) 699-0543 A Subsidiary of the International Code Council®

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 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Smart Vent® Automatic Foundation Flood Vents, recognized in ICC-ES master evaluation report ESR-2074, have also been evaluated for compliance with codes noted below.

Applicable code edition:

- 2016 California Building Code (CBC)
- 2016 California Residential Code (CRC)

2.0 CONCLUSIONS

2.1 CBC:

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the master evaluation report ESR-2074, comply with 2016 CBC Chapter 12, provided the design and installation are in accordance with the 2015 *International Building Code*® (IBC) provisions noted in the master report and the additional requirements of CBC Chapters 12, 16 and 16A, as applicable.

The products recognized in this supplement have not been evaluated under CBC Chapter 7A for use in the exterior design and construction of new buildings located in any Fire Hazard Severity Zone within State Responsibility Areas or any Wildland-Urban Interface Fire Area.

2.2 CRC:

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the master evaluation report ESR-2074, comply with the 2016 CRC, provided the design and installation are in accordance with the 2015 *International Residential Code*® (IRC) provisions noted in the master report.

The products recognized in this supplement have not been evaluated under 2016 CRC Chapter R337, for use in the exterior design and construction of new buildings located in any Fire Hazard Severity Zone within State Responsibility Areas or any Wildland-Urban Interface Fire Area.

The products recognized in this supplement have not been evaluated for compliance with the International Wildland-Urban Interface Code®.

This supplement expires concurrently with the master report, reissued February 2019.





Most Widely Accepted and Trusted

ICC-ES Evaluation Report

ESR-2074 FBC Supplement

Reissued February 2019

This report is subject to renewal February 2021.

www.icc-es.org | (800) 423-6587 | (562) 699-0543

A Subsidiary of the International Code Council®

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 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Smart Vent® Automatic Foundation Flood Vents, recognized in ICC-ES master report ESR-2074, have also been evaluated for compliance with the codes noted below.

Applicable code editions:

- 2017 Florida Building Code—Building
- 2017 Florida Building Code—Residential

2.0 CONCLUSIONS

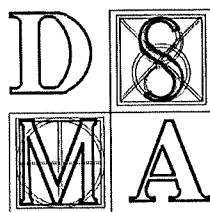
The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the master evaluation report ESR-2074, comply with the *Florida Building Code—Building* and the FRC, provided the design and installation are in accordance with the 2015 *International Building Code*® provisions noted in the master report.

Use of the Smart Vent® Automatic Foundation Flood Vents has also been found to be in compliance with the High-Velocity Hurricane Zone provisions of the *Florida Building Code—Building* and the *Florida Building Code—Residential*.

For products falling under Florida Rule 9N-3, verification that the report holder's quality assurance program is audited by a quality assurance entity approved by the Florida Building Commission for the type of inspections being conducted is the responsibility of an approved validation entity (or the code official when the report holder does not possess an approval by the Commission).

This supplement expires concurrently with the master report, reissued February 2019.





DANIEL SCOTT MASCIONE
ARCHITECT
LLC
1409 NEW ROAD
NORTHFIELD, NEW JERSEY 08225
609 383 9000 P
609 272 8226 F
www.mascione.com

City of Ocean City - Division of Construction
115 12th Street
Ocean City, New Jersey 08226
Robert Penrose, Construction Official

re: 20 Walton Place
Ocean City, New Jersey
Block: 1010 Lot: 3

December 18, 2019

Mr. Penrose,

The scope of work for this dwelling was to lift the house to the required freeboard elevation and to design modifications to the decks and stairs as required to provide access to each level of this two-family home. No interior modifications were proposed, and no increase to the decks were proposed other than the reconfiguration of the landings and stairs as required because of the new finished floor elevation. The existing dwelling and all existing entry stairs, landings and decks were not fire rated.

As you are aware, the existing left side setback to the structure is approximately 1.7'. If this dwelling was new construction all landings and decks closer than 5' from the property line would require a 1-hour fire rating. Because of the existing deck construction, it would be cost prohibitive to rebuild all landings and decks with a fiberglass finish, which would be required to provide the fire rating at the underside of the framing material.

While only one means of egress is required, our design provides an egress stair on both the front and back of the dwelling to provide an additional means of egress. This additional egress stair, providing a second route to evacuate in the event of a fire, should help alleviate the risk involved in being unable to fire-rate the existing deck construction.

If I can provide any additional information or if you have any comments or questions, please do not hesitate to contact me.

Sincerely,

Daniel Scott Mascione, AIA LEED AP
NEW JERSEY 21A101336400

MEMBER OF THE AMERICAN INSTITUTE OF ARCHITECTS • NCARB CERTIFIED • MEMBER OF ICC
CERTIFICATE OF AUTHORIZATION 21AC00050800



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



Date Issued: 12/9/2019
Application Number: ZA-19-01381
Application Date: 11/22/2019
Project Number:
Permit Number: ZP-19-01393
Fee: \$100.00 CHK 6510

Zoning Permit // Building Lift.

Worksite: 20 WALTON PL
Location: OCEAN CITY, NJ 08226

Owner: SALVATI, HAROLD, ETAL
Address: [REDACTED]

Applicant: SJ HAUCK CONSTRUCTION
Address: 6801 DELILAH RD.
EGG HARBOR TOWNSHIP, NJ 08234

Block: 1010 Lot: 3 Qualifier: Zone:

This Certifies that an application for the issuance of a Zoning Permit // Building Lift. has been examined.

Present Use: DWELLING - TWO FAMILY

☒ Non Conforming Use

☒ Non Conforming Structure

Proposed Use: DWELLING - TWO FAMILY FINAL // House Lift

Work Description:

Final Zoning Compliance - House Lift - Final Zoning Compliance - House Lift

Application Approved Date: 12/9/2019

Upon review it was determined that the Zoning Permit // Building Lift.:

☐ Permitted by Ordinance 25-1200.3.1 , b

☐ Permitted by Variance approved on:

☒ Approved with Conditions

☒ Valid Nonconforming Use/Structure is established by

☐ Zoning Board of Adjustment

☒ Zoning Officer

Additional Comments:

- 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.

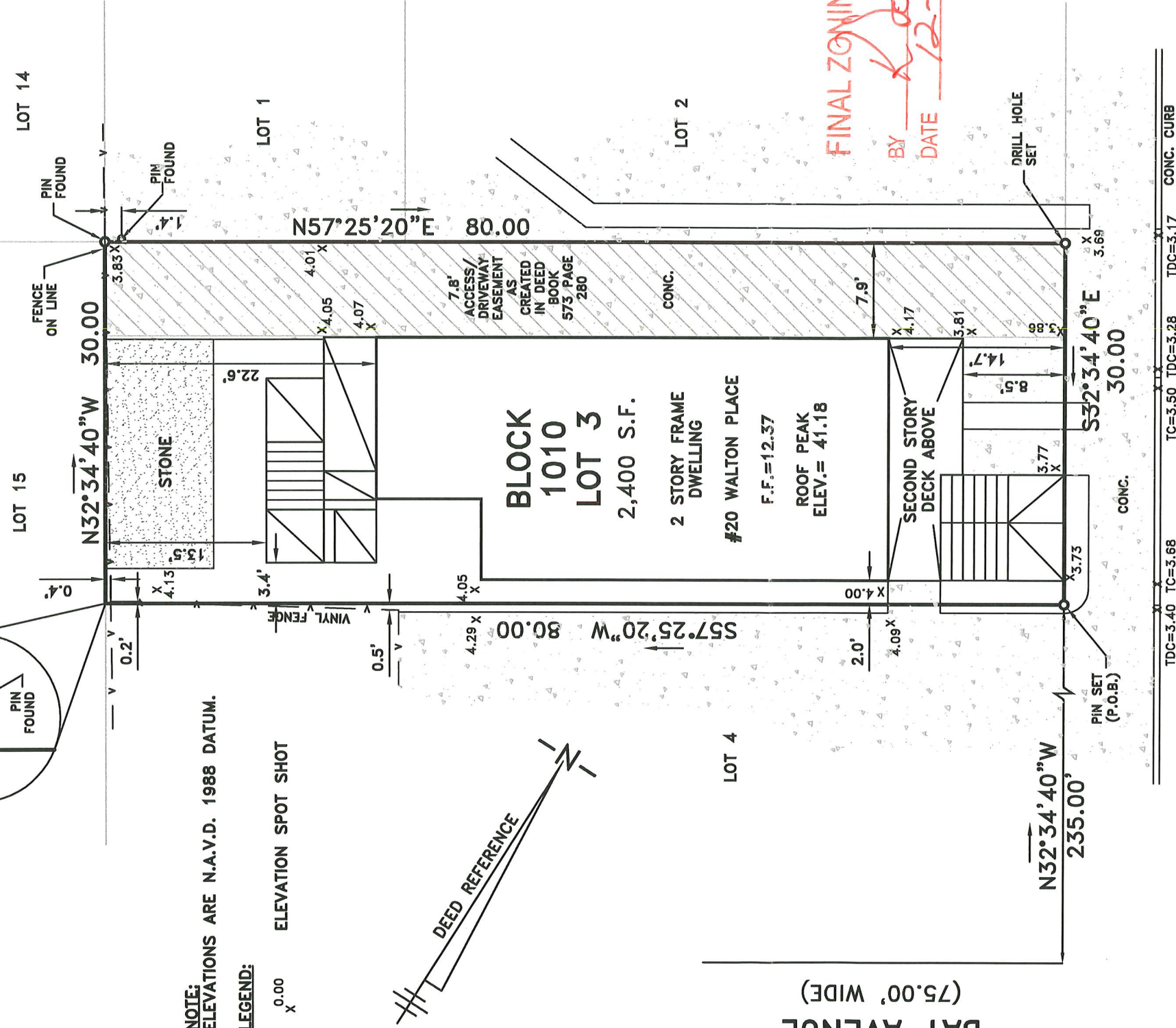
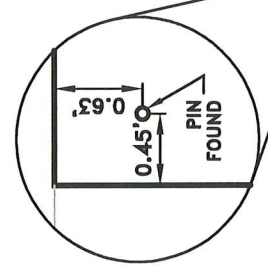
Kenneth L. Jones

Kenneth L. Jones, Zoning Officer

12/9/2019

Date

LOT AREA=2,400 S.F.
BUILDING COVERAGE=800 S.F. (33.3%)
IMPERVIOUS COVERAGE=1,857 S.F. (77.4%)
FLOOR AREA RATIO=62%
PEAK ELEV.= 41.18'
DWELLING HEIGHT=28.8'
B.F.E.=9.00 FEET
Z.F.E.=12.00 FEET



BAY AVENUE
(75.00' WIDE)

FINAL ZONING COMPLIANCE
BY *K. Jones*
DATE *12-9-19*

WALTON PLACE
(40.00' WIDE)

BENCHMARK IS MAG NAIL
IN UTILITY POLE #04528
ELEV. 10.00 N.A.V.D. 1988

OWNERSHIP AND USE OF DOCUMENTS
THIS DOCUMENT AND THE IDEAS AND DESIGNS INCORPORATED HEREIN, AS AN INSTRUMENT OF PROFESSIONAL SERVICE, IS THE PROPERTY OF SCHAEFFER NASSAR & SCHEIDEGG CONSULTING ENGINEERS, LLC. IT IS TO BE USED ONLY FOR THE PROJECT AND PURPOSES SPECIFICALLY IDENTIFIED IN THE WRITTEN CONSENT OF THE SUBJECT ENGINEERING FIRM. THIS SET OF PLANS HAS BEEN PREPARED FOR PURPOSES OF MUNICIPAL AND AGENCY REVIEW AND APPROVAL. THIS SET OF PLANS SHALL NOT BE UTILIZED AS CONSTRUCTION DOCUMENTS UNTIL ALL CONDITIONS OF APPROVAL HAVE BEEN SATISFIED ON THE DRAWINGS AND EACH DRAWING HAS BEEN REVISED TO INDICATE SUCH REVISIONS.

TO: HAROLD & NICOLE SALVATI

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS MAP OR PLAN IS THE RESULT OF A FIELD SURVEY MADE ON OCTOBER 3, 2018 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."
THE INFORMATION SHOWN HEREON CORRECTLY REPRESENTS THE CONDITIONS FOUND AT, AND AS OF THE DATE OF THE FIELD SURVEY, EXCEPT SUCH IMPROVEMENTS OR EASEMENTS, IF ANY, BELOW THE SURFACE AND NOT VISIBLE. THIS CERTIFICATION IS GIVEN SOLELY TO THE ABOVE NAMED PARTIES EXCEPT AS FOLLOWS:

- TO THE TITLE INSURER SO THAT IT MAY INSURE TITLE TO PREMISES SHOWN HEREON
- TO THE MORTGAGE HOLDER, THE CERTIFICATION SHALL SURVIVE TO ITS SUCCESSORS AND/OR ASSIGNS, AS THEIR INTEREST MAY APPEAR.

H.A.T.

HOWARD A. TRANSUE, PROFESSIONAL LAND SURVEYOR
NEW JERSEY LICENSE NO. 33541

Schaeffer Nassar Scheidegg
CONSULTING ENGINEERS, LLC
Surveyors • Environmentalists • Planners
1425 Cantillon Boulevard • Mays Landing • New Jersey
Telephone: (609) 625 - 7400 • Fax: (609) 909 - 0253

Certificate of Authorization #24GA28103800

SURVEY OF PROPERTY FOR:
HAROLD & NICOLE SALVATI

20 WALTON PLACE
BLOCK 1010, LOT 3
OCEAN CITY
CAPE MAY COUNTY
NEW JERSEY

DATE: 10-09-18
SCALE: 1"=10'
DRAWN: B.G.
CHECKED: H.A.T.
UPDATED: 5-21-19
6-5-19
10-18-19
FILE NO. 18-358



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

7-16-19

Date Issued: 7/16/2019
Application Number: ZA-19-00638
Application Date: 5/31/2019
Project Number:
Permit Number: ZP-19-00816
Fee: \$50.00 CHK 5768

Zoning Permit // UNDER/ Building Lift.

Worksite: 20 WALTON PL
Location: OCEAN CITY, NJ 08226

Owner: SALVATI, HAROLD, ETAL

Address:

Applicant: SJ HAUCK CONSTRUCTION

Address: 6801 DELILAH RD
EGG HARBOR TOWNSHIP, NJ 08234

Block: 1010 Lot: 3 Qualifier: Zone: BV1-35

This Certifies that an application for the issuance of a Zoning Permit // UNDER/ Building Lift. has been examined.

Present Use: DWELLING - TWO FAMILY

☒ Non Conforming Use

☒ Non Conforming Structure

Proposed Use: DWELLING - TWO FAMILY UNDER// (HOUSE LIFT)

Work Description:

Under - Amendment to Approved Plans - Under - Amendment to Approved Plans - House Lift (Structural Plans)

Application Approved Date: 7/16/2019

Upon review it was determined that the Zoning Permit // UNDER/ Building Lift.:

☒ 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:

Storage room shall comply with §25-107. Requires confirmation of floor to ceiling joist height on mid-term and final survey.

Concrete ROW not approved as part of this Zoning Permit.

-
- 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).

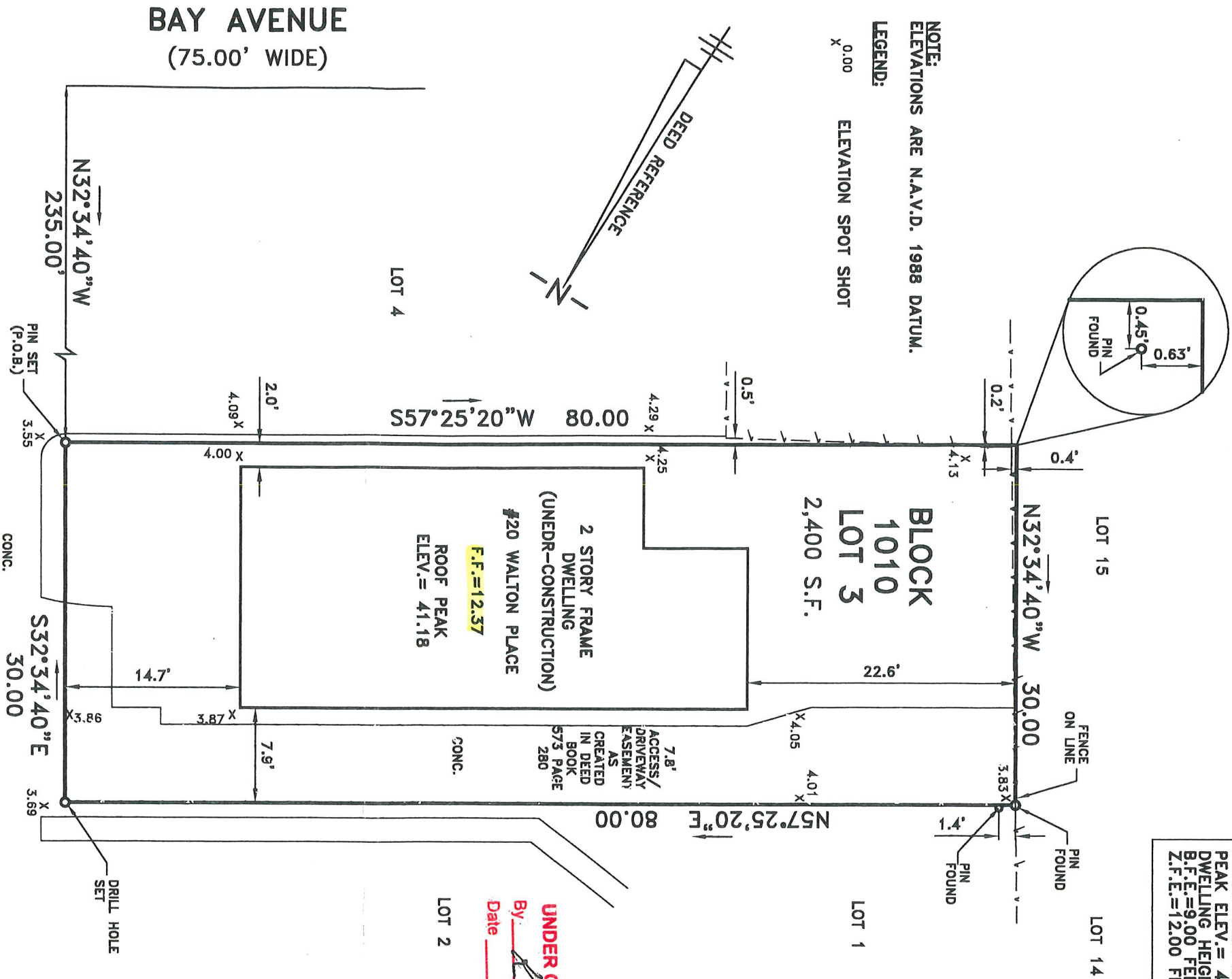
Kenneth L. Jones, Zoning Officer

7/16/2019
Date

LOT AREA=2,400 S.F.
BUILDING COVERAGE=800 S.F. (33.3%)
IMPERVIOUS COVERAGE=1,400 S.F. (58.3%)
FLOOR AREA RATIO=62%
PEAK ELEV.= 41.18'
DWELLING HEIGHT=28.8'
B.F.E.=9.00 FEET
Z.F.E.=12.00 FEET

NOTE:
ELEVATIONS ARE N.A.V.D. 1988 DATUM.

LEGEND:
X 0.00 ELEVATION SPOT SHOT



UNDER CONSTRUCTION APPROVED
By: *[Signature]*
Date: *7-16-19*

BAY AVENUE
(75.00' WIDE)

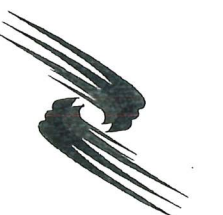
WALTON PLACE
(40.00' WIDE)

OWNERSHIP AND USE OF DOCUMENTS
THIS DOCUMENT IS THE PROPERTY OF THE SURVEYOR AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF THE SURVEYOR. THE SURVEYOR'S OFFICE IS NOT RESPONSIBLE FOR ANY ERRORS OR OMISSIONS IN THIS DOCUMENT. THE SURVEYOR'S OFFICE IS NOT RESPONSIBLE FOR ANY ERRORS OR OMISSIONS IN THIS DOCUMENT. THE SURVEYOR'S OFFICE IS NOT RESPONSIBLE FOR ANY ERRORS OR OMISSIONS IN THIS DOCUMENT.

TO: HAROLD & NICOLE SALVATI

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS MAP OR PLAN IS THE RESULT OF A FIELD SURVEY MADE ON OCTOBER 3, 2018 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."
THE INFORMATION SHOWN HEREON CORRECTLY REPRESENTS THE CONDITIONS FOUND AT, AND AS OF THE DATE OF THE FIELD SURVEY, EXCEPT SUCH IMPROVEMENTS OR EASEMENTS, IF ANY, BELOW THE SURFACE AND NOT VISIBLE. THIS CERTIFICATION IS GIVEN SOLELY TO THE ABOVE NAMED PARTIES EXCEPT AS FOLLOWS:
A. TO THE TITLE INSURER SO THAT IT MAY INSURE TITLE TO PREMISES SHOWN HEREON
B. TO THE MORTGAGE HOLDER, THE CERTIFICATION SHALL SURVIVE TO ITS SUCCESSORS AND/OR ASSIGNS, AS THEIR INTEREST MAY APPEAR.

HOWARD A. TRANSUE, PROFESSIONAL LAND SURVEYOR
NEW JERSEY LICENSE NO. 33541



Schaeffer Nassar Scheidegg
CONSULTING ENGINEERS, LLC
Surveyors • Environmentalists • Planners
1425 Cantillon Boulevard • Mays Landing • New Jersey
Telephone: (609) 625-7400 • Fax: (609) 909-0253
Certificate of Authorization #24GA28103800

SURVEY OF PROPERTY FOR:
HAROLD & NICOLE SALVATI
20 WALTON PLACE
BLOCK 1010, LOT 3
OCEAN CITY
CAPE MAY COUNTY
NEW JERSEY
DATE: 10-09-18
SCALE: 1"=10'
DRAWN: B.G.
CHECKED: H.A.T.
UPDATED: 5-21-19
6-5-19
FILE NO. 18-358

PERMIT # 2019-0355

LOT: 10/0 BLOCK: 3

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

1. ANCHORAGE:

BOLTS	
☒	SPACING
☒	SIZE
STRAPS	
☒	SPACING (PER MANUFACTURER'S SPECS)
☒	SIZE

2. SILL PLATES:

☒	SIZE
☒	GRADE, SPECIES
☒	TREATMENT
☒	LAPS
☒	SILL SEALER
☒	PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
☒	TERMITE PROTECTION

3. BEAM POCKETS:

☒	BEARING/SHIMS
☒	TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

☒	SIZED PER PLAN
☒	ATTACHMENT/PLATES
☒	SPACING/LOCATION
☒	PAINT/COATING

B. FLOOR FRAMING AND FLOORING

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

1 ST		2 ND		3 RD		FLOOR	
☒	☒	☒	☒	☒	☒	☒	☒
SIZE		SIZE		SIZE		SIZE	
☒	☒	☒	☒	☒	☒	☒	☒
GRADE, SPECIES		GRADE, SPECIES		GRADE, SPECIES		GRADE, SPECIES	
☒	☒	☒	☒	☒	☒	☒	☒
SINGLE OR DOUBLE		SINGLE OR DOUBLE		SINGLE OR DOUBLE		SINGLE OR DOUBLE	
☒	☒	☒	☒	☒	☒	☒	☒
PRE-ENGINEERED PER MANU-FACTURER'S SPECS		PRE-ENGINEERED PER MANU-FACTURER'S SPECS		PRE-ENGINEERED PER MANU-FACTURER'S SPECS		PRE-ENGINEERED PER MANU-FACTURER'S SPECS	
☒	☒	☒	☒	☒	☒	☒	☒
CANTILEVERS AS PER DESIGN		CANTILEVERS AS PER DESIGN		CANTILEVERS AS PER DESIGN		CANTILEVERS AS PER DESIGN	

2. GIRDERS AND BEAMS:

☒	SIZED PER PLAN
☒	TYPE
☒	GRADE, SPECIES
☒	LOCATION AND RELATION TO THE PLAN
☒	NAILING
☒	ATTACHMENT SCHEDULE
☒	BEARING
☒	LAPPING

3. FLOOR JOIST:

1 ST		2 ND		3 RD		FLOOR	
☒	☒	☒	☒	☒	☒	☒	☒
SIZED PER PLAN		SIZED PER PLAN		SIZED PER PLAN		SIZED PER PLAN	
☒	☒	☒	☒	☒	☒	☒	☒
GRADE, SPECIES		GRADE, SPECIES		GRADE, SPECIES		GRADE, SPECIES	
☒	☒	☒	☒	☒	☒	☒	☒
PRE-ENGINEERED COMPONENTS AS SPECIFIED		PRE-ENGINEERED COMPONENTS AS SPECIFIED		PRE-ENGINEERED COMPONENTS AS SPECIFIED		PRE-ENGINEERED COMPONENTS AS SPECIFIED	
☒	☒	☒	☒	☒	☒	☒	☒
BEARING		BEARING		BEARING		BEARING	
☒	☒	☒	☒	☒	☒	☒	☒
NAILING		NAILING		NAILING		NAILING	
☒	☒	☒	☒	☒	☒	☒	☒
BRIDGING		BRIDGING		BRIDGING		BRIDGING	
☒	☒	☒	☒	☒	☒	☒	☒
CUTTING AND NOTCHING (AS PER CODE)		CUTTING AND NOTCHING (AS PER CODE)		CUTTING AND NOTCHING (AS PER CODE)		CUTTING AND NOTCHING (AS PER CODE)	
☒	☒	☒	☒	☒	☒	☒	☒
POINT LOADS - SUPPORTED AS PER PLAN		POINT LOADS - SUPPORTED AS PER PLAN		POINT LOADS - SUPPORTED AS PER PLAN		POINT LOADS - SUPPORTED AS PER PLAN	
☒	☒	☒	☒	☒	☒	☒	☒
SPAN HANGERS		SPAN HANGERS		SPAN HANGERS		SPAN HANGERS	
☒	☒	☒	☒	☒	☒	☒	☒
HEADERS		HEADERS		HEADERS		HEADERS	
☒	☒	☒	☒	☒	☒	☒	☒
FRAMED OPENINGS		FRAMED OPENINGS		FRAMED OPENINGS		FRAMED OPENINGS	

4. FLOORING, SHEATHING, OR DECKING:

1 ST		2 ND		3 RD		FLOOR	
☒	☒	☒	☒	☒	☒	☒	☒
MATERIAL		MATERIAL		MATERIAL		MATERIAL	
☒	☒	☒	☒	☒	☒	☒	☒
PANEL SPAN, THICKNESS		PANEL SPAN, THICKNESS		PANEL SPAN, THICKNESS		PANEL SPAN, THICKNESS	

5. STAIR ATTACHMENT:

1 ST		2 ND		3 RD		FLOOR	
☒	☒	☒	☒	☒	☒	☒	☒
BEARING		BEARING		BEARING		BEARING	
☒	☒	☒	☒	☒	☒	☒	☒
NAILING		NAILING		NAILING		NAILING	

SPECIAL REQUIREMENTS

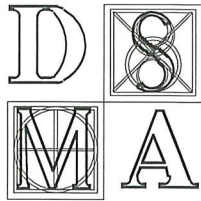
☒	☒	☒	☒	☒	☒	☒	☒
EDGE BLOCKING (IF REQUIRED)		EDGE BLOCKING (IF REQUIRED)		EDGE BLOCKING (IF REQUIRED)		EDGE BLOCKING (IF REQUIRED)	
☒	☒	☒	☒	☒	☒	☒	☒
GAPPING		GAPPING		GAPPING		GAPPING	
☒	☒	☒	☒	☒	☒	☒	☒
LAYOUT		LAYOUT		LAYOUT		LAYOUT	

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: Shane Lovatier Date: 10/19/19

Building Inspector Initials: HL

Date: 12/2-19



DANIEL SCOTT MASCIONE
ARCHITECT
LLC
1409 NEW ROAD
NORTHFIELD, NEW JERSEY 08225
609 383 9000 P
609 272 8226 F
www.mascione.com



City of Ocean City - Division of Construction
115 12th Street
Ocean City, New Jersey 08226
Robert Penrose, Construction Official

re: 20 Walton Place
Ocean City, New Jersey
Block: 1010 Lot: 3

December 18, 2019

Mr. Penrose,

The scope of work for this dwelling was to lift the house to the required freeboard elevation and to design modifications to the decks and stairs as required to provide access to each level of this two-family home. No interior modifications were proposed, and no increase to the decks were proposed other than the reconfiguration of the landings and stairs as required because of the new finished floor elevation. The existing dwelling and all existing entry stairs, landings and decks were not fire rated.

As you are aware, the existing left side setback to the structure is approximately 1.7'. If this dwelling was new construction all landings and decks closer than 5' from the property line would require a 1-hour fire rating. Because of the existing deck construction, it would be cost prohibitive to rebuild all landings and decks with a fiberglass finish, which would be required to provide the fire rating at the underside of the framing material.

While only one means of egress is required, our design provides an egress stair on both the front and back of the dwelling to provide an additional means of egress. This additional egress stair, providing a second route to evacuate in the event of a fire, should help alleviate the risk involved in being unable to fire-rate the existing deck construction.

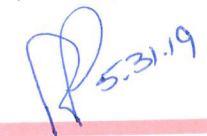
If I can provide any additional information or if you have any comments or questions, please do not hesitate to contact me.

Sincerely,

Daniel Scott Mascione, AIA LEED AP
NEW JERSEY 21AI01336400

Schaeffer Nassar Scheidegg
Consulting Engineers, LLC

David S. Scheidegg, PE, PP, CME, CPWM, CFM
Andrew F. Schaeffer, PE, PP
Rami N. Nassar, PE, PP, CME
Howard A. Transue, PLS



Engineers Surveyors Planners Environmental Specialists Municipal Consultants

May 8, 2019

To Whom It May Concern

RE: Helical Pile driving report for
20 Walton Place, Ocean City, New Jersey
Block 1010, Lot 3
Our File No. 18-358

I can certify that my office witnessed the driving of the piles noted on the "Foundation Plan" prepared by Daniel Scott Mascione Architect, LLC, dated 1-08-2018. For piles at the building perimeter, the design plans called for a 10-ton allowable load per pile, with an expected embedment of 32 feet, and a minimum required torque of 700 ft-lbs. For interior piles, the design plans called for a 15-ton allowable load per pile, with an expected embedment of 42 feet, and a minimum required torque of 1,440 ft-lbs. The plans specified that the piles have 8", 10" and 12" plate and 2 7/8" diameter.

The piles that were installed were the correct model and specification as outlined on the plan. The minimum pressure applied to the piles driven was 2,000psi, which equates to 4,150ft-lbs according to the manufacturers chart (attached). The result was an average installation depth of 27 feet for the perimeter piles, and 31 feet for the interior piles. This translates to an allowable load per pile equal to or greater than the minimum load requirements in accordance with the foundation plan referenced above.

Should you have any questions or require any additional information, please do not hesitate to contact our office.

Sincerely,
Schaeffer, Nassar Scheidegg
Consulting Engineers, LLC



Andrew F. Schaeffer, PE, PP
NJPE No. 32883

CLIENT: SJ Hauck
PROJECT: 20 Walton Place
Ocean City, New Jersey
DATE: 9/27/2018

18-358

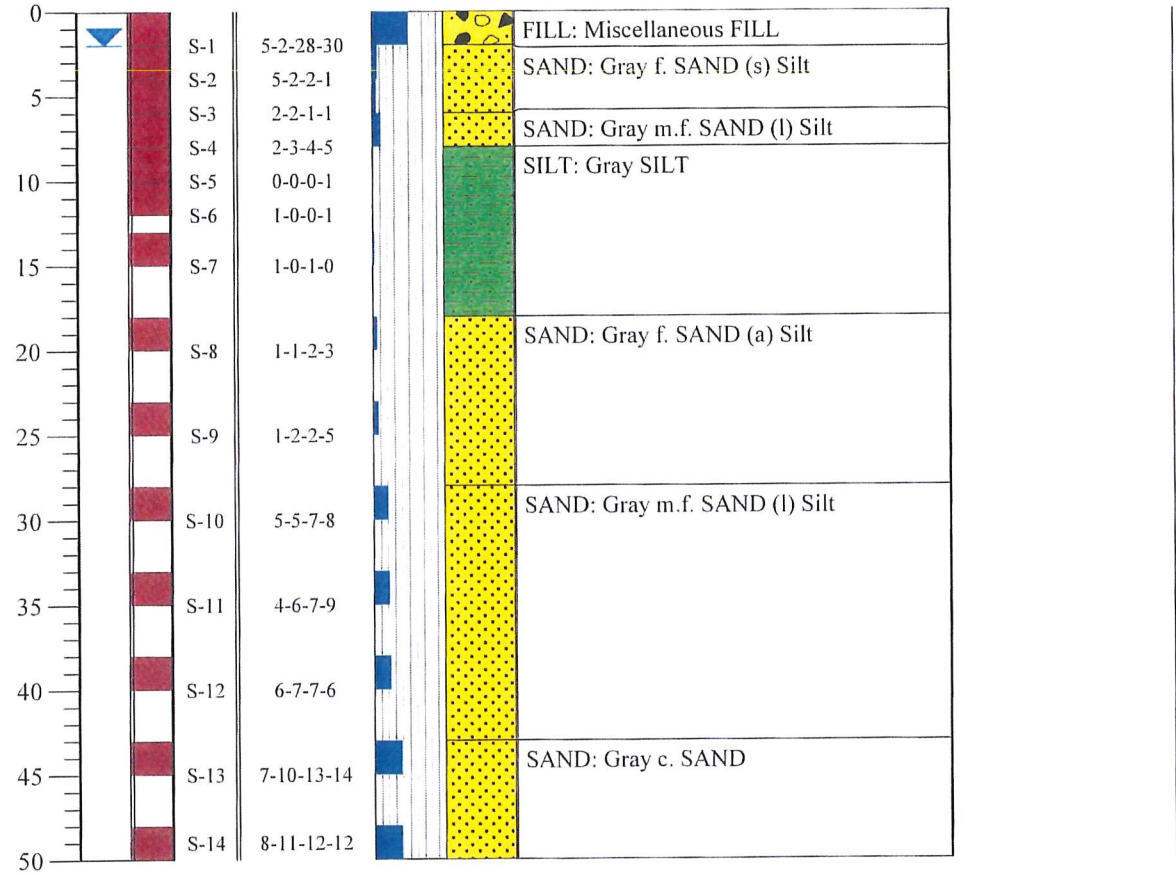
SOIL BORING INC.
306 W. Cuthbert Boulevard, Haddon Twp., New Jersey 08108
Office: 856.559.0130 Mobile:609.413.4842
Matthew Klaus, Owner

BORING No.: TB-1

GROUND SURFACE ELEVATION: N/A

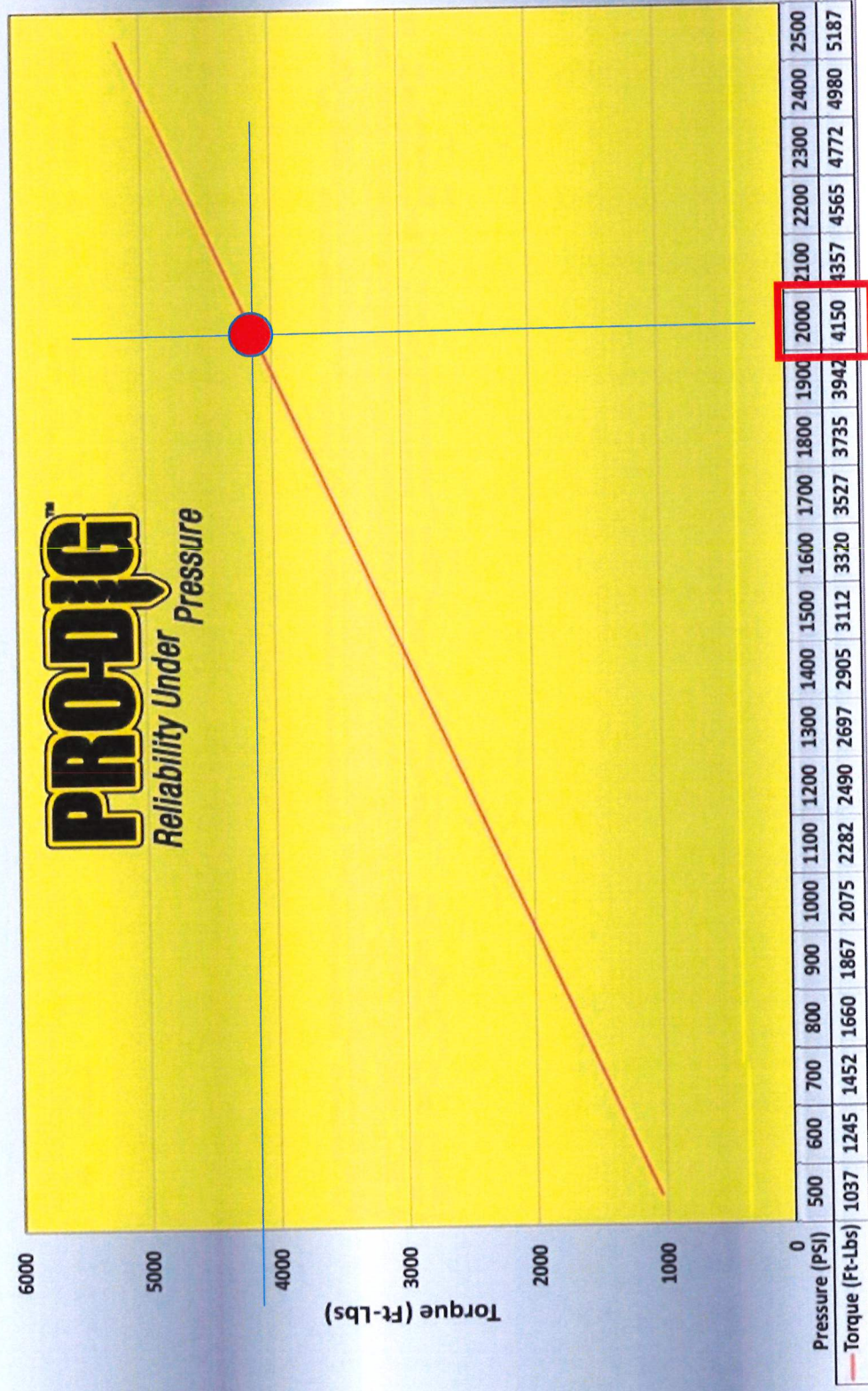
GROUNDWATER DATA		METHOD OF ADVANCING BORING	DEPTH (FT.)
DEPTH	Hours After Completion	CONTINUOUS SPLIT SPOON SAMPLE	0' to 12'
2'	Sample Saturated with Water	AUGERS	12' to 48'
		2" O.D. SPLIT SPOON	48' to 50'

Depth (ft)	Groundwater	Sampling Interval	Sample #	Blow Counts (6")	N-Values	Lithology	Soil Description*	Notes:
------------	-------------	-------------------	----------	------------------	----------	-----------	-------------------	--------



*FIELD CLASSIFICATION ONLY. SOIL CLASSIFICATION FOR PARTICULAR USES SHOULD BE ASCERTAINED BY LABORATORY TESTS.

L5K Differential Pressure Torque Chart



Address: 20 Walton Pl, O.C. Date: 4/19/2019 Page: 1 of 4
 File #: 18-358 Witness: BG

Helical # (see plan view)	Depth	DP-1	PSI	Comments
1	7	tip	250	Start: 12:00pm (SNS Witness)
	12	x1	250	
	17	x2	300	
	22	x3	300	
	27	x4	350	
	31	x5	2100	
13	7	tip	1200	*interior pile
	12	x1	1200	
	17	x2	1200	
	22	x3	1500	
	27	x4	2000	
10	7	tip	1200	
	12	x1	1500	
	17	x2	1250	
	22	x3	1500	
	27	x4	2000	
	30	x5	2500	
3	7	tip	1200	
	12	x1	1500	
	17	x2	1200	
	22	x3	1200	
	27	x4	1850	
4	7	tip	1200	
	12	x1	1500	
	17	x2	1250	
	22	x3	1500	
	27	x4	2000	
7	7	tip	1050	*interior pile
	12	x1	1000	
	17	x2	900	
	22	x3	1000	
	27	x4	1050	
	31	x5	1500	

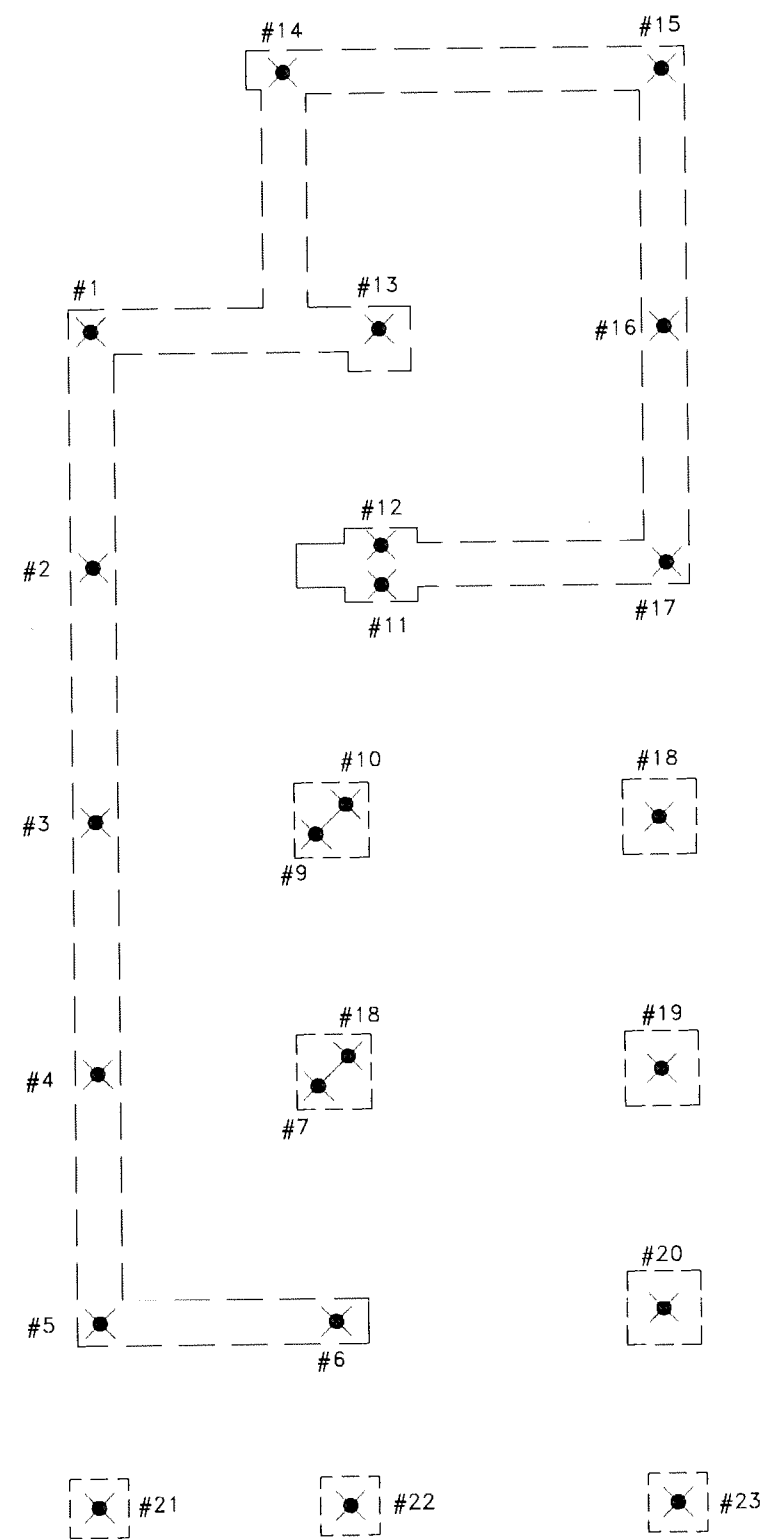
Address: 20 Walton Pl, O.C. Date: 4/19/2019 Page: 2 of 4
 File #: 18-358 Witness: BG

Helical # (see plan view)	Depth	DP-1	PSI	Comments
19	7 12 17 22 27	tip x1 x2 x3 x4	1200 1500 1250 1500 2000	
2	7 12 17 22 27	tip x1 x2 x3 x4	1200 1500 1250 1500 2000	
12	7 12 17 22 27 31	tip x1 x2 x3 x4 x5	1200 1500 1250 1500 2000 2850	*interior pile
11	7 12 17 22 27 31	tip x1 x2 x3 x4 x5	1200 1500 1250 1500 2000 2850	*interior pile
22	7 12 17 22 27	tip x1 x2 x3 x4	1200 1500 1200 1500 2000	
21	7 12 17 22 27	tip x1 x2 x3 x4	1200 1500 1200 1500 2000	

Address: 20 Walton Pl, O.C. Date: 4/19/2019 Page: 3 of 4
 File #: 18-358 Witness: BG

Helical # (see plan view)	Depth	DP-1	PSI	Comments
5	7	tip	1200	
	12	x1	1500	
	17	x2	1250	
	22	x3	1500	
	27	x4	2000	
6	7	tip	1200	
	12	x1	1200	
	17	x2	1250	
	22	x3	1500	
	27	x4	2000	
9	7	tip	1200	*interior pile
	12	x1	1500	
	17	x2	1200	
	22	x3	1500	
	27	x4	2000	
	31	x5	2850	
8	7	tip	1200	*interior pile
	12	x1	1500	
	17	x2	1250	
	22	x3	1500	
	27	x4	2000	
	31	x5	2850	
14	7	tip	1200	
	12	x1	1500	
	17	x2	1200	
	22	x3	1250	
	27	x4	2000	
15	7	tip	1200	
	12	x1	1500	
	17	x2	1500	
	22	x3	1500	
	27	x4	2000	

Address: <u>20 Walton Pl, O.C.</u>		Date: <u>4/19/2019</u> Page: <u>4 of 4</u>		
File #: <u>18-358</u>		Witness: <u>BG</u>		
Helical # (see plan view)	Depth	DP-1	PSI	Comments
16	7	tip	1200	
	12	x1	1500	
	17	x2	1250	
	22	x3	1250	
	27	x4	2000	
18	7	tip	1200	Stopped 4-18-19 @ 4:30pm
	12	x1	1500	
	17	x2	1200	
	22	x3	1500	
	27	x4	2000	
20	7	tip	1200	Continue 4-19-19 @ 9:00am
	12	x1	1500	
	17	x2	1200	
	22	x3	1250	
	27	x4	2000	
23	7	tip	1200	
	12	x1	1500	
	17	x2	1200	
	22	x3	1250	
	27	x4	2000	
17	7	tip	1200	Completed 4-19-19 @ 4:00pm
	12	x1	1500	
	17	x2	1250	
	22	x3	1500	
	27	x4	2000	



FRONT OF HOUSE

20 WALTON PL, OCEAN CITY, NJ

TORQUE: 700 / 1,440 FT-LBS
EXPECTED DEPTH: 32FT / 42 FT
OPERATOR/LOGGER: AXEL ROMAN



PERMIT UPDATE

Date Update Issued 7/11/2019
Control # 19-1079
Permit # 20190355+A

IDENTIFICATION Block: 1010 Lot: 3 Qualifier _____
Work Site Location: 20 WALTON PL Ocean City, NJ 08226 Contractor SJ HAUCK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234
Owner in Fee SALVATI, HAROLD, ETAL Telephone: (609) 927-6700
Lic. No. or Bldrs. Reg. No. 13VH02481400 13HE00001200
Federal Employee. No. _____
Telephone: _____

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:

ALARM SYSTEM

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 \$1,000

Construction Official [Signature] Date 7/11/2019

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$58
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$60
Check No.	5940
Cash	\$0
Credit	\$0
Collected By	Sheree Benoit

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.

6/24



PERMIT UPDATE

Date Update Issued
Control # 19-1079
Permit # 20190355+A

IDENTIFICATION Block: 1010 Lot: 3 Qualifier
Work Site Location: 20 WALTON PL Ocean City, NJ 08226 Contractor SJ HAUCK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234
Owner in Fee SALVATI, HAROLD, ETAL
Telephone: [REDACTED] Telephone: (609) 927-6700
Lic. No. or Bldrs. Reg. No. 13VH02481400 13HE00001200
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:

ALARM SYSTEM

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 \$1,000

Construction Official [Signature]

Date 6/24/19

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$58
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$60
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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.



FIRE PROTECTION SUBCODE
TECHNICAL SECTION



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

Qualification Code

Block 1019 Lot 3 20 Walton Place, Ocean City, NJ 08224

Work Site Location

Owner in Fee: Salvati, Harold Etal

Tel. [REDACTED]

Address [REDACTED] municipality [REDACTED] Tel. (609) 833-0301

Contractor: KN Electrical Contractor

Address 109 E Patcong ave, Linwood NJ 08221 e-mail [REDACTED]

Fire Protection Equipment, NJ Div of Fire Safety Permit No. [REDACTED]

Fire Protection Equipment, NJ Div of Fire Safety Installer No. [REDACTED]

Fire Alarm Contractor No. 01832900 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason [REDACTED]

Federal Emp. ID No. [REDACTED] FAX: (609) 939-1663

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present [REDACTED] Proposed [REDACTED]

Constr. Class: Present [REDACTED] Proposed [REDACTED]

Heating System: ☐ New OR ☐ Modification to Existing

OR ☐ Conversion OR ☐ Replacement

Fuel Type: ☒ Gas ☐ Oil ☒ Electric ☐ Solar

☐ Other [REDACTED]

Location: [REDACTED]

Total Cost of Fire Protection Work \$ 1200

INSPECTIONS

PLAN REVIEW

☒ No Plans Required

☐ Partial -Underslab Utilities Approved

Date: 6/21/19 Approved by: [REDACTED]

☐ Fire Protection Plans Approved

Date: [REDACTED] Approved by: [REDACTED]

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: [REDACTED]

Approved by: [REDACTED]

SUBCODE APPROVAL for CERTIFICATE

☒ CO ☐ CA

Date: 11/7/19

Approved by: [REDACTED]

U.C.C. F140 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Internet version

19-1079

Date Received

Control #

Date Issued

Permit #

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:

Print name here: Dennis Kleiner

☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision zone off existing

NUMBER

FEE (Office Use Only)

Flammable/Combustible Tanks

Alarm Systems

☐ System

☒ 110v Interconnected

Alarm Devices (i.e., smoke, heat, pulls,

water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ 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 \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F140 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Internet version



FIRE 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 1010 Lot 3 Qualification Code

Work Site Location: 20 WALTON PL Ocean City, NJ 08226

Owner: Esq. SALVATORE HAROLD ETAL

Address 6521 EAST LAKE DR. 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.

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

Federal Employee No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5 Fuel Type Flammable or Combustible

Constr. Class Present Proposed Capacity

Heating Systems: New or Modification to Existing

or Conversion or Replacement

Type: Gas Oil Electric Solar

Location: Other

Total Cost of Fire Protection Work \$1,000

INSPECTIONS

PLAN REVIEW

No Plan Required

Partial Underslab Utilities Approved

Date: by:

Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

Building Electrical

Plumbing Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

CO CCO CA

Date: by:

INSPECTIONS

Type: Failure Approval Initial

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Flam/Cumbust Tank

Fireplace Venting

Final

Other

U.C.C F-140 (rev. 11/09)

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

Date Received 6/20/2019

Control # 19-1079

Date Issued 7/11/2019

Permit # 20190355+A

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

ALARM SYSTEM,

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

System

110v Interconnected

CO Detectors/110v

Alarm Devices (i.e. smoke, heat, pulls,

water/flow)

Supervisory Devices (tamper, 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

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



CONSTRUCTION PERMIT

Date Issued 3/22/2019
Control # 19-0253
Permit # 20190355

IDENTIFICATION Block: 1010 Lot: 3 Qualifier _____
Work Site Location: 20 WALTON PL Ocean City, NJ 08226 Contractor SJ HAUCK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234
Owner in Fee SALVATI, HAROLD, ETAL Telephone: (609) 927-6700
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH02481400 13HE00001200
Federal Employee No. _____

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:

HOUSE LIFT

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 \$156,200

[Signature] 3/22/2019
Construction Official Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$3,499
Electrical	\$166
Plumbing	\$246
Fire Protection	\$58
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$296
CO Fee	\$50.00
Other	\$0
Total	\$4,315
Check No.	5031
Cash	\$0
Credit	\$0
Collected By	Sheree Benoit

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.



CONSTRUCTION PERMIT

Date Issued
Control # 19-0253
Permit #

IDENTIFICATION Block: 1010 Lot: 3 Qualifier
Work Site Location: 20 WALTON PL Ocean City, NJ 08226 Contractor: SJ HAUCK HOUSEMOVERS
Address: 6801 DELILAH RD EGG HARBOR TWP NJ 08234
Owner in Fee: SALVATI, HAROLD, ETAL
Telephone: Telephone: (609) 927-6700
Lic. No. or Bldrs. Reg. No. 13VH02481400 13HE00001200
Federal Employee No.

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:

HOUSE LIFT

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 \$155,200

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$3,499
Electrical	\$166
Plumbing	\$246
Fire Protection	\$58
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$296
CO Fee	\$50.00
Other	\$0
Total	\$4,315
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- 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.



BUILDING 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 1010 Lot 3 Qualification Code _____
Work Site Location 20 Walton Place
Ocean Ave, N.J. 08226

Owner in Fee: Salvatore, Harry

Contractor: S.J. HUCK municipality 609 Tel. 927-6700
Address 6801 Delton Road e-mail _____
556 Harbor Ave, N.J. 08234

Contractor License No. or Builder Registration No. 13HE0000000 Exp. Date 3/31/2019
Home Improvement _____
Federal Emp. ID No. _____ or Exemption Reason (if applicable):
FAX: 609 927-6715

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	
☐ No Plans Required	<u>3/2/19</u>	<u>[Signature]</u>	
☒ All			
☐ 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			
☒ CO ☐ CCO ☐ CA			
Date:	<u>11.12.19</u>		
Approved by:			

B. BUILDING CHARACTERISTICS			
Use Group	Present	Proposed	
No. of Stories			
Height of Structure			
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Max. Live Load			
Max. Occupancy Load			

Constr. Class Present	Proposed
If Industrialized Building:	
State Approved	HUD
Est. Cost of Bldg. Work:	
1. New Bldg.	\$ <u>144,700</u>
2. Rehabilitation	\$ <u>144,700</u>
3. Total (1 + 2)	\$ <u>144,700</u>

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

Date Received 2-21-19
Control # 19-0353
Date Issued 3-22-19
Permit # 20190355

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: Michelle L. Daukskus

Print name here: Michelle L. Daukskus

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

EXISTING SETBACK: LEFT SIDE - 1.7'
RIGHT SIDE - 7.8'

Full home elevation project

Cancelled insp 4-24-19 HL

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 HOUSE LIFT
☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$
3499.00

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

FIELD CORRECTION NOTICE
CITY OF OCEAN CITY
115 12th Street, Ocean City, NJ 08226
609-525-9174
609-399-8419 Fax

LOCATION 201 Walton TL, OC PERMIT NO. 20190353

ISSUED TO _____ PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO Site

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

The following orders are hereby issued for their correction: _____

① ~~Site not complete, purchase of clams~~

② ~~will require still inspection at site for all anchor bolts into washers~~

~~per plan washers & nuts missing~~

③ ~~Anchor bolts spanning per plan 11/13/19 HL~~

11/30/19 7:30 AM 10/21/19 HL All ok 8-30-19 HL

Per plan 11/19 11/19 11/19 HL

11/19

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 11/12/19

DATE 5.15.19 BY HL 5.15.19 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 20 walter TL, OC PERMIT NO. 20190355

ISSUED TO _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO site

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

The following orders are hereby issued for their correction: _____

- ① not brady piece ck depth clearance
- ② missing brats or beams above door openings
- ③ Drawing AS Address 1/2 plywood 1 ft up per plan
- ④ steel not fastened to block
- ⑤ Have architect box beams not sitting on sill plates
- ⑥ Finish any missing strapping

All ok 10.2.19 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 6.13.19 BY Hessig 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 20 Walton Pl, OC PERMIT NO. 20190355

ISSUED TO PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO site

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

The following orders are hereby issued for their correction: _____

- ① Not Ready
 - ② Please have architect floor system not resting on sill plates
 - ③ Finish all prior corrections, headers over garage opening how to attach as not to kick out of steel (PSLS) ^{plates} _{bolts?}
 - ④ Finish all prior corrections
 - ⑤ strapping, bracing, beams not done
- All ok 10.2.19 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 6-17-19 BY H Lessig INSPECTOR

WHITE - Original

YELLOW - File Copy

copy



Schaeffer Nassar Scheidegg Consulting Engineers, LLC

Engineers Surveyors Planners Environmental Specialists Municipal Consultants

David S. Scheidegg, PE, PP, CME, CPWM, CFM
Andrew F. Schaeffer, PE, PP
Rami N. Nassar, PE, PP, CME
Howard A. Transue, PLS

7.25.19

May 8, 2019

To Whom It May Concern

**RE: Helical Pile driving report for
20 Walton Place, Ocean City, New Jersey
Block 1010, Lot 3
Our File No. 18-358**



OFFICE COPY

The existing house at the subject property has recently been raised, exposing a previously existing condition in which the house floor joists hang from a rim joist, which is through-nailed/screwed to the existing balloon-framed wall. This arrangement is present throughout the house above the newly installed foundation wall and sill plates. As a preventative measure, the contractor installed lag screws in all accessible locations in order to strengthen this rim joist connection.

Additionally, the construction methods used for the newly built foundation are in accordance with the Foundation Plan prepared by Daniel Scoot Mascione Architect, L.L.C., dated 1-08-2018. Therefore, I can certify that the as-built conditions for this house lift are satisfactory.

Should you have any questions or require any additional information, please do not hesitate to contact our office.

Sincerely,
**Schaeffer, Nassar Scheidegg
Consulting Engineers, LLC**

Andrew F. Schaeffer, PE, PP
NJPE No. 32883

FIELD CORRECTION NOTICE
CITY OF OCEAN CITY
115 12th Street, Ocean City, NJ 08226
609-525-9174
609-399-8419 Fax

5-A)
Construction

LOCATION 20024th PL OC PERMIT NO. 20190355
ISSUED TO _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES _____

NOTICE DELIVERED TO site _____

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

The following orders are hereby issued for their correction: _____

- ① ~~Have architect front and rear decks, posts beams for any fire eating 5A construction (new)~~ ② Decks not done
- ③ ~~Concrete floor steel beams not bolted to ctr beams, all side~~ Drive way
- ④ ~~Shim all beams on columns to steel below~~ ⑤ Finish all floor joist strapping to sill plates, front, back, driveway side
- ⑥ All ok 10.2.19 RL

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 7-30-19 BY HL 5319 INSPECTOR _____

SchaefferNassarScheidegg
Consulting Engineers, LLC

David S. Scheidegg, PE, PP, CME, CPWM, CFM
Andrew F. Schaeffer, PE, PP
Rami N. Nassar, PE, PP, CME
Howard A. Transue, PLS

7.25.19

Engineers Surveyors Planners Environmental Specialists Municipal Consultants



OFFICE COPY

May 8, 2019

To Whom It May Concern

RE: Helical Pile driving report for
20 Walton Place, Ocean City, New Jersey
Block 1010, Lot 3
Our File No. 18-358

The existing house at the subject property has recently been raised, exposing a previously existing condition in which the house floor joists hang from a rim joist, which is through-nailed/screwed to the existing balloon-framed wall. This arrangement is present throughout the house above the newly installed foundation wall and sill plates. As a preventative measure, the contractor installed lag screws in all accessible locations in order to strengthen this rim joist connection.

Additionally, the construction methods used for the newly built foundation are in accordance with the Foundation Plan prepared by Daniel Scoot Mascione Architect, L.L.C., dated 1-08-2018. Therefore, I can certify that the as-built conditions for this house lift are satisfactory.

Should you have any questions or require any additional information, please do not hesitate to contact our office.

Sincerely,
Schaeffer, Nassar Scheidegg
Consulting Engineers, LLC

Andrew F. Schaeffer, PE, PP
NJPE No. 32883

Harvey-
The Framing re-insp.
is on for Friday.
Tom wanted you to
see this before you
go - Tom

OFFICE COPY

OCEAN CITY CONSTRUCTION CODE OFFICE

	DATE
PERMIT # <u>10</u>	<u>7.25.19</u>
BUILDING <u>10</u>	
ELECTRIC <u>10</u>	
PLUMBING <u>10</u>	
FIRE <u>10</u>	
RELEASED <u>10</u>	<u>7/25/19</u>
CONST. OFF'L <u>10</u>	

FIELD CORRECTION NOTICE
CITY OF OCEAN CITY
115 12th Street, Ocean City, NJ 08226
609-525-9174
609-399-8419 Fax

LOCATION 20 Walton Pl, OC PERMIT NO. 20190355

ISSUED TO _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO Site Sec. _____ were in evidence.

Upon inspection, violation of the _____

The following orders are hereby issued for their correction: _____

1) Prior corrections not addressed 7-20-19 also no footings
under stringers for stairs - standing on concrete

All ok 10-2-19 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 5-30-19 BY HL-2519 INSPECTOR

WHITE - Original YELLOW - File Copy



BUILDING SUBCODE
TECHNICAL SECTION



Date Received 2/21/2019
Control # 19-0253
Date Issued 3/22/2019
Permit # 20190355

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 1010 Lot 3 Qualification Code
Work Site Location: 20 WALTON PL Ocean City, NJ 08226

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.

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
HOUSE LIFT,

HOUSE LIFT,

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:

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

Insulation

Finishes-Base Layer

Finishes-Final

Energy

Mechanical

TCO

Other

Final

Barrier-Free

Dates (Month/Day)

Failure

Approval

Initial

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5 If Industrial Building:

Constr. Class Present Proposed State Approved

HUD

Number of Stories

Height of Structure Ft.

Area - Largest Floor Sq. Ft.

New Bldg. Area / All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.

2. Rehabilitation \$144,700

3. Total (1+2) \$144,700

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.

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$275

TOTAL FEE \$3,774

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)

\$3,499



CHANGES OF CONTRACTOR
FIRE PROTECTION SUBCODE
TECHNICAL SECTION



Date Received 12/9/19
Control # 19-0253
Date Issued 3/22/2019
Permit # 20190355

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

Block 1010 Lot 3 Qualification Code
Work Site Location 20 Walton Place, Ocean City NJ 08226

Owner in Fee: Salvati, Harold, Etal

Tel. 609-313-6482 e-mail

Address 49 Brace road, Medford NJ 08055 municipality Tel. (609) 833-0304

Contractor: KN Electrical Contractor Tel. (609) 833-0304

Address 109 E Patcong ave, Linwood NJ 08221 e-mail

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. Exp. Date 03/31/2021

Fire Alarm Contractor No. Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason FAX: (609) 939-1663

Federal Emp. ID No. 824178939

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed R5 Fuel Storage Tank: Fuel Type: [] Flammable or [] Combustible

Constr. Class: Present Proposed Capacity Fire Alarm System: [] New or [] Existing

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

OR [] Conversion or [] Replacement Location of Panel: Fire Suppression/Standpipe System:

Fuel Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

[] Other Location of Main Control Valve:

Location: Total Cost of Fire Protection Work \$ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW INSPECTIONS Dates (Month/Day)

[] No Plans Required Alarm System Failure Failure Approval Initial

[] Partial-Underslab Utilities Approved Suppression Sys. Failure Failure Approval Initial

Date: Approved by: Standpipe Fire Pump Failure Failure Approval Initial

Fire Protection Plans Approved Pre-Eng. System Failure Failure Approval Initial

Joint Plan Review Required: Mechanical Failure Failure Approval Initial

[] Bldg. [] Elec. [] Plumb. [] Elev. Smoke Control Failure Failure Approval Initial

SUBCODE APPROVAL FOR PERMIT TCO Failure Failure Approval Initial

Date: Approved by: Flam/Combust Tanks Failure Failure Approval Initial

SUBCODE APPROVAL for CERTIFICATE Fireplace Venting Failure Failure Approval Initial

[] CO [] CCO [] CA Final Failure Failure Approval Initial

Date: Approved by: Other Failure Failure Approval Initial

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: Dennis Kleiner

Print name here: Dennis Kleiner

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

DESCRIPTION OF WORK: Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks NUMBER FEE (Office Use Only)

Alarm Systems [] System

[X] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pull, water/flow) 2

Supervisory Devices (i.e., tampers, low/high air) 2

Signaling Devices (i.e., horns/strobes, bells) 2

Other Devices TOTAL 2

Suppression Systems Fire Pump GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



FIRE 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 1010 Lot 3 Qualification Code

Work Site Location: 20 WALTON PL Ocean City, NJ 08226

Owner in Fee: SALVATI, HAROLD, ETAL

mail

Contractor: KN ELECTRICAL CONTRACTOR, INC Tel. (609) 833-0301

Address 109 E PATCONG AVE LINWOOD, NJ 08221 Email dennis@kleinerniceta.com

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

Federal Employee No. Fax:

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5 Fuel Type Flammable or Combustible
Constr. Class Present Proposed Capacity

Heating Systems: New or Modification to Existing Fire Alarm System: New or Existing
or Conversion or Replacement Location of Panel:

Type: Gas Oil Electric Solar Fire Suppression/Standpipe System: New or Existing

Other Location of Main Control Valve:

Total Cost of Fire Protection Work \$500

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 Electrical Plumbing Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

CO CCO CA

Date: by:

INSPECTIONS

Type: Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control TCO Flam/Cumbust Tank Fireplace Venting Final Other

Dates (Month/Day)

Failure Approval Initial

U.C.C F140 (rev. 11/09)

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

Date Received 2/21/2019
Control # 19-0253
Date Issued 3/22/2019
Permit # 20190355

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
HOUSE LIFT, RENOVATION,

Water Supply Source
Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks NUMBER FEE (Office Use Only)

Alarm Systems

System
110v Interconnected CO Detectors/110v Alarm Devices (i.e. smoke, heat, pulls, waterflow) 2

Supervisory Devices (tamper, low/high air)

Signaling Devices (horn/strobes, bells)

Other Devices

TOTAL \$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 \$1

TOTAL FEE \$59



ELECTRICAL SUBCODE
TECHNICAL SECTION



CHANGE OF CONTRACTOR

157 P12-12

Date Received
Control #
Date Issued
Permit #

6/13/19
212119
2019-0355-20

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

Block 1010 Lot 3 Qualification Code
Work Site Location 20 Walton Place

Owner in Fee: SALVATI HAROLD ETAL

Tel. 609 313-6429 e-mail

Address 49 Bruce Road MEDFORD, N.J. 08055

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. (609) 939-1663

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date: Approved by: BBA

[] Electric Plans Approved

Date: 6/13/19 Approved by: BBA

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 6/13/19

Approved by: BBA

SUBCODE APPROVAL for CERTIFICATE

Date: 11/7/19

Approved by: BBA

INSPECTIONS

Type:

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

Dates (Month/Day)

Failure

Approval

Initial

8/13/19

8/14/19

11/7/19

8/14/19

11/7/19

8/14/19

11/7/19

8/14/19

11/7/19

8/14/19

11/7/19

8/14/19

11/7/19

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.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) 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:

Dennis Kleiner

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

FEE (Office Use Only)

QTY. SIZE ITEMS

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 \$



ELECTRICAL 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 1010 Lot 3 Qualification Code _____
Work Site Location 20 Walton Place
Deean City, NJ 08806
Owner in Fee: Salvati, Harry e-mail _____
Tel. 609 313-6498 Municipality Deean City Tel. (609) 625-0550
Address 20 Walton Place e-mail _____
Contractor: M & L ELECTRIC
Address 6521 LAKE DRIVE
MAYS LANDING, NJ 08330
Contractor License No. 11503 Exp. Date 03/31/2019
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. [REDACTED] FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 5000 -

JOB SUMMARY (Office Use Only)			
PLAN REVIEW		INSPECTIONS	
☐ No Plans Required	Type: _____	Failure	Dates (Month/Day)
☐ Partial -Under/Over Utilities Approved	Rough	Approval	Initial
Date: _____	Barrier-Free		
☒ Electric Plans Approved	Trench		
Date: <u>3/21/19</u>	Temp. Serv.		
Joint Plan Review Required:	Constr. Serv.		
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO		
SUBCODE APPROVAL for PERMIT	Other		
Date: <u>3/21/19</u>	Service		
Approved by: <u>[Signature]</u>	Final		
	Barrier-Free		
	Temp. Cut-in-Card Date Issued		
SUBCODE APPROVAL for CERTIFICATE	Final Cut-in-Card Date Issued		
☐ CO ☐ CCO ☐ CA	Annual Pool Inspection		
Date: _____	Date of Grounding and Bonding		
Approved by: _____	Certification		

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.

1st Floor - 12'

Date Received 2-21-19
Control # 19-02553
Date Issued 3-22-19
Permit # 20190355

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: MATTHEW SIMONE

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Full home elevation project

QTY	SIZE	ITEMS	FEE (Office Use Only)
<u>13</u>		Lighting Fixtures	
<u>12</u>		Receptacles	
<u>2</u>		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
<u>0</u>		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 1/2 HP	
		KW Transformer/Generator	
<u>1</u>	<u>200</u>	AMP Service	
<u>1</u>	<u>200</u>	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$ 166.00
Minimum Fee \$ 10.00
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

CITY OF OCEAN CITY
CONSTRUCTION CODE ENFORCEMENT



CUT-IN-CARD

MUNICIPALITY _____

LOCATION 20 Walton Place UTILITY CO ACE

BLK 1010 LOT 3

OWNER Salvati OCCUPANT _____

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 300 Amp

INSTALLED BY KW Elce LICENSE NO 18329

DATE 8/14/19 PERMIT # 19-0333 INSPECTOR BT

LIC. NO: 5262

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

CITY OF OCEAN CITY
CONSTRUCTION CODE ENFORCEMENT

MUNICIPALITY _____

LOCATION 30 Walton Place

OWNER Salvati

BLK 1212

LOT 3

OCCUPANT _____

☒ FINAL ☐ TEMPORARY This approval void after _____ days
"Installation in the above premises has been inspected and is
in accordance with N.E.C., utility and DCA requirements."

DESCRIPTION OF SERVICE 300 Amp

INSTALLED BY KV ELEC

DATE 8/14/19

PERMIT # 19-0335

LICENSE NO 19329

INSPECTOR BT

U.C.C. Form F-350A

1 WHITE - UTILITY

2 CANARY - OFFICE/FILE

3 PINK - OFFICE/CONTRACTOR

PRO 141



CUT-IN-CARD



ELECTRICAL SUBCODE
TECHNICAL SECTION



CHANGE OF CONTRACTOR

Date Received 2/21/2019
Date Issued 3/22/2019
Control # 19-0253
Permit # 20190355

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

Block 1010 Lot 3 Qualification Code
Work Site Location: 20 WALTON PL Ocean City, NJ 08226

Owner in Fee: SALVATI, HAROLD, ETAL

Contractor: KN ELECTRICAL CONTRACTOR INC
Address 109 E PATCONG AVE LINWOOD NJ 08221
Tel. (609) 833-0301 Email dennis@kleinerniceta.com
Lic No. 01832900 Exp. Date 6/30/2019
Home improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5
Pole/Pad # Temporary Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plan Required	Date Initial	Type:	Failure	Approval	Initial
☐ Building ☐ Plumbing		Rough			
☐ Fire ☐ Elevator		Barrier-Free			
☐ Electrical Plans Approved	Date: by:	Trench			
SUBCODE APPROVAL for PERMIT	Date: by:	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			
Approved by:					

U.C.C F120 (rev. 11/09)

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

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 Contr ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant
D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
HOUSE LIFT, RENOVATION,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
13		Lighting Fixtures	
9		Receptacles	
12		Switches	
2		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
36		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	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	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	\$10
TOTAL FEE	\$176



ELECTRICAL SUBCODE
TECHNICAL SECTION



Date Received 2/21/2019
Date Issued 3/22/2019
Control # 19-0253
Permit # 20190355

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

Block 1010 Lot 3 Qualification Code
Work Site Location: 20 WALTON PL Ocean City, NJ 08226

Owner in Fee: SALVATI, HAROLD, ETAL
Address 6521 EAST LAKE DR., MAYS LANDING NJ 08330

Contractor: M & L ELECTRIC
Tel. (609) 517-2021
Lic No. 11503
Home improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Employee No.

B. ELECTRICAL CHARACTERISTICS
Use Group Present Proposed R-5
Pole/Pad # Temporary Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plan Required	Date Initial	Type:	Failure	Approval	Initial
☐ Partial Underslab Utilities Approved		Rough			
Date: by:		Barrier-Free			
☐ Electric Plans Approved		Trench			
Date: by:		Temp. Serv.			
☐ Joint Plan Review Required		Constr. Serv.			
☐ Building Plumbing		TCO			
☐ Fire Elevator		Other			
☐ Electrical Plans Approved		Service			
SUBCODE APPROVAL for PERMIT		Final			
Date: by:		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued			
Date:		Annual Pool Inspection			
Approved by:		Date of Grounding and Bonding Certification			

U.C.C F120 (rev. 11/09)
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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 Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant
D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
HOUSE LIFT,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
13		Lighting Fixtures	
9		Receptacles	
12		Switches	
2		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
36		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	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	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	\$10
TOTAL FEE	\$176



FIRE SUBCODE
TECHNICAL SECTION



Date Received 2/21/2019
Control # 19-0253
Date Issued 3/22/2019
Permit # 20190355

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 1010 Lot 3 Qualification Code

Work Site Location: 20 WALTON PL Ocean City, NJ 08226

Owner in Fee: SALVATI, HAROLD, ETAL
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 Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Employee No. Fax.

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present Proposed R-5 Fuel Type Flammable or Combustible Capacity
Constr. Class Present Proposed
Heating Systems: New or Modification to Existing Fire Alarm System: New or Existing
or Conversion or Replacement Location of Panel:
Type: Gas Oil Electric Solar New or Existing
Other Location of Main Control Valve:
Location:

Total Cost of Fire Protection Work \$500

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Approval	Initial
☐ No Plan Required		Alarm System			
Partial Underslab Utilities Approved		Suppression Sys.			
Date: by:		Standpipe			
☐ Fire Protection Plans Approved		Fire Pump			
Date:		Pre-Eng. System			
Approved by:		Mechanical			
Joint Plan Review Required		Smoke Control			
☐ Building ☐ Plumbing		TCO			
☐ Electrical ☐ Elevator		Flam/Cumbust Tank			
SUBCODE APPROVAL for PERMIT		Fireplace Venting			
Date: by:		Final			
SUBCODE APPROVAL for CERTIFICATE		Other			
☐ CO ☐ CCO ☐ CA					
Date: by:					

U.C.C F-140 (rev. 11/09)

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

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
HOUSE LIFT,
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 water/flow)	2	
Alarm Devices (i.e. smoke, heat, pulls, Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL	2	\$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 \$1
TOTAL FEE \$59



PLUMBING SUBCODE
TECHNICAL SECTION



CHANGE OF CONTRACTOR

Date Received
Control #
Date Issued
Permit #

6/4/19
3/22/19
20190355

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

Block 1010 Lot 3 Qualification Code _____
Work Site Location 80 Walton Place, Ocean City, New Jersey 08226

Owner in Fee: Salvatore, Harold e-mail _____

Tel. _____ e-mail _____
Address 80 Walton Place, Ocean City, NJ 08226 Municipality _____ Zip code 08226

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. _____ FAX: (609) 840-6979

B. PLUMBING CHARACTERISTICS

Use Group Present 4" Proposed _____
Building Sewer Size 1 1/4" Public Sewer _____ Private Septic _____
Water Service Size 1 1/4" Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required		Type:		Failure	Approval
[] Partial - Underslab Utilities Approved		Slab			
Date: _____	Approved by: _____	Rough			
[] Plumbing Plans Approved		Water			
Date: _____	Approved by: _____	Sewer			
Joint Plan Review Required:		Fixtures			
[] Bldg. [] Elec. [] Fire. [] Elev.		Gas Equipment			
SUBCODE APPROVAL for PERMIT		Gas Piping			
Date: <u>6/14/19</u>	Approved by: <u>[Signature]</u>	LP Gas Tank			
SUBCODE APPROVAL for CERTIFICATE		Fuel Oil Piping			
[] CO [] CCO [] CA		Solar			
Date: <u>6/19/19</u>	Approved by: <u>[Signature]</u>	TCO			
		Final			

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.

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 Charge of Contractor
Reconnect drains, water, gas for house lift

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

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



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 1000 Lot 3 Qualification Code _____
Work Site Location 200 Walton Place
Owner in Esc. Samuel D. Harty e-mail _____
Tel. [REDACTED]
Address 200 Walton Place Green Day 08826
Contractor: CLK Plumbing & Heating Inc 08826 Tel. (609) 693-0000
Address 822 Route 9 e-mail _____
Lanoka Harbor, NJ 08734
Contractor License No. 7713 Exp. Date 6/30/2019

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. [REDACTED] FAX: (609) 693-1749

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-

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	☐ Partial -Underslab Utilities Approved	Type:	Failure	Approval	Initial
☐ Approved by: <u>[Signature]</u>		Slab			
☒ Plumbing Plans Approved	☐ Approved by: <u>[Signature]</u>	Rough			
Date: <u>2/21/19</u>		Water			
Joint Plan Review Required:	☐ Fire. ☐ Elev.	Sewer			
☐ Bldg. ☐ Elec. ☐ Gas		Fixtures			
SUBCODE APPROVAL for PERMIT		Gas Equipment			
Date: <u>2/21/19</u>	☐ CO ☐ CCO ☐ CA	Gas Piping			
Approved by: <u>[Signature]</u>		LPGas Tank			
SUBCODE APPROVAL for CERTIFICATE		Fuel Oil Piping			
☐ CO ☐ CCO ☐ CA	☐ CO ☐ CCO ☐ CA	Solar			
Date: _____		TCO			
Approved by: _____					

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.

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Applicant's Signature/Contractor's Seal and Signature

Date Received 2-21-19
Control # 19-0253
Date Issued 3-22-19
Permit # 20190355

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Full home elevation Project

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	
<u>1</u>	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrapp	
<u>1</u>	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge \$ 246.00
Minimum Fee \$ 10.00
State Permit Surcharge Fee \$ 10.00
TOTAL FEE \$ _____

FIELD CORRECTION NOTICE
CITY OF OCEAN CITY
115 12th Street, Ocean City, NJ 08226
609-525-9174
609-399-8419 Fax

LOCATION 20 Walter Place PERMIT NO. 2019 0355

ISSUED TO Bruce Davis
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO Site

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

The following orders are hereby issued for their correction: _____

1) Install countersunk plug at curb

2) No Entry To building -

3) Piping in unheated areas shall be protected
from freezing (Re-Insulate But with heat tracing)

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

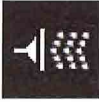
DATE 11/13/19 BY Cotton INSPECTOR

WHITE - Original

YELLOW - File Copy



PLUMBING SUBCODE
TECHNICAL SECTION



CHANGE OF CONTRACTOR

Date Received 2/21/2019
Control # 19-0253
Date Issued 3/22/2019
Permit # 20190355

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

Block 1010 Lot 3 Qualification Code
Work Site Location: 20 WALTON PL Ocean City, NJ 08226

Owner in Fee: SALVATI, HAROLD, ETAL
Contractor: BROADLEY'S/MDI
Address 115 ROOSEVELT BLVD, PO BOX 37 MARMORA NJ 08223

Tel. (609) 390-3981 Fax (609) 390-1277
Home improvement Contractor Registration No. or Exemption Reason(is applicable):
Contractor License No. 000827 Expiration Date: 6/30/2019

Federal Employee No.

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 Under-slab 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: Slab Rough Water Sewer Fixtures Gas Equipment LP Gas Tank Fuel Oil Piping Solar TCO Final

Dates (Month/Day) Failure Approval Initial

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

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
HOUSE LIFT,

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	
	Other	
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		\$10
TOTAL FEE		\$256

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



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 1010 Lot 3 Qualification Code Work Site Location: 20 WALTON PL Ocean City, NJ 08226

Owner in Fee: SALVATI, HAROLD, ETAL
Address
Tel. Email

Contractor: C & R PLUMBING AND HEATING, INC.
Address 822 ROUTE 9 LANOKA HARBOR NJ 08734
Tel. (609) 693-0006 Fax. (609) 693-1749

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Contractor License No. 7713 Expiration Date:
Federal Employee No.

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:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

Failure

Approval

Initial

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

Date Received 2/21/2019
Control # 19-0253
Date Issued 3/22/2019
Permit # 20190355

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

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	
	Other	
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	\$10
	TOTAL FEE	\$256

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



Ocean City
115 12th Street
Ocean City, NJ 08226

Building Plan Review

Control Number: 19-0253 Permit Number: Tube Number:
Application Date: 2/21/2019 Permit Issue Date:
Received Date: 3/1/2019 Result: Fail Result Date: 3/1/2019

Work Site Location: 20 WALTON PL Ocean City, NJ 08226
Block: 1010 Lot: 3 Qualifier:
Owner: SALVATI, HAROLD, ETAL
Owner Address: [REDACTED]
Telephone: [REDACTED]
Agent: SJ HAUCK HOUSEMOVERS
Agent Address: 6801 DELILAH RD EGG HARBOR TWP NJ 08234
Telephone: (609) 927-6700
Contractor: SJ HAUCK HOUSEMOVERS
Contractor Address: 6801 DELILAH RD EGG HARBOR TWP NJ 08234
Telephone: (609) 927-6700
Engineer:
Engineer Address:
Telephone:
Architect: DANIEL SCOTT MASCIONE ARCHITECT
Architect Address: 1409 NEW ROAD NORTHFIELD NJ 08225
Telephone: (609) 383-9000

Plan Review Comments: (1) Please submit a home elevation plan, signed and sealed by an engineer licensed in the State of New Jersey, along with a site safety plan that will restrict access to the elevated home when the site is unoccupied.

- 02/21/19
02/21/19
02/21/19
02/21/19
02/21/19
- (2) Please submit a soils report that supports the use of the shallow foundation shown on the plans. *HOLCOMB ASSESS*
(3) Please submit the engineer's foundation plans referred to on the architectural plans. *FI SUBMIT*
(4) Please confirm that the floor/ceiling dwelling unit separation assemblies, (decks, etc.), of the original construction were not fire rated.

Additional comments may result when the information requested is submitted and reviewed.

Reviewed by Robert Penrose

Plan Review Subcode
Notes

Date Printed: 3/1/2019

Page 1

Date/Time: Mar. 4. 2019 1:03PM

File				Page
No. Mode	Destination	Pg(s)	Result	Not Sent
7963 Memory TX	16099276715	P. 1	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



Building Plan Review

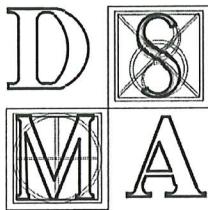
Control Number: 19-0253 Permit Number: Tube Number:
Application Date: 2/21/2019 Permit Issue Date:
Received Date: 3/1/2019 Result: Fail Result Date: 3/1/2019

Work Site Location: 20 WALTON PL Ocean City, NJ 08226
Block: 1010 Lot: 3 Qualifier:

Owner:
Owner Address:
Telephone:
Agent:
Agent Address: 51 HAUCK HOUSEHOLDERS
Telephone: 6091 DELIAH RD EGG HARBOR TWP NJ 08234
Contractor:
Contractor Address: 51 HAUCK HOUSEHOLDERS
Telephone: 6091 DELIAH RD EGG HARBOR TWP NJ 08234
Engineer:
Engineer Address:
Telephone:
Architect:
Architect Address: DANIEL SCOTT HASKONE ARCHITECT
Telephone: 1409 NEW ROAD NORTHFIELD NJ 08225

Plan Review Comments: 1) Please submit a home elevation plan, signed and sealed by an engineer licensed in the State of New Jersey, along with a site safety plan that will restrict access to the elevated home when the site is unoccupied.
2) Please submit a soils report that supports the use of the shallow foundation shown on the plans.
3) Please submit the engineer's foundation plans referred to on the architectural plans.
4) Please confirm that the floor/ceiling dwelling unit separation assemblies, (decks, etc.), of the original construction were not fire rated.
Additional comments may result when the information requested is submitted and reviewed.
Reviewed by Robert Penrose

Plan Review Subcode
Notes



DANIEL SCOTT MASCIONE
ARCHITECT
LLC
1409 NEW ROAD
NORTHFIELD, NEW JERSEY 08225
609 383 9000 P
609 272 8226 F
www.mascione.com

City of Ocean City - Division of Construction
115 12th Street Ocean City, New Jersey 08226
Robert Penrose, Construction Official

re: 20 Walton Place
Ocean City, New Jersey
Block: 1010 Lot: 3

March 4, 2019

Mr. Penrose,

Attached please find the information you requested for the above referenced project.

1. Please submit a home elevation plan along with a site safety plan that will restrict access to the elevated home when the site is unoccupied.

The contractor will provide this information under separate letter.

*note: home elev. plan already submitted - refer to A-4 drawings

2. Please submit a soils report that supports the use of the shallow foundation shown on plans.

The contractor will provide this information under separate letter.

3. Please submit engineer's foundation plans referred to on the architectural plans.

The architectural plans incorrectly referred to a separate engineering plan. Proposed drawing F-1 provides the design and related notes for the foundation design.

4. Please confirm that the floor / ceiling dwelling unit separation assemblies (decks, etc.) of the original construction were not fire rated.

The existing dwelling and all existing entry stairs and landings were not fire rated. No modifications are proposed for the dwelling other than those required to lift the house to the new elevation.

Thank you for your thorough plan review. If I can provide any additional information or if you have any comments or questions, please do not hesitate to contact me.

Sincerely,

Daniel Scott Mascione, AIA LEED AP
NEW JERSEY 21A101336400

MEMBER OF THE AMERICAN INSTITUTE OF ARCHITECTS • NCARB CERTIFIED • MEMBER OF ICC
CERTIFICATE OF AUTHORIZATION 21AC00050800

* * * Communication Result Report (Mar. 4. 2019 9:26AM) * * *

1}

Date/Time: Mar. 4. 2019 9:24AM

File			Pg(s)	Result	Page
No. Mode	Destination			Not Sent	
7950 Memory TX	16099276715	P.	1	OK	
	16092728226			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

Building Plan Review

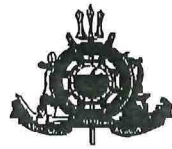
Control Number: 19-0253 Permit Number: Tube Number:
Application Date: 2/21/2019 Permit Issue Date:
Received Date: 3/1/2019 Result: Fail Result Date: 3/1/2019

Work Site Location: 20 WALTON PL Ocean City, NJ 08226
Block: 1010 Lot: 3 Qualifier:
Owner: SALVATI, HAROLD, ETAL
Owner Address: 49 BRACE RD MEDFORD NJ 08055
Telephone: (609) 313-6438
Agent: SJ HALLICK HOUSEHOLDERS
Agent Address: 6801 JERILAH RD EGG HARBOR TWP NJ 08234
Telephone: (609) 927-6700
Contractor: SJ HALLICK HOUSEHOLDERS
Contractor Address: 6801 JERILAH RD EGG HARBOR TWP NJ 08234
Telephone: (609) 927-6700
Engineer:
Engineer Address:
Telephone:
Architect: DANIEL SCOTT MASCIONE ARCHITECT
Architect Address: 1409 NEW ROAD NORTHFIELD NJ 08225
Telephone: (609) 383-9000

Plan Review Comments: 1) Please submit a home elevation plan, signed and sealed by an engineer located in the State of New Jersey, along with a site safety plan that will restrict access to the elevated home when the site is unoccupied.
2) Please submit a soils report that supports the use of the shallow foundation shown on the plans.
3) Please submit the engineer's foundation plans referred to on the architectural plans.
4) Please confirm that the floor/ceiling dwelling unit separation assemblies, (decks, etc.), of the original construction were not fire rated.

Additional comments may result when the information requested is submitted and reviewed.
Reviewed by Robert Petrozzi

Plan Review Subcode
Notes



Ocean City
115 12th Street
Ocean City, NJ 08226

3/1/19
sent to Emily
@ONS

Building Plan Review

Control Number: 19-0253 Permit Number: Tube Number:
Application Date: 2/21/2019 Permit Issue Date:
Received Date: 3/1/2019 Result: Fail Result Date: 3/1/2019

Work Site Location: 20 WALTON PL Ocean City, NJ 08226
Block: 1010 Lot: 3 Qualifier:
Owner: SALVATI, HAROLD, ETAL
Owner Address: [REDACTED]
Telephone: [REDACTED]
Agent: SJ HAUCK HOUSEMOVERS
Agent Address: 6801 DELILAH RD EGG HARBOR TWP NJ 08234
Telephone: (609) 927-6700
Contractor: SJ HAUCK HOUSEMOVERS
Contractor Address: 6801 DELILAH RD EGG HARBOR TWP NJ 08234
Telephone: (609) 927-6700
Engineer:
Engineer Address:
Telephone:
Architect: DANIEL SCOTT MASCIONE ARCHITECT
Architect Address: 1409 NEW ROAD NORTHFIELD NJ 08225
Telephone: (609) 383-9000

- Plan Review Comments: 1) Please submit a home elevation plan, signed and sealed by an engineer licensed in the State of New Jersey, along with a site safety plan that will restrict access to the elevated home when the site is unoccupied.
- 2) Please submit a soils report that supports the use of the shallow foundation shown on the plans.
- 3) Please submit the engineer's foundation plans referred to on the architectural plans.
- 4) Please confirm that the floor/ceiling dwelling unit separation assemblies, (decks, etc.), of the original construction were not fire rated.

Additional comments may result when the information requested is submitted and reviewed.

Reviewed by Robert Penrose

Plan Review Subcode
Notes

1)
2)

Date/Time: Mar. 11. 2019 10:01AM

File		Destination	Pg (s)	Result	Page
No.	Mode				Not Sent
8024	Memory TX	6099276715	P. 1	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



Building Plan Review

Control Number: 19-0253
Application Date: 2/21/2019
Received Date: 3/1/2019
Permit Number:
Permit Issue Date:
Result: Fail
Tube Number:
Result Date: 3/1/2019

Work Site Location: 20 WALTON PL. Ocean City, NJ 08226
Block: 1010 Lot: 3
Owner: SALVATI, HAROLD, ETAL
Owner Address: 49 BRACE RD. MEDFORD NJ 08055
Telephone: (609) 313-6428
Agent: SJ HAUCK HOUSEMOVERS
Agent Address: 6801 DELILAH RD. EGG HARBOR TWP NJ 08234
Telephone: (609) 927-6700
Contractor: SJ HAUCK HOUSEMOVERS
Contractor Address: 6801 DELILAH RD. EGG HARBOR TWP NJ 08234
Telephone: (609) 927-6700
Engineer:
Engineer Address:
Telephone:
Architect: DANIEL SCOTT MASCHIONE ARCHITECT
Architect Address: 1409 NEW ROAD NORTHFIELD NJ 08225
Telephone: (609) 383-0100

Plan Review Comments: 1) Please submit a home elevation plan, signed and sealed by an engineer licensed in the State of New Jersey, along with a site safety plan that will restrict access to the elevated home when the site is unoccupied.
2) Please submit a soils report that supports the use of the shallow foundation shown on the plans. *HEAVY RISE*
3) Please submit the engineer's foundation plans referred to on the architectural plans. *FR SUBMIT*
4) Please confirm that the floor/ceiling dwelling unit separation assemblies, (decks, etc.), of the original construction were not fire rated.
Additional comments may result when the information requested is submitted and reviewed.
Reviewed by Robert Pearson

Plan Review Subcode
Notes

3/6/19 - #1 Not Resubmit yet.

OFFICE COPY

Google Maps 20 Walton Pl



★ Safety Plan:
20 Walton Place
Ocean City, NJ

CLIENT: SJ Hauck

PROJECT: 20 Walton Place

Ocean City, New Jersey

DATE: 9/27/2018

BORING No.: TB-1

SOIL BORING INC.

306 W. Cuthbert Boulevard, Haddon Twp., New Jersey 08108

Office: 856.559.0130 Mobile:609.413.4842

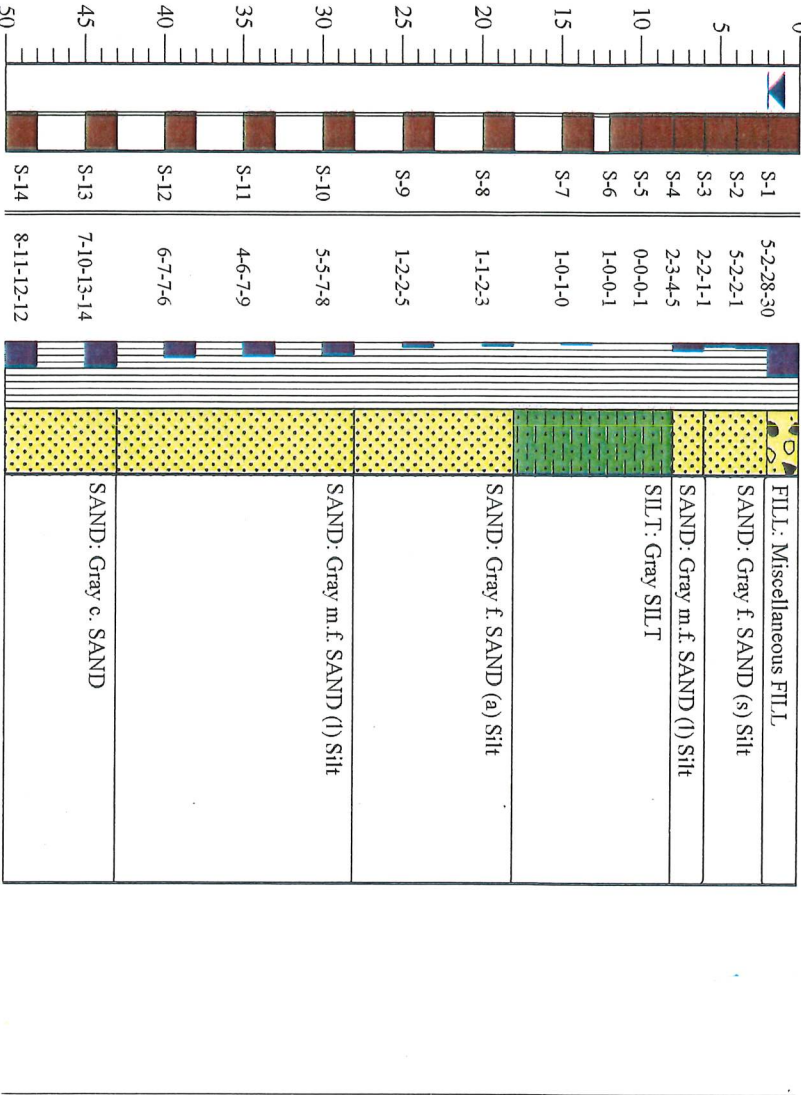
Matthew Klaus, Owner

GROUND SURFACE ELEVATION: N/A

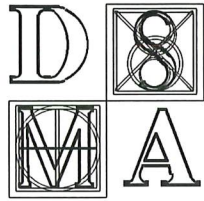
GROUNDWATER DATA	
DEPTH	Hours After Completion
2'	Sample Saturated with Water

METHOD OF ADVANCING BORING	DEPTH (FT.)
CONTINUOUS SPLIT SPOON SAMPLE	0' to 12'
AUGERS	12' to 48'
2" O.D. SPLIT SPOON	48' to 50'

Depth (ft)	Groundwater	Sampling Interval	Sample #	Blow Counts (6")	N-Values	Lithology	Soil Description*	Notes:
------------	-------------	-------------------	----------	------------------	----------	-----------	-------------------	--------



*FIELD CLASSIFICATION ONLY. SOIL CLASSIFICATION FOR PARTICULAR USES SHOULD BE ASCERTAINED BY LABORATORY TESTS.



DANIEL SCOTT MASCIONE
ARCHITECT
LLC
1409 NEW ROAD
NORTHFIELD, NEW JERSEY 08225
609 383 9000 P
609 272 8226 F
www.mascione.com

City of Ocean City - Division of Construction
115 12th Street Ocean City, New Jersey 08226
Robert Penrose, Construction Official

re: 20 Walton Place
Ocean City, New Jersey
Block: 1010 Lot: 3

March 4, 2019

Mr. Penrose,

Attached please find the information you requested for the above referenced project.

1. Please submit a home elevation plan along with a site safety plan that will restrict access to the elevated home when the site is unoccupied.

The contractor will provide this information under separate letter.

**Note: Home elevation plan already submitted. Refer to A-4 drawings*

2. Please submit a soils report that supports the use of the shallow foundation shown on plans.

The contractor will provide this information under separate letter.

3. Please submit engineer's foundation plans referred to on the architectural plans.

The architectural plans incorrectly referred to a separate engineering plan. Proposed drawing F-1 provides the design and related notes for the foundation design.

4. Please confirm that the floor / ceiling dwelling unit separation assemblies (decks, etc.) of the original construction were not fire rated.

The existing dwelling and all existing entry stairs and landings were not fire rated. No modifications are proposed for the dwelling other than those required to lift the house to the new elevation.

Thank you for your thorough plan review. If I can provide any additional information or if you have any comments or questions, please do not hesitate to contact me.

Sincerely,

Daniel Scott Mascione, AIA LEED AP
NEW JERSEY 21A101336400

MEMBER OF THE AMERICAN INSTITUTE OF ARCHITECTS • NCARB CERTIFIED • MEMBER OF ICC
CERTIFICATE OF AUTHORIZATION 21AC00050800



Sewer Service Disconnect

This form is to be completed when service is being disconnected for the demolition of a structure.

TO BE COMPLETED BY OFFICE

Mapcall Work No. 439569 Premise No. 9180688819 Service No. 3904

Address 20 WALTON PLACE Block No. 1010 Lot No. 3

Requested By / Owner SJ HAVOK CONSTRUCTION

Contact Phone 609 382 5030 Contact Email michelled@sjhavok.com

Disconnect Requested for: Demolition ☐ House Raising ☒ Markout # 19-043-1045

TO BE COMPLETED BY FIELD

Verify water has been turned off and meter removed prior to disconnecting the sewer lateral.

Meter Removed: YES ☐ NO ☐ Was Yoke Plug Locked: YES ☐ NO ☐

Condition of: Frame & Lid _____ Meter Box _____ Meter Setting _____

Sewer Disconnect Information

Size of Old Service 6" Material of Old Service PVC

Depth of Old Service 35" Located in: ALLEY ☐ STREET ☒

Location of Old Service 1' west of East PL, or 53' west of E Electric Pole

Comments Removed clean out, plugged 6"

Was Location Marked in Alley or Street after Disconnect: YES ☒ NO ☐

Was Concrete Curb, Sidewalk or Driveway Removed: YES ☒ NO ☐

If YES, What was Removed Sidewalk If YES, Size of Opening 2'x3'

Completed By (Print) Gary Heist

Signature Gary Heist Date 2-19-19

DEVELO 600 2273283

APPROVED FEB 19 2019

● Copy to Code Enforcement ● Copy to Person Requesting Disconnect ● Copy to NJAW File

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

SJ HAUCK HOUSEMOVERS 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
VALID

13HE00001200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder


ACTING DIRECTOR



Home Elevation Contractor Certification

Permit #
Date Issued

IDENTIFICATION

Site Location 20 Walton Place Block 1010 Lot 3 Qualification Code _____
Ocean City, NJ 08226
Owner in Fee Salvati, Harry Home Elevation Contractor SJ Hawick
Address 20 Walton Place Address 6801 Delilah Road
Ocean City, NJ 08226 Egg Harbor Twp, NJ
[Redacted] License No. 13HE00001200 Tel (609) 987-6700
Federal Employee No. [Redacted]

I hereby certify, as the contractor hired to undertake the home elevation at the owner in fee's address above, that I am certified in accordance with N.J.A.C. 13:45A-17A to perform such work and that I am in compliance with all of the requirements of P.L. 2014, c.34 and the regulations promulgated thereunder. I understand that if any of the foregoing statements made by me is false, I am subject to punishment.

SIGNED: _____
DATE: _____
HOME ELEVATION CONTRACTOR



S J Hauck Housemovers LLC

6801 Delilah Road
Egg Harbor Township, NJ 08234
Office: 609-927-6700
Fax: 609-927-6715
www.welifthouses.com

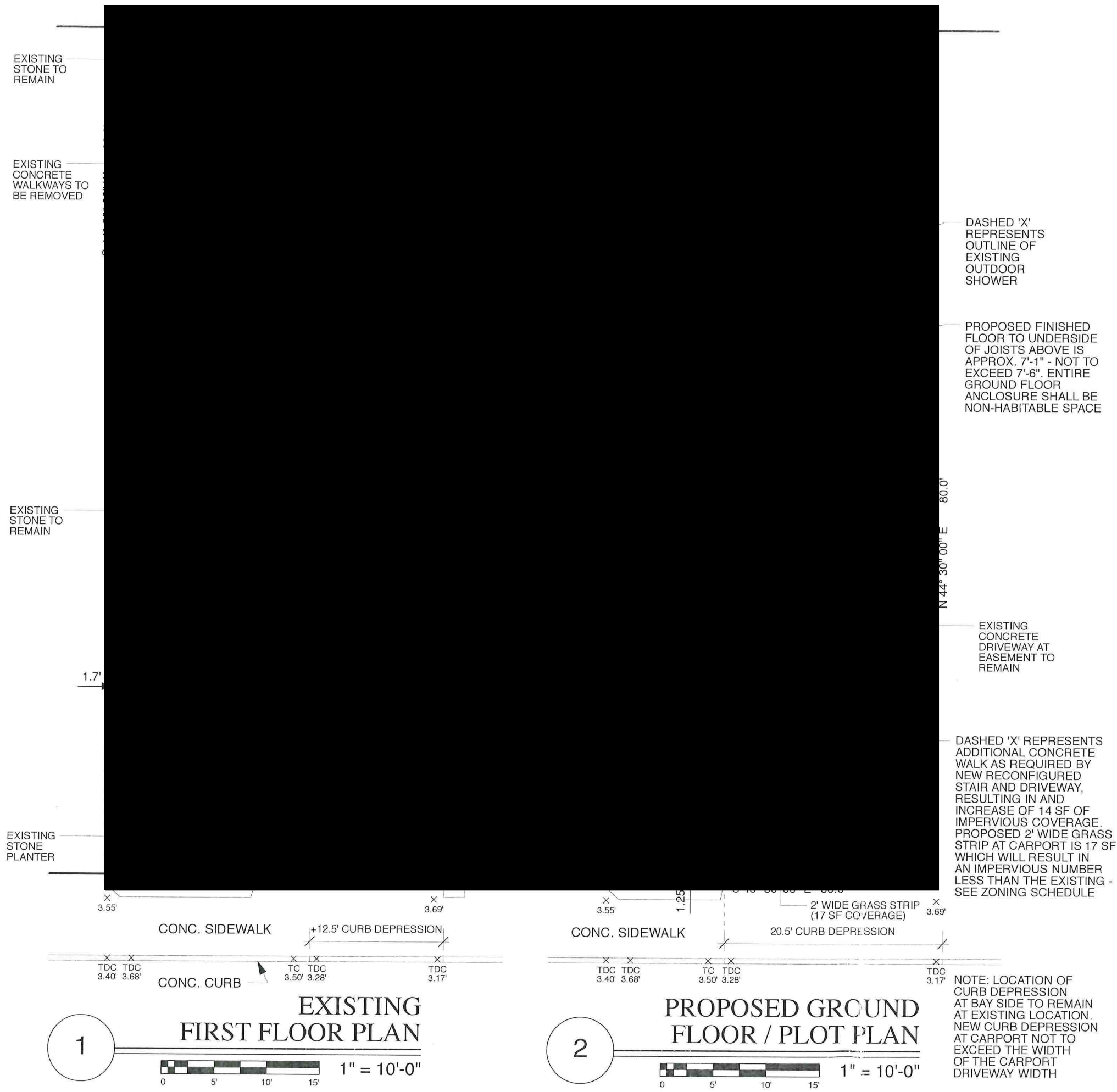
NJ Home Elevation Contractor # 13HE00001200

Permit Submittal

Ocean City

Date: 2/12/2019
Address: 20 Walton Place Ocean City, NJ 08226

✓		Construction Permit Application Jacket
Already submitted		Zoning Permit Application
Already submitted		\$100 Check made out to Ocean City
✓		Safety Plan
✓		Building Subcode Technical Sheet
✓		Home Elevation License
✓		Home Elevation Contractor Certification
✓		Plumbing Subcode
✓		Electric Subcode
	N/A	Temp Pole Subcode
		Utility Disconnects - <i>In Progress</i>
✓		Construction Permit Application Jacket for Temporary Pole
✓		Sealed Cribbing Plan - 2
✓		Sealed Survey - 1
		Sealed Plot Plan - 3
✓		Sealed Prints - Complete Set - 3



NOTES
1. BASE FLOOD ELEVATION - ABFES - STATE OF NEW JERSEY
- PLUS ONE ADDITIONAL FOOT (REQUIRED BY THE NEW JERSEY FLOOD HAZARD AREA CONTROL ACT)
LOCAL ORDINANCES MAY REQUIRE ADDITIONAL HEIGHT.
CONVERSION FROM NGVD29 TO NAVD88:
ATLANTIC COUNTY -1.2 FEET
CAPE MAY COUNTY -1.3 FEET

2. IMPERVIOUS CALCULATION INCLUDES CONCRETE DRIVE AT SHARED DRIVEWAY EASEMENT

ABBREVIATIONS
NC - NONCONFORMING
C - CONFORMS
SF - SQUARE FEET
CF - CUBIC FEET
V-VARIANCE
XNC-EXISTING NONCONFORMING

ZONING SCHEDULE									
CATEGORY	UNIT	PERMITTED/REQUIRED	EXISTING	STATUS	PROPOSED	STATUS	REMARKS	STATUS	REMARKS
USE DESIGNATION		BV-1-35							
LOT AREA	SF	2,600 SF	2,400 SF	XNC	2,400 SF	XNC		XNC	
LOT FRONTAGE	FT	35.0'	30.0'	XNC	30.0'	XNC		XNC	
LOT DEPTH	FT	75.0'	80.0'	C	80.0'	C		C	
LOT WIDTH	FT	35.0'	30.0'	XNC	30.0'	XNC		XNC	
FRONT SETBACK	FT	10.0'	14.7' / 4.9'	XNC	NC	NC	TO BUILDING / TO STAIR	NC	
REAR SETBACK	FT	16.0'	18.0'	C	18.0' / 13.5'	C	TO BUILDING / TO STAIR	C	
LEFT SETBACK	FT	4.0'	1.7'	XNC	1.7'	XNC		XNC	
RIGHT SIDE SETBACK	FT	4.0'	7.8'	C	7.8'	C		C	
BUILDING HEIGHT	FT	30.0'	15.58'	C	22.42	C	30' FROM ZONING ELEVATION TO ROOF PEAK	C	
PARKING REQUIREMENTS	#	2 SPACES	1 SPACE	XNC	3 SPACES	XNC		C	
BUILDING COVERAGE	%	35%	40.5%	XNC	40.5%	XNC		NC	972 SF EXISTING, 972 SF PROPOSED
IMPERVIOUS COVERAGE	%	60%	77.6%	XNC	77.46%	XNC		NC	1,862 SF EXISTING, 1,859 SF PROPOSED (NOTE 2)
FLOOR AREA RATIO	#	--	.62	--	.62	--		--	
CONSTRUCTION CLASS			VB		VB			--	
FLOOR AREA	SF		1,489 SF		1,489 SF			--	
CUBIC FOOTAGE	CF		11,912 CF		11,912 CF			--	
BASE FLOOD ELEVATION	FT	9.0' NAVD	5.16' NAVD	XNC	12.0' NAVD	C		C	NAVD88

D
M
A

S
C
I
O
N
E

DANIEL SCOTT
MASCIONE
ARCHITECT
LLC

REV. 2 12.11.2018
REV. PER PLAN REVIEW
DATED 12.11.18

REVISIONS:

PROJECT:
SALVATI RESIDENCE
20 Walton Place
Ocean City, New Jersey
Block: 1010 Lot: 3

DATE:
PROJECT No.:
DATE:

THE INFORMATION CONTAINED HEREIN, INCLUDING ALL DRAWINGS, SPECIFICATIONS AND COPIES THEREOF IS THE PROPERTY OF DANIEL SCOTT MASCIONE, ARCHITECT. ANY OTHER PROJECT, REPRODUCED, COPIED, ALTERED OR USED AS A PROTOTYPE WITHOUT THE WRITTEN PERMISSION OF DANIEL SCOTT MASCIONE, ARCHITECT.

DRAWING No.:

P-1

1 OF 1



02/15/2019

VIA EMAIL hnsalvati@msn.com

Harold Salvati
20 WALTON PL
Ocean City, NJ 08226

RE: Comcast Service Wire Disconnection and Removal – 20 WALTON PL, Ocean City, NJ 08226

Dear Mr. Salvati,

I am in receipt of your request dated 02/09/2019 regarding the disconnection of cable services from the location referenced above. This letter is to confirm that Comcast service has been disconnected and the service wire and existing cable facilities have been removed from the location.

Should you have any questions or require additional information regarding this matter, please contact me at 1-800-266-2278. Thank you.

Sincerely,
Jeff Grover

cc:



An Exelon Company

RELEASE

This is to certify that all Atlantic City Electric equipment has been removed from:

**20 Walton Place
1st & 2nd Floors
Ocean City, NJ 08226**

**On:
March 6, 2019**

Thank you,

Hollie Wilkes

Hollie Wilkes
District Services Representative
609-463-3823

Sewer Service Disconnect



This form is to be completed when service is being disconnected for the demolition of a structure.

TO BE COMPLETED BY OFFICE

Mapcall Work No. 439569 Premise No. 9180688819 Service No. 3904

Address 20 WALTON PLACE Block No. 1010 Lot No. 3

Requested By / Owner SJ HAVOK CONSTRUCTION

Contact Phone 609 382 6030 Contact Email michelled@sjhavok.com

Disconnect Requested for: Demolition ☐ House Raising ☒ Markout# 19-043-1045

TO BE COMPLETED BY FIELD

Verify water has been turned off and meter removed prior to disconnecting the sewer lateral.

Meter Removed: YES ☐ NO ☐ Was Yoke Plug Locked: YES ☐ NO ☐

Condition of: Frame & Lid _____ Meter Box _____ Meter Setting _____

Sewer Disconnect Information

Size of Old Service 6" Material of Old Service PVC

Depth of Old Service 35" Located in: ALLEY ☐ STREET ☒

Location of Old Service 1' west of East PL, or 53' west of E Electric Pole

Comments Removed clean out, Plugged 6"

Was Location Marked in Alley or Street after Disconnect: YES ☒ NO ☐

Was Concrete Curb, Sidewalk or Driveway Removed: YES ☒ NO ☐

If YES, What was Removed Sidewalk If YES, Size of Opening 2'x3'

Completed By (Print) Gary Heist

Signature Gary Heist Date 2-19-19

DEVELO 600 2203283

APPROVED FEB 19 2019

• Copy to Code Enforcement • Copy to Person Requesting Disconnect • Copy to NJAW File

South Jersey Gas Company
OPENING PERMIT NOTIFICATION

MUNICIPALITY : OCEAN CITY DATE : 2/25/2019
LOCATION OF JOB : 20 WALTON PLACE
CONTRACTOR'S NAME : PHONE # :
CONTRACTOR'S ADDRESS :
TYPE OF WORK TO BE PERFORMED :

PROPOSED STARTING DATE : APPLICANT'S SIGNATURE :

STATE LAW REQUIRES THAT SOUTH JERSEY GAS COMPANY BE NOTIFIED AT LEAST THREE FULL WORKING DAYS (EXCLUDING SATURDAYS, SUNDAYS AND HOLIDAYS) PRIOR TO START OF WORK.

SOUTH JERSEY GAS USE ONLY :

LOCATION OF UNDERGROUND GAS FACILITIES TO BE INDICATED BY STAKES OR YELLOW PAINTING ON PAVEMENT WITH "G" MARKING.

NOTIFICATION CERTIFICATION

ACTION TAKEN :

- ☐ LOCATION MARKED
- ☐ LOCATION MARKED-CALL BEFORE DIGGING
- ☒ SERVICE ABANDONED
- ☐ GRADING OF GAS BOXES REQUIRED
- ☐ NO GAS LINES IN AREA

OTHER :

SERVICE ABANDONED, TWO METERS REMOVED

COMPANY LOCATION :

- ☐ 111 N FRANKLIN AVE
PLEASANTVILLE / 609-645-2690
- ☐ 142 S MAIN ST
GLASSBORO / 609-881-7000
- ☐ 1203 N HIGH ST
MILLVILLE / 609-327-1200
- ☐ 305 CENTER AVE
WATERFORD / 856-768-2900
- ☒ 1708 ROUTE 9 N
CAPE MAY / 609-465-2900

IN PERSON / MAILED / FAXED TO

S.J. HAUCK

ADDRESS / FAX #

EMAIL / 609-399-8419

SOUTH JERSEY
GAS COMPANY
REPRESENTATIVE :

Ra / C. Wendel

DATE :

2/25/2019

Sheree Benoit

From: Nicole and Harry Salvati <hnsalvati@msn.com>
Sent: Friday, March 15, 2019 11:58 AM
To: Sheree Benoit
Cc: MichelleD@SJHauck.com
Subject: 20 Walton Place

Dear Sherry,

This email is to confirm that we do not and have not had any land line phones in my home at 20 Walton Pl. in Ocean City since we purchased the home. Please release the construction permits to SJ Hauck per their request.

Thank you,

Harry Salvati
20 Walton Place
Ocean City, NJ

Sent from my iPhone



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

Date Issued:	2/14/2019
Application Number:	ZA-19-00136
Application Date:	2/13/2019
Project Number:	
Permit Number:	ZP-19-00131
Fee:	\$50.00 CHK 5045

Zoning Permit - Building Lift

Worksite: **20 WALTON PL**
Location: **OCEAN CITY, NJ 08226**

Owner: **SALVATI, HAROLD, ETAL**
Address: [REDACTED]

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

Block: 1010 Lot: 3 Qualifier: _____ Zone: BV1-35

This Certifies that an application for the issuance of a Zoning Permit - Building Lift has been examined.

Present Use: DWELLING - TWO FAMILY

☒ Non Conforming Use

☒ Non Conforming Structure

Proposed Use: DWELLING - TWO FAMILY (HOUSE LIFT)

Work Description:

Amendment to Approved Plans - Amendment to Approved Plans - House Lift (Structural Plans)

Application Approved Date: 2/14/2019

Upon review it was determined that the Zoning Permit - Building Lift:

☐ Permitted by Ordinance §25-105.3,a,3 & 4; 25-107; and 25-204.11

☐ Permitted by Variance approved on: _____

☒ Approved with Conditions

☒ Valid Nonconforming Use/Structure is established by

☐ Zoning Board of Adjustment

☒ Zoning Officer

Additional Comments:

Storage room shall comply with §25-107. Requires confirmation of floor to ceiling joist height on mid-term and final survey.

Concrete ROW not approved as part of this Zoning Permit.

-
- 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

2/14/2019

Date



Ocean City
115 East 12th Street

Ocean City, NJ 08226
(609) 399-6111 x9758

Date Issued: 2/20/2019
Application Number: ZA-19-00165
Application Date: 2/19/2019
Project Number: _____
Permit Number: ZP-19-00159
Fee: \$75.00 CHK 5077

Concrete R.O.W. Permit

Worksite **20 WALTON PL**
Location: **OCEAN CITY, NJ 08226**

Owner: **SALVATI, HAROLD, ETAL**
Address: [REDACTED]

Applicant: **SJ HAUCK CONSTRUCTION**
Address: **6801 DELILAH RD.**
EGG HARBOR TOWNSHIP, NJ 08234

Block: 1010 Lot: 3 Qualifier: _____ Zone: BV1-35

This Certifies that an application for the issuance of a Concrete R.O.W. Permit has been examined.

Present Use: DWELLING - TWO FAMILY

☒ Non Conforming Use ☒ Non Conforming Structure
Proposed Use: DWELLING - TWO FAMILY

Work Description:
Concrete ROW - House Lift - Concrete ROW - House Lift

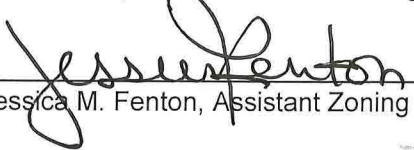
Application Approved Date: 2/20/2019

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

2/20/2019

Date