CO | B | E | F | P

BLOCK 1008 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 1031 Bay Avenue PERMIT NO. 20190527

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1031 Bay Avenue Ocean City, NJ 08226
2. Name of Owner in Fee: Linda Coady / Catherine Hilsee
   Tel. (____) _____ e-mail _____
   Address 1031 Bay Avenue (street) Ocean City (municipality) 08226 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SJ Hauck Tel. (____) _____
   Address 6801 Delilah Road Email: Michelle@sjhauck.com
   Egg Harbor Twp, NJ 08234
   License No. OR, if new home, Builder Reg. No. 13HE00001200 Exp. Date 3/31/2019
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] Fax: (609) 927-6715
5. Architect or Engineer SJHS Contact _____
   Address 1425 Cantillon Blvd. Mays Landing, NJ e-mail _____
   Tel. (609) 625-7400 Fax: (609) 909-0253
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 A
1. Building	$ 2604.00	
2. Electrical	121.00	
3. Plumbing	110.00	
4. Fire Protection	58.00	58.00
5. Elevator Devices		
6. Subtotal	3193.00	
7. Less 20% for State Plan Review	$	
8. Subtotal	$	
9. State Permit Surcharge Fee	214.00	2.00
10. Subtotal	$	
11. Cert. of Occupancy	50.00	
12. Other		
13. TOTAL	$ 3457.00	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone AE PANEL 0089		
11. Base Flood Elevation DFE - 9+2	ft.	
12. Wetlands yes ____ no ____		

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☑ Alteration House Lift
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. - Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	98,000		4.5.19	4.2.19	4.18.19				
☑ Electrical	11,000				3/21/19				
☑ Plumbing	8,000			3/21/19			4/18/19	4/4/19	
☑ Fire Protection	3,000				3/26/19		4/21/19		
☐ Elevator									
TOTAL COST	$ 120,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)* ELEVATOR

1. State Specific Use: SFD
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 _____

III. PLAN REVIEW (optional)

DO YOU WANT: 19-0435
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

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

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

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

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature_____ Date _____

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

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

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

(✓) Check if contractor.

Agent Name S.J Hauck

Address 16801 Delilah Road

Egg Harbor Twp. NJ 08234

Telephone (609) 927-6700

Signature Michelle A Saulsbus

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☒ Utility Dig No. 19057242									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☒ Certificate of Occupancy	No. 20190527	10/10/19			
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

Ocean City
115 12th Street
Ocean City, NJ 08226

Date Issued 10/10/2019
Control Number 19-0435
Permit Number 20190527
Permit Issue Date 4/25/2019
Certificate Number 20190527

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1031 BAY AVE Ocean City, NJ 08226 Block: 1008 Lot: 6 Qual:

Owner in Fee: [redacted]

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: [redacted]

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: FOOTING/FOUNDATION, 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: 5525
Collected By: Terri Ney

Date Printed: 10/10/2019

U.C.C. F260 (rev. 08/05)

1031 BAYAVE. ELEVATE SFD

CO ISSUANCE CHECKLIST CO X or CA _____

7.16.9 SEALED PILE LOG 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

n/a ALL INSPECTIONS APPROVED 2ND UNIT

n/a HOME WARRANTY PARTICIPATION CERTIFICATE 1ST UNIT

n/a HOME WARRANTY PARTICIPATION CERTIFICATE 2ND UNIT

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

n/a CONDITIONAL CAPE ATLANTIC SOIL COMPLIANCE CERTIFICATE

n/a FINAL CAPE ATLANTIC SOIL COMPLIANCE CERTIFICATE

_____ CONCRETE APPROVED

_____ ZONING COMPLIANCE APPROVED

n/a LIST CHECKED FOR COAH APPLICABILITY? DOES IT APPLY? YES OR NO

n/a RECEIPT FOR COAH FEE IF APPLICABLE

✓ FRAMING CHECKLIST YES

n/a FLOODPROOFING CERTIFICATE

n/a ELEVATOR INSPECTION

n/a FRT SPRAY CERTIFICATION N/A

n/a OUTSTANDING ESCROW PAID

n/a HEALTH DEPT APPROVED

n/a V ZONE CERTIFICATION

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

RECEIVED
OCT 10 2019
CONSTRUCTION CODE

Date Issued: 10/10/2019
Application Number: ZA-19-01088
Application Date: 9/11/2019
Project Number:
Permit Number: ZP-19-01166
Fee: $100.00 CHK 6234

Zoning Permit - FINAL / House Lift

Worksite Location: **1031 BAY AVE**
OCEAN CITY, NJ 08226

Owner: **COADY, LINDA H & HILSEE,CATHERINE S**
Address: [redacted]

Applicant: **SJ HAUCK HOUSEMOVERS LLC**
Address: **6801 DELILAH ROAD**
EGG HARBOR TWP, NJ 08234

Block: **1008** Lot: **6** Qualifier: _____ Zone: _____

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

Present Use: **RESIDENTIAL**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **RESIDENTIAL FINAL ZONING**

Work Description:
Final//House Lift, Single Family Dwelling - Final//House Lift, Single Family Dwelling

Application Approved Date: 10/10/2019

Upon review it was determined that the Zoning Permit - FINAL / House 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

10/10/2019
Date

8-7-19 H Lessig

PERMIT # 2019-0527 LOT: 6 BLOCK: 1008

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

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

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

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

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

B. FLOOR FRAMING AND FLOORING

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

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

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

3. FLOOR JOIST:

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

4. FLOORING, SHEATHING, OR DECKING:

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

SPECIAL REQUIREMENTS

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

5. STAIR ATTACHMENT:

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

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23. 8/6/19

Responsible Person in Charge of Work: Tom Sullivan Date: 609 957-0662

Building Inspector Initials: HL

Date: 8-7-19

U.C.C. F390-1 (01/06)

PERMIT # 2019-0577 LOT: 6 BLOCK: 1008

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1ST	2ND	3RD	FLOOR
B I	B I	B I	SIZE
B I	B I	B I	SPACE
B I	B I	B I	SPECIES AND GRADE
B I	B I	B I	CUTTING, NOTCHING, AND BORING
B I	B I	B I	HEADER SIZES
B I	B I	B I	JACK STUD BEARING

TOP PLATES

B I	B I	B I	NAILING
B I	B I	B I	LAPS
B I	B I	B I	RAFTER TIES
B I	B I	B I	HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1ST	2ND	3RD	FLOOR
B I	B I	B I	SIZE
B I	B I	B I	SPACE
B I	B I	B I	LAYOUT - SUPPORT BELOW PER CODE
B I	B I	B I	SPECIES AND GRADE
B I	B I	B I	CUTTING, NOTCHING, AND BORING
B I	B I	B I	FIRE BLOCKING
B I	B I	B I	HEADER SIZES
B I	B I	B I	JACK STUD BEARING

TOP PLATES

B I	B I	B I	NAILING
B I	B I	B I	LAPS
B I	B I	B I	STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

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

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

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

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

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

3. GABLE END BRACING (AS PER DESIGN):

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

4. SOLID SAWN ROOF FRAMING:

- B I SIZE
- B I GRADES, SPECIES

LAYOUT

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

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL

- B I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

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

2. SHEATHING - ROOF:

MATERIAL

- B I PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

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

SHEATHING, FRT - ROOF

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

U.C.C. F390-2 (01/06)

Initials: Resp. Person in Charge of Work Tom Sullivan Building Inspector

9.12.19

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

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 LINDA COADY		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1031 BAY AVENUE		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 6, BLOCK 1008

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

A5. Latitude/Longitude: Lat. 39.27952 Long. -74.58168 Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

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

A7. Building Diagram Number 7

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

a) Square footage of crawlspace or enclosure(s) 978.20 sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 5

c) Total net area of flood openings in A8.b 1000.00 sq in

d) Engineered flood openings? ☒ Yes ☐ No

RECEIVED
SEP 11 2019
CONSTRUCTION CODE

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 18-389

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

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
34009C0089	F	10-05-2017	10-05-2017	AE	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. 1031 BAY AVENUE			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: MONUMENT 5W3 Vertical Datum: NAVD 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)	4.88	☒ feet	☐ meters
b) Top of the next higher floor	12.00	☒ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	☐ feet	☐ meters
d) Attached garage (top of slab)	N/A	☐ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	11.73	☒ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	4.33	☒ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	4.80	☒ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	4.13	☒ feet	☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION 18-389

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	
Title PROFESSIONAL LAND SURVEYOR		
Company Name SCHAEFFER NASSAR SCHEIDEGG, CE, LLC		
Address 1425 CANTILLON BOULEVARD		
City MAYS LANDING	State New Jersey	ZIP Code 08330

GS33541
Place Seal Here
H A T
8/22/2019

Signature H A T	Date 08-22-2019	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 IS THE A.C. PAD.

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. 1031 BAY AVENUE			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 18-389

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. 1031 BAY AVENUE			Policy Number:
City OCEAN CITY	State New Jersey	ZIP Code 08226	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

18-339

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
20190527	4/25/19	10/10/19

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	Title
ROBERT PENROSE, JR., CFM	FLOODPLAIN MANAGER
Community Name	**Telephone**
CITY OF OCEAN CITY	609 525-9178
Signature	**Date**
	9.12.19

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

ELEVATE EXISTING BUILDING.

☐ 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. 1031 BAY AVENUE			Policy Number:
City OCEAN CITY	State New Jersey	ZIP Code 08226	Company NAIC Number

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



Photo One

Photo One Caption FRONT VIEW AND LEFT SIDE VIEW 18-389 Clear Photo One



Photo Two

Photo Two Caption FRONT VIEW AND RIGHT SIDE VIEW Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS
Continuation Page

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1031 BAY AVENUE			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 18-389 Clear Photo Three



Photo Four

Photo Four Caption SMART VENT MODEL 1540-510 TYPICAL OF 5 Clear Photo Four

18-389

ICC-ES Evaluation Report

ESR-2074

Reissued February 2019
This report is subject to renewal February 2021.

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

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

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

1.0 EVALUATION SCOPE

Compliance with the following codes:

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

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

Properties evaluated:

- Physical operation
- Water flow

2.0 USES

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

3.0 DESCRIPTION

3.1 General:

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

3.2 Engineered Opening:

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

3.3 Ventilation:

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

3.4 Flood Vent Sealing Kit:

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

4.0 DESIGN AND INSTALLATION

4.1 SmartVENT® and FloodVENT®:

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

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

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

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

4.2 Flood Vent Sealing Kit

The Flood Vent Sealing Kit Model 1540-526 is used in conjunction with FloodVENT® Model #1540-520. When installed and tested in accordance with ASTM E283, the FV and Flood Vent Sealing Kit assembly have an air leakage rate of less than 0.2 cubic feet per minute per lineal foot (18.56 l/min per lineal meter) at a pressure differential of 1 pound per square foot (50 Pa) based on 12.58 lineal feet (3.8 lineal meters) contained by the Flood Vent Sealing Kit.

5.0 CONDITIONS OF USE

The Smart Vent® FVs described in this report comply with, or are suitable alternatives to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

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

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

6.0 EVIDENCE SUBMITTED

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

6.2 Test report on air infiltration in accordance with ASTM E283.

7.0 IDENTIFICATION

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

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

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

TABLE 1—MODEL SIZES

MODEL NAME	MODEL NUMBER	MODEL SIZE (in.)	COVERAGE (sq. ft.)
FloodVENT®	1540-520	$15^3/_4$" X $7^3/_4$"	200
SmartVENT®	1540-510	$15^3/_4$" X $7^3/_4$"	200
FloodVENT® Overhead Door	1540-524	$15^3/_4$" X $7^3/_4$"	200
SmartVENT® Overhead Door	1540-514	$15^3/_4$" X $7^3/_4$"	200
Wood Wall FloodVENT®	1540-570	14" X $8^3/_4$"	200
Wood Wall FloodVENT® Overhead Door	1540-574	14" X $8^3/_4$"	200
SmartVENT® Stacker	1540-511	16" X 16"	400
FloodVent® Stacker	1540-521	16" X 16"	400

For SI: 1 inch = 25.4 mm; 1 square foot = m^2

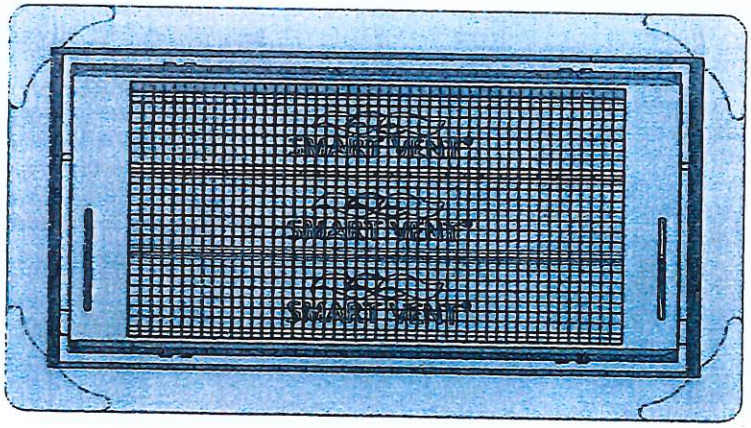


FIGURE 1—SMART VENT: MODEL 1540-510

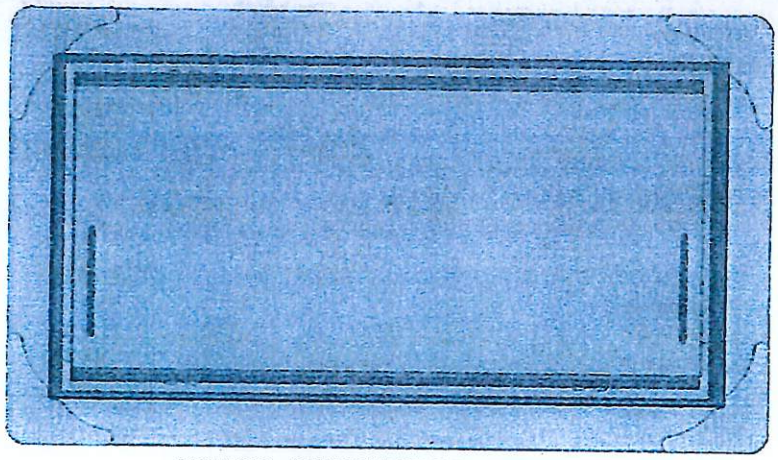


FIGURE 2—SMART VENT MODEL 1540-520

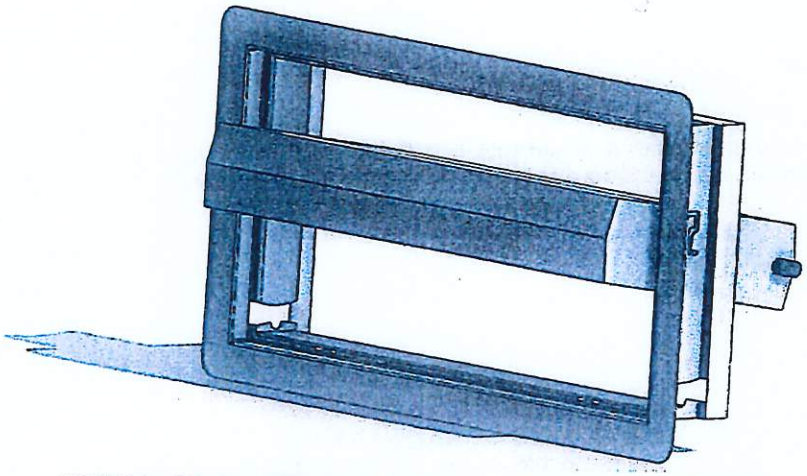


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN

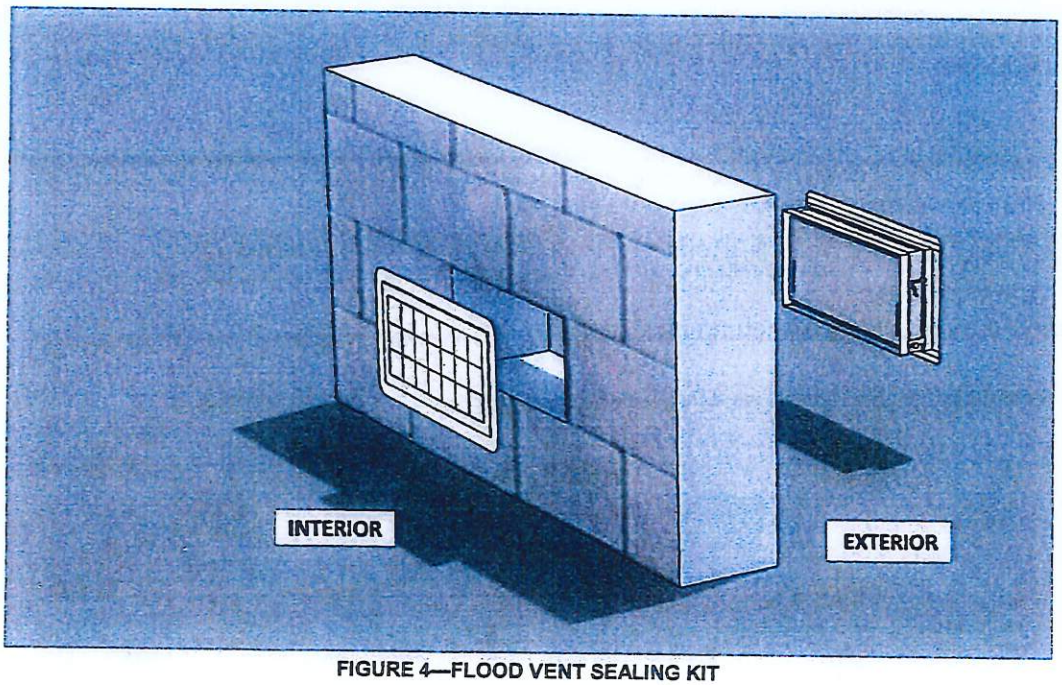


FIGURE 4—FLOOD VENT SEALING KIT

ICC-ES Evaluation Report

ESR-2074 CBC and CRC Supplement

Reissued February 2019

This report is subject to renewal February 2021.

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

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

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

1.0 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.

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ICC-ES Evaluation Report

ESR-2074 FBC Supplement

Reissued February 2019

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

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

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

1.0 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.

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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

Engineers Surveyors Planners Environmental Specialists Municipal Consultants

9-11-19 HLessig

RECEIVED
SEP 11 2019
CONSTRUCTION CODE

September 4, 2019

To whom it may concern:

RE: As-built Structural Certification
1031 Bay Ave., Ocean City, New Jersey
Block 1008, Lot 6
Our file No. 18-389

Due to a recently failed inspection, it was requested that our office evaluate the newly constructed stairs and landings at the subject property. After evaluation, we offer the following:

The location of two proposed 18" diameter sonotube footings fell at the edge of an existing walkway constructed of concrete pavers. In order to maintain the existing walkway, the forms were stepped to create two different elevations at the top of the footing. Each footing was poured as one continuous piece. The highest portion supports the new deck post bracket to maintain 1" separation from grade, while the lower half steps down under the existing pavers. The resulting footings are a full 18" in diameter with a minimum depth of 30" below grade. Although the method of construction is not exactly per the plans, I hereby certify that it is structurally sufficient.

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

Sincerely,
Schaeffer, Nassar Scheidegg

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

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

Engineers Surveyors Planners Environmental Specialists Municipal Consultants

September 4, 2019

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RE: As-built Structural Certification
1031 Bay Ave., Ocean City, New Jersey
Block 1008, Lot 6
Our file No. 18-389

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

Sincerely,
Schaeffer, Nassar Scheidegg

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

APPLICATION FOR CERTIFICATE

Permit # 20190527
Date Issued 4/25/19
- or -
Control #
Certificate Application Received: 9/11/19
Certificate Issued: 10/10/19

IDENTIFICATION

Work Site Location 1031 Bay Avenue Ocean City, NJ 08226
Block 1008 Lot 6 Qualification Code
Contractor S.J Hauck
Owner in Fee Linda Coady
Address 6801 Delilah Road Egg Harbor Twp, NJ 08234
Address 1031 Bay Avenue Ocean City, NJ 08226
Tel. (609) 927-6700
Tel.
License No. 13HE00000013000
Federal Employee No. [redacted]

ACTION

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

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 119,500.-

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

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

RECEIVED
SEP 11 2019
CONSTRUCTION

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: Michelle L Daubert
OWNER/AGENT

☐ OWNER ☑ AGENT

U.C.C. F270 (rev. 8/2011)

Andy Shaffer says lots of sand; (2) 2x8 (1) 4x6 8.28.19

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

RECEIVED
AUG 27 2019
CONSTRUCTION CODE

Date Issued:	8/27/2019
Application Number:	ZA-19-00944
Application Date:	8/6/2019
Project Number:	
Permit Number:	ZP-19-00995
Fee:	$50.00 CHK 6009

Zoning Permit - Mid-Term // House Lift

Worksite Location: **1031 BAY AVE**
OCEAN CITY, NJ 08226

Owner: **COADY, LINDA H & HILSEE,CATHERINE S**
Address: [redacted]

Applicant: **SJ HAUCK HOUSEMOVERS LLC**
Address: **6801 DELILAH ROAD**
EGG HARBOR TWP, NJ 08234

Block: **1008** Lot: **6** Qualifier: _____ Zone: _____

This Certifies that an application for the issuance of a Zoning Permit - Mid-Term // House Lift has been examined.

Present Use: **RESIDENTIAL**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **RESIDENTIAL MID-TERM**

Work Description:
Under//House Lift, Single Family Dwelling - Under - House Lift, Single Family Dwelling

Application Approved Date: 8/27/2019

Upon review it was determined that the Zoning Permit - Mid-Term // House 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:
No concrete work in the right-of-way proposed (or approved by this Permit). This shall require a seperate Concrete Permit Application, if necessary.

Scope of work includes lifting of dwelling on front of the lot. No alterations approved for rear structure.

1- Final grading shall conform to ordinance 25-1700.8.9 and 25-300.8.1.
2- Requires inspection of formed concrete areas that are in the Public Right of Way. Please contact 48 hours prior to pour (call 399-6111x9799 or 9758 or e-mail at zoning@ocnj.us).
3- Requires a MID-TERM and FINAL AS BUILT SURVEY.
4- Concrete shall comply with 17-2.5.
5- Street trees shall conform to plot plans location and ordinance 25-1700.38.12.
6- Building requires Gutter and Downspouts.
7- Curb Strip shall conform to City Engineers approval.
8- Signs shall conform to 25-1700.29.7 while building is under construction.
9- If Applicable: Stone size shall conform with 25-1700.45.3,4 (permitted is 1" to 3" diameter).

Kenneth L. Jones

Kenneth L. Jones, Zoning Officer — 8/27/2019 Date

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

Engineers Surveyors Planners Environmental Specialists Municipal Consultants

7-16-19

June 24, 2019

OCEAN CITY NJ
JUL 15 '19 PM 1:41
CONSTRUCTION OFFICE

To Whom It May Concern

RE: Helical Pile driving report for
1031 Bay Ave, Ocean City, New Jersey
Block 1008, Lot 6
Our File No. 18-389

I can certify that my office witnessed the driving of the piles noted on the "Foundation Plan" dated 1-25-18, revised through 4-17-19, as prepared by Daniel Scott Mascione Architect, L.L.C. The design plans called for a 6-ton allowable load per pile, with an expected embedment of 20 feet and a required torque of 1,200 ft-lbs. The plans specified that the piles have 8", 10" and 12" plates and 2 7/8" shaft diameter.

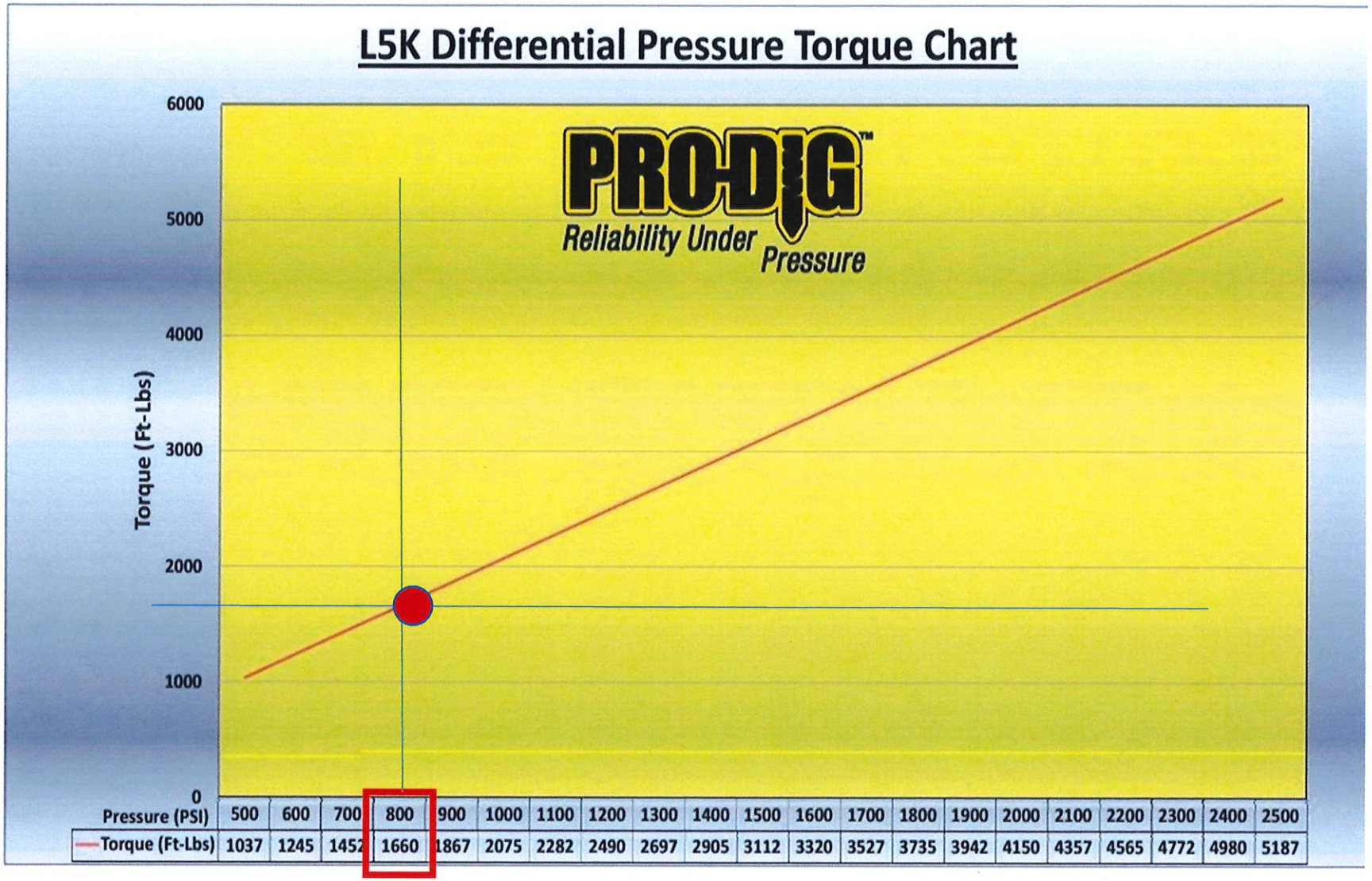
The piles that were installed were the correct model and specification as outlined on the plan. The minimum pressure applied to the piles driven was 800psi, which equates to 1,660ft-lbs according to the manufacturers chart (attached). The result was an average installation depth of 14 feet. This translates to an allowable load per pile equal to or greater than the minimum requirement of 6 tons 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

L5K Differential Pressure Torque Chart



Pressure (PSI)	500	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	2500
Torque (Ft-Lbs)	1037	1245	1452	1660	1867	2075	2282	2490	2697	2905	3112	3320	3527	3735	3942	4150	4357	4565	4772	4980	5187

CLIENT: SJ Hauck

PROJECT: 1031 Bay Avenue
Ocean City, New Jersey

DATE: 11/7/18

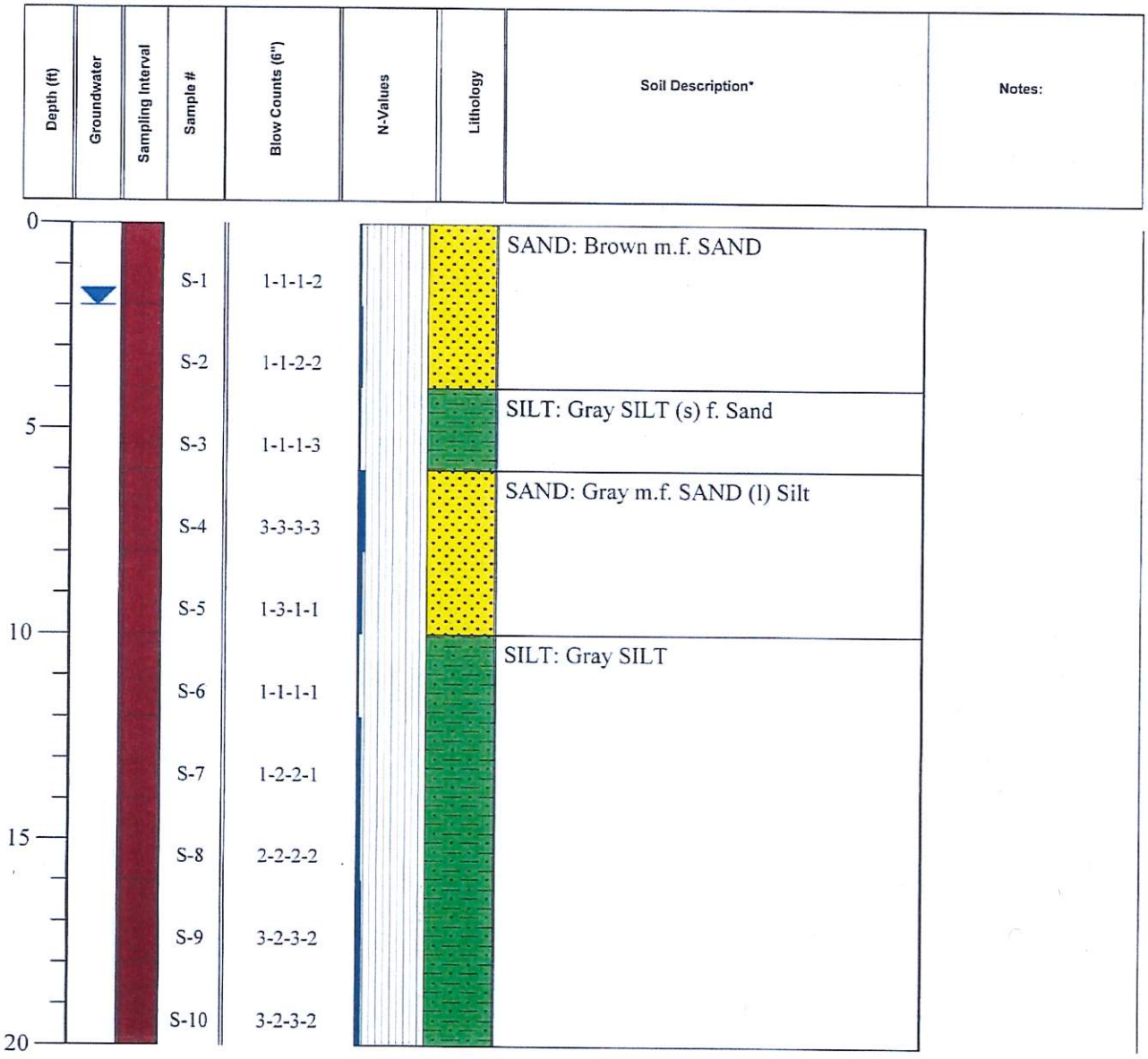
BORING No.: TB-1

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 18'
2" O.D. SPLIT SPOON	18' to 20'



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

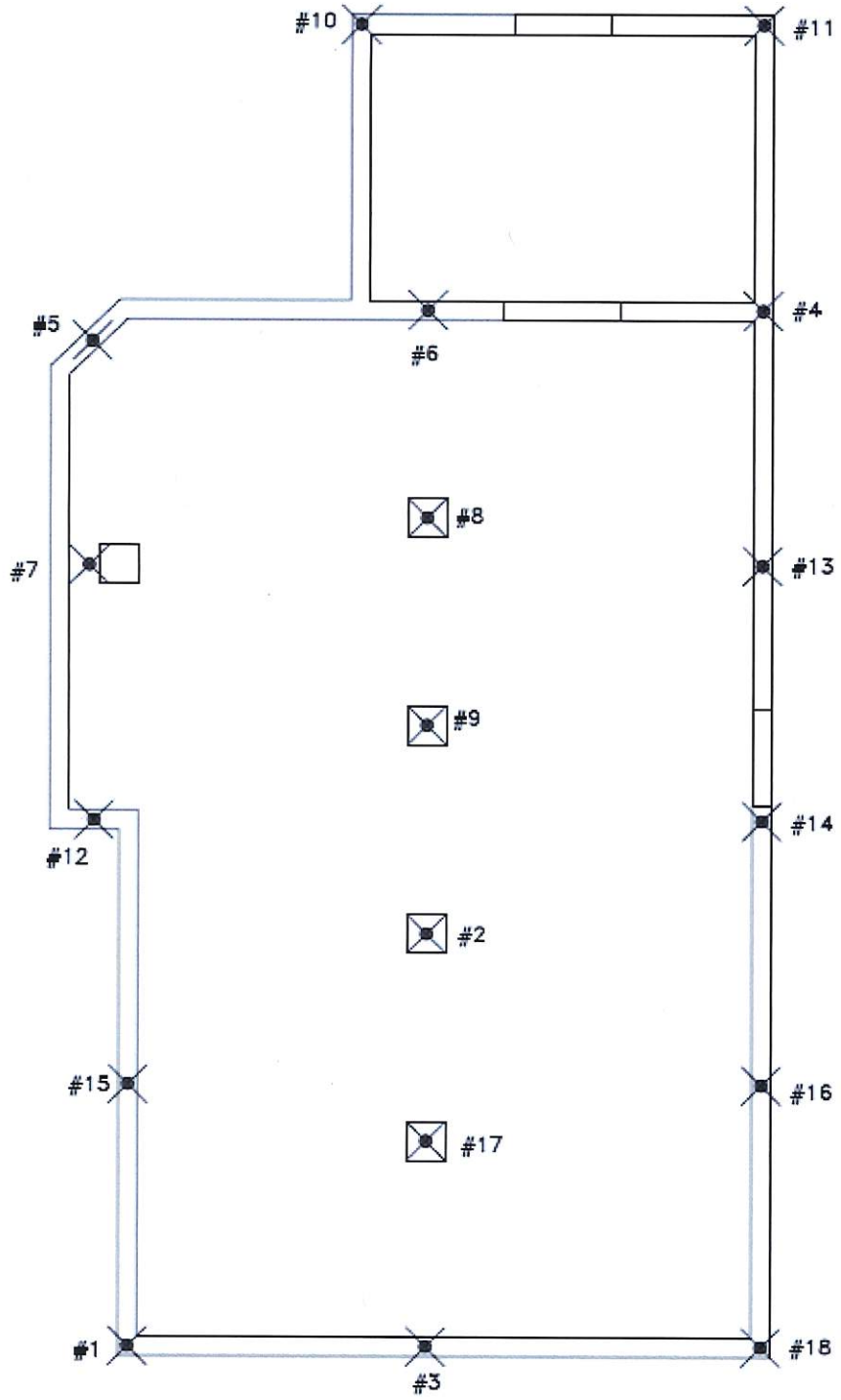
N - STANDARD PENETRATION RESISTANCE PER 12" (140 lb. HAMMER, 30" DROP)

Address:	1031 Bay Ave, Ocean City	Date:	4/26/2019	Page:	1 of 2
File #:	18-389	Witness:	BG		

Helical # (see plan view)	Depth	DP-1	PSI	Comments
1	7 14 21 28	tip x1 x2 x3	900 1000 800 1000	Start: 9:00am Drove extra for test pile
2	7 13	tip x1	1000 1000	
3	7 14	tip x1	900 900	
4	7 14	tip x1	900 800	
5	7 14	tip x1	1000 900	
6	7 14	tip x1	900 1000	
7	7 14	tip x1	900 1000	
8	7 14	tip x1	1000 1000	
9	7 14	tip x1	1000 1000	 Stopped 4-26-19 @ 3:00pm
10	7 14	tip x1	1000 1000	Continue 4-29-19 @9:00am

Address:	1031 Bay Ave, Ocean City	Date:	4/26/2019	Page:	2 of 2
File #:	18-389	Witness:	BG		

Helical # (see plan view)	Depth	DP-1	PSI	Comments
11	7 14	tip x1	900 900	
12	7 13	tip x1	900 1000	
13	7 14	tip x1	900 1000	
14	7 14	tip x1	1000 1000	
15	7 14	tip x1	1000 900	
16	7 14	tip x1	1000 1000	Stopped 4-29-19 @ 11:00am
17	7 14	tip x1	1000 1000	Continue 5-3-19 @8:30am
18	7 14	tip x1	900 1000	Completed 5-3-19 @ 9:00am



FRONT OF HOUSE

1031 BAY AVE. OCEAN CITY, NJ	
TORQUE:	1,200 FT-LBS
EXPECTED DEPTH:	20FT
OPERATOR/LOGGER:	AXEL ROMAN

PERMIT UPDATE

Date Update Issued 7/11/2019
Control # 19-1078
Permit # 20190527+A

IDENTIFICATION Block: 1008 Lot: 6 Qualifier
Work Site Location: 1031 BAY AVE Ocean City, NJ 08226
Owner in Fee [redacted]
Telephone:

Contractor SJ HAUCK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234
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

7/11/2019
Date

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.	5941
Cash	$0
Credit	$0
Collected By	Sheree Benoit

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

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

REQUIRED INSPECTIONS

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

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

☑ 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 # 19-1078
Permit # 20190527+A

IDENTIFICATION Block: 1008 Lot: 6 Qualifier
Work Site Location: 1031 BAY AVE Ocean City, NJ 08226
Owner in Fee COADY,LINDA H & HILSEE,CATHERINE S
Telephone: [redacted]

Contractor SJ HAUCK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234
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 Date

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	

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

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

REQUIRED INSPECTIONS

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☐ 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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6/19/19
Control #
Date Issued 7/11/19
Permit # 20190527+A

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

Block 1008 Lot 6 Qualification Code

Work Site Location 1031 Bay Ave Ocean City NJ 08226

Owner in Fee: Coady, Linda H & Hilsee, Catherine S

Tel. e-mail

Address 43 College ave Flourtown PA 19031
street municipality zip code

Contractor: KN Electrical Contractor Tel. (609) 833-0301

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

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

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

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

Home Improvement [redacted]ration No. or Exemption Reason

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 1000

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

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel: in warehouse

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 6/21/19 Approved by: DJ
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9/22/19
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9/22/19	
Other				

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

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

DESCRIPTION OF WORK:
Water Supply Source
Method of Alarm/Suppression System Supervision zone off exsisting

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	1	0
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $	58.00
Minimum Fee $	2.00
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F140 (rev. 02/11) Internet version

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

19-1078

FIRE SUBCODE
TECHNICAL SECTION

Date Received 6/20/2019
Control # 19-1078
Date Issued 7/11/2019
Permit # 20190527+A

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

Block 1008 Lot 6 Qualification Code

Work Site Location: 1031 BAY AVE Ocean City, NJ 08226

Owner in Fee: COADY,LINDA H & HILSEE,CATHERINE S

Address [redacted]

Tel.

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

Address 6521 EAST LAKE DR. MAYS LANDING NJ 08330 Email

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

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

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. [redacted] Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $1,000

Fuel Storage Tank:

Fuel Type ☐ *Flammable or* ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New *or* ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New *or* ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy 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

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☑ 110v Interconnected		
☑ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	1	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL	1	$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	$2
TOTAL FEE	$60

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: by:

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

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

CONSTRUCTION PERMIT

Date Issued 4/25/2019
Control # 19-0435
Permit # 20190527

IDENTIFICATION Block: 1008 Lot: 6 Qualifier
Work Site Location: 1031 BAY AVE Ocean City, NJ 08226
Owner in Fee COADY,LINDA H & HILSEE,CATHERINE S
[redacted]
Telephone:

Contractor SJ HAUCK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234
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:

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

DESCRIPTION OF WORK:
FOOTING/FOUNDATION, 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 $112,500

Construction Official

4/25/2019
Date

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

PAYMENTS (Office Use Only)

Building	$2,604
Electrical	$121
Plumbing	$410
Fire Protection	$58
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$214
CO Fee	$50.00
Other	$0
Total	$3,457
Check No.	5525
Cash	$0
Credit	$0
Collected By	Terri Ney

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

CONSTRUCTION PERMIT

Date Issued
Control # 19-0435
Permit #

IDENTIFICATION Block: 1008 Lot: 6 Qualifier
Work Site Location: 1031 BAY AVE Ocean City, NJ 08226
Owner in Fee COADY,LINDA H & HILSEE,CATHERINE S
Telephone: [redacted]

Contractor SJ HAUCK HOUSEMOVERS
Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234
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:

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

DESCRIPTION OF WORK:
FOOTING/FOUNDATION, 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 $112,500

Construction Official 4/18/19 Date

PAYMENTS (Office Use Only)

Building	$2,604
Electrical	$121
Plumbing	$410
Fire Protection	$58
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$214
CO Fee	$50.00
Other	$0
Total	$3,457
Check No.	
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/21/19
Control #
Date Issued 4/25/19
Permit # 20190527

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

Block 1008 Lot 6 Qualification Code

Work Site Location 1031 Bay Avenue Ocean City, NJ 08226

Owner in Fee: Linda Coady / Catherine Hilsee

Tel. ( ) e-mail

Address 1031 Bay Avenue (street) Ocean City (municipality) 08226 (zip code)

Contractor: SJ Hauck Tel. (609) 927-4700

Address 6801 Delilah Road e-mail MichelleD@sjhauck.com
EGG Harbor Twp, NJ 08234

Contractor License No. or Builder Registration No. 13HE00001200 Exp. Date 3/31/2019

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4.18.19	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 10.2.19
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing Millicuals GB			5.3.19	HL
Footing Bonding			5.3.19	HL
Foundation	HL 5.15.19	6.	6.17.19	HL
Slab		8.8.19	7.18.19	HL
Frame	HL 6.13.19	6.17.19	8.8.19	HL
Truss Sys./Bracing				
Barrier-Free Ext Frame	6.12.19	6.17.19	9.12.19	HL
Insulation			8.9.19	HL
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Piers	HL 6.12.19		9.4.19	HL
Final			10.2.19	HL
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 98,000 -
3. Total (1+ 2) $ 98,000 -

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Michelle L Daukshus

Print name here: Michelle L Daukshus

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Full Home Elevation Project

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, build foundation + Set
[ ] Demolition

FEE (Office Use Only)

$	
	2604.00
Administrative Surcharge $	
Minimum Fee $	186.00
State Permit Surcharge Fee $	
TOTAL FEE $	

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = 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 1031 Bay Ave, OC PERMIT NO. 20190527

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 Foundation not complete packets, bolts spacing ok

② will need sill inspection as to ins spect sill fastening to foundation nuts / square washers

6.17.19 HL

8.8.19 HL

HL 6.12.19 6.17.19

ok 6.17-19 HL

9.12.19 HL

8.8.19 HL

6x1 Frame 6.12.19 6.17.19

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 9.4.19 HL 8.8.19 HL

DATE 5.15.19 BY HL - esig
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 1021 Bay Ave, OC PERMIT NO. 20190527

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) strapping, piers not ready, not above piers not 30" missing (2) piers rear deck (3) Drawing A-5 1/2 plywood left up per plans, ~~strapping~~ installed Please address ~~no~~ inspection

(4) All door way openings missing lintels or headers above please address strapping.

All ok 8.8.19

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 _____

DATE 8.12.19 BY H Lessig
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 1031 Bay Ave, OC PERMIT NO. 20190527

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) Pier footings poured ~~inspection~~ not approved please address per architect (2) Finish all prior corrections (3) not Ready

ok 9-4-19 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 9-17-19 BY H Lessig
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 1021 Ray Ave, OC PERMIT NO. 20190527

ISSUED TO _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO cite

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

The following orders are hereby issued for their correction: Refer to plan for all pier locations

(1) Correction notice not addressed 6.12.19 6.17.19 on all pier footings forced piers to approval, posts not centered on piers need to address

(2) Finish sill plates (large missing), missing some joist to sill steps/hangers 2 PTS 12" & 2" OC

(3) missing access to crawl doors A.3 (4) Mech. platform not enclosed per plan A.5 NO 10 (5) Can not pass Insulation until framing issues addressed All ok 9-12-19

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 _____

DATE 9.9.19 BY M Lessig
INSPECTOR

WHITE - Original YELLOW - File Copy

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

Engineers Surveyors Planners Environmental Specialists Municipal Consultants

September 4, 2019

To whom it may concern:

RE: As-built Structural Certification
1031 Bay Ave., Ocean City, New Jersey
Block 1008, Lot 6
Our file No. 18-389

Due to a recently failed inspection, it was requested that our office evaluate the newly constructed stairs and landings at the subject property. After evaluation, we offer the following:

The location of two proposed 18" diameter sonotube footings fell at the edge of an existing walkway constructed of concrete pavers. In order to maintain the existing walkway, the forms were stepped to create two different elevations at the top of the footing. Each footing was poured as one continuous piece. The highest portion supports the new deck post bracket to maintain 1" separation from grade, while the lower half steps down under the existing pavers. The resulting footings are a full 18" in diameter with a minimum depth of 30" below grade. Although the method of construction is not exactly per the plans, I hereby certify that it is structurally sufficient.

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

Sincerely,
Schaeffer, Nassar Scheidegg

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/21/2019
Control # 19-0435
Date Issued 4/25/2019
Permit # 20190527

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

Block 1008 Lot 6 Qualification Code _____

Work Site Location: 1031 BAY AVE Ocean City, NJ 08226

Owner in Fee: COADY LINDA H & HILSEE CATHERINE S

Address [redacted]

Tel. _____

Contractor: SJ HAUCK HOUSEMOVERS

Address 6801 DELILAH RD EGG HARBOR TWP NJ 08234

Email dawn@welifthouses.com

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

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

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

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

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)

Rehabilitation	$2,604
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$186
TOTAL FEE	$2,790

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5 If Industrial Building:
Constr. Class Present _____ Proposed _____ State Approved _____
Number of Stories _____ HUD _____
Height of Structure _____ Ft.
Area - Largest Floor _____ Sq. Ft.
New Blbg. 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 $98,000
3. Total (1+2) $98,000

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

CHANGE OF CONTRACTOR

Date Received 6/13/19
Control #
Date Issued 4/25/19
Permit # 2019-0527

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

Block 1008 Lot 6 Qualification Code

Work Site Location 1031 Bay Ave

Owner in Fee: CRADY / LINDA H & HUSBE CATHERINE S

Tel. [redacted]

Addres[redacted]

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 [redacted]

Federal Emp. ID No [redacted] 09) 939-1663

Need updates

B. ELECTRICAL CHARACTERISTICS

Use Group Present

[ ] Pole/Pad #

Building Occupied as

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 6/13/19 Approved by: BR

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 8/13/19

Approved by: B

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] COO [ ] CA

Date: 8/29/19

Approved by: B

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	7/17/19			R
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other			7/31/19	R
Service			8/29/19	R
Final	8/22/19			
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 7/31/19

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Dennis Kleiner

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
4		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	8	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/21/19
Control #
Date Issued 4/25/19
Permit # 20190527

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

Block 1008 Lot 6 Qualification Code

Work Site Location 1031 Bay Avenue
Ocean City, NJ 08226

Owner in Fee: Linda Grady / Catherine Hilsee

Tel. [redacted]

Addr[redacted]
street municipality zip code

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

Address 6521 LAKE DRIVE e-mail

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 $ 11,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: MATTHEW SIMONE

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Full Home Elevation Project

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
32		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	8	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$ 121.00
Minimum Fee	$ 21.00
State Permit Surcharge Fee	$
TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/21/19
Approved by: BR

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding 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.

7/3/19
Romex strapped To bottom of
floor joist

8/22/19
- Relocate AC Disconnect

CITY OF OCEAN CITY
CONSTRUCTION CODE ENFORCEMENT

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

MUNICIPALITY _____

LOCATION 1031 Bay Ave UTILITY CO ACE

_____ BLK 1008 LOT 6

OWNER Coady OCCUPANT _____

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

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 2-100 Amp

INSTALLED BY K N Elec. LICENSE NO 18329

DATE 7/3/19 PERMIT # 19-0527 INSPECTOR BT

LIC. NO: 5262

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

CHANGE OF CONTRACTOR

Date Received 3/21/2019
Date Issued 4/25/2019
Control # 19-0435
Permit # 20190527

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

Block 1008 Lot 6 Qualification Code

Work Site Location: 1031 BAY AVE Ocean City, NJ 08226

Owner in Fee: COADY LINDA H & HILSEE CATHERINE S

Address [redacted]

Tel.

Contractor: KN ELECTRICAL CONTRACTOR INC

Address 109 E PATCONG AVE LINWOOD NJ 08221

Email dennis@kleinerniceta.com

Tel. (609) 833-0301 Fax.

Lic No. 01832900 Exp. Date 6/30/2019

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

Federal Employee No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $11,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FOOTING/FOUNDATION, HOUSE LIFT, RENOVATION,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
6		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
1	8	KW Central A/C Unit	$13
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	$58
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$21
TOTAL FEE	$142

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/21/2019
Date Issued 4/25/2019
Control # 19-0435
Permit # 20190527

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

Block 1008 Lot 6 Qualification Code

Work Site Location: 1031 BAY AVE Ocean City, NJ 08226

Owner in Fee: COADY,LINDA H & HILSEE,CATHERINE S

Address [redacted]

Tel.

Contractor: M & L ELECTRIC

Address 6521 EAST LAKE DR. MAYS LANDING NJ 08330

Email

Tel. (609) 517-2021 Fax.

Lic No. 11503 Exp. Date

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

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $11,000

C. CERTIFICATION IN LIEU OF OATH

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

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FOOTING/FOUNDATION, HOUSE LIFT,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
6		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
1	8	KW Central A/C Unit	$13
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	$58
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee $21
TOTAL FEE $142

JOB SUMMARY (Office Use Only)

PLAN REVIEW

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

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/21/19
Control #
Date Issued 9/25/19
Permit # 20190527

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

Block 1008 Lot 6 Qualification Code

Work Site Location 1031 Bay Avenue
Ocean City, N.J. 08226

Owner in Fee: Linda Coady / Catherine Hilsee

Tel. e-mail

Address 1031 Bay Avenue (street) Ocean City (municipality) 08226 (zip code)

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

Address 6521 LAKE DRIVE e-mail

MAYS LANDING, NJ 08330

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

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

Fire Alarm Contractor No. Exp. Date 03/31/2019

Home Improvement [redacted]on No. or Exemption Reason

Federal Emp. ID No [redacted] FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ $30,000-

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 3/26/19 Approved by: D
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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 [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Full Home Elevation 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, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	1	
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 $	58.00
Minimum Fee $	6.00
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F140 (rev. 02/11)
Internet version

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 3/21/2019
Control # 19-0435
Date Issued 4/25/2019
Permit # 20190527

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

Block 1008 Lot 6 Qualification Code

Work Site Location: 1031 BAY AVE Ocean City, NJ 08226

Owner in Fee: COADY LINDA H & HILSEE CATHERINE S

Address [redacted]

Tel.

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

Address 6521 EAST LAKE DR. MAYS LANDING NJ 08330 Email

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

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

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. [redacted] Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $3,000

Fuel Storage Tank:

Fuel Type ☐ *Flammable* or ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New or ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing ☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: by:

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy 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
FOOTING/FOUNDATION, 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		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	1	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL	1	$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	$6
TOTAL FEE	$64

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

PLUMBING SUBCODE
TECHNICAL SECTION

CHANGE OF CONTRACTOR

Date Received / Control # 7/2/19
Date Issued / Permit # 4/25/19 / 20190527

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

Block 1008 Lot 6 Qualification Code

Work Site Location 1031 Bay Avenue
Ocean City NJ 08226

Owner in Fee: Linda Coady / Catherine Hilsee

Tel. [redacted]

Address [redacted]

Contractor: BROADLEY'S Tel. (609) 390-3907

Address 115 ROOSEVELT BOULEVARD e-mail
MARMORA, NJ 08223

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

Home Improvement Contractor Registration No. or Exemption Reason 13VH01292800

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

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 8,000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 7/8/19
Approved by: JC

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 9/12/19
Approved by: JC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			7/11/19	JC
Water				
Sewer				
Fixtures	8/22/19		9/12/19	JC
Gas Equipment				
Gas Piping			7/11/19	JC
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: BGB

Print name here: BRIAN G. BROADLEY

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
2	Water Service Connection	
	Stacks	
1	Other A/C	

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

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4/4/19
Control #
Date Issued 4/25/19
Permit # 20190527

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

Block 1008 Lot 6 Qualification Code

Work Site Location 1031 Bay Avenue Ocean City, New Jersey 08226

Owner in Fee: Linda Coady / Catherine Hilsee

Tel. e-mail

Address 1031 Bay Avenue (street) Ocean City (municipality) 08226 (zip code)

Contractor: BMB & Sons LLC Tel. 609 513-1742

Address 5716 Birch Street e-mail
Mays Landing, NJ 08330

Contractor License No. 13123 Exp. Date 07/01/2019

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

Federal Emp. ID No. [redacted] FAX:

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 $ 500 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 4/15/19 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/15/19
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			7/1/19	
Water				
Sewer				
Fixtures	4/29/19			
Gas Equipment				
Gas Piping			7/1/19	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Bruce Bellucci JR

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New Water & Sewer

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	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
2	Water Service Connection	
	Stacks	
1	Other A/C	

Administrative Surcharge	$ 328.00
Minimum Fee	$
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$

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

B.G.

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

LOCATION 1031 BAY Ave PERMIT NO. 20190507

ISSUED TO Broad Ln's
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO Site

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

The following orders are hereby issued for their correction:

1) All piping in unheated areas shall be protected from freezing as per code. Provide a detail of protection.

Abated
9/12/19

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 ASAP

DATE 7/1/19 BY Cotton
INSPECTOR

WHITE - Original YELLOW - File Copy

PLUMBING SUBCODE
TECHNICAL SECTION

CHANGE OF CONTRACTOR

Date Received 3/21/2019
Control # 19-0435
Date Issued 4/25/2019
Permit # 20190527

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

Block 1008 Lot 6 Qualification Code

Work Site Location: 1031 BAY AVE Ocean City, NJ 08226

Owner in Fee: COADY LINDA H & HILSEE CATHERINE S

Address [redacted]

Tel.

Contractor: BROADLEY'S/MDI

Address 115 ROOSEVELT BLVD. PO BOX 37 MARMORA NJ 08223

Email

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

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

Contractor License No. 000827 Expiration Date: 6/30/2019

Federal Employee No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: by:

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FOOTING/FOUNDATION, HOUSE LIFT, RENOVATION,

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
2	Water Service Connection	$164
	Stacks	
1	Other A/C	$82

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$1
TOTAL FEE	$411

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/21/2019
Control # 19-0435
Date Issued 4/25/2019
Permit # 20190527

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

Block 1008 Lot 6 Qualification Code

Work Site Location: 1031 BAY AVE Ocean City, NJ 08226

Owner in Fee: COADY,LINDA H & HILSEE,CATHERINE S

Address [redacted]

Tel.

Contractor: C & R PLUMBING AND HEATING INC

Address 822 ROUTE 9 LANOKA HARBOR NJ 08734

Email

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

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

Contractor License No. 7713 Expiration Date:

Federal Employee No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FOOTING/FOUNDATION, 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
2	Water Service Connection	$164
	Stacks	
1	Other A/C	$82

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$1
TOTAL FEE	$411

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

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

atlantic city electric

An Exelon Company

RELEASE

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

April 18TH, 2019
1031 Bay Ave.
Ocean City, NJ 08226

Robyn J. Eccles
ATLANTIC CITY ELECTRIC

BY

District Services Representative
609-463-3823

Construction Code

From: Michelle Daukshus <MichelleD@sjhauck.com>
Sent: Thursday, April 18, 2019 12:58 PM
To: Construction Code
Cc: Thomas Sullivan
Subject: ATTN: Jim - 1031 Bay Avenue Water/Sewer disconnect

Importance: High

Good Afternoon Jim,

There are two separate house on the above property – main house and cottage. The sewer line comes from the alley to the cottage then feeds the main house. That was capped between the cottage and the house. The water service fed off of one tap. The service ran under the main house and in the crawl space split off to feed the cottage. We added a line in the front left of the lot directly from the tap to the back cottage, so as to remove any feed line to the main front house. These areas are still exposed for inspection if still required.

Michelle L. Daukshus
Project Administrator
SJ Hauck Construction, LLC
6801 Delilah Road
Egg Harbor Twp, NJ 08234

Office: 609-927-6700 x113
Fax: 609-927-6715
Email: MichelleD@SJHauck.com
www.SJHauckConstruction.com

Jim -
Does this satisfy the NJ Water & Sewer disconnect?
Terri 4/18/19

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

DCA

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

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

FOR PRACTICE IN NEW JERSEY AS A(N): Home Elevation Contractor

02/06/2018 TO 03/31/2019
VALID

13HE00001200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

Home Elevation Contractor Certification

Permit #

Date Issued

IDENTIFICATION

Site Location 1031 Bay Avenue Ocean City, NJ 08226 Block 1008 Lot 6 Qualification Code _____

Owner in Fee Linda Coady / Catherine Hilsee

Address 1031 Bay Avenue Ocean City, NJ 08226

Tel. (___) _____

Home Elevation Contractor SJ Hauck

Address 10801 Delilah Road Egg Harbor Twp, NJ 08234

License No. 13HE00001200 Tel (609) 927-9700

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: _____

HOME ELEVATION CONTRACTOR

DATE: _____

CAFRA REVIEW CHECKLIST
City of Ocean City, New Jersey

For Office Use Only
Zoning Permit # _____

APPLICABLE TO SINGLE FAMILY OR DUPLEX DEVELOPMENT ONLY
TO BE COMPLETED BY APPLICANT OR AGENT
(Please type or print)
(If application is for other than a residential single family or duplex, this Checklist does not apply. Consult a professional or the NJDEP regarding applicability of the CAFRA regulations.)

PROJECT ADDRESS 1031 Bay Avenue Ocean City, NJ 08226
BLOCK 1008 **LOT** 6
APPLICANT NAME BJ Hauck **DATE** 2/27/2019

CHECK ONE:
___ **BULKHEADED LAGOON LOT(Answer questions under A below)**
___ **BAYFRONT OR OCEANFRONT LOT within 150' of bulkhead or back of dune (Answer questions under B below)**
✓ **NONE OF THE ABOVE (THIS FORM IS NOT APPLICABLE- STOP HERE)**

A. FOR SINGLE FAMILY OR DUPLEX DEVELOPMENT ON A BULKHEADED LAGOON LOT:
Development on these lots may be eligible for a CAFRA Permit-By-Rule. Answer YES, NO or N/A to the following:

- ___No wetlands on property
- ___Bulkhead across entire water frontage of lot
- ___Silt fence proposed along length of bulkhead, 10' return on each side
- ___All construction except decks set back 15' from water side of bulkhead (Exceptions may be made to setback with engineering certificate and deed restriction.)
- ___Building above BFE
- ___No plastic liners under landscape or gravel
- ___Pool empties into sanitary sewer system
- ___Driveway permeable or pitched to permeable.

If YES (or N/A) to each item above, the project is permissible under Permit-By-Rule. If NO to any item above, it may require a CAFRA General Permit.
ELIGIBLE FOR PERMIT BY RULE ____YES ____NO
NOT ELIGIBLE, CAFRA GENERAL PERMIT REQUIRED ____YES ____NO
CAFRA GENERAL PERMIT APPLIED FOR ___YES ___NO ___n/a

B. FOR SINGLE FAMILY OR DUPLEX DEVELOPMENT ON THE BAYFRONT OR ON THE OCEANFRONT:

1. Is this project a development that is larger and/or in a different footprint than a previous building on the site?___YES ___NO
   If the answer to (1) is YES, a CAFRA General Permit is required. If the answer is NO, go to question (2).
   CAFRA GENERAL PERMIT REQUIRED ___YES ___NO
   CAFRA GENERAL PERMIT APPLIED FOR ___YES ___NO __N/A

2. Is this project an in-ground pool on the waterside of the building? ___YES ___NO
   If the answer to (2) is YES, a CAFRA General Permit is required If the answer is NO, go to question (3).
   CAFRA GENERAL PERMIT REQUIRED ___YES ___NO
   CAFRA GENERAL PERMIT APPLIED FOR ___YES ___NO __N/A

(Checklist continued on back of page)

3. Is this project an expansion less than 400 sq. ft. of an existing building, or an accessory structure, on the non-waterward side of the building? ___YES ___NO
If the answer to (3) is YES, it may be exempt from the CAFRA regulations. Go to question (4).
MAY BE EXEMPT FROM CAFRA ___YES ___NO
CAFRA GENERAL PERMIT APPLIED FOR ___YES ___NO __N/A

4. Is this project an open deck, gazebo, garden, or a similar small structure, or an above-ground pool less than 500 sq. ft. draining to a sanitary sewer, on the waterward side of an existing building, not on a beach, dune or wetland? ___YES ___NO
If the answer to (4) is YES, it may be exempt from the CAFRA regulations.
MAY BE EXEMPT FROM CAFRA ___YES ___NO
CAFRA GENERAL PERMIT APPLIED FOR ___YES ___NO __N/A

IF A CAFRA PERMIT IS REQUIRED, AN OCEAN CITY BUILDING PERMIT WILL NOT BE ISSUED UNTIL THE CAFRA PERMIT IS APPROVED BY NJDEP.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Michelle L Daukshus
APPLICANT/AGENT Name (Print or type)

Michelle L Daukshus
Applicant/Agent signature

2/27/2019
DATE

For questions regarding this Checklist, call 525-9331 (Environmental Office), 525-9370 (Zoning Office) or 525-9172 (Construction Official).

FOR OFFICE USE ONLY: **Zoning Permit #** _____

Check One:

__ **PROJECT REQUIRES CAFRA GENERAL PERMIT**

__ **PROJECT IS ELIGIBLE FOR PERMIT BY RULE**

__ **PROJECT IS EXEMPT FROM CAFRA**

Jessica Fenton 3/21/19

Authorized city official **Date**

PERMIT BY RULE IS HEREBY ISSUED.

_____ _____

Authorized city official **Date**

7/3/02

Ocean City
115 East 12th Street

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

Date Issued:	3/21/2019
Application Number:	ZA-19-00196
Application Date:	2/27/2019
Project Number:	
Permit Number:	ZP-19-00266
Fee:	$100.00 CHK 5111

Zoning Permit - House Lift

Worksite Location: **1031 BAY AVE**
OCEAN CITY, NJ 08226

Owner: [redacted],CATHERINE S
Address: [redacted]

Applicant: **SJ HAUCK HOUSEMOVERS LLC**
Address: **6801 DELILAH ROAD**
EGG HARBOR TWP, NJ 08234

Block: **1008** Lot: **6** Qualifier: _____ Zone: _____

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

Present Use: **RESIDENTIAL**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **RESIDENTIAL**

Work Description:
House Lift, Single Family Dwelling - House Lift, Single Family Dwelling

Application Approved Date: 3/21/2019

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

☑ Permitted by Ordinance §25-204.1, 25-105.3a,3
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Additional Comments:
No concrete work in the right-of-way proposed (or approved by this Permit). This shall require a seperate Concrete Permit Application, if necessary.

Scope of work includes lifting of dwelling on front of the lot. No alterations approved for rear structure.

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 — 3/21/2019 Date

Ocean City
115 12th Street
Ocean City, NJ 08226

Building Plan Review

Control Number:	19-0435	Permit Number:		Tube Number:	
Application Date:	3/21/2019	Permit Issue Date:			
Received Date:	4/2/2019	Result:	Fail	Result Date:	4/2/2019

Work Site Location: 1031 BAY AVE Ocean City, NJ 08226
Block: 1008 Lot: 6 Qualifier:

Owner: COADY,LINDA H & HILSEE,CATHERINE S
Owner Address: [redacted]
Telephone:

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

OK 4.18.19

OK 4.5.19

Plan Review Comments:

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

OK 4.18.19

2) Please show on the elevation plans that the bottom of the crib piles will originate at or below the bottom of any excavations.

OK 4.18.19

3) Please submit a soils report that supports the use of the shallow foundation shown on the plans, (front porch, back landing and stairs, condenser platform, etc.).

4) Sheets Z1.1 and F1 show the FFE at the DFE 11'. Please show the floor system above the DFE 11'.

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

Reviewed by Robert Penrose

Plan Review Subcode Notes

4.5.19 - 2, 3, 4 STILL OUT.

Google Maps 1031 Bay Ave





1031 Bay Avenue
Safety Plan

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

Engineers Surveyors Planners Environmental Specialists Municipal Consultants

OFFICE COPY

April 16, 2019

To Whom it May Concern:

RE: Required stair & deck foundation design / soil bearing capacity
1031 Bay Ave, Ocean City, New Jersey
Block 1008, Lot 6
Our file No. 18-389

Based upon the attached soil log, it is my determination that the soil bearing capacity of the soils 30 inches below grade have a maximum allowable bearing capacity of 1,000 psf for a conventional spread footing. The stated soil bearing capacity accounts for dead load plus live load and only applies to stair and deck foundations.

If un-suitable soils are discovered during construction, this office shall be immediately notified. The soil testing for this foundation was based upon one soil log and did not excavate the soil in the entire building footprint.

The builder and architect are responsible for maintaining the design and construction of the foundation system according to applicable building codes. Further, this bearing capacity determination assumes that the footing excavation procedure is in compliance with applicable building codes in terms of maintaining virgin, undisturbed soils under the footings, or following proper procedures for soil compaction.

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

Sincerely,
Schaeffer, Nassar Scheidegg

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

CLIENT: SJ Hauck

PROJECT: 1031 Bay Avenue
Ocean City, New Jersey

DATE: 11/7/18

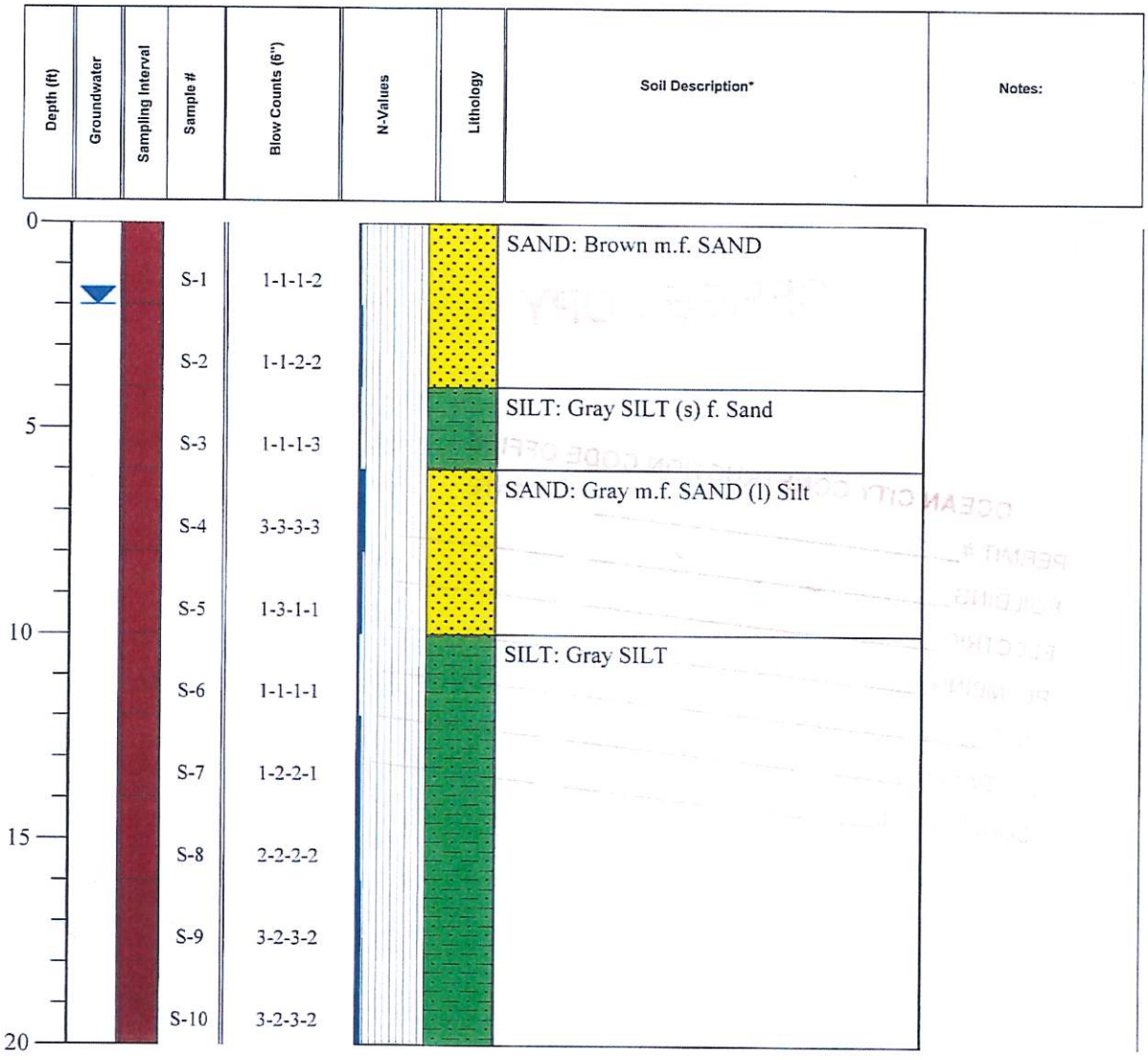
BORING No.: TB-1

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 18'
2" O.D. SPLIT SPOON	18' to 20'



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

N - STANDARD PENETRATION RESISTANCE PER 12" (140 lb. HAMMER, 30" DROP)

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

OFFICE COPY

City of Ocean City
Building Division
115 12th Street
Ocean City, New Jersey 08226
Robert Penrose & Jim Cotton, Construction Officials

re: Coady Residence
1031 Bay Avenue
Ocean City, New Jersey
Block: 1008 Lot: 6

April 17, 2019

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

BUILDING PLAN REVIEW

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

The required site safety plan will be submitted under a separate cover.

2. Please show on the elevation plans that the bottom of the crib piles will originate at or below the bottom of any excavations.

The Design Notes on Drawing F-1 have been revised to include a note requiring the bottom of the crib stacks to be at or below any other excavations on the site.

3. Please submit a soils report that supports the use of the shallow foundation shown on the plans (front porch, back landing and stairs, condenser platform, etc.).

A soils report and letter will be submitted under a separate cover.

4. Sheets Z1.1 and F1 show the FFE at the DFE 11'. Please show the floor system above the DFE 11'.

Drawings Z-1.1 and F-1 were previously revised on March 11, 2019 to reflect the proposed finish floor elevation at 12.0'.

PLUMBING PLAN REVIEW

1. Provide a sanitary drain, domestic water and gas piping schematic for any piping to be changed or altered due to house lift.

No changes to the existing piping are proposed other than extending the lines as required by the additional height of the house after lifting.

1. 4/4/19 above item has not been addressed.

See previous item.

2. All piping in unheated areas shall be protected from freezing as per code. Provide a detail of protection.

Drawing A-1 contains notes and details under 'Pipe Protection' that list the required protection.

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 21AI01336400

LTRbuild1031Bay

Ocean City
115 12th Street
Ocean City, NJ 08226

Plumbing Plan Review

Control Number:	19-0435	Permit Number:		Tube Number:	
Application Date:	3/21/2019	Permit Issue Date:			
Received Date:	3/21/2019	Result:	Fail	Result Date:	4/4/2019

Work Site Location:	1031 BAY AVE Ocean City, NJ 08226		
	Block: 1008	Lot: 6	Qualifier:
Owner:	COADY,LINDA H & HILSEE,CATHERINE S		
Owner Address:	43 COLLEGE AVE FLOURTOWN PA 19031		
Telephone:			
Agent:	SJ HAUCK HOUSEMOVERS		
Agent Address:	6801 DELILAH RD EGG HARBOR TWP NJ 08234		
Telephone:	(609) 927-6700		
Contractor:	C & R PLUMBING AND HEATING INC		
Contractor Address:	822 ROUTE 9 LANOKA HARBOR NJ 08734		
Telephone:	(609) 693-0006		
Engineer:			
Engineer Address:			
Telephone:			
Architect:			
Architect Address:			
Telephone:			

Plan Review Comments: 1. Provide a sanitary drain, domestic water and gas piping schemating for any piping to be changed or altered due to house lift.

Reviewed by: Jim Cotton

1. 4/4/19 ABOVE ITEM HAS NOT BEEN ADDRESSED.

2. ALL PIPING IN UNHEATED ARES SHALL BE PROTECTED FROM FREEZING AS PER CODE. PROVIDE A DETAIL OF PROTECTION.

REVIEWED BY: JIM COTTON

Plan Review Subcode Notes

Abated 4/18/19

South Jersey Gas Company
OPENING PERMIT NOTIFICATION

MUNICIPALITY : OCEAN CITY DATE : 4/8/2019

LOCATION OF JOB : 1031 BAY AVE

CONTRACTOR'S NAME : PHONE # :

CONTRACTOR'S ADDRESS :

TYPE OF WORK TO BE PREFORMED :

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 :
GAS TO FRONT UNIT ABANDONED, GAS TO READ UNIT STILL ACTIVE

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
SJ HAUCK

ADDRESS / FAX #
609-927-6715

SOUTH JERSEY GAS COMPANY REPRESENTATIVE : Ra I Crendel DATE : 4/8/2019

COMCAST

OCEAN CITY NJ

APR 8 '19 AM10:28

CONSTRUCTION CODE

April 3, 2019

VIA EMAIL: lindacoady43@verizon.net

1031 Bay Ave
Ocean City, NJ 08226

RE: Comcast Service Wire Disconnection and Removal – 1031 Bay Ave, Ocean City, NJ 08226

Dear Linda,

I am in receipt of your request 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 as of April 1st.

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

Sincerely,
Christopher Hogan

South Jersey Gas Company
OPENING PERMIT NOTIFICATION

MUNICIPALITY : OCEAN CITY DATE : 4/8/2019

LOCATION OF JOB : 1031 BAY AVE

CONTRACTOR'S NAME : PHONE # :

CONTRACTOR'S ADDRESS :

TYPE OF WORK TO BE PREFORMED :

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 :
GAS TO FRONT UNIT ABANDONED,
GAS TO READ UNIT STILL ACTIVE

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
SJ HAUCK

ADDRESS / FAX #
609-927-6715

SOUTH JERSEY GAS COMPANY REPRESENTATIVE : Rs J Churchill DATE : 4/8/2019

Ocean City
115 12th Street
Ocean City, NJ 08226

Plumbing Plan Review

Control Number:	19-0435	Permit Number:		Tube Number:	
Application Date:	3/21/2019	Permit Issue Date:			
Received Date:	3/21/2019	Result:	Fail	Result Date:	3/21/2019

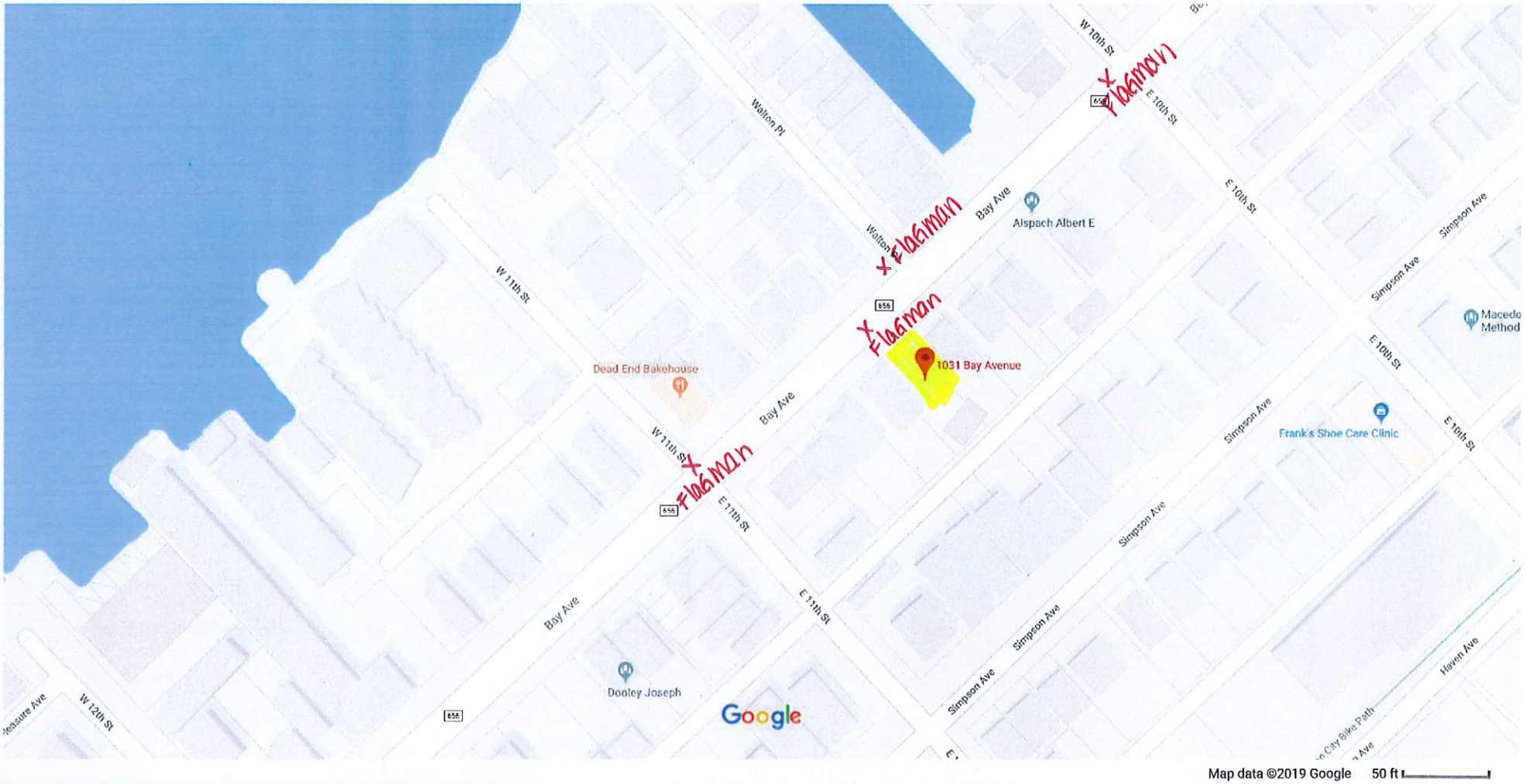
Work Site Location:	1031 BAY AVE Ocean City, NJ 08226		
	Block: 1008	Lot: 6	Qualifier:
Owner:	[redacted]		
Owner Address:			
Telephone:			
Agent:	SJ HAUCK HOUSEMOVERS		
Agent Address:	6801 DELILAH RD EGG HARBOR TWP NJ 08234		
Telephone:	(609) 927-6700		
Contractor:	C & R PLUMBING AND HEATING INC		
Contractor Address:	822 ROUTE 9 LANOKA HARBOR NJ 08734		
Telephone:	(609) 693-0006		
Engineer:			
Engineer Address:			
Telephone:			
Architect:			
Architect Address:			
Telephone:			

Plan Review Comments: 1. Provide a sanitary drain, domestic water and gas piping schemating for any piping to be changed or altered due to house lift.

Reviewed by: Jim Cotton

Plan Review Subcode Notes

Google Maps 1031 Bay Ave





1031 Bay Avenue
Safety Plan

OCEAN CITY NJ
APR 18 '19 AM11:54
CONSTRUCTION CODE

verizon

Verizon Communications
600 Horizon Drive
Robbinsville NJ 08690

Date: 04-18-19

Attention: SJ Hauck Construction, LLC.

Property Address: 1031 Bay Avenue, Ocean City NJ

Re: Facility removal confirmation

Please be advised,

Verizon Communications has confirmed the removal of its wires, drops and/or equipment from the aforementioned location to be demolished, elevated or renovated.
If there are any questions regarding the validity of this letter, please contact the Verizon NJ Demo Team at 609 438-3626.

Thank You,

Brian Bono
Local Manager
Verizon Communications

Construction Code

From: Michelle Daukshus <MichelleD@sjhauck.com>
Sent: Thursday, April 18, 2019 2:13 PM
To: Construction Code
Subject: RE: 1031 Bay avenue - ACE Disconnect Letter

DIG # is 190571242

Michelle L. Daukshus
Project Administrator
SJ Hauck Construction, LLC
6801 Delilah Road
Egg Harbor Twp, NJ 08234

Office: 609-927-6700 x113
Fax: 609-927-6715
Email: MichelleD@SJHauck.com
www.SJHauckConstruction.com

From: Construction Code [mailto:ConstructionCode@OCNJ.US]
Sent: Thursday, April 18, 2019 1:46 PM
To: Michelle Daukshus <MichelleD@sjhauck.com>
Subject: RE: 1031 Bay avenue - ACE Disconnect Letter

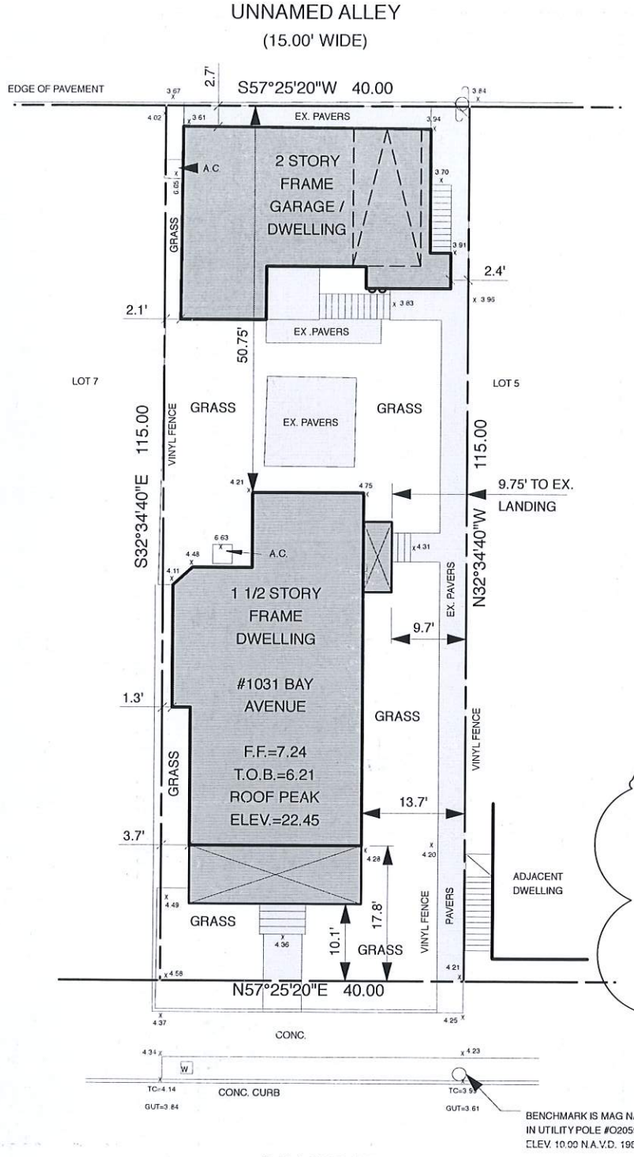
Michelle,
The permit is now ready – the fee is $3,457. Please bring your dig number when you come to pay for the permit
Thank you

City of Ocean City
Construction Code Office
115 12th Street
Ocean City, NJ 08226
609-525-9173

ConstructionCode@OCNJ.US

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1 EXISTING PLOT PLAN

1" = 20'-0"

NOTE:

DARK SHADED AREAS INDICATE BUILDING COVERAGE

LIGHT SHADED AREAS INDICATE IMPERVIOUS COVERAGE

VINYL LATTICE SCREENING AT EXISTING AC UNIT

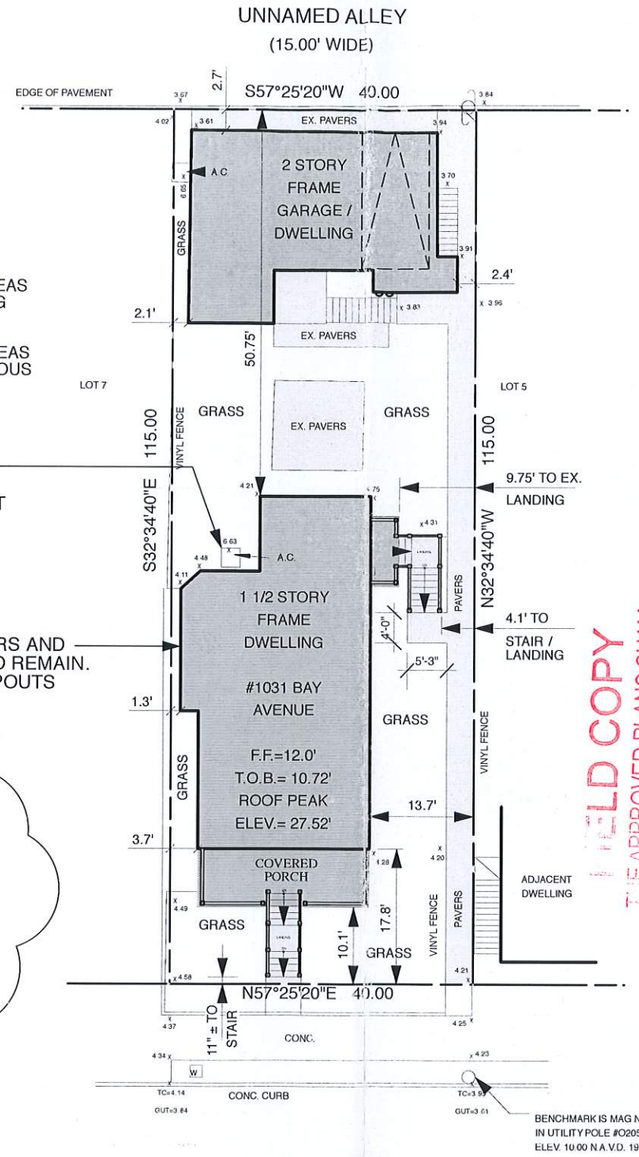
EXISTING GUTTERS AND DOWNSPOUTS TO REMAIN. EXTEND DOWNSPOUTS AS REQUIRED

ZONING FLOOD / PROPOSED F.F. ELEV. 12.0' NAVD

FEMA FLOOD ELEV. 9.0' NAVD

EXISTING F.F. ELEV. 7.24' NAVD

3



2 PROPOSED PLOT PLAN

1" = 20'-0"

FIELD COPY
THE APPROVED PLANS SHALL BE ON SITE FOR ALL INSPECTIONS

ZONING SCHEDULE

CATEGORY	UNIT	PERMITTED/ REQUIRED	EXISTING	STATUS	PROPOSED	STATUS	REMARKS
USE DESIGNATION		R-1-40					--
LOT AREA	SF	4,000	4,600 SF	C	4,600 SF	C	--
LOT FRONTAGE	FT	40	40.0'	C	40.0'	C	--
LOT DEPTH	FT	100	115.0'	C	115.0'	C	--
LOT WIDTH	FT	40	40.0'	C	40.0'	C	--
FRONT SETBACK	FT	10	10.1' / 17.8'	C	10.1' / 17.8'	C	TO PORCH / TO HOUSE
REAR SETBACK	FT	28.75	2.7' / 50.75'	XNC	2.7' / 50.75'	XNC	TO REAR BUILDING / TO PRIMARY STRUCTURE
LEFT SIDE SETBACK	FT	5 EA., 11 BOTH	1.3'	XNC	1.3'	XNC	--
RIGHT SIDE SETBACK	FT	5 EA., 11 BOTH	9.7' / 13.7'	C	9.7' / 13.7'	C	TO PORCH / TO HOUSE
BUILDING HEIGHT	FT	30	11.66'	C	14.42'	C	ZFE TO RIDGE
PARKING REQUIREMENTS	#	2	1	XNC	1	XNC	--
BUILDING COVERAGE	%	30	42 %	XNC	42 %	XNC	1,930 SF EXISTING, 1,930 SF PROPOSED
IMPERVIOUS COVERAGE	%	60	61.5 %	XNC	62.5 %	XNC	2,831 SF EXISTING, 2,874 SF PROPOSED
FLOOR AREA RATIO	%	70	21	C	21	C	--
CONSTRUCTION CLASS			VB		VB		--
FLOOR AREA	SF		986 SF		986 SF		--
CUBIC FOOTAGE	CF		7,888 SF		7,888 SF		--
FEMA FLOOD ELEVATION	FT	ELEV. 9.0'			NOTE 2	C	ALL ELEVATION IN NAVD88
FINISHED FLOOR	CF	ELEV. 12.0'	ELEV. 7.24'	XNC	ELEV. 12.0'	C	--

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

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.
CONVERTED FROM NGVD29 TO NAVD88:
CAPE MAY COUNTY -1.3 FEET

2. BASE FLOOD ELEVATION = 9.0' NAVD
2' FREEBOARD REQUIREMENT = 11.0' NAVD
ZONING FLOOD ELEVATION = 12.0' NAVD

DANIEL SCOTT
MASCIONE
ARCHITECT
LLC
1409 NEW ROAD, NORTHFIELD, NEW JERSEY 08225
609.383.9000 P • 609.272.8226 F
www.mascione.com
CERTIFICATE OF AUTHORIZATON No. 21AC00050800

DANIEL SCOTT MASCIONE
NEW JERSEY LICENSE No.
21A101336400

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REVISIONS:

1	03.01.2019	ZONING REVIEW
2	03.11.2019	REVISE F.F. TO ELEV. 12.0'
3	04.03.2019	REVISE NOTE

DRAWING TITLE:

PLOT PLANS, ZONING

PROJECT:

COADY RESIDENCE
1031 Bay Avenue
Ocean City, New Jersey
Block: 1008 Lot: 6

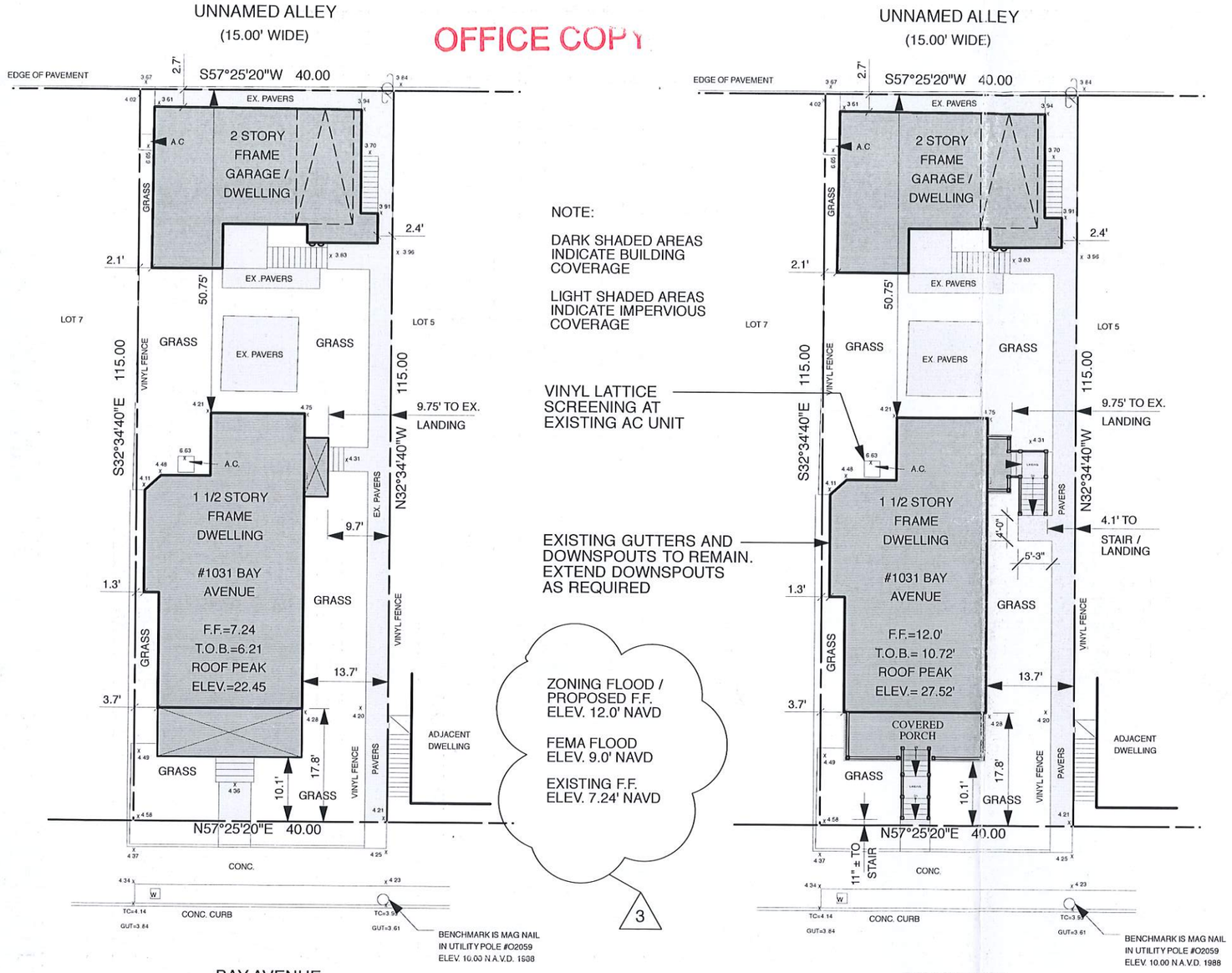
PROJECT No.: 18304
DATE: 01.10.2019

DRAWING No.:

Z-1.1

1 OF 1

OFFICE COPY



1 EXISTING PLOT PLAN

1" = 20'-0"

0 10' 20' 30'

2 PROPOSED PLOT PLAN

1" = 20'-0"

0 10' 20' 30'

ZONING SCHEDULE

CATEGORY	UNIT	PERMITTED/ REQUIRED	EXISTING	STATUS	PROPOSED	STATUS	REMARKS
USE DESIGNATION		R-1-40					--
LOT AREA	SF	4,000	4,600 SF	C	4,600 SF	C	--
LOT FRONTAGE	FT	40	40.0'	C	40.0'	C	--
LOT DEPTH	FT	100	115.0'	C	115.0'	C	--
LOT WIDTH	FT	40	40.0'	C	40.0'	C	--
FRONT SETBACK	FT	10	10.1' / 17.8'	C	10.1' / 17.8'	C	TO PORCH / TO HOUSE
REAR SETBACK	FT	28.75	2.7' / 50.75'	XNC	2.7' / 50.75'	XNC	TO REAR BUILDING / TO PRIMARY STRUCTURE
LEFT SIDE SETBACK	FT	5 EA., 11 BOTH	1.3'	XNC	1.3'	XNC	--
RIGHT SIDE SETBACK	FT	5 EA., 11 BOTH	9.7' / 13.7'	C	9.7' / 13.7'	C	TO PORCH / TO HOUSE
BUILDING HEIGHT	FT	30	11.66'	C	14.42'	C	ZFE TO RIDGE
PARKING REQUIREMENTS	#	2	1	XNC	1	XNC	--
BUILDING COVERAGE	%	30	42 %	XNC	42 %	XNC	1,930 SF EXISTING, 1,930 SF PROPOSED
IMPERVIOUS COVERAGE	%	60	61.5 %	XNC	62.5 %	XNC	2,831 SF EXISTING, 2,874 SF PROPOSED
FLOOR AREA RATIO	%	70	21	C	21	C	--
CONSTRUCTION CLASS			VB		VB		--
FLOOR AREA	SF		986 SF		986 SF		--
CUBIC FOOTAGE	CF		7,888 SF		7,888 SF		--
FEMA FLOOD ELEVATION	FT	ELEV. 9.0'			NOTE 2	C	ALL ELEVATION IN NAVD88
FINISHED FLOOR	CF	ELEV. 12.0'	ELEV. 7.24'	XNC	ELEV. 12.0'	C	--

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SF - SQUARE FEET
CF - CUBIC FEET
V-VARIANCE
XNC-EXISTING NONCONFORMING

2. BASE FLOOD ELEVATION = 9.0' NAVD
2' FREEBOARD REQUIREMENT = 11.0' NAVD
ZONING FLOOD ELEVATION = 12.0' NAVD

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

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www.mascione.com
CERTIFICATE OF AUTHORIZATON No. 21AC00050800

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REVISIONS:

1	03.01.2019	ZONING REVIEW
2	03.11.2019	REVISE F.F. TO ELEV. 12.0'
3	04.03.2019	REVISE NOTE

DRAWING TITLE:

PLOT PLANS, ZONING

PROJECT:

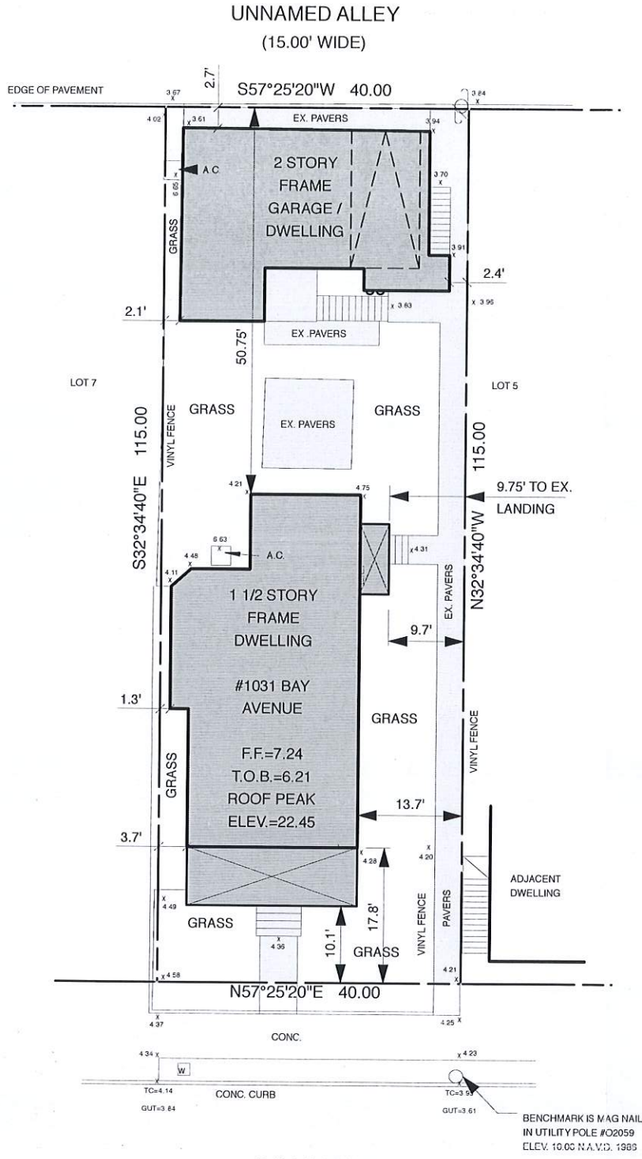
COADY RESIDENCE
1031 Bay Avenue
Ocean City, New Jersey
Block: 1008 Lot: 6

PROJECT No.: 18304
DATE: 01.10.2019

DRAWING No.:

Z-1.1

1 OF 1



1 EXISTING PLOT PLAN

1" = 20'-0"

NOTE:

DARK SHADED AREAS INDICATE BUILDING COVERAGE

LIGHT SHADED AREAS INDICATE IMPERVIOUS COVERAGE

VINYL LATTICE SCREENING AT EXISTING AC UNIT

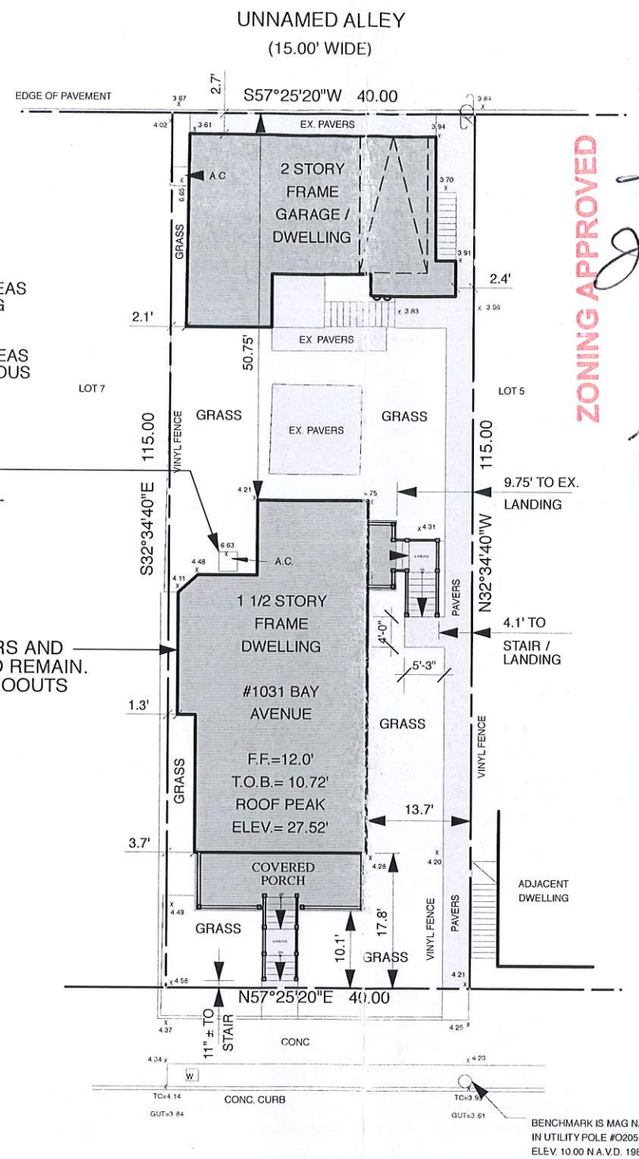
EXISTING GUTTERS AND DOWNSPOUTS TO REMAIN. EXTEND DOWNSPOOUTS AS REQUIRED

ZONING FLOOD ELEV. 12.0' NAVD

2' FREEBOARD / PROPOSED F.F. ELEV. 11.0' NAVD

FEMA FLOOD ELEV. 9.0' NAVD

EXISTING F.F. ELEV. 7.24' NAVD



2 PROPOSED PLOT PLAN

1" = 20'-0"

ZONING APPROVED
BY
DATE 3-21-19

ZONING SCHEDULE

CATEGORY	UNIT	PERMITTED/ REQUIRED	EXISTING	STATUS	PROPOSED	STATUS	REMARKS
USE DESIGNATION		R-1-40					--
LOT AREA	SF	4,000	4,600 SF	C	4,600 SF	C	--
LOT FRONTAGE	FT	40	40.0'	C	40.0'	C	--
LOT DEPTH	FT	100	115.0'	C	115.0'	C	--
LOT WIDTH	FT	40	40.0'	C	40.0'	C	--
FRONT SETBACK	FT	10	10.1' / 17.8'	C	10.1' / 17.8'	C	TO PORCH / TO HOUSE
REAR SETBACK	FT	28.75	2.7' / 50.75'	XNC	2.7' / 50.75'	XNC	TO REAR BUILDING / TO PRIMARY STRUCTURE
LEFT SIDE SETBACK	FT	5 EA., 11 BOTH	1.3'	XNC	1.3'	XNC	--
RIGHT SIDE SETBACK	FT	5 EA., 11 BOTH	9.7' / 13.7'	C	9.7' / 13.7'	C	TO PORCH / TO HOUSE
BUILDING HEIGHT	FT	30	11.66'	C	14.42'	C	ZFE TO RIDGE
PARKING REQUIREMENTS	#	2	1	XNC	1	XNC	--
BUILDING COVERAGE	%	30	42 %	XNC	42 %	XNC	1,930 SF EXISTING, 1,930 SF PROPOSED
IMPERVIOUS COVERAGE	%	60	61.5 %	XNC	62.5 %	XNC	2,831 SF EXISTING, 2,874 SF PROPOSED
FLOOR AREA RATIO	%	70	21	C	21	C	--
CONSTRUCTION CLASS			VB		VB		--
FLOOR AREA	SF		986 SF		986 SF		--
CUBIC FOOTAGE	CF		7,888 SF		7,888 SF		--
FEMA FLOOD ELEVATION	FT	ELEV 9.0'			NOTE 2	C	ALL ELEVATION IN NAVD88
FINISHED FLOOR	CF	ELEV. 12.0'	ELEV. 7.24'	XNC	ELEV. 12.0'	C	--

ABBREVIATIONS
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CONVERSION FACTORS MAY REQUIRE ADDITIONAL HEIGHT.
CONVERSION FROM NGVD29 TO NAVD88:
CAPE MAY COUNTY -1.3 FEET

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ARCHITECT
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REVISIONS:

1	03.01.2019	ZONING REVIEW
2	03.11.2019	REVISE F.F. TO ELEV. 12.0'

DRAWING TITLE:

PLOT PLANS, ZONING

PROJECT:

COADY RESIDENCE
1031 Bay Avenue
Ocean City, New Jersey
Block: 1008 Lot: 6

PROJECT No.: 18304
DATE: 01.10.2019

DRAWING No.:

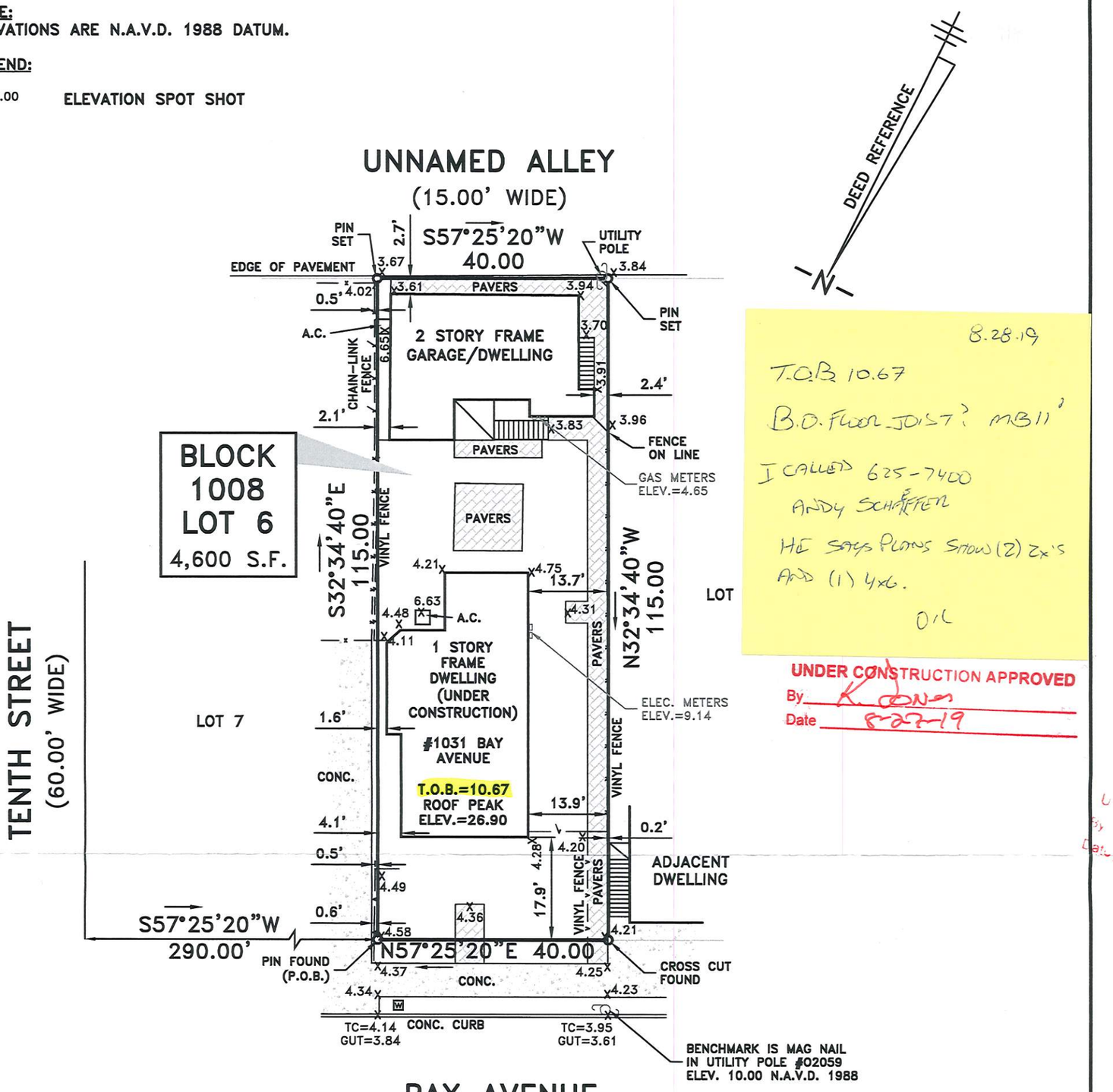
Z-1.1

1 OF 1

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

LEGEND:

x 0.00 ELEVATION SPOT SHOT



8.28.19

T.O.B 10.67

B.O. FLOOR JOIST? MB11'

I CALLED 625-7400
ANDY SCHAEFFER
HE SAYS PLANS SHOW (2) 2x's
AND (1) 4x6.

O/C

UNDER CONSTRUCTION APPROVED
By K. CONN
Date 8-27-19

LOT AREA=4,600 S.F.
BUILDING COVERAGE=1,690 S.F. (36.7%)
IMPERVIOUS COVERAGE=2,595 S.F. (56.4%)
FLOOR AREA RATIO=63.5%
PEAK ELEV.=26.90
DWELLING HEIGHT=14.9' ABOVE Z.F.E.
B.F.E.=9.00 FEET
Z.F.E.=12.00 FEET

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TO: LINDA COADY

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS MAP OR PLAN IS THE RESULT OF A FIELD SURVEY MADE ON NOVEMBER 14, 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.

H A T

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

SchaefferNassarScheidegg
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:
LINDA COADY

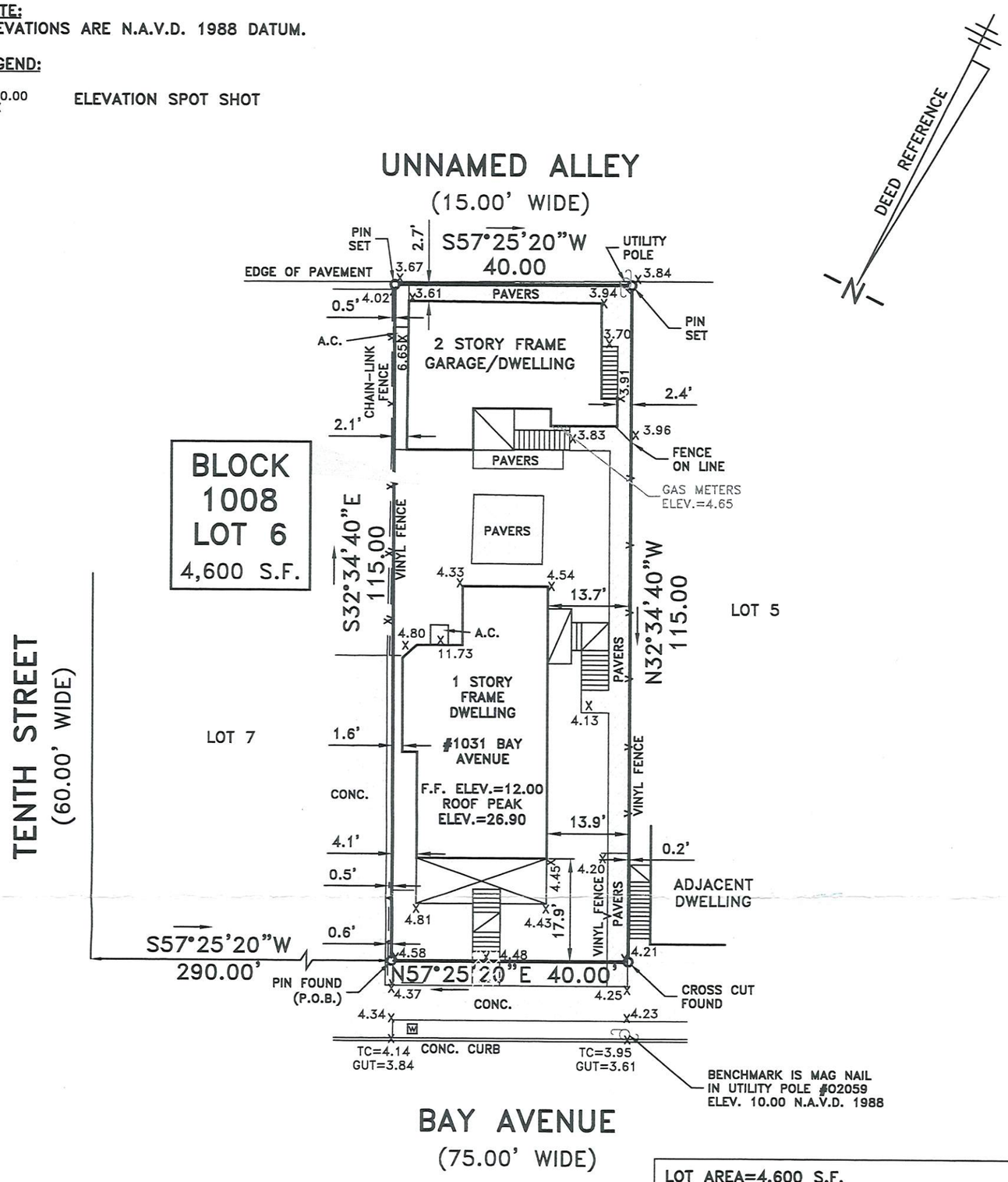
1031 BAY AVENUE
BLOCK 1008, LOT 6
CITY OF OCEAN CITY
CAPE MAY COUNTY
NEW JERSEY

DATE:	11-15-18
SCALE:	1"=20'
DRAWN:	B.G.
CHECKED	H.A.T.
UPDATED:	8-7-19
FILE NO.	18-389

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

LEGEND:

x 0.00 ELEVATION SPOT SHOT



LOT AREA=4,600 S.F.
BUILDING COVERAGE=1,865 S.F. (40.5%)
IMPERVIOUS COVERAGE=2,908 S.F. (63.2%)
FLOOR AREA RATIO=63.5%
PEAK ELEV.=26.90
DWELLING HEIGHT=14.9' ABOVE Z.F.E.
B.F.E.=9.00 FEET
Z.F.E.=12.00 FEET

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

SchaefferNassarScheidegg
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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:
LINDA COADY

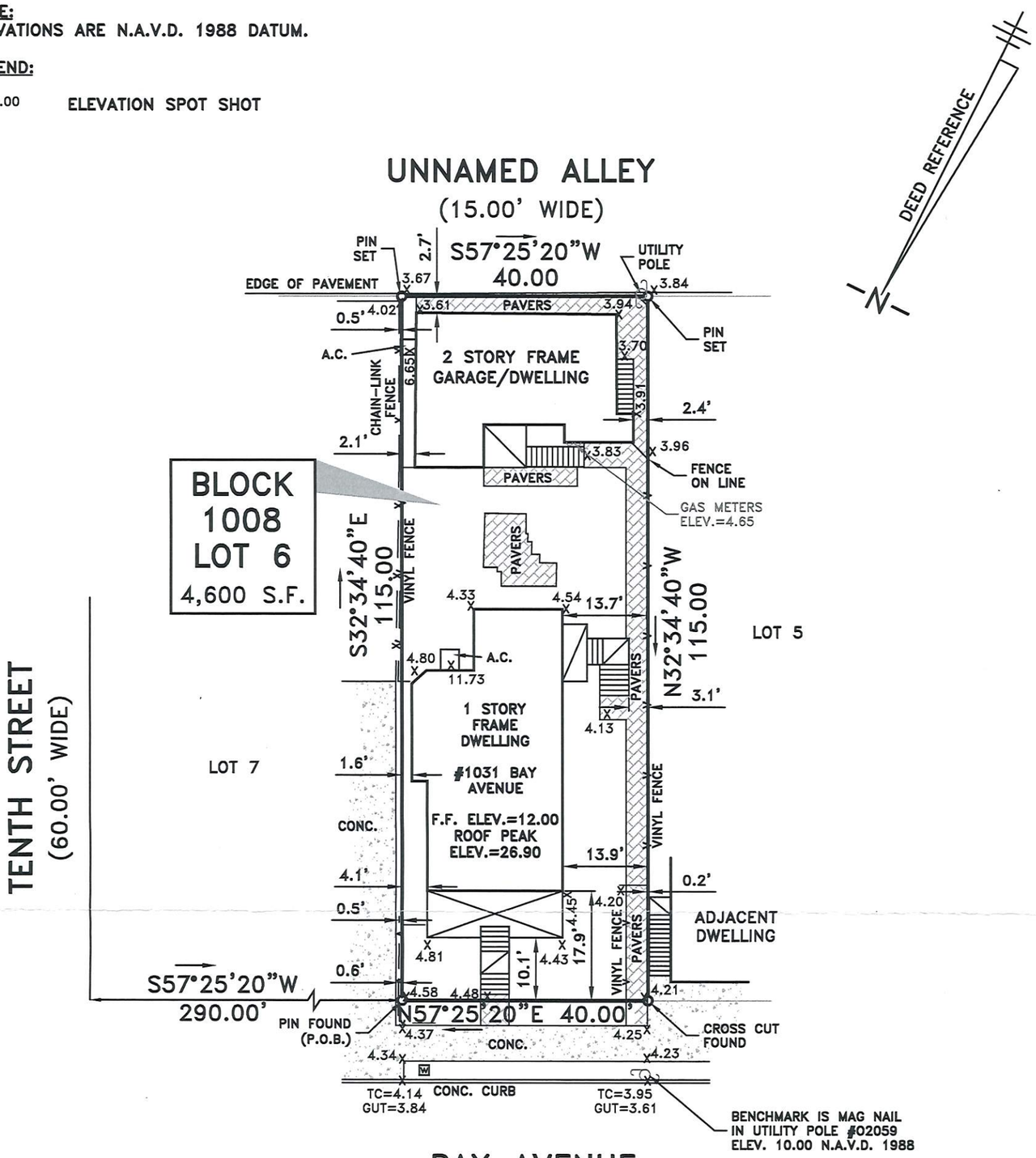
1031 BAY AVENUE
BLOCK 1008, LOT 6
CITY OF OCEAN CITY
CAPE MAY COUNTY
NEW JERSEY

DATE:	11-15-18
SCALE:	1"=20'
DRAWN:	B.G.
CHECKED	H.A.T.
UPDATED:	8-7-19 8-22-19
FILE NO.	18-389

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

LEGEND:

x 0.00 ELEVATION SPOT SHOT



LOT AREA=4,600 S.F.
BUILDING COVERAGE=1,930 S.F. (42.0%)
IMPERVIOUS COVERAGE=2,863 S.F. (62.2%)
FLOOR AREA RATIO=21%
PEAK ELEV.=26.90
DWELLING HEIGHT=14.9' ABOVE Z.F.E.
B.F.E.=9.00 FEET
Z.F.E.=12.00 FEET

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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

SchaefferNassarScheidegg
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:
LINDA COADY

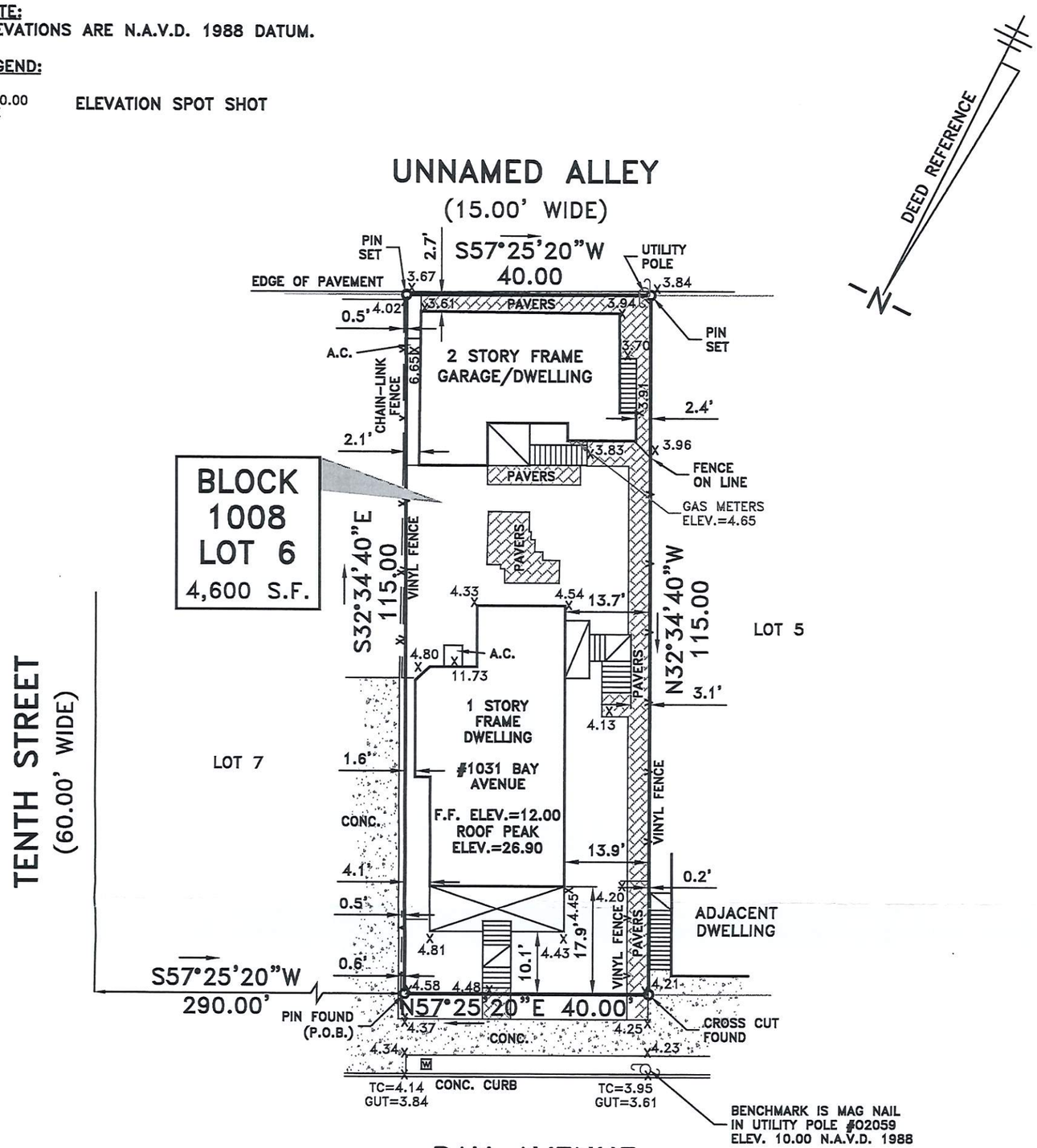
1031 BAY AVENUE
BLOCK 1008, LOT 6
CITY OF OCEAN CITY
CAPE MAY COUNTY
NEW JERSEY

DATE:	11-15-18
SCALE:	1"=20'
DRAWN:	B.G.
CHECKED	H.A.T.
UPDATED:	8-7-19 8-22-19 10-1-19
FILE NO.	18-389

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

LEGEND:

$\overset{0.00}{\times}$ ELEVATION SPOT SHOT



FINAL ZONING COMPLIANCE
BY KOONS
DATE 10-9-19

LOT AREA=4,600 S.F.
BUILDING COVERAGE=1,930 S.F. (42.0%)
IMPERVIOUS COVERAGE=2,863 S.F. (62.2%)
FLOOR AREA RATIO=21%
PEAK ELEV.=26.90
DWELLING HEIGHT=14.9' ABOVE Z.F.E.
B.F.E.=9.00 FEET
Z.F.E.=12.00 FEET

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 AND IS NOT TO BE USED, IN WHOLE OR PART WITHOUT 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 "ISSUED FOR CONSTRUCTION."

TO: LINDA COADY

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS MAP OR PLAN IS THE RESULT OF A FIELD SURVEY MADE ON NOVEMBER 14, 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.

H A T

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