BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 1002
DATE ISSUED
REVISION DATE 2/14/86
Block 52 Lot 6, 7, 55
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner EDGAR CANEPI
Address 153 SEA GIRT AVE
MANASQUAN
Tel. [redacted]

Contractor CHARLES PATRICK
Address 561 WARREN AVE.
SPRING LAKE
Tel. ( ) 449 9670

Work Site Address 153 SEA GIRT AVE.
Lic. No.
Federal Emp. No.

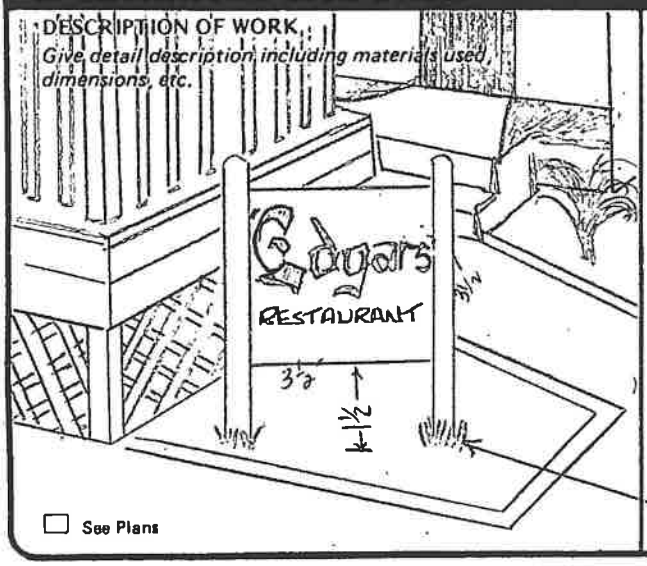
CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Edgar Canepi
OWNER ~~AGENT~~ SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Give detail description including materials used, dimensions, etc.



☐ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☒ Miscellaneous
  - ☐ Fence
  - ☒ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 25.00

C. BUILDING CHARACTERISTICS

USE GROUP: R-1 Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 30.00

D. COMMENTS

Mr Dunn Don spoke to Mr. Canepi on 1/31/86. Gave OK over the telephone to me.

☐ Partial Releases ☒ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

HURLEYS HAS FREE STANDING SIGN BEFORE

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

PERMIT NO. 7339

DATE ISSUED 6/25/85

Block 52 Lot 6,7,55

Subdivision

A. IDENTIFICATION

Owner Edgar Canepi

Address 416 Philadelphia Ave.
~~Sea Crit, N. J.~~

Tel. ( ) ~~Edgar's III~~

Work Site Address 153 Sea Girt Ave.
Manasquan, N. J.

Agent Vincent Spina

Address Irvington, N. Y.

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Permit Fee $ 30.00

Fees Remitted $

☐ Check No.

☑ Cash

☐ Other

Collected By: mlk

Date: 6/25/85

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER

Description of work:

Addition of sun deck 32' x 18' x 72".

Council approval 6/24/85 per resolution.

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: $ 3,000.

D. P. Miller

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 7339
DATE ISSUED 6/25/86
REVISION DATE
Block 52 Lot 6, 7, 55
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner EDGAR CANEPI
Address 416 PHILADELPHIA
PT. PLEASANT BEACH
Tel. [redacted]
Work Site Address 153 SEAGIRT AVE.
MANASQUAN

Contractor
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

ADDITION OF A SUN DECK
DIMENSIONS 32' X 18' X 72"

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 30.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 3,000.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

FIRE SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 7579
DATE ISSUED
REVISION DATE 1/20/86
Block 52 Lot 6, 7, 55
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Edgar's Pub
Address Rt. 71 & Sea Girt Ave. Manasquan, N.J.
Tel. [redacted]
Work Site Address Same

Contractor Reliable Fire Protection
Address P.O. Box 367 Englishtown N.J.
Tel. (201) 446-6500
Lic. No.
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Ed Zuppe
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☒ Other Ansul Wet System
Manual Pull: ☒ Yes ☐ No
Locations: See Plans

OK Inw

Estimated Cost of Work: $ #900.00

$ 10.00

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

$
$
$

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 10.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

inspection 1/20/86 Ronald Wilde 70

☐ Partial Releases ☐ Prototype Processing

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 7824
DATE ISSUED 6/27/86
Block 52 Lot 6.7
Subdivision

A. IDENTIFICATION

Owner Edgar Canepi
Edgar's III
Address ~~416 Philadelphia Ave.~~
Point Pleasant, N. J.
Tel. ( )

Agent Charles Patrick'
Spring Lake, N. J.
Address
Tel. ( )

Work Site Address 153 Sea Girt Ave.
Manasquan, N. J.
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 15.00
Fees Remitted $
☑ Check No.
☐ Cash
☐ Other

Collected By: mdk
Date: ~~6/27/86~~

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

6' stockade fence (about 180' long) finished side to neighbor.

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: $ 500.

C. P. Katz Jr.
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO.
DATE ISSUED 6/27/86
REVISION DATE
Block 52 Lot 6-7
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner EDGAR CANEPI
Address 416 PHILADELPHIA AVE
POINT PLEASANT BEACH
Tel. [redacted]

Work Site Address 153 SEAGIRT AVE
MANASQUAN

Contractor CHARLES PATRICK
Address WARREN AVE
SPRING LAKE
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

X Edgar Canepi
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

6' STOCKADE FENCE (APPROX. 180') (GOOD SIDE OUT.)

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☒ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 15.00

O.K. Russell
FIRE & POLICE

C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present _____ Proposed

No. of Stories 1

Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft.

Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 500

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

CONSTRUCTION PERMIT

№ 6296

Date: 3/1/83

Owner: Bogarts (BDH, Inc.)

Mailing address: 153 Sea Girt Ave.

Phone:

Job Address: same

Block: 652 Lot: 6, 7, 55

Building: Type 52 Use 6, 7, 55

Area or Volume

Contractor: owner

License No.

Mailing Address:

Phone:

Occupancy:

Est. Cost: 900.00

Volume Fee:

N. J. Training Fee:

Alteration Fee: 10.00 Cash

Electric Fee:

Plumbing Fee:

C. O.

Other:

Total:

Permit Authorized By:

Remarks: change bar and dining room.

Inspection Record

Approval received from Boro Council 2/14/83

THIS PERMIT IS REQUIRED ON THE PROPERTY DURING PROSECUTION OF WORK.

APPLICATION

FOR

CONSTRUCTION PERMIT

1. Name of owner: BOGARTS
(If corporation, names and addresses of all officers)

2. Address of owner: 153 Sea Girt Ave
(physical location only - NO POST OFFICE BOX NUMBER, please)

3. Phone number: Business phone _____ Home _____

4. Location of property:
Number of street 153 Sea Girt Ave Block _____ Lot _____

5. Brief description of proposed work: Change bar & dining Room

OM D.A

6. The following to be taken from Plans and Specifications:

A. lot ground coverage in square feet: _____

B. combined total of square feet: _____

C. Total building or structure volumn in cubic feet: _____

D. Total number of plumbing fixtures: _____

E. Total number of electrical fixtures, outlets and major appliances:

F. Special, unusual, or hazardous facilities proposed: Yes _____ No _____

(NOTE: If answer to above is "yes", list separately, and attach all critical exhibits and specifications.)

7. Estimated cost of improvements: (see 5:23-2.5, subsection (b)iv - attached)

$ 900

8. List below the name and trade name; business address, business and home phone numbers and license number of the following:

General Contractor*: OWNER
Building sub-contractor: _____
Trading as: _____
Business address: _____
Business phone: _____ Home phone: _____

Plumbing sub-contractor: _____
Trading as: _____
Business address: _____
Business phone: _____ Home phone: _____ License # _____

Electrical sub-contractor: _____
Business address: _____
Business phone: _____ Home phone: _____

*If owner is to be the General Contractor, so indicate, and insert the name, etc., of the building sub-contractor.

fee 10.00 OK

OVER

approval received from Boro Council 2/14/83

Application for Construction permit

Heating sub-contractor: _____
Business address: _____
Business phone: _____ Home phone: _____

Name and address of responsible person in charge of work

Name _____ Home Phone _____
Address: _____ Business phone _____
Design architect _____ Engineer _____ Contractor _____ other _____

IF NOT SIGNED BY OWNER IN FEE
The following is my affadavit that I am the authorized agent for the owner in fee of the above property and further that I have been given permission to apply for the necessary construction permits for the proposed improvements.

Name: _____
Address: _____
Phone # _____

Sworn to and subscribed before me this _____ day of _____ 1981

_____
Signature

_____

If signed by owner Edgar Vanezi Signature Date _____

Flood hazard location: _____
CAFRA permit: _____
Monmouth County soil erosion: ___
D.O.T. and Monmouth County _____
Planning Board _____
D.E.P. _____

Zoning approval: _____
Planning Board approval: _____
Site Plan approval: _____
Plans and Specs.: _____
Sewer and water: _____

REQUIRED INSPECTIONS:

1. Footings
2. Backfill
3. Wall sheathing
4. Roof sheathing
5. Interior framing & insulation - before sheetrock *
6. Final for C.O. *

* Electric and plumbing inspections must be done before calling for framing or C.O.

Above inspections are minimum for Residential construction. Additional are required in N.J.A.C. 5:23.6.

NOTIFY BUILDING DEPARTMENT 24 HOURS IN ADVANCE FOR ANY INSPECTION.

BUILDING PERMIT

AMOUNT PAID

DEPT. FILE COPY

$10.00

VALIDATION

DATE May 14, 19 79 PERMIT NO. 9807

APPLICANT John Dee ADDRESS 39 Deep Creek Drive, Manasquan
(NO.) (STREET) (CONTR'S LICENSE)

PERMIT TO alteration (___) STORY _____ NUMBER OF DWELLING UNITS _____
(TYPE OF IMPROVEMENT) NO. (PROPOSED USE)

AT (LOCATION) Route 71 and Washington Blvd. ZONING DISTRICT I
(NO.) (STREET)

BETWEEN _____ AND _____
(CROSS STREET) (CROSS STREET)

SUBDIVISION _____ LOT 6/7/&55 BLOCK 52 LOT SIZE _____

BUILDING IS TO BE _____ FT. WIDE BY _____ FT. LONG BY _____ FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE _____ USE GROUP _____ BASEMENT WALLS OR FOUNDATION _____
(TYPE)

REMARKS: cut opening in roof -

AREA OR VOLUME _____ ESTIMATED COST $ 150.00 PERMIT FEE $ 10.00
(CUBIC/SQUARE FEET)

OWNER Hurleys Raquet Club

ADDRESS 71 & Washington Blvd., Manasquan, N.J. BUILDING DEPT. BY _____

(Affidavit on reverse side of application to be completed by authorized agent of owner)

FORM NO. BOCA-BP 1969

APPLICATION

FOR

CONSTRUCTION PERMIT

1. Name of owner: RAQUET Club
(if corporation, names and addresses of all officers)

2. Address of owner: 71 a Washington Blvd -
(physical location only - NO POST OFFICE BOX NUMBER, please)

3. Phone number: Business phone _____ Home _____

4. Location of property:
Number of street same Block 52 Lot 6/1/+55

5. Brief description of proposed work:
CUT open in Roof for FAN

6. The following to be taken from Plans and Specifications:

A. lot ground coverage in square feet: _____

B. combined total of square feet: _____

C. Total building or structure volumn in cubic feet: _____

D. Total number of plumbing fixtures: _____

E. Total number of electrical fixtures, outlets and major appliances:

F. Special, unusual, or hazardous facilities proposed: Yes _____ No _____

(NOTE: if answer to above is "yes", list separately, and attach all critical exhibits and specifications.)

7. Estimated cost of improvements: (see 5:23-2.5, subsection (b)iv - attached)
$ 9/ 150.

8. List below the name and trade name; business address, business and home phone numbers and license number of the following:

General Contractor*: John Dee Co.
Building sub-contractor: _____
Trading as: _____
Business address: 39 Deep Creek Dr. - MANAHAWKIN.
Business phone: 223 4840 Home phone: 223-3508

Plumbing sub-contractor: _____
Trading as: _____
Business address: _____
Business phone: _____ Home phone: _____ License # _____

Electrical sub-contractor: _____
Business address: _____
Business phone: _____ Home phone: _____

*If owner is to be the General Contractor, so indicate, and insert the name, etc., of the building sub-contractor.

Heating sub-contractor:_____
Business address:_____
Business phone:_____ Home phone:_____

If all information requested in #8 is not known at the time this application is submitted, it will not hold up its acceptance, provided all other required exhibits for Plan Review accompany this application. This information shall be provided to the Construction Official "not later than the commencement of work" (5:23-2.5 sub-section (b) 2 - attached).

9. Name and address of responsible person in charge of work.
(See 5:23-2.5 sub-section (b) 2-iii - attached.)

Name_____ Home phone_____
Address:_____ Business phone_____
Design architect_____ Engineer_____ Contractor_____ Other_____

Affidavit granting permission to:

Name_____
Address:_____ Telephone_____
Title_____ is attached hereto.

Flood Hazard Location:

CAFRA Permit:

Monmouth County Soil Erosion:

D.O.T. and Monmouth County Planning Board:

D.E.P.

ZONING APPROVAL:

PLANNING BOARD APPROVAL:

SITE PLAN APPROVAL:

PLANS AND SPECS.:

SEWER AND WATER:

Signature of owner: J. Lee Co.

Date: May 14, 1979

REQUIRED INSPECTIONS

1. Footings
2. Backfill
3. Wall Sheathing
4. Roof Sheathing
5. Interior Framing & Insulation before Sheetrock*
6. Final for C.O.*

* Electric & Plumbing inspections must be done before calling for Framing or C.O.

Above inspections are minimum for Residential Construction.
Additional requirements are required in N.J.A.C. 5:23-2.6.
Notify Building Department 24 hours in advance.

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 120
DATE ISSUED
REVISION DATE 11/21/89
Block 52 Lot 6, 7, 55
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner EDGARS PUB (E & H HOLDING) Contractor
Address 153 SEA GIRT AVE Address
MANASQUAN
Tel. ( ) [redacted] Tel. ( )
Work Site Address SAME Lic.No./Bus. Permit
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection		1	Other meter	5.
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 5.

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Drainage — Material _____ Size _____
Building Sewer— Material _____ Size _____
Water Service— Material _____ Size _____
Venting — Material _____ Size _____
Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

P & C cash
mtr

☐ Partial Releases ☐ Prototype Processing

Form E-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2/24/94
Date Issued
Control #
Permit # 94-41

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

Block 52 Lot 6
Work Site Location EDGARS PUB 153 Sea GIRT AVE
MANASQUAN NJ 08736
Owner in Fee Same
Address
Tele. [redacted]
Contractor JAMES J LIGHTBODY PLUMBING
Address 207 13TH AVE
Belmar NJ 07719
Tele. (908) 280-9444
Lic. No. 9501
Federal Emp. No. N/A or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ✓
Building Sewer Size 4" Public Sewer ✓ Private Septic ____
Water Service Size 1" Public Water ✓ Private Well ____
Estimated Cost of Plumbing Work $ 450.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: ____
Approved by: ____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By: [illegible]
Date: 9/15/94

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
____	Water Closet	____
____	Urinal/Bidet	____
____	Bath Tub	____
____	Lavatory	____
____	Shower	____
____	Floor Drain	____
____	Sink	____
____	Dishwasher	____
____	Drinking Fountain	____
____	Washing Machine	____
____	Hose Bibb	____
____	Water Heater	____
____	Fuel Oil Piping	____
____	Gas Piping	____
____	Steam Boiler	____
____	Hot Water Boiler	____
____	Sewer Pump	____
1	Interceptor/Separator	____
____	Backflow Preventer	____
____	~~Greasetrap~~	____
____	Water Cooled A/C or Refrigeration Unit	____
____	Sewer Connection	____
____	Water Service Connection	____
____	Active Solar System	____
____	Other	____

Administrative Surcharge $ ____
Paid [ ] Check # 621 Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: SMB TOTAL $ 35.00

U.C.C. Form F-1308 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BOROUGH OF MANASQUAN
FOR INSPECTIONS PLEASE
PHONE (908)223-1480

Date Issued 02/24/94
Control #
Permit # 94-41

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 52 Lot 6

Work Site Location 153 SEA GIRT AVENUE

Owner in Fee EDGAR'S PUB (ED CANEPI)
Address 153 SEA GIRT AVENUE
MANASQUAN, NJ 08736-
Telephone [redacted]

Contractor JAMES S. LIGHTBODY PLUMBING
Address 207 13TH AVENUE
BELMAR, NJ 07719-
Telephone (908)280-9444
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. _____
or Social Security No. [redacted]

Is hereby granted permission to perform the following work:
[ ] BUILDING [X] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

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 $ 450

APR
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	35
Check No.	621
Cash	
Collected By:	SMB

Manasquan, N. J.

CONSTRUCTION PERMIT

Date Issued 5/30/91
Control #
Permit # 91.193

IDENTIFICATION Block 52 Lot 6

Work Site Location 153 Sea Girt Avenue
Manasquan, N. J.
Owner In Fee Edgars Pub
Address same
Tele. ( ) —

Contractor CWR Security Systems
Address Union & Curtis Avenues
Manasquan, N. J.
Tele. ( ) —
Lic. No. or Bldrs. Reg. No. — Exp. Date —
Federal Emp. No. —
or Social Security No. —

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER —
[ ] ELECTRICAL [xx] FIRE PROTECTION

DESCRIPTION OF WORK:

Fire 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 $ 800.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	XX.
Plumbing	
Electrical	
Fire Protection	46.
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	46.
Check No.	5757
Cash	
Collected By:	mk

U.C.C. Form F-170A

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5/30/91
Date Issued
Control #
Permit # 91-193

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

Block 52 Lot 6
Work Site Location 153 SEA GIRT AVE MANASQUAN, N.J. 08736
Owner in Fee EDGARS PUB
Address 153 SEA GIRT AVE MANASQUAN, NJ 08736
Tele. ( ) [redacted]
Contractor CWK SECURITY SYS. INC.
Address UNION & CURTIS Rds MANASQUAN, NJ 08736
Tele. ( ) 223-1631
Lic. No.
Federal Emp. No. _____ or Social Security No. 22-2441577

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 800.00 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[✓] Fire Plans Approved
Date: 5-30-91
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date: 6-11-91
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test			6-11-91	
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision ✓
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	1	
Heat Detectors	1	
TOTAL	2	46.
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # _____ Minimum Fee $ 46.
Collected by _____ TOTAL FEE $ 46.

U.C.C. Form F-140A
1 White = Office Copy 2 Canary = Office Copy
3 Pink = Applicant Copy 4 Hard = Inspector Copy

46

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2/22/90
Control #
Permit # 13026

Manasquan, N. J.

IDENTIFICATION Block 52 Lot 6, 7, 55

Work Site Location 153 Sea Girt Avenue
Manasquan, N. J.

Owner in Fee E & H Holding Corp.
Address 416 Philadelphia Ave.
Manasquan, N. J. 08742
Tele. ( )

Contractor Northeast Satellite
Address 1285 Highway 35
Middletown, N. J.
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[xk] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Satellite dish constructed on roof according to resolution 1-89 Bd of Adj.

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 $ 1700.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	20.
Plumbing	
Electrical	
Fire Protection	
Other	fine 380.
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	09788
Cash	
Collected By:	mdk

U.C.C. Form F-170A

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 13026
DATE ISSUED
REVISION DATE 2/22/90
Block 52 Lot 6, 7, 55
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner E & H Holding Corp .
Address 416 Philadelphia Ave.
Pt. Pleasant Beach, N. J.
Tel. ( )
Work Site Address 153 Sea Girt Ave.
Manasquan, N. J.

Contractor Northeast Satellite
Address ~~Bricktown, N. J.~~ 1285 Hwy 35 Middletown NJ
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Edgar Cuneo
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Satellite dish constructed on roof.

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☒ Alteration/Renovation		20.
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other fire		380
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 400 —

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 1700.

D. COMMENTS

OK per Bd Pol Resolution 1-89
Oper 2/22/90

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 13026
DATE ISSUED
REVISION DATE 2/22/90
Block 52 Lot 6, 7, 55
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner E & H Holding Corp.
Address 416 Philadelphia Ave.
Pt. Pleasant Beach, N. J.
Tel. ( )
Work Site Address 153 Sea Girt Ave.
Manasquan, N. J.

Contractor Northeast Satellite
Address ~~Bricktown~~ N. J.
1255 Hwy 35
Tel. ( ) ~~Middletown~~ 219
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Satellite dish constructed on roof.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other fence

	Fee Basis	Fee
		$
		20.
		380.
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 400

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 1700.

D. COMMENTS

OK per Resolution 1-89
Mar 2 '90

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy; White = Applicant Copy; Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☒ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☒ CA

Date: 2/22/90

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

BUILDING PERMIT

DEPT. FILE COPY

AMOUNT PAID 20.00

VALIDATION

DATE Sept. 3 19 81 PERMIT NO. 251-81 V

APPLICANT B.D. H. Inc ADDRESS 153 Sea Girt Ave. (CONTR'S LICENSE)
(NO.) (STREET)

PERMIT TO brickface & alter (TYPE OF IMPROVEMENT) ( ) NO. STORY (PROPOSED USE) NUMBER OF DWELLING UNITS

AT (LOCATION) (NO.) (STREET) ZONING DISTRICT I

BETWEEN (CROSS STREET) AND (CROSS STREET)

SUBDIVISION LOT 6,7,55 BLOCK 52 LOT SIZE

BUILDING IS TO BE FT. WIDE BY FT. LONG BY FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE USE GROUP BASEMENT WALLS OR FOUNDATION (TYPE)

REMARKS: brickface/alter. to interior - Contractor V. Spina

Cash

AREA OR VOLUME (CUBIC/SQUARE FEET) ESTIMATED COST $ 1800.00 PERMIT FEE $ 20.00

OWNER same

ADDRESS

BUILDING DEPT. BY

(Affidavit on reverse side of application to be completed by authorized agent of owner)

FORM NO. BOCA-BP 1969

APPLICATION
FOR
CONSTRUCTION PERMIT

E+H Holding

1. Name of owner: B.D.H INC. EDGAR CANEPI 100% SHARES
(If corporation, names and addresses of all officers)

2. Address of owner: 416 PHILADELPHIA AVE PT. PLEASANT BEACH NJ.
(physical location only - NO POST OFFICE BOX NUMBER, please)

3. Phone number: Business phone [redacted] Home 295-4507

4. Location of property:
Number of street 153 SEA GIRT AVE Block 52 Lot 6, 7 + 55

5. Brief description of proposed work: INTERIOR ALTERATIONS FOR PLAN BRICK FACE

6. The following to be taken from Plans and Specifications:

A. lot ground coverage in square feet:

B. combined total of square feet:

C. Total building or structure volumn in cubic feet:

D. Total number of plumbing fixtures:

E. Total number of electrical fixtures, outlets and major appliances:

F. Special, unusual, or hazardous facilities proposed: Yes_____ No_____

(NOTE: If answer to above is "yes", list separately, and attach all critical exhibits and specifications.)

+ 7. Estimated cost of improvements: (see 5:23-2.5, subsection (b)iv - attached)
$ 1700 INTERIOR - BRICK FACE 600.00

8. List below the name and trade name; business address, business and home phone numbers and license number of the following:

+ General Contractor*: VINCENT SPINA
Building sub-contractor: GINO
Trading as:
Business address: 192 S. BUCKHOUT ST. IRVINGTON N.Y.
Business phone: _____ Home phone: 914 591-6038

Plumbing sub-contractor:
Trading as:
Business address:
Business phone: _____ Home phone: _____ License #_____

Electrical sub-contractor:
Business address:
Business phone: _____ Home phone: _____

*If owner is to be the General Contractor, so indicate, and insert the name, etc., of the building sub-contractor.

OK 9-3-81
20.00 fee

Dan has plan

Heating sub-contractor: _____
Business address: _____
Business phone: _____ Home phone: _____

If all information requested in #8 is not known at the time this application is submitted, it will not hold up its acceptance, provided all other required exhibits for Plan Review accompany this application. This information shall be provided to the Construction Official "not later than the commencement of work" (5:23-2.5 sub-section (b) 2 - attached).

9. Name and address of responsible person in charge of work.
(See 5:23-2.5 sub-section (b) 2-iii - attached.)

Name _____ Home phone _____
Address: _____ Business phone _____
Design architect _____ Engineer ____ Contractor _____ Other _____

Affidavit granting permission to:

Name _____
Address: _____ Telephone _____
Title _____ is attached hereto.

Flood Hazard Location:

CAFRA Permit:

Monmouth County Soil Erosion:

D.O.T. and Monmouth County Planning Board:

D.E.P.

ZONING APPROVAL:
PLANNING BOARD APPROVAL:
SITE PLAN APPROVAL:
PLANS AND SPECS.:
SEWER AND WATER:

X Signature of owner: Edgar Campi
Date: 9/3/81

REQUIRED INSPECTIONS:

1. Footings
2. Backfill
3. Wall sheathing
4. Roof sheathing
5. Interior framing & insulation before sheetrock*
6. Final for C.O.*

*Electric & plumbing inspections must be done before calling for framing or C.O.

Above inspections are minimum for Residential Construction. Additional are required in N.J.A.C. 5:23-2.6. Notify Building Department 24 hours in advance.

BUILDING PERMIT

DEPT. FILE COPY

AMOUNT PAID 30.00

VALIDATION

DATE October 30, 1979 PERMIT NO. 9994

APPLICANT Hurleys Raquet Club..... ADDRESS 153 Sea Girt, Ave., Manasquan, N.J (NO.) (STREET) (CONTR'S LICENSE)

PERMIT TO alteratinn (TYPE OF IMPROVEMENT) (___) NO. STORY (PROPOSED USE) NUMBER OF DWELLING UNITS

AT (LOCATION) 153 SEa Girt Ave. (NO.) (STREET) ZONING DISTRICT R-2

BETWEEN (CROSS STREET) AND (CROSS STREET)

SUBDIVISION LOT 6/7/55 BLOCK 52 LOT SIZE

BUILDING IS TO BE FT. WIDE BY FT. LONG BY FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE USE GROUP BASEMENT WALLS OR FOUNDATION (TYPE)

REMARKS: re-stucco entire building. Apply 1x6 board in english tudor design.

AREA OR VOLUME (CUBIC/SQUARE FEET) ESTIMATED COST $ 3000.00 PERMIT FEE $ 30.00

OWNER Hurleys Racquet Club

ADDRESS 153 Sea Girt Ave., Manasquan, N.J.

BUILDING DEPT. BY Dpm/jeb

(Affidavit on reverse side of application to be completed by authorized agent of owner)

FORM NO. BOCA-BP 1969

~~227~~ 449-1545

APPLICATION
FOR
CONSTRUCTION PERMIT

1. Name of owner: Hurley's Racquet Club
(If corporation, names and addresses of all officers)
Gerald Hurley - 153 Sea Girt Ave.

2. Address of owner: ~~153 Sea Girt Ave.~~
(physical location only - NO POST OFFICE BOX NUMBER, please)

3. Phone number: Business phone_____ Home_____

4. Location of property:
Number of street 153 Sea Girt Ave. Block 52 Lot 6/7/55

5. Brief description of proposed work:
RE STUCCO ENTIRE BUILDING.
+ APPLY 1X6 BOARD IN ENGLISH TUDOR
DESIGN.

6. The following to be taken from Plans and Specifications:

A. lot ground coverage in square feet:_____

B. combined total of square feet:_____

C. Total building or structure volumn in cubic feet:_____

D. Total number of plumbing fixtures:_____

E. Total number of electrical fixtures, outlets and major appliances:

F. Special, unusual, or hazardous facilities proposed: Yes_____ No_____

(NOTE: If answer to above is "yes", list separately, and attach all critical exhibits and specifications.)

7. Estimated cost of improvements: (see 5:23-2.5, subsection (b)1y - attached)
$ 3000 - (Wood Work @ 1000-00 or less)

8. List below the name and trade name; business address, business and home phone numbers and license number of the following:

General Contractor*: ABLE STUCCO CO
Building sub-contractor:_____
Trading as:_____
Business address: 305 MEMORIAL DR. ASBURY PK.
Business phone: 774-0333 Home phone:_____

Plumbing sub-contractor:_____
Trading as:_____
Business address:_____
Business phone:_____ Home phone:_____ License #_____

Electrical sub-contractor:_____
Business address:_____
Business phone:_____ Home phone:_____

*If owner is to be the General Contractor, so indicate, and insert the name, etc., of the building sub-contractor.

OK
DPK 10-30-79

Heating sub-contractor: __________
Business address: __________
Business phone: __________ Home phone: __________

If all information requested in #8 is not known at the time this application is submitted, it will not hold up its acceptance, provided all other required exhibits for Plan Review accompany this application. This information shall be provided to the Construction Official "not later than the commencement of work" (5:23-2.5 sub-section (b) 2 - attached).

9. Name and address of responsible person in charge of work.
(See 5:23-2.5 sub-section (b) 2-III - attached.)

Name Dennek Close Home phone [redacted]
Address: 106 Meadowbrook Rd Spring Lake Business phone [illegible]
Design architect ___ Engineer ___ Contractor ___ Other ___

Affidavit granting permission to:

Name __________
Address: __________ Telephone __________
Title __________ is attached hereto.

Flood Hazard Location:

CAFRA Permit:

Monmouth County Soil Erosion:

D.O.T. and Monmouth County Planning Board:

D.E.P.

ZONING APPROVAL:
PLANNING BOARD APPROVAL:
SITE PLAN APPROVAL:
PLANS AND SPECS.:
SEWER AND WATER:

Signature of owner: __________

Date: __________

REQUIRED INSPECTIONS:

1. Footings
2. Backfill
3. Wall sheathing
4. Roof sheathing
5. Interior framing & insulation before sheetrock*
6. Final for C.O.*

*Electric & plumbing inspections must be done before calling for framing or C.O.

Above inspections are minimum for Residential Construction. Additional are required in N.J.A.C. 5:23-2.6. Notify Building Department 24 hours in advance.

CONSTRUCTION CODE INSPECTION (E+H HOLDING)

Permit No. 849 - 858

Type of Inspection FINAL (BOGART'S)

Location 153 SEA GIRT AVE

Name of Person Making Request CORBO

Date and Time Request for Inspection Was Made 3/1/82

Date and Time Job Will be Ready for Inspection 3/1/82

✓ ACCEPTED

..... REJECTED - Violation must be corrected before additional work is performed.

..... REJECTED - Violation must be corrected before final inspection is approved.

REJECTION REQUIRES RE-INSPECTION.

Comments: block 52 - 67, 55

M. J. Thom

INSPECTOR

Date and Time of Inspection 3/1/82 10 AM

Date and Time Inspection Report Filed 3/1/82 10 AM

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 8660
DATE ISSUED 9/14/87
REVISION DATE
Block 52 Lot 6, 7, 57
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner EDGARS PUB
Address SEA GIRT AVE MANASQUAN NJ
Tel. ( )

Contractor Timothy Peters
Address 1408 COMMONWEALTH TOMS RIVER N.J. 08753
Tel. (201) 341-4414

Work Site Address
Lic.No./Bus. Permit.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
1	Lavatory/Sink	5.00		Indirect Connection	
1	Shower/Floor Drain	5.00		Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 15.		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 15.

C. PLUMBING CHARACTERISTICS

USE GROUP: Present Proposed

Drainage –	Material	ABS	Size	3 - 2
Building Sewer–	Material		Size	
Water Service–	Material		Size	
Venting –	Material	ABS	Size	2

Estimated Cost of Plumbing Work: $ 1000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

Garden State Electrical Inspection Services, Inc.

Manasquan N.J.

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 8705
DATE ISSUED 9/30/87
REVISION DATE
Block 52 Lot 6, 7, 55
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner EDGAR's PUB & RESURANT
Address Sea Girt Ave.
Manasquan, N.J. 08736
Tel. (201 449-9637
Work Site Address SAME

Contractor Mon-Ocean Electric Inc.
Address 55 Colby Ave.
Manasquan, N.J. 08736
Tel. (201 223-0744
Lic.No./Bus. Permit. 1302/1302
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent. Charles Jellinek

Charles Jellinek
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
5	Switching Outlets	$		H.V.A.C. Equipment	$
10	Lighting Outlets			Switching Devices	
20	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric	20.			
	Heating, Electric				
5	Switches				
10	Lighting Fixtures			Other	
20	Receptacles			Other Boxes	10.
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1	$ 20.		COLUMN 2	$ 10.

Fee	
COLUMN 1	$ 20.
COLUMN 2	10.
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 30.

NOV 10 1987

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: _____ Amps _____ Phase _____ System Type

_____ Wire _____ Volts _____ Wiring Method

Total No. of Meters: _____

Estimated Cost of Electrical Work: $ $2000.00

D. COMMENTS

READY FOR INSPECTION!!

Rough inspection now

Will call when ready for the final inspection.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83)

OFFICE COPY

FIRE SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 8868
DATE ISSUED
REVISION DATE 2/23/88
Block 52 Lot 6, 7, 5
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner EDGARS PUB
Address 133 SEAGIRT AVE
MANASQUAN NJ
Tel. ( )
Work Site Address same

Contractor Reliable Fire Protection
Address PO 367
MANALAPAN NJ
Tel. (201) 446-6500
Lic. No.
Federal Emp. No. 22-26 25886

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

ED 2 unpe
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

FEE

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $ — $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☑ Other Ansul R-102 6 GALLON
Manual Pull: ☑ Yes ☐ No
Locations:

Estimated Cost of Work: $ 8000 — $ 25.00

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ — $

FEE

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ — $

B5. OTHER

	FEE
Plan Review	$ 10.00
	$
	$
Subtotal	$ 10.00
Minimum Fire Protection Fee (If Applicable)	$ 25.00
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)	$ 35.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $ 8000

D. COMMENTS

Approved
on
1/28/88

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 8681
DATE ISSUED 9/18/87
Block 52 Lot 6,7,55
Subdivision

A. IDENTIFICATION

Owner Edgar's Pub
Address 153 Sea Girt Ave. Manasquan, N. J.
Tel. ( )
Work Site Address same

Agent Gene Sangillo
Address Spring Lake, N. J.
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 65.97
Fees Remitted - $
☒ Check No. 4865
☐ Cash
☐ Other
Collected By: mdk
Date: 9/18/87

is hereby granted permission to perform the following work:

☐ XX BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Kitchen addition.

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: $ 9,500.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 8681
DATE ISSUED 9/18/87
REVISION DATE
Block 57 Lot 6, 7, 35
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner EDGARS PUB & RESTAURANT
Address 153 SEA GIRT AVE. MANASQUAN
Tel. [redacted]
Work Site Address 153 SEA GIRT AVE. MANASQUAN

Contractor Dere Sarzillo Sp. Lic Sig
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

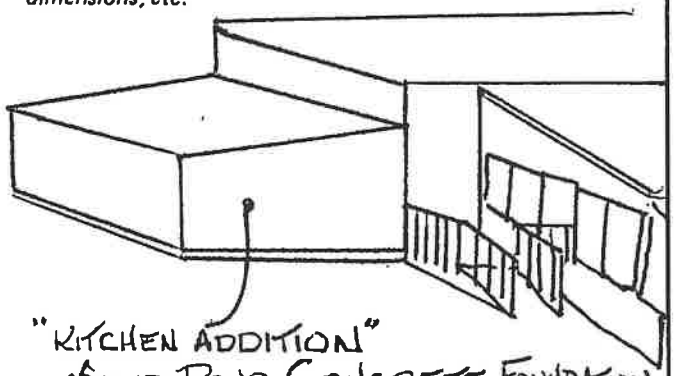
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.



"KITCHEN ADDITION"
- SOLID POUR CONCRETE FOUNDATION
- FOUR INCH SOLID POUR FLOOR
- PLYWOOD WALLS ON 2x4 - 16" O.C.
- LAMINATED CEILING BEAM

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☒ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 65.97

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 9,500.

D. COMMENTS

52.80 @ 3.17 = C.O.
10.
65.97 ok

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

CONSTRUCTION PERMIT APPLICATION

52 - 9.01

I. IDENTIFICATION

1. Proposed Work at: 153 SEA GIRT AVE. MANASQUAN
2. Owner Name: EDGARS PUB & RESTAURANT Tel. ( )
   Address 153 SEA GIRT AVE MANASQUAN
3. Principal Contractor: Tel. ( )
   Address
   Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work Tel. ( )

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☒ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/ Structural	$
2. ☐ Plumbing	
3. ☐ Electrical	
4. ☐ Fire Protection	
5. ☐ Other	
6. ☐ Other	
TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units

If other than new construction, enter no. of dwelling units:
Before Construction:
After Construction:
Net Gain (or loss):

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☒ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use:

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☒	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 1
15. Height of Structure 14 Ft. 14
16. Area–Largest Floor 240 Sq. Ft.
17. Bldg. Area–All Fls. Sq. Ft.
18. Volume of Structure Cu. Ft.
19. Total Land Area Disturbed Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE Edgar Campos DATE 9-17-87

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: EDGARS PUB III 153 SEA GIRT AVE.
2. Owner Name: EDGAR CANEPI Tel. (201) 295 4431
   Address 416 PHILADELPHIA AVE
3. Principal Contractor: VINCENT SPINA Tel. ( ) Pub- 449-4432
   Address
   Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work Tel. ( )

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: AUN DECK

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 3,000.

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units

If other than new construction, enter no. of dwelling units:
Before Construction:
After Construction:
Net Gain (or loss):

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–6)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use:

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☑	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☑ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☑ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories
15. Height of Structure Ft.
16. Area–Largest Floor Sq. Ft.
17. Bldg. Area–All Fls. Sq. Ft.
18. Volume of Structure Cu. Ft.
19. Total Land Area Disturbed Sq. Ft.

OK · 30.00

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE Edgar Chueca

APPLICATION

FOR

CONSTRUCTION PERMIT

1. Name of owner: Hurleys Racquet Club Bar
(If corporation, names and addresses of all officers)
Gerald Hurley - 153 Sea Girt Avenue
Manasquan, N.J.

2. Address of owner: _____
(physical location only - NO POST OFFICE BOX NUMBER, please)

3. Phone number: Business phone 449-1545 Home [redacted]

4. Location of property:
Number of street 153 Sea Girt Ave. Block 52 Lot 6/7/55

5. Brief description of proposed work:
Removal of old wooden signs from bldg. Replaced with 1 Wood sign 17'-0" x 4'-0" and one Elect. Plastic sign. Shown on drawings submitted.

6. The following to be taken from Plans and Specifications:

A. lot ground coverage in square feet: _____

B. combined total of square feet: _____

C. Total building or structure volumn in cubic feet: _____

D. Total number of plumbing fixtures: _____

E. Total number of electrical fixtures, outlets and major appliances:

F. Special, unusual, or hazardous facilities proposed: Yes_____ No_____

(NOTE: If answer to above is "yes", list separately, and attach all critical exhibits and specifications.)

7. Estimated cost of improvements: (see 5:23-2.5, subsection (b)iv - attached)
$ [redacted] $1,500.00

8. List below the name and trade name; business address, business and home phone numbers and license number of the following:

General Contractor*: by Owner
Building sub-contractor: _____
Trading as: _____
Business address: _____
Business phone: _____ Home phone: _____

Plumbing sub-contractor: _____
Trading as: _____
Business address: _____
Business phone: _____ Home phone: _____ License # _____

Electrical sub-contractor: _____
Business address: _____
Business phone: _____ Home phone: _____

*If owner is to be the General Contractor, so indicate, and insert the name, etc., of the building sub-contractor.

68

L 11 117

Heating sub-contractor:_____
Business address:_____
Business phone:_____ Home phone:_____

If all information requested in #8 is not known at the time this application is submitted, it will not hold up its acceptance, provided all other required exhibits for Plan Review accompany this application. This information shall be provided to the Construction Official "not later than the commencement of work" (5:23-2.5 sub-section (b) 2 - attached).

9. Name and address of responsible person in charge of work.
(See 5:23-2.5 sub-section (b) 2-iii - attached.)

Name_____ Home phone_____
Address:_____ Business phone_____
Design architect_____ Engineer_____ Contractor_____ Other_____

Affidavit granting permission to:

Name_____
Address:_____ Telephone_____
Title_____ is attached hereto.

Flood Hazard Location:

CAFRA Permit:

Monmouth County Soil Erosion:

D.O.T. and Monmouth County Planning Board:

D.E.P.

ZONING APPROVAL:

PLANNING BOARD APPROVAL:

SITE PLAN APPROVAL:

PLANS AND SPECS.:

SEWER AND WATER:

Signature of owner:_____

Date:_____

REQUIRED INSPECTIONS:

1. Footings
2. Backfill
3. Wall sheathing
4. Roof sheathing
5. Interior framing & insulation before sheetrock*
6. Final for C.O.*

*Electric & plumbing inspections must be done before calling for framing or C.O.

Above inspections are minimum for Residential Construction. Additional are required in N.J.A.C. 5:23-2.6. Notify Building Department 24 hours in advance.

107-80 B-

lists permitted signs in business area

(1) signs project above roof

~~(4) exceeds 2 ft bldg frontage~~

(5) aggregate area exceeds 100 ft

(2) only one (1) sign per face of bldg.

15
64
40
90
960
44
128

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 153 SEA GIRT AVENUE MANASQUAN
2. Owner Name: EDGAR CANEPI Tel. [redacted]
   Address 153 SEA GIRT AVENUE
3. Principal Contractor: SAME Tel. (201) 449 9637
   Address SAME
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____ Pub. 449-4422
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work CHARLES PATRICK Tel. (___) 223 5023

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☒ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1.	☒ Building/ Structural	$ _____
2.	☐ Plumbing	_____
3.	☐ Electrical	_____
4.	☐ Fire Protection	_____
5.	☐ Other _____	_____
6.	☐ Other _____	_____
	TOTAL COST	$ _____

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☒ Restaurants; Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☒	☐	Gas
4.	☐	☐	Oil
5.	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories ONE
15. Height of Structure TWELVE Ft.
16. Area–Largest Floor 1188 Sq. Ft.
17. Bldg. Area–All Fls. 1188 Sq. Ft.
18. Volume of Structure 9504 Cu. Ft.
19. Total Land Area Disturbed 1188 Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☒ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE Edgar Campos DATE 11-24-86

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: EDGARS PUB 153 SEA GIRT AVE MANASQUAN
2. Owner Name: _____ Tel. (___) _____
   Address _____
3. Principal Contractor: RELIABLE FIRE PROTECTION Tel. (201) 446-6500
   Address PO BOX 367 MANALAPAN NJ
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 22-2625646
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work ED ZUPPE Tel. (201) 446-6500

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ _____
2. ☐	Plumbing	_____
3. ☐	Electrical	_____
4. ☑	Fire Protection	900.00
5. ☐	Other _____	_____
6. ☐	Other _____	_____
	TOTAL COST	$ 900.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 RELIABLE FIRE PROTECTION TEL. (201) 446-6800

ADDRESS PO BOX 367 MAHWAH NJ

SIGNATURE Ed Zuppe

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 7409
DATE ISSUED aug 8, 1985
REVISION DATE
Block 52 Lot 6, 7, 55
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner EDGARS III
Address 153 S. G. AVE MANTOLOKING
Tel. ( )
Work Site Address SAME

Contractor OWNER
Address E+H HOLDING CORP 446 PARKA AVE FT PLEAS BEACH
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

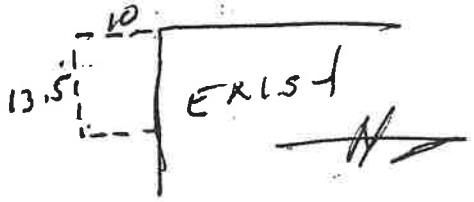
X Edgar Lourie
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

10' X 13.5' X 1 STORY ADD FOR KITCHEN



A3

☒ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 20.89

135
135
1485
89 10

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____
Total Building Area—All Floors _____ Sq. Ft.
Height of Structure _____ Ft. ADD
Volume of Structure 1485 Cu. Ft.
Area—Largest Floor _____ Sq. Ft.
Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: $ 3000 +

D. COMMENTS

MIN NS 20.00
.89
20.89

☐ Partial Releases ☒ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 8710
DATE ISSUED
REVISION DATE 10/1/87
Block 52 Lot 6, 7, 55
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner Edger Pub
Address
Tel. ( )
Work Site Address 153 Sea Girt Manasquan NJ

Contractor J. Peters P&H
Address 1408 Commonwealth Toms River NJ 08753
Tel. (201) 341-4414
Lic.No./Bus. Permit BT0E7116
Federal Emp. No. [redacted]

CERTIFICATION UNDER OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.
AGENT

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection	25.00		Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 25.00

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage —	Material		Size		
Building Sewer—	Material		Size		
Water Service—	Material	1"	Size	copper	
Venting —	Material		Size		

Estimated Cost of Plumbing Work: $ 1300.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 8301
DATE ISSUED
REVISION DATE 4/3/87
Block 52 Lot 6, 7, 55
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner EDGARS PUB
Address 153 SEAGERT AVE
MANASQUAN NJ
Tel. ( )
Work Site Address SAME

Contractor RELIABLE FIRE PROTECTION
Address P.O. BOX 367
MANALAPAN NJ
Tel. (201) 446-6500
Lic. No.
Federal Emp. No. 22-2625686

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

E D Zupp
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☑ Other PYRO CHEM-275-LIQUID
Manual Pull: ☐ Yes ☐ No
Locations:

Estimated Cost of Work: $ #900.00

$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

$ 10.00
$
$

Subtotal	$ 10.00
Minimum Fire Protection Fee (If Applicable)	$ 10.00
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)	$ 20.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

OK KWM 4/1/87

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 8300
DATE ISSUED
REVISION DATE 4/3/87
Block 52 Lot 6, 7, 55
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner EDGARS PUB
Address 153 SEAGIRT AVE
MANASQUAN NJ
Tel. ( )
Work Site Address SAME

Contractor RELIABLE FIRE PROTECTION
Address PO BOX 367
MANASQUAN NJ
Tel. (201) 446-6500
Lic. No.
Federal Emp. No. 22-2625686

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

E O Zupp
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☑ Other PYRO CHEM-275-LIQUID
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ #900.00 $ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

$ 10.00
$ -
$ _____

Subtotal	$ 10.00
Minimum Fire Protection Fee (If Applicable)	$ 10.00
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)	$ 20.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

OK KWM 4/1/87

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
4/3/87	all Tests Complete

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 4/1/87
Approved By: _____

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA
Date: 4/3/87
Inspected By: Rury

INSPECTIONS

Type	Failure Date			Approval Date
☑ Fire Suppression Test				4/3/87
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

U.C.C. Form F-140 (8/83)

APPLICATION FOR CERTIFICATE

PERMIT NO. _____
DATE ISSUED _____
Block 52 Lot 6.7,55
Subdivision _____
Notice No. _____

IDENTIFICATION

OWNER:
Name Edgar Canepi
Address 153 Sea Girt Ave
Town/State/Zip Manasquan, N.J.

CONSTRUCTION LOCATION:
Address 153 Sea Girt Ave
Manasquan, N.J.
Tel. [redacted]

ACTION

☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____
(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.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

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

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____ OWNER/AGENT

☐ Owner
☒ Agent

U.C.C. Form F-270 (8/83) OK - TEMPORARY C.O.

Garden State Electrical Inspection Services, Inc.

JCP&L Co.#18658652

Boro of Manasquan

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 0090
DATE ISSUED 3/27/87
REVISION DATE
Block 53 Lot 6, 7, 55
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Edgars 3-Ed Canepi
Address 138 Sea Girt Ave.
Manasquan, N.J. 08736
Tel. ( ) [redacted]
Work Site Address Same Address

Contractor Mon-Ocean Elect. Inc.
Address 55 Colby Ave.
Manasquan, N.J. 08736
Tel. ( ) 223-0744
Lic.No./Bus. Permit. #1302-1302
Federal Emp. No.

CERTIFICATION (Complete for Major Work and Small Jobs Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
5	Switching Outlets	$		H.V.A.C. Equipment	$
9	Lighting Outlets			Switching Devices	
21	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric	23.00			
	Heating, Electric				
5	Switches				
9	Lighting Fixtures			Other	
21	Receptacles			Other Boro	10.00
	Bonding, Pool/Vault			Other	
1	Service/Feeders	35.00		Other	
	COLUMN 1	$ 58.00		COLUMN 2	$ 10.00

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 68.00

APR 6 1987

C. ELECTRICAL CHARACTERISTICS

USE GROUP: Comm. Present Comm. Proposed
Service: 600 Amps 3 Phase OH System Type
Parallel-350 Wire 208 Volts OH Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $

D. COMMENTS

Install a 600 amp 3 Phase Service, with a 200 amp Sub Panel, install (35) outlets in new Addition. Will call when ready!!

☐ Partial Releases ☐ Prototype Processing

E.C.C. Form E-120 (8/83)

OFFICE COPY

MAR 31 1987 clr

JCP&L Co.#18658652

Boro of Manasquan C

Garden State Electrical Inspection Services, Inc.

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 8990
DATE ISSUED 3/27/87
REVISION DATE
Block 52 Lot 6, 7, 50
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Edgars 3-Ed Canepi
Address 138 Sea Girt Ave.
Manasquan,N.J. 08736
Tel. ([redacted]
Work Site Address Same Address

Contractor Mon-Ocean Elect.Inc.
Address 55 Colby Ave.
Manasquan,N.J. 08736
Tel. ( ) 223-0744
Lic.No./Bus. Permit. #1302-1302
Federal Emp. No.

MANASQUAN

CERTIFICATION (Complete for Minor Work & Small Jobs Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT'S SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
5	Switching Outlets	$		H.V.A.C. Equipment	$
9	Lighting Outlets			Switching Devices	
21	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric	=3.00			
	Heating, Electric				
5	Switches				
9	Lighting Fixtures			Other	
21	Receptacles			Other Error	10.00
	Bonding, Pool/Vault			Other	
1	Service/Feeders	35.00		Other	
	COLUMN 1	$ 58.00		COLUMN 2	$ 10.00

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 68.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: Comm. Present Comm. Proposed
Service: 600 Amps 3 Phase OH System Type
Parallel-350 Wire 208 Volts OH Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $

D. COMMENTS

Install a 600 amp 3 Phase Service,with a 200 amp Sub Panel,install (35) outlets in new Addition.Will call when ready!!
3-27-87 R/w ok E.R.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83)

INSPECTOR COPY

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS
3-27-87	RW OK
4-27-87	RW- Comp.
5-20-87	Not Ready
5-22-87	Final OK E.R

JOB SUMMARY

- ☐ No Plans Required
- ☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 5-22-87

Inspected By: RUDOLPH

INSPECTIONS

Type	Failure Dates			Approval Date
☑ Rough				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card		

U.C.C. Form F-120 (8/83)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 8133

DATE ISSUED 1/6/87

Block 52 Lot 6.7.55

Subdivision

A. IDENTIFICATION

Owner E & H Holding Corp.

Address 416 Philadelphia Ave.
Pt. Pleasant Beach, NJ

Tel. ( )

Work Site Address 153 Sea Girt Ave.
Manasquan, N. J.

Agent owner

Address

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Permit Fee $ 125.00

Fees Remitted $

☒ Check No. 3647

☐ Cash

☐ Other

Collected By: mdk

Date: 1/6/87

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER

Description of work:

Cover existing deck area.

Subject to any changes by building inspector.

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: $ 25,000.

M. I. Thom

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 8133
DATE ISSUED 9/6/83
REVISION DATE
Block 52 Lot 6-7+55
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner EDGAR CANEPI
Address 153 SEA GIRT AVE. MANASQUAN
Tel. [redacted]
Work Site Address 153 SEA GIRT AVE.

Contractor EDGAR CANEPI
Address 153 SEA GIRT AVE
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

SEE ATTACHED...

COVER EXISTING DECK AREA

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee (Greater of Minimum or Subtotal)	$ 125.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 25,000

D. COMMENTS

SUBJECT TO ANY CHANGE BY BLD. INSPECTOR

☐ Partial Releases ☐ Prototype Processing

Form F-110 (8/83) Green - Office Copy White - Applicant Copy Beige - Inspector Copy

BOROUGH OF MANASQUAN
CODE ENFORCEMENT DEPT.
15 TAYLOR AVE.
MANASQUAN, N.J. 08736

CODE ENFORCEMENT DEPT.
(201) 223-1480

NO. --

VIOLATION NOTICE

Inspection Date: 6/17/86

Comply By: 48 hours

NAME OF VIOLATOR: E & N Holding Corp.

ADDRESS OF VIOLATOR: 416 Philadelphia Avenue, Point Pleasant Beach, N. J. 08742

LOCATION OF VIOLATION: 153 Sea Girt Avenue (Edgar's III)

NATURE OF VIOLATION: Free standing siggle sided sign 3' x 3' permitted in this zone. No additional signs may be added to it. Please make your sign conform to code.

IF THIS VIOLATION NOTICE IS NEGLECTED
COURT SUMMONS WILL FOLLOW

Jerry M. Lunelli

CODE ENFORCEMENT OFFICER

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 52 Lot 6, 7, 55
Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner EDGAR CANEPA
Address 153 SEA GIRT AVE
Tel. [redacted]
Work Site Address MANASQUAN

Contractor SAME
Address _____
Tel. ( ) _____
Lic. No. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Edgar Canepa
OWNER ~~AGENT~~ SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

SHED FOR STORAGE
5½' X 16'

☐ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other _____

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 10.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____
Height of Structure _____ Ft.
Area–Largest Floor _____ Sq. Ft.
Total Building Area–All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 800

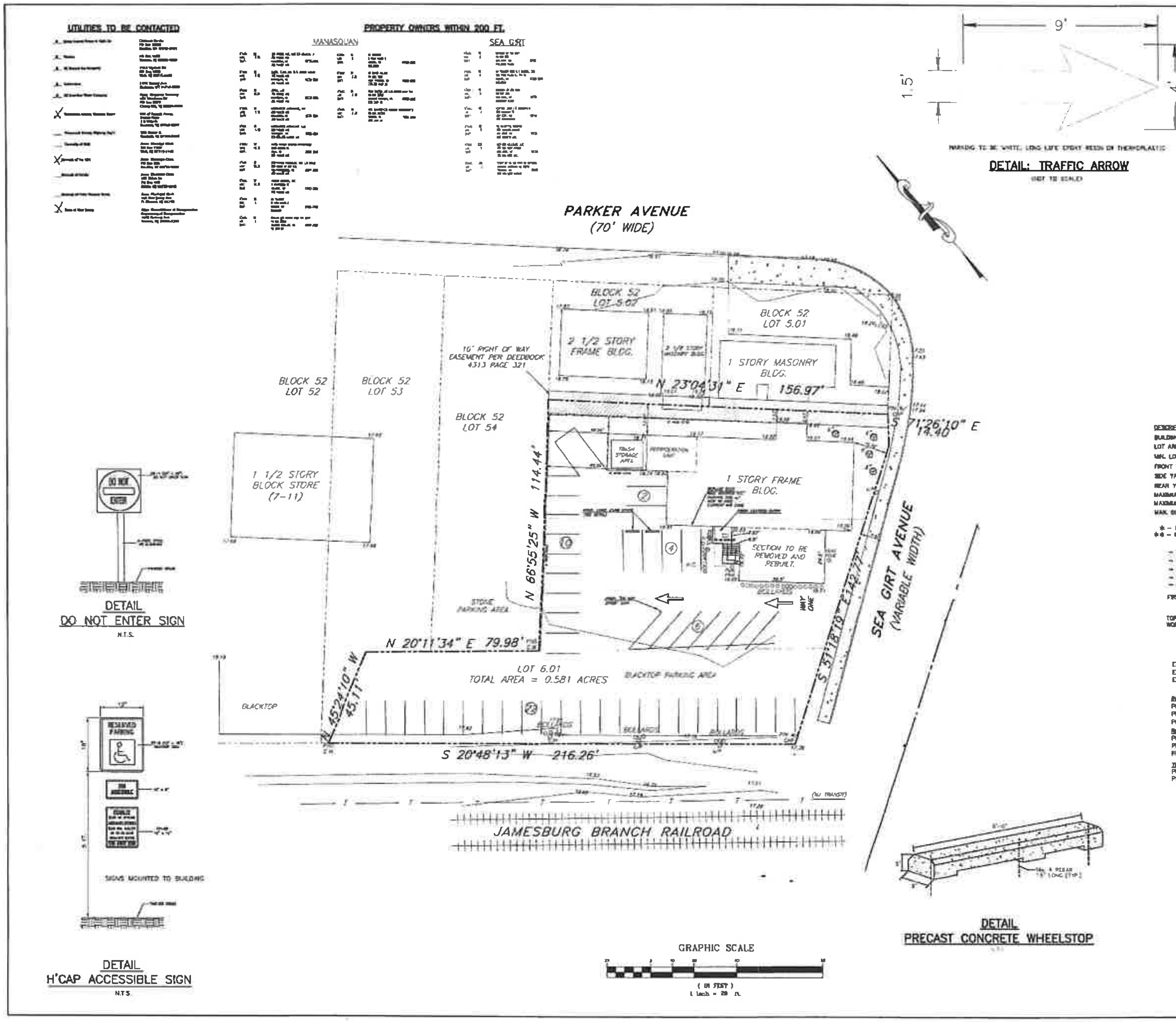
D. COMMENTS

DENIED — 11/86 apr

WILL BE REMOVED - 1/87 apr

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy



AREA MAP
SCALE 1" = 200'±

GENERAL NOTES

PROPERTY IS KNOWN AS BLOCK 52 LOT 6.01 AS SHOWN ON SHEET 9 OF THE OFFICIAL TAX MAPS OF THE BOROUGH OF MANASQUAN, MONMOUTH COUNTY, NEW JERSEY.

PROPERTY IS LOCATED IN THE B-3 RESIDENTIAL ZONE AND CONTAINS A TOTAL OF 0.5794± ACRES.

APPLICANT: ATLANTIC RESOURCE GROUP, LLC
153 SEA GIRT AVENUE
MANASQUAN, N.J.

APPLICANT PROPOSES TO CONSTRUCT AN ADDITION w/ SEASONAL ROOF TOP BAR TO EXISTING 1 STORY BUILDING

ZONE B-3(GENERAL BUSINESS)

DESCRIPTION	REQUIRED/PERMITTED	EXISTING	PROPOSED
BUILDING USE	RESTAURANT	RESTAURANT	RESTAURANT
LOT AREA	20,000 S.F.	25,308 S.F.	25,308 S.F.
MIN. LOT FRONTAGE	100 FT.	157.17 FT.	157.17 FT.
FRONT YARD SETBACK	25 FT.	*4.51 FT.	*4.51 FT.
SIDE YARD SETBACK	10 & 10 FT.	*5.43 & 70 FT.	*5.43 & 70 FT.
REAR YARD SETBACK	10 FT.	45.85 FT.	45.85 FT.
MAXIMUM BUILDING COVERAGE	35 %	17.8 %	17.8 %
MAXIMUM LOT COVERAGE	80 %	*95 %	*95 %
MAX. BLDG. HEIGHT	35 FT.(2.5 STY)	< 35 FT.(1 STY)	** < 35 FT.(1 STY)

* – INDICATES EXISTING NON-CONFORMITY
** – PROPOSED ADDITION IS ENCLOSED ON GROUND LEVEL WITH A SEASONAL ROOF TOP BAR ABOVE

- ANY NEW SIGNS WILL COMPLY WITH MANASQUAN ORDINANCES
- PROPERTY SHALL BE SERVICED BY EXISTING PUBLIC SEWER AND WATER SERVICES
- EXISTING CURB SHALL BE REPLACED AS DETERMINED BY THE BOROUGH ENGINEER
- NO TREES WILL BE REMOVED FOR DEVELOPMENT
- NO NEW UTILITIES WILL BE EXTENDED TO THE SITE AS PART OF THE PROPOSED PROJECT

FIRM FLOOD ZONE "X" – COMMUNITY PANEL NUMBER 34025C0343F, MONMOUTH COUNTY, N.J. – DATED SEPT. 25, 2009.

TOPOGRAPHIC & BOUNDARY INFORMATION TAKEN FROM A MAP PREPARED BY RAYMOND L. WORRELL, II, P.L.S., DATED 11/29/00.

PARKING REQUIREMENTS

EXISTING
EXISTING OCCUPANTS BASED ON FIXTURES = 148
EXISTING PARKING REQUIRED = 50 SPACES (1 SPACE/3 SEATS)
EXISTING PARKING PROVIDED = 42 SPACES (EXISTING NON-CONFORMITY)

PROPOSED
INTERIOR
PROPOSED OCCUPANTS BASED ON FIXTURES = 126
PROPOSED OCCUPANTS BASED ON CODE REQUIREMENTS = 288
PROPOSED PARKING REQUIRED = 42 SPACES (1 SPACE/3 SEATS)
ROOF TOP
PROPOSED OCCUPANTS BASED ON FIXTURES = 40
PROPOSED OCCUPANTS BASED ON CODE REQUIREMENTS = 127
PROPOSED PARKING REQUIRED = 14 SPACES (1 SPACE/3 SEATS)
TOTAL
PROPOSED PARKING REQUIRED = 56 SPACES
PROPOSED PARKING PROVIDED = 44 SPACES (VARIANCE REQUIRED)

6/25/14 – REVISED FOR RESOLUTION COMPLIANCE
6/9/14 – REVISED PER PLANNING BOARD MEETING COMMENTS
5/29/14 – REVISED PER PLANNING BOARD ENGINEER

EDGAR'S MINOR SITE PLAN
BLOCK 52 – LOT 6.01
153 SEA GIRT AVENUE
BOROUGH OF MANASQUAN
MONMOUTH COUNTY, N.J.

R.C. ASSOCIATES
Consulting, Inc.
Valley Park Professional Center
2517 Route 35 Building P Suite 101
Manasquan, New Jersey, 08736
Ph. 732-528-0141 • Fax 732-528-1060
RAY CARPENTER P.E.
N.J.P.E. Lic. No. [illegible]

C.A.	[illegible]
DRN BY:	[illegible]
DATE:	4/2/14
SCALE:	AS SHOWN
JOB #:	2013.485A
SHEET:	1 OF 1

MANASQUAN BOROUGH
201 E MAIN ST
MANASQUAN, NJ 08736-3004

UCC NEW JERSEY CERTIFICATE

Permit #: 18-00185
Date Issued: 05/04/18
Certificate Issued Date: 08/09/18

IDENTIFICATION

Work Site Location: 28 UNION AVE
Block/Lot/Qual: 82. 19.03
Owner in Fee: PAPERTH, FREDERIC
Address: 2201 RIVER RD APT 3201
PT PLEASANT, NJ 08742-2285

Contractor: PAPERTH, FREDERIC
Address: 2201 RIVER RD APT 3201
PT PLEASANT, NJ 08742-2285

Tel.:
Fax:
Lic. No. or Bldrs. Reg. No:
Federal Employer No:

Home Warranty No:
Type of Warranty Plan:
Use Group: B Business
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: DENTAL OFFICE RENOVATION (2ND FLOOR)

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.

TEMPORARY CERTIFICATE OF OF OCCUPANCY/COMPLIANCE

☐ If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate.

TO PLAN REVIEW 4-23-18 WP

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 CLEARANCE-LEAD ABATEMENT 5:17

☐ This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total Removal of lead-based hazards in scope of work
[ ] Partial or limited time period (_____ years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

☐ This serves notice that based on a general inspection of the visible parts of the building there are no immediate hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE

☐ This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until .

Construction Official

8/9/18
Date

28 Union Ave

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 26004878
Date Issued 5-15-18
Permit #

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

Block 82 Lot 17.03 Qualification Code

Work Site Location 28 Union Avenue (2nd Floor) Manasquan, NJ

Owner in Fee: Shore Children's Dental

Tel. ( ) e-mail

Address 28 Union Avenue (street) Manasquan (municipality) (zip code)

Contractor: WULFEKOTTE + Co Tel. ( )

Address 806 BRISTOL LA e-mail
BRICK, N.J

Contractor License No. 7272 Exp. Date 6-30-19

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

Federal Emp. ID No. 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 $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] 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: 5-11-18
Approved by: GRP
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7-19-18 GRP
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			7-19-18	GRP

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: JIM WULFEKOTTE

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
MOVE EQUIPMENT

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	120
6	Other Relocate vacuum & compressed air lines	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$ 120

DVI
6-4-18
$120.00
#5105

UCC F130 (rev. 11/09)
For reorder call: (609) 390-1400 Allegra Marketing • Print • Mail

28 UNION AVE

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6-11-18
Control # 2000505
Date Issued 6-13-18
Permit # 18-0018

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

Block 82 Lot 19.03 Qualification Code ________

Work Site Location [illegible]

Owner in Fee: [illegible]

Tel. ( ) ________ e-mail ________

Address [illegible] (street, municipality, zip code)

Contractor: Wulfekotte Co Tel. (732) 810-7766

Address 606 [illegible] Ln. [illegible], NJ e-mail ________

Contractor License No. 13259 Exp. Date 6/30/19

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

Federal Emp. ID No. 20-2281700 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 $ 800-

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Sign / Contractor Sign AND Seal here: [signature]

Print name here: Matt Wulfekotte

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

MATTHEW M. WULFEKOTTE STATE OF NEW JERSEY LICENSED MASTER PLUMBER 13259

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

DESCRIPTION OF WORK: Cap toilet & relocate sink

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: 6-12-18

Approved by: [initials]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 7-19-18

Approved by: CRP

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough			6-21-18	CRP
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL			7-19-18	CRP

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	20
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 40
TOTAL FEE $ 60

[illegible] # 51 x

UCC/F-130 (rev. 11/09) Professional Printing (856) 468-7933

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

28 UNION AVE
272 1st

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

update

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

Block 54 Lot 113 Qualification Code

Work Site Location 28 Union Ave Irvington NJ

Owner in Fee: Shor Childrens Trust

Tel. (350) e-mail

Address 28 Union Ave Irvington
street municipality zip code

Contractor: High Caliber Elect. LLC Tel. (732) 661-1379

Address 765 Taylor Rd

Toms River NJ 08753 e-mail highcaliberelectric@verizon.net

Contractor License No. 16315 Exp. Date 3/21

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

Federal Emp. ID No. 26-218 3246 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 500

C. CERTIFICATION IN LIEU OF OA

I hereby certify that I am the (agent of [illegible] and am authorized to make this application, and perform the [illegible] in the application.

Applicant sign/Contractor sign and seal here:

Print name here: Alan Gold

[X] Licensed Elec. Contractor [ ] Certif'd Landscape [illegible] [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

New Utility on 2nd Floor
1 2x2 LED in Future

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixture	
3		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 75
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW Bond

[ ] 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: 6-11-18

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 7-19-18

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initials
Rough			6-21-18	
Barrier-Free			6-26-18	
Trench				
Temp. Serv.				
Constr. Serv.			6-28-18	
TCO				
Other				
Service				
Final			7-19-18	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

DVT 6-11-18 $215 #5118

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 75

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

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933

28 Union

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4-18-18
Permit No. 20004878
Date Issued 5-4-18
E-00185

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

Block 82 Lot 19.03 Qualification Code

Work Site Location 28 Union Avenue (2nd Flr)
Florham Park NJ

Owner in Fee: Stone Childhood Dental

Tel. ( ) e-mail

Address 28 Union Avenue Florham Park
street municipality zip code

Contractor: [illegible] Tel. ( ) [illegible]

Address [illegible] e-mail [illegible]

Contractor License No. [illegible] Exp. Date 3/31

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

Federal Emp. ID No. [illegible] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ [illegible]

C. CERTIFICATION IN LIEU OF OATH (N.J.S.A. 2C:28-3)

I hereby certify that I am the [illegible] and am authorized to make this application and perform the [illegible] Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Elec. Contractor [ ] Lic. Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: [illegible]

QTY.	SIZE	ITEMS	FEE (Office Use Only)
32		Lighting Fixtures	
10		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 75
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 10
TOTAL FEE	$ 85

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required 28 Union / Type:
[ ] Partial -Underslab Utilities Approved
Date: Approved by: 18 - Barrier-Free
[ ] Electric Plans Approved
Date: Approved by: [illegible]
Joint Plan Review Required: 7/19/18
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4-24-18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7.19.18
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7.19.18	
Barrier-Free				

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

INT 5-11-18 A-1-C2 # 5057

28 Union Ave

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4-18-18
Permit # 20004878
Issued 5-4-18
18-00185

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

Block 82 Lot 19.03 Qualification Code

Work Site Location 28 Union Avenue (2nd Floor) Manasquan NJ

Owner in Fee: Shore Childrens' Dental

Tel. ( ) e-mail

Address 28 Union Avenue, Manasquan (street, municipality)

Contractor: High Caliber Electric LLC Tel. (732) 684-9379 (zip code)

Address 905 Tanglewood Road e-mail highcaliberelectric@hotmail.com
Toms River N.J. 08753

Contractor License No. 16215 Exp. Date 3/21

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

Federal Emp. ID No. 26-2183846 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ ~~6000~~ 2,000

C. CERTIFICATION IN

I hereby certify that I am [illegible] am authorized to make this application and perform the work as described herein.

Applicant sign/Contractor sign and seal here:

Print name here:

[X] Licensed Elec. Contractor [ ] Certified Handyman [ ] Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Dental office renovation

QTY.	SIZE	ITEMS	FEE (Office Use Only)
~~2~~		Lighting Fixtures	
~~6~~		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 75
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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: 7-24-18
Approved by: MLB
SUBCODE APPROVAL for CERTIFICATE
[+] CO [ ] CCO [ ] CA
Date: 7-19-18
Approved by: MLB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-19-18	MLB
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

DVT
5-4-18
$81.00
5087

Administrative Surcharge	$
Minimum Fee	$ 6
State Permit Surcharge Fee	$
TOTAL FEE	$ 81

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

28 UNION AVENUE

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6-11-18
Control # 20005052
Date Issued
Permit # 18-00185-02

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

Block 62 Lot 11.03 Qualification Code
Work Site Location 28 Union Ave (2nd fl)
Union NJ
Owner in Fee: Joint Chiefs Trust
Tel. ( ) e-mail
Address 28 Union Ave
street municipality zip code
Contractor: LV Construction Tel. (732) 441-1212
Address 1122 Rt 31 Suite 1A.
Annandale NJ 08801 e-mail lv@lvconstruction.com
Contractor License No. or Builder Registration No. 13VH07052200 Exp. Date 3/19
Federal Emp. ID No. 20-8732716 FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Sign here
Print name here: Nicholas Lapitzki

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove existing bathroom and re-purpose space for new sterile center

Nick 841 8146

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	6/11/18	C
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 6/11/18
Approved by: C

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 8/5/18
Approved by: C

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			6/25/18 ESM	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/25/18 ESM	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group: Present ____ Proposed B
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 $ 3300 —
3. Total (1+2) $

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)

$ 83

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 83

DVT 6-14-18 $218.17 #5108

UCC/F-110 (rev. 11/09) Professional Printing (856) 468-7933

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

MANASQUAN BOROUGH
201 E MAIN ST
MANASQUAN, NJ 08736-3004

UCC NEW JERSEY CERTIFICATE

Permit #: 17-00446
Date Issued: 08/07/17
Certificate Issued Date: 11/28/17

IDENTIFICATION

Work Site Location: 28 UNION AVE
Block/Lot/Qual: 82. 19.03
Owner in Fee: PAPERTH, FREDERIC
Address: 2201 RIVER RD APT 3201
PT PLEASANT, NJ 08742-2285

Contractor: PAPERTH, FREDERIC
Address: 2201 RIVER RD APT 3201
PT PLEASANT, NJ 08742-2285

Tel.:
Fax:
Lic. No. or Bldrs. Reg. No:
Federal Employer No:

Home Warranty No:
Type of Warranty Plan:
Use Group: B Business
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: RENOVATE EXISTING SPACE FOR NEW EXAM ROOMS, BACK OFFICE, TOILET ROOM AND ENLARGED WAITING ROOM.

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.

TEMPORARY CERTIFICATE OF OF OCCUPANCY/COMPLIANCE

☐ If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate.

TO ZONING FOR REVIEW BEFORE

TO PLAN REVIEW 7-21-17 WP

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 CLEARANCE-LEAD ABATEMENT 5:17

☐ This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total Removal of lead-based hazards in scope of work
[ ] Partial or limited time period (_____ years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

☐ This serves notice that based on a general inspection of the visible parts of the building there are no immediate hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE

☐ This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and Is approved for use until .

Construction Official

11/28/17
Date

28 Union Ave

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/20/17
Control # 20004114
Date Issued 8-7-17
Permit # 17-00446

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

Block 82 Lot 19.03 Qualification Code _____

Work Site Location 28 Union Ave Suites 2&3

Owner in Fee: Shore Dental

Tel. [redacted] e-mail _____

Address 514 Garfield Ave (street) Avon By The Sea (municipality) 07717 (zip code)

Contractor: High Caliber Electric Tel. (732) 684-9379

Address 905 Tanglewood Rd Toms River e-mail highcaliberelectric@hotmail.com

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 166215

Federal Emp. ID No. 26-2183846 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed B Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present 5B Proposed 5B Location of Panel: _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 100 -

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install (1) smoke detector

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[ ] 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		
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		
	Administrative Surcharge $	
	Minimum Fee $	60.
	State Permit Surcharge Fee $	
	TOTAL FEE $	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 8/3/17

Approved by: _____

SUBCODE APPROVAL

[ ] 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 _____				

8-21-17
DVT
$1479.00
#1860

U.C.C. F140 (rev. 10/06)

White = Applicant Copy Canary = Office Copy Index = Inspector Copy

28 Union Ave

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7-20-17
Control # 20004114
Date Issued 8-7-17
Permit # 17-00446

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

Block 82 Lot 19.03 Qualification Code

Work Site Location 28 Union Ave. Suites 2&3

Owner in Fee: Shore Dental

Tel. [redacted] e-mail

Address 514 Garfield Ave (street) Avon By The Sea (municipality) 07717 (zip code)

Contractor: Jim Wilfekotter Co Tel. (732) 840-7766

Address 806 Bristol Ln e-mail

Brick NJ 08724

Contractor License No. 7272 Exp. Date 6/30/19

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

Federal Emp. ID No. 20-2281700 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 3" Public Sewer X Private Septic

Water Service Size 1" Public Water X Private Well

Est. Cost of Plumbing Work $ 5,000 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[/] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date 8-3-17 Approved by: GRP
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-3-17
Approved by: GRP

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 11-14-17
Approved by: GRP

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			9-7-17	GRP
Rough			9-28-17	GRP
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			11-14-17	GRP

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: JW

Print name here: Jim Wilfekotter

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Plumbing for new toilet room, sinks in (2) steam rooms and vacuum lines and hydromizer

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
2	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
✓	Other Vacuum & Hydromizer	145.

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

821-17
$VT
$1479.00
1860

28 Union Ave

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7-20-17
Control # 20004114
Date Issued 8-7-17
Permit # 17-00446

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

Block 82 Lot 19.03 Qualification Code

Work Site Location 28 Union Ave Suites 2&3

Owner in Fee: Shore Dental

Tel. ([redacted]) e-mail

Address 514 Garfield Ave (street) Avon By The Sea (municipality) 07717 (zip code)

Contractor: High Caliber Electrical LLC Tel. (732) 684-9379

Address 905 Tanglewood Road e-mail highcaliberelectrical@hotmail.com

Toms River N.J. 08753

Contractor License No. 16215 Exp. Date 3/18

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

Federal Emp. ID No. 26-2183846 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B

[ ] 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 in this application.

Applicant sign/Contractor sign and seal here:

Print name here: A. Taylor

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Electric for renovation per plan

QTY.	SIZE	ITEMS	FEE (Office Use Only)
21		Lighting Fixtures	
29		Receptacles	
12		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
5		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
68		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	60
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 7.25.17

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 11.14.17

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	9.26.17		10.2.17	(N)
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other SLAB	9.26.17		10.2.17	(N)
Service				
Final	11.13.17		11.14.17	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

8-21-17
DVT
$1479.00
#1860

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9.26.17 (1) H/C's NEED TO BE RAISED FOR BARRIER FREE

(2) MC CAN NOT BE RUN BELOW SLAB IN CONDUIT (WET LOCATION)

(3) ALL LOW VOLTAGE NEEDS TO BE COMPLETE

MKH

11.13.17 - NEED TO SEE GROUNDING ON DENTAL ⏚ FIXTURES. MKH

OK - 11-14-17 MKH

28 Union Ave

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/20/17
Control # 20004114
Date Issued 8-7-17
Permit # 17-00446

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

Block 60 Lot 4.05 Qualification Code

Work Site Location 28 Union Ave Suites 2&3

Owner in Fee: Shore Dental

Tel. [redacted] e-mail

Address 514 Garfield Ave Avon By The Sea 07717
(street / municipality / zip code)

Contractor: High Caliber Electric Tel. (732) 684-9379

Address 905 Tanglewood Rd Toms River e-mail highcaliberelectric@hotmail.com

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 16[illegible]215

Federal Emp. ID No. 26-2783846 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed B

Constr. Class: Present 5B Proposed 5B

Heating System: [ ] New OR [ ] Existing [ ] HVAC

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

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System: [ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 100 —

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install (1) smoke detector

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 (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		60.
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 8/3/17

Approved by: G

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 11/28/17

Approved by: G

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			11/28/17	G
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System		✓		
Mechanical		✓	N/A	
Smoke Control		✓		
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			11/28/17	G
Other				

8-21-17
DVT
$ 1477.00
#1860

U.C.C. F140 (rev. 10/06)

White = Applicant Copy Canary = Office Copy Index = Inspector Copy

DATE	JOB CONDITION / COMMENTS

28 Union Ave

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7-20-17
Control # 20004114
Date Issued 8-7-17
Permit # 17-00446

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

Block 82 Lot 19.03 Qualification Code

Work Site Location 28 Union Ave Suites 2&3

Owner in Fee: Shore Dental

Tel. [redacted] e-mail

Address 514 Garfield Ave (street) Avon By The Sea (municipality) 07717 (zip code)

Contractor: LIV Construction Tel. 732-441-1212

Address 432 Rt-34 Suite 1A e-mail
Matawan, NJ

Contractor License No. or Builder Registration No. 13VH07052000 Exp. Date 3/31/18

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 20-8732766 FAX: 732-441-1253

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	8/3/17	
[ ] Footings/Foundations		
[ ] Structural Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required: [ ] Elec [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT: Date		
Approved by:		
SUBCODE APPROVAL for CERTIFICATE: [ ] CO [ ] CCO [ ] CA Date:		
Approved by:		

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

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B

Constr. Class Present 5B Proposed 5B

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 44000
3. Total (1+ 2) $ 0

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: N Lapitski

Print name here: Nicholas Lapitski

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Renovate existing space for new exam rooms, back office, toilet room and enlarged waiting room

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

FEE (Office Use Only)

	$ 1100
Administrative Surcharge	$ 114
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 1214

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

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

28 UNION

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11-15-16
Control # 2000 3472 1/19/17
Date Issued
Permit # 17-00007

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

Block 82 Lot 19.03 Qualification Code

Work Site Location 28 Union Ave
Manasquan, NJ 08736

Owner in Fee: Paperth, Frederic

Tel. [redacted] e-mail

Address 28 Union Ave (street) Manasquan, NJ (municipality) 08736 (zip code)

Contractor: NX Utilities LLC Tel. (484) 370-0582

Address 970 Rittenhouse Road, Suite 100 e-mail lgreco@nxutilities.com
Audubon, PA 19403

Contractor License No. or Builder Registration No. 13VH07224800 Exp. Date 03/31/2017

Home Improvement Contractor Registration No. or Exemption Reason 2245

Federal Emp. ID No. 461348019 FAX: (813) 436-8440

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Thomas Hartman

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install pathways (only) for Verizon FIOS

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	11/21/16	ESM
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/29/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10/4/17
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			5/7/18	ESM
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed 5
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 $ 375
3. Total (1+ 2) $ 375

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

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

28 UNION

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 20003472
Date Issued
Permit # 17-00007

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

Block 82 Lot 19.03 Qualification Code

Work Site Location 28 Union Ave
Manasquan, NJ 08736

Owner in Fee: Paperth, Frederic

Tel. [redacted] e-mail

Address 28 Union Ave (street) Manasquan, NJ (municipality) 08736 (zip code)

Contractor: NX Utilities LLC Tel. (484) 370-0582

Address 970 Rittenhouse Road, Suite 100 e-mail lgreco@nxutilities.com
Audubon, PA 19403

Contractor License No. 13VH07224800 Exp. Date 03/31/2017

Home Improvement Contractor Registration No. or Exemption Reason 2245

Federal Emp. ID No. 461348019 FAX: (813) 436-8440

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 375

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: Thomas Hartman

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install pathways (only) for Verizon FIOS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	PENETRATIONS FIRE CAULKED
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
5		Communications Points	
		Alarm Devices/F.A.C. Panel	
5		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		pathways	95

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 11.28.16
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 8.3.17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8.3.17	
Barrier-Free				

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.

MANASQUAN BOROUGH
201 E MAIN ST
MANASQUAN, NJ 08736-3004

UCC NEW JERSEY CERTIFICATE

Permit #: 17-00007
Date Issued: 01/19/17
Certificate Issued Date: 10/04/17

IDENTIFICATION

Work Site Location: 28 UNION AVE
Block/Lot/Qual: 82. 19.03
Owner in Fee: PAPERTH, FREDERIC
Address: 2201 RIVER RD APT 3201
PT PLEASANT, NJ 08742-2285

Contractor: PAPERTH, FREDERIC
Address: 2201 RIVER RD APT 3201
PT PLEASANT, NJ 08742-2285

Tel.:
Fax:
Lic. No. or Bldrs. Reg. No:
Federal Employer No:

Home Warranty No:
Type of Warranty Plan:
Use Group: B Business
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: PATHWAYS FOR VERIZON FIOS

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.

TEMPORARY CERTIFICATE OF OF OCCUPANCY/COMPLIANCE

☐ If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate.

TO PLAN REVIEW 11-16-16 WP

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 CLEARANCE-LEAD ABATEMENT 5:17

☐ This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total Removal of lead-based hazards in scope of work
[ ] Partial or limited time period (_____ years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

☐ This serves notice that based on a general inspection of the visible parts of the building there are no immediate hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE

☐ This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until .

APPLY — 10/4/17

Construction Official — Date

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued 11/16/12
Permit # IV-02510

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

Block 84 Lot (90) Qualification Code

Work Site Location 28 Union Ave Manasquan NJ 08736

Owner in Fee: Dr. Paenth

Tel. [redacted] e-mail

Address
street municipality zip code

Contractor: Aggressive Mechanical Cont., Inc. Tel. (732) 502-9300

Address 1109 Sixth Ave e-mail info@aggressivemechanical.com
Neptune, NJ 07753

Contractor License No. 9025 Exp. Date 4/13

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

Federal Emp. ID No. 22-309-5886 FAX: (732) 502-9494

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 $ 6500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[V] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 11/16/12 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/16/12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 5-1-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar A/C			5-1-13	
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace 4 A/C's.

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

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

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11/19/12
Permit # 12-03510

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

Block 82 Lot 5.03 Qualification Code

Work Site Location 28 Union Ave Manasquan NJ 08736

Owner in Fee: Dr. Pasenth

Tel [redacted] e-mail

Address

Contractor: Aggressive Mac Co LLC (street / municipality / zip code) Tel. (732) 614-3036

Address 3411 Windsor Rd Wall, NJ e-mail

Contractor License No. 45398 Exp. Date 4/15

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

Federal Emp. ID No. 03 060 131 41 FAX: (732) 681-5507

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required 11/19/12 RT
[ ] 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: 11/19/12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4/29/13
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/29/13	PR
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace 4 A/C's

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	$70/M
		HP Garbage Disposal	
2	2-ton	KW Central A/C Unit	Damage
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	5-ton	A/C 15	
1	4-ton		

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 0
TOTAL FEE $

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

Manasquan Borough Const Office
201 East Main St
Manasquan NJ 08736
(732)223-0544

CONSTRUCTION PERMIT

Date Issued: 12/04/2012
Permit # 12-00510

IDENTIFICATION Block 82 Lot 19.03 Qualifier

Work Site	28 UNION AVE	Contractor	AGGRESSIVE MECHANICAL
	Manasquan, NJ 08736-3692	Address	1109 SIXTH AVENUE
Owner in Fee	PAPERTH, FREDERIC		NEPTUNE, NJ 07753
Address	28 UNION AVE	Telephone	(732) 502-9300
	MANASQUAN, NJ 08736-369	Lic./Reg. No.	
Telephone			

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE 4 AIR CONDITIONING UNITS

STORM DAMAGE

V. FEE SUMMARY (Office Only)	
1. Building	$0.00
2. Electrical	$140.00
3. Plumbing	$260.00
4. Fire Protection	$0.00
5. Elevator	$0.00
6. Plan Review	$0.00
7. Subtotal	$400.00
8. DCA State Fee	$17.00
9. Subtotal	$417.00
10. Certificate	$0.00
11. Subtotal	$417.00
12. Exemption (State and Local)	-$417.00
TOTAL	$0.00

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 for Selected Subcode(s) $10,000

Construction Official

Date 12/4/12

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation 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 work installed conforms to 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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. Utility services, including septic.
4. 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.

☐ 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 any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions 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.

Manasquan Borough Const Office
201 East Main St
Manasquan NJ 08736
(732)223-0544

CERTIFICATE

1327 - MANASQUAN BORO

Date Issued: 08/09/2018
Permit # 12-00510
Certificate: 1200510.1

IDENTIFICATION

Block 82 Lot 19.03 Qualifier
Work Site Location 28 UNION AVE
Manasquan, NJ 08736-3692

Owner in Fee PAPERTH, FREDERIC
Address 28 UNION AVE
MANASQUAN, NJ 08736-3692

Telephone

Contractor AGGRESSIVE MECHANICAL CONT. INC.
Address 1109 SIXTH AVENUE
NEPTUNE, NJ 07753
Telephone (732) 502-9300 FAX
Lic No/Bldrs Reg No. Fed. Emp. No.

Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/B
Maximum Live Load
Construction Class VB
Max. Occupancy Load
Description of Work/Use
REPLACE 4 AIR CONDITIONING UNITS STORM DAMAGE

☐ **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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____or will be

☐ **CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (0 years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00]
Collected by:

Check No.

PermitsNJ

PNJF260 rev. (5/2013)
Printed On: 08/09/2018 08:58

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11/16/12
Permit # IV-02510

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

Block 84 Lot 19.03 Qualification Code

Work Site Location 28 Union Ave Manasquan NJ 08736

Owner in Fee: Dr. Paenth

Tel. [redacted] e-mail

Address
street municipality zip code

Contractor: Aggressive Mechanical Cont., Inc. Tel. (732) 502-9300

Address 1109 Sixth Ave e-mail info@aggressivemechanical.com
Neptune, NJ 07753

Contractor License No. 9025 Exp. Date 4/13

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

Federal Emp. ID No. 22-309-5886 FAX: (732) 502-9494

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 $ 6500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[V] No Plans Required
[-] Partial -Underslab Utilities Approved
Date: 11/16/12 Approved by:
[-] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [-] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/16/12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[-] CO [ ] CCO [ ] CA
Date: 5-1-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar A/C			5-1-13	
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace 4 A/C's.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
4	Other A/C - Condensate	
	Other	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11/19/12
Permit # 12-03510

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

Block 82 Lot 5.03 Qualification Code

Work Site Location 28 Union Ave Manasquan NJ 08736

Owner in Fee: Dr. Paderth

Tel. [redacted] e-mail

Address

Contractor: Aggressive Mac Co LLC (street) (municipality) Tel. (732) 614-3036 (zip code)

Address 3411 Windsor Rd Wall, NJ e-mail

Contractor License No. 45398 Exp. Date 4/15

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

Federal Emp. ID No. 03 060 131 41 FAX: (732) 681-5507

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required 11/19/12 RJ
[ ] 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: 11/19/12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4/29/13
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/29/13	PJ
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace 4 A/C's

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	$70/ea
		HP Garbage Disposal	
2	2-ton	KW Central A/C Unit	Damage
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	5-ton	A/C's	
1	4-ton		

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 0
TOTAL FEE	$

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

Manasquan Borough Const Office
201 East Main St
Manasquan NJ 08736
(732)223-0544

CONSTRUCTION PERMIT

Date Issued: 12/04/2012
Permit # 12-00510

IDENTIFICATION Block 82 Lot 19.03 Qualifier

Work Site	28 UNION AVE	Contractor	AGGRESSIVE MECHANICAl
	Manasquan, NJ 08736-3692	Address	1109 SIXTH AVENUE
Owner in Fee	PAPERTH, FREDERIC		NEPTUNE, NJ 07753
Address	28 UNION AVE	Telephone	(732) 502-9300
	MANASQUAN, NJ 08736-369	Lic./Reg. No.	
Telephone			

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE 4 AIR CONDITIONING UNITS

STORM DAMAGE

V. FEE SUMMARY (Office Only)	
1. Building	$0.00
2. Electrical	$140.00
3. Plumbing	$260.00
4. Fire Protection	$0.00
5. Elevator	$0.00
6. Plan Review	$0.00
7. Subtotal	$400.00
8. DCA State Fee	$17.00
9. Subtotal	$417.00
10. Certificate	$0.00
11. Subtotal	$417.00
12. Exemption (State and Local)	-$417.00
TOTAL	$0.00

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 for Selected Subcode(s) $10,000

Construction Official

Date 12/4/12

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation 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 work installed conforms to 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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. Utility services, including septic.
4. 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.

☐ 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 any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions 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.

Manasquan Borough Const Office
201 East Main St
Manasquan NJ 08736
(732)223-0544

CERTIFICATE

1327 - MANASQUAN BORO

Date Issued: 08/09/2018
Permit # 12-00510
Certificate: 1200510.1

IDENTIFICATION

Block 82 Lot 19.03 Qualifier
Work Site Location 28 UNION AVE
Manasquan, NJ 08736-3692

Owner in Fee PAPERTH, FREDERIC
Address 28 UNION AVE
MANASQUAN, NJ 08736-3692

Telephone
Contractor AGGRESSIVE MECHANICAL CONT. INC.
Address 1109 SIXTH AVENUE
NEPTUNE, NJ 07753
Telephone (732) 502-9300 FAX
Lic No/Bldrs Reg No. Fed. Emp. No.

Home Imprv. Reg No. / Exempt
Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/B
Maximum Live Load
Construction Class VB
Max. Occupancy Load
Description of Work/Use
REPLACE 4 AIR CONDITIONING UNITS STORM DAMAGE

☐ **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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be

☐ **CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (0 years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00] Check No.
Collected by:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7/13/11
Permit # 11-00243

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

Block 82 Lot 19.03 Qualification Code

Work Site Location 28 Union Ave Manasquan, NJ 08736

Owner in Fee: Dr Frederic Papenth c/o Dr James Arnold

Tel. [redacted] e-mail birdiea21@verizon.net

Address 28 Union Ave Manasquan, NJ 08736
(street / municipality)

Contractor: Visual Communication Inc. Tel. (302) 792-9500
(zip code)

Address 3724 Philadelphia Pike e-mail briang@electronicsigns.com
Claymont, DE 19703

Contractor License No. or Builder Registration No. 51-0331506 Exp. Date

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

Federal Emp. ID No. 51-0331506 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[NO] All	7/13/11	C
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	7/13/11	
Approved by:		C
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed U

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 $ 2,950.—
3. Total (1+ 2) $ _____

U.C.C. F110
(rev. 12/07)

C. CERTIFICATION IN LIEU OF OATH

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

Signature [signature], AIES

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install 61" x 47" LED lighted sign to replace existing sign which is being removed by/for same tenant

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [X] Sign 18.2139 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)

$	60
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	8
TOTAL FEE $	68

22435
7/13/11

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEC 2005

Date Received 5/13/09
Control # 09-147

Date Issued
Permit #

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

Block 82 Lot 19.03 Qualification Code

Work Site Location 28 Union Ave
Manasquan, NJ 08736

Owner in Fee: Dr. Paperth

Tel. [redacted] e-mail

Address
street municipality zip code

Contractor: Aggressive Mechanical Cont., Inc. Tel. (732) 502-9300

Address 1109 6th Ave Neptune, NJ 07753 e-mail info@aggressivemechanical.com

Contractor License No. 4539A Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00989800

Federal Emp. ID No. 22-309-5886 FAX: (732) 502-9494

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[V] No Plans Required 5/27/09 RC
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/27/09
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [V] CA
Date: 6/24/09
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6/24/09	RC
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application. Thomas Brady
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace A/c gas furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	0-ton	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	90,000	BTU gas furnace	

Administrative Surcharge	$ 40.00
Minimum Fee	$ N.00 (DCA)
State Permit Surcharge Fee	$
TOTAL FEE	$ 40.00

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

Manasquan Borough Const Office
201 East Main St
Manasquan NJ 08736
(732)223-0544

CERTIFICATE

1327 - MANASQUAN BORO

Date Issued: 10/04/2011
Permit # 11-00243
Certificate: 1100243.1

IDENTIFICATION

Block 82 Lot 19.03 Qualifier
Work Site Location 28 UNION AVE
Manasquan, NJ 08736-3692

Owner in Fee PAPERTH, FREDERIC
Address 28 UNION AVE
MANASQUAN, NJ 08736-3692

Telephone

Contractor VISUAL COMMUNICATION INC.
Address 3724 PHILADELPHIA PIKE
CLAYMONT, DE 19703
Telephone (302) 792-9500 FAX
Lic No/Bldrs Reg No. Fed. Emp. No.

Home Imprv. Reg No. / Exempt
Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group I/U
Maximum Live Load
Construction Class VB
Max. Occupancy Load
Description of Work/Use
61" X 47" LED SIGN TO REPLACE EXISTING SIGN

☒ **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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be

Reason for TCO:

☐ **CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (0 years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00] Check No
Collected by:

PermitsNJ

PNJF260 rev. (07/2011)
Printed On: 10/05/2011 09:08

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7/13/11
Permit # 11-00243

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

Block 82 Lot 19.03 Qualification Code _____

Work Site Location 28 UNION AVE MANASQUAN, NJ 08736

Owner in Fee: DR FREDERIC PAPERNTH c/o DR JAMES ARNOLD

Tel. ([redacted]) e-mail birdiea21@verizon.net

Address 28 UNION AVE (street) MANASQUAN (municipality) NJ (zip code) 08736

Contractor: Visual Communication Inc. Tel. (302) 792-9500

Address 3724 Philadelphia Pike e-mail brianq@electronicsigns.com
Claymont, DE 19703

Contractor License No. or Builder Registration No. 51-0331506 Exp. Date _____

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

Federal Emp. ID No. 51-0331506 FAX: (____) _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature [signature], PRES

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 61" x 47" LED lighted sign to replace existing sign which is being removed by/for same tenant

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7/8/11	C
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	7/13/11	
Approved by:		C
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] CA		
Date:	10/4/11	
Approved by:		C

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing-Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/4/11	C
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [X] Sign 18.2139 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)

$	65
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	5
TOTAL FEE $	65

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed U

Constr. Class 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 _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 2,950.-
3. Total (1+ 2) $ _____

Check * 22435
7/13/11

U.C.C. F110
(rev. 12/07)

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

Change of Contractor

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 9-23-11
Control #
Permit # 11-00243

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

Block 82 Lot 1903 Qualification Code

Work Site Location 58 Union Ave Manasquan

Owner in Fee: Paperth

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: GOLD MEDAL PLUMBING HEATING COOLING ELECTRIC INC. Tel. (732) 390-3700

Address 11 COTTERS LANE EAST BRUNSWICK, NJ 08816

Contractor License No. 11918 Exp. Date

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

Federal Emp. ID No. 830357354 FAX: (732) 390-3791

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 3K0

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required 9/26/11 PJC
Date Initial

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 9/26/11

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 9/29/11

Approved by:

INSPECTIONS

Type:	Failure	Failure Date	Approval Date	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/29/11	PJC
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Mike R

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

See 1

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

NO FEE / Change of Contractor

UCC/F-120
Professional Printing
(856) 468-7933

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

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

06/08

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7/13/11
Permit # 11-00243

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

Block 82 Lot 19.03 Qualification Code

Work Site Location 28 UNION AVE, MANASQUAN

Owner in Fee: Dr. Fred Paparath c/o Dr. E. Arnold

Tel. [redacted] e-mail

Address 28 UNION AVE (street) MANASQUAN (municipality)

Contractor: HERBERT ELECTRIC Tel. (732) 223-3302 (zip code)

Address 24 TRENTON AVE, e-mail

MANASQUAN

Contractor License No. 6090 Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required 7/12/11 AS

[ ] 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: 7/12/11

Approved by: JW

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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's Signature/Contractor's Seal and Signature

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

Old chk # 22435 7-13-11

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

LED SIGN

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

Administrative Surcharge $	60
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F120 (rev. 2/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

Manasquan Borough Const Office
201 East Main St
Manasquan NJ 08736
(732)223-0544

CONSTRUCTION PERMIT

Date Issued: 07/13/2011
Permit # 11-00243

IDENTIFICATION Block 82 Lot 19.03 Qualifier

Work Site	28 UNION AVE	Contractor	VISUAL COMMUNICATION IN
	Manasquan, NJ 08736-3692	Address	3724 PHILADELPHIA PIKE
Owner in Fee	PAPERTH, FREDERIC		CLAYMONT, DE 19703
Address	28 UNION AVE	Telephone	(302) 792-9500
	MANASQUAN, NJ 08736-3692	Lic. No. or Bldrs. Reg. No. Home Reg. No. or Exemption	
Telephone			

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
61" X 47" LED SIGN TO REPLACE EXISTING SIGN

V. FEE SUMMARY (Office Only)

1. Building	$60.00
2. Electrical	$60.00
3. Plumbing	$0.00
4. Fire Protection	$0.00
5. Elevator	$0.00
6. Plan Review	$0.00
7. Subtotal	$120.00
8. DCA State Fee	$5.02
9. Subtotal	$125.02
10. Certificate	$0.00
11. Subtotal	$125.02
12. Exemption	$0.00
TOTAL	$125.00

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 for Selected Subcode(s) $3,450.00

Construction Official

Date 7/14/11

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation 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 work installed conforms to 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

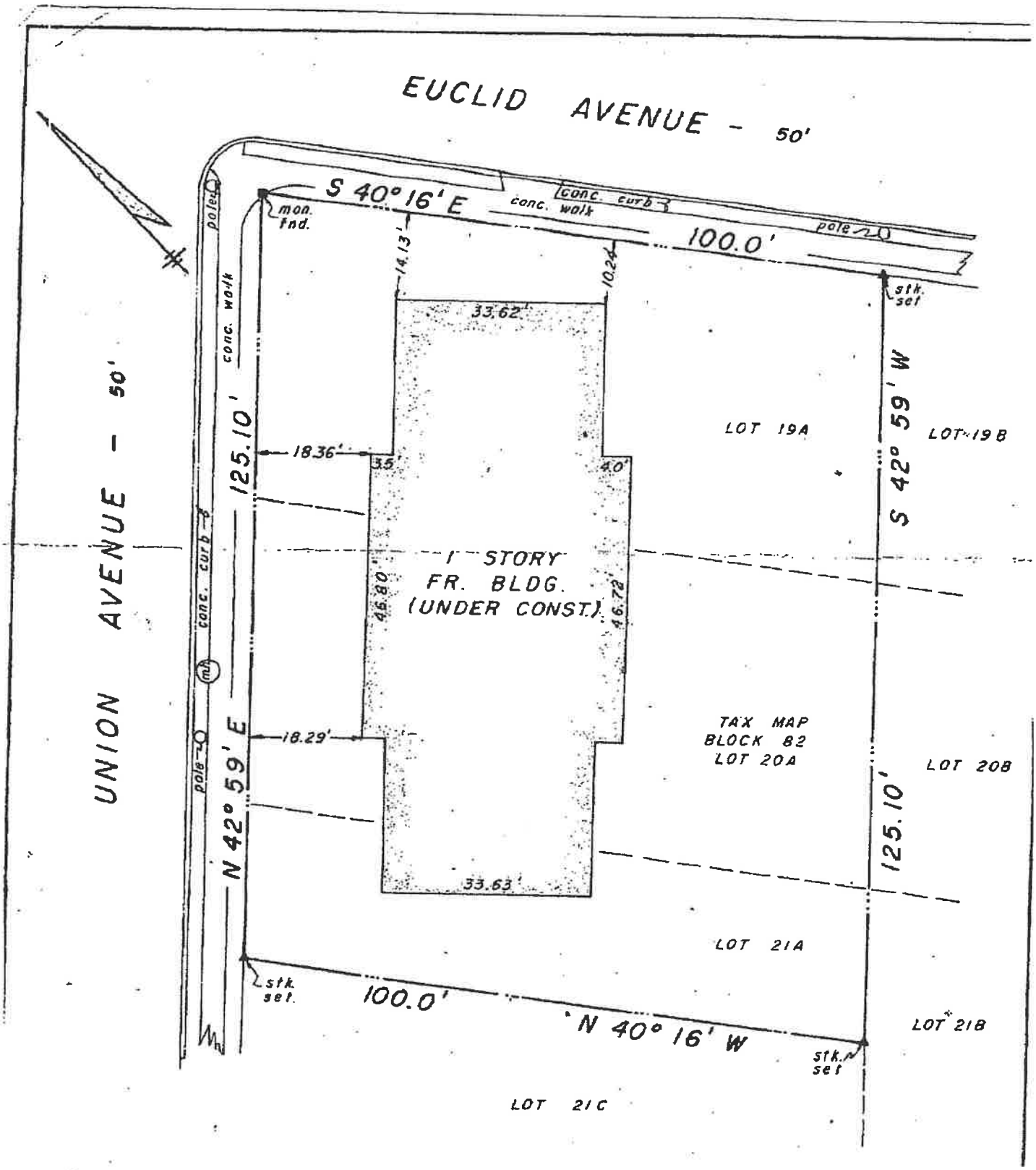
1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. 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.

☐ 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 any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions 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.


EUCLID AVENUE - 50'
S 40° 16' E
conc. curb
conc. walk
mon. fnd.
100.0'
pole
14.13'
10.24'
33.62'
stk. set
S 42° 59' W
LOT 19A
LOT 19B
18.36'
3.5'
4.0'
125.10'
conc. walk
conc. curb
UNION AVENUE - 50'
1 STORY FR. BLDG. (UNDER CONST.)
46.80'
46.72'
18.29'
N 42° 59' E
TAX MAP BLOCK 82 LOT 20A
LOT 20B
125.10'
33.63'
LOT 21A
stk. set
100.0'
N 40° 16' W
LOT 21B
stk. set
LOT 21C

CERTIFIED TO: FREDERIC PAPERTH, FIRST MERCHANTS NATIONAL BANK, USLIFE TITLE INSURANCE COMPANY OF NEW YORK AND ALL OTHER PARTIES IN INTEREST.

BEING KNOWN AS PART OF LOTS 19, 20 & 21 PLAN OF LOTS BELONGING TO A. O. CURTIS FILED IN THE MONMOUTH COUNTY CLERKS OFFICE, DEC. 27, 1900 AS CASE 16, SHEET 3.

SURVEY OF PROPERTY

BOROUGH OF MANASQUAN
SCALE: 1" = 20'

MONMOUTH COUNTY, N.J.
JUNE 5, 1973

WALTER J. PARTINGTON LIC. NO. 15106
LICENSED LAND SURVEYOR
MANASQUAN, N.J.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8-11-09
Control #

Date Issued
Permit # 09-235

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

Block 82 Lot 19.03 Qualification Code

Work Site Location 28 Union Ave
Hainesport NJ

Owner in Fee: Fred Poppeth

Tel. [redacted] e-mail

Address 401 Sycamore In Bur'll NJ
street municipality

Contractor: GDStout Enterprises Tel. (732) 8181689
zip code

Address 179 W Sylvania Ave e-mail
Hoffman City NJ

Contractor License No. or Builder Registration No. 13VH00759800 Exp. Date 12/31/09

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

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove Existing Roof Shingles
to Bare wood
Install 15 lb Felt
Install Ice water shield at Bottom
Edge & Valley's
Install Timberline 30 yr shingles

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[Y] No Plans Required	8/11/09	C
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	8/11/09	
Approved by:		C
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] CA		
Date:	12/4/09	
Approved by:		C

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation			FINAL	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12/4/09	C
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-3

No. of Stories 2

Height of Structure 28' 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. $ _____ .00
2. Rehabilitation $ 11995 .00
3. Total (1+ 2) $ 11995 .00

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)

$

8-14-09
Pd Cash
ACS

Administrative Surcharge $	204.00
Minimum Fee $	20.00 (CA)
State Permit Surcharge Fee $	22.00
TOTAL FEE $	246.00

U.C.C. F110
(rev. 12/07)

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

BOROUGH OF MANASQUAN
FOR INSPECTIONS PLEASE
PHONE (732)223-0544 X244

Date Issued 08/11/09
Control #
Permit # 09-235

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 82 Lot 19.03 Qual

Work Site Location 28 UNION AVENUE

Owner in Fee PARPETH, DR.
Address 28 UNION AVENUE
MANASQUAN, NJ 08736-
Telephone [redacted]

Contractor GDS ROOFING
Address P.O. BOX 612
FARMINGDALE, NJ 07727-
Telephone (732)918-1689
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ROOF

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 $ 11,995

Construction Official

08/11/09
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	204
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	20
Cert. of Occupancy	0
Other	
Total	224
Check No.	
Cash	X
Collected By	SMB

Manasquan, N. J.

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

PERMIT NO. 9167
DATE ISSUED 7/12/88
Block 82 Lot 19A20A, 21A
Subdivision

A. IDENTIFICATION

Owner Frederic Paperth
Address 28 Union Avenue
Manasquan, N. J.
Tel. ( )

Agent Russ Strike, Inc.
Address Pt. Pl., N. J.
Tel. ( )
Lic. No.
Federal Emp. No.

Work Site Address same

PAYMENTS

Permit Fee $ 125.
Fees Remitted $
[xx] Check No. 1175
[ ] Cash
[ ] Other
Collected By: mdk
Date: 7/12/88

is hereby granted permission to perform the following work:

[xx] BUILDING [ ] ELECTRICAL
[ ] PLUMBING [ ] FIRE PROTECTION
[ ] OTHER

Description of work:

renovation of interior, per plans.

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: $ 19,500.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

F. PAPERTH

PERMIT NO. 9167
DATE ISSUED
REVISION DATE 7/12/88
Block 82 Lot 19.H 20.17
Subdivision 21A

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner DR ~~THOLE~~
Address 28 UNION AVE
MANASQUAN NJ
Tel. ( ) ____
Work Site Address SAME

Contractor RUSS STRIKER INC
Address 2512 RIVER RD
PT PL NJ
Tel. ( ) 699-0412
Lic. No. ____
Federal Emp. No. 22-2860724

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Russell Striker
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

See prints enclosed

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☑ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☑ Other INSIDE Remodel
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other ____

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 125.00

C. BUILDING CHARACTERISTICS

USE GROUP: ____ Present ____ Proposed

No. of Stories 2 — Total Building Area–All Floors ____ Sq. Ft.

Height of Structure ____ Ft. — Volume of Structure ____ Cu. Ft.

Area–Largest Floor ____ Sq. Ft. — Total Land Area Disturbed ____ Sq. Ft.

Estimated Cost of Building Work: $ 19,500.00

D. COMMENTS

Approved
@ 7/12/88

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form 5-110 (8/83) Green = Office Copy · White = Applicant Copy · Beige = Inspector Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

F. PAPERTA

PERMIT NO. 9167
DATE ISSUED
REVISION DATE 7/12/88
Block 82 Lot 19A 20A 21A
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner DR ~~F ARNOLD~~
Address 28 UNION AVE
MANSQUAN NJ
Tel. (___) ___
Work Site Address SAME

Contractor RUSS STRIKE INC
Address 2512 RIVER RD
PT PL NJ
Tel. (___) 899-0412
Lic. No. ___
Federal Emp. No. 22-2860724

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Russell Strike
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

See prints enclosed

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☑ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☑ Other INSIDE remodel
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other ___

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 125.00

C. BUILDING CHARACTERISTICS

USE GROUP: ___ Present ___ Proposed

No. of Stories 2
Total Building Area—All Floors ___ Sq. Ft.
Height of Structure ___ Ft.
Volume of Structure ___ Cu. Ft.
Area—Largest Floor ___ Sq. Ft.
Total Land Area Disturbed ___ Sq. Ft.
Estimated Cost of Building Work: $ 19,500.00

D. COMMENTS

Approved
a 7/12/88

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

Garden State Electrical Inspection Services, Inc.

ELECTRICAL SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 9167
DATE ISSUED
REVISION DATE 7/13/88
Block 82 Lot 19A, 20A, 21A
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Dr. Arnold - Papent
Address 28 UNION AVE MANASQUAN
Tel. ( )
Work Site Address

Contractor HERBERT ELECT
Address 24 TRENTON AVE MANASQUAN
Tel. ( ) 223-3303
Lic.No./Bus. Permit. 6090
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee	Fee
10	Switching Outlets	$		H.V.A.C. Equipment	$	COLUMN 1 $ 30.
10	Lighting Outlets			Switching Devices		COLUMN 2
25	Receptacle Outlets			Transformers		SUBTOTAL $
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*		Minimum Electrical Fee (If applicable) $
	Dryer, Electric					Total Electrical Fee *(Greater of Minimum or Subtotal)* $ 30.
	Water Heater, Electric	30				
	Heating, Electric					
	Switches					
	Lighting Fixtures			Other		
	Receptacles			Other		
	Bonding, Pool/Vault			Other		
	Service/Feeders			Other		
	COLUMN 1	$		COLUMN 2	$	

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: _____ Amps _____ Phase _____ System Type

_____ Wire _____ Volts _____ Wiring Method

Total No. of Meters: _____

Estimated Cost of Electrical Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83)

OFFICE COPY

Garden State Electrical Inspection Services, Inc.

ELECTRICAL SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 9167
DATE ISSUED 9/67
REVISION DATE 7/13/88
Block 52 Lot 19A, 20
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Dr. Arnold - Pippenger
Address 26 Union Ave
Manasquan
Tel. ( ) 223-2202
Work Site Address 28 Union Ave
Manasquan

Contractor HERBERT ELECT
Address 24 TRENTON AVE
MANASQUAN
Tel. ( )
Lic.No./Bus. Permit. 6031
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
10	Switching Outlets	$		H.V.A.C. Equipment	$
10	Lighting Outlets			Switching Devices	
1	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric	30			
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$ 30.
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 30.

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters: _____
Estimated Cost of Electrical Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U C C Form F-120 (8/83)

INSPECTOR COPY

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS
8/17/26	Fair on New/Altered Re

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Rough				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card		

U.C.C. Form F-120 (8/83)

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 9185
DATE ISSUED
REVISION DATE 7/25/88
Block 82 Lot 19A, 20A
Subdivision 21A

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner FRED PAPPATH
Address PLAZA SWEET PROFESSIONAL
28 UNION AVE. MAHASQUAH

Contractor GEORGE E. MILLER
Bldr. Address 7 DERBY AVE.
MAHASQUAH, N.J.

Tel. ( )

Tel. (201) 223-0455

Work Site Address SAME

Lic.No./Bus. Permit. 3027

Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection		3	Other DENTAL CHAIRS	
	Sewer Util. Connection			Other Commercial	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 30. 50.

additional $ 20.

C. PLUMBING CHARACTERISTICS

USE GROUP: DENTAL OFFICE Present _____ Proposed

Drainage —	Material	ABS	Size	3"
Building Sewer—	Material		Size	
Water Service—	Material	COPPER	Size	
Venting —	Material	ABS	Size	2"

Estimated Cost of Plumbing Work: $

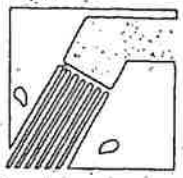
D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE



PERMIT NO. 9185
DATE ISSUED
REVISION DATE 7/25/88
Block 82 Lot 19.47, 20A
Subdivision 8.1A

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner FRED PAPERTH
Address 1424 SWEET TREE-SHORE DR UNION AVE. MAPLEWOOD

Contractor GEORGE E. MINIER
Address 7 PENNY AVE. MAPLEWOOD N.J.

Tel. ( ) 201 763 0456

Work Site Address SAME.

Lic.No./Bus. Permit. 3627

Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure	
	Domestic Boiler/ Furnace		1	Backflow Device	
	Steam Boiler			Vent Stack	
	Water Util. Connection		5	Solar System	
	Sewer Util. Connection			Other DENTAL CHAIRS	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		Other	
				COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 30.

C. PLUMBING CHARACTERISTICS

USE GROUP Dent. Pl. Present Proposed

Drainage — Material A.B.S. Size 3"
Building Sewer — Material Size
Water Service — Material Size
Venting — Material Size 2"
Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 10/4/88
Approved By: [signature]

INSPECTIONS FINAL

☐ CO ☒ CCO ☐ CA
Date: 12/1/88
Inspected By: [signature]

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☒ Rough				8/30/88 PW
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

Manasquan, N. J.

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 9046

DATE ISSUED 5/10/88

Block 82 Lot 19A to 21A

Subdivision

A. IDENTIFICATION

Owner Frederic Paperth

Address 28 Union Avenue, Manasquan, N. J.

Tel. ( )

Work Site Address 28 Union Avenue

Agent John Paulus

Address Spring Lake, N. J.

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Permit Fee $ 40.

Fees Remitted $

[X] Check No. 6028

[ ] Cash

[ ] Other

Collected By: mdk

Date: 5/10/88

is hereby granted permission to perform the following work:

[XX] BUILDING [ ] ELECTRICAL

[ ] PLUMBING [ ] FIRE PROTECTION

[ ] OTHER

Description of work:

Remove 2 partitions - add 4' partition.

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: $ 3500.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 4046
DATE ISSUED 5/10/88
REVISION DATE
Block 82 Lot 19A-C21A
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner DR. FRED PAPERTH
Address
Tel. ( )
Work Site Address 28 UNION AV MANASQUAN

Contractor JOHN E POULOS
Address 408 MERCER AV SPRING LAKE
Tel. (201) 449-0042
Lic. No.
Federal Emp. No. 154-20-3940

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

- REMOVE 2 PARTITIONS
  1- 9'9"
  1- 10'
- ADD 4' PARTITION.

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☒ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other INTERIOR		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 40

C. BUILDING CHARACTERISTICS

USE GROUP: OFFICES Present — SAME Proposed

No. of Stories 1 — Total Building Area–All Floors ____ Sq. Ft.

Height of Structure ____ Ft. — Volume of Structure ____ Cu. Ft.

Area–Largest Floor ____ Sq. Ft. — Total Land Area Disturbed ____ Sq. Ft.

Estimated Cost of Building Work: $ 3500

D. COMMENTS

Approved
a 5/10/88

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

Garden State Electrical Inspection Services, Inc.

R #

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/27/92
Date Issued
Control #
Permit # 92-125

R# 2029288

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

Block 82 Lot 19.01
Work Site Location 28 Union Ave
Manasquan NJ. 08736
Owner in Fee Frederic Papenth D.M.D.
Address 28 Union Ave
Manasquan NJ. 08736
Tele. ([redacted]
Contractor LEONARD RICHMAN
Address R.D.1, BOX 5
ENGLISHTOWN, N.J.
Tele. ( ) 446 6005
Lic. No. 849
Federal Emp. No. _____ or Social Security No. 056092664

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as OFFICE Utility Co. _____
Est. Cost of Elec. Work $ 800.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 6/17/92
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			6/17/92	
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			6/17/92	

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept.

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. Leonard Richman
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	200A	Service Entrance	33.
1	100A	Other X RAY sub panel	33.

Administrative Surcharge $ _____
Paid [✓] Check # 155 Minimum Fee $ 66.
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-120A

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

R# 2029288

CUT-IN-CARD

MUNICIPALITY Manasquan

LOCATION 28 Union Ave UTILITY CO JCPL

BLK 82 LOT 19.01

OWNER Paperth OCCUPANT Same

"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 Service + sub panel

INSTALLED BY Reichman LICENSE NO 849

DATE 9/23/92 PERMIT # 92-125 INSPECTOR

Lic. No: 3234

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

BOROUGH OF MANASQUAN
FOR INSPECTIONS PLEASE
PHONE (908)223-1480

Date Issued 04/27/92
Control #
Permit # 92-125

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 82 Lot 19.01

Work Site Location 28 UNION AVENUE
MANASQUAN, N. J.
Owner in Fee PAPERTH, FREDERIC, DMD
Address 28 UNION AVENUE
MANASQUAN, NJ 08736-
Telephone [redacted]

Contractor LEONARD RICHMAN
Address BOX 5
ENGLISHTOWN, NJ
Telephone ( )
Lic. No. or Bldrs. Reg. No. 849 Exp. Date / /
Federal Emp. No.
or Social Security No. [redacted]

Is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

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 $ 800

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Plumbing	0
Electrical	66
Fire Protection	0
Other	
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	66
Check No.	154
Cash	
Collected By:	MK

No Electric
No Plumbing

BUILDING PERMIT

AMOUNT PAID — DEPT. FILE
$ 110.88
8.25
$119.13
VALIDATION

Jan. 10, 78 — PERMIT NO. 9219

APPLICANT Russell J. Crane — ADDRESS 403 Osborne Ave. Brielle, — (CONTR'S LICENSE)

PERMIT TO finish 2nd floor (TYPE OF IMPROVEMENT) (___) NO. STORY (PROPOSED USE) NUMBER OF DWELLING UNITS

AT (LOCATION) 28 Union Avenue (NO.) Highway 71 (STREET) ZONING DISTRICT

BETWEEN (CROSS STREET) AND (CROSS STREET)

SUBDIVISION Lot 19-20-21-A LOT BLOCK 82 LOT SIZE

BUILDING IS TO BE ___ FT. WIDE BY ___ FT. LONG BY ___ FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE ___ USE GROUP ___ BASEMENT WALLS OR FOUNDATION ___ (TYPE)

REMARKS: finish second floor - making additional offices

$ 110.88
8.25 NJ STAX

AREA OR VOLUME 13,760 (CUBIC/SQUARE FEET) ESTIMATED COST $ 10,000.00 PERMIT FEE $ 119.13

OWNER Dr. Freed Paperth
ADDRESS 28 Union Ave. , Manasquan, N.J. 08736

BUILDING DEPT. BY

(Affidavit on reverse side of application to be completed by authorized agent of owner)

FORM NO. BOCA-BP 1969

BOROUGH OF MANASQUAN
APPLICATION
FOR
CONSTRUCTION PERMIT

1. Name of Owner: DR. FREDERIC PAPERTH
(If Corporation; names and addresses of all officers)
~~ROUTE~~
PLAZA SUITE PROFESSIONAL BUILDING

2. Address of Owner: ROUTE 71 MANASQUAN
(Physical location only - NO Post Office Box number, Please)

3. Phone No. Business 223 9777 Home [redacted]

4. Location of Property:
28 Block 82 Lot 19-20-21-A
Number of Street

5. Brief description of proposed work:
FINISHING SECOND LEVEL MAKING ADDITIONAL OFFICES.

6. The following to be taken from Plans and Specifications:
A. Lot ground coverage in square feet: UPPER LEVEL 13,760
B. Combined total of square feet: UPPER LEVEL 1720
C. Total building or structure volumn in cubic feet: UPPER LEVEL. 13,760
D. Total number of plumbing fixtures: 4 SINKS SANITARY ARE EXISTING
E. Total number of electrical fixtures, outlets and major appliances:
17 FIXTURES 35 OUTLETS BUILDING LEAK
3 DENTAL CHAIRS + ONE X RAY.
F. Special, unusual or hazardous facilities proposed: YES ____ NO X

NOTE: If answer to above is "YES", list separately, and attach all critical exhibits and specifications)

7. Estimated Cost of Improvements: (see 5:23-2.5, subsection (b)iv - attached)
$ 10,000.00

8. List below the Name and Trade Name; Business Address; Business and Home Phone numbers and License Number of the following:

General Contractor * : RUSSELL J CRANE
Building Sub-Contractor: "
TRADING as: GENERAL CONTRACTOR.
Business Address: 402 OSBORN AVE BRIELLE N.J.
Business Phone: 528-6771 Home Phone: 528-7686

(over)

Plumbing Sub-contractor: DAN Brayton
Trading As: "
Business Address: 566 LANIAC DR LANOKA HARBOR, NJ
Business Phone: 269-5192 Home Phone: 269-5192 License # 5174

Electrical Sub-contractor: H.C. SAUER INC.
Business Address: 102 MANUFACTURERS AVE. BRICK, NJ
Business Phone: 528-6000 Home Phone: 528-6000

Heating Sub-contractor: BRICK TOWN HEATING
Business Address: BRICK BLVD BRICK TOWN
Business Phone: 477-3300 Home Phone: UNLISTED

* If owner is to be the General Contractor, so indicate, and insert the name, etc., of the Building Sub-contractor.

If all the information requested in #8 is not known at the time this applicatic is submitted, it will not hold up its acceptance, provided all other required exhibits for Plan Review accompany this application. This information shall be provided to the Construction Official "Not Later Than The Commencement of Work" (5:23-2.5 sub-section (b) 2 - attached)

9. Name and address of responsible person in charge of work.
(See 5:23-2.5 sub-section (b) 2-iii - attached)

Name RUSSELL J CRANE Home Phone: _____
Address _____ Bus. Phone: _____
Design Architect _____ Engineer _____ Contractor X Other _____

Affidavit granting permission to:
Name _____
Address _____ Telephone: _____
Title _____ is attached hereto.

AGENT
or Russell J Crane
Signature of Owner

Date: _____

FOR OFFICE USE ONLY

Flood Hazard Location:

Prior Approvals Required:

Site Plan Received: Yes ___ No ___

Plans and Specifications (2 each) Received Yes ___ No ___

Description of Materials (2 each) Received Yes ___ No ___

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5-13-09
Control # 09-147
Date Issued
Permit #

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

Block 82 Lot 19.03 Qualification Code
Work Site Location 28 Union Ave
Manasquan, NJ 08736
Owner in Fee: Paparth
Tel [redacted] e-mail
Address
Contractor: Aggressive Mechanical Cont., Inc. (street / municipality) Tel. (732) 502-9300 (zip code)
Address 1109 6th Ave Neptune, NJ 07753 e-mail info@aggressivemechanical.com
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00989800
Federal Emp. ID No. 22-309-5886 FAX: (732) 502-9494

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [X] Existing [X] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System: [ ] New OR [ ] Existing
Location of Main Control Valve:
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity
Total Cost of Fire Protection Work $ 500

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Replace gas furnace
Water Supply Source
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		
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		
Fired Appliances [X] Gas or [ ] Oil	1	
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $ 40.00
Minimum Fee $ 1.00 (DCA)
State Permit Surcharge Fee $
TOTAL FEE $ 41.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 5/15/09 Re: Specs.
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6/4/09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			6/4/09	S
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/4/09	S
Other				

U.C.C. F140 (rev. 7/06)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Hard = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 5-13-09
Control # 09-147

Date Issued
Permit #

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

Block 82 Lot 19.03 Qualification Code

Work Site Location 28 Union Avenue
Manasquan, NJ 08736

Owner in Fee: Dr. Paperth

Tel. [redacted] e-mail

Address

Contractor: Aggressive Mechanical Cont. Inc. (street / municipality) Tel. (732) 502-9300 (zip code)

Address 1109 6th Ave Neptune, NJ 07753 e-mail info@aggressivemechanical.com

Contractor License No. 9025 Exp. Date 6/30/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00989800

Federal Emp. ID No. 22-309-5886 FAX: (732) 502-9494

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 $ 1000 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5/19/09
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6/2/09
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace A/C & gas furnace

QTY.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
1	Other A/C - condensate
1	Other gas furnace

FEE (Office Use Only)

Administrative Surcharge	$ 50.00
Minimum Fee	$ 0.00
State Permit Surcharge Fee	$ 50.00
TOTAL FEE	$

U.C.C. F130 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Change of Contractor

Date Received / Control # 5/26/09

Date Issued / Permit # 09-147

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

Block 82 Lot 19.03 Qualification Code ____

Work Site Location 28 Union Avenue Manasquan, NJ 08736

Owner in Fee: Dr. Paperth

Tel. [redacted] e-mail ____

Address ____ (street / municipality / zip code)

Contractor: Aggressive MAC Co. LLC Tel. (732) 614-3036

Address 3411 Windsor Rd, Wall e-mail ____

Contractor License No. 4539 B Exp. Date 4/12

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

Federal Emp. ID No. 030613141 FAX: ( ) ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[X] No Plans Required 5/26/09 PE

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/26/09
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/24/09
Approved by: [signature]

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type: FINAL - A/C ONLY			6/3/09	PSE
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	PSE 6/3/09		6/24/09	PSE
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

6/3/09 — NO ACCESS

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace A/C - gas furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	2-ton	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	90,000	BTU Gas furnace	

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

No Fee - through contractor

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/16/97
Date Issued
Control #
Permit # 97-478

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

Block 82 Lot 19.03
Work Site Location 28 Union Ave Manasquan
Owner in Fee F. PAPERTH
Address Same
Tele. ( )
Contractor Steve Whitman
Address 1111 Sunset Ave Belle
Tele. ( ) 295 8875 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 222936551

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Re-Roof over existing layer asphalt
Repair dormer siding

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11/4/97
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			11/4/97	
Barrier-Free				

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

FEE (Office Use Only)

$ 40.00

Administrative Surcharge	$	
Minimum Fee	$	40.00
DCA Training Fee	$	
TOTAL FEE	$	40.00

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 4000
3. Total (1+ 2) $ 4000

PAID
OCT 16 1997
Chk # 147 $74.00

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

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

3

BOROUGH OF MANASQUAN
FOR INSPECTIONS PLEASE
PHONE (908)223-1480

Date Issued 10/16/97
Control #
Permit # 97-478

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 82 Lot 19.01

Work Site Location 28 UNION AVENUE

Owner in Fee PAPERTH, FREDERIC, DMD
Address 28 UNION AVENUE
MANASQUAN, NJ 08736-
Telephone [redacted]

Contractor WHITMAN, STEVE
Address 1111 SUNSET DRIVE\
BRIELLE, NJ 08 -
Telephone ( )
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. 22-2936551
or Social Security No. _____

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
RE-ROOF OVER ONE EXISTING LAYER ASPHALT. REPAIR DORMER SIDING.
NO CHANGE IN PITCH OR STRUCTURE.

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 $ 4,200

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	71
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occ.	0
Other	
Total	74
Check No.	147
Cash	
Collected By:	SMB

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/18/97
Date Issued
Control #
Permit # 97-318

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

Block 82 Lot 19.01
Work Site Location 28 UNION AVENUE
MANASQUAN, NJ 08736
Owner in Fee FREDERIC PAPERTH
Address 461 SYCAMORE LN
BRIELLE, NJ 08730
Tele. [redacted]
Contractor REY SIGN CO
Address 1013-1015 MAIN STREET
BRADLEY BEACH, NJ 07720
Tele. (908) 774-1377
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3437134 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[✓] No Plans Req.							
[✓] All	7/18/97		Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [✓] CA			TCO				
Date: 10/29/97			Other				
Approved By:			Final			10/29/97	

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed U
Constr. Class Present ____ Proposed ____
No. of Stories NA
Height of Structure 6' Ft.
Area—Largest Floor NA Sq. Ft.
New Bldg. Area/All Floors NA Sq. Ft.
Volume of New Structure NA Cu. Ft.
Total Land Area Disturbed NA Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ NA
2. Alteration $ 1700
3. Total (1+2) $ 1700 ?

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

20 sq ft sign per Board of Adjustment.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[X] Sign 20 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other ____
[ ] Other ____
[ ] Demolition

(Office Use Only) FEE

Administrative Surcharge	$ 35.00
Minimum Fee	$ 35.00 DA
DCA TRAINING FEE	$ 1.00
TOTAL FEE	$ 36.00

Paid [✓] Check # 1593
Collected by: MA

U.C.C. Form F-1108

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

BOROUGH OF MANASQUAN
FOR INSPECTIONS PLEASE
PHONE (908)223-1480

Date Issued 07/18/97
Control #
Permit # 97-318

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 82 Lot 19.01

Work Site Location 28 UNION AVENUE

Owner in Fee PAPERTH, FREDERIC, DMD
Address 28 UNION AVENUE
MANASQUAN, NJ 08736-
Telephone [redacted]

Contractor REY SIGN CO.
Address 1013-1015 MAIN ST.
BRADLEY BEACH, NJ 07720-
Telephone (732)774-1377
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. 22-3437134
or Social Security No. _____

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
20 SQ. FT. SIGN PER BOARD OF ADJUSTMENT

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 $ 1,700

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occ.	0
Other	
Total	36
Check No.	1593
Cash	
Collected By:	SMB

BOROUGH OF MANASQUAN
FOR INSPECTIONS PLEASE
PHONE (732)223-0544 X244

Date Issued 05/13/09
Control #
Permit # 09-147

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 82 Lot 19.03 Qual

Work Site Location 28 UNION AVENUE
MANASQUAN, NJ
Owner in Fee PARPETH, DR.
Address 28 UNION AVENUE
MANASQUAN, NJ 08736-
Telephone [redacted]

Contractor AGGRESSIVE MECHANICAL CONTRAC.
Address 2575 RT. 9 / P.O. BOX 722
HOWELL, NJ 07731-
Telephone (732)363-0669
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3095886

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE A/C, GAS FURNACE

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 $ 2,000

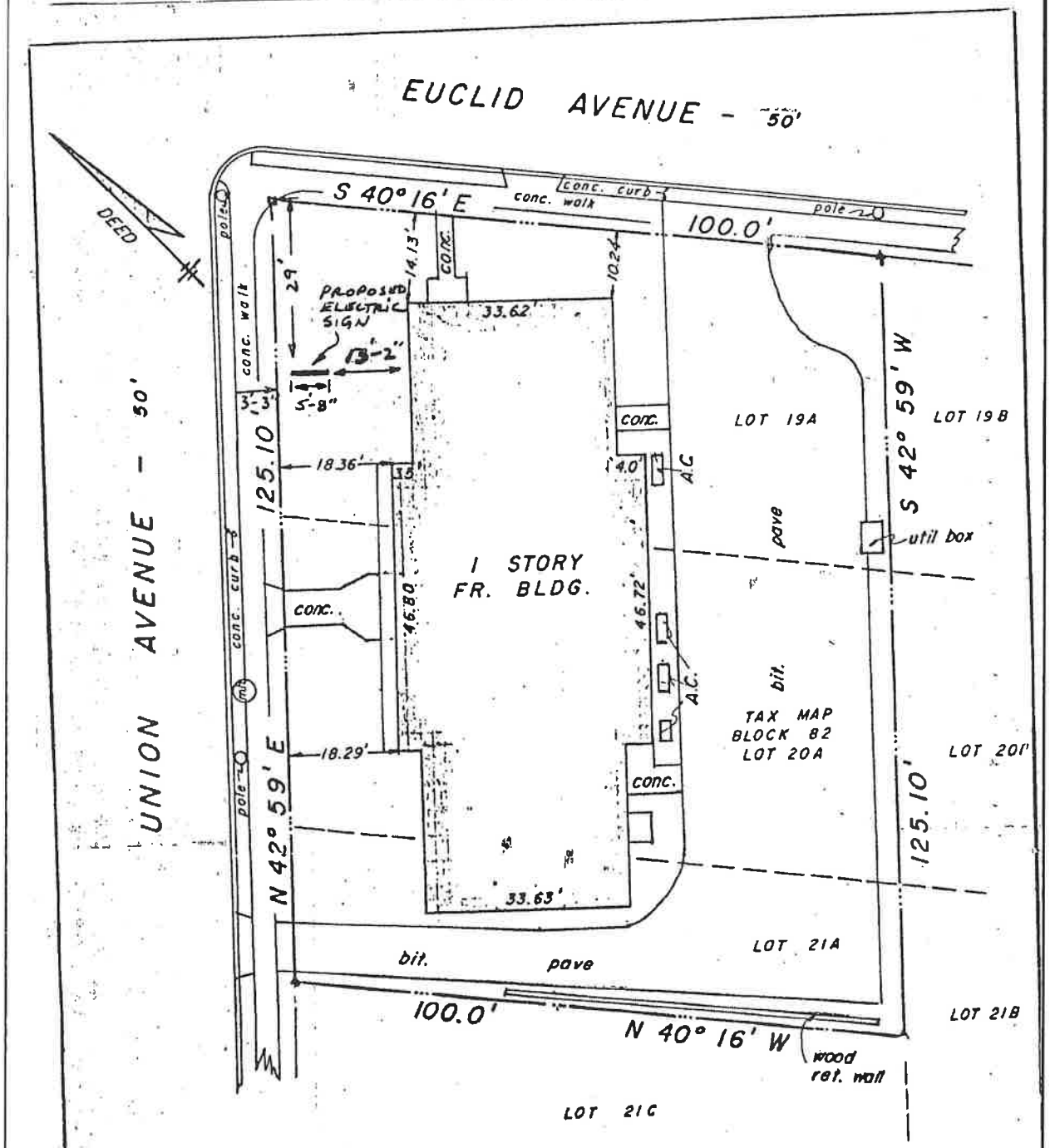
Construction Official

05/13/09
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	40
Plumbing	50
Fire Protection	40
Elevator Devices	0
Other	
DCA State Permit Fee	4
Cert. of Occupancy	0
Other	
Total	134
Check No.	1338
Cash	
Collected By	SMB



9-9
5/21/97

SURVEY OF PROPERTY

MANASQUAN BORO
COUNTY OF MONMOUTH N.J.
DATE: OCT. 14, 1996 SCALE: 1" = 20'

WALTER J. PARTINGTON
LICENSED LAND SURVEYOR
LIC. NO. 15106
SPRING LAKE HEIGHTS, N.J.

The certification is made only to hereon named parties for purchase and/or mortgage of hereon delineated property by hereon named purchaser. no responsibility or liability is assumed by surveyor for use of survey for any other purpose including, but not limited to, use of survey for survey affidavit, resale of property, or to any other person not listed in certification, either directly or indirectly.

This survey is subject to any easement of record and other pertinent facts which may be disclosed by a title search.

This is a location survey, Property corners were not set.

Underground structures and/or utilities not located

Offset dimensions from structures to property lines shown hereon are not to be used for establishing property lines.