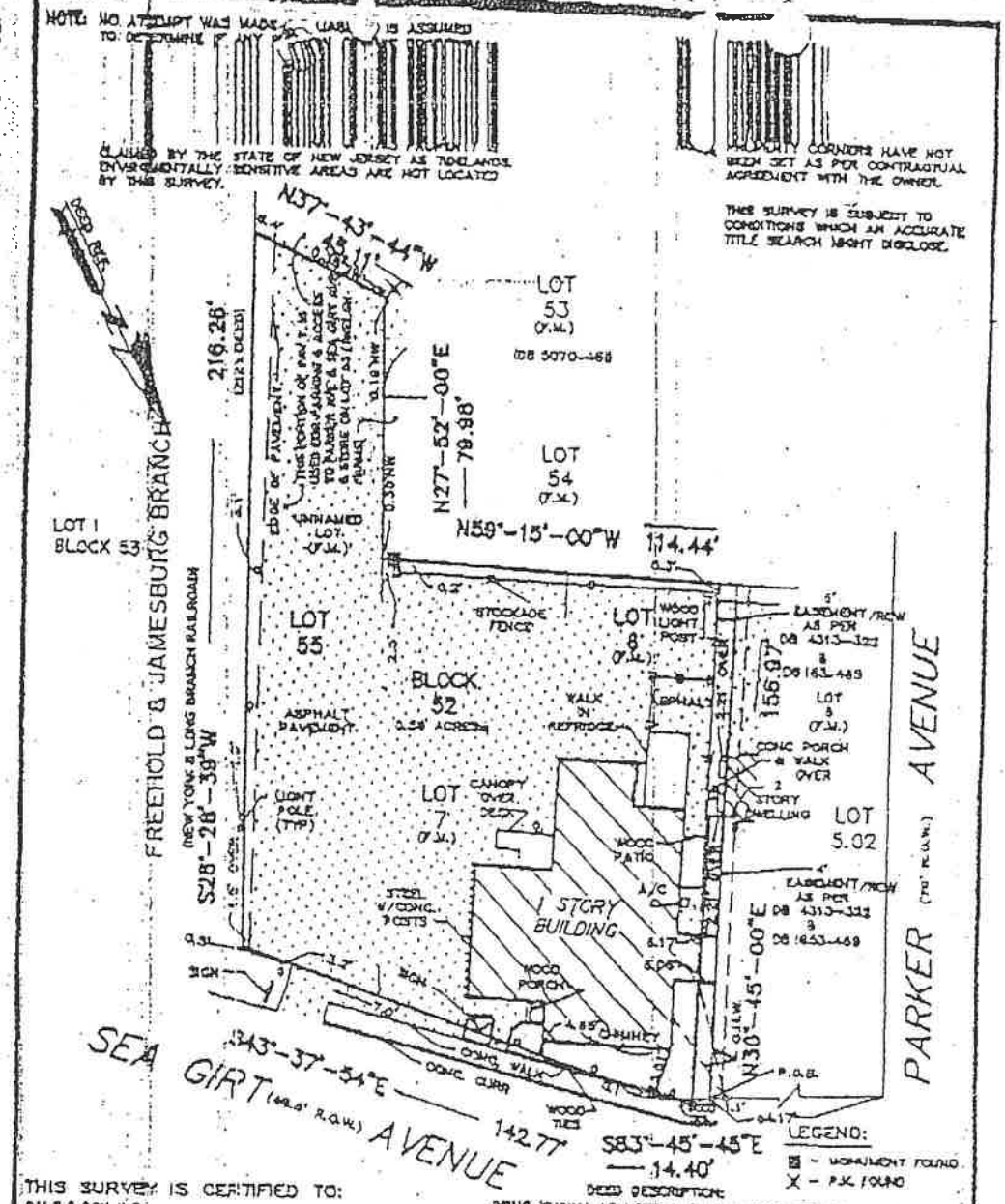


THIS SURVEY IS CERTIFIED TO:
DALE S. DON, INC.
DALE S. ORLOVSKY
DONALD GRASSO
ALL-STATE SEARCH CO., INC.
TRANSNATION TITLE INSURANCE COMPANY
ORLOVSKY, GRASSO & BOLGER, P.A.
CARNEGIE BANK, N.A. ITS SUCCESSORS AND/OR ITS ASSIGNS

"TO ANY INSURER OF TITLE RELYING HEREON AND ANY OTHER PARTY IN INTEREST," IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EXCEPTIONS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS THAT ARE NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN HEREON, SUCH RESPONSIBILITY LIMITED TO THE CURRENT MATTER AS OF THE DATE OF THIS SURVEY.

OFFSETS AS SHOWN HEREON ARE NOT TO BE USED AS A BASIS FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.

DATE	REVISIONS

DEED DESCRIPTION:

BEING KNOWN AS LOTS 6, 7 & AN UNNAMED LOT IN SECTION A AS SHOWN ON A MAP ENTITLED "MAP OF THE PEARCE & PARKER TRACT, SITUATE IN THE BOROUGH OF MANASQUAN, MONMOUTH COUNTY, N.J." FILED IN THE MONMOUTH COUNTY CLERK'S OFFICE ON JANUARY 30, 1893 AS CASE NO. 63, SHEET 2.

A.K.A. LOTS 6, 7 & 55 IN BLOCK 52 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE BOROUGH OF MANASQUAN, MONMOUTH COUNTY, NEW JERSEY.

DEED REFERENCE BOOK 4313-321. 163234

PLAN OF SURVEY

SITUATE

BOROUGH OF MANASQUAN

MONMOUTH COUNTY, NEW JERSEY

BLOCK 52 LOTS 6, 7 & 55

EXHIBIT

B-52
L- 6.01

334-81

TO THE INSPECTOR OF PLUMBING

The following specifications and plans are submitted for approval.

Owner: ZANNERI

Plumber: [illegible]

FIXTURES TO BE INSTALLED

No. of Showers ....

No. of Sinks: 1

No. of Wash Bowls ....

No. of Bath Tubs ....

No. of Toilets ....

No. of Urinals ....

Outside Faucets ....

Use of Building: RES

New or Old: OLD

Hot Water Heater

Dish Washer

REPLACEMENT

No. 858

BOROUGH OF MANASQUAN
Manasquan, New Jersey

PLUMBING APPLICATION

Location of Building: BLK 52 LOT 6-7-55

Street: 153 SEAGIRT AVE

Owner: ZANNERI

Plumber: [illegible]

Dated: 12/10/81

Fee Paid: 15.00

INSPECTION

Requested ....

Rough ....

Final: 3/1/82

NOTE: No plans will be accepted unless signed by the owner and his plumber.

All work, material and construction to be in accordance with the rules and regulations of the Plumbing Code in effect in Manasquan New Jersey.

B-52
L-6.01

TO THE INSPECTOR OF PLUMBING

The following specifications and plans are submitted for approval.

Owner E+H HOLDING CO.

Plumber LORSO

FIXTURES TO BE INSTALLED

No. of Showers .....

No. of Sinks 4

No. of Wash Bowls .....

No. of Bath Tubs .....

No. of Toilets .....

No. of Urinals .....

Outside Faucets .....

Use of Building BAR & REST

New or Old .....

Hot Water Heater .....

Dish Washer .....

No. 849

BOROUGH OF MANASQUAN
Manasquan, New Jersey

PLUMBING APPLICATION

— TRADING

Location of Building AS E+H

Street 153 Sea Girt Ave

Owner Edgar Cannesi

Plumber Curt Carlo

Dated 10/28/81

Fee Paid 20.00

INSPECTION

Requested .....

Rough .....

Final 3/1/82

52-6,7,55

NOTE: No plans will be accepted unless signed by the owner and his plumber.

All work, material and construction to be in accordance with the rules and regulations of the Plumbing Code in effect in Manasquan New Jersey.

153 SEA GIRT

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5-2-16
Control #
Date Issued
Permit # 16-00244

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

Block 52 Lot 6.01 Qualification Code

Work Site Location 153 SEA GIRT AVE

Owner in Fee: COSTAL RESTAURANT Group LLC

Tel. [redacted] e-mail

Address SAME

Contractor: PARAdise Elect. INC (street, municipality, zip code) Tel. (732) 539-9217

Address 1601 Sheridan Dr. e-mail

WALL, NJ 07719

Contractor License No. 8725 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: (732) 681 3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1500.

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: 5.3.16

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 6.20.16

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6.20.16	[signature]
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

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

Print name here: [redacted]

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New Signs - Roof & East side

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	
2		KW Elec. Sign/Outline Light	

Administrative Surcharge	$ 105.00
Minimum Fee	$ 3.00 (CA)
State Permit Surcharge Fee	$
TOTAL FEE	$ 108.00

5/5/16 A 1934 $108.00 WP

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

UPDATE

153 SEA GIRT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5-12-16
Date Issued
Control #
Permit # 16-00244-01

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

Block 52 Lot 6.01
Work Site Location 153 Sea Girt Ave. Manasquan, NJ
Owner in Fee Reef + Barrel
Address 153 Sea Girt Ave Manasquan, NJ
Tele. ([redacted])
Contractor Mark-O-Lite Sign Co.
Address 1420 Rt. 9 South Howell NJ 07731
Tele. (732) 462-8530
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2239194 or Social Security No.

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 H. Mark

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

(1) INSTALL (1) BLDG. SIGN 58 SQ.FT.

(2) INSTALL (1) 32 SQ FT. ROOF SIGN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5/16/16	G
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date:	11/16/16	
Approved By:		G

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			9/29/16	ESM

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [X] Sign 58+32=90 Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other _____
  - [ ] Other _____
- [ ] Demolition

(Office Use Only) FEE

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$ 120.00
TOTAL FEE	$ 120.00

Paid [ ] Check # _____
Collected by: _____ $120.00 cash 5/17/16

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed A-2
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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ 00
3. Total (1+2) $ 9,000

psl

U.C.C. Form F-1108 — 1 White = Inspector Copy, 2 Canary = Office Copy, 3 Pink = Office Copy, 4 Gold = Applicant Copy

MANASQUAN BOROUGH
201 E MAIN ST
MANASQUAN, NJ 08736-300

Construction Permit

Permit Number: 16-00244 Permit Issue Date: 05/03/16

Application Id: 20002868 Application Date: 05/02/16

Owner/Property Details

Block/Lot/Qual: 52. 6.01 Phone #:

Owner Name: ATLANTIC RES GRP, LLC C/O EDGAR'S Use Type: U Util & Misc; Acc & Misc Buildi

Address: 153 SEA GIRT AVE Location: 153 SEA GIRT AVE

MANASQUAN, NJ 08736-2829

Contractor: Paradise Electric

Address: 1601 Sheridan Drive

Wall, NJ 07753

Phone Number: (732)539-9217

License #:

Federal Tax Id:

Payments (Office Use Only)

ELECTRICAL	105.00
DCA	3.00
Total	108.00

is hereby granted permission to perform the following work:

ELECTRICAL

Description of Work

new signs - roof and east side
electroc only - no structural work

Alteration Cost: 1,500.00

New Construction Volume: 0

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

Construction Official

5/10/16
Date

MANASQUAN BOROUGH
201 E MAIN ST
MANASQUAN, NJ 08736-300

Construction Permit

Permit Number: 16-00244-01
Permit Issue Date:
Application Id: 20002909
Application Date: 05/12/16

Owner/Property Details

Block/Lot/Qual: 52. 6.01
Phone #:
Owner Name: ATLANTIC RES GRP, LLC C/O EDGAR'S
Use Type: U Util & Misc; Acc & Misc Buildi
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829
Location: 153 SEA GIRT AVE

Contractor: MARK O LITE SIGN CO.
Address: 1420 RT. 9 SOUTH
HOWELL, NJ 07731

Phone Number: (732)462-8530
License #:
Federal Tax Id:

Payments (Office Use Only)

BUILDING	120.00
Total	120.00

is hereby granted permission to perform the following work:

BUILDING

Description of Work

1. INSTALL 1 BLDG SIGN - 58 SQ. FT
2. INSTALL 1 32 SQ. FT ROOF SIGN

Alteration Cost: 9,000.00

New Construction Volume: 0

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

Construction Official _____ Date 5/18/16

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

UCC NEW JERSEY CERTIFICATE

Permit #: 16-00244
Date Issued: 05/06/16
Certificate Issued Date: 12/02/16

IDENTIFICATION

Work Site Location: 153 SEA GIRT AVE
Block/Lot/Qual: 52. 6.01
Owner in Fee: ATLANTIC RES GRP, LLC C/O EDGAR'S
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829

Contractor: Paradise Electric
Address: 1601 Sheridan Drive
Wall, NJ 07753

Tel.: (732)539-9217
Fax: (732)681-3798
Lic. No. or Bldrs. Reg. No:
Federal Employer No:

Home Warranty No:
Type of Warranty Plan:
Use Group: U Util & Misc; Acc & Misc Buildi
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: new signs - INSTALL BLDG SIGN 58 SQ FT
INSTALL 32 SQ FT SIGN
electric only - FOR SIGNS

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.

FINAL APPROVAL

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

12/6/16
Date

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

UCC NEW JERSEY CERTIFICATE

Permit #: 15-00635
Date Issued: 06/29/15
Certificate Issued Date: 09/27/16

IDENTIFICATION

Work Site Location: 153 SEA GIRT AVE
Block/Lot/Qual: 52. 6.01
Owner in Fee: ATLANTIC RES GRP, LLC C/O EDGAR'S
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829

Contractor: THE DIRECTIVE GROUP
Address: 1451A RT 37 W
TOMS RIVER, NJ 08755

Tel.: (800)595-6155
Fax:
Lic. No. or Bldrs. Reg. No: 34TC00238400
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: LOW VOLTAGE -CATV, ACCESS POINTS

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.

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

9/27/16
Date

153 Sea Girt Ave

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/26/15
Control #
Date Issued
Permit # 15-00635

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

Block 52 Lot 6.01 Qualification Code

Work Site Location 153 Sea Girt Ave
Manasquan NJ 08736

Owner in Fee: Bob Fahey

Tel. [redacted] e-mail

Address 153 Sea Girt Ave Manasquan NJ 08736
(street) (municipality) (zip code)

Contractor: The Director Group LLC Tel. (800) 595 6155

Address 1451 A Rt 37 W e-mail jnass@telecomgiant.com
Toms River NJ 08755

Contractor License No. 34TC00238400 Exp. Date

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

Federal Emp. ID No. 20-077469 FAX: (917) 591-7024

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,000

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: 6-26-15
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6/26/15
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6/26/15	MLH
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Brian Culley

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install 7 wireless accesspoints, run CAT6 cable

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
7		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
			75.00
		Administrative Surcharge $	4.00 (DCA)
		Minimum Fee $	
		State Permit Surcharge Fee $	
		TOTAL FEE $	79.00

pd chk #2147 6/26/15

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

7/8/15 Called LM message
Dennis's check bounced needs cash today or N.O.V of #2K

MANASQUAN BOROUGH
201 E MAIN ST
MANASQUAN, NJ 08736-300

Construction Permit

Permit Number: 15-00635 Permit Issue Date: 06/29/15

Application Id: 20001766 Application Date: 06/26/15

Owner/Property Details

Block/Lot/Qual: 52. 6.01

Owner Name: ATLANTIC RES GRP, LLC C/O EDGAR'S

Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829

Phone #:

Use Type: B Business

Location: 153 SEA GIRT AVE

Contractor: THE DIRECTIVE GROUP

Address: 1451A RT 37 W
TOMS RIVER, NJ 08755

Phone Number: (800)595-6155

License #: 34TC00238400

Federal Tax Id:

Payments (Office Use Only)

ELECTRICAL	75.00
DCA	4.00
Total	79.00

is hereby granted permission to perform the following work:

ELECTRICAL

Description of Work

LOW VOLTAGE -CATV, ACCESS POINTS

Alteration Cost: 2,000.00

New Construction Volume: 0

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

Construction Official _____ Date 6/30/15

153 Seagirt

UPDATE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/13/15

Date Issued / Permit # 15-00063

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

Block _____ Lot _____ Qualification Code _____

Work Site Location Edgar's Pub 153 Seagirt NJ

Owner in Fee: X Chris Fahey

Tel. [redacted] e-mail cjfahey@yahoo.com

Address 153 Sea Girt Ave Manasquan
street municipality zip code

Contractor: Power Systems Security Tel. (732) 244 2453

Address 1622 Bay Ave. e-mail _____

Contractor License No. 34BF00001800 Exp. Date 1-31-17

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 $ 200.00

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: B.J.H

Print name here: B.J. Hyman

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Smoke detectors + strobe horns installed

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
5		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	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 5-15-15

Approved by: MCH

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

U.C.C. F-120 (rev. 11/09)

153 Sea Girt Ave

153 Sea Girt

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 15-00063

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

Block 52 Lot 6.01 Qualification Code

Work Site Location 153 Sea Girt Ave Manasquan NJ 08736

Owner in Fee: Landis Rob

Tel. [redacted] e-mail

Address 153 Sea Girt Ave Manasquan NJ 08736
street municipality zip code

Contractor: Jersey Shore Electrical Tel. ( )

Address 704 Atlantic Ave e-mail
Point Beach, NJ

Contractor License No. # 12309 Exp. Date 3-31-15

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

Federal Emp. ID No. 46-164-1449 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 15,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Chuck Smith

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Dining Room Addition - lights-outlets-fans

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

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 90 00
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date 2-19-15 Approved by: MCH

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

SUBCODE APPROVAL for PERMIT
Date: 2-19-15
Approved by: MCH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 6-16-15
Approved by: MCH

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			5-11-15	MCH
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			5-21-15	MCH
Other UNDER SLAB CONDUITS			5-1-15	MCH
Service				
Final			6-16-15	MCH
Barrier-Free				

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

pd chk #203366 2/25/15

4-30-15- ROUGH - NOT READY - [illegible]

5-21-15- OK FOR TCO -

LIGHTS & ⏀'S ON DECK AREA NOT COMPLETE

BATHROOM NOT DONE

ROUGH ELECTRIC ON BATHROOM - OK

LIGHT SWITCH RELOCATED / SWITCH FOR LIGHT & ⏀ BY DOOR

153 SEAGIRT

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/13/15

Date Issued / Permit # 15-00063-5

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

Block _____ Lot _____ Qualification Code _____

Work Site Location Folgar's Pub. 153 Seagirt Ave.

Owner in Fee: Chris Fahey Fahey

Tel. [redacted] e-mail ajfahey@yahoo.com

Address 153 Sea Girt Ave, Manasquan, 08736

Contractor: Power Systems Security Tel. (732) 244-2457

Address 737 Cable Ave e-mail _____

Beach Wood NJ 08722

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 000684

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 155214

Fire Alarm Contractor No. 34BF00001800 Exp. Date 1-31-17

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

Federal Emp. ID No. _____ FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 600.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: [signature]

Print name here: BJ Hy

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Smoke detectors + strobe horn installed

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[4] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	3	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	2	
Other Devices _____		
TOTAL	5	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

pd # 6555 B7.00 5/19/15

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 1 Approved by: _____

[ ] Fire Protection Plans Approved

Date: 5/15/15 Approved by: S

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5/19/15

Approved by: S

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 5/19/15

Approved by: S

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			5/21/15	S
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			N/A	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			5/19/15	S
Other _____				

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

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

153 Sea Girt Ave UPDATE

1

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 15-00063-03

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

Block 52 Lot 6.01 Qualification Code

Work Site Location 153 Sea Girt Ave Manasquan NJ 08736

Owner in Fee: Eddis

Tel. [redacted] e-mail

Address 153 Sea Girt Ave Manasquan NJ 08736
(street / municipality / zip code)

Contractor: Inlet Plumbing Tel. (609) 339-5621

Address 210 N 12th St. e-mail
Surf City NJ 08008

Contractor License No. 12341 Exp. Date 6-30-15

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

Federal Emp. ID No 140846305 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 $ 700

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: JLJ

Print name here: Jeffrey Lubick Jr.

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Three Bay Sink

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 4/30/15 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/30/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 6/24/15
Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			5/8/15	
Rough			5/8/15	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			5/22/15	
Final			6/26/15	

TCO 30 days.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	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	
	Slacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 60.00

153 Sea Girt Ave

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 15-00063

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 52 Lot 6.01 Qualification Code

Work Site Location 153 Sea Girt Ave Manasquan NJ 08736

Owner in Fee: Same

Tel. [redacted] e-mail

Address 153 Sea Girt Ave Manasquan NJ 08736
(street / municipality / zip code)

Contractor: Inlet Plumbing Tel. (609) 335-5621

Address 210 N 12th st e-mail
Surf City NJ 08008

Contractor License No. 12341 Exp. Date 6-30-15

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

Federal Emp. ID No. 140846305 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 $ 1,000

C. CERTIFICATION IN LIEU OF OATH

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

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

Print name here: James Lodise

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Vent attic [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 5/18/15 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CSOCA [ ] CA
Date: 6/26/15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			5/18/15	
Rough			5/18/15	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar			6/26/15	
TCO			6/26/15	
Final				

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

Administrative Surcharge	$
Minimum Fee	$ 60
State Permit Surcharge Fee	$ N/A
TOTAL FEE	$

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

+124.00 5/14/15

153 Sea Girt Ave

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 4/28/15
Permit # 15-0063

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

Block 52 Lot 6.01 Qualification Code

Work Site Location 153 Sea Girt Ave Sea Girt NJ 08750

Owner in Fee:

Tel. [redacted] e-mail

Address (street) (municipality) (zip code)

Contractor: Tel.

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demolish [redacted]

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			4/28/15	
Footing Bonding			5/12/15	
Foundation				
Slab				
Frame			4/28/15	
Truss Sys./Bracing			4/28/15	
Barrier Free				
Insulation			5/7/15	ESM
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ Ext Frame			5/7/15	ESM
Mechanical TCO				
~~Fire~~ Deck Sheathing			5/7/15	ESM
Other Plans			5/7/15	ESM
Final			4/28/15	
Barrier Free				

TYPE OF WORK:

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

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

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

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

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

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

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

3/19/15 (8) Plans OK TS

4/20/15 Ftg. Stairs OK

5/22/15 Bath Rm Framing OK

BUILDING SUBCODE
TECHNICAL SECTION

revision

Date Received
Control #

Date Issued
Permit # 15-00063

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

Block 52 Lot 5.01 Qualification Code

Work Site Location 153 Sea Girt Ave Monmouth NJ 08736

Owner in Fee: Edgars

Tel. ( ) e-mail

Address 153 Sea Girt Ave Monmouth NJ 08736
street municipality zip code

Contractor: Rocon construction Tel. (732) 528-4710

Address 705 Route 71 Brielle NJ e-mail Larry@Rocon.com

Contractor License No. or Builder Registration No. 13VH06188000 Exp. Date 3/31/15

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

Federal Emp. ID No. 27-2179063 FAX: (732) 528-4714

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: Trevor Weiler

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Revised foundation plan
Revitions in annotated bubbles

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	3/4/15	G
[ ] Footings/Foundations		
[✓] Structural/Framework		
[ ] Exterior		
[✓] Interior		
Joint Plan Review Required		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	3/4/15	G
Approved by:		
SUBCODE APPROVAL for CERTIFICATE		
[✓] CO [ ] CCO [ ] CA		
Date:	6/30/15	G
Approved by:		

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			3/12/15	SD
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6/29/15	SD
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [X] 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)

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ No Fee
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed A-2

Constr. Class Present _____ Proposed _____

No. of Stories _____

If Industrialized Building:
State Approved _____ HUD _____

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 _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 100
2. Rehabilitation $ 0
3. Total (1+ 2) $ 100

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 15-00063
Permit # updates 01 (add) 02 (reno)

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

Block 52 Lot 6.01 Qualification Code

Work Site Location 153 Sea Girt Ave Manasquan NJ 08736

Owner in Fee: Eggis pnb

Tel. (732) 528 4710 e-mail

Address 153 Sea Girt Ave Manasquan NJ 08736
street municipality zip code

Contractor: Rocon Construction Tel. (732) 528 4710

Address 705 Route 71 Brielle NJ 08730 e-mail Larry@Rocon.com

Contractor License No. or Builder Registration No. 13VH06188000 Exp. Date 3/31/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 044298

Federal Emp. ID No. 27-2978663 FAX: (732) 528 4714

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: Trevor Wellet

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

~~Partial Demo~~ – Addition – balcony

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	1/14/15	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[✓] Elec. [✓] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	1/14/15	
Approved by:		
SUBCODE APPROVAL for CERTIFICATE		
[✓] CO [ ] CCO [ ] CA		
Date:	6/8/15	
Approved by:	G	

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			6/8/15	TP
Barrier-Free				

TYPE OF WORK:

- [ ] New Building
- [X] 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 _____
- [X] Demolition

FEE (Office Use Only)

$ reno 600.00 DCA 16.00 1446.00 2.00 (DCA) 102.00 (CO) 165.00 Addition 815.00

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present ~~R-3/R-5~~ Proposed ~~R-3/R-5~~ R-3 **Constr. Class** Present _____ Proposed 5B

No. of Stories 2

Height of Structure 26 ft.

Area — Largest Floor 1553 sq. ft.

New Bldg. Area/All Floors 3172 sq. ft.

Volume of New Structure 64K cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ ~~120,000~~ 96,000 TW
2. ~~Rehabilitation~~ $ ~~10,000~~ 24,000
3. Total (1+ 2) $ 130,000

Pd chk #20336 2/25/15

U.C.C. F110 (rev. 1/09)

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

TOTAL: 815.00

BUILDING SUBCODE
TECHNICAL SECTION

RECEIVED APR 2 8 2015

Date Received
Control #

Date Issued
Permit # 15-00063

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

Block 52 Lot 6.01 Qualification Code

Work Site Location 153 Sea Girt Ave Manasquan NJ 08736

Owner in Fee: Edgar's Pub

Tel. e-mail

Address 153 Sea Girt Ave Manasquan NJ 08736
street municipality zip code

Contractor: Rocon Construction Tel. (732) 528-4710

Address 705 route 71 Brielle NJ 08730 e-mail Larry@rocon.com

Contractor License No. or Builder Registration No. 13VH00264500 Exp. Date 03/31/2016

Home Improvement Contractor Registration No. or Exemption Reason 044298

Federal Emp. ID No. 272979063 FAX: (732) 528-4714

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	4/29/15	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	4/29/15	
Approved by:		
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] CA		
Date:	6/30/15	
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			6/29/15	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed A-2

Constr. Class Present ____ Proposed IIB

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 $ 3,000
3. Total (1+ 2) $ 3,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Trevor Wellet

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Revised Stair plan
Stairs built out of wood instead of Steel
Sonotube Footings

TYPE OF WORK:

- [ ] New Building
- [X] 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)

$

Administrative Surcharge $

Minimum Fee $ 100.00

State Permit Surcharge Fee $

TOTAL FEE $

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 15-00063-04
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 52 Lot 6.01 Qualification Code
Work Site Location 153 Sea Girt Ave [illegible] NJ

Owner in Fee: [illegible]

Tel ( ) e-mail

Address 153 Sea Girt Ave [illegible] NJ 08736
(street) (municipality)

Contractor: R Construction Tel. (732) 528 4714 (zip code)

Address 105 R[illegible] Manville e-mail [illegible]@rconstruction.com
NJ 08835

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: (732) 528 4714

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	5/16/12	[illegible]
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	5/16/12	
Approved by:	[illegible]	
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] CA		
Date:	6/28/12	
Approved by:	[illegible]	

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			6/28/12	[illegible]
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed A-2
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. $ 1200
2. Rehabilitation $
3. Total (1+ 2) $ 1200

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

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: [signature] 5/11/12
Print name here: [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Convert office to bathroom.

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

pd H 6552

$124.00

FEE (Office Use Only)

$	
Administrative Surcharge $	
Minimum Fee $	N/A
State Permit Surcharge Fee $	N/A
TOTAL FEE $	N/A

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

MANASQUAN BOROUGH
201 E MAIN ST
MANASQUAN, NJ 08736-300

Construction Permit

Permit Number: 15-00063-05
Permit Issue Date:
Application Id: 20001589
Application Date: 05/19/15

Owner/Property Details

Block/Lot/Qual: 52. 6.01
Phone #:
Owner Name: ATLANTIC RES GRP, LLC C/O EDGAR'S
Use Type: A-2 Assy; Restaurants,Nightclubs &
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829
Location: 153 SEA GIRT AVE

Contractor: POWER SYSTEMS SECURITY
Address: 737 CABLE AVE
BEACHWOOD, NJ 08722

Phone Number: (732)244-2457
License #: 34BF00001800
Federal Tax Id:

Payments (Office Use Only)

ELECTRICAL	75.00
FIRE	60.00
DCA	2.00
Total	137.00

is hereby granted permission to perform the following work:

ELECTRICAL
FIRE

Description of Work

05- SMOKE DETECTORS AND STROBE HORNS

Alteration Cost: 800.00

New Construction Volume: 0

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

Construction Official

Date 5/20/15

MANASQUAN BOROUGH
201 E MAIN ST
MANASQUAN, NJ 08736-300

Construction Permit

Permit Number: 15-00063-04
Permit Issue Date:
Application Id: 20001576
Application Date: 05/14/15

Owner/Property Details

Block/Lot/Qual: 52. 6.01
Owner Name: ATLANTIC RES GRP, LLC C/O EDGAR'S
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829

Phone #:
Use Type: A-2 Assy; Restaurants,Nightclubs &
Location: 153 SEA GIRT AVE

Contractor: ROCON CONTRACTING
Address: 705 UNION AVENUE
BRIELLE, NJ 08730

Phone Number: (732)528-4710
License #:
Federal Tax Id:

Payments (Office Use Only)

DCA	4.00
PLUMBING	60.00
BUILDING	60.00
Total	124.00

is hereby granted permission to perform the following work:

BUILDING
PLUMBING

Description of Work

04- CONVERT OFFICE TO BATHROOM

Alteration Cost: 2,000.00

New Construction Volume: 0

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

Construction Official Date

MANASQUAN BOROUGH
201 E MAIN ST
MANASQUAN, NJ 08736-300

Construction Permit

Permit Number: 15-00063
Permit Issue Date:
Application Id: 20001211
Application Date: 01/22/15

Owner/Property Details

Block/Lot/Qual: 52. 6.01
Phone #:
Owner Name: ATLANTIC RES GRP, LLC C/O EDGAR'S
Use Type: A-2 Assy; Restaurants,Nightclubs &
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829
Location: 153 SEA GIRT AVE

Contractor: ROCON CONTRACTING
Address: 705 UNION AVENUE
BRIELLE, NJ 08730

Phone Number: (732)528-4710
License #:
Federal Tax Id:

Payments (Office Use Only)

DCA	2.00
BUILDING	75.00
Total	77.00

is hereby granted permission to perform the following work:

BUILDING

Description of Work

demo existing dining room and covered entrance

Alteration Cost: 3,000.00

New Construction Volume: 648

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

Construction Official

1/29/15
Date

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

(732)223-2292

NOTICE AND ORDER OF PENALTY

Permit #:
Issue Date:
- or -
Application Id: 20001222
Application Date: 01/26/15

IDENTIFICATION

Work Site Location: 153 SEA GIRT AVE
Owner in Fee: ATLANTIC RES GRP, LLC C/O EDGAR'S
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829

Block/Lot/Qual: 52. 6.01
Agent/Contractor: ROCON CONTRACTING
Address: 705 UNION AVENUE
BRIELLE NJ 08730

Telephone:

Telephone: (732)528-4710

To: ☒ Owner ☐ Other: _____
☒ Agent/Contractor _____
_____

ACTION

☐ On , you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A ☐ **Notice of Violation and Order to Terminate** ☐ **Notice of Unsafe Structure** ☐ **Notice of Imminent Hazard** was issued. Reinspection of the work site on revealed the following violation(s) remain:

NJAC 5:23-2.14(a) - working without permit - balcony and demo

☒ On 01/26/2015 , you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you ☐ **made a false or misleading written statement, or omitted required information in an application or request for approval; or** ☒ **failed to obtain a construction permit; or** ☐ **failed to request required inspections; or** ☐ **allowed occupancy prior to receiving a certificate of occupancy.**

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

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $ 2000.00 for each violation for a total penalty of $.

Further, take *NOTICE* that for each ☒ week ☐ day that any of the said violations remain outstanding after 02/04/15 , an additional penalty of $ 2000.00 per ☒ week ☐ day shall result.

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

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

The fee for an appeal is $100.00 & should be forwarded with your application to the Construction Board of Appeals Office at:

If you have any questions concerning this matter, please call:

NOTICE and ***ORDER*** of Penalty:

CONSTRUCTION OFFICIAL

Date: 1/28/15

U.C.C. F212 (rev. 4/2003)

MANASQUAN BOROUGH
201 E MAIN ST
MANASQUAN, NJ 08736-300

Construction Permit

Permit Number: 15-00063-02
Permit Issue Date:
Application Id: 20001294
Application Date: 02/25/15

Owner/Property Details

Block/Lot/Qual: 52. 6.01
Phone #:
Owner Name: ATLANTIC RES GRP, LLC C/O EDGAR'S
Use Type: A-2 Assy; Restaurants,Nightclubs &
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829
Location: 153 SEA GIRT AVE

Contractor: ROCON CONTRACTING
Address: 705 UNION AVENUE
BRIELLE, NJ 08730

Phone Number: (732)528-4710
License #:
Federal Tax Id:

Payments (Office Use Only)

DCA	46.00
BUILDING	600.00
Total	646.00

is hereby granted permission to perform the following work:

BUILDING

Description of Work

03- renovation

Alteration Cost: 24,000.00

New Construction Volume: 0

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

Construction Official _____ Date 2/26/15

MANASQUAN BOROUGH
201 E MAIN ST
MANASQUAN, NJ 08736-300

Construction Permit

Permit Number: 15-00063-01
Permit Issue Date:
Application Id: 20001292
Application Date: 02/24/15

Owner/Property Details

Block/Lot/Qual: 52. 6.01
Owner Name: ATLANTIC RES GRP, LLC C/O EDGAR'S
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829

Phone #:
Use Type: A-2 Assy; Restaurants,Nightclubs &
Location: 153 SEA GIRT AVE

Contractor: ROCON CONTRACTING
Address: 705 UNION AVENUE
BRIELLE, NJ 08730

Phone Number: (732)528-4710
License #:
Federal Tax Id:

Payments (Office Use Only)

ELECTRICAL	90.00
DCA	2.00
BUILDING	167.00
Total	259.00

is hereby granted permission to perform the following work:

BUILDING
ELECTRICAL

Description of Work

01- addition - balcony

Alteration Cost: 111,000.00

New Construction Volume: 648

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

Construction Official _____ Date 2/26/15

MANASQUAN BOROUGH
201 E MAIN ST
MANASQUAN, NJ 08736-300

Construction Permit

Permit Number: 15-00063-03
Permit Issue Date:
Application Id: 20001539
Application Date: 05/05/15

Owner/Property Details

Block/Lot/Qual: 52. 6.01
Phone #:
Owner Name: ATLANTIC RES GRP, LLC C/O EDGAR'S
Use Type: A-2 Assy; Restaurants,Nightclubs &
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829
Location: 153 SEA GIRT AVE

Contractor: Inlet Plumbing
Address: 21014 12th St
Surf City, NJ 08008

Phone Number: (609)339-5621
License #:
Federal Tax Id:

Payments (Office Use Only)

PLUMBING	60.00
Total	60.00

is hereby granted permission to perform the following work:

PLUMBING

Description of Work

03- plumbing - three bay sink (bar sink)

Alteration Cost: 700.00

New Construction Volume: 0

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

Construction Official

5/6/15
Date

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

UCC NEW JERSEY CERTIFICATE

Permit #: 15-00063-02
Date Issued: 02/27/15
Certificate Issued Date:

IDENTIFICATION

Work Site Location: 153 SEA GIRT AVE
Block/Lot/Qual: 52. 6.01
Owner in Fee: ATLANTIC RES GRP, LLC C/O EDGAR'S
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829

Contractor: ROCON CONTRACTING
Address: 705 UNION AVENUE
BRIELLE, NJ 08730

Tel.: (732)528-4710
Fax:
Lic. No. or Bldrs. Reg. No:
Federal Employer No:

Home Warranty No:
Type of Warranty Plan:
Use Group: A-2 Assy; Restaurants,Nightclubs &
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: 03- renovation

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.

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

6/30/15
Date

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

UCC NEW JERSEY CERTIFICATE

Permit #: 15-00063-04
Date Issued: 05/15/15
Certificate Issued Date:

IDENTIFICATION

Work Site Location: 153 SEA GIRT AVE
Block/Lot/Qual: 52. 6.01
Owner in Fee: ATLANTIC RES GRP, LLC C/O EDGAR'S
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829

Contractor: ROCON CONTRACTING
Address: 705 UNION AVENUE
BRIELLE, NJ 08730

Tel.: (732)528-4710
Fax:
Lic. No. or Bldrs. Reg. No:
Federal Employer No:

Home Warranty No:
Type of Warranty Plan:
Use Group: A-2 Assy; Restaurants,Nightclubs &
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: 04- CONVERT OFFICE TO BATHROOM

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.

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

6/3/15
Date

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

UCC NEW JERSEY CERTIFICATE

Permit #: 15-00063
Date Issued: 01/29/15
Certificate Issued Date: 06/30/15

IDENTIFICATION

Work Site Location: 153 SEA GIRT AVE
Block/Lot/Qual: 52. 6.01
Owner in Fee: ATLANTIC RES GRP, LLC C/O EDGAR'S
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829

Contractor: ROCON CONTRACTING
Address: 705 UNION AVENUE
BRIELLE, NJ 08730

Tel.: (732)528-4710
Fax:
Lic. No. or Bldrs. Reg. No:
Federal Employer No:

Home Warranty No:
Type of Warranty Plan:
Use Group: A-2 Assy; Restaurants,Nightclubs &
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: demo existing dining room and covered entrance

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.

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

6/30/15
Date

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

UCC NEW JERSEY CERTIFICATE

Permit #: 15-00063-01
Date Issued: 02/27/15
Certificate Issued Date:

IDENTIFICATION

Work Site Location: 153 SEA GIRT AVE
Block/Lot/Qual: 52. 6.01
Owner in Fee: ATLANTIC RES GRP, LLC C/O EDGAR'S
Address: 153 SEA GIRT AVE
MANASQUAN, NJ 08736-2829

Contractor: ROCON CONTRACTING
Address: 705 UNION AVENUE
BRIELLE, NJ 08730

Tel.: (732)528-4710
Fax:
Lic. No. or Bldrs. Reg. No:
Federal Employer No:

Home Warranty No:
Type of Warranty Plan:
Use Group: A-2 Assy; Restaurants,Nightclubs &
Maximum Live Load:
Construction Classification: 5B
Max Occupancy Load:
Description of Work/Use: 01- addition - balcony

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.

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

6/12/15
Date

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued 2/6/14
Permit # 14-0001

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

Block 52 Lot 6.01 Qualification Code

Work Site Location Edgars Pub 153 Seabrict Ave
Manasquan NJ 08736

Owner in Fee: Atlantic Residential Group, LLC

Tel. [redacted] e-mail

Address Same (street)

Contractor: Steves Electrical Contracting Inc (municipality) Tel. (609) 294-2337 (area code)

Address 851 Rt 9 North Little Egg Harbor NJ 08087 e-mail

Contractor License No. 12002 Exp. Date 3/31/2015

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

Federal Emp. ID No. 223331870 FAX: (609) 294-2247

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Commercial Utility Co.

Est. Cost of Elec. Work $ 2500 ~~3,200.00~~

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: 1-9-14
Approved by: MCB

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant'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
Disconnect & Reconnect 10 ton pkg Unit

QTY.	SIZE	ITEMS
1		Lighting Fixtures
1		Receptacles
1		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	9KW	KW Central A/C Unit
1		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

TOTAL NUMBERS	$
Administrative Surcharge	$ 60.00
Minimum Fee	$ 6.00 DCA
State Permit Surcharge Fee	$
TOTAL FEE	$ 66.00

pd Ck #9008 2/6/14 MB #131

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued 2/6/14
Permit # 14-00011

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

Block 52 Lot 6.01 Qualification Code

Work Site Location Edgars Pub 153 Seabird Ave
MANAHAWKIN NJ 08736

Owner in Fee: Atlantic Residential Group, LLC

Tel. [redacted] e-mail

Address Same (street)

Contractor: Steves Electrical Contracting INC (municipality) Tel. 609 294-2337 (zip code)

Address 851 Rt 9 North Little Egg Harbor NJ 08087 e-mail

Contractor License No. 12002 Exp. Date 3/31/2015

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

Federal Emp. ID No 223331870 FAX: 609 294-2247

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Commercial Utility Co.

Est. Cost of Elec. Work $ ~~2500~~ $3,200 00

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: 1-9-14
Approved by: MCH

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough		1/10		
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service		1		
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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Disconnect & Reconnect 10 ton HP9 Unit

QTY.	SIZE	ITEMS
1		Lighting Fixtures
1		Receptacles
1		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	9KW	KW Central A/C Unit
1	9KW	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

FEE (Office Use Only)

Administrative Surcharge $	60.00
Minimum Fee $	6.00 DCA
State Permit Surcharge Fee $	
TOTAL FEE $	66.00

PAID CH# 9008 2/6/14 (W) $132

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

153 Sea Girt Ave

PLUMBING SUBCODE
TECHNICAL SECTION

Emergency

Date Received
Control #

Date Issued 2/6/14
Permit # 14-0011

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

Block 52 Lot 6.01 Qualification Code

Work Site Location 153 Sea Girt Avenue, Manasquan NJ 08736

Owner in Fee: Atlantic Residential Group, LLC

Tel. [redacted] e-mail

Address c/o Edgars Pub - 153 Sea Girt Avenue, Manasquan NJ 08736
(street, municipality, zip code)

Contractor: Bob Evans Refrigeration & A/C Tel. (732) 312-7012

Address 786 Bowman Road Jackson NJ 08527 e-mail bqevans@optonline.net
JOB #437 Asbury Jack NJ 07712

Contractor License No. Exp. Date

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

Federal Emp. ID No. 20-084 3161 FAX: (732) 415-8118

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 1/30/14 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [✓] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1/30/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 6/26/15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO Final			6/26/15	

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.

Robert A. Evans
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Disconnect gas pipe from existing 10 ton package unit & reconnect gas pipe to 10 ton pkg unit (same size)

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

Administrative Surcharge	$ 65.00
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

pd cH # 9008 2/6/14 (W)
131

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Emergency

Date Received
Control #

Date Issued 2/6/14
Permit # 14-0011

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

Block 52 Lot 6.01 Qualification Code

Work Site Location 153 Sea Girt Avenue, Manasquan NJ 08736

Owner in Fee: Atlantic Residential Group, LLC

Tel. ([redacted]) e-mail

Address c/o Edgars Dub - 153 Sea Girt Avenue, Manasquan NJ 08736

Contractor: Bob Evans Refrigeration & A/C (street, municipality, zip code) Tel. (732) 312-7012

Address 786 Bowman Road Jackson NJ 08527 e-mail bgevans@optonline.net
POB #437 Asbury Park NJ 07712

Contractor License No. Exp. Date

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

Federal Emp. ID No. 20-084 3161 FAX: (732) 415-8118

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 1/30/14 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg., [ ] Elec. [ ] Fire: [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1/30/14
Approved by:

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

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

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.

Robert M Evans
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Disconnect gas pipe from existing 10 ton package unit & reconnect gas pipe to 10 TON pkg unit (SAME Size)

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

	FEE (Office Use Only)
Administrative Surcharge	$ 65.00
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

pd CH # 9008 2/6/14 (W)
$131

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

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

CONSTRUCTION PERMIT

Date Issued: 02/06/2014
Permit # 14-00011

IDENTIFICATION Block 52 Lot 6.01 Qualifier

Work Site	153 SEA GIRT AVE	Contractor	BOB EVANS REFRIGERATIC
	Manasquan, NJ 08736-2829	Address	786 BOWMAN ROAD
Owner in Fee	EDGAR'S PUB INC		JACKSON, NJ 08527
Address	153 SEA GIRT AVE	Telephone	(732) 312-7012
	MANASQUAN, NJ 08736-282'	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:
disconnect and reconnect 100 ton roof top package unit and reconnect gas pipe to 10 ton pkg. unit.

V. FEE SUMMARY (Office Only)

1. Building	$0.00
2. Electrical	$60.00
3. Plumbing	$65.00
4. Fire Protection	$0.00
5. Elevator	$0.00
6. Plan Review	$0.00
7. Subtotal	$125.00
8. DCA State Fee	$6.29
9. Subtotal	$131.29
10. Certificate	$0.00
11. Subtotal	$131.29
12. Exemption	$0.00
TOTAL	$131.00

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) $3,700

Construction Official _____ Date 2/10/14

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Emergency

Date Received
Control #

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 52 Lot 6-01 Qualification Code

Work Site Location 153 Sea Girt Avenue, Manasquan NJ 08736

Owner in Fee: Atlantic Residential Group, LLC

Tel. [redacted] e-mail

Address c/o Edgars Pub - 153 Sea Girt Avenue, Manasquan NJ 08736
street municipality zip code

Contractor: Bob Evans Refrigeration - A/C Tel. (732) 312-7012

Address 786 Bowman Road-Jackson NJ 08527 e-mail bqevans@optonline.net
PO B 437 - Asbury Park, NJ 07712

Contractor License No. 13VH07599500 Exp. Date 12/31/13

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

Federal Emp. ID No. 20-0843161 FAX: (732) 415-8118

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Const. 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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Disconnect existing 10 Ton package unit & Reconnect same size unit

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

VOID

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Emergency

Date Received
Control #

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 52 Lot 6.01 Qualification Code

Work Site Location 153 Sea Girt Avenue, MANASQUAN NJ 08736

Owner in Fee: Atlantic Residential Group, LLC

Tel. ([redacted]) e-mail

Address c/o Edgars Pub - 153 Sea Girt Avenue, MANASQUAN NJ 08736
street municipality zip code

Contractor: Bob Evans Refrigeration - A/C Tel. (732) 312-7012

Address 786 Bowman Road JACKSON NJ 08527 e-mail bgevans@optonline.net
PO B437 - Asbury Park, NJ 07712

Contractor License No. 13VH07599500 Exp. Date 12/31/13

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

Federal Emp. ID No. 20-0543161 FAX: (732) 415-8118

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Robert G. Evans
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 Disconnect existing 10 Ton Package Unit & Reconnect same size unit

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

VOID

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Emergency

Date Received
Control #

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 57 Lot 6.01 Qualification Code

Work Site Location 153 Sea Girt Avenue, Wildwood NJ 08736

Owner in Fee: Atlantic Residential Concept, LLC

Tel. [redacted] e-mail

Address (street) c/o Rutgers Tub. 153 Sea Girt Avenue (municipality) Wildwood NJ (zip code) 08736

Contractor: RB Evans Refrigeration, LLC Tel. (732) 317-7013

Address 1736 Rumson Road Jackson NJ 08527 e-mail bgevans@optonline.net

(DPO) 153 Sea Girt Ave Wildwood NJ 08736

Contractor License No. 13VH05777500 Exp. Date 12/31/17

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

Federal Emp. ID No. 20-0543161 FAX: (732) 415-5113

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Const. 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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Disconnect existing 10 ton Bard heat pump unit & reconnect same size unit

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

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 1,200.00

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

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 42 Lot 6.01 Qualification Code

Work Site Location

Owner in Fee:

Tel. [redacted] e-mail

Address

Contractor: street municipality zip code Tel.

Address e-mail

Contractor License No. 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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS

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

Dates (Month/Day)

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

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

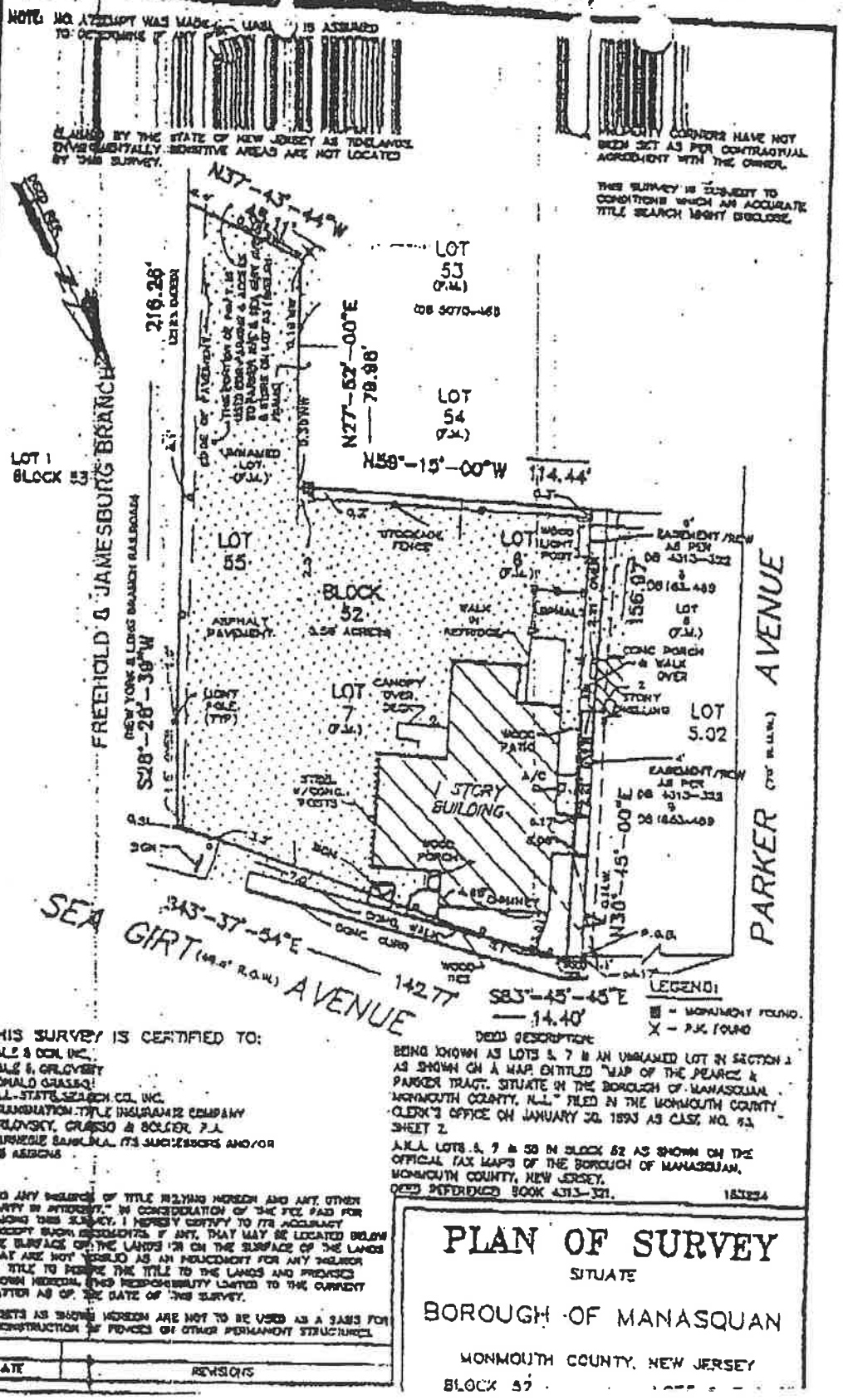
DESCRIPTION OF WORK

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

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

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

To Bob Fahey Block 52 - Lot 6.01



THIS SURVEY IS CERTIFIED TO:
DALE S. COX, INC.
DALE S. GROVESKY
DONALD GRASSO
ALL-STATE SEARCH CO., INC.
TRANSNATION TITLE INSURANCE COMPANY
GROVESKY, GRASSO & SCHLER, P.A.
CARNEGIE BANK, N.A., ITS SUCCESSORS AND/OR ITS ASSIGNS

"TO ANY INSURER OF TITLE RELYING HEREON AND ANY OTHER PARTY IN INTEREST." IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EXCEPTIONS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS SHOWN ON THE SURFACE OF THE LANDS THAT ARE NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSURER OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN HEREON, SUCH RESPONSIBILITY LIMITED TO THE CURRENT MATTER AS OF THE DATE OF THIS SURVEY.

OFFSETS AS SHOWN HEREON ARE NOT TO BE USED AS A BASIS FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.

DATE	REVISIONS

DEED DESCRIPTION:

BEING KNOWN AS LOTS 5, 7 & 58 IN UNNAMED LOT IN SECTION 1 AS SHOWN ON A MAP ENTITLED "MAP OF THE PEARCE & PARKER TRACT". SITUATE IN THE BOROUGH OF MANASQUAN, MONMOUTH COUNTY, N.J." FILED IN THE MONMOUTH COUNTY CLERK'S OFFICE ON JANUARY 30, 1893 AS CASE NO. 53, SHEET 2.

A.K.A. LOTS 5, 7 & 58 IN BLOCK 52 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE BOROUGH OF MANASQUAN, MONMOUTH COUNTY, NEW JERSEY.

DEED REFERENCE: BOOK 4313-321. 182254

PLAN OF SURVEY

SITUATE

BOROUGH OF MANASQUAN

MONMOUTH COUNTY, NEW JERSEY

BLOCK 52 LOTS 5, 7 & 58

ELECTRICAL SUBCODE
TECHNICAL SECTION

3 - Smoke Dets
1 - Heat Detector

Date Received 9-22-09
Control #

Date Issued
Permit # 09-287

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

Block 52 Lot 6.01 Qualification Code

Work Site Location Edgars Pub
153 Seaguit Ave. Manasquan, N.J. 08736

Owner in Fee: Bob + Chris

Tel. ( ) e-mail

Address (street / municipality / zip code)

Contractor: Power Systems Security & Comm Tel. (732) 244-2457

Address 737 Cable Ave Beachwood e-mail

Contractor License No. 006634 Exp. Date 4-30-10

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

Federal Emp. ID No. FAX: (732) 244-1066

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 599.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved
Date: 9/18/09
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 10/13/09
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/13/09	RDC
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

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

Administrative Surcharge	$ 70.00
Minimum Fee	$ 1.00 (CA)
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$ 71.00

9-23-09 Pd Ck#1331 CMCS

D.C.C. Form (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION CODE INSPECTION

PERMIT # 09-287

TYPE OF INSPECTION: Final elec

LOCATION: Edgelea Park

CONTACT NAME: Barry

TELEPHONE: 732-244-2453

DATE REQUEST MADE: 10-6-09

INSPECTION DATE: 10-12-09

✓ Accepted

Rejected – Violation must be corrected before Additional work is performed.

REJECTION REQUIRES RE-INSPECTION

COMMENTS:

INSPECTOR

DATE/TIME OF INSPECTION 10/13/09 4:30 PM

FIRE SUBCODE TECHNICAL SECTION

Date Received 9-22-09
Date Issued
Control #
Permit # 09-287

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

Block 52 Lot 6.01
Work Site Location EDGARS PUB
153 Seaport Ave Manasquan
Owner In Fee Bob & Chris
Address
Tele. ( )
Contractor Power Systems Security & Comm
Address 737 Cobble Ave.
Brickwood
Tels. (732) 244 2413 Fax (732) 240 1068
Lic. No. 20084
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 699

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 9/22/09
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 12/18/09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			10/13/09	
Suppression Sys.				
Standpipe		F		
Fire Pump		F		
Pre-Eng. System		F		
Mechanical		F/N		
Smoke Control				
TCO				
Final			10/13/09	
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 Alarm/Suppression System Supervision

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v interconnected NUMBER		
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	4	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

Administrative Surcharge	$	40.00
Minimum Fee	$	1.00 (DCA)
DCA Training Fee	$	
TOTAL FEE	$	41.00

9-23-09
pd CK# 1331
MCS

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

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 09/22/09
Control #
Permit # 09-287

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 52 Lot 6.01 Qual

Work Site Location 153 SEA GIRT AVENUE

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

Contractor POWER SYSTEMS SECURITY
Address 737 CABLE AVENUE
BEACHWOOD, NJ 08722-
Telephone (732)244-2453
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALARM SYSTEM - SMOKE DETECTORS
NO CHANGE IN STRUCTURE, SEATING, FLOOR PLAN, ETC.

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 $ 1,298

Construction Official

09/22/09
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	70
Plumbing	0
Fire Protection	40
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	112
Check No.	1331
Cash	
Collected By	SMB

U.C.C. F170 (rev. 3/96)

BOROUGH OF MANASQUAN
FOR INSPECTIONS PLEASE
PHONE (732)223-0544 X244

Date Issued 07/28/09
Control #
Permit # 09-224

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 52 Lot 6.01 Qual

Work Site Location 153 SEA GIRT AVENUE

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

Contractor G & H ELECTRIC
Address 1915 ATLANTIC AVENUE
MANASQUAN, NJ 08736-
Telephone (732)528-1447
Lic. No. or Bldrs. Reg. No. 11937
Federal Emp. No. 22-3397407

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL LIGHTING AND CONTACTOR FOR NEW FIRE CODE.
NEC 2005
IF OCCUPANCY OVER 100 MUST USE MC CABLE

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 $ 1,800

Construction Official

07/28/09
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	70
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	3
Cert. of Occupancy	0
Other	
Total	73
Check No.	
Cash	
Collected By	

U.C.C. F170 (rev. 3/96)

ELECTRICAL SUBCODE
TECHNICAL SECTION

AS PER NEC 2005
IF OCCUPANCY OVER 100, MUST USE MC CABLE.

Date Received 7-28-09
Control # 09-224
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 52 Lot 6.01 Qualification Code

Work Site Location 153 SEA GIRT AVE
MANASQUAN NJ 08736

Owner in Fee: Edgers Pub Bob Fahey

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: G & H Electrical Contractors, Inc. Tel. ( )

Address 2411 Atlantic Ave. Suite 1 e-mail
Manasquan, NJ 08736

Contractor License No. (732) 528-1447 Fax (732) 528-1448 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Lic. #11937 Exp. Date 2012
Fed. ID #223397407

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Lighting for Fire Code

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

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $ 1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
[V] No Plans Required 7/27/09 RE

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 7/27/09
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [V] CA

Date: 8/10/09
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/10/09	PSC
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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL LIGHTING + CONTACTOR FOR NEW FIRE CODE

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

Administrative Surcharge	$ 10.00
Minimum Fee	$ 3.00 (CA)
State Permit Surcharge Fee	$
TOTAL FEE	$ 73.00

pd $73.00
CHK # 6513
7/30/09

UCC-P12B (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION CODE INSPECTION

Permit # _____

Type of Inspection: final electric

Location: 153 Sea Gull Ave. Edgar

Person Making Request: Martin

Telephone & E-Mail: 732-245-7115

Date Request Made: 8-6

Inspection Date: 8-10

☑ Accepted

☐ Rejected – Violation must be corrected before additional work is performed.

REJECTION REQUIRES REINSPECTION

Comments

Inspector: _____

Date/Time of Inspection: 8/10/09 – 430 PM

BOROUGH OF MANASQUAN
FOR INSPECTIONS PLEASE
PHONE (732)223-0544 X244

Date Issued 04/14/09
Control #
Permit # 09-109

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 52 Lot 6.01 Qual

Work Site Location 153 SEA GIRT AVENUE
MANASQUAN, NJ
Owner in Fee EDGAR'S PUB
Address 153 SEA GIRT AVENUE
MANASQUAN, NJ 08736-
Telephone [redacted]

Contractor HOFFMANN, AH LLC
Address 209 W. SYLVANIA AVE.
NEPTUNE CITY, NJ 07753-
Telephone (732)988-6000
Lic. No. or Bldrs. Reg. No. US218006
Federal Emp. No. 56-2416815

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ABANDON ONE (1) 1000 GALLON #2 HEATING OIL UST IN PLACE.

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 $ 4,885

Construction Official

04/14/09
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	65
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	65
Check No.	6350
Cash	
Collected By	SMB

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4-14-09
Control #

Date Issued
Permit # 09-109

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

Block 52 Lot 6.01 Qualification Code

Work Site Location 153 SEA GIRT AVENUE

Owner in Fee: EDGAR'S PUB INC

Tel. [redacted] e-mail

Address 153 SEA GIRT AVE, MANASQUAN, NJ
street municipality zip code

Contractor: A.H. HOFFMANN, LLC Tel. (732) 988-6000

Address 209 WEST SYLVANIA e-mail ahhoffmann@optonline.net

Contractor License No. or Builder Registration No. US218006 Exp. Date 12/10

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

Federal Emp. ID No. 56-2416815 FAX: (732) 922 3448

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.

X Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ABANDONMENT IN PLACE OF ONE 1,000-gal/or. #2 HEATING OIL UST

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	4/14/09	LA
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/23/09
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 UST	4/22/09		4/23/09	
Final			4/23/09	
Barrier-Free				

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

FEE (Office Use Only)

$

pd #65.00
chk #6350
4/14/09

Administrative Surcharge $
Minimum Fee $ 65.00
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed Ø
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.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 4885.-
3. Total (1+ 2) $ 4885.-

U.C.C. F110
(rev. 7/06)

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

FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received 7/2/98
Date Issued
Control #
Permit # 98-339

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 EDGAR'S PUB
153 SEA GIRT AVE MANASQUAN
Owner in Fee THOMAS ALEXANDER
Address 153 SEA GIRT AVE MANASQUAN
Tele. [redacted]
Contractor AIR DYNAMIC SYSTEMS
Address POB 236 BRIELLE NJ
Tele. (732) 528 4444
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: ROOF-TOP
Total Est. Cost of Fire Prot. Work $ 150.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 6/30/98
Approved by: Q
SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date: 7/30/98
Approved by: Q

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test				
Fire Alarm Test			7/29/98	G
Smoke Test				
Mechanical			7/30/98	G
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 INSTALLING SMOKE-DUCT DETECTOR.

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		
TOTAL		
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	1	
OTHER		

Paid [✓] Check # 9697
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 81.00

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 52 Lot 6
Work Site Location EDGAR'S PUB
153 SEAGIRT AVE, MANASQUAN
Owner in Fee THOMAS ALEXANDER ESQ.
Address 153 SEA GIRT MANASQUAN
Tele. [redacted]
Contractor AIR DYNAMIC SYSTEMS
Address POB 236 BRIELLE NJ
Tele. (732) 528-4444 Fax (732) 528 1594
Lic. No. or Bldrs. Reg. No.
~~Federal Emp. No.~~ SS. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVED OLD ROOFTOP HVAC UNIT & SET NEW " " IN ITS PLACE. PLUMBER FOR GAS & ELECTRICIAN IS BY OTHERS.

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: _____
Approved by: _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
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.
Total Land Area Disturbed _____ Sq. Ft.

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

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

[ ] Demolition

FEE (Office Use Only)
$ _____

Administrative Surcharge	$ _____
Minimum Fee	$ NO FEE
DCA Training Fee	$ _____
TOTAL FEE	$ _____

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

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 07/02/98
Control #
Permit # 98-339

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 52 Lot 6

Work Site Location 153 SEA GIRT AVENUE
MANASQUAN, NJ
Owner in Fee ALEXANDER, THOMAS (EDGAR'S)
Address 815 SALEM AVENUE
ELIZABETH, NJ 07200-
Telephone [redacted]

Contractor DUPUY SMITH-AIR DYNAMIC SYST.
Address P.O. BOX 236
BRIELLE, NJ 08730-
Telephone (908)528-4444
Lic. Co. or Bldrs. Reg. No. ____ Exp. Date / /
Federal Exp. No. ____
or Social Security No. [redacted]

Is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER ____
[ ] ELECTRICAL [X] 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 $ 150

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	81
Elevator Devices	0
Other	
BCA Training Fee	0
Cert. of Occ.	0
Other	
Total	81
Check No.	9697
Cash	
Collected By:	SJB

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/28/98
Date Issued
Control #
Permit # 98-242

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 Edgar's Pub Rt 70 and Sea Girt Ave

Owner In Fee Thomas W. Alexander
Address 815 Salem Ave
Elizabeth, N.J. 07208
Tele. [redacted]
Contractor Yates Sign Company, Inc
Address 556 Industrial Way West
Eatontown, N.J. 07724
Tele. (732) 578 1818 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	5/29/98	G
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 7/7/98
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7/7/98	G
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-3
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.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 6000.00

PAID
JUN 02 1998
Chk #69047
$69.00

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
Install (2) 4'X 8' internally lit signs to be placed on each side of existing roof signs to reflect name change from Mulligan's to Edgar's Pub (see attached drawing) no change in dimensions

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

[ ] Demolition

FEE (Office Use Only)

Administrative Surcharge	$ 64.00
Minimum Fee	$ 5.00 DCA
DCA Training Fee	$
TOTAL FEE	$ 69.00

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

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 05/28/98
Control #
Permit # 98-242

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 52 Lot 6

Work Site Location 153 SEA GIRT AVENUE
MANASQUAN, NJ
Owner in Fee ALEXANDER, THOMAS (EDGAR'S)
Address 815 SALEM AVENUE
ELIZABETH, NJ 07208-
Telephone [redacted]

Contractor YATES SIGN CO.
Address 1809 HIGHWAY 33
NEPTUNE, NJ 07753-
Telephone ( )
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. 21-0718184
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:
2-4X8 INTERNALLY LIT SIGNS TO BE PLACED ON EACH SIDE OF EXISTING ROOF SIGNS TO REFLECT NAME CANGE FROM MULLIGAN'S TO EDGAR'S PUB (SEE ATTACHED DRAWING). NO CHANGE IN DIMENSIONS.

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 $ 6,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	64
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occ.	0
Other	
Total	69
Check No.	24717
Cash	
Collected By:	SMB

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 10/16/96
Date Issued
Control #
Permit # 96-400

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 DONT DALE INC T/A MULLIGANS 2
Address 1314 HOOPER AVE
TOMS RIVER, N.J. 08753
Tele. [redacted]
Contractor GROSSMAN ELECTRIC
Address 1787 BELMAR BLVD
WALL, N.J. 07719
Tele. (908 280-5927
Lic. No. 7642
Federal Emp. No. 22-3272041 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 700.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CF
Date: 10/16/96
Approved By: MB

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/16/96	MB

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Kim P. Grossman
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	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
1		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	___	Other	00

Paid [X] Check # 3051
Collected by:

Administrative Surcharge	$ 60.00 DCA
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 60.00

U.C.C. Form F-1218 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 10/16/96
Control #
Permit # 96-400

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 52 Lot 6

Work Site Location 153 SEA GIRT AVENUE

Owner in Fee DON & DALE,INC. T/A MULLIGANS2
Address 1314 HOOPER AVENUE
TOMS RIVER, NJ 08753-
Telephone [redacted]

Contractor GROSSMAN ELECTRIC
Address 1787 BELMAR BLVD.
WALL, NJ 07719-
Telephone (908)280-5927
Lic. No. or Bldrs. Reg. No. _____ Exp. Date __/__/__
Federal Emp. No. 22-3272011
or Social Security No. _____

Is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER _____
[X] 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 $ 700

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	60
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occ.	0
Other	
Total	61
Check No.	3051
Cash	
Collected By:	SMB

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/24/96
Date Issued
Control #
Permit # 96-118

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

Block 252 Lot 16
Work Site Location 153 SEA GIRT AVE MANASQUAN
Owner in Fee F+H HOLDING CORP.
Address #153 SEAGIRT AVE MANASQUAN
Tele. ([redacted]
Contractor STEPHEN TEARDIN
Address BOX 533 MANASQUAN
Tele. (908) 223-9136
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMODEL BAR AREA WITH NEW DROP CEILING, HVAC VENTS, CEILING INSULATION, TWO SKYLITES (4X4)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	4/25/96	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/2/96
Approved By:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			5/2/96	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	5/2/96		5/2/96	

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [X] Other REMODEL BAR AREA
- [ ] Other _____

[ ] Demolition

(Office Use Only) FEE

Administrative Surcharge	$ 30.00
Minimum Fee	$
DCA TRAINING FEE	$ 14.00
TOTAL FEE	$ 320.00

Paid [X] Check # 0813
Collected by: mza

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed A-3
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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 18000.00
2. Alteration $
3. Total (1+2) $ 18,000.00

U.C.C. Form F-110B — 1 White = Inspector Copy — 2 Canary = Office Copy — 3 Pink = Office Copy — 4 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 5/1/96
Date Issued
Control #
Permit # 96-118+A

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 SEAGIRT AVE
MANASQUAN NJ
Owner in Fee E+H HOLDING CORP
Address 153 SEA GIRT AVE
MANASQUAN
Tele. [redacted]
Contractor GROSSMAN ELECTRIC
Address 1787 BELMAR BLVD
WALL, N.J. 07719
Tele. (908) 280-5927
Lic. No. 7642
Federal Emp. No. 22-327-2011 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 5/21/96
Approved By: MS

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/21/96	MS

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

FINAL OVER

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.

Kim [illegible]
Signature - Contractor - Agent

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
40		Fixtures (1)	
15		Receptacles (2)	
25		Switches (3)	
80		Total 1 + 2 + 3	
		Kw Range	
		Kw Oven(s)	
		Kw Surface Unit	
		hp Dishwasher	
		hp Garbage Disposal	
		Kw Dryer	
		Kw A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		hp Whirlpool/spa	
		Pool Bonding	
		hp Pool Filter Motor	
		Pool Lights	
		Kw Water Heater(s)	
		Kw Central heat:	
		oil, gas or elec.	
		Kw Baseboard Heat Units	
		Thermostats	
		hp Heat Pump	
		hp Pump(s)	
		Amp Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		hp Motors—Fractional H.P.	
		hp Motors—All Others	
		Kw Transformers	
		Kw Generators	
		Amp Service Entrance	
		Other	

Paid [X] Check # 0820
Collected by: MW

Administrative Surcharge	$ 80.00
Minimum Fee	$ 8.00 DCA
DCA Training Fee	$
TOTAL FEE	$ 88.00

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

Volume of New Structure 0 Cu. Ft. [ ] State Approved
Total Land Area Disturbed 0 Sq. Ft. [ ] HUD

U.C.C. Form F-110B

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

Date Issued 04/26/96
Control #
Permit # 96-118

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 52 Lot 6

Work Site Location 153 SEA GIRT AVENUE

Owner in Fee E & H HOLDING CORP.....
Address 153 SEA GIRT AVENUE
MANASQUAN, NJ 08736-
Telephone [redacted]

Contractor RANKIN, STEPHEN
Address P.O. BOX 532
MANASQUAN, NJ 08736-
Telephone (908)223-9136
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:
[X] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
REMODEL BAR AREA, WITH NEW DROP CEILING, HUAC VENTS, DEILING INSULATION
TWO SKYLITES (4 X 4)

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 $ 18,000

PAYMENTS (Office Use Only)

Building	306
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	14
Cert. of Occ.	0
Other	
Total	320
Check No.	0813
Cash	
Collected By:	MFA

CONSTRUCTION OFFICIAL

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

Update Issued 05/01/96
Control #
Permit # 96-118+A
Permit Issued 04/26/96

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 52 Lot 6

Work Site Location 153 SEA GIRT AVENUE

Owner in Fee E & H HOLDING CORP.....
Address 153 SEA GIRT AVENUE
MANASQUAN, NJ 08736-
Telephone [redacted]

Contractor GROSSMAN ELECTRIC
Address 1787 BELMAR BLVD.
WALL, NJ 07719-
Telephone (908)280-5927
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 22-3272011
or Social Security No.

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

DESCRIPTION OF WORK:

Estimated Cost of Work $ 10,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	80
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	8
Cert. of Occ.	0
Other	
Total	88
Check No.	0820
Cash	
Collected By:	SMB

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 CWR SECURITY SYS, INC.
Address UNION & CORTLS AVE 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.- [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

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 $
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

HC

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 7602
DATE ISSUED 2/14/86
Block 52 Lot 6, 7, 55
Subdivision

A. IDENTIFICATION

Owner Edgar Canepi
153 Sea Girt Avenue
Address Manasquan, N. J.

Tel. ( )

Work Site Address same

Agent Charles Patrick
Address 561 Warren Ave.
Spring Lake, N.J.

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Permit Fee $ 25.00
Fees Remitted $
☑ Check No.
☐ Cash
☐ Other

Collected By mdk
Date 2/14/86

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

3' x 3' sign per attached sketch.

Replaced old sign

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: $ 50.00

CONSTRUCTION OFFICIAL

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