



Borough of Keansburg

Construction Office

29 Church Street • Keansburg, New Jersey 07734
Phone: (732) 787-0215 Ext. 221 or 220 • Fax: (732) 787-3699

October 15, 2014

Joseph M. Dickey, Jr.
63A Washington AVE
KEANSBURG, NJ, 07734

Re: Notice - Determination Of Work Constitutes Repair of Substantial Damage
Block/Lot: 79/53
142 Maple Ave., Keansburg, NJ
Flood Zone = A
Market Value = \$64,400.00 Repair Estimates = greater than 50% (\$35,500.00)
Mitigation Required = Elevation or relocation or demolition

Dear Property Owner:

I have inspected your property and recent repair estimates to permit the repair of your existing PROPERTY that was damaged by Hurricane Sandy. The building is located in a mapped Special Flood Hazard Area. As required by our floodplain management regulations and/or building code, we have determined that the building has been substantially damaged. This determination is based on a comparison of the cost of estimate of the work required to restore the building to its pre-damaged condition to the market value of the building (excluding land value). When the cost to repair equals or exceeds 50 percent of the market value of the building, the work is repair of substantial damage.

As a result of this determination, you are required to bring the building into compliance with the flood damage-resistant provisions of the flood damage-resistant provisions of the regulations of Chapter 14 of the Borough Ordinances.

We would be pleased to meet with you and/or your designated representative (architect/builder) to discuss how to bring your home into compliance. There are several aspects that must be addressed to achieve compliance. The most significant requirement is that the lowest floor, as defined by regulations / code, must be elevated to or above the base flood elevation (BFE) (or the elevation specified in the regulations/code – 11 feet –

copy enclosed) NOTE: On January 31, 2014 FEMA has issued a Preliminary Maps / BFE (copy enclosed) that will require a change in the regulations / code to 12 feet above sea level (includes 1 foot of freeboard) (at a minimum). You may wish to contact your insurance agent to understand how raising the lowest floor higher than the minimum required elevation can reduce NFIP flood insurance premiums

If the damage was caused by flooding and you have a flood insurance policy from the National Flood Insurance Program, you should contact your adjuster to discuss the Increased Cost of Compliance (ICC) coverage. This coverage may provide a claim payment to help pay for work required to bring your home into compliance. Your adjuster can explain that the ICC claim may also be used to pay certain cost associated with demolishing and rebuilding your home, or moving your home to a site outside of the floodplain.

Please resubmit your permit application along with plans and specifications that incorporate compliance measures or demolition of the structure. You have the option of signing a four (4) year promissory form to complete the required mitigation. Construction activities that are undertaken without a proper permit are violations and may result in citations, fines, or other legal action.

Respectfully,



Edward P. Striedl, CFM
US-10-04830
Certified Floodplain Manager
Construction Official
Borough of Keansburg

CC: Planning Board of Adjustment
NJ DEP
File

PS Please Notify my office of your plan of action as there may be programs available to assist in this matter.

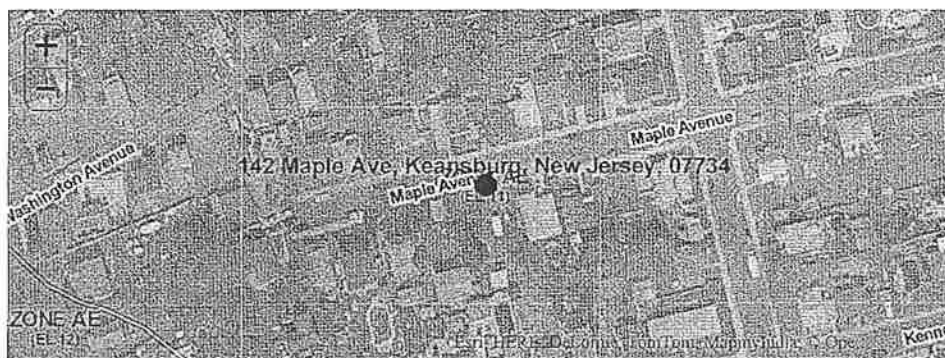
Enter an address to view effective and updated flood risk information for that location:

142 Maple Ave, 07734

Get Details

Clear Details

Approximate Address Identified: 142 Maple Ave, Keansburg, New Jersey, 07734



Updated FEMA Flood Hazard Data

FEMA flood hazard data currently available for coastal areas of New York and New Jersey is provided below to help you understand the current flood risk to your property and to guide Sandy recovery and rebuilding efforts.

Note: This tool provides flood zone and Base Flood Elevation (BFE) information for areas affected by coastal flood risk. However, riverine flood zone information will also be returned by the tool in communities where preliminary FIRMs have been released.

Attribute Name	Attribute Value
What is the most recent FEMA flood hazard data source available for this location?	Preliminary Flood Insurance Rate Map (FIRM)
What is my property's Base Flood Elevation (BFE)? (For AO Zones, the flood depth will be shown instead of an elevation; For N/A results, please contact your local floodplain administrator for more information.)	11 ft (NAVD88)
What is my property's Flood Zone? (For N/A results, please contact your local floodplain administrator for more information.)	AE
What is the estimated ground elevation at this location? (See licensed surveyor for actual elevation of your building)	N/A
What does my FEMA Flood Hazard Map Panel Look Like?	Link to Preliminary FIRM PDF
View your property on our Interactive Web Tool	Link to Web Tool
Where can I get the GIS data for my property area?	Link to Preliminary FIRM GIS files

Effective Flood Insurance Data

This information is from the effective Flood Insurance Rate Map for your community. It is used to determine who must buy flood insurance and how much it costs. It may also be used by your community to regulate development in flood prone areas.

Attribute Name	Attribute Value
What is my property's current effective Base Flood Elevation?	11 ft (NAVD88)
What is my property's current effective Flood Zone?	AE



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 79 Lot 53 Qualification Code _____
 Work Site Location Keansburg NJ 07734
 Owner in Fee: Joseph in Dickey Jr
 Tel. (732) 861-1023 e-mail joe@keyjr15@yahoo.com
 Address 603a Washington Ave ^{street} Keansburg NJ 07734 ^{zip code}
 Contractor: Marascio Bros. Electric Tel. (732) 781-0500
 Address PO Box 93 e-mail _____
Dunsmuir NJ 07760
 Contractor License No. 11402A Exp. Date 3/31/15
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 22-3322461 FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
 [] Pole/Pad # _____ [] Temporary [] Other _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ 43500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:		Failure	Approval	Initial	
[] 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: _____					
Date of Grounding and Bonding Certification: _____					

U.C.C. F120 (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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

New Service

FEE (Office Use Only)

QTY SIZE ITEMS
35 40 Lighting Fixtures
40 Receptacles
22 Switches
7 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 1/4 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 \$

To record call: ALLEGRA
 Marketing • Print • Mail
 (609) 390-1400

Date Received
 Control #
 Date Issued
 Permit #

10/16/14
 92011678

Mark Marascio

\$ 215

35
 35

160

445



BUILDING SUBCODE TECHNICAL SECTION



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

Block 79 Lot 53 Qualification Code _____
 Work Site Location Kearnsburg NJ 07734
 Owner: in Fee: Joseph M Dickey JR
 Tel. (732) 861-1023 e-mail jmedickeyjr15@yahoo.com
 Address 142 Maple Ave Kearnsburg NJ 07734 zip code
 Contractor: Joe Dickey Tel. (732) 861-1023
 Address 634 Washington Ave e-mail jmedickeyjr15@yahoo.com
 Contractor License No. or Builder Registration No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date Initial	Type:	Failure	Failure	Approval
☒ No Plans Required	<u>10/14/14</u>	☐ All			
☐ Footings/Foundations		☐ Footing			
☐ Structural/Framework		☐ Bonding			
☐ Exterior		☐ Foundation			
☐ Interior		☐ Slab			
Joint Plan Review Required:		☐ Frame			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		☐ Truss Sys./Bracing			
SUBCODE APPROVAL FOR PERMIT		☐ Barrier-Free			
Date: <u>10/14/14</u>		☐ Insulation			
Approved by: <u>Paul Duran</u>		☐ Finishes-Base Layer			
SUBCODE APPROVAL FOR CERTIFICATE		☐ Finishes-Final			
☐ CO ☐ CCO ☐ CA		☐ Energy			
Date: _____		☐ Mechanical			
Approved by: _____		☐ TCO			
		☐ Other			
		☐ Final			
		☐ Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

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

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work: \$30,000.

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

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

Date Received 10/16/14
 Control # 9201678

Date Issued _____
 Permit # _____

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: Joseph M Dickey JR

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New windows, Roofing,
Siding, Sheet Rock.

FEE (Office Use Only)

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☒ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Retaining Wall

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other

☐ Demolition

Height (exceeds 6') _____ Sq. Ft. _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

For recorder call: (609) 390-1400
 Allega - Marking - Print - Mail



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 74 Lot 23 Qualification Code _____
Work Site Location 142 Maple Ave

Owner in Fee: Joseph M Dickey JR e-mail _____
Tel. (732) 861-1023

Address SAHE
Contractor: T.J. DALTON PLUMBING Tel. (732) 873-0175
Address PO BOX 163 e-mail _____
MIDDLETOWN

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 46-2781787 FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed X
Constr. Class: Present _____ Proposed _____
Heating System: X New or Modification to Existing
OR Conversion OR Replacement
Fuel Type: X Gas Oil Electric Solar
 Other
Location: _____
Total Cost of Fire Protection Work \$ \$5000

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Alarm System	Failure	Failure	Approval	Initial
☐ No Plans Required	☐ Partial - Underlab/Utilities Approved				
Date: _____	Approved by: _____				
☐ Fire Protection Plans Approved	Standpipe				
Date: _____	Approved by: _____				
Joint Plan Review Required:	Pre-Eng. System				
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.	Mechanical				
SUBCODE APPROVAL	Smoke Control				
Date: _____	TCC				
Approved by: _____	Flam/Combust. Tanks				
SUBCODE APPROVAL for CERTIFICATE	Fireplace Venting				
☐ CO ☐ CCO. ☐ CA	Final				
Date: _____	Other				
Approved by: _____					

Date Received 10/7/17
Control # 92011678

Date Issued _____
Permit # _____

OCT 09 2014

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 sign/Contractor sign and seal here: Thomas J Dalton

Print name here: THOMAS J DALTON

D. TECHNICAL SITE DATA X Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK: INSTALL TANKLESS HW/H

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	
Alarm Systems	
☐ System	
☐ 110v Interconnected	
☐ CO Detectors/110v	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	
Supervisory Devices (i.e., tamper, low/high air)	
Signaling Devices (i.e., horn/strobes, bells)	
Other Devices	
TOTAL	
Suppression Systems	
Fire Pump _____ GPM Type _____	
Dry Pipe/Alarm Valves	
Pre-action Valves	
Sprinkler Heads (Dry and Wet)	
Standpipes	
Pre-engineered Systems	
Wet Chemical	
Dry Chemical	
CO ₂ Suppression	
Foam Suppression	
FM200 Suppression	
Other	
Other Systems	
Kitchen Hood Exhaust System	
Smoke Control System	
Fuel-Fired Appliances <u>X</u> Gas ☐ Oil ☐ Solid	
Fireplace Venting/Metal Chimney	
Other	
Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	<u>65</u>



Borough of Keansburg
Code Enforcement Department
 29 Church Street, Keansburg, NJ 07734
 732-787-0215 ext. 220 fax 732-787-3699

To: Borough of Keansburg; Code Enforcement Department
 From: Joseph m Dickey JR
 Subject: Transfer of Property Ownership

This is in reference to the sale/transfer of property located at
142 Maple Ave, Keansburg, NJ Bl 79 Lt 53

Seller: FANNIE MAE
 Address: 14221 DALLAS Pkwy Suite 1000
 City, St, Zip: DALLAS TX 75254

Phone: _____

As purchaser of the above mentioned property I/we are aware of the result of the inspection conducted by the Borough of Keansburg on 4-27-2014. We agree to abate the violations cited and have re-inspection completed within 90 days of closing. KR
 Occupancy of the unit depends on the habitability issues found in the inspection report.

Buyer: Joseph m Dickey JR
 Signature: Joseph m Dickey JR
 Address: 634 WASHINGTON Ave Keansburg NJ 07734
 Phone: (732) 861-1023
 Signature: _____

Failure to comply with the above time frame without further written approval will subject the property owner to summonses requiring appearances in the Municipal Court for violation Keansburg Ordinance 11-3.1

Sworn and subscribed before me this 25 day of Sept, 2014

Notary Signature Teresa Pape My commission expires _____

Teresa Pape
 Notary Public State of New Jersey
 My Commission Expires 7/22/2015

Instructions: Complete all sections, Buyer to sign where indicated and have form notarized.

This property is in a SPECIAL FLOOD
HAZARD AREA and subject to **TRANSFER OF TITLE ONLY NO OCCUPANCY PERMITTED**
Flood Insurance Coverage is recommended!
Occupants should buy flood insurance for
their personal contents!
Any questions call 732-787-0215 ext 228
Keansburg Floodplain Administrator

TRANSFER OF TITLE ONLY NO OCCUPANCY PERMITTED
142 MAPLE AVE

Block/Lot 79/53

Owner

HAGMAN, DANIEL & BLAIR, MELISSA

142 MAPLE AVE

KEANSBURG, NJ, 07734

2 Bedrooms Authorized

Approval Conditions/Notes: Buyer: Joseph M. Dickey Jr.

This Certificate shall verify that the property has been inspected and found to have deficiencies as noted on the Inspection Report. The purchaser has accepted the Inspection Report and is aware that Occupancy will NOT be permitted until the Housing Inspector gives final approval. The Borough of Keansburg does not guarantee or warrant to the purchaser, mortgagee or any other party in interest that the premises is free from latent or other undiscovered defects, nor shall the municipality be liable for damages or injuries caused to persons or property as the result of any violations not reported herein. Rental Registration fee is due within 30 days after closing and annually Jan 1st thereafter, it is the responsibility of the owner to pay this fee if not paid by Feb 15th a late fee will be added.

Borough of Keansburg
Municipal Building
Keansburg, NJ 07734
(732)787-0215 FAX(732)787-3699

Paul Durnien (KB)
Paul Durnien
Bldg Sub Code

Insp No. 8358, 9/24/14
Insp Pd \$110, 9/23/14