BLOCK 6 LOT 11, 12 QUALIFICATION CODE _____ ADDRESS (SITE) 123 S. Adelaide Ave PERMIT NO. 21-339

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 123 Adelaide Ave
2. Name of Owner in Fee: Associa Community Mgt
   Tel. (732) 672-6600 e-mail _____
   Address 55 Lane Rd (street) Suite 440 (municipality) Fairfield, NJ (zip code) 7004
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: **Abby Lifts Inc.** Tel. (732) 240-0446
   Address **1591 Rte. 37 West, Unit G2** e-mail **jim@abbylifts.com**
   Toms River, NJ 08755
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): **13VH01222500**
   Federal Emp. ID No. **300015339** FAX: (732) 240-5355
5. Architect or Engineer Amrarch Design Studio Ashraf Ragab Contact _____
   Address 2 Division St. Suite1, Somerville, NJ 08876 e-mail _____
   Tel. (_____) 908-598-0067 908-598-0068 FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun **James Quinlisk**
   Tel. (732) 240-0446 FAX: (732) 240-5355

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area 0 sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed 0 sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	0								
☐ Electrical	0								
☐ Plumbing	0								
☐ Fire Protection	0								
☐ Elevator	N/A								
TOTAL COST	0 CA								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Stair Lifts • Wheelchair Lifts • Scooter Lifts • Ramps

ABBY lifts

Uplifting the quality of your life...

1591 Rte 37 West, Unit G2 • Toms River, NJ 08755
P: 732.240.0446 • F: 732.240.5355 • www.abbylifts.com

Date: 4/21/2021

Attn Construction Official:

Project:	Associate	123 S. Adelaide Ave	Highland Park, NJ 08904
Block #	6		
Lot #	11,12		
Permit #			

The attached form is a required document by the DCA Elevator Safety Unit. Its intent is to let you know that an elevating device is to be installed on a project in your town. The DCA Elevator Safety Unit will not release the Elevator Tech section/permit to me until you have completed and returned this form.

In addition, you have to generate a permit update number to link the elevator permit to the town permit should the elevator device be part of an existing project.

Please fill out the attached form and fax it to Abby Lifts, Inc @ 732-240-5355.

Once the State Elevator Safety Unit approves the elevator tech section, they will mail you a hard copy with the seal on it. At that time, please generate a permit update number for reference by the DCA. We will need that permit # in order to schedule our inspection with the state

Respectfully,

James Quinlisk
Abby Lifts, Inc.

TRANSMISSION VERIFICATION REPORT

TIME : 05/13/2021 04:59
NAME :
FAX :
TEL :
SER.# : BROC7J638593

DATE,TIME	05/13 04:58
FAX NO./NAME	97322405355
DURATION	00:00:38
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

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Block # 6
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State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 816
TRENTON, NJ 08625-0816

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

CHARLES A. RICHMAN
Commissioner

CONSTRUCTION OFFICIAL,
BUILDING SUBCODE OFFICIAL

Date: 4/21/2021

Ref	Community Mgt		123 S. Adelaide Ave	Highland Park, NJ 08904
Block #	6	Lot #	11,12	Permit #

Dear Sir/Madam,

The above referenced project involves proposed installation of a lift(s) in a building.

I. Please indicate below, by the Building Subcode Official's signature, the type of the occupancy where a lift will be installed:
[ ] A Dwelling Unit /a Private Residence
[✓] Other

II. For installation of lifts in other than dwelling units or private residence
(a) Please indicate below by the Building Subcode Official's signature, whether the installation of a lift(s) in/at the building is:
[ ] DISAPPROVED
[✓] APPROVED
(b)) Please indicate below by the Building Subcode Official's signature, whether the installation of a lift(s) **on the stairs** in/at the building is:
[ ] DISAPPROVED
[ ] APPROVED. IF APPROVED, please identify the following:
[ ] The stair is not a required egress stair.
[ ] The stair is a required egress stair. For required egress stairs, please check off one of the following:
[ ] The lift in its open position will not diminish the required capacity of the egress stair
[ ] The lift in its open position will diminish the required capacity of the egress stair. Note, in this case, to maintain the required egress capacity of the stair, the lift shall interface with the building fire alarm system.

The Elevator Subcode plan review is subject to the Building Subcode Official's response.

If you have any questions please call the Elevator Safety Unit at 609-984-7833.

Very truly yours,
Elevator Safety Unit

BUILDING SUBCODE Official _____ Date 5/12/21
Print Name and Sign

Revision date: June 19, 2014

BUILDING 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 6 LOT 11,12 Qualification Code

Work Site Location 123 S. Adelaide Ave
Highland Park, NJ 08904

Owner in Fee Associate Community Mgt

Tel 732-672-6600 E-Mail 0

Address 55 Lane Rd. Suite 440
Fairfield, NJ 07004

Contractor/Installer **Abby Lifts Inc.** Tel **(732) 240-0446**

Address **1591 Route 37 West, Suite G2** E-Mail Jim@abbylifts.com
Toms River, NJ 08755

Contractors License No. Or Builders Reg **13VH012222500**

Federal Emp. No. **30015339** Fax **(732) 240-5355**

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No plan Required		
[ ] All		
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present **R-2** Proposed **R-2** Constr. Class Present Proposed

No. Stories **0** If Industrialized Building:

Height of Structure **0** Ft. State Approved HUD

Area - Largest Floor **0** Sq. Ft. Est. Cost of Bldg.Work:

New Bldg. Area/All Floors **0** Sq. Ft. 1. New E $ $0.00

Volume of New Structure **0** Cu. Ft. 2. Rehal $ $0.00

Total Land Ares Disturbed **0** Sq. Ft. 3. Total ($ DCA

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 Date: 4/21/21

Print name here: James Quinlisk

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove Existing wheelchair lift and replace with same.

0

No other work.

TYPE OF WORK;

[ ] New Building
[ ] Addition
[ ] Rehabiliation
[ ] Roofing
[ ] Siding
[ ] Fence Heright (exceeds 6')
[ ] Sign Sq.Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other **Wheelchair lift**
[ ] Demolition

FEE (Office Use Only)

$

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

U.C.C. F110 (Applicant: When submitting this form to your Local Construction Code Internet versic Enforcement Office, please provide one orginal plus three photocopies

ELEVATOR SUB CODE
TECHNICAL SECTION

Copy for your referance only.
Orginal sealed copies sent to DCA

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 6 LOT 11,12 Qualification Code

Work Site Location 123 S. Adelaide Ave
Highland Park, NJ 08904

Owner in Fee Associate Community Mgt

Tel 732-672-6600 e-mail 0

Address 55 Lane Rd. Suite 440
Fairfield, NJ 07004

Contractor/Installer **Abby Lifts Inc.** Tel. **(732) 240-0446**

Address **1591 Route 37 West, Suite G2** e-mail jim@abbylifts.com
Toms River, NJ 08755

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): **13VH01222500**

Federal Emp. No. **30015339** FAX: (732) 240-0446

Maintenance/Service Contractor **Abby Lifts Inc.**

Address **same**

e-mail jim@abbylifts.com

Tel **(732) 240-0446** Fax **(732) 240-5355**

B. ELEVATOR CHARACTERISTICS

Building Use Group R-2 Building Registration No.

Manufacturer Savaria Device I.D. MultiLift

Machine Room Location NA

No. of Stops 2 No. of Openings 1

Travel (ft.) 4 Speed (f.p.m.) 8

Type of Control Constant Pressure Type of Operation Acme Screw

Passenger 1 Freight NA

Capacity (lbs.) 750

Year of Installation 2020 Year of Alteration

Estimated Cost of Elevator Work $ 14,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Building Plans and Elevator Specs.
Date: Approved by:
[ ] Elevator Layout Drawings
Date: Approved by:

INSPECTIONS Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Tempora				
Final				

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

SUB CODE APPROVAL for CERTIFICATE
[ ] CC [ ] CA

SUB CODE APPROVAL for PERMIT
Date:
Approved by:

Date: Approved by:

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here:

Print name here: James Quinlisk Date: 4/21/21

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove existing wheelchair lift from service and replace with same.

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	$
	1 to 10 Floors	
	Over 10 Floors	
	Hydraulic	
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and	
1	Vertical Wheelchair Lifts and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations	
	Other	
	Other 0	
	Administrative Surchar	$
	State Permit Surcharg	$
	TOTAL FE	$