732 Broadway PO Box 399
West Cape May NJ 08204
609-884-1005
www.westcapemay.us

ZONING PERMIT

APPROVED BY THE BOROUGH OF
JUN 28 2024
WEST CAPE MAY

Zoning Permit # 87-24
Block / Lot 54 | 6
Owner Dick
HPC Permit # OMR

Permit Fee 35.00 Taxes Pd
Subject Property 616 Broadway
Contractor JACOPEC
Zoning District C1

PERMISSION IS HEREBY GRANTED TO

To Remove Existing Deck Boards + Refame w/ New.

Date Received:

RECEIVED
JUN 12 2024
35.00 #380
BY:

Borough of West Cape May
Application for Zoning Permit

Applicant/Contractor's Name: MARK JACOBEC

Address:

Phone #: [redacted]

E-Mail: [redacted]

Owner's (Same if Applicant) Name: George Dick

Address: 616 BROADWAY

Phone #: [redacted]

Subject Property Street Address: 616 BROADWAY

Block 54 Lot 6 District

Value of Work: $ 2000

The Applicant/Contractor hereby applies for a zoning permit to do the following work (check ALL that apply:

( ) New Construction	( ) Minor Repairs	(X) Decks	( ) Landscape
( ) Additions	( ) Siding	( ) Hardscape	( ) Pool
( ) Grading	( ) Roofing	( ) Sidewalks	( ) Other
( ) Accessory Structures	( ) Windows	( ) Fences	

Description of work: Replace FRONT Porch Decking w/ [redacted] Mahogany

- **The subject premises (X) IS ( ) IS NOT within the Historic Preservation District (HPC). IF located withing the historic district, attached hereto is the HPC application or approving resolution.**
- **The proposed project ( ) DOES, (X) DOES NOT require removal of tree(s). If tree removal is required, attached hereto is a landscape plan.**
- **The proposed project ( ) DOES, (X) DOES NOT require septic system installation and/or renovation. If required, attached hereto is the approval/plan from the Cape May County Health Department.**

( ) Attached hereto is a survey, including lot size, and existing primary structure and improvements, if any, and detailed sketch of proposed structure or use for which approval is requested.
( ) Attached hereto are construction plans and specifications.
( ) A tree protection zone (TPZ) shall be delineated around all trees to be protected prior to any activity on site. Area and dimensions of TPZ shall be calculated by multiplying the tree diameter by twelve (12). Barrier of solid material (i.e. wood) shall be no less than 4' high. See Code Section 27-36 and 30 for the complete ordinances.

Applicant/Contractor Signature [signature] **Dated** 6-12-24

DECISION – BOROUGH USE ONLY

APPROVED BY THE BOROUGH OF
JUN 26 2024
WEST CAPE MAY

The application is: ( ) Approved
( ) Denied, for the following reasons:

Date Issued: By (Zoning Official)

Application Fee $ Date Paid:

Borough of West Cape May
Code Enforcement
732 Broadway
West Cape May, New Jersey 08204
(609) 884-1005

NOTICE OF VIOLATION AND ORDER TO CORRECT

Reference No.:	Existing #21-5	Notice Date:	12/9/22
Name:	George Dick	Compliance Date:	12/22/22
Address:	[redacted]	Phone:	[redacted]
Block:	54	Lot:	6
Site Address:	616 Broadway		

PLEASE TAKE NOTICE that as a result of an inspection of the above-referenced property conducted by this agency, a violation of the Borough of West Cape May codes has been found to exist. You are hereby ordered to correct the violations below within the comply date noted above. Your failure to comply with the Notice of Violation and Order to Correct shall result in the issuance of a summons in the Borough of West Cape May Municipal Court and subject you to fines in the possible amount of $2,000.00 for each day that any such violation is found to exist (§ 1-5.1). Further, your failure to correct the violation may also result in the Borough of West Cape May correcting the violation and imposing the cost of such correction as a lien against your property. If you are fined for this violation and come into compliance, and if the violation occurs again within 1 year, an additional fine will be imposed by the Court in an amount no greater than $2,000.00 and no less than $100.00 per day, and shall be calculated separately from the fine imposed for the violation of the ordinance or code provision.

THIS IS THE ONLY NOTICE YOU WILL RECEIVE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CODE ENFORCEMENT AT (609)884-1005 EXT. 105. Thank you for your cooperation.

Violation No:: 27-19.10a1		Violation Date: 12/8/22	
Violation Description:	Installed Walkway	Corrected Date:	
Violation Comments:	Unapproved walkway using incorrect material, paving material on contributing building and all areas of the HPC district must be approved by the board.		

Borough of West Cape May
732 Broadway
West Cape May, New Jersey 08204
(609) 884-1005
www.westcapemay.us

Norman Roach
Zoning Official
Code Enforcement Officer

Certificate of Substantial Zoning Compliance

Date: October 21, 2022

Zoning Permit # 10-22

Owner: DICK

Contractor: BURKE BLDRS

Address: 616 BROADWAY

Block/Lot/Zone: 54/16 C1

This document confirms that the work covered by the above referenced zoning permit has been substantially completed. Check all that apply:

X	Final C.O.A.H payment
X	Final AS BUILT to include LOT COVERAGE / FLOOR AREA /BUILDING HEIGHT
x	Final approval of Grading / Landscaping
x	Certificate of Occupancy Recommended
	Certificate of Occupancy NOT Recommended
	Temporary Certificate of Occupancy Recommended

This document does not authorize any work for which the Owner/Applicant does not have all necessary permits, licenses, registrations or warranties from all local, state and federal agencies as required by law.

Norm Roach

Norman Roach
nroach@westcapemay.us
Zoning Official
Code Enforcement Officer

732 Broadway PO Box 399
West Cape May NJ 08204
609-884-1005
www.westcapemay.us

ZONING PERMIT

APPROVED BY THE BOROUGH OF
FEB - 1 2022
WEST CAPE MAY

Zoning Permit # 10-22
Block / Lot 54 / 6
Owner DICK YAMASHITA
HPC Permit # APP 21-5

Permit Fee 100.00 Taxes Pd
Subject Property 616 BROADWAY
Contractor BURKE BLDRS
Zoning District C1 - R1 Regs

PERMISSION IS HEREBY GRANTED TO
REAR Patio Addition / 2 STORY REAR ADDITION /
Detached Garage / Demo Block 10' OF Non Conforming Addition
HPC Wood Siding, Windows - WRP A6 PG PLANS A-2 - A-22.

ZONING WORKSHEET

Name: Dick	Phone:	Type of Application:
Address:	Date:	
Block: 54 Lot: 6	District: R2	

PRINCIPAL USE	REQUIRED/ ALLOWANCE	ALLOWED	PROPOSED	EXISTING	CONFORMING
Lot Area	7500	~~[illegible]~~	~~[illegible]~~	8120	
Lot Frontage	50			58	
Lot Depth	150			140	
Front Setback	~~10~~ 20			22'2	
Each Side Setback	~~1~~6			8'4½	
Total Side Setback	16			27'11"	
Rear Setback	20		41'		
Lot Coverage	40%	3248	3639 / 291	See below	
Building Height	35'	~~[illegible]~~	~~[illegible]~~		
Overhang Depth	15				
FAR	40		2100		
Max Gross Floor Area	457	3154	2902		

ACCESSORY USES				TYPE OF USE
Distance Side Lot	6		7'	
Distance Rear Lot	6		6'	
Distance Principal Structure	10		11	
Lot Coverage				
Height			15'	

ZONING REQUIREMENTS	YES	NO	COMPLETE	NOTES/COMMENTS
Complete Plans	✓			
Current Taxes				
Current Survey	✓			
Pictures of Work Site				
Water/Sewer Approval	NA			
Landscape Plan/STC				44.6% 7714°
Wetlands	NA			3248 406
Farmlands	NA			8120
COAH				
Grading	NA			
STC Approval	NA		55%	

NOTES/COMMENTS:

walk
15'x13.2 = 198
6.9x6.5 44.85
3x4 = 12'
13x2 = 26'
280.85

House
7x24 = 168
45x24 = 1080
6x~~[illegible]~~25 = 150
30x21 = 630 - 12.5 = 617.5
24x21 = 504
8.5x10 = 85
~~2604.50~~7 = 2885.35

Paver Rear
2x12 = 24
19x19 361 - 32 = 329
15x9 = 135
5x1 = 5
6x8 = 48
18x6 = 108
+4.5
653.50

~ 3538.85

5/19/2021

Borough of West Cape May
Zoning Department

Notice of Exterior Demolition

NOTICE is hereby given that exterior demolition will occur on Property Block 54 Lot 6 also known as:

616 Broadway
West Cape May, NJ 08204

The demolition will take place between February 15, 2022 and March 7, 2022.

You are in receipt of this notice because the above referenced property is adjacent to you're the property owned by you. If you have any questions, you may contact the West Cape May Zoning Department at 609-884-1005.

Date: February 1, 2022
Property Owner's Name: George Dick and Deborah Yamashita
Address: 616 Broadway, West Cape May, NJ 08204

Date Received: _____

RECEIVED
JAN 06 2022
BY: 100W ✓ #306

RECEIVED
MAR 01 2021
BY: _____

Borough of West Cape May

Application for Zoning Permit

Applicant/Contractor
Name: Burke Builders Inc.
Address: 358 CRESCENT DR. Cape May NJ.
Phone #: [redacted]
E-Mail: [redacted]

Owner's
Name: George Dick & Deb Yamashita
Address: 616 Broadway West Cape May
Phone #: _____

Subject Property Street Address: 616 BROADWAY
Block 54 Lot: 6

Ric Burke hereby applies to the zoning officer of the Borough of West Cape May, New Jersey for a zoning permit to do the following work:

( ) Accessory Structures
(X) ~~Additions~~
( ) Decks
( ) Fences
( ) Landscaping
( ) Minor Repairs
( ) New Construction
( ) Roofing
( ) Sidewalks
(X) ~~Siding~~
(X) ~~Windows~~
( ) Grading
( ) Other

Description of work: SMALL ADDITION AND RENOVATION AND GARAGE.

- The subject premises is located within the R-1 Zoning District.
- The subject premises (X) ~~IS~~ ( ) IS NOT within the Historic Preservation District.
- Attached hereto, as schedule I, is a detailed description of the premises, including lot and building size, location and character of the land, and improvements (if any), and a detailed description of the proposed structure or use for which approval is sought.
- Attached hereto, as schedule II, are plot plans, maps and other documents, if required, upon which this application relies.

Applicant/Contractor Signature _____ Dated 2/25/21

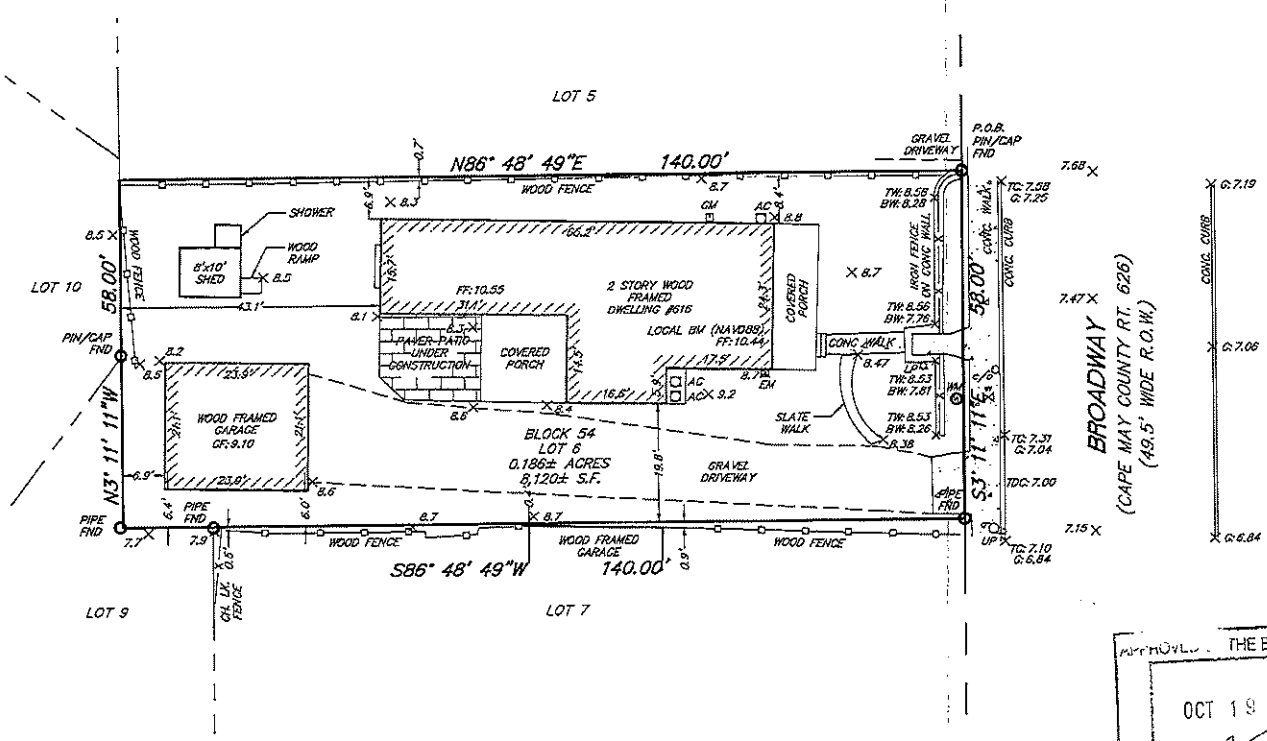
DECISION

APPROVED BY THE BOROUGH OF
FEB - 1 2022
WEST CAPE MAY

The ~~within application~~ is: ( ) Approved
( ) Denied, for the following reasons: [redacted]

Date Issued: _____ by _____
Zoning Officer

Value of work $ _____ Application Fee $ 100.00 Date Paid: _____



GENERAL NOTES:

A. PROPERTY SURVEYED KNOWN AS LOT 6 IN BLOCK 54 BOROUGH OF WEST CAPE MAY, CAPE MAY COUNTY, NEW JERSEY AS SHOWN ON MUNICIPAL TAX MAP SHEET #4.

B. SUBJECT PROPERTY CONTAINS 0.186 ACRES OF LAND MORE OR LESS.

C. THE PARCEL SHOWN HEREON IS SITUATED IN FLOOD ZONE X ACCORDING TO FLOOD INSURANCE RATE MAP #34009C0283F HAVING AN EFFECTIVE DATE OF 10/05/2017.

D. VESTING DEEDS:

DEED BOOK	PAGE	BLOCK	LOT
3559	464	54	6

E. VERTICAL DATUM: NAVD 88

F. HORIZONTAL DATUM: NJPCS–NAD83

NOTES:

1. THIS SURVEY HAS BEEN PREPARED WITHOUT THE BENEFIT OF A TITLE SEARCH AND IS SUBJECT TO RECORDED AND UNRECORDED EASEMENTS, TIDELANDS CLAIMS, VALIDITY OF CHAIN OF TITLE, AND ANY OTHER PERTINENT FACTS WHICH A CURRENT AND ACCURATE TITLE SEARCH MIGHT DISCLOSE.
2. ANY UTILITIES SHOWN HEREON ARE BASED ON ABOVE GROUND OBSERVATIONS. NO ATTEMPT WAS MADE TO LOCATE THE UNDERGROUND UTILITIES WHICH MAY EXIST ON THIS PROPERTY. PRIOR TO ANY EXCAVATION, CONTRACTORS SHALL BE RESPONSIBLE TO DETERMINE THEIR EXACT LOCATION AND NJ ONE CALL LOCATION SERVICES AT 1–800–272–1000.
3. THE INFORMATION SHOWN HEREON DEPICTS THE CONDITIONS AS FOUND IN THE FIELD ON 09/29/2022.
4. NO FRESHWATER WETLANDS, RIGHTS OR INTERESTS OF THE UNITED STATES OF AMERICA OR THE STATE OF NEW JERSEY OVER LANDS NOW OR FORMERLY FLOWED BY TIDES, LANDS CONTAINING OR AFFECTED BY ANIMAL, MARINE, OR BOTANICAL SPECIES REGULATED, PROTECTED BY OR UNDER THE JURISDICTION OF ANY FEDERAL, STATE OR LOCAL AGENCY HAVE BEEN LOCATED OR DELINEATED AS PART OF THIS SURVEY.
5. REFERENCED FROM A PLAN ENTITLED "PLAN OF SURVEY, 616 BROADWAY, BLOCK 54, LOT 6, BOROUGH OF WEST CAPE MAY, CAPE MAY COUNTY, NEW JERSEY." PREPARED BY DANTE GUZZI ENGINEERING ASSOCIATES AND DATED 07/09/2018.

APPROVED THE BOROUGH OF
OCT 19 2022
WEST CAPE MAY

GRAPHIC SCALE
0 10 20 40
(IN FEET)
1 inch = 20 ft.

REV.	DATE	DESCRIPTION	DWN BY	APP BY

IF THIS DOCUMENT DOES NOT CONTAIN THE RAISED SEAL OF THE UNDERSIGNED PROFESSIONAL, WITH AN INK SIGNATURE, IT IS NOT A VALID COPY OF THE SURVEY AND NO LIABILITY IS ASSUMED FOR THE INFORMATION SHOWN HEREON.

10.3.22

DANIEL J. PATTERSON, PELS DATE
NEW JERSEY PROFESSIONAL ENGINEER AND LAND SURVEYOR
LICENSE NO. 24GB04257200

PATTERSON SURVEYING & ENGINEERING, LLC
CERTIFICATE OF AUTHORIZATION #24GA28227000
4 UTAH TRAIL
MEDFORD, NJ 08055
732–501–7192
dan@PattersonSE.com
www.PattersonSE.com

AS–BUILT SURVEY

BLOCK 54 LOT 6

616 BROADWAY AVENUE
BOROUGH OF WEST CAPE MAY
CAPE MAY COUNTY, N.J.

PREPARED FOR: R. BURKE

LOT(S):	SCALE:	DATE:	DRAWING NO:
6	1"=20'	10/03/2022	BL54 L6 WEST CAPE MAY
BLOCK:	ACREAGE:	PATTERSON No.	SHEET No.
54	±0.186	2022–012	1 OF 1

BLOCK 54 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 611e Broadway PERMIT NO. 22-003

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: 611e Broadway
2. Name of Owner in Fee: George Dick + Deb YAMASHITA
   Tel. [redacted] e-mail _____
   Address 611e Broadway West Cape May
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Burke Builder Inc. Tel. ( ) _____
   Address [redacted] e-mail [redacted]
   Cape May NJ
   License No. OR, if new home, Builder Reg. No. 24001 Exp. Date 8/23
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04624400
   Federal Emp. ID No. [redacted] FAX: ( ) _____
5. Architect or Engineer Deco Contact _____
   Address Cape May Court House e-mail _____
   Tel. ( ) [redacted] FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun TBD
   Tel. [redacted] FAX: [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 450-		
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	$ 19-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	$ 469-		
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 sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
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	$10,000	CH	11/10/22		1-10-23	JD			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

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

1-14-23 Amc

West Cape May Borough
643 Washington Street
Cape May, NJ 08204
(609) 884-9555

Date Applied	1/10/2022
Date Issued	1/19/2022
Control #	C-22-0003
Permit #	22-0003

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 54 Lot: 6 Qualifier _____ Use Group R-5

Work Site Location: 616 BROADWAY West Cape May Borough, NJ

Owner in Fee: DICK, GEORGE & YAMASHITA, DEBORAH

Address: [redacted]

Telephone: [redacted]

Contractor: BURKE BUILDERS

Address: [redacted]

Telephone: [redacted]

Lic. No. or Bldrs. Reg. No.: 13VH04624400

Federal Employee. No.: Jerry#

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INTERIOR DEMOLITION

Note: If constuction 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 $10,000

Construction Official

Date 1/18/22

:: Failure to obtain all required inspections may result in administrative action.

:: Final Inspections are required before final payment is to be made to contractor.

:: An Approved set of plans must be kept at the worksite at all times.

PAYMENTS (Office Use Only)

Building	$450
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
DCA Training Fee	$19
CO Fee	
CCO Fee	
Other Cert Fee	
Admin Sucharge	
Other	
Admin Fee	
Plan Review	
COAH Fee	
Zoning	
Open Fence	
Sewer	
Water	
Engineering	
Shade Tree	
Escrow	
Local	
Doc Imaging	
Total	$469

Check No.	23271
Check	$469
Cash	$0
Credit	$0
Collected By	Jennie McCaney

BUILDING SUBCODE
TECHNICAL SECTION

Control # 1/10/22
Date Issued
Permit # 22-0003 1-19-22
22-0003

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

Block 54 Lot 6 Qualification Code
Work Site Location 616 Broadway

Owner in Fee: Roger Dick
Tel. [redacted] e-mail
Address

Contractor: Burke Builders Inc (street / municipality) Tel. [redacted] (zip code)
Address [redacted] e-mail
Cape May NJ 08204

Contractor License No. or Builder Registration No. 24001 Exp. Date 8/23
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] 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: Tim Burke

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior demo

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required 1/20/22 JM
[ ] All
[ ] Footings/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior
Joint Plan Review Required:
[ ] Elec [ ] Plumb [ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date 1/20/22
Approved by: [redacted]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] OA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day) — Failure — Failure — Approval — Initial

Type	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
FGG				
Other				
Final				
Barrier Free				

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

FEE (Office Use Only)
$

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) $ 10,000

U.C.C. F110
(rev. 11/08)

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

BUILDING SUBCODE
TECHNICAL SECTION

Control #
Date Issued 1/10/22
Permit # 22-0003 1-19-22
22-0023

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

Block 54 Lot 6 Qualification Code
Work Site Location 616 Boardway

Owner in Fee: Roger Dick
Tel. ([redacted]) e-mail
Address

Contractor: Burke Builders Inc Tel. [redacted]
Address [redacted] e-mail
Cape May NJ 08204
Contractor License No. or Builder Registration No. 24001 Exp. Date 8/23
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] 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: Eric Burke

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior demo

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required 1-20-22 EH
[ ] All
[ ] Footings/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: 1-19-22
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] OA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

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

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

FEE (Office Use Only)
$

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) $ 10,000

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

U.C.C. F110
(rev. 11/08)

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

BLOCK 54 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 616 Broadway PERMIT NO. 22-0026

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: 616 Broadway W C M
2. Name of Owner in Fee: George Dick & Debbie Yamashita
   Tel. [redacted] e-mail _____
   Address 616 Broadway West Cape May (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Kist Builders Tel. [redacted]
   Address [redacted] e-mail [redacted]
   Cape May NJ.
   License No. OR, if new home, Builder Reg. No. 24007 Exp. Date 6/23
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: ( ) [redacted]
5. Architect or Engineer Dreo Contact Lou
   Address [redacted] e-mail _____
   Tel. ( ) [redacted] FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Ric Dineke
   Tel. [redacted] FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 225	225	
2. Electrical		280	
3. Plumbing		90	
4. Fire Protection		250	
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 _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
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	200,000	MO	2-4-22		2-23-22	JO			
☑ Electrical	28,000	MO	2-4-22		2-8-22	TM			
☑ Plumbing	1500	MO	2-4-22		2/18/22	MM	Mech. Dwg. P1-1/2		
☑ Fire Protection	2500	MO	2-4-22	2/8/22		JO	2/16/22		JO
☐ Elevator									
TOTAL COST									

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

BOROUGH OF WEST CAPE MAY—COAH Residential Development Fee Certification

SECTION A (to be completed by owner)

Name of Owner: DICK YAMASHITA

Mailing Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Date: 1/7/22 Signature: _____

SECTION B (to be completed by owner if applicable)

☐ CHECK IF EXEMPT FROM FULL FEE OF 1.5%

IF AN EXEMPTION OR REDUCED PAYMENT AMOUNT IS CLAIMED THE OWNER SHOULD ATTACH SUBSTANTIATION FOR THAT CLAIM.

I, the undersigned, understand that this declaration and its contents may be disclosed or provided to the State of New Jersey and that any false statement contained herein may be punished by fine, imprisonment, or both. I further declare that I have examined this declaration and, to the best of my knowledge and belief, it is true, correct and complete.

Signature of Owner: _____

Name: _____

Title: _____ Date: _____

SECTION C PROPERTY LOCATION (to be completed by Zoning/Code Enforcement Office)

County: CAPE MAY Municipality: West Cape May Block: 54 Lot: 6 Qual: ____

Street Address: 616 BROADWAY

Construction Control Number: _____ Construction Permit Number: _____

Zoning/Code Enforcement Office COAH Origination Date: 1/7/22

SECTION D (to be completed by Assessor)

	Estimated		Final	
Assessed Value	$ 700,400	E1	$	F1
Director's Ratio	82.28 %	E2	%	F2
Equalized Assessed Value	$ 851,200	E3	$	F3
Existing Equalized Assessed Value	$ 679,000	E4	$	F4
Amount on Which Fee Is Calculated	$ 172,200	E5 (E3-E4)	$	F5 (F3-F4)
Residential Development Fee	$ 2,583.00	E6 (E5X1.5%)	$	F6 (F5X1.5%)

Signature of Assessor: L Bel

Name: Louis Belasco, CTA Exempt ___YES ___NO

Date: 1/10/22

Signature of Assessor: _____

Name: Louis Belasco, CTA

Date: _____

SECTION E (to be completed by Municipal Housing Liaison)

Estimated Payment Amount: $ 1291.50 (50% E6)

Payment Received by (name) T. Oliver

Signature: T. Oliver

Date: 1/13/22

Cash ____ Check # ✓ #2155 Credit Card: _____

Final Payment Amount: $ 1291.50 (F6)

Payment Received by (name) Hiram Roach

Signature: _____

Date: 10/19/22

Cash ____ Check # 353 Credit Card: _____

West Cape May Borough
643 Washington Street
Cape May, NJ 08204

Certificate

Construction Code Division
(Certificate of Occupancy)

Date Issued 10/24/2022
Control Number C-22-0014
Permit Number 22-0026
Permit Issue Date 3/3/2022
Certificate Number 22-0026

Identification

Block: 54 Lot: 6 Qual:

Work Site Location: 616 BROADWAY West Cape May Borough, NJ

Owner in Fee: DICK, GEORGE & DEBORAH
Owner Address: 616 BROADWAY WEST CAPE MAY NJ 08204
Telephone:

Contractor BURKE BUILDERS
Address [redacted]
Telephone: [redacted] Fax: [redacted]
License Number or Builders Registration Number:
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0
Description of Work/Use:
ADDITION

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

10/24/22
Construction Official

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

Fee: $0.00

Check Number:
Collected By:

Date Printed: 10/21/2022

Borough of West Cape May
732 Broadway
West Cape May, New Jersey 08204
(609) 884-1005
www.westcapemay.us

Norman Roach
Zoning Official
Code Enforcement Officer

Certificate of Substantial Zoning Compliance

Date: October 21, 2022

Zoning Permit # 10-22

Owner: DICK

Contractor: BURKE BLDRS

Address: 616 BROADWAY

Block/Lot/Zone: 54/16 C1

This document confirms that the work covered by the above referenced zoning permit has been substantially completed. Check all that apply:

X	Final C.O.A.H payment
X	Final AS BUILT to include LOT COVERAGE / FLOOR AREA /BUILDING HEIGHT
x	Final approval of Grading / Landscaping
x	Certificate of Occupancy Recommended
	Certificate of Occupancy NOT Recommended
	Temporary Certificate of Occupancy Recommended

This document does not authorize any work for which the Owner/Applicant does not have all necessary permits, licenses, registrations or warranties from all local, state and federal agencies as required by law.

Norm Roach

Norman Roach
nroach@westcapemay.us
Zoning Official
Code Enforcement Officer

APPLICATION FOR CERTIFICATE

Date Received 2/4/2022
Date Permit Issued 3/3/2022
Control # C-22-0014
Permit # 22-0028
Date Issued 10/17/2022

IDENTIFICATION

Block 54 Lot 6 Qualifier

Work Site Location 616 BROADWAY West Cape May Borough, NJ

Owner In Fee DICK, GEORGE & DEBORAH
616 BROADWAY WEST CAPE MAY NJ 08204

Telephone

Contractor BURKE BUILDERS
Address [redacted]

Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous R-5 Current

FINAL COST OF CONSTRUCTION: $ 232000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

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

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

DESCRIPTION OF WORK/USE:
Addition/Alteration ADDITION

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: Eric Burke Pres. of Burke Builders Inc
Owner/Agent

- [ ] OWNER
- [x] AGENT

UCC F270 eqiv.

BUILDING SUBCODE
TECHNICAL SECTION

WCM

2-4-22
Control # 22-0014
Date Issued 3/3/22
Permit # 22-0026

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

Block 34 Lot 6 Qualification Code

Work Site Location 616 Broadway West Cape May NJ

Owner in Fee: Greg Dick & Deb Yamashita

Tel. [redacted] e-mail

Address 616 Broadway W.C.M.
street municipality

Contractor: Kuek Builders Tel. [redacted]
zip code

Address [redacted] e-mail [redacted]

Contractor License No. or Builder Registration No. 24007 Exp. Date 6/23

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04624400

Federal Emp. ID No. [redacted] FAX: [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.

Sign here:

Print name here: Kit Buek

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ADDITION & RENOVATION

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	2-4-22	JD
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 2-4-22
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 10-31-22
Approved by:

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Footing			3/4/22	JJ
Footing-Bonding				
Foundation			3/28/22	JJ
Slab				
Frame			7/27/22	JD
Truss Sys./Bracing				
Barrier-Free				
Insulation			9/19/22	JJ
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/14/22	JJ
Barrier-Free				

Dates (Month/Day)

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

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed Residential
Constr. Class Present 5b Proposed _____
No. of Stories 2
Height of Structure 27.4 ft.
Area — Largest Floor 390 sq. ft.
New Bldg. Area/All Floors 1003.50 sq. ft.
Volume of New Structure 13,039 cu. ft.
Max. Live Load
Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 155,000
2. Rehabilitation $ 45,000
3. Total (1+2) $ 200,000

U.C.C. Fm0
(rev. 11/09)

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

PLUMBING SUBCODE
TECHNICAL SECTION

WCM

Date Received 2-4-22
Control # 22-0014
Date Issued 3/3/22
Permit # 22-0026

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 Qualification Code

Work Site Location 616 Broadway

Owner in Fee:

Tel. e-mail

Address

Contractor: Richardson Heating & Cooling, Inc. (street / municipality) Tel. [redacted] (zip code)

Address [redacted] e-mail [redacted]

Ocean View

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX: [redacted]

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 $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[N] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 7/13/22 Approved by: [signature]

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 7/13/22

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [Y] CA

Date: 9/28/22

Approved by: [signature]

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			9/28/22	[signature]

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: Robert Schmid

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
One (1) 3 ton/One 4 ton a/c

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other CONDENSATE	20

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

2

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/4/22
Control # 22-0014
Date Issued 3/3/22
Permit # 22-0024

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

Block 6 Lot 54 Qualification Code

Work Site Location 616 Broadway West cape May

Owner in Fee:

Tel. e-mail

Address

Contractor: Majewski Plumbing & Heating LLC (street / municipality) Tel. [redacted] (zip code)

Address [redacted] e-mail [redacted]

Contractor License No. 12173 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 2/18/22 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2/18/22
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 9/28/22
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			7/13/22	
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			7/13/22	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			9/28/22	

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: Frank J Majewski

Print name here: Frank J Majewski

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installing plumbing as per plan

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
6	Water Closet	$ 120
	Urinal/Bidet	
2	Bath Tub	40
8	Lavatory	160
3	Shower	60
	Floor Drain	
1	Sink	20
1	Dishwasher	20
	Drinking Fountain	
1	Washing Machine	20
1	Hose Bibb	20
	Water Heater	
	Fuel Oil Piping	
5	Gas Piping	100
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	72
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks 3"	20
	Other	

Administrative Surcharge	$ 672
Minimum Fee	$
State Permit Surcharge Fee	$ 20
TOTAL FEE	$ 692

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

West Cape May.

ELECTRICAL SUBCODE TECHNICAL SECTION

Renovate SFD

Date Received 2-4-22
Date Issued
Control # 22-0014
Permit # 313122
22-0026

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

Block 54 Lot 6
Work Site Location 616 Broadway
West Cape May NJ 08204
Owner in Fee/Occupant George Dick
Address 616 Broadway
Cape May NJ 08204
Tele. ( )
Contractor Denham Electric Inc
Address [redacted]
Erma NJ 08204
Tele. ([redacted] Fax ( )
Lic. No. 13782A
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 28000.00 Addition + Renovation

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 2822
Approved by: JMills

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 9222
Approved by: JMills

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough		House	7 13 22	JM
Temp. Serv.		GARAGE	8222	JM
Constr. Serv.				
TCO				
Other				
Service				
Final			92222	JM

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.

Brian Denham
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
47		Lighting Fixtures	
84		Receptacles	
50		Switches	
10		Detectors	
		Light Poles	
12		Motors—Fract. HP	
		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	
1		HP Garbage Disposal	
3		KW Central A/C Unit	
3		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	50	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

U.C.C. F120
(rev 3/98)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

WCM

Date Received
Control #
2/4/22
22-0014

Date Issued
Permit #
3/3/22
22-0024

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NJ 1-800-272-1000

Block 6 Lot 54 Qualification Code

Work Site Location 116 Broadway West Cape May

Owner in Fee

Tel e-mail

Address

Contractor Majewski Plumbing & Heating LLC Tel [redacted]

Address [redacted] e-mail [redacted]

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

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 $

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 or owner of record and not a contractor that the application

Applicant/Contractor sign here Francis J Majewski

Print name here Francis J Majewski

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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, waterflow)		
Supervisory Devices (i.e. tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	6	60
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Permit -Underslab Utilities Approved
Date Approved by:
[ ] Fire Protection Plans Approved
Date Approved by:
Joint Plan Review Required:
[ ] Bldg [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL
Date 2/25/22
Approved by

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [X] CCO [ ] CF
Date
Approved by 3/2/22

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

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/4/22
Control # 22-0014
Date Issued 3/3/22
Permit # 22-0026

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 616 Broadway

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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 $ _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] GA

Date: _____

Approved by: _____

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

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: _____

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

DESCRIPTION OF WORK: Gas Units

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
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	6	Waived
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2-4-22
Control # 22-0011
Date Issued 3/3/22
Permit # 220026

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 616 Broadway

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____

Contractor: Richardson Heating & Cooling, Inc (street / municipality) Tel. [redacted] (zip code)

Address [redacted] e-mail [redacted]

Ocean View, NJ 08230

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. [redacted] FAX: [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

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: attic/utility closet

Total Cost of Fire Protection Work $ 1,500

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 2/8/22
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [X] CCO [ ] CA
Date: 4/4/22
Approved by: [signature]

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: [signature]

Print name here: Robert Schmid

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

DESCRIPTION OF WORK:
Water Supply Source 92%80% furnaces
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	2	Fee
Fireplace Venting/Metal Chimney		
Other		

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/4/22
Control # 22-0014
Date Issued 3/3/22
Permit # 22-0026

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

Block 54 Lot 6 Qualification Code

Work Site Location 616 Broadway
Cape May NJ 08204

Owner in Fee: George Dick

Tel. e-mail

Address 616 Broadway Cape May

Contractor: Denham Electric Inc (street / municipality / zip code) Tel.

Address [redacted] e-mail

Erma NJ 08204

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

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

Fire Alarm Contractor No. 13782A Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 1,000

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Brian Denham

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

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	10	
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 2/8/22
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [X] CCO [ ] CA
Date: 4/27/22
Approved by:

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

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.

West Cape May Borough
643 Washington Street
Cape May, NJ 08204
(609) 884-9555

Date Applied	2/4/2022
Date Issued	3/3/2022
Control #	C-22-0014
Permit #	22-0026

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 54 Lot: 6 Qualifier _____ Use Group R-5

Work Site Location: 616 BROADWAY West Cape May Borough, NJ

Owner in Fee: DICK, GEORGE & YAMASHITA, DEBORAH
Address: [redacted]
Telephone: [redacted]

Contractor: BURKE BUILDERS
Address: [redacted]
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.: 13VH04624400
Federal Employee. No.: Jerry#

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ADDITION

Note: If constuction 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 $232,000

Construction Official

Date 3/1/22

:: Failure to obtain all required inspections may result in administrative action.
:: Final Inspections are required before final payment is to be made to contractor.
:: An Approved set of plans must be kept at the worksite at all times.

PAYMENTS (Office Use Only)

Building	$2,521
Electrical	$235
Plumbing	$692
Fire Protection	$600
Elevator Devices	
Mechanical	
DCA Training Fee	$197
CO Fee	
CCO Fee	
Other Cert Fee	
Admin Sucharge	
Other	
Admin Fee	
Plan Review	
COAH Fee	
Zoning	
Open Fence	
Sewer	
Water	
Engineering	
Shade Tree	
Escrow	
Local	
Doc Imaging	
Total	$4,245

Check No.	327
Check	$4,245
Cash	$0
Credit	$0
Collected By	Megan Oliver

BUILDING SUBCODE
TECHNICAL SECTION

Control # 22-0014
Date Issued 3/3/22
Permit # 22-0026

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

Block 37 Lot 6 Qualification Code

Work Site Location 616 Broadway West Cape May NJ

Owner in Fee: George Dick & Deb Yamashita

Tel. [redacted] e-mail

Address 616 Broadway · WCM.
street municipality

Contractor: Kuek Builders Tel. [redacted]
zip code

Address [redacted] e-mail [redacted]

Contractor License No. or Builder Registration No. 24007 Exp. Date 6/23

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04624400

Federal Emp. ID No. [redacted] FAX: [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.

Sign here:

Print name here: Eric Buek

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ADDITION & RENOVATION

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	2-22-22	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 2-24-22

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

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

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed Residential Constr. Class Present 5b Proposed _____

No. of Stories 2

Height of Structure 27.4 ft.

Area — Largest Floor 390 sq. ft.

New Bldg. Area/All Floors 1003.50 sq. ft.

Volume of New Structure 13,039 cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 155,000
2. Rehabilitation $ 45,000
3. Total (1+ 2) $ 200,000

O.C.C. Form
(rev. 11/09)

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

West Cape May.

ELECTRICAL SUBCODE TECHNICAL SECTION

Renovate SFD

Date Received 2-4-22
Date Issued
Control # 22-0014
Permit # 313122 22-0026

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

Block 54 Lot 6

Work Site Location 616 Broadway
West Cape May NJ 08204

Owner in Fee/Occupant George Dick

Address 616 Broadway
Cape May NJ 08204

Tele. ( )

Contractor Denham Electric Inc

Address [redacted]
Erma NJ 08204

Tele. [redacted] Fax ( )

Lic. No. 13782A

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 28000.00 Addition + Renovation

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 2822

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

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.

Brian Denham

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

U.C.C. F120
(rev. 3/96)

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
47		Lighting Fixtures	
84		Receptacles	
50		Switches	
10		Detectors	
		Light Poles	
12		Motors—Fract. HP	
		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	
1		HP Garbage Disposal	
3		KW Central A/C Unit	
3		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	50	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $

Minimum Fee $

DCA Training Fee $

TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2-4-22
Control # 22-0014
Date Issued 3/3/22
Permit # 22-0026

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 616 Broadway

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____

Contractor: Richardson Heating & Cooling, Inc. Tel. [redacted]
(street, municipality, zip code)

Address [redacted] e-mail [redacted]
Ocean View

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. [redacted] FAX: [redacted]

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 $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by:_____

[ ] Plumbing Plans Approved
Date:_____ Approved by:_____

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

SUBCODE APPROVAL for PERMIT
Date: _____
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				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Robert Schmid

Print name here: Robert Schmid

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
One (1) 3 ton/One 4 ton a/c

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other CONDENSATE	20

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/14/22
Control # 22-0014
Date Issued 3/3/22
Permit # 22-0026

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

Block 6 Lot 54 Qualification Code

Work Site Location 616 Broadway West cape May

Owner in Fee:

Tel. e-mail

Address

Contractor: Majewski Plumbing & Heating LLC (street, municipality) Tel. [redacted] (zip code)

Address [redacted] e-mail [redacted]

Contractor License No. 12173 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 2/18/22 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2/18/22
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				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Frank J Majewski

Print name here: Frank J Majewski

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installing plumbing as per plan

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
6	Water Closet	$ 120
	Urinal/Bidet	
2	Bath Tub	40
8	Lavatory	160
3	Shower	60
	Floor Drain	
1	Sink	20
1	Dishwasher	20
	Drinking Fountain	
1	Washing Machine	20
1	Hose Bibb	20
	Water Heater	
	Fuel Oil Piping	
5	Gas Piping	100
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	72
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks 3"	20
	Other	

Administrative Surcharge	$ 672
Minimum Fee	$
State Permit Surcharge Fee	$ 20
TOTAL FEE	$ 692

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2-4-22
Control # 22-0014
Date Issued 3/3/22
Permit # 22-0024

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

Block 6 Lot 54 Qualification Code

Work Site Location 616 Broadway West cape May

Owner in Fee:

Tel. e-mail

Address

Contractor Majewski Plumbing & Heating LLC Tel. [redacted]

Address [redacted] e-mail [redacted]

Contractor License No. 12173 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

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: Frank J Majewski

Print name here: Frank J Majewski

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installing plumbing as per plan

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
6	Water Closet	$
	Urinal/Bidet	
2	Bath Tub	
8	Lavatory	
3	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
5	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Slacks 3"	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] 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
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

U.C.C. P100 (rev. 11/09) Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/7/22
Control # 22-0014
Date Issued 3/3/22
Permit # 22-0026

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

Block 54 Lot 6 Qualification Code

Work Site Location 616 Broadway
Cape May NJ 08204

Owner in Fee: George Dick

Tel. e-mail

Address 616 Broadway Cape May
street municipality zip code

Contractor: Denham Electric Inc Tel.

Address [redacted] e-mail

Erma NJ 08204

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

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

Fire Alarm Contractor No. 13782A Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 1,000

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Brian Denham

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

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	10	
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2-4-22
Control # 22-0014
Date Issued 3/3/22
Permit # 220026

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 616 Broadway

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____

Contractor: Richardson Heating & Cooling, Inc (street / municipality) Tel. [redacted]

Address [redacted] e-mail [redacted]

Ocean View, NJ 08230

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. [redacted] FAX: [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

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: attic/utility closet

Total Cost of Fire Protection Work $ 1,500

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 2/18/22
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Robert Schmid

Print name here: Robert Schmid

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source 92%80% furnaces
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	0	
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	2	Zero
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/4/22
Control # 22-0014
Date Issued 3/3/22
Permit # 22-0026

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 616 Broadway

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____ (street) (municipality) (zip code)

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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 $ _____

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Bldg [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CFO [ ] CA
Date: _____
Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: _____

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

DESCRIPTION OF WORK: Gas units

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
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	6	600
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received: 2/4/22
Control #: 22-0014
Date Issued: 3/3/22
Permit #: 22-0024

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

Block 6 Lot 54 Qualification Code

Work Site Location 116 Broadway West Cape May

Owner in Fee

Tel

e-mail

Address

Contractor Majewski Plumbing & Heating LLC

Tel [redacted]

Address [redacted]

e-mail [redacted]

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

Fire Protection Equipment NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

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 $

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 or owner of record and the [illegible] in this application

Applicant/Contractor sign here: Francis J Majewski

Print name here: Francis J Majewski

D. TECHNICAL SITE DATA

[X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK

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, waterflow)		
Supervisory Devices (i.e. tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	6	60
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date Approved by
[ ] Fire Protection Plans Approval
Date Approved by
Joint Plan Review Required:
[ ] Bldg [ ] Elec [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date 2/25/22
Approved by

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

INSPECTIONS

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

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.

West Cape May Borough
643 Washington Street
Cape May, NJ 08204
(609) 884-9555

Subcode Official Review

Date: Tuesday, February 8, 2022

To: BURKE BUILDERS
[redacted]

RE: Fire Subcode
Block: 54 Lot: 6 Qual:
616 BROADWAY
Permit Number: Control Number: C-22-0014
Last Submit Date: Friday, February 4, 2022

Dear BURKE BUILDERS,

Your request is hereby denied based upon the following infractions.

1. no fire tech from the plumber on what is being installed. plumbing tech shows 6 gas units.
2. need spec on all gas units.
3. need spec on kitchen fan.

Sincerely,

Gregory Neill, Subcode Official Emailed 2/8/22

CC:

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

THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors

HAS LICENSED

Robert Schmid
[redacted]
Ocean View NJ 08230

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

05/29/2020 TO 06/30/2022
VALID

19HC00185400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors
HAS LICENSED
Robert Schmid
Master HVACR Contractor

05/29/2020 TO 06/30/2022
VALID

SIGNATURE

19HC00185400
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Examiners of HVACR Contract
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE

ZONING PERMIT

732 Broadway PO Box 399
West Cape May NJ 08204
609-884-1005
www.westcapemay.us

APPROVED BY THE BOROUGH OF
FEB - 1 2022
WEST CAPE MAY

Zoning Permit #	10-22	**Permit Fee**	100.00 Taxes Pd
Block / Lot	54 / 6	**Subject Property**	610 BROADWAY
Owner	DICK / YAMASHITA	**Contractor**	BURKE BLDRS
HPC Permit #	APP 21-5	**Zoning District**	C1 - R1 REQS

PERMISSION IS HEREBY GRANTED TO

REAR PORCH ADDITION / 2 STORY REAR ADDITION / DETACHED GARAGE // DEMO BACK 10' OF NON-CONFORMING AREA IN HPC WORK SUBJECT TO CONDITIONS - WORK AS PER PLANS A-1 - A-2

Date Received: _____

RECEIVED
JAN 0 6 2022
BY: _____

RECEIVED
MAR 0 1 2021
BY: _____

Borough of West Cape May

Application for Zoning Permit

Applicant/Contractor
Name: Burke Builders Inc.
Address: [redacted] Cape May NJ.
Phone #: [redacted]
E-Mail: [redacted]

Owner's
Name: George Dick & Deb Yamashita
Address: 616 Broadway West Cape May
Phone #: _____

Subject Property Street Address: 616 Broadway
Block 54 Lot: 6

Ric Burke hereby applies to the zoning officer of the Borough of West Cape May, New Jersey for a zoning permit to do the following work:

( ) Accessory Structures
(X) Additions
( ) Decks
( ) Fences
( ) Landscaping
( ) Minor Repairs
( ) New Construction
( ) Roofing
( ) Sidewalks
(X) Siding
(X) Windows
( ) Grading
( ) Other

Description of work: Small Addition AND Renovation AND GARAGE.

- The subject premises is located within the R-1 Zoning District.
- The subject premises (X) IS ( ) IS NOT within the Historic Preservation District.
- Attached hereto, as schedule I, is a detailed description of the premises, including lot and building size, location and character of the land, and improvements (if any), and a detailed description of the proposed structure or use for which approval is sought.
- Attached hereto, as schedule II, are plot plans, maps and other documents, if required, upon which this application relies.

Applicant/Contractor Signature _____ Dated 2/25/21

DECISION

The within application is: ( ) Approved
( ) Denied, for the following reasons: [redacted]

Date Issued: _____ by _____
Zoning Officer

Value of work $ _____ Application Fee $ 100.00 Date Paid: _____

BLOCK 54 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 6611 Cello Broadway PERMIT NO. 22-0071

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: Cello Broadway
2. Name of Owner in Fee: Casey Dick
   Tel. ( ) [redacted] e-mail _____
   Address Same (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Burke Builders Tel. [redacted]
   Address [redacted] e-mail _____
   Cape May NJ.
   License No. OR, if new home, Builder Reg. No. 24001 Exp. Date 3/23
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: ( ) [redacted]
5. Architect or Engineer DECO Contact Lou
   Address Court House e-mail _____
   Tel. ( ) [redacted] FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Ric Burke
   Tel. ( ) [redacted] FAX: ( ) _____

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 _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
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	25,000	MW	7/21/22		7/22/22	JD			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

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

West Cape May Borough
643 Washington Street
Cape May, NJ 08204
(609) 884-9555

Date Applied	7/11/2022
Date Issued	7/27/2022
Control #	C-22-0081
Permit #	22-0071

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 54 Lot: 6 Qualifier _____ Use Group R-5

Work Site Location: 616 BROADWAY West Cape May Borough, NJ

Owner In Fee: DICK, GEORGE & YAMASHITA, DEBORAH
Address: 616 BROADWAY WEST CAPE MAY NJ 08204
Telephone: [redacted]

Contractor: BURKE BUILDERS
Address: [redacted]
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.: 13VH04624400
Federal Employee. No.: jerry#

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
2 CAR GARAGE

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

Estimated Cost of Work $25,000

Construction Official _____ Date 7/25/22

:: Failure to obtain all required inspections may result in administrative action.
:: Final Inspections are required before final payment is to be made to contractor.
:: An Approved set of plans must be kept at the worksite at all times.

PAYMENTS (Office Use Only)

Building	$243
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
DCA Training Fee	$24
CO Fee	
CCO Fee	
Other Cert Fee	
Admin Sucharge	
Other	
Admin Fee	
Plan Review	
COAH Fee	
Zoning	
Open Fence	
Sewer	
Water	
Engineering	
Shade Tree	
Escrow	
Local	
Doc Imaging	
Total	$267

Check No.	23574
Check	$267
Cash	$0
Credit	$0
Collected By	Karen Heinze

BUILDING SUBCODE
TECHNICAL SECTION

Control # 22-0089 7/21/22
Date Issued
Permit # 22-0071

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

Block 54 Lot 6 Qualification Code

Work Site Location Celle Broadway
West Cape May

Owner in Fee: George Dick

Tel. [redacted] e-mail

Address SAMC

Contractor: Rueka Buildes Inc. (street, municipality) Tel. [redacted] (zip code)

Address [redacted] e-mail [redacted]

Contractor License No. or Builder Registration No. 24001 Exp. Date 8/23

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

Federal Emp. ID No. [redacted] FAX: [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.

Sign here:

Print name here: Ric Rueka

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2 car Garage

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	7/22/22	JW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 7/22/22
Approved by:

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

INSPECTIONS

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

TYPE OF WORK:
[X] 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 Garage
[ ] Demolition

FEE (Office Use Only)
$ 243

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

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories 1
Height of Structure 15 ft.
Area — Largest Floor 21x24 sq. ft.
New Bldg. Area/All Floors 504 sq. ft.
Volume of New Structure 6,372 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. $ 25,000
2. Rehabilitation $
3. Total (1+ 2) $ 25,000

U.C.C. A10
(rev. 11/09)

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

ZONING PERMIT

West Cape May

732 Broadway PO Box 399
West Cape May NJ 08204
609-884-1005
www.westcapemay.us

APPROVED BY THE BOROUGH OF
FEB - 1 2022
WEST CAPE MAY

Zoning Permit #	10-22	Permit Fee	100.00 Taxes Pd
Block / Lot	54 / 6	Subject Property	616 Broadway
Owner	Dick / Yamashita	Contractor	Burke Bldrs
HPC Permit #	APP 21-5	Zoning District	C1 - R1 Regs

PERMISSION IS HEREBY GRANTED TO

Rear Bath Addition / 2 story Rear Addition /
Detached Garage. // Demo Back 10' of Nonconforming Addition
HPC work siding & windows - WRP as per Plans A21-A22

RECEIVED

FEB

Date Received: _____

RECEIVED
JAN 0 6 2022
BY: _____

RECEIVED
MAR 0 1 2021
BY: _____

Borough of West Cape May

Application for Zoning Permit

Applicant/Contractor
Name: Burke Builders Inc.
Address: [redacted]
Phone #:
E-Mail:

Owner's
Name: George Dick & Dolo Yamashita
Address: 616 Broadway West Cape May
Phone #:

Subject Property Street Address: 616 Broadway
Block 54 Lot: 6

Ric Burke hereby applies to the zoning officer of the Borough of West Cape May, New Jersey for a zoning permit to do the following work:

( ) Accessory Structures	( ) Landscaping	( ) Sidewalks	( ) Other
(X) Additions	( ) Minor Repairs	(X) Siding	
( ) Decks	( ) New Construction	(X) Windows	
( ) Fences	( ) Roofing	( ) Grading	

Description of work: Small Addition and Renovation and Garage

- The subject premises is located within the R-1 Zoning District.
- The subject premises (X) IS ( ) IS NOT within the Historic Preservation District.
- Attached hereto, as schedule I, is a detailed description of the premises, including lot and building size, location and character of the land, and improvements (if any), and a detailed description of the proposed structure or use for which approval is sought.
- Attached hereto, as schedule II, are plot plans, maps and other documents, if required, upon which this application relies.

Applicant/Contractor Signature _____ Dated 2/25/21

DECISION

The within application is: ( ) Approved
( ) Denied, for the following reasons: [redacted]

Date Issued: _____ by _____
Zoning Officer

Value of work $ _____ Application Fee $ 100.00 Date Paid: _____

SECTION 3: FLOODPLAIN DETERMINATION
(TO BE COMPLETED BY FLOODPLAIN MANAGER)

The proposed development is located on FIRM Panel #34009C0283F Dated 10/5/2017

The Proposed Development:

☒ Is NOT located in a Special Flood Hazard Area - NO FLOODPLAIN DEVELOPMENT

☐ Is partially located in SFHA, but building is not

☐ Is located in SFHA. FIRM ZONE designation is AE "100-Year" flood elevation the site 8ft NGVD (MSL) Historic: ☒ YES ☐ NO

Signed: Date: 7/18/22

APPEAL:

APPEALS TO THE PLANNING BOARD: ☐ YES ☐ NO

HEARING DATE: _____

APPEALS BOARD DECISION-APPROVED: ☐ YES ☐ NO

REASONS AND CONDITIONS:

Application #2022-7-2 Application Date: 7/11/2022

FLOODPLAIN DEVELOPMENT PERMITS APPLICATION

(*Form to be filled out in duplicate*)

SECTION 1: GENERAL PROVISIONS (***Applicant to read and sign***) **1.** No work of any kind may start until a construction permit is issued. **2.** This permit may be revoked if any false statements are made herein. **3.** If revoked, all work must cease until a permit is re-issued. **4.** Development shall not be used or occupied until a Certificate of Occupancy is issued. **5.** Work must commence within six (6) months of issuance or permit expires. **6.** Applicant is hereby informed that other permits may be required to fulfill local, state and federal regulatory requirements. **7.** Applicant hereby gives consent to the Administrator or his/her representative to make reasonable inspections that are required to verify compliance. **THE APPLICANT CERTIFIES THAT "ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THE APPLICATION ARE TO THE BEST OF MY KNOWLEDGE TRUE AND ACCURATE"**

Applicant's Signature:_____ Date: 7/11/2022

SECTION 2: PROPOSED DEVELOPMENT (***To be completed by Applicant***)

Applicants:

Name: George Dick **Phone:** [redacted]

Address: [redacted] **City:** [redacted] **State:** [redacted] **Zip:** [redacted]

Builders:

Name: Burke Builders **Phone:** [redacted]

Address: [redacted] **City:** Cape May **State:** NJ **Zip:** 08204

Engineers:

Name: Deco **Phone:** [redacted]

Address: [redacted] **City:** Cape May Court House **State:** NJ **Zip:** 08210

Project Location: To avoid delay processing the Application, please provide information to easily identify the project location. Provide the street address, lot and block number or legal description (attach copy of a recent survey.)

616 Broadway
Address

54/6
Block/Lot

A. DESCRIPTION OF WORK (***check all applicable boxes***)

Activity		Structure Site	
☒	New Structure	☒	Residential (1-4 Family)
☐	Addition	☐	Residential (5+ Family)
☐	Alteration	☐	Non-Residential
☐	Elevation	☐	Vacant Land
☐	Substantial Improvement		
☐	Accessory Structure		

ESTIMATED COST OF PROJECT

$ 25,000

B. Other Development Activities

☐ Clearing ☐ Fill ☐ Mining ☐ Drilling ☐ Grading

☐ Excavation (*except for structural development checked above*)

☐ Water Course Alterations *(including dredging/channel modifications)*

☐ Drainage Improvement *(including culverts)*

☐ Road, Street & Bridge Construction

☐ Subdivision *(new or expansion)*

☐ Individual Water or Sewer System

☒ Other: Garage

AFTER COMPLETING SECTION 2, APPLICANT SHOULD SUBMIT FORMS TO BOROUGH OF WEST CAPE MAY FLOODPLAIN MANAGER FOR REVIEW

SECTION 4: Forms which may be required by the Floodplain Manager

The following additional document may be required prior to the issuance of a Certificate of Occupancy (C.O.):

1. V and Coastal A Zones require a V Zone Certificate provided by a Professional Engineer.

2. A Breakaway Wall Certificate provided by a Professional Engineer is required where the floor below the finished floor is enclosed.

3. Prior to the issuance of a C.O., the Applicant shall submit a completed Non-conversion Agreement, if applicable, to the Floodplain Manager and copy to the Tax Assessor's Office.

SECTION 5: AS-BUILT ELEVATIONS (to be submitted by Applicant before Certificate of Compliance is issued)

The following information must be provided for structures that are part of this Application. The section must be completed by a professional engineer or licensed land surveyor (or they may attach a certification to the Application). COMPLETE 1 & 2

1. Actual (AS-BUILT) Elevation of the top of the lowest floor, including basement (In Coastal High Hazard Areas), bottom of lowest horizontal structural member of the lowest floor, (excluding pilings and columns) is:_____ ft.

2. Actual (AS-BUILT) Elevation of flood proofing protection is_____ ft. NGVD (MSL)

SECTION 6: CERTIFICATE OF COMPLIANCE

CERTIFICATE OF COMPLIANCE ISSUED:_____

By Date