



Date Issued 12/28/2020  
 Control # 13866  
 Permit # 20200342

**CONSTRUCTION PERMIT NOTICE**

Block 89 Lot 5 Qualifier \_\_\_\_\_

Work Site Location:

**600 BRADLEY BLVD  
 Borough of Bradley Beach NJ, 07720**

Authorized for:

- Building
- Plumbing
- Elevator Devices
- Other
- Electrical
- Fire Protection
- Demolition

Description of Work:

**ADDITION RENOVATION  
 PORCH ADDITION AND REHAB**

This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate.

*U.C.C F180 Eq (rev. 3/03)*

**N.J.DIVISION OF  
 CONSUMER AFFAIRS RULE:  
 N.J.A.C. 13:45A - 16.2(a)10.ii**

**FOR INSPECTION ON CONSTRUCTION PERMITS FOR:**

- BUILDING
- ELECTRIC
- PLUMBING
- FIRE PROTECTION
- OR
- ELEVATOR

**FINAL PAYMENT TO THE CONTRACTOR  
 IS NOT REQUIRED TO BE MADE  
 BEFORE A FINAL INSPECTION  
 IS PERFORMED**



# CONSTRUCTION PERMIT

Date Issued 12/28/2020  
 Control # 13866  
 Permit # 20200342

IDENTIFICATION Block: 89 Lot: 5 Qualifier \_\_\_\_\_  
 Work Site Location: 600 BRADLEY BLVD Borough of Bradley Beach, NJ 07720 Contractor ROCON CONSTRUCTION GROUP  
 Address 705 ROUTE 71 BRIELLE NJ 08730  
 Owner in Fee DENNIS & SHARON LUBA  
600 BRADLEY BLVD BRADLEY BEACH NJ 07720 Telephone: (732) 528-4710  
 Telephone: (732) 615-9837 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
 Federal Employee. No. 27-2979063

**Is hereby granted permission to perform the following work:**

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

**DESCRIPTION OF WORK:**

ADDITION, RENOVATION PORCH ADDITION AND REHAB  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.**  
**Estimated Cost of Work** \$74,375

\_\_\_\_\_  
 Construction Official      Date

U.C.C. F170  
 equiv (rev 1/04)

- 1 WHITE - INSPECTOR      2 CANARY - OFFICE      3 PINK - TAX ASSESSOR      4 GOLD - APPLICANT

PAYMENTS (Office Use Only)	
Building	\$1,319
Electrical	\$350
Plumbing	\$335
Fire Protection	\$120
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$120
CO Fee	\$212.00
Other	\$0
<b>Total</b>	<b>\$2,456</b>
Check No.	210071
Cash	\$0
Credit	\$0
Collected By	Kathleen Muscillo

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

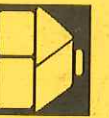
- Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
- A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".
- A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.





# BUILDING SUBCODE TECHNICAL SECTION



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

Block 89 Lot 5 Qualification Code \_\_\_\_\_  
Work Site Location 600 Bradley Boulevard

Owner In Fee: Dennis & Sharon Lubra

Tel: (732) 615-9837 e-mail dlubralub@comcast.net

Address 600 Bradley Boulevard e-mail \_\_\_\_\_  
Bradley Beach

Contractor: Rocco Construction Group Inc Tel: (732) 528-4710 zip code \_\_\_\_\_  
705 Route 71 e-mail D.Roberts@rcocn.com

Address Brielle NJ 08780 e-mail \_\_\_\_\_

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13NH06188005

Federal Emp. ID No. 27-2979068 FAX: (\_\_\_\_) \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required				Footing					
<input checked="" type="checkbox"/> All	<u>12/20/07</u>			Footing Bonding					
<input type="checkbox"/> Footings/Foundations				Foundation					
<input type="checkbox"/> Structural/Framework				Slab					
<input type="checkbox"/> Exterior				Frame					
<input type="checkbox"/> Interior				Truss Sys./Bracing					
Joint Plan Review Required:				Barrier-Free					
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator				Insulation					
SUBCODE APPROVAL for PERMIT				Finishes -Base Layer					
Date:				Finishes -Final					
Approved by:				Energy					
SUBCODE APPROVAL for CERTIFICATE				Mechanical					
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA				TCO					
Date:				Other					
Approved by:				Final					
				Barrier-Free					

### B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories 2

Height of Structure \_\_\_\_\_ ft.

Area — Largest Floor \_\_\_\_\_ sq. ft.

New Bldg. Area/All Floors 391 sq. ft.

Volume of New Structure 3510 cu. ft.

Max. Live Load \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

If Industrialized Building: State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Est. Cost of Bldg. Work:

- New Bldg. \$ \_\_\_\_\_
- Rehabilitation \$ \_\_\_\_\_
- Total (1+2) \$ \_\_\_\_\_

### C. CERTIFICATION IN LIEU OF OATH

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

Signature \_\_\_\_\_

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	HEIGHT (exceeds 6') Sq. Ft.	FEE (Office Use Only)
<input checked="" type="checkbox"/> New Building		
<input checked="" type="checkbox"/> Addition		
<input checked="" type="checkbox"/> Rehabilitation		
<input type="checkbox"/> Roofing		
<input type="checkbox"/> Siding		
<input type="checkbox"/> Fence		
<input type="checkbox"/> Sign		
<input type="checkbox"/> Pool		
<input type="checkbox"/> Retaining Wall		
<input type="checkbox"/> Asbestos Abatement Subchapter 8		
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17		
<input type="checkbox"/> Radon Remediation		
<input type="checkbox"/> Other		
<input type="checkbox"/> Demolition		

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

Date Received 11/5/2020  
Control # 128100  
Date Issued 12/28/2020  
Permit # 20200342





# ELECTRICAL SUBCODE TECHNICAL SECTION



R5 VB

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

Block 89 Lot 5 Qualification Code \_\_\_\_\_

Work Site Location 600 Bradley Blvd

Owner in Fee: Deans & Shores Luba

Tel. (732) 615-9837 e-mail dluba11701@gmail.com

Address 600 Bradley Blvd, Bentley Beach

Contractor: PK ELECTRIC LLC Tel. (732) 558 3999

Address 407 Green View Way e-mail pkelectric@gmail.com

Contractor License No. 13061 Exp. Date 03/2021

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

Federal Emp. ID No. 174275221 FAX: (844) 558 5550

## B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

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

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 90000

## JOB SUMMARY (Office Use Only)

PLAN REVIEW 11/18/2012 INSPECTIONS \_\_\_\_\_

[ ] No Plans Required \_\_\_\_\_

[ ] Partial -Under-slab Utilities Approved \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

[ ] Electric-Plans Approved \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required: \_\_\_\_\_

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev. \_\_\_\_\_

SUBCODE APPROVAL for PERMIT \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE \_\_\_\_\_

[ ] CO [ ] CCO [ ] CA \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: PETER KAGALA

[ ] Licensed Elec. Contractor [ ] Certifd Landscape Irrigation Contr [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: NEW 200A 100A BREAKERS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
21		Lighting Fixtures	
15		Receptacles	
13		Switches	
5		Detectors	
5		Light Poles	
9		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
74		TOTAL NUMBERS	\$ <u>76</u>
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	25
1		HP Garbage Disposal	25
2		KW Central A/C Unit	70
2		HP/KW Space Heater/Air Handler	70
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	200	AMP Subpanels	75
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_





# PLUMBING SUBCODE TECHNICAL SECTION



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

Block 89 Lot 5 Qualification Code \_\_\_\_\_  
Work Site Location 600 Bradley Boulevard

Owner in Fee: Dennis & Sharon Luba

Tel. ( 938 ) 605-9837 e-mail dluba11701@gmail.com

Address 600 Bradley Blvd Bradley Beach  
street municipality zip code

Contractor: \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_  
street municipality zip code

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

### B. PLUMBING CHARACTERISTICS

Use Group Present Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Septic \_\_\_\_\_  
Est. Cost of Plumbing Work \$ \_\_\_\_\_ Private Well \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Slab	_____	_____	_____	_____
<input type="checkbox"/> Partial - Under-slab Utilities Approved	Rough	_____	_____	_____	_____
Date: _____ Approved by: _____	Water	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved	Sewer	_____	_____	_____	_____
Date: _____ Approved by: _____	Fixtures	_____	_____	_____	_____
Joint Plan Review Required:	Gas Equipment	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Gas Piping	_____	_____	_____	_____
SUBCODE APPROVAL FOR PERMIT	LP Gas Tank	_____	_____	_____	_____
Date: _____	Fuel Oil Piping	_____	_____	_____	_____
Approved by: _____	Solar	_____	_____	_____	_____
SUBCODE APPROVAL FOR CERTIFICATE	TCO	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Final	_____	_____	_____	_____
Date: _____					
Approved by: _____					

### C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: \_\_\_\_\_

Date Received 11/5/2020  
Control # 38116  
Date Issued 12/28/2020  
Permit # 20200302

### D. TECHNICAL SITE DATA

Licensed Plumbing Contractor  Exempt Applicant

DESCRIPTION OF WORK Addition/Renovation 5F Home

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

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>





# FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 89 Lot 5 Qualification Code \_\_\_\_\_  
Work Site Location 600 Bradley Blvd

Owner in Fee: DeVito & Shores LLC

Tel: (732) 645-9837 e-mail: dluba1701@msn.com

Address: 600 Bradley Blvd Bradley Beach

Contractor: SH Enterprises LLC Tel: (732) 697-2253

Address: 1210 State Rt 33 e-mail: \_\_\_\_\_

Address: Forrnobile NJ 07727

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): 13VH2721700

Federal Emp. ID No. 800640626 FAX: ( ) \_\_\_\_\_

### B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_

Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_

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

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

Location: \_\_\_\_\_

Total Cost of Fire Protection Work \$ 3775

PLAN REVIEW	INSPECTIONS
1. No Plans Required	Alarm System
2. Partial Understudy Limits Approved	Suppression Sys.
3. Approved by _____	Standpipe
4. Fire Protection Plans Approved	Fire Pump
5. Approved by _____	Pre-Eng. System
6. Joint Plan Review Required	Mechanical
7. [ ] Elec. [ ] Plum. [ ] Elev.	Smoke Control
8. SUBCODE APPROVAL FOR PLANNING	TBD
9. Date: _____	Plant Combust. Tanks
10. Approved by _____	Fireplace Heating
11. SUBCODE APPROVAL FOR OPERATING	Final
12. [ ] Gas [ ] Oil [ ] Electric	Other
13. Date: _____	
14. Approved by _____	

Date Received 11/5/2020  
Control # 13866  
Date Issued 12/28/2020  
Permit # 20200342

**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: Steph Carter

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

DESCRIPTION OF WORK: Replace 2x gas valves, gas lines, furnace

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

Flammable/Combustible Tanks \_\_\_\_\_

Alarm Systems [ ] System \_\_\_\_\_

[X] 110V Interconnected \_\_\_\_\_

CO Detectors/110V \_\_\_\_\_

Alarm Devices (i.e., smoke, heat, pulls, water/flow) \_\_\_\_\_

Supervisory Devices (i.e., tamper, low/high air) \_\_\_\_\_

Signaling Devices (i.e., horn/strobes, bells) \_\_\_\_\_

Other Devices \_\_\_\_\_

TOTAL \_\_\_\_\_

Suppression Systems \_\_\_\_\_

Fire Pump \_\_\_\_\_ GPM Type \_\_\_\_\_

Dry Pipe/Alarm Valves \_\_\_\_\_

Pre-action Valves \_\_\_\_\_

Sprinkler Heads (Dry and Wet) \_\_\_\_\_

Standpipes \_\_\_\_\_

Pre-engineered Systems \_\_\_\_\_

Wet Chemical \_\_\_\_\_

Dry Chemical \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

FMA200 Suppression \_\_\_\_\_

Other \_\_\_\_\_

Other Systems \_\_\_\_\_

Kitchen Hood Exhaust System \_\_\_\_\_

Smoke Control System \_\_\_\_\_

Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid \_\_\_\_\_

Fireplace Venting/Metal Chimney \_\_\_\_\_

NUMBER \_\_\_\_\_

FEE (Office Use Only) \$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_





# PERMIT UPDATE

Date Update Issued 12/28/2020  
 Control # 13866+A  
 Permit # 20200342+A

IDENTIFICATION Block: 89 Lot: 5 Qualifier \_\_\_\_\_  
 Work Site Location: 600 BRADLEY BLVD Borough of Bradley Beach, NJ 07720 Contractor ROCON CONSTRUCTION GROUP  
 Address 705 ROUTE 71 BRIELLE NJ 08730  
 Owner in Fee DENNIS & SHARON LUBA  
600 BRADLEY BLVD BRADLEY BEACH NJ 07720 Telephone: (732) 528-4710  
 Telephone: (732) 615-9837 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
 Federal Employee. No. 27-2979063

**Is hereby granted permission to perform the following work:**

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

**DESCRIPTION OF WORK:**

HVAC UPDATE: HVAC X2  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Estimated Cost of Work** \$6,750

\_\_\_\_\_  
 Construction Official      Date

U.C.C. F170  
 equiv (rev 1/04)

- 1 WHITE - INSPECTOR      2 CANARY - OFFICE      3 PINK - TAX ASSESSOR      4 GOLD - APPLICANT

PAYMENTS (Office Use Only)	
Building	\$0
Electrical	\$104
Plumbing	\$224
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$12
CO Fee	\$33.00
Other	\$0
<b>Total</b>	<b>\$373</b>
Check No.	210071
Cash	\$0
Credit	\$0
Collected By	Kathleen Muscillo

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

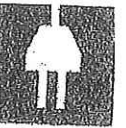
A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.





# ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 39 Lot 5 Qualification Code \_\_\_\_\_  
Work Site Location 600 Bradley Blvd

Owner In Fee: YEDUIS & SHARON LUBA

Tel: 732 615-9837 e-mail: dlubal@170120.MSN.COM

Address 600 Bradley Blvd Bradley Beach

Contractor: SP Enterprises LLC Municipality \_\_\_\_\_ Tel: 732 687-0255 zip code \_\_\_\_\_  
Address 1210 State St 33 e-mail \_\_\_\_\_

Contractor License No. 19HC0090700000 Exp. Date 6/30/2020

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. 800640626 FAX: \_\_\_\_\_

### B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Est. Cost of Elec. Work \$ 5375

DATE	APPROVED BY	REASON	DATE	APPROVED BY	REASON
1/1/20	[Signature]	Initial Approval	1/1/20	[Signature]	Final Approval
1/1/20	[Signature]	Final Approval	1/1/20	[Signature]	Final Approval

### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.  
Applicant sign/Contractor sign and seal here:

Print name here: Stela Horvath

I am licensed Elec. Contractor. I Certify Landscape Irrigation Contr. I am Exempt Applicant.

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:	QTY.	SIZE	ITEMS
Lighting Fixtures			
Receptacles			
Switches			
Detectors			
Light Poles			
Motors—Fract. HP			
Emergency & Exit Lights			
Communications Points			
Alarm Devices/F.A.C. Panel			
TOTAL NUMBERS	0		

*Whip Only*

DATE	APPROVED BY	REASON	DATE	APPROVED BY	REASON
1/1/20	[Signature]	Initial Approval	1/1/20	[Signature]	Final Approval
1/1/20	[Signature]	Final Approval	1/1/20	[Signature]	Final Approval

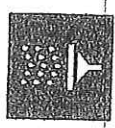
Administrative Surcharge	\$
Minimum Fee	\$
State Permit Surcharge Fee	\$
TOTAL FEE	\$

Date Received 11/5/2020  
Control # 138000119  
Date Issued 12/28/2020  
Permit # 2020034244





# PLUMBING SUBCODE TECHNICAL SECTION



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

Block 39 Lot 5 Qualification Code \_\_\_\_\_  
 Work Site Location 600 Bradley Ave

Owner in Fee: DeVuis & Sharon Luba

Tel. 732 615-9837 e-mail duball1701@gmail.com

Address 600 Bradley Municipality Bradley Park

Contractor: SH Enterprises LLC Tel. 732 687-0253

Address 1210 State rt 33 e-mail \_\_\_\_\_

Contractor License No. 19MC0090700 Exp. Date 6/30/2022

Home Improvement Contractor Registration No. or Exemption Reason 13H0672700

Federal Emp. ID No. 800640626 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 \$ 3375

PLAN REVIEW	INSPECTIONS	TESTS (Quantity)
1. No Plans Reviewed	1. No Plans Reviewed	
2. Plans Reviewed	2. No Plans Reviewed	
3. Plans Reviewed	3. No Plans Reviewed	
4. Plans Reviewed	4. No Plans Reviewed	
5. Plans Reviewed	5. No Plans Reviewed	
6. Plans Reviewed	6. No Plans Reviewed	
7. Plans Reviewed	7. No Plans Reviewed	
8. Plans Reviewed	8. No Plans Reviewed	
9. Plans Reviewed	9. No Plans Reviewed	
10. Plans Reviewed	10. No Plans Reviewed	
11. Plans Reviewed	11. No Plans Reviewed	
12. Plans Reviewed	12. No Plans Reviewed	
13. Plans Reviewed	13. No Plans Reviewed	
14. Plans Reviewed	14. No Plans Reviewed	
15. Plans Reviewed	15. No Plans Reviewed	
16. Plans Reviewed	16. No Plans Reviewed	
17. Plans Reviewed	17. No Plans Reviewed	
18. Plans Reviewed	18. No Plans Reviewed	
19. Plans Reviewed	19. No Plans Reviewed	
20. Plans Reviewed	20. No Plans Reviewed	
21. Plans Reviewed	21. No Plans Reviewed	
22. Plans Reviewed	22. No Plans Reviewed	
23. Plans Reviewed	23. No Plans Reviewed	
24. Plans Reviewed	24. No Plans Reviewed	
25. Plans Reviewed	25. No Plans Reviewed	
26. Plans Reviewed	26. No Plans Reviewed	
27. Plans Reviewed	27. No Plans Reviewed	
28. Plans Reviewed	28. No Plans Reviewed	
29. Plans Reviewed	29. No Plans Reviewed	
30. Plans Reviewed	30. No Plans Reviewed	
31. Plans Reviewed	31. No Plans Reviewed	
32. Plans Reviewed	32. No Plans Reviewed	
33. Plans Reviewed	33. No Plans Reviewed	
34. Plans Reviewed	34. No Plans Reviewed	
35. Plans Reviewed	35. No Plans Reviewed	
36. Plans Reviewed	36. No Plans Reviewed	
37. Plans Reviewed	37. No Plans Reviewed	
38. Plans Reviewed	38. No Plans Reviewed	
39. Plans Reviewed	39. No Plans Reviewed	
40. Plans Reviewed	40. No Plans Reviewed	
41. Plans Reviewed	41. No Plans Reviewed	
42. Plans Reviewed	42. No Plans Reviewed	
43. Plans Reviewed	43. No Plans Reviewed	
44. Plans Reviewed	44. No Plans Reviewed	
45. Plans Reviewed	45. No Plans Reviewed	
46. Plans Reviewed	46. No Plans Reviewed	
47. Plans Reviewed	47. No Plans Reviewed	
48. Plans Reviewed	48. No Plans Reviewed	
49. Plans Reviewed	49. No Plans Reviewed	
50. Plans Reviewed	50. No Plans Reviewed	

U.C.C. F130 (rev. 10/17)

*OC*

**C. CERTIFICATION IN LIEU OF OATH**  
 I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.  
 Applicant sign/Contractor sign and seal here: \_\_\_\_\_  
 Print name here: Stephan Horvath

**D. TECHNICAL SITE DATA**  
 Licensed Contractor  Exempt Applicant

DESCRIPTION OF WORK	QTY.	FEE (Office Use Only)
<u>Replace gas Furnace + A/C XL</u>		
Fixture/Equipment		
Water Closet		
Urinal/Bidet		
Bath Tub		
Lavatory		
Shower		
Floor Drain		
Sink		
Dishwasher		
Drinking Fountain		
Washing Machine		
Hose Bibb		
Water Heater		
Fuel Oil Piping		
Gas Piping		
LP Gas Tank		
Steam Boiler		
Hot Water Boiler		
Sewer Pump		
Interceptor/Separator		
Backflow Preventer		
Grastrap		
Sewer Connection		
Water Service Connection		
Other <u>ALC, Furnace coil XL</u>		

Date Received 11/5/2020  
 Control # 1380041A  
 Date Issued 12/28/2020  
 Permit # 2020034249

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