



**PLUMBING SUBCODE
TECHNICAL SECTION**



306

Date Received
Control # 13064
4/30/19
Date Issued
Permit # E 20190016

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

Block 78 Lot 14 Qualification Code _____
 Work Site Location 306 Monmouth Ave
Bradley Beach NJ 07720
 Owner in Fee: Hal Cotler
 Tel. (732) 539-1681 e-mail _____
 Address same
 Contractor: Philip Anico & Sons Tel. (732) 995-0707
 Address 301 PROSPECT AVE e-mail _____
NEPTUNE NJ 07753
 Contractor License No. 9099 Exp. Date 6/30/19
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: (_____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present RS Proposed RS
 Building Sewer Size _____ Public Sewer _____ Private Septic _____
 Water Service Size _____ Public Water _____ Private Well _____
 Est. Cost of Plumbing Work \$ 8,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			Initial
		Failure	Failure	Approval	
<input type="checkbox"/> No Plans Required	Type:				
<input type="checkbox"/> Partial -Underslab Utilities Approved	Slab			<u>7-2-19</u>	<u>AK</u>
Date: _____ Approved by: _____	Rough				
<input checked="" type="checkbox"/> Plumbing Plans Approved	Water				
Date: _____ Approved by: _____	Sewer				
Joint Plan Review Required:	Fixtures				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Gas Equipment				
SUBCODE APPROVAL for PERMIT	Gas Piping				
Date: <u>4-16-19</u>	LPGas Tank				
Approved by: <u>[Signature]</u>	Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE	Solar				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	TCO _____				
Date: _____					
Approved by: _____					

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW CONSTRUCTION
OWNER UNSURE IF GAS OR ELECTRIC
IF GAS will provide UPDATE & Diagram

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>1</u>	Water Closet	\$ <u>10</u>
<u>1</u>	Urinal/Bidet	
<u>1</u>	Bath Tub	<u>10</u>
<u>1</u>	Lavatory	<u>10</u>
	Shower	
	Floor Drain	
<u>1</u>	Sink	<u>10</u>
<u>1</u>	Dishwasher	<u>10</u>
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
<u>1</u>	Water Heater	<u>20</u>
	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 <u>(2)</u>	<u>20</u>
<u>1</u>	Other <u>Building Drain</u>	<u>65</u>
<u>1</u>	Other <u>WATER LID</u>	<u>65</u>

10 ft head

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.

[Signature]

Applicant's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor Exempt Applicant

Administrative Surcharge \$ 200
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
 TOTAL FEE \$ _____



**PLUMBING SUBCODE
TECHNICAL SECTION**



Date Received
Control #

Date Issued 4/30/19
Permit # 20190016

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

Block 78 Lot 14 Qualification Code _____
Work Site Location 306 Monmouth Ave
Bradley Beach NJ 07720

Owner in Fee: Hal Cotter
Tel. (____) _____ e-mail _____

Address Same
Contractor: COAST HEATING AND AIR Tel. (202) 889-6092

Address 883 West Park Ave #218 e-mail _____
Ocean Twp NJ
Contractor License No. 13VH03061200 Exp. Date 12/19

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 _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 2500

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: Peter H. McQuinn
Print name here: Peter H. McQuinn
[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install 1 zone HVAC system for new garage apartment

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	_____
<u>1</u>	Stacks <u>AC</u>	_____
<u>1</u>	Other <u>Furnace/Condensor</u>	_____

JOB SUMMARY (Office Use Only)		Dates (Month/Day)			
PLAN REVIEW		Failure	Failure	Approval	Initial
[<input checked="" type="checkbox"/>] No Plans Required					
[<input type="checkbox"/>] Partial -Underslab Utilities Approved					
Date: _____	Approved by: _____				
[<input type="checkbox"/>] Plumbing Plans Approved					
Date: _____	Approved by: _____				
Joint Plan Review Required:					
[<input type="checkbox"/>] Bldg. [<input type="checkbox"/>] Elec. [<input type="checkbox"/>] Fire. [<input type="checkbox"/>] Elev.					
SUBCODE APPROVAL for PERMIT					
Date: <u>4-16-19</u>	Approved by: <u>[Signature]</u>				
SUBCODE APPROVAL for CERTIFICATE					
[<input type="checkbox"/>] CO [<input type="checkbox"/>] CCO [<input type="checkbox"/>] CA					
Date: _____	Approved by: _____				

Administrative Surcharge \$ 60
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received
Control # 13064
Date Issued 4/30/19
Permit # 20190016

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

Block 78 Lot 14 Qualification Code _____
 Work Site Location 306 Monmouth Ave
Bradley Beach, NJ 07720
 Owner in Fee: Hal Cotler
 Tel. (732) 539-1681 e-mail _____
 Address same
 Contractor: Coastal Development street municipality zip code
 Tel. (732) 263-1703
 Address 284 Park Ave e-mail coastaldevelopment
Oakhurst NJ 07755 @icloud.com
 Contractor License No. or Builder Registration No. 13VH00030500 Exp. Date 3/20
 Home Improvement Contractor Registration No. (if applicable): _____
 Federal Emp. ID No. 22-3411265 FAX: (732) 263-1706

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]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

demo existing 2 car garage,
build new 2 car garage w/
apartment above, as per plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required			Type:	Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/> All	<u>1/22/19</u>	<u>RJC</u>	Footing			<u>2/8/19</u>	<u>RJC</u>
<input type="checkbox"/> Footings/Foundations			Footing Bonding			<u>2/8/19</u>	<u>RJC</u>
<input type="checkbox"/> Structural/Framework			Foundation				
<input type="checkbox"/> Exterior			Slab	<u>2/2/19</u>			
<input type="checkbox"/> Interior			Frame				
Joint Plan Review Required:			Truss Sys./Bracing	<u>Backfill</u>		<u>2/16/19</u>	<u>RJC</u>
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Barrier-Free				
SUBCODE APPROVAL for PERMIT			Insulation				
Date: <u>1/22/19</u>			Finishes -Base Layer	<u>sheath</u>		<u>2/3/19</u>	<u>RJC</u>
Approved by: <u>[Signature]</u>			Finishes -Final				
SUBCODE APPROVAL for CERTIFICATE			Energy				
<input checked="" type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Mechanical				
Date: _____			TCO				
Approved by: _____			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 R5 Proposed R5 Constr. Class Present _____ Proposed _____
 No. of Stories 2 1/2
 Height of Structure 24 1/2 ft. If Industrialized Building: State Approved _____ HUD _____
 Area — Largest Floor 600 sq. ft. Est. Cost of Bldg. Work:
 New Bldg. Area/All Floors 1200 sq. ft. 1. New Bldg. \$ 85,000
 Volume of New Structure 12,810 cu. ft. 2. Rehabilitation \$ 0
 Max. Live Load _____ 3. Total (1+2) \$ 85,000
 Max. Occupancy Load _____

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



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received 4-22-19
Control # 13097
Date Issued
Permit # 2019-0114

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

Block 78 Lot 14 Qualification Code _____
Work Site Location 306 Monmouth Ave
Bradley Beach NJ 07720
Owner in Fee: Hal Carter
Tel. (____) _____ e-mail _____
Address same
Contractor: Coastal Development Tel. (732) 513-1200
Address 284 Park Ave e-mail coastaldevelopment
Oakhurst NJ 07755 @icloud.com
Contractor License No. or Builder Registration No. 13U400030500 Exp. Date 3/20
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-3411265 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: [Signature]

Print name here: Michael Haber

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

demolition of existing 2 car garage

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
<input checked="" type="checkbox"/> No Plans Required	<u>4/23/19</u>	<u>[Signature]</u>	Type:			
<input type="checkbox"/> All			Footing			
<input type="checkbox"/> Footings/Foundations			Footing Bonding			
<input type="checkbox"/> Structural/Framework			Foundation			
<input type="checkbox"/> Exterior			Slab			
<input type="checkbox"/> Interior			Frame			
			Truss Sys./Bracing			
			Barrier-Free			
Joint Plan Review Required:			Insulation			
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes -Base Layer			
SUBCODE APPROVAL for PERMIT			Finishes -Final			
Date: <u>4/23/19</u>			Energy			
Approved by: <u>[Signature]</u>			Mechanical			
SUBCODE APPROVAL for CERTIFICATE			TCO			
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input checked="" type="checkbox"/> CCA			Other			
Date: <u>5/5/19</u>			Final			<u>5/5/19 [Signature]</u>
Approved by: <u>[Signature]</u>			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories 1
Height of Structure +/- 15 ft.
Area — Largest Floor 436 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) \$ 5500

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

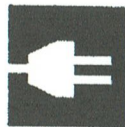
FEE (Office Use Only)

\$ _____

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received Control # 13064 412019 Date Issued Permit # 20190116

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

Block 78 Lot 14 Qualification Code Work Site Location 306 Monmouth Ave Bradley Beach, NJ 07720 Owner in Fee: Hal Carter Tel. (732) 539-1681 e-mail Address same

Contractor: REC ELECTRIC INC Tel. (732) 9765310 Address 65 MARYLAND AVE WLB NJ 07764 ELWEAVER@COMCAST.NET Contractor License No. 11517 Exp. Date 3/21 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Federal Emp. ID No. 205095740 FAX: ()

B. ELECTRICAL CHARACTERISTICS Use Group Present RS Proposed RS Pole/Pad # Temporary Other Building Occupied as Utility Co. Est. Cost of Elec. Work \$ 5000

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: Eugene L Weaver Jr Print name here: EUGENE L WEAVER JR [X] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: electric for new garage + 1bed apartment

Table with columns: QTY., SIZE, ITEMS. Includes items like Lighting Fixtures, Receptacles, Switches, Detectors, Light Poles, Motors—Fract. HP, Emergency & Exit Lights, Communications Points, Alarm Devices/F.A.C. Panel, and TOTAL NUMBERS.

Table for FEE (Office Use Only) with handwritten entries: \$ 45, \$ 10, \$ 10, \$ 10, \$ 10, \$ 10, \$ 46, \$ 141.

JOB SUMMARY (Office Use Only) PLAN REVIEW and INSPECTIONS table with checkboxes for No Plans Required, Partial -Underslab Utilities Approved, Electric Plans Approved, etc.

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



**FIRE PROTECTION SUBCODE
TECHNICAL SECTION**



Date Received
Control #

Date Issued
Permit #

4/30/19
20190014

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

Block 78 Lot 14 Qualification Code _____
 Work Site Location 306 Monmouth Ave
Bradley Beach NJ 07720
 Owner in Fee: Hal Costler

Tel. (____) _____ e-mail _____

Address Same

Contractor: Coastal Development Tel. (732) 263-1703

Address 281 Park Ave e-mail coastaldevelopment
Oakhurst NJ 07755 @icloud.com

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): 13VH00030500
 Federal Emp. ID No. 22-3411265 FAX: (732) 263-1706

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 \$ 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: _____

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: Michael Hader

D. TECHNICAL SITE DATA Certified Contractor Exempt Applicant

DESCRIPTION OF WORK: WATER HEATER/FURNACE
 Water Supply Source Smoke Det/CO
 Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) \$
Flammable/Combustible Tanks	_____	_____
Alarm Systems		
<input type="checkbox"/> System	_____	_____
<input checked="" type="checkbox"/> 110v Interconnected	_____	_____
<input type="checkbox"/> CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	<u>3</u>	<u>65.-</u>
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 <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid	<u>1</u>	<u>92.-</u>
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Alarm System	_____	_____	_____	_____
<input type="checkbox"/> Partial -Underslab Utilities Approved		Suppression Sys.	_____	_____	_____	_____
Date: _____ Approved by: _____		Standpipe	_____	_____	_____	_____
<input checked="" type="checkbox"/> Fire Protection Plans Approved		Fire Pump	_____	_____	_____	_____
Date: <u>4/12/19</u> Approved by: <u>[Signature]</u>		Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev.		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____	_____
Date: _____		Flam/Combust Tanks	_____	_____	_____	_____
Approved by: _____		Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Other _____	_____	_____	_____	_____
Date: _____						
Approved by: _____						

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