

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 223 N SURREY AVE Ventnor City NJ 08406

2. Name of Owner in Fee: PAGANO, PETER & PATRICIA Tel: _____

Address: 11 LEOPARD RUN, GLEN MILLS PA 19342

3. Ownership in Fee: Public Private Email: _____ Tel: (609) 457-3890

4. Principal Contractor: Anthony Excavating & Demolition Tel: _____

Address: 22 English Lane Egg Harbor Township, NJ NJ

Email: _____ Exp. Date: _____

License No. OR, if new home, Builder Reg. No.: _____

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

Federal Em. ID No. _____ Fax: _____

5. Architect or Engineer _____ Contact: _____

Address: _____ e-mail: _____

Tel: _____ Fax: _____

6. Responsible Person in Charge once Work has Begun _____

Tel: _____ Fax: _____

V. FEE SUMMARY (for office use only)

1. Building	150	Update	Update
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	150		
7. Less 20% for State Plan Review			
8. Subtotal	150		
9. State Permit Surcharge Fee			
10. Subtotal	150		
11. Cert of Occupancy			
12. Other			
13. TOTAL	150		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ (office use only)

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 _____ sq. ft.

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

Repair Alteration Renovation

Asbestos Abat. Subch. 8 Lead Hazard Abatement Radon Remediation Annual Permit

IIb. SUBCODES
(Check all that apply)

Building Electrical Plumbing Fire Protection Elevator

Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Reviewer	Resubmission Approval	Rejection	Reviewer
12900								
FOR OFFICE USE ONLY (Optional)								

TOTAL COST: 12900

III. PLAN REVIEW (optional)

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

DO YOU WANT:

1. Partial Releases Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks Refrigeration Systems Smoke Control Systems in Open Wells Fire Alarm

2. Prototype Processing High Pressure Boiler Hazardous Uses/Places of Assembly Sprinklers Underground Storage Tanks Swimming Pools, Spas and Hot Tubs LP Gas Tanks

D. Construction Classification: _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group: R-5

3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: _____ *Income-restricted*

Before Construction: All Units

After Construction: _____

Net Gain or Loss: -1

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group: R-5

3. Change in Use Group, Indicate Former: _____

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



CONSTRUCTION PERMIT

Date Issued: 2/6/2019
 Control #: C-19-00090
 Permit #: 201900047

IDENTIFICATION Block: 149 Lot: 15
 Work Site Location: 223 N SURREY AVE Ventnor City, NJ 08406
 Contractor: Anthony Excavating & Demolition
 Address: 22 English Lane Egg Harbor Township, NJ NJ
 Owner in Fee: PAGANO, PETER & PATRICIA
 11 LEOPARD RUN GLEN MILLS PA 19342
 Telephone: (609) 457-3890
 Lic. No. or Bids. Reg. No. _____
 Federal Employee, No. _____
 Telephone: _____
 Telephone: _____

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

DEMOLITION OF 2 STORY RESIDENCE

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 \$12,900

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	\$150
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	\$0
Other	\$0
Total	\$150
Check No.	6640
Cash	\$0
Credit	\$0
Collected By	Summer Renzi

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:
- 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.
 - Foundations and all walls up to grade level prior to back filling.
 - 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.
 - 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; 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



Date Received 1/29/2019
 Control # C-19-00090
 Date Issued 2/6/2019
 Permit # 201900047

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
 Block 149 Lot 15 Qualification Code _____
 Work Site Location: 223 N SURREY AVE, Ventnor City, NJ 08406

Owner in Fee: PAGANO, PETER & PATRICIA

Address 11 LEOPARD RUN, GLEN MILL, PA 19342

Tel. _____ Email _____

Contractor: Anthony Excavating & Demolition

Address 22 English Lane, Egg Harbor Township, NJ, NJ

Tel. (609) 457-3890 Fax _____

Contractor License No. or, if new home, Bids Reg. No. _____ Exp. _____

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

Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
<input type="checkbox"/> No Plan Required	_____	_____
<input type="checkbox"/> All	_____	_____
<input type="checkbox"/> Footing/Foundation	_____	_____
<input type="checkbox"/> Struct/Framework	_____	_____
<input type="checkbox"/> Exterior	_____	_____
<input type="checkbox"/> Interior	_____	_____
<input type="checkbox"/> Joint Plan Review Required	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator	_____	_____
SUBCODE APPROVAL for PERMIT		
Date: _____		
Approved by: _____		
SUBCODE APPROVAL for CERTIFICATE		
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> 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	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5 If Industrial Building: _____
 Constr. Class Present Proposed _____ State Approved _____
 Number of Stories _____ HUD _____
 Height of Structure _____ Ft. **Est. Cost of Bldg. Work:** _____
 Area - Largest Floor _____ Sq. Ft. 1. New Bldg. _____
 New Bldg. Area / All Floors _____ Sq. Ft. 2. Rehabilitation _____
 Volume of New Structure _____ Cu. Ft. 3. Total (1+2) \$12,900
 Total Land Area Disturbed _____ Sq. Ft.

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

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 DEMOLITION OF 2 STORY RESIDENCE

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 \$150



Ventnor City
6201 ATLANTIC AVE
VENTNOR NJ 08406

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 223 N SURREY AVE Ventnor City, NJ 08406 Block: 149 Lot: 15 Qual: _____

Owner in Fee: PAGANO, PETER & PATRICIA

Owner Address: 11 LEOPARD RUN GLEN MILLS PA 19342

Telephone: _____

Contractor: Anthony Excavating & Demolition

Address: 22 English Lane Egg Harbor Township, NJ

Telephone: (609) 457-3890 Fax: _____

License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: State Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - DEMOLITION OF 2 STORY RESIDENCE

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 notice 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: _____

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: _____

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 _____

Certificate of Clearance - Asbestos Abatement
This serves notice that based on written certification, asbestos abatement was performed 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 - 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

Construction Official

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

Date Printed: 2/6/2020

Page 1

Collected By: _____

Check Number: _____

Fee: \$0.00

Date Issued: 3/25/2019
Control Number: C-19-00090
Permit Number: 201900047
Permit Issue Date: 2/6/2019
Certificate Number: 201900047