



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 110 S MELBOURNE AVE Ventnor City NJ 08406

2. Name of Owner in Fee: HASSMAN, DAVID & ZUCKER, JODI Tel. (856) 261-6811

Address: 704 SUNSHINE LAKES DR. VOORHEES, NJ 08043

3. Ownership in Fee: Public Private Email _____ Tel. _____

4. Principal Contractor: JAYFEELD EXCAVATING Tel. (609) 927-0074

Address: 28 S. MT AIRY AVE, EHT, NJ 08234 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. _____ Contact _____ Fax _____

5. Architect or Engineer _____ 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)

<input checked="" type="checkbox"/> Building	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
<input type="checkbox"/> Electrical	19000									
<input type="checkbox"/> Plumbing										
<input type="checkbox"/> Fire Protection										
<input type="checkbox"/> Elevator										
TOTAL COST										
19000										

FOR OFFICE USE ONLY (Optional)

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

2. Prototype Processing High Pressure Boiler Refrigeration Systems

Pressure Vessel Sprinklers Cross-Connections/ Backflow Preventers

Hazradous Uses/Pieces of Assembly Smoke Control Systems in Open Wells Fire Alarm

LP Gas Tanks Undergroud Storage Tanks Swimming Pools, Spas and Hot Tubs

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Spofic Use: _____

2. Use Group: R-5

3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: _____

Before Construction: _____ *All Units restricted*

After Construction: _____

Net Gain or Loss: -2

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): _____

D. Construction Classification: _____

CONSTRUCTION PERMIT



Date Issued: 10/3/2019
 Control #: C-19-00819
 Permit #: 201900487

IDENTIFICATION Block: 40 Lot: 12
 Work Site Location: 110 S MELBOURNE AVE Ventnor City, NJ 08406
 Contractor: JAY FELD EXCAVATING
 Address: 28 S MT AIRY AVE EHT NJ 08234 NJ
 Owner in Fee: HASSMAN, DAVID & ZUCKER, JODI
 Telephone: (609) 927-0074
 Lic. No. or Bldrs. Reg. No.:
 Federal Employee No.:

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: DEMOLITION SINGLE FAMILY DWELLING

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 \$19,000

Construction Official _____ Date _____

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

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

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; 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 40 Lot 12 Qualification Code _____
 Work Site Location: 110 S MELBOURNE AVE Ventnor City, NJ 08406

Owner in Fee: HASSMAN, DAVID & ZUCKER, JODI

Address 704 SUNSHINE LAKES DR VOORHEES NJ 08043

Tel. (856) 261-5811

Email _____

Contractor: JAY FELD EXCAVATING

Email _____

Tel. (609) 927-0074

Fax (609) 788-0795

Contractor License No. or, if new home, Bldrs 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		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	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5 _____ If Industrial Building: _____
 Constr. Class Present _____ Proposed _____ State Approved _____
 Number of Stories _____ Ft. 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) \$19,000
 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 SINGLE FAMILY DWELLING,

TYPE OF WORK	HEIGHT (EXCEEDS 6')	Sq. Ft.	FEE (Office Use Only)
<input type="checkbox"/> New Building	_____	_____	_____
<input type="checkbox"/> Addition	_____	_____	_____
<input 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 checked="" type="checkbox"/> Demolition	_____	_____	\$150

Administrative Surcharge	_____
Minimum Fee	_____
State Permit Surcharge Fee	_____
TOTAL FEE	\$150

Date Received 10/3/2019
 Control # C-19-00819
 Date Issued 10/3/2019
 Permit # 201900487



Ventnor City
6201 ATLANTIC AVE
VENTNOR NJ 08406

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 110 S MELBOURNE AVE Ventnor City, NJ Block: 40 Lot: 12 Qual: 08406

Owner in Fee: HASSMAN, DAVID & ZUCKER, JODI

Owner Address: 704 SUNSHINE LAKES DR VOORHEES NJ 08043

Telephone: (856) 261-5811

Contractor: JAY FELD EXCAVATING

Address: 28 S MT AIRY AVE EHT NJ 08234 NJ

Telephone: (609) 927-0074 Fax: (609) 788-0795

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 SINGLE FAMILY DWELLING

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:

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 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:

Construction Official

Fee: \$0.00

Check Number:

Collected By:
