



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 507 N SOMERSET AVE Ventnor City, NJ

2. Name of Owner in Fee: HARTLEY STEVEN D & HOGAN, CATHY M. Tel. _____

Address: 507 N SOMERSET AVENUE VENTNOR, NJ 08406 NJ

3. Ownership in Fee: Public Private Email _____ Tel. (609) 517-3896

4. Principal Contractor: CRESTVIEW1 Address: NJ Tel. _____ Fax: _____

Email _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

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

Federal Em. ID No. _____ Contact _____ Fax: _____

5. Architect or Engineer _____ e-mail _____

Address _____ 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 (office use only)

- Number of Stories _____
- Height of Structure _____ ft.
- Area - Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Max. Live Load _____
- Max. Occupancy Load _____
- If Industrialized Building: State Approved _____ HUD _____ sq. ft.
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands _____

yes _____ no _____

IIa. PROPOSED WORK

Minor Work New Building Demolition

Repair Alteration Reconstruction

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 Recd by	Date Recd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
<input type="checkbox"/> Electrical	7800									
<input type="checkbox"/> Plumbing										
<input type="checkbox"/> Fire Protection										
<input type="checkbox"/> Elevator										
TOTAL COST		7800								

FOR OFFICE USE ONLY (Optional)

Plans Recd by	Date Recd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
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VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: _____ *Income-restricted*

Before Construction _____
After Construction _____
Net Gain or Loss: -1

B. NON-RESIDENTIAL (primary use)

- State Specific Use: R-5
- Use Group: R-5
- Change in Use Group, Indicate Former: _____

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

D. Construction Classification: _____

III. PLAN REVIEW (optional) **IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**

DO YOU WANT:

- Partial Releases
- Prototype Processing

Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks

High Pressure Boiler

Pressure Vessel

Refrigeration Systems

Cross-Connections/ Backflow Preventers

Hazardous Uses/Places of Assembly

Sprinklers

Smoke Control Systems in Open Wells

Fire Alarm

Underground Storage Tanks

Swimming Pools, Spas and Hot Tubs

LP Gas Tanks

CONSTRUCTION PERMIT

Date issued 2/23/2015
 Control # 11491
 Permit # 201500052

IDENTIFICATION Block: 283 Lot: 4
 Work Site Location: 507 N SOMERSET AVE Ventnor City, NJ
 Contractor: CRESITIVE1
 Qualifier

Owner in Fee
 HARTLEY, STEVEN D & HOGAN, CATHY M
 507 N SOMERSET AVENUE VENTNOR, NJ
 08406 NJ
 Telephone:
 Telephone: (609) 517-3896
 Lic. No. or Bids. Reg. No.
 Federal Employee. No.

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.	1343
Cash	\$0
Credit	\$0
Collected By	

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:
 DEMO SFD

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 \$7,800

Construction Official _____ Date _____

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



Date Received 1/29/2015
 Control # 11491
 Date Issued 2/23/2015
 Permit # 201500052

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
 Block 283 Lot 4 Qualification Code _____
 Work Site Location: 507 N SOMERSET AVE Ventnor City, NJ

Owner in Fee: HARTLEY, STEVEN D & HOGAN, CATHY M

Address 507 N SOMERSET AVENUE VENTNOR, NJ 08406 NJ

Tel. _____ Email _____

Contractor: CRESTVIEW1

Address NJ

Tel. _____ Email _____

Fax _____

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

Home Improvement Contractor Registration No. or Exemption Reason (if 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	Dates (Month/Day)	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 _____ If Industrial Building: _____
 Constr. Class Present _____ Proposed _____ State Approved _____
 Number of Stories _____ HUD _____
 Height of Structure _____ Ft. _____
 Area - Largest Floor _____ Sq. Ft. _____
 New Bldg. Area / All Floors _____ Sq. Ft. _____
 Volume of New Structure _____ Cu. Ft. _____
 Total Land Area Disturbed _____ Sq. Ft. _____

Est. Cost of Bldg. Work:
 1. New Bldg. _____
 2. Rehabilitation _____
 3. Total (1+2) \$7,800

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

DEMO SFD

TYPE OF WORK

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

FEE (Office Use Only)

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

Construction Official

Fee: \$0.00

Check Number:

Collected By:

[Handwritten Signature]

Conditions to be met:

This certificate has an expiration date of: _____ or the owner will be subject to fine or order to vacate: _____

Temporary Certificate of Compliance

The following conditions must be met no later than _____ the building is approved for continued occupancy. This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and

Certificate of Continued Occupancy

was visible at the time of inspection. 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

Certificate of Approval

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 Occupancy

Conditions to be met:

This certificate has an expiration date of: _____ or the owner will be subject to fine or order to vacate: _____ The following conditions must be met no later than: _____

Temporary Certificate of Occupancy

until _____ 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

Certificate of Compliance

Total removal of asbestos 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 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 NJACS: 17 to the following extent:

Certificate Comments:

Description of Work/Use: - DEMO SFD

Maximum Live Load: 0 Construction Classification: _____ Maximum Occupancy Load: 0

Use Group: R-5

Type of Warranty Plan: State Private

Home Warranty Number: _____

License Number or Builders Registration Number: _____

Federal Emp. Number: _____

Telephone: (609) 517-3896

Fax: _____

Address: NJ

Contractor: CRESTVIEW

Telephone: _____

Owner Address: 507 N SOMERSET AVENUE VENTNOR, NJ 08406 NJ

Owner In Fee: HARTLEY, STEVEN D & HOGAN, CATHY M

Work Site Location: 507 N SOMERSET AVE Ventnor City, NJ

Identification

(Certificate of Approval)

Construction Code Division

Certificate

Date Issued	6/12/2017
Control Number	11491
Permit Number	201500052
Permit Issue Date	2/23/2015
Certificate Number	201500052

Ventnor City
6201 ATLANTIC AVE
VENTNOR NJ 08406

