

**BOROUGH OF AVALON
OFFICE OF THE ZONING OFFICIAL
3100 DUNE DRIVE
AVALON, NJ 08202
(609) 967-7043
www.avalonboro.net
aseltzer@avalonboro.org**



Amanda Seltzer
Zoning Official

Phone: (609) 967-7043
Fax: (609)-967-4140

October 28, 2019

Andrew F. Buchanan
P.O. Box 350
Avalon, NJ 08202

**RE: Circle Pizza Property
Street Addresses – 2108 Dune Drive, 2150 Dune Drive, & 204 21st Street
Block 21.04, Lots 45, 46, 47, 48 and 50
Borough of Avalon, Cape May County, New Jersey**

Dear Mr. Buchanan:

A review of the above property and zoning compliance has been conducted by the Borough of Avalon. As a result, various expansions of uses on the properties have been identified; additional zoning nonconformities have also been identified.

The identified zoning expansions and nonconformities include:

1. The expansion of the outdoor dining area at 2108 Dune Drive, as per Zoning Permit #4484, which resulted in a loss of parking spaces;
2. The conversion of the existing garage at 2150 Dune Drive into a commercial principal structure without site plan approval and which requires additional parking spaces;
3. The connection of the principal building at 2108 Dune Drive to the accessory building at 2150 Dune Drive without site plan approval;
4. The addition of sheds on the properties without site plan or variance approvals. Accessory structures are not permitted in the B-1 zoning district;

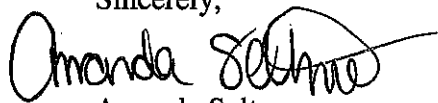
5. The addition of residential units without site plan approval. The additional units also require additional parking;
6. The addition of a mini golf course and elimination of parking spaces;
7. The installation of gates and fencing eliminating parking spaces;
8. Use of apartments without requisite parking and without variance relief for same;
9. There may be other deficiencies not readily apparent.

In light of the foregoing, it has been determined this property is in violation of the Avalon Zoning Ordinance. You are hereby directed to develop a plan to bring the property into compliance and submit same to the zoning office within 30 days. The property shall be compliant within 60 days of the date of this letter. Failing to submit an appropriate development plan to bring the property into compliance or failure to bring the property into compliance may result in additional enforcement action being taken against you.

Should you disagree with this determination, you have the right to appeal to the Avalon Planning/Zoning Board pursuant to Avalon Borough Code 27-9 and N.J.S.A. 40:55D-72. You have 20 days to file the appeal, which shall be filed with this office, specifying the grounds of such appeal.

I thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Amanda Seltzer", with a stylized flourish extending from the end.

Amanda Seltzer
Zoning Official

C.c. Paul Baldini, P.A., Planning & Zoning Board Solicitor
Joseph Maffei, Planning & Zoning Board Engineer
Nicole Curio, Esq., Borough Solicitor
James Waldron, Assistant Business Administrator

BOROUGH OF AVALON
NEW JERSEY

CONSTRUCTION OFFICE

APPLICATION FOR CONSTRUCTION PERMIT: Erection, Alteration or Repair

LOCATION: 2108 DUNE DR DATE: 4/11/79
BLOCK NO.: 2104 LOT(S): 47
OWNER: P Buchanan ADDRESS: 50 FLAMINGO DR
CONTRACTOR: SAME ADDRESS: _____
ARCHITECT: NONE ADDRESS: _____
Description of work: Remodel
Height: _____ Width: 4000 Depth: _____ Stories: _____
Estimated Cost \$ 15000

ERECTION OF NEW BUILDINGS:

A COMPLETE SET OF PLANS, WITH ALL ELEVATIONS AND CROSS SECTIONS, MUST ACCOMPANY THIS APPLICATION, TO BE KEPT ON FILE BY THE BUILDING CODE OFFICIAL, AND AN ADDITIONAL SET OF PLANS, TO BE STAMPED BY HIM, MUST BE KEPT AT ALL TIMES ON THE WORK. FILING OF PLUMBING, ELECTRICAL AND FIRE SPECIFICATIONS ARE ALSO REQUIRED AT TIME OF APPLICATION.

NOTE:

NO CHANGES ARE TO BE MADE FROM THE APPROVED PLANS WITHOUT THE APPROVAL OF THE PROPER SUBCODE OFFICIAL.

APPLICANT IS RESPONSIBLE FOR FILING FOR PROPER OCCUPANCY PERMIT AT COMPLETION OF CONSTRUCTION.

ALTERATIONS OR REPAIRS:

ON REVERSE SIDE OF THIS APPLICATION, GIVE A GENERAL DESCRIPTION OF THE CHARACTER OF THE WORK AND MATERIAL TO BE USED, TOGETHER WITH A SKETCH

PLOT PLAN MUST BE SHOWN ON REVERSE SIDE OF THIS APPLICATION OR BE ON THE SET OF PLANS SUBMITTED

BUILDING PERMITS WILL BE VALID WHEN THEY COMPLY WITH UNIFORM CONSTRUCTION CODE OF NEW JERSEY, BOCA CODE 1975 AND ANY CHANGES REQUIRED OR AMENDED BY STATE OF NEW JERSEY

CONTRACTORS MUST HAVE KNOWLEDGE OF UNIFORM CONSTRUCTION CODE ACT ASSEMBLY BILL 1299 - 1975

DO YOU HAVE REQUIRED LAW? YES: ☒ NO: ☐

AL L...
CONSTRUCTION OFFICIAL

DATED: 5-21-79

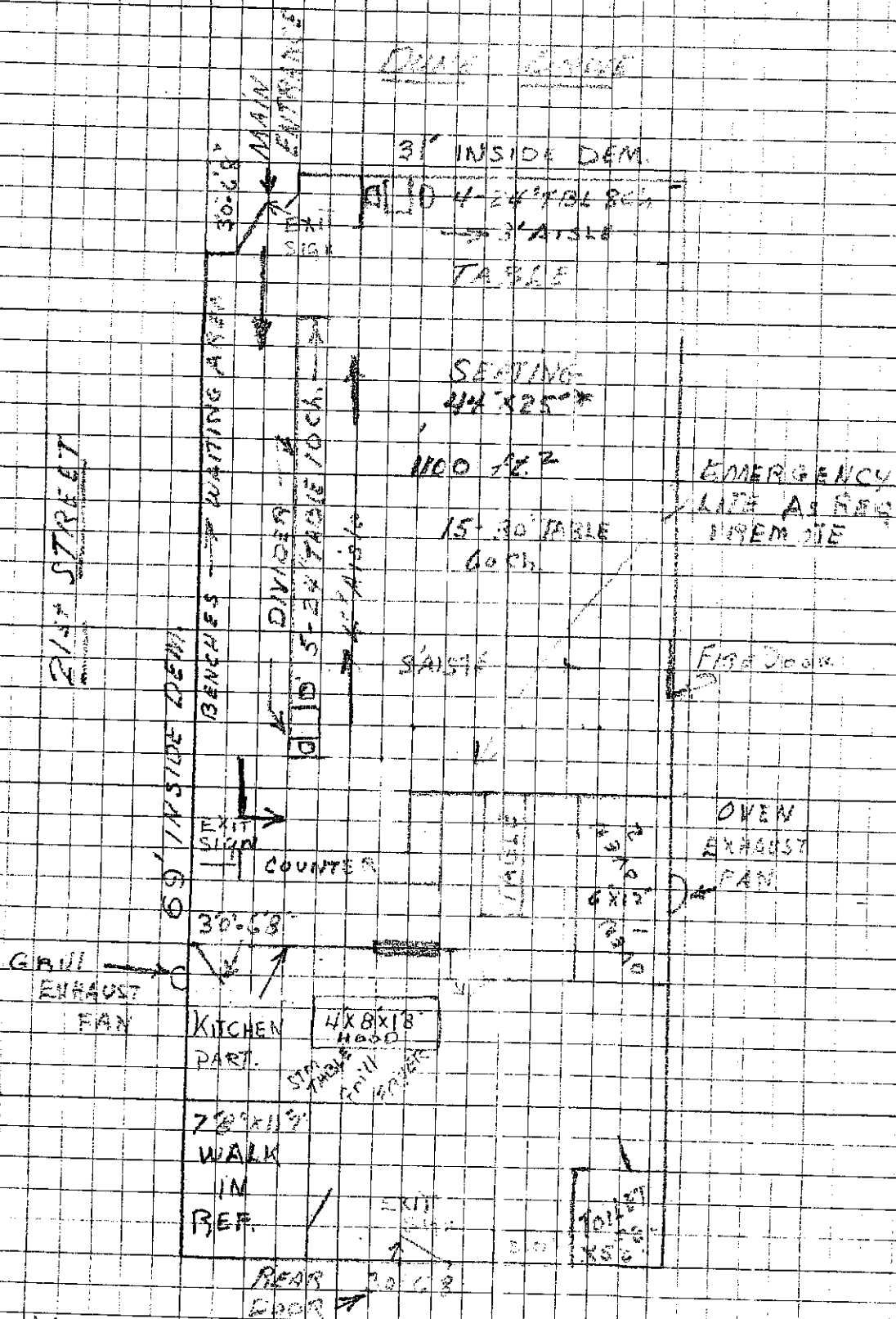
PERMIT NO. 7030

FEE: \$ 14795

I hereby certify that I will strictly conform with all Borough of Avalon and State of New Jersey Construction Code Laws.

[Signature]
(Signature of Applicant)

FLOOR LAYOUT
2108 DUNE DR



SCALE: 1 block = 2' except in Notes
REV 1

Copy to:
Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

BUILDING PERMIT

Borough of Avalon

Municipal Building - Avalon, New Jersey 08202

Permit No. 4271

Zoning.....

Note - Occupancy Permit Required to
Comply as per existing Ordinance.

Date June 3, 1974

Block No. 21D Lot No. 47 Zoned _____

Address Corner of 21st. Street (John's Hangup)

Type of Work Replace window, Cedar Shingles

Owner's Name Letitia Mazza

Address 7311 Loretta Ave., Phila., Pa 19111

Contractor John Merman (Renter)

Address 4001 N.E. 13th. St., St. Petersburg, Flo.

Fees - To Be Paid At Time Of Issuance

Zoning Fee	\$ 5.00	\$
Building Permit (Renewal)	Varied	\$ 5.00
Water Meter (Piling, etc.)	Varied	\$
Bulkhead - (Footage) Docks, Slips	Varied	\$
		\$
Water Connection 5/8 x 3/4	Varied	\$
Sewer Connection	Varied	\$
Curb, Driveway and Sidewalk Permit	Varied	\$
Curb Stakes	15.00	\$
Certificate of Occupancy	5.00	\$
Estimated Cost		\$
Total		5.00

Remarks:

RECEIPT

Curb Level/Grade must be established by the Borough Engineer.

No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased and drained on lands of adjoining owners.

Building Inspector G. E. Diehm, B.Ins. Contractor or Owner _____

Zoning Officer M. C. Reed

By Nancy J. TWONLEY

By John J. Merman

ZO0005

BOROUGH OF AVALON
NEW JERSEY

OFFICE OF BUILDING INSPECTION

APPLICATION FOR BUILDING PERMIT FOR ERECTION, ALTERATION, OR REPAIR.

"John's Hang Up"
LOCATION.....*Corn 21st St. on Ave. H.*.....
BLOCK NO.*21st*.....LOT NO.*9.2*.....
OWNER *L. Maria Mazza*.....ADDRESS *7311 Loretta Ave, Phila, Pa.*
CONTRACTOR *John Merman (Renter)*.....ADDRESS *4001 E. 12th St. St. Petersburg, Fla.*
ARCHITECTADDRESS
PROPOSED USE OF BUILDING
HEIGHTWIDTH.....DEPTH.....STORIES.....
ESTIMATED COST

ERECTION OF NEW BUILDINGS:

A COMPLETE SET OF PLANS, WITH ALL ELEVATIONS AND CROSS SECTIONS, MUST ACCOMPANY THIS APPLICATION, TO BE KEPT ON FILE BY THE BUILDING INSPECTOR, AND AN ADDITIONAL SET OF PLANS, TO BE STAMPED BY HIM, MUST BE KEPT AT ALL TIMES ON THE WORK.

NOTE: NO CHANGES ARE TO BE MADE FROM THESE APPROVED PLANS WITHOUT THE

APPROVAL OF THE BUILDING INSPECTOR.

APPLICANT IS FULLY RESPONSIBLE FOR THE PROPER OCCUPANCY PERMIT.

ALTERATIONS OR REPAIRS:

ON REVERSE SIDE OF THIS APPLICATION, GIVE A GENERAL DESCRIPTION OF THE CHARACTER OF THE WORK AND MATERIAL TO BE USED, TOGETHER WITH A SKETCH.

PLOT PLANS MUST BE SHOWN ON REVERSE SIDE OF THIS APPLICATION

BUILDING PERMITS WILL BE VALID PURSUANT TO CHAPTER XV, SEC. 15-5.1 i.

GENERAL ORDINANCES

CONTRACTORS MUST HAVE UP TO DATE BOROUGH OF AVALON ORDINANCE NO. 399 AND NO. 310, ALSO KNOWLEDGE OF THE STANDARD BUILDING CODE OF NEW JERSEY

DO YOU HAVE THE REQUIRED ORDINANCES?YES NO

Per: Mr. Reed - saw window was fixed & sent in for Permit
J. E. Vieh
BUILDING INSPECTOR

DATE *5/2/71*
PERMIT NO. *4271*... FEE *5.00*.....

I hereby certify that I will strictly conform with all Borough of Avalon Ordinance #399 and #310 and other pertinent amendments.

X John Merman
SIGNATURE OF APPLICANT

BOROUGH OF AVALON, NEW JERSEY

APPLICATION FOR PLUMBING PERMIT

Type	New Building	Addition	Old Building	Date	Permit No.
Number of Stories				5-8-80	7159
Use of Building				Fee \$ 34.00	Plan No.
				Register No.	

The undersigned applies for a permit to construct the following plumbing work:

Location 2108 DUNE DRIVE

Perk 21.04
L. 7

TABLE OF NEW FIXTURES

FLOORS	Yard	Bsm't.	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	TOTAL
Toilets			2										2
Wash Stands			2										2
Bath Tubs													
Stall Showers													
Kitchen Sinks													
Laundry Trays													
Automatic Washers													
Auto. Dishwashers													
Garbage Disposal													
UNUAL			1										1
TOTAL													5

Is Connection To Be Made To Sewer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Main Trap Size	4"
Soil Pipe Size	2"	Where does air inlet open?	ROOF
Minimum Ventilation Toilet Compartment	sq. ft.	Main house drain Size	
		Grade of main drain	

BUILDING PERMIT

☐ Req'd Approved

☐ Not Req'd By:..... Date.....

ZONING PERMIT

☐ Req'd Approved for Zoning

☐ Not Req'd By:..... Date.....

All proposed work under this application must be shown on plans and section. All vertical lines of soil, waste, and refrigerator pipes shall be designated. A soil or waste line and its attendant vent line may be considered as one stack.

All work, materials, and construction will be in accordance with the rules and regulations of the plumbing code. This application must be approved by Building and Zoning before permit is granted.

Owner PAUL BUCHANAN Address 507 FLAMINGO DR AVALON

Architect _____ Address _____

Plumber Joseph M. Salvi Jr. Reg. No. 2779 Address Avalon N.J.

Signature of Owner

Signature of Plumber

(If person other than plumber, authorization must be in writing.)

BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON NJ 08202

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 9/24/98
Control # C210447
Permit # 289-98

IDENTIFICATION Block 21.04 Lot 47

Work Site Location 204 21ST STREET
CIRCLE PIZZA

Owner in Fee BACHANAN, PAUL

Address 128 29TH STREET
AVALON, NJ 08202

Telephone ()

Contractor SALETI, JOSEPH M JR INC
Address 2619 DUNE DRIVE
AVALON, NJ 08202

Telephone (609)967-7584
Lic. No. or Bids. Reg. No. 2799 Exp. Date 12/31/99
Federal Emp. No. [REDACTED]
or Social Security No.

I hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

gas piping

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 \$ 1,000

CONSTRUCTION OFFICIAL

PAVEMENTS (Office Use Only)
Building 0
Electrical 0
Plumbing 35
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 1
Cert. of Occ. 0
Total 35
Check No. 5136
Cash
Collected By: KSD

4/21/98

BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON NJ 08202

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/16/98
Date Issued 4/21/98
Control # C210447
Permit # 289-98

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 21.04 Lot #7
Work Site Location 204 21ST STREET
TIPPLE PLZ/6

NO.

FEE (OFFICE USE ONLY)

Owner in Fee RULMAN, PAUL

FIXTURE/EQUIPMENT

Address 128 29TH STREET

Water Closet

AVALON, NJ 08202-

Drinking / Sidel

Contractor SAFFI, JOSEPH M JR INC

Drinking Fountain

Address 2519 DUNE DRIVE

Washing Machine

AVALON, NJ 08202-

Hose Bid

PLA 16091967-5594

Water Heater

Lic. No. of Bldgs. Reg. No. 2799

Fuel Oil Piping

Federal Emp. No. [REDACTED]

Steam Boiler

or Social Security No.

Hot Water Boiler

B. PLUMBING CHARACTERISTICS

Sewer Pump

Use Group Present A-3 Proposed A-3

Interceptor / Separator

Building Sewer Size

Backflow Preventer

Water Sewer Size

Grease Trap

Estimated Cost of Plumbing Work \$ 1,000

Water Cooled A/C or Refrigeration Unit

C. PLUMBING CHARACTERISTICS

Sewer Connection

PLAN REVIEW

Water Service Connection

No Signs Required

Active Solar System

Joint Plan Review Required:

Other

Big [] Elevator

Other

Fire [] Elevator

Other

Plumb. Plans Approved

Other

Date:

Other

Approved By:

Other

Submittal Approval

Other

CO [] COO [] CA

Other

Approved By:

Other

Date:

Other

C. CERTIFICATION IN LIEU OF DATA

Other

I hereby certify that I am the agent of owner of

Other

record and am authorized to make this application

Other

and perform the work listed on this application.

Other

I, [] Licensed Plumbing Contractor [] Exempt Applicant

Other

Signature-Contractor Seal

Other

Administrative Surcharge

Other

Minimum Fee

Other

TOTAL FEE

Other

DCA Training Fee

Other



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

4/16/98

Z00010

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

Block 210447 Lot 204-21
Work Site Location CIRCLE PIZZA - 2108 DUNE DR. AVALON N.J. 08002
Owner in Fee 13941 BUCHANAN
Address 128 292 ST
AVALON NJ 08002
Tele. () 969-2799
Contractor JOSEPH M. SALEI JR
Address 2900 DUNE DR UNIT 1
AVALON NJ 08002
Tele. (609) 969-7584
Lic. No. 2799
Federal Emp. No. [REDACTED] or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work \$ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure
Joint Plan Review Required:	Slab		
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec.	Rough		
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water		
<input type="checkbox"/> Plumb. Plans Approved	Sewer		
Date: <u>4/17/98</u>	Fixtures		
Approved by: <u>[Signature]</u>	Gas Equipment		
SUBCODE APPROVAL:	Gas Piping		
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Solar		
Approved By: <u> </u>	TCO		
Date: <u> </u>			

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—Contractor Seal Joseph M. Salei Jr

D. TECHNICAL SITE DATA (List all fixtures).
INCREASED PIPE SIZE FOR
NO. FUTURE/EQUIPMENT NEW

Water Closet	Ovens
Urinal/Bidet	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bibb	
Water Heater	
Fuel Oil Piping	
Gas Piping	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C	
or Refrigeration Unit	
Sewer Connection	
Water Service Connection	
Active Solar System	
Other	

Paid <input type="checkbox"/> Check # <u> </u>	Administrative Surcharge \$ <u> </u>
	Minimum Fee \$ <u> </u>
	DCA Training Fee \$ <u> </u>
Collected by: <u> </u>	TOTAL \$ <u> </u>



CONSTRUCTION PERMIT

Date Issued 7/13/92
Control #
Permit # 408-92

IDENTIFICATION Block 21.04 Lot 47
Work Site Location 204 21ST ST Contractor JOSEPH SALFI JR INC
AVALON NJ Address 2619 DUNE DR
Owner in Fee PAUL BUCHANAN Address AVALON NJ 08202
Address 50 FLAMINGO DR Tele. () 967-7584
AVALON NJ 08202 Lic. No. or Bldrs. Reg. No. 2799 Exp. Date
Tele. () Federal Emp. No. [REDACTED]
or Social Security No.

is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

GAS PIPING

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 \$ 300.00

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building	<u>18.00</u>
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	<u>18.00</u>
Check No.	<u>7557</u>
Cash	
Collected By:	<u>Karen Redman</u>

(see reverse side)



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received 7/6/92
Date Issued 7/13/92
Control #
Permit # 408-92

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

Block 2104 Lot 47
Work Site Location 204 - 21st St - Avon N.J.
Owner in Fee PAUL BUCHANAN
Address 50 FLAMINGO DR
Avon N.J. 08202
Tele. () JOSEPH SAIFI JR INC
Contractor 2619 DUKE RD
Address Avon N.J. 08202
Tele. (609) 962-7584
Lic. No. 2299
Federal Emp. No. or Social Security No. 138-24-4264

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work \$ 300.00

JOB SUMMARY (Office Use Only)		INSPECTIONS:		
PLAN REVIEW:		Type:	Dates (Month/Day)	
<input checked="" type="checkbox"/> No Plans Required		Slab	Failure	Approval
Joint Plan Review Required:				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire		Rough		
<input type="checkbox"/> Plumb. Plans Approved		Water		
Date: 7/6/92		Sewer		
Approved by: [Signature]		Fixtures		
		Gas Equipment		
		Solar		
		Gas Final		
		TCO		
SUBCODE APPROVAL:				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA				
Approved by:				
Date:				

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] Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
2	Gas Piping	8-
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Paid <input type="checkbox"/> Check #	Administrative Surcharge	\$
	Minimum Fee	\$ 15-
Collected by:	TOTAL	\$ 15-

Copy to:

Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

BUILDING PERMIT

Borough of Avalon

Municipal Building - Avalon, New Jersey

Permit No. 1261

Zoning 501

Note - Occupancy Permit Required to
Comply as per existing Ordinance.

Date March 21, 1970

Block No. 21D Lot No. 47

Address 2448 Acme Drive

Type of Work Install new shilving

Owner's Name M. Mazza

Address Philadelphia Pa

Contractor John Merman

Address 108 Rudley Ave, Narbeth, Pa. 19138

Fees - To Be Paid At Time Of Issuance

Zoning Fee	\$ 5.00	\$ <u>5.00</u>
Building Permit	Varied	\$ <u>5.00</u>
Water Piling Permit	20M Gals. or Less 20.00 Add. 10M Gals. 7.50	\$
Bulkhead - (Footage)	Varied	\$
Docks - Slips - Dredging	Varied	\$
Water Connection	3/4" 30.00 1" 40.00 1 1/2" 55.00 2" 75.00	\$
Sewer Connection	200.00	\$
Curb, Driveway and Sidewalk Permit (Curb Stakes)	15.00	\$
Total		\$ <u>10.00</u>

Remarks: Est. Cost \$312.81

RECEIPT

AV 57314 MAR 23 70 10.00 B-

Curb Level/Grade must be established by the Borough Engineer.

No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased and drained on lands of adjoining owners.

Inspector G. P. Deiken

Contractor or Owner John Merman

No 1261

By one. Reed

By John Merman

B O R O U G H O F A V A L O N

N E W J E R S E Y

OFFICE OF BUILDING INSPECTION

APPLICATION FOR BUILDING PERMIT FOR ERECTION, ALTERATION, OR REPAIR

AVALON, N.J. *March 21, 1970*
(DATE)

LOCATION... *3448 Ames Drive*
BLOCK NO... *21D* LOT NO... *47*
OWNER... *M. Mazza* ADDRESS... *Phila. Pa*
CONTRACTOR... *John Sherman* ADDRESS... *Timberth Pa*
ARCHITECT... ADDRESS...
PROPOSED USE OF BUILDING... *Install new shelves*
HEIGHT... WIDTH... DEPTH... STORIES...
ESTIMATED COST... *\$317.51*

ERECTION OF NEW BUILDINGS:

A COMPLETE SET OF PLANS, WITH ALL ELEVATIONS AND CROSS SECTIONS, MUST ACCOMPANY THIS APPLICATION, TO BE KEPT ON FILE BY THE BUILDING INSPECTOR, AND AN ADDITIONAL SET OF PLANS, TO BE STAMPED BY HIM, MUST BE KEPT AT ALL TIMES ON THE WORK.

NOTE: NO CHANGES ARE TO BE MADE FROM THESE APPROVED PLANS WITHOUT THE APPROVAL OF THE BUILDING INSPECTOR.

APPLICANT IS FULLY RESPONSIBLE FOR THE PROPER OCCUPANCY PERMIT.

ALTERATIONS OR REPAIRS:

ON REVERSE SIDE OF THIS APPLICATION, GIVE A GENERAL DESCRIPTION OF THE CHARACTER OF THE WORK AND MATERIAL TO BE USED, TOGETHER WITH A SKETCH.

PLOT PLANS MUST BE SHOWN ON REVERSIDE SIDE OF THIS APPLICATION.

BUILDING PERMITS WILL BE VALID FOR ONE (1) YEAR FROM DATE OF ISSUE.

CONTRACTOR MUST HAVE UP TO DATE BOROUGH OF AVALON ORDINANCE NO.399 AND NO. 310, ALSO KNOWLEDGE OF THE STANDARD BLDG. CODE OF N.J.
DO YOU HAVE THE REQUIRED ORDINANCES?.....YES.....NO.....

STATE OF NEW JERSEY
COUNTY OF CAPE MAY
Sworn to before me this
day of 19

(NOTARY PUBLIC OF NEW JERSEY

I hereby certify that I will strictly conform with all Borough of Avalon Ordinances #399 and 310 and all other pertinent amendments.

(SIGNATURE OF APPLICANT)



CONSTRUCTION PERMIT

PERMIT NO.	54-85
DATE ISSUED	2/25/85
Block	231-07
Lot	43
Subdivision	

A. IDENTIFICATION

Owner P. Buchanan Agent Geo. C. Snyder
Address 50 Flamingo Drive Address 4404 Dune Drive
Avalon, N.J. Avalon, N.J.
Tel. () Tel. () 967-8338
Work Site Address 204 - 21st Street Lic. No. 3768
Federal Emp. No.

PAYMENTS

Permit Fee \$ 30.00
Fees Remitted \$ 30.00
☒ Check No. 1697
☐ Cash
☐ Other
Collected By [Signature]
Date 2/25/85

is hereby granted permission
to perform the following work:

- ☐ BUILDING ☒ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Electrical

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: \$ 600.00

[Signature]
CONSTRUCTION OFFICIAL



NOTICE OF PERMIT UPDATE

PERMIT NO.	507-1151
DATE ISSUED	7/26/85
Block	21-04
Lot	47
Subdivision	

IDENTIFICATION

Owner	P. Buchanan	Agent	SAME
Address	50 Flamingo Drive	Address	
	Avalon, N.J.		
Tel. ()		Tel. ()	
Work Site Address	2108 Dune Drive	Lic. No.	
	Avalon	Federal Emp. No.	

PAYMENTS

Permit Fee	\$ 43.00
Fees Remitted	\$ 43.00
<input checked="" type="checkbox"/> Check No.	650
<input type="checkbox"/> Cash	
<input type="checkbox"/> Other	
Collected By	<i>[Signature]</i>
Date	7/26/85

is hereby granted permission
to perform the following work:

- | | |
|--|--|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL |
| <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> FIRE PROTECTION |
| <input type="checkbox"/> OTHER | |

Description of work:

Repair, Replacement

Estimated Cost of Work: \$ 1000.00

[Signature]
CONSTRUCTION OFFICIAL



CONSTRUCTION PERMIT

PERMIT NO. 0420DATE ISSUED 3/15/89Block 21.04 Lot 47

Subdivision _____

A. IDENTIFICATION

Owner Paul Buchanan Agent Sawyer Fire
Address 50 Flamingo Drive Address 409 W. Hand Avenue
Avalon, NJ 08202 Wildwood, NJ 08260
Tel. (____) [REDACTED] Tel. (____) 522-2582
Work Site Address Circle Pizza Lic. No. 4517
2108 Dune Drive Federal Emp. No. [REDACTED]

PAYMENTS

Permit Fee \$ 65.00Fees Remitted \$ 65.00☐ Check No. 3495☐ Cash☐ Other _____Collected By K. KruegerDate 3/15/89

is hereby granted permission
to perform the following work:

- ☐ BUILDING ☒ ELECTRICAL
☐ PLUMBING ☒ FIRE PROTECTION
☐ OTHER _____

Description of work:

Wire hood fan & lights

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: \$ 200.00

Harry H. Day
CONSTRUCTION OFFICIAL



PERMIT NO. 420
DATE ISSUED 3/15/89
REVISION DATE _____
Block 21.04 Lot 47
Subdivision _____

When changing contractors, notify this office

Contractor Stanger Fire
Address 409 West Howard Ave
Caldweld, CO 80526
Tel. (601) 522-2582
Lic. No./Bus. Permit 4617
Federal Emp. No. [REDACTED]

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

James H. Gradwohl
AGENT SIGNATURE

List all wiring and equipment and provide necessary data

No.	Item	Fee	No.	Item	Fee	Fee
	Switching Outlets	\$		H.V.A.C. Equipment	\$	COLUMN 1
	Lighting Outlets			Switching Devices		COLUMN 2
	Receptacle Outlets			Transformers		SUBTOTAL \$
	Range/Oven			Motor/Generators/Compressors		Minimum Electrical Fee (if applicable)
	Dryer, Electric			(state no. and size of each)		\$ 25.00
	Water Heater, Electric			4 ceiling hood fans + hood lights		Total Electrical Fee (Greater of Minimum or Subtotal)
	Heating, Electric					\$ 25.00
	Switches			Other		
	Lighting Fixtures			Other		
	Receptacles			Other		
	Bonding, Pool/Vault			Other		
	Service/Feeders			Other		

COLUMN 1 \$

COLUMN 2 \$

Wires _____ Volts _____ Wiring Method _____

Total No. of Meters: _____

Estimated Cost of Electrical Work: \$ 200.00

Prototype Processing



FIRE SUBCODE TECHNICAL SECTION



PRINTING NO. 1150
DATE ISSUED 1/15/79
REVISION DATE
Block 21-04 Lot 47
Subdivision

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only		When changing contractors, notify this office	
Owner: <u>Cable Bros</u>	Contractor: <u>Stayer Fire</u>		
Address: <u>2108 Dune Drive</u>	Address: <u>409 West Alond Ave</u>		
<u>Avondale, MS 38302</u>	<u>Calhoun, MS 38260</u>		
Tel. <u>[redacted]</u>	Tel. <u>(601) 522-2582</u>		
Work Site Address: <u>Same</u>	Lia. No. <u>45507</u>		
	Federal Emp. No. <u>[redacted]</u>		

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

James W. Wackerell
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS		FEE	
TYPE: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Other			
Area Sprinkled: <input type="checkbox"/> Full <input type="checkbox"/> Partial (specify in comments)			
No. of Heads: _____ No. of Spare Heads: _____			
<input type="checkbox"/> Valves Supervised - Method: _____			
Water Supply - Source: _____ Size: _____			
FD Connection Location: _____			
Estimated Cost of Work: \$ _____			
B2. SPECIAL SUPPRESSION SYSTEMS			
TYPE: <input type="checkbox"/> Dry Chemical <input type="checkbox"/> CO2			
<input type="checkbox"/> Halon <input type="checkbox"/> Foam			
<input checked="" type="checkbox"/> Other <u>Ansul 12-102</u>			
Manual Pull: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Locations: <u>110 inches of glass</u>			
Estimated Cost of Work: \$ <u>2500.00</u>			
B3. ALARM		FEE	
TYPE: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic			
Supervision Type: <input type="checkbox"/> Local <input type="checkbox"/> Central			
<input type="checkbox"/> Proprietary <input type="checkbox"/> Remote Location			
Estimated Cost of Work: \$ _____			
B4. STAND PIPES			
Pipe Size: _____ Pump Size: _____			
Water Source: _____ Size: _____			
FD Connection Location: _____			
Hose Station: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Estimated Cost of Work: \$ _____			
B5. OTHER			
<u>Install Fire hood duct and fire suppression system</u>			
Subtotal			
Minimum Fire Protection Fee (if Applicable)			
Total Fire Protection Fee (Greater of Minimum or Subtotal)			
<u>40.00</u>			
<u>40.00</u>			

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed _____

Heating Systems - Location: _____

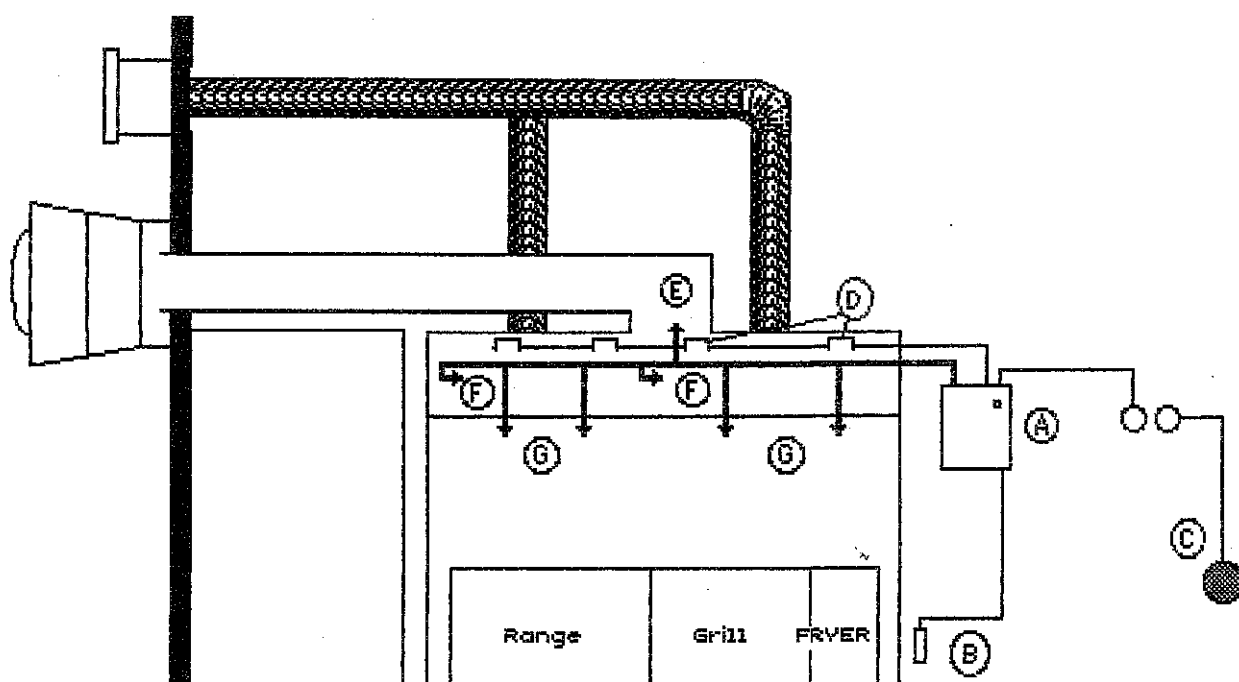
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____

Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____

Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing



- (A) Fire Suppression Tank
- (B) Gas Fuel Shutoff
- (C) Manual Pull
- (D) Automatic Detectors
- (E) Duct Nozzle
- (F) Plenum Nozzle
- (G) Appliance Nozzle

Ref: Kitchen

**Circle Pizza
2108 Dune Drive
Avalon, N.J. 08202**

**SAWYER FIRE EQUIPMENT CO., INC.
Wildwood, N.J.**

Automatic Fire Suppression System

Sawyer

FIRE PROTECTION

409 W.Hand Ave. Wildwood, N.J. 08260

TRANSMITTAL NOTICE

To Inspection Department
ATT Harry Clayton

Date 3-6-89
Project Circle Pizza

We are sending to you

☒ enclosed herewith

☐ under separate cover

☒ for your use

☐ for approval

☐ for coordination and comments

☒ drawings

☐ shop drawings

☐ _____

Qty	Drawing Number	Description	Mfr.	Action
1		Circle Pizza		
		Fire System		

As submitted by Jim Chotwick ACTION

A - Approved

AN - Approved as noted.

Resubmit _____

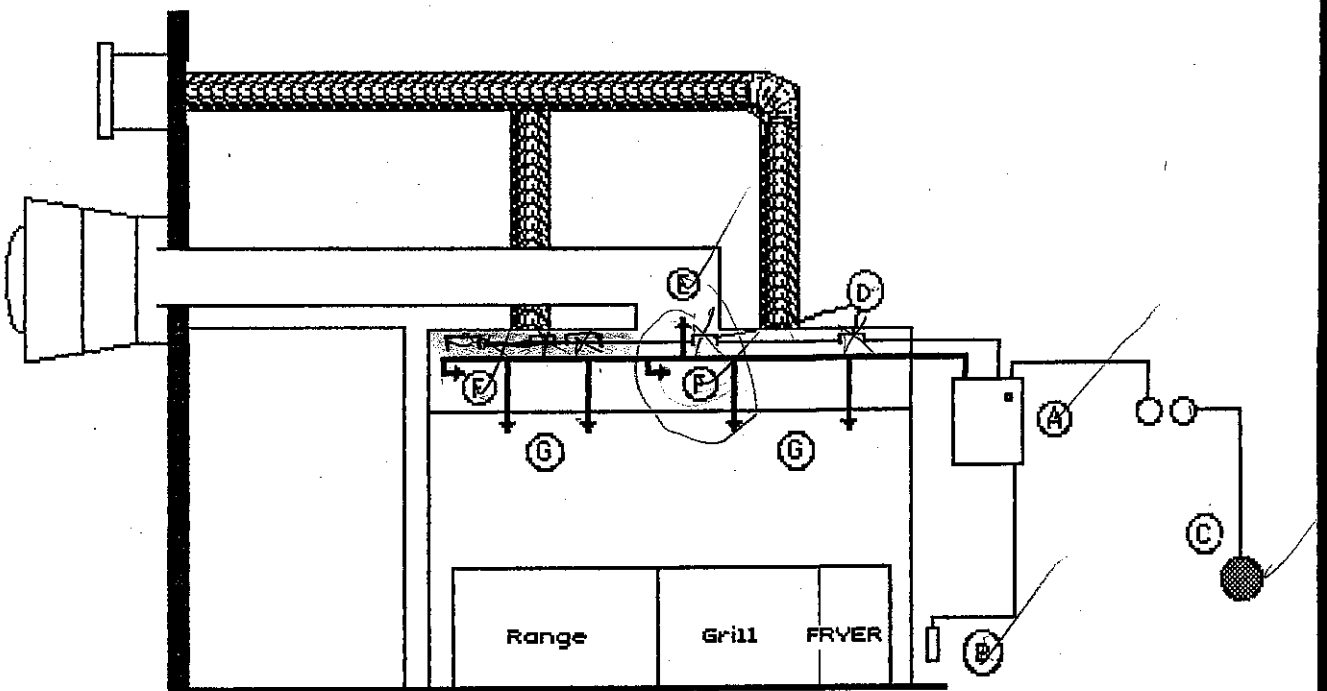
RC - Returned for correction

Resubmit _____

Please return _____ copies for distribution

Qty	Sent to	Remarks

By _____



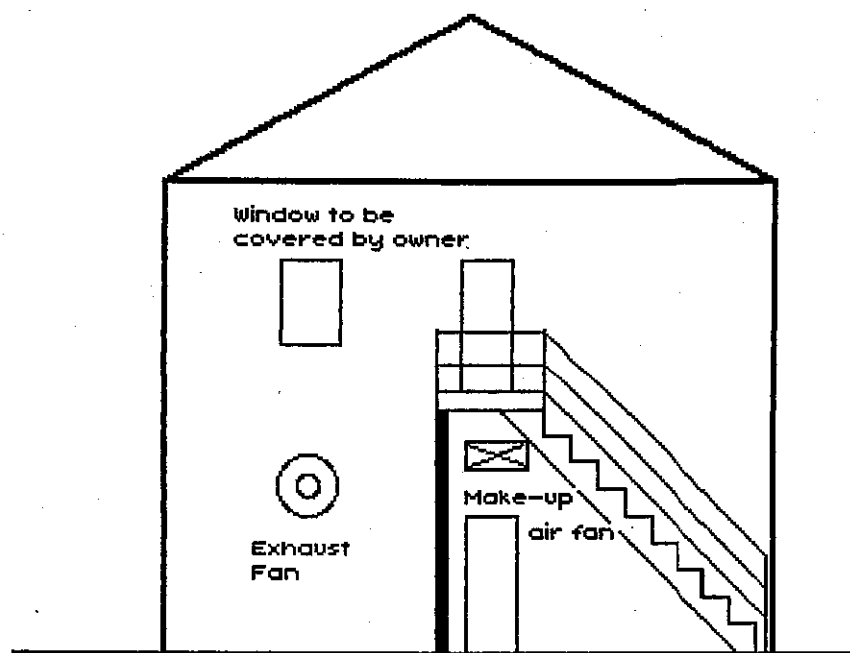
- (A) Fire Suppression Tank
- (B) Gas Fuel Shutoff
- (C) Manual Pull
- (D) Automatic Detectors
- (E) Duct Nozzle
- (F) Plenum Nozzle
- (G) Appliance Nozzle

Ref: Kitchen

Circle Pizza
2108 Dune Drive
Avalon, N.J. 08202

SAWYER FIRE EQUIPMENT CO., INC.
Wildwood, N.J.

Automatic Fire Suppression System



Ref: Kitchen

**Circle Pizza
2108 Dune Drive
Avalon, N.J. 08202**

**SAWYER FIRE EQUIPMENT CO., INC.
Wildwood, N.J.**

Automatic Fire Suppression System

NOZZLE PLACEMENT REQUIREMENTS

Nozzle Application Chart

The following chart has been developed to assist in calculating the quantity and type of nozzle required to protect each duct, plenum, or appliance. Each tank allows a maximum of 12 flow numbers.

Hazard	Maximum Length	Width	Maximum Square Feet	Nozzle Quantity	Flow No. Total	Nozzle Part No.	Nozzle Tip Part No.
Duct (Single-Nozzle)	Unlimited	75 in. (190.5 cm) max. perimeter 20 in. (51 cm) max. diameter		1 1	2 2	56928	56923-2
Transition Duct (Single-Nozzle)	Unlimited	75 in. (190.5 cm) max. perimeter 20 in. (51 cm) max. diameter		1 1	2 2	56928	56923-2
Duct (Dual-Nozzle)	Unlimited	150 in. (381 cm) max. perimeter 40 in. (102 cm) max. diameter		2 2	4 4	56928	56923-2
Transition Duct (Dual-Nozzle)	Unlimited	150 in. (381 cm) max. perimeter 40 in. (102 cm) max. diameter		2 2	4 4	56928	56923-2
Plenum	4 ft. (1.2 m)	4 ft. (1.2 m)		1	1	56927	56922-1
Plenum	7 ft. (2.1 m)	20 in. (51 cm) filter width		1	1	56930	56926-1*
Fryer	36 in. (91 cm)	24 in. (61 cm)	6 sq. ft. (.56 m ²)	1 1	1 1	56930 56927	56926-1** 56922-1***
Griddle	48 in. (122 cm)	30 in. (76 cm)	10 sq. ft. (.93 m ²)	1	1	56927	56922-1
Range	48 in. (122 cm)	30 in. (76 cm)	10 sq. ft. (.93 m ²)	1	1	56927	56922-1
Chain Broiler	43 in. (109 cm)	31 in. (79 cm)	9.3 sq. ft. (.86 m ²)	2	2	56930	56926-1
Overhead**** Chain Broiler	34 in. (86 cm)	32 in. (81 cm)	7.6 sq. ft. (.69 m ²)	2	2	56927	56922-1
Electric Char-Broiler	34 in. (86 cm)	20 in. (51 cm)	4.7 sq. ft. (.44 m ²)	1 1	1 1	56930 56927	56926-1** 56922-1***
Lava-Rock Char-Broiler	24 in. (61 cm)	13 in. (33 cm)	2.2 sq. ft. (.20 m ²)	1	1	56930	56926-1
Natural Char-coal Broiler	24 in. (61 cm)	12 in. (30 cm)	2 sq. ft. (.19 m ²)	1	1	56930	56926-1
Mesquite Char-Broiler	30 in. (76 cm)	24 in. (61 cm)	5.0 sq. ft. (.46 m ²)	1	3	76782	76783-3
Gas-Radiant Char-Broiler	12 in. (30 cm)	24 in. (61 cm)	2 sq. ft. (.19 m ²)	1	1	56930	56926-1
Upright Broiler	30 in. (76 cm)	32.5 in. (82.5 cm)	6.8 sq. ft. (.63 m ²)	2	1	56929	56925-1/2

Name Circle Pizza
Street 2108 Dune Dr.
City Avalon
State, Zip N.J. 08202 Re: Kitchen

Fire Suppression System: New: Yes Existing: _____

Model (s) Ansul R-102 Size 3 gal liquid

Location of system: Right side of hood

Number of nozzles 7 Duct 1 Plenum 2 Appliance 4

Number of detector (s) 4 ~~X~~ Automatic Detectors _____

Energy shut-off devices: Electric: _____ Gas: Yes

Electric, Type and Size: _____

Gas, Type and Size: 1½ Automatic gas valve

Manual Pull : Yes Location: In means of egress

Other accessory equipment provided: _____

Electric by us: _____ Electric by others: Yes

Cook equipment being protected and size. Left to right

1. 36" Range 4. _____

2. 48" Grill 5. _____

3. 16" Fryer 6. _____

COOKING AND VENTILATING EQUIPMENT

Hood Required: New: _____ Existing: _____

Type and size: 10'x4"x48" 18-gauge galvanized hood

Insulated: Back _____ Top Yes Left end _____ Right end _____

Duct (s) Required: New: Yes Existing: _____

Type and size: 1 - 15"x15" 16-gauge welded steel duct

Insulated totally : Where necessary Non-insulated: _____

Insulated Collars: _____ Size: _____

Exhaust Fans: New: Yes Existing: _____

Fan Type: Penn Ventilator 18B Cfm at: 4800 at .75 static

Wall: Yes Roof: _____

Backsplash Required: Underhood: Yes One End: _____ Both Ends: _____

Non-insulated: Yes Insulated Wall: _____

Make-up Air: New: Yes Existing: _____

Duct size: 2-12" ducts Fan size and type: Penn. Vent. MU-30

Cfm at: 3600 at .125 Wall: Yes Roof: _____

Copy to:
Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

BUILDING PERMIT

Borough of Avalon

Municipal Building - Avalon, New Jersey 08202

Permit No. 4927

Zoning.....

Note - Occupancy Permit Required to
Comply as per existing Ordinance.

Date 18 August 1975

Block No. 21D Lot No. 47

Zoned

Address 204 - 21st Street

Type of Work Hot Roofing

Owner's Name Letitia Mazza

Address 7311 Loreta Ave, Phila. Pa. 19111

Contractor Wildwood Roofing

Address 304 Maple Ave, Wildwood, N.J.

Fees - To Be Paid At Time Of Issuance

Zoning Fee	\$ 5.00	\$
Building Permit (Revised)	Varied	\$ 5.00
Water Meter (Piling, etc.)	Varied	\$
Bulkhead - (Footage) Docks, Slips	Varied	\$
		\$
Water Connection 5/8 x 3/4	Varied	\$
Sewer Connection	Varied	\$
Curb, Driveway and Sidewalk Permit	Varied	\$
Curb Stakes	15.00	\$
Certificate of Occupancy	5.00	\$
Estimated Cost 650.00		\$
Total		5.00

Rec'd
8/18/75
W. J. Humber

Remarks:

RECEIPT

Curb Level/Grade must be established by the Borough Engineer.

No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased and drained on lands of adjoining owners.

Building Inspector

Contractor or Owner

Zoning Officer

By

By

ZO0026

BOROUGH OF AVALON

NEW JERSEY

OFFICE OF BUILDING INSPECTOR

APPLICATION FOR BUILDING PERMIT FOR ERECTION, ALTERATION, OR REPAIR.

LOCATION AVALON, N.J. 13 Aug. 1975
(DATE)
204 - 21st Street
BLOCK NO. 21 D LOT NO. 47
OWNER Leticia Mazza ADDRESS 7311 Loretta Ave. Philadelphia 19111
CONTRACTOR Wildwood Roofing ADDRESS 204 W. Maple Ave. Wildwood
ARCHITECT ADDRESS
PROPOSED USE OF BUILDING Hot Roof
HEIGHT WIDTH DEPTH STORIES
ESTIMATED COST \$65,000

ERECTION OF NEW BUILDINGS:

A COMPLETE SET OF PLANS, WITH ALL ELEVATIONS AND CROSS SECTIONS, MUST ACCOMPANY THIS APPLICATION, TO BE KEPT ON FILE BY THE BUILDING INSPECTOR, AND AN ADDITIONAL SET OF PLANS, TO BE STAMPED BY HIM, MUST BE KEPT AT ALL TIMES ON THE WORK.

NOTE: NO CHANGES ARE TO BE MADE FROM THESE APPROVED PLANS WITHOUT THE APPROVAL OF THE BUILDING INSPECTOR.

APPLICANT IS FULLY RESPONSIBLE FOR THE PROPER OCCUPANCY PERMIT.

ALTERATIONS OR REPAIRS:

ON REVERSE SIDE OF THIS APPLICATION, GIVE A GENERAL DESCRIPTION OF THE CHARACTER OF THE WORK AND MATERIAL TO BE USED, TOGETHER WITH A SKETCH.

PLOT PLANS MUST BE SHOWN ON REVERSE SIDE OF THIS APPLICATION

BUILDING PERMITS WILL BE VALID PURSUANT TO CHAPTER XV, SECTION 15-5.1 i, GENERAL ORDINANCES.

CONTRACTORS MUST HAVE UP TO DATE BOROUGH OF AVALON ORDINANCE NO. 399 and NO. 310, ALSO KNOWLEDGE OF THE STANDARD BUILDING CODE OF NEW JERSEY

DO YOU HAVE THE REQUIRED ORDINANCES? YES NO

G. E. L. L.
BUILDING INSPECTOR

DATE 8/18/74

PERMIT NO. FEE

I hereby certify that I will strictly conform with all Borough of Avalon Ordinance #399 and #310 and other pertinent amendments.

C. W. Gaudin
SIGNATURE OF APPLICANT

ZO0027



CONSTRUCTION PERMIT

PERMIT NO.	207-84
DATE ISSUED	JULY 10, 1984
Block	21-04
Lot	12
Subdivides	

A. IDENTIFICATION

Owner	Paul G. Buchanan	Agent	A.B.S. Sign Co.
Address	2108 Dune Drive	Address	3008 Park Blvd.
	Avalon, NJ 08202		Wildwood, NJ 08260
Tel. ()		Tel. ()	522-6833
Work Site Address	204-21st St.	Lic. No.	
		Federal Emp. No.	

PAYMENTS

Permit Fee	\$ 15.00
Fees Remitted	\$ 15.00
<input checked="" type="checkbox"/> Check No.	962
<input type="checkbox"/> Cash	
<input type="checkbox"/> Other	
Collected By	Jerry L. Napier
Date	7/10/84

is hereby granted permission
to perform the following work:

- | | |
|---|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> FIRE PROTECTION |
| <input checked="" type="checkbox"/> OTHER _____ | |

Description of work:

Two single faced plastic signs 3' X 5'

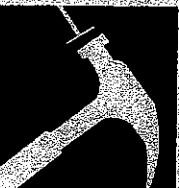
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work: \$ 1,500.00

CONSTRUCTION OFFICIAL



**BUILDING
SUBCODE
TECHNICAL SECTION**



Block 2104 Lot 47
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

Owner Paul C. Buchanan Contractor A.B.S. Sign Co.
Address 2108 Dune Drive Address 3008 Park Blvd.
Avalon, N.J. 08202 Wildwood, N.J. 08260

Tel. () 522-6833 Tel. () 522-6833
Work Site Address Same 204-2104 Ltr. No. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[Signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

See Drawing
two single faced plastic signs
5' x 5'.
Baked enamel aluminum, plex, faces
fluorescent internal illumination
conforms to BOCA Code requirements
Total 30 sq. ft.
Total 3 amps.

☐ See Plans

TYPE OF WORK:

<input type="checkbox"/> New Building	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition	<input type="checkbox"/> Miscellaneous
<input type="checkbox"/> Alteration/Renovation	<input type="checkbox"/> Fence
<input type="checkbox"/> Roofing	<input type="checkbox"/> Sign
<input type="checkbox"/> Siding	<input type="checkbox"/> Pool
<input type="checkbox"/> Other _____	<input type="checkbox"/> Elevator
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

SUBTOTAL _____
Minimum Building Fee (if applicable) _____
Total Building Fee (Greater of Minimum or Subtotal) _____

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area-All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area-Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ 1500.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

Copy to:

Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

BUILDING PERMIT

Borough of Avalon

Municipal Building - Avalon, New Jersey

Permit No.1458.....

Zoning.....

Note - Occupancy Permit Required to
Comply as per existing Ordinance.

Date June 19, 1970

Block No. 21D

Lot No. 47

Address 2148 Dune Drive

Type of Work Sign

Owner's Name Marza Estate

Address Philadelphia Pa

Contractor John Merman

Address 2148 Dune Drive

Fees - To Be Paid At Time Of Issuance

Zoning Fee		\$ 5.00
Building Permit		Varied
Water Piling Permit	20M Gals. or Less	20.00
	Add. 10M Gals.	7.50
Bulkhead - (Footage)		Varied
Docks - Slips - Dredging		Varied
Water Connection	3/4"	30.00
	1"	40.00
	1 1/2"	55.00
	2"	75.00
Sewer Connection		200.00
Curb, Driveway and Sidewalk Permit (Curb Stakes)		15.00
<u>Sign Permit</u>		
Total		

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

Remarks: Est. Cost \$50.00

RECEIPT

JUN 19 PAID

Curb Level/Grade must be established by the Borough Engineer.

No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased and drained on lands of adjoining owners.

Inspector G. E. Dickson

Contractor or Owner

No 1457

By M. C. Reed

By

BOROUGH OF AVALON

NEW JERSEY

OFFICE OF BUILDING INSPECTION

APPLICATION FOR BUILDING PERMIT FOR ERECTION, ALTERATION, OR REPAIR

AVALON, N.J. June 19, 1970
(DATE)

LOCATION.....2148 Dunne Ave.....
BLOCK NO.....21 D.....LOT NO.....47.....
OWNER.....Mazza Est......ADDRESS.....Philadelphia Pa.....
CONTRACTOR.....John Merman.....ADDRESS.....2148 Dunne Ave.....
ARCHITECT.....ADDRESS.....
PROPOSED USE OF BUILDING.....
HEIGHT.....27'.....WIDTH.....18'.....DEPTH.....STORIES.....
ESTIMATED COST.....\$50,000.....

ERECTION OF NEW BUILDINGS:

A COMPLETE SET OF PLANS, WITH ALL ELEVATIONS AND CROSS SECTIONS, MUST ACCOMPANY THIS APPLICATION, TO BE KEPT ON FILE BY THE BUILDING INSPECTOR, AND AN ADDITIONAL SET OF PLANS, TO BE STAMPED BY HIM, MUST BE KEPT AT ALL TIMES ON THE WORK.

NOTE: NO CHANGES ARE TO BE MADE FROM THESE APPROVED PLANS WITHOUT THE APPROVAL OF THE BUILDING INSPECTOR.

APPLICANT IS FULLY RESPONSIBLE FOR THE PROPER OCCUPANCY PERMIT.

ALTERATIONS OR REPAIRS:

ON REVERSE SIDE OF THIS APPLICATION, GIVE A GENERAL DESCRIPTION OF THE CHARACTER OF THE WORK AND MATERIAL TO BE USED, TOGETHER WITH A SKETCH.

PLOT PLANS MUST BE SHOWN ON REVERSE SIDE OF THIS APPLICATION

BUILDING PERMITS WILL BE VALID FOR ONE (1) YEAR FROM DATE OF ISSUE.

CONTRACTOR MUST HAVE UP TO DATE BOROUGH OF AVALON ORDINANCE NO. 399 AND NO. 310, ALSO KNOWLEDGE OF THE STANDARD BLDG. CODE OF N.J.
DO YOU HAVE THE REQUIRED ORDINANCES?.....YES.....NO.....

STATE OF NEW JERSEY
COUNTY OF CAPE MAY
Sworn to before me this
June day of 18 1970
M. Elizabeth Ekey
(NOTARY PUBLIC OF NEW JERSEY)

I hereby certify that I will strictly conform with all Borough of Avalon Ordinances #399 and 310 and other pertinent amendments.
John J. Merman
(SIGNATURE OF APPLICANT)

PERMIT NO.....FEE.....

**Borough of Avalon
Zoning Permit**

Application #: 4353 Permit No: 20190096.000 Issue Date: 03/26/2019

Construction Control Number :

Block: 21.04 Lot: 45

Qualifier:

Work Site: 2108 DUNE DRIVE

Zone: Default

Owner: BUCHANAN, ANDREW F

Agent: BUCHANAN, ANDREW F

Address: PO BOX 350

Address:

City/State/Zip: AVALON NJ 08202

City/State/Zip:

Telephone:

Telephone: - -

Fax: () - -

Fax: () - -

EMail:

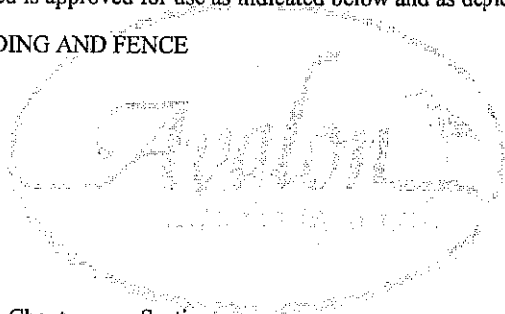
EMail :

Tenant:

Amt Due: \$ 50.00
Check #:
Amount collected: \$0.00

This is to certify that the permit being issued is approved for use as indicated below and as depicted on the Plot Plan:

MINATURE GOLF ACCESSORY BUILDING AND FENCE



Which is:

- ☐ Permitted by Zoning Ordinance, Chapter - Section -
- ☐ Permitted by variance approved on _____, # _____ subject to any special conditions attached to the grant thereof.
- ☐ A valid nonconforming use as established by () findings of the Zoning Board of Adjustment or by () the undersigned zoning officer or by () the Planning Board on the basis of evidence supplied by applicant.
Conditions, if any:

☐ There is a nonconforming structure on the premises by reason of insufficient

☐ Other:

PAID
MAR 26 2019
BT: ck # 2778

Jeffrey Hesley, Zoning Official

Date

This is NOT a Construction Permit

3/26/19 ✓



APPLICATION FOR ZONING PERMIT

BOROUGH OF AVALON
3100 DUNE DRIVE, AVALON, N.J. 08202
(609) 967-5923

2150 DUNE DRIVE
WORK SITE

BLOCK: 2104 LOT(S): 45, 46, etc

CONTRACTOR

Andrew Buchman
OWNER

ADDRESS

PO Box 350 Avalon
ADDRESS

TELEPHONE # / FAX # / E-MAIL ADDRESS

TELEPHONE # FAX#

1. CHECK THE APPROPRIATE DESCRIPTION OF WORK TO BE DONE

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> GARAGE | <input checked="" type="checkbox"/> FENCE |
| <input type="checkbox"/> SWIMMING POOL | <input type="checkbox"/> DECK | <input type="checkbox"/> AIR CONDITIONING |
| <input type="checkbox"/> RENOVATION/ADDITION | <input type="checkbox"/> SHED | <input checked="" type="checkbox"/> OTHER/ <u>Miniature Golf</u>
<u>Accessory Building</u> |

2. NEW CONSTRUCTION

THIS APPLICATION MUST BE ACCOMPANIED BY A DRAWING REFLECTING:

- | | |
|--|---------------------------------|
| A. PLOT DIMENSIONS | E. FENCING |
| B. SET BACKS FROM LOT LINE | F. DIMENSIONS OF ALL STRUCTURES |
| C. CURB CUTS, DRIVEWAYS, ETC. | G. ACCESSORY STRUCTURES AND |
| D. HEIGHT OF STRUCTURE (FROM BASE FLOOD) | THEIR RELATIONSHIP TO PRINCIPLE |
| | STRUCTURE |

3. OTHER THAN NEW CONSTRUCTION

THE DIAGRAM ATTACHED TO THE APPLICATION SHOULD SIMULATE A BUILDING SITE PLAN. PLEASE SHOW DIMENSIONS OF YOUR LOT, LOCATION OF EXISTING STRUCTURES (WITH ALL DIMENSIONS) AND PROPOSED CONSTRUCTION WITH DOTTED LINES, DIMENSIONS AND SET BACKS.

4. A PLANNING COMMISSION APPROVAL OR ZONING APPEAL APPROVAL IS REQUIRED

(PLEASE CHECK ONE) YES _____ NO _____

5. AN APPLICATION HAS BEEN MADE BEFORE THE AVALON PLANNING/ZONING BOARD FOR THIS PROPERTY

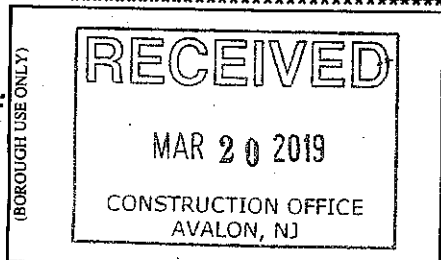
(PLEASE CHECK ONE) YES _____ NO _____

3/20/19
DATE

PZ#: _____

[Signature]
SIGNATURE OF APPLICANT

DATE
RECEIVED*



ZCN# 4353

3/26/19
DATE

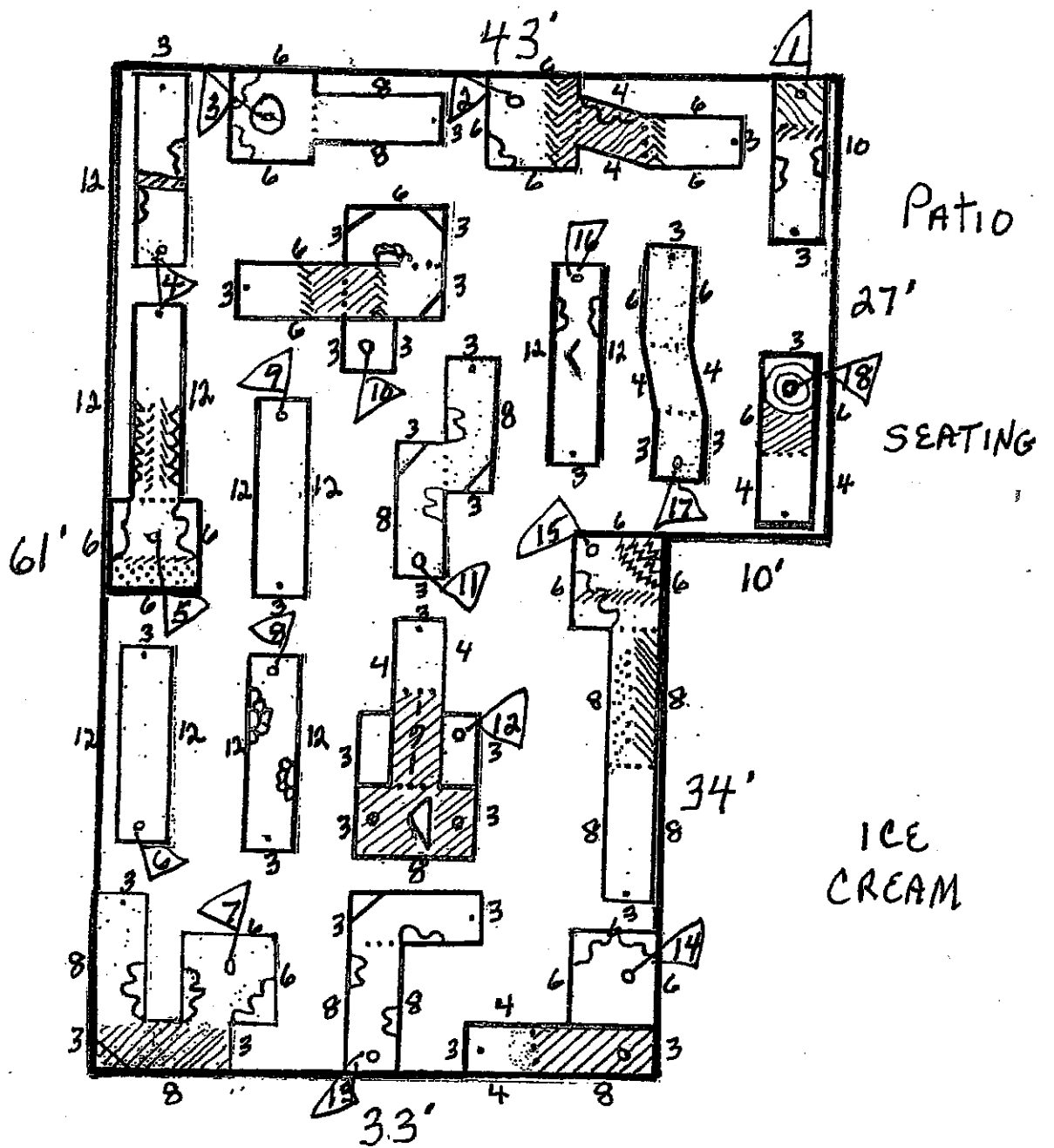
[Signature]
ZONING OFFICIAL'S SIGNATURE

* Zoning Officer has ten (10) days to review application from the date of receipt, in accordance with N.J.S. 40:55D-18.

ZO0033

BUCHANAN
NJ
3-5-19

COFFEE



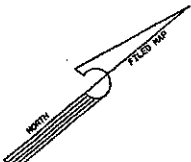
PLOT PLAN APPROVED

DATE

3/26/19

ZONING OFFICER

ACCESS EASEMENT TO ADJACENT LOTS FOR FUTURE DEVELOPMENT TO ENSURE SATISFACTORY ACCESS TO 21ST STREET

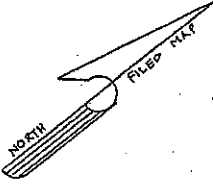


PLOT PLAN APPROVED

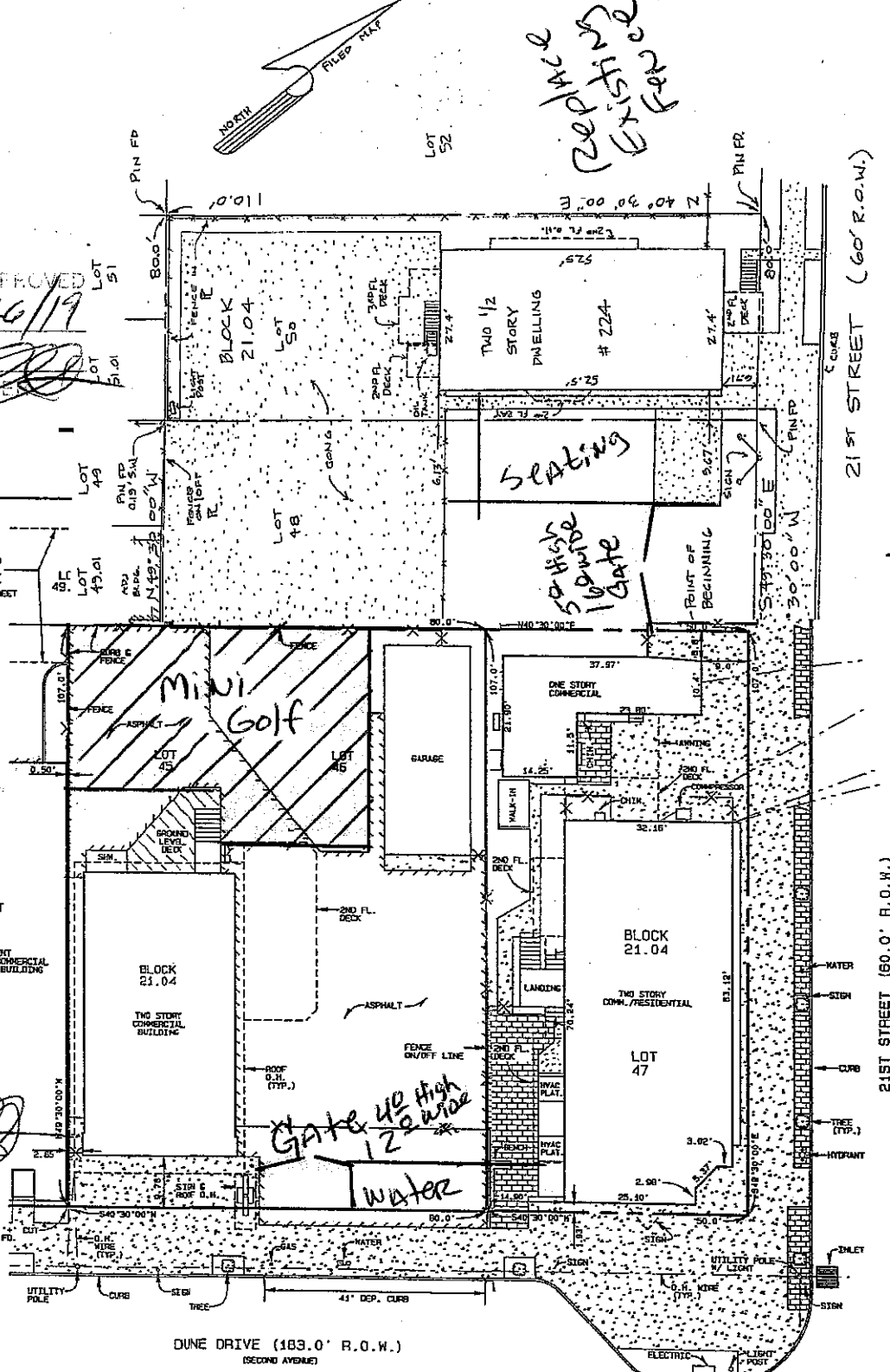
DATE

3/20/19

ZONING OFFICER



Red line
Existing
Fence



ISSUED TO: Andrew F. Buchanan
Jonathan Landon
Seaboard Title Agency

DUNE DRIVE (183.0' R.O.W.)
(SECOND AVENUE)

I certify that, to the best of my knowledge and belief, this map or plan is the result of a field survey made, shown, by me or under my direct supervision, in accordance with the rules and regulations promulgated by the State of Professional Engineers and Land Surveyors.

The information shown hereon correctly represents the conditions found at and as of the date of field survey, to the best of my knowledge and belief, this map or plan is the result of a field survey made, shown, by me or under my direct supervision, in accordance with the rules and regulations promulgated by the State of Professional Engineers and Land Surveyors. The surveyor reserves the right to modify this survey should any such information become available. The surveyor is not responsible for any errors or omissions in this survey, and the surveyor shall not be held responsible for any liability should this survey be used for any other purpose other than intended. Surveyor shall not be held responsible for any liability should this survey be used by any other person or entity not specifically named.

ZO0035

✓

Borough of Avalon Zoning Permit


Application #: 1261 Permit No: 20140142.000 Issue Date: 06/10/2014
Construction Control Number :
Block: 21.04 Lot: 45 Qualifier:
Work Site: 2150 DUNE DRIVE Zone: Default
Owner: BUCHANAN, ANDREW Agent: OWNER
Address: 2150 DUNE DRIVE Address:
City/State/Zip: AVALON NJ 08202 City/State/Zip:
Telephone: [REDACTED] Telephone: ____-____
Fax: () - - Fax: () - -
EMail: EMail :
Tenant:

Amt Due:	\$ 50.00
Check #:	
Amount collected:	\$0.00

This is to certify that the permit being issued is approved for use as indicated below and as depicted on the Plot Plan:
SIGN

Which is:

- ☐ Permitted by Zoning Ordinance, Chapter - Section -
- ☐ Permitted by variance approved on _____ # _____ subject to any special conditions attached to the grant thereof.
- ☐ A valid nonconforming use as established by () findings of the Zoning Board of Adjustment or by () the undersigned zoning officer or by () the Planning Board on the basis of evidence supplied by applicant.
Conditions, if any:
- ☐ There is a nonconforming structure on the premises by reason of insufficient
- ☐ Other:


Jeffrey Hesley, Zoning Official

Pd c/e 654 7/16/14 Rd
Date

This is NOT a Construction Permit



APPLICATION FOR ZONING PERMIT

BOROUGH OF AVALON
3100 DUNE DRIVE, AVALON, N.J. 08202
(609) 967-5923

2150/2108 DUNE
WORK SITE

BLOCK: 2104 LOT(S): 45/47

CONTRACTOR

Andrew F. Buchanan
OWNER

ADDRESS

PO Box 350 Avalon
ADDRESS

TELEPHONE # FAX #

[REDACTED]
TELEPHONE # FAX#

1. CHECK THE APPROPRIATE DESCRIPTION OF WORK TO BE DONE

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> GARAGE	<input type="checkbox"/> FENCE
<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> DECK	<input type="checkbox"/> AIR CONDITIONING
<input type="checkbox"/> RENOVATION/ADDITION	<input type="checkbox"/> SHED	<input type="checkbox"/> OTHER/ <u>Sign</u>

2. NEW CONSTRUCTION

THIS APPLICATION MUST BE ACCOMPANIED BY A DRAWING REFLECTING:

- | | |
|--|---------------------------------|
| A. PLOT DIMENSIONS | E. FENCING |
| B. SET BACKS FROM LOT LINE | F. DIMENSIONS OF ALL STRUCTURES |
| C. CURB CUTS, DRIVEWAYS, ETC. | G. ACCESSORY STRUCTURES AND |
| D. HEIGHT OF STRUCTURE (FROM BASE FLOOD) | THEIR RELATIONSHIP TO PRINCIPLE |
| | STRUCTURE |

3. OTHER THAN NEW CONSTRUCTION

THE DIAGRAM ATTACHED TO THE APPLICATION SHOULD SIMULATE A BUILDING SITE PLAN. PLEASE SHOW DIMENSIONS OF YOUR LOT, LOCATION OF EXISTING STRUCTURES (WITH ALL DIMENSIONS) AND PROPOSED CONSTRUCTION WITH DOTTED LINES, DIMENSIONS AND SET BACKS.

4. A PLANNING COMMISSION APPROVAL OR ZONING APPEAL APPROVAL IS REQUIRED

(PLEASE CHECK ONE) YES ☐ NO ☐

5. AN APPLICATION HAS BEEN MADE BEFORE THE AVALON PLANNING/ZONING BOARD FOR THIS PROPERTY

(PLEASE CHECK ONE) YES ☐ NO ☐

5/14/14
DATE

[Signature]
SIGNATURE OF APPLICANT

DATE RECEIVED*

5/14/14 [Signature]
(BOROUGH USE ONLY)

ZCN# 1261

5/15/14
DATE
[Signature]
ZONING OFFICIAL'S SIGNATURE

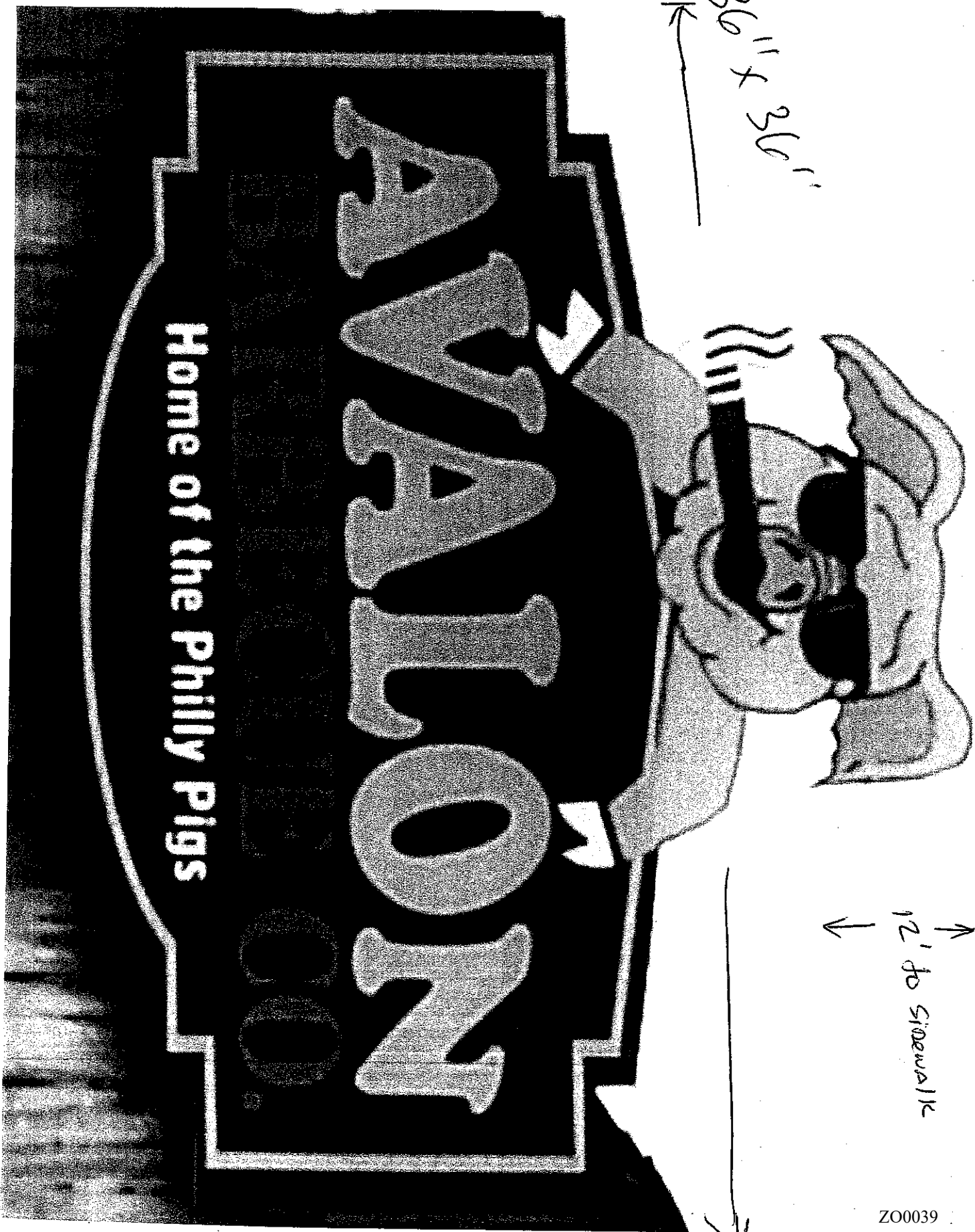
* Zoning Officer has ten (10) days to review application from the date of receipt, in accordance with N.J.S. 40:55D-18.



* To Replace Existing Holiday Realty Sign

*TO Replace existing Beach Breeze Sign

36" x 36"





BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON, NJ 08202
609 - 9674220

Control Number: 19762
Application Date: 03/07/2014

CONSTRUCTION PERMIT

14-0114

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 45	Qualification Code:	
Work Site Location:	2150 DUNE DRIVE AVALON		
Owner In Fee:	BUCHANAN, ANDREW		
Address:			
Telephone:	()		
Use Group(s):	B		
Contractor:	MC CORRISTIN CONSTRUCTION I		
Address:	2518 OCEAN DR AVALON NJ 08202		
Telephone:	(609) 967-0007		
Lic. No. / Bldrs. Reg. No.:	030991		
Federal Emp. No.:	[REDACTED]		

is hereby granted permission to perform the following work :

- | | | |
|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

ROOF/BREEZWAY TO CONNECT OUT BUILDING, GARAGE;
NEW ROOF, DOORS, SIDING AND INTERIOR FINISH
OFFICE, DEMO INTERIOR WALLS

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	24,000.00
Cost of Demolition:	0.00

Total Cost:	\$24,000.00
-------------	-------------

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.

John Tracy
Construction Official

3-18-14
Date

Amount to be Paid:	\$436.00
	300.00
	736.00

3d CR2 16618
3/27/14 RCL

Note: 3/18/14

Borough of Avalon Zoning Permit

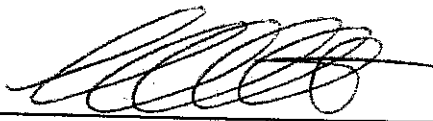
Application #: 1187	Permit No: 20140053.000	Issue Date: 03/18/2014	Amt Due: \$ 300.00 Check #: Amount collected: \$0.00
Construction Control Number: 19762			
Block: 21.04	Lot: 45	Qualifier:	
Work Site: 2150 DUNE DRIVE		Zone: B-1	
Owner: BUCHANAN, ANDREW		Agent: MC CORRISTIN CONSTRUCTION LLC	
Address:		Address: 2518 OCEAN DR	
City/State/Zip:		City/State/Zip: AVALON NJ 08202	
Telephone: _____		Telephone: XXXXXXXXXX	
Fax: () _____		Fax: () _____	
E-Mail:		E-Mail: johnmccorristin@hotmail.com	
Tenant:			

This is to certify that the permit being issued is approved for use as indicated below and as depicted on the Plot Plan:

ROOF/BREEZWAY TO CONNECT OUT BUILDING, GARAGE;
NEW ROOF, DOORS, SIDING AND INTERIOR FINISH
OFFICE, DEMO INTERIOR WALLS

Which is:

- ☐ Permitted by Zoning Ordinance, Chapter - Section -
- ☐ Permitted by variance approved on _____, # _____ subject to any special conditions attached to the grant thereof.
- ☐ A valid nonconforming use as established by () findings of the Zoning Board of Adjustment or by () the undersigned zoning officer or by () the Planning Board on the basis of evidence supplied by applicant.
Conditions, if any:
- ☐ There is a nonconforming structure on the premises by reason of insufficient
- ☐ Other:


Jeffrey Hesley, Zoning Official

Pdcl2 14618 3/27/14 Kd
Date

This is NOT a Construction Permit



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 21.04

Lot 45-46

Qualification Code

Work Site Location

Avulo

Owner in Fee:

Tel.

e-mail

Address

P.O. Box 350

street

municipality

Contractor:

McCauley Construction, Inc.

Tel. (609) 267.0007

Address

2511 Ocean Drive

e-mail

Contractor License No. or Builder Registration No.

Avulo 1050 02202

Exp. Date 12/31/2014

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

130140204514

Federal Emp. ID No.

FAX: (609) 267.4707

JOB SUMMARY (Office Use Only)

PLAN REVIEW/

Date

Initial

INSPECTIONS

Dates (Month/Day)

Initial

☐ No Plans Required

☐ All

☐ Footings/Foundations

☐ Structural/Framework

☐ Exterior

☐ Interior

☐ Joint Plan Review Required:

☐ Elec. ☐ Plumb ☐ Fire ☐ Elevator

☐ SubCODE APPROVAL for PERMIT

☐ SubCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

3-7-14

Approved by:

[Signature]

MECHANICAL

TCO

Other

Barrier-Free

Final

Barrier-Free

Barrier-Free

Use Group

Present

Proposed

Constr. Class

Present

Proposed

No. of Stories

Height of Structure

Area — Largest Floor

New Bldg. Area/All Floors

Volume of New Structure

Max. Live Load

Max. Occupancy Load

Est. Cost of Bldg. Work:

1. New Bldg.

2. Rehabilitation

3. Total (1 + 2)

U.C.C. F110

(rev. 12/07)

State Approved

HUD

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

4. Hard = Applicant Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F110

(rev. 12/07)

1. White = Inspector Copy

2. Canary = Office Copy

3. Pink = Office Copy

U.C.C. F110



APPLICATION FOR ZONING PERMIT

BOROUGH OF AVALON
3100 DUNE DRIVE, AVALON, N.J. 08202
(609) 967-5923

2100 Dune Drive
WORK SITE

BLOCK: 21.04 LOT(S): 45-46

McConnon Const. Inc.
CONTRACTOR

Andrew Buchanan
OWNER

2518 Ocean Drive
ADDRESS

P.O. Box 355
ADDRESS

609-967-0007 609-967-4707
TELEPHONE # FAX #

[REDACTED]
TELEPHONE # FAX #

1. CHECK THE APPROPRIATE DESCRIPTION OF WORK TO BE DONE

☐ NEW CONSTRUCTION ☐ GARAGE ☐ FENCE
☐ SWIMMING POOL ☐ DECK ☐ AIR CONDITIONING
☒ RENOVATION/ADDITION ☐ SHED ☐ OTHER/

2. NEW CONSTRUCTION

THIS APPLICATION MUST BE ACCOMPANIED BY A DRAWING REFLECTING:

- | | |
|--|---------------------------------|
| A. PLOT DIMENSIONS | E. FENCING |
| B. SET BACKS FROM LOT LINE | F. DIMENSIONS OF ALL STRUCTURES |
| C. CURB CUTS, DRIVEWAYS, ETC. | G. ACCESSORY STRUCTURES AND |
| D. HEIGHT OF STRUCTURE (FROM BASE FLOOD) | THEIR RELATIONSHIP TO PRINCIPLE |
| | STRUCTURE |

3. OTHER THAN NEW CONSTRUCTION

THE DIAGRAM ATTACHED TO THE APPLICATION SHOULD SIMULATE A BUILDING SITE PLAN. PLEASE SHOW DIMENSIONS OF YOUR LOT, LOCATION OF EXISTING STRUCTURES (WITH ALL DIMENSIONS) AND PROPOSED CONSTRUCTION WITH DOTTED LINES, DIMENSIONS AND SET BACKS.

4. A PLANNING COMMISSION APPROVAL OR ZONING APPEAL APPROVAL IS REQUIRED (PLEASE CHECK ONE) YES _____ NO _____

5. AN APPLICATION HAS BEEN MADE BEFORE THE AVALON PLANNING/ZONING BOARD FOR THIS PROPERTY (PLEASE CHECK ONE) YES _____ NO _____

3/7/2014
DATE

DATE RECEIVED*

(BOROUGH USE ONLY)

3/7/14
KC

ZCN#

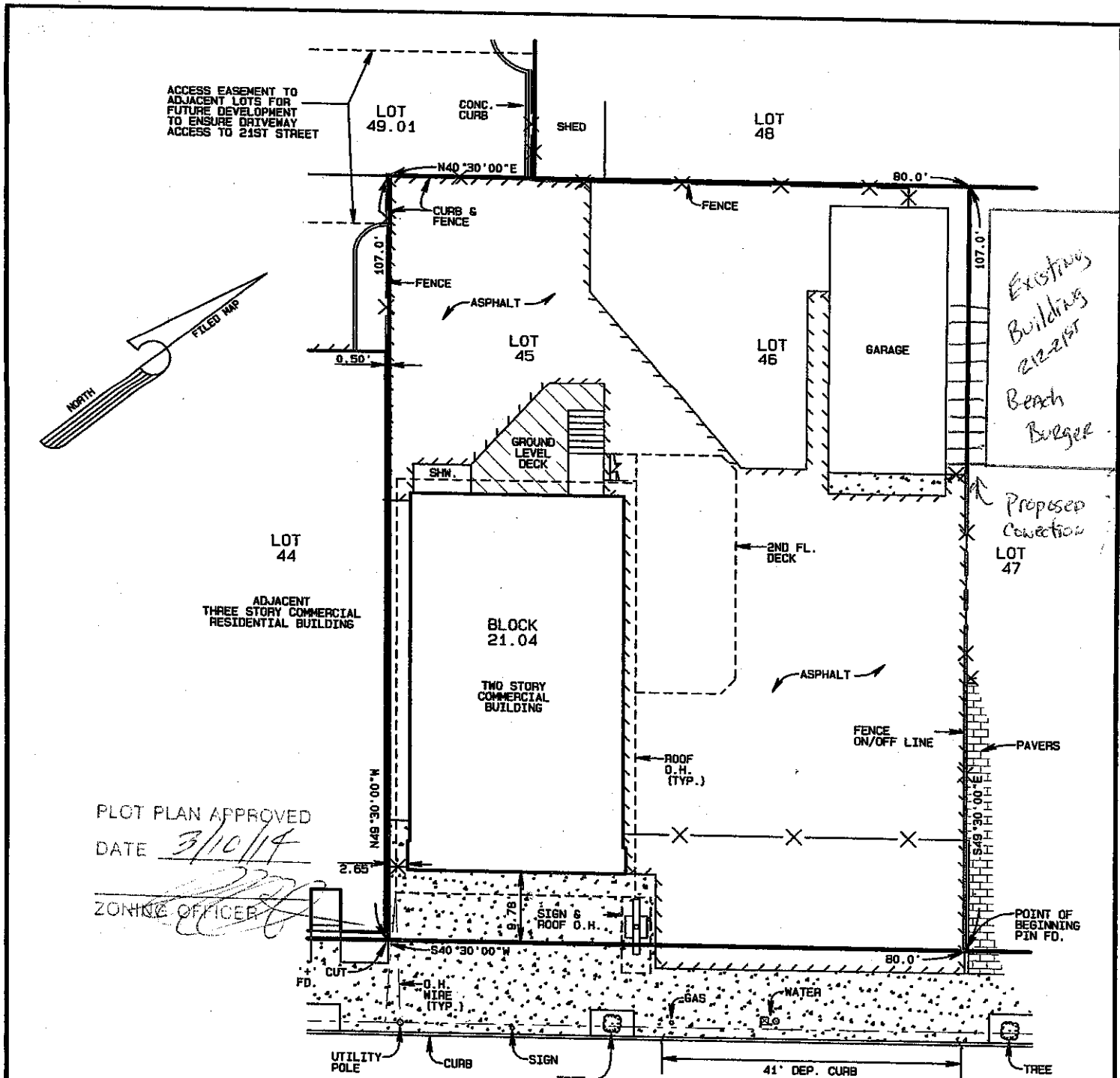
1187

[Signature]
SIGNATURE OF APPLICANT

3/10/14
DATE

[Signature]
ZONING OFFICIAL'S SIGNATURE

* Zoning Officer has ten (10) days to review application from the date of receipt, in accordance with N.J.S. 40:55D-18.



DUNE DRIVE (183.0' R.O.W.)
(SECOND AVENUE)

ISSUED TO: Andrew F. Buchanan
Jonathan Landon
Seaboard Title Agency

I certify that, to the best of my knowledge and belief, this map or plan is the result of a field survey made, on the date shown, by me or under my direct supervision, in accordance with the rules and regulations promulgated by the State Board of Professional Engineers and Land Surveyors.

The information shown hereon correctly represents the conditions found at end as of the date of field survey. This property is subject to documents of record, either recorded or unrecorded. Underground improvements, easements, rights, restrictions, right of ways, exceptions, covenants, or other conditions not visible or unknown to the surveyor are not shown. Surveyor reserves the right to modify this survey should any such information become available. The illustration of any mapped or regulated environmental constraints that may be within the jurisdictional limits of Federal, State and/or Local regulatory agencies affecting the subject property are not included as part of the surveyors contract with the client unless specifically shown.

CAUTION: If this document does not contain a raised impression seal of the professional, it is not an authorized original document and may have been altered. This survey has been prepared only for the use of the named parties. Surveyor shall not have any responsibility or liability should the survey be used for resale of the property, for use with survey affidavit, for use with site plan, zoning plan, etc., or for any other purpose other than intended. Surveyor shall not have any responsibility or liability should this survey be used by any other person or entity not specifically named.

THOMAS*AMEY*SHAW, INC.
SURVEYING * PLANNING * DESIGN

2900 DUNE DRIVE, SUITE 3, AVALON, N.J. 08202
PHONE: 609-967-3999 FAX: 609-967-4544 E-MAIL: info@TASsurvey.com
CERTIFICATE OF AUTHORIZATION NUMBER 24GA27929900

SURVEY OF PREMISES

BLOCK 21.04
LOTS 45 & 46

BOROUGH OF AVALON
CAPE MAY COUNTY, NEW JERSEY

GARY LEE THOMAS
PROFESSIONAL LAND SURVEYOR, N.J.P.L.S. No.23921
PROFESSIONAL PLANNER, N.J.P.P. No. 2461
CERTIFIED FLOODPLAIN MANAGER NO. US-07-02583

DRAWN	CHECKED	APPROVED
MVG	GLT	GLT
DATE	SCALE	SHEET
11/21/13	1" = 20'	1 OF 1



BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON, NJ 08202
609 - 9674220

Control Number: 19810
Application Date: 03/31/2014

CONSTRUCTION PERMIT UPDATE

14-0114

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 45	Qualification Code:	Contractor: MC CORRISTIN CONSTRUCTION I
Work Site Location:	2150 DUNE DRIVE AVALON		Address: 2518 OCEAN DR
Owner In Fee:	BUCHANAN, ANDREW		AVALON NJ 08202
Address:			Telephone: (609) 967-0007
Telephone: ()			Lic. No. / Bldrs. Reg. No.: 030991
Use Group(s): B			Federal Emp. No.: [REDACTED]

is hereby granted permission to perform the following work :

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:
PLUMBING UPDATE

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Rehabilitation: 10,000.00
Cost of Demolition: 0.00

Total Cost: \$10,000.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	\$320.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$17.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$337.00
All Fees Waived:	No

Amount to be Paid: \$337.00

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.

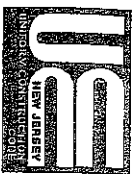
John Tracy
Construction Official

3-31-14
Date

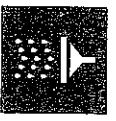
3dcb 16661
4/4/14 Rd

Note:

3/31/14



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 2100 Lot 45146 Qualification Code _____
Work Site Location 2150 DANE DRIVE AUSTLEY, NJ

Owner In Fee: Andrew F. Buchanan

Tel. [REDACTED] e-mail _____

Address PO BOX 350 AUSTLEY, NJ 08202

Contractor: Schalltech Tel. () Zip code 08202

Address 383 Carson Tavern Rd. e-mail Schalltech@comcast.net

Ocean View, NJ 08230

Contractor License No. 11072 Exp. Date 06/15

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 4" Public Sewer _____ Private Septic _____
Water Service Size 3/4" Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS			
[] No Plans Required		Type:	Failure	Dates (Month/Day)	Initial
[] Partial - Underslab Utilities Approved		Slab			
Date:	Approved by:	Rough			
<u>3/28/14</u>	<u>ELC</u>	Water			
Joint Plan Review Required:		Sewer			
[] Bldg. [] Elec. [] Fire. [] Elev.		Fixtures			
SUBCODE APPROVAL for PERMIT		Gas Equipment			
Date:	<u>3/28/14</u>	Gas Piping			
Approved by:	<u>[Signature]</u>	LP Gas Tank			
SUBCODE APPROVAL for CERTIFICATE		Fuel Oil Piping			
[] CO [] CCO [] CA		Solar			
Date:		TCO			
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's Signature/Contractor's Seal and Signature

☒ Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Room 84-14 new 1st fl plumbing for restaurant & gas line for cooking equipment

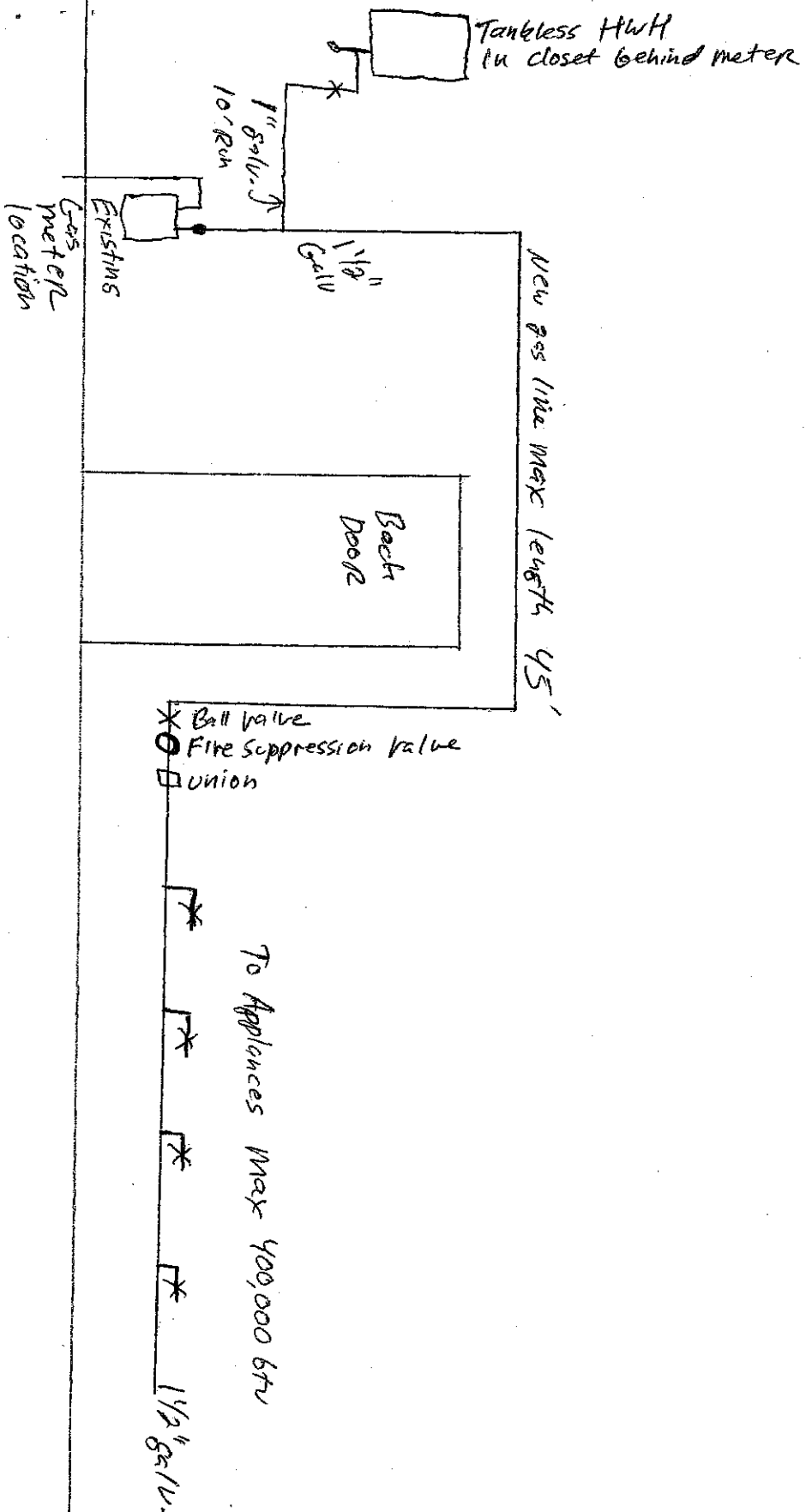
Date Received 3/26/14
Control # 19810
Date Issued 4/14/14
Permit # 14-01184

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>2</u>	Water Closet	
<u>2</u>	Urinal/Bidet	
<u>2</u>	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
<u>4</u>	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
<u>1</u>	Water Heater <u>Tankless 199K</u>	
<u>5</u>	Fuel Oil Piping	
	LP Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
<u>1</u>	Greasetrap	
<u>1</u>	Sewer Connection <u>To exist</u>	
<u>6</u>	Water Service Connection	
<u>1</u>	Stacks <u>vent</u>	
	Other <u>soda drain</u>	
	Other _____	

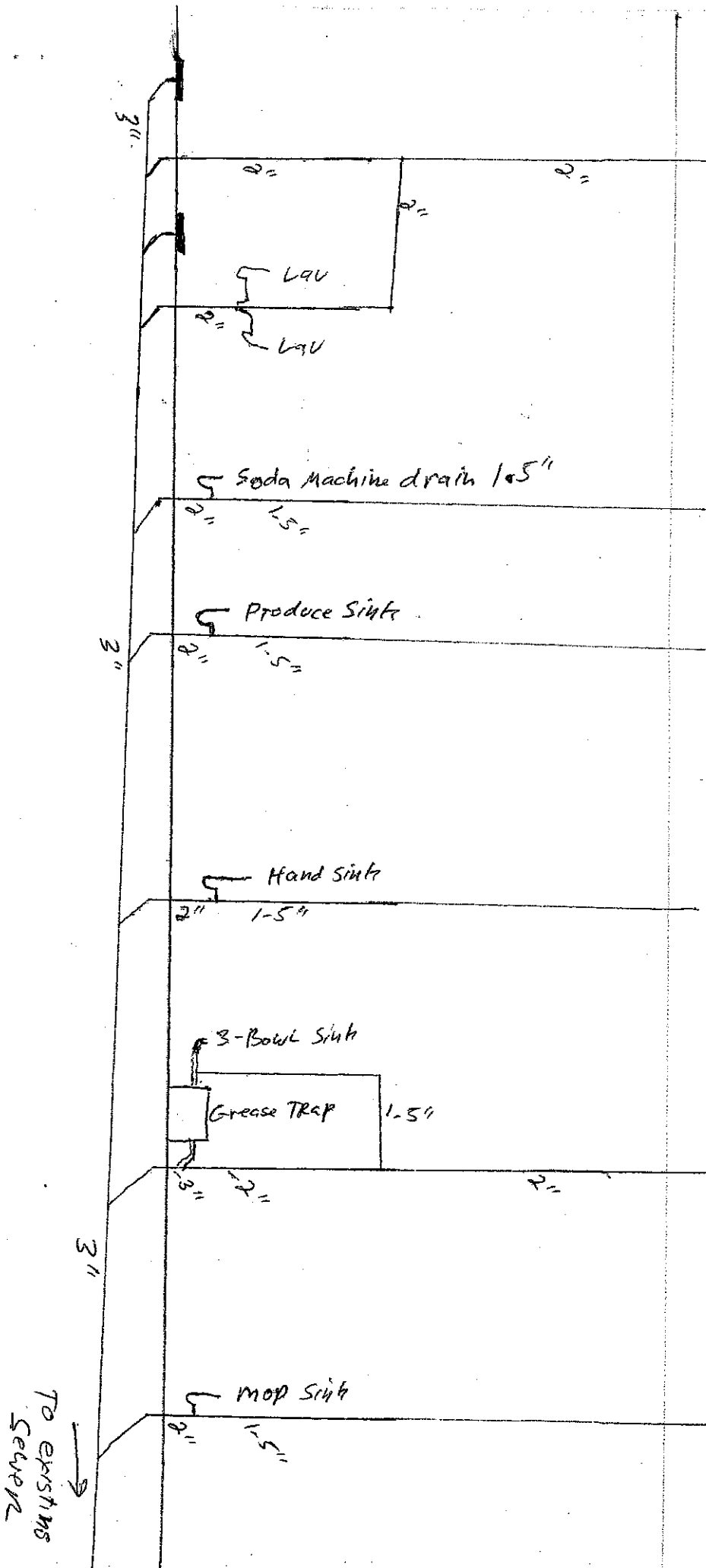
Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ _____

2150 Done Drive
Avon, VT

Z00047



2150 Dune Drive
Austin, TX





BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON, NJ 08202
609 - 9674220

Control Number: 19864
Application Date: 04/22/2014

CONSTRUCTION PERMIT UPDATE
IDENTIFICATION

14-0114

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 45	Qualification Code:	
Work Site Location:	2150 DUNE DRIVE AVALON		
Owner In Fee:	BUCHANAN, ANDREW		
Address:			
Telephone:	()		
Use Group(s):	B		
Contractor:	MC CORRISTIN CONSTRUCTION I		
Address:	2518 OCEAN DR AVALON NJ 08202		
Telephone:	(609) 967-0007		
Lic. No. / Bldrs. Reg. No.:	030991		
Federal Emp. No.:			

is hereby granted permission to perform the following work :

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:
KITCHEN HOOD EXHAUST SYSTEM

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Rehabilitation: 13,300.00
Cost of Demolition: 0.00

Total Cost: \$13,300.00

PAYMENTS (Office Use Only)	
Building	
Electrical	\$435.00
Plumbing	\$150.00
Fire Protection	\$60.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$23.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$668.00
All Fees Waived:	No

Amount to be Paid: \$668.00

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.

John Tracy
Construction Official

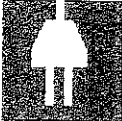
4-24-14
Date

pd cb2 16727
4/25/14 Rd

Note: 4/24/14



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 2150 Lot 4 Qualification Code _____

Work Site Location 2150 Dune Drive

Owner in Fee: Dave Buchanan

Tel. [REDACTED] Email _____

Address _____

Contractor: Metric Home Automation & Electric Tel. (609) 889-9302

Address 309 E. Wile Ave. Wiles NJ e-mail _____

Contractor License No. 14725 Exp. Date 3/15

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

Federal Emp. ID No. [REDACTED] FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 3000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: 4/21/14 Approved by: ACE

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 4/21/14 Approved by: ACE

Approved by: ACE

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

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's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

wire new store (Back Building)

Date Received 4/10/14
Control # 19864
Date Issued update 14-01/14
Permit # _____

QTY. SIZE ITEMS FEE (Office Use Only)

6 Lighting Fixtures

10 Receptacles

4 Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Over/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

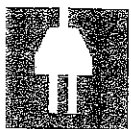
Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



ELECTRICAL SUBCODE
TECHNICAL SECTION



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

Block 21.04 Lot 4 Qualification Code 2100

Work Site Location 2100 Duane Dr

Owner In Fee: Deer Buckman

Tel. [redacted] Email [redacted]

Address [redacted]

Contractor: Metric Home Audio & Electric Tel. (609) 859 9302

Address 309 E. Wide Ave e-mail [redacted]

Willas N.O. 08251

Contractor License No. 14725 Exp. Date 3 15

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

Federal Emp. ID No. [redacted] FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present [redacted] Proposed [redacted]

☐ Pole/Pad # [redacted] ☐ Temporary ☐ Other [redacted]

Building Occupied as [redacted] Utility Co. [redacted]

Est. Cost of Elec. Work \$ [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Underslab Utilities Approved

Date: [redacted] Approved by: [redacted]

☒ Electric Plans Approved

Date: 4/24/14 Approved by: [redacted]

Joint Plan Review Required:

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 4/24/14

Approved by: [redacted]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: [redacted]

Approved by: [redacted]

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Wire new reshard

(Beach Budge-)

QTY 15 SIZE 15

ITEMS Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors--Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

3

15

15

6

1

1

1

1

1

1

1

1

1

1

1

Date Received 4/10/14

Control # 19864

Date Issued Update 14-01/14

Permit # Update 14-01/14

FEE (Office Use Only)

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$



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 21.04 Lot 457118 Qualification Code _____

Work Site Location 2150 Bruce Drive Hightstown NJ

Owner in Fee: Andrew C. Buchanan

Tel. [REDACTED] e-mail _____

Address PO Box 350 Amherst NJ

Contractor: EVE Inc municipality _____ Tel. (732) 274-0040

Address Mayfield NJ 08510 e-mail _____

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): _____

Federal Emp. ID No. [REDACTED] FAX: (732) 274-9175

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: ☐ Flammable or ☐ Combustible

Heating System: ☐ New or ☐ Modification to Existing Fire Alarm System: ☐ New or ☐ Existing

OR ☐ Conversion or ☐ Replacement Location of Panel: _____

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar Fire Suppression/Standpipe System: _____

☐ Other _____ Location of Main Control Valve: _____

Location: _____ Total Cost of Fire Protection Work \$10,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

☒ Fire Protection Plans Approved

Date: 4/24/14 Approved by: [Signature]

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 4/24/14

Approved by: [Signature]

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: Jerry E. Buchanan

_____ [] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

☐ System _____

☐ 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., horns/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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

For recorder call: (609) 380-1400

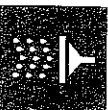
Allegria Marketing - Print - Mail (formerly OCS Printing) or order on the website: www.allegriamemora.com

Date Received 4/22/14
Control # 19864
Date Issued update 14-6114
Permit # _____

Z00052



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 21.04 lot 48 Qualification Code _____

Work Site Location Avlon Drive Dr

Owner In Fee: Drew Buchanan

Tel. _____ e-mail _____

Address _____

Contractor: Edward W. Zane Inc municipality _____ Tel. (609) 967-7559 zip code _____

Address Avlon e-mail _____

Contractor License No. 13VH00299400 Exp. Date 12/31/19

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 \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial - Under-slab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 4/11/19

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Failure

Failure

Approval

Initial

Dates (Month/Day)

Failure

Failure

Approval

Initial

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of air conditioning w/ heat pump

Date Received 4/11/19
Control # 198000104

Date Issued Update 14-0114
Permit # _____

QTY.

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

Greasetrap

Sewer Connection

Water Service Connection

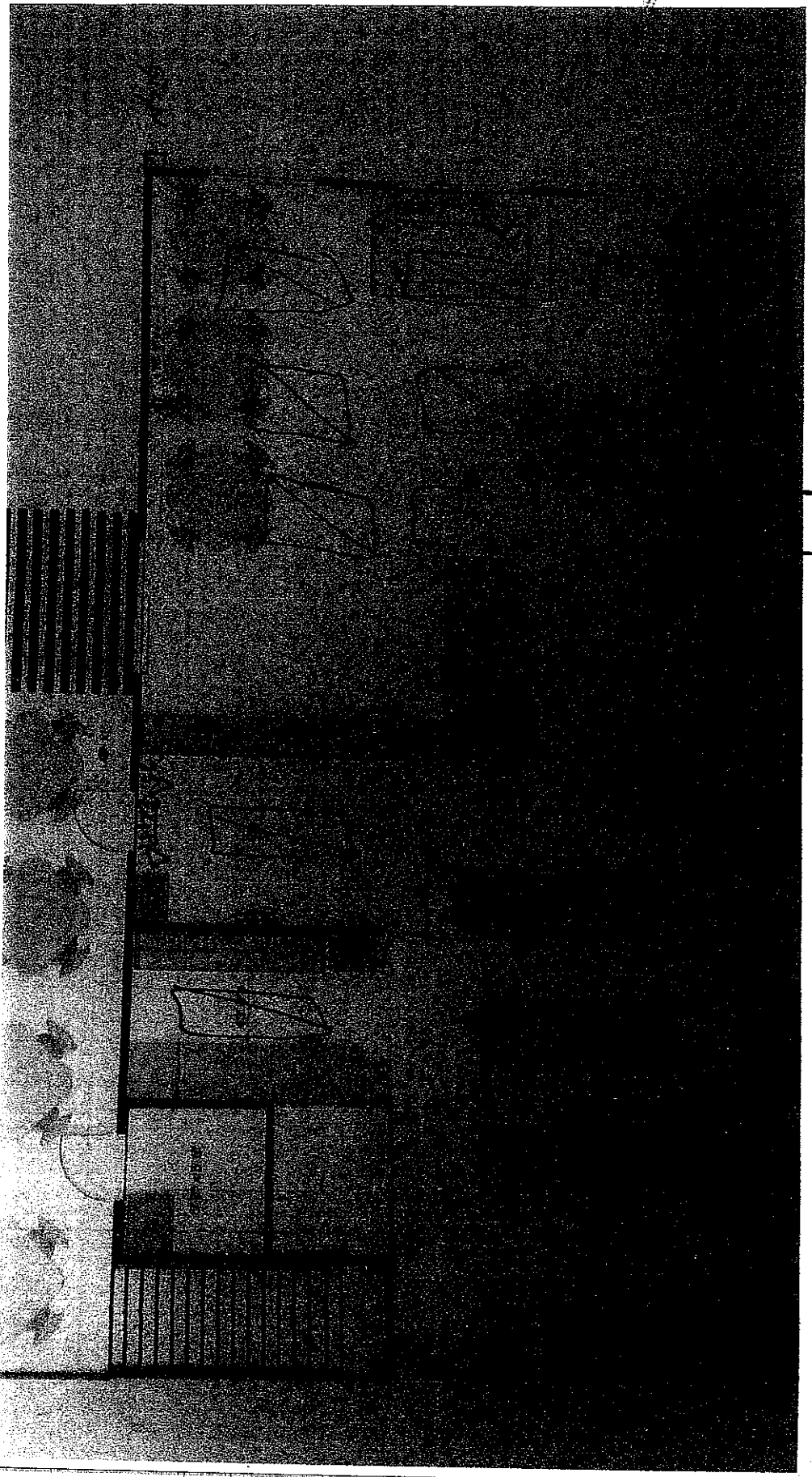
Stacks

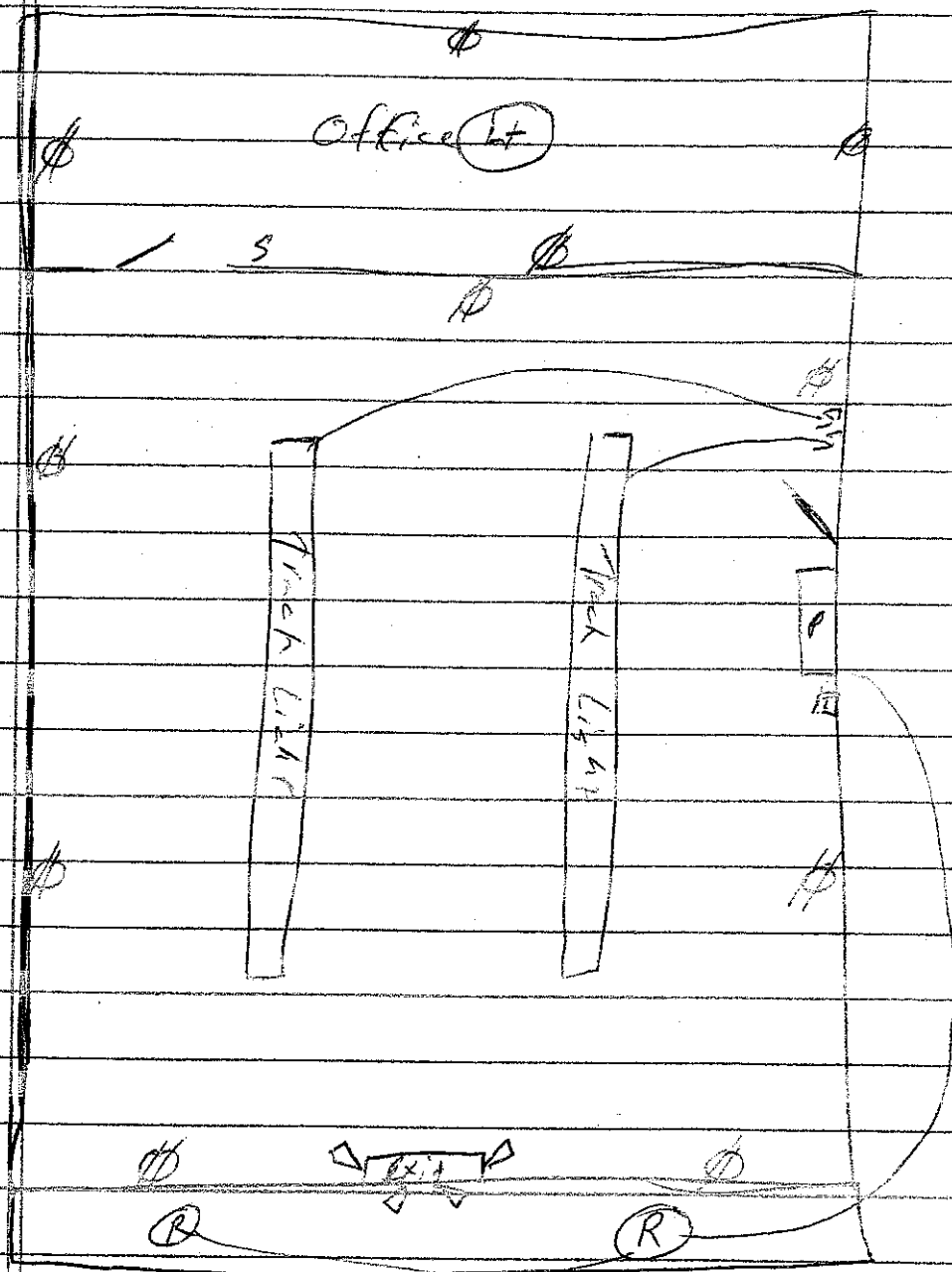
Other A/C Drain

Other _____

FEE (Office Use Only)

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







BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON, NJ 08202
609 - 9674220

Control Number: 19922
Application Date: 05/06/2014

CONSTRUCTION PERMIT UPDATE

14-0114

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 45	Qualification Code:	
Work Site Location:	2150 DUNE DRIVE AVALON		
Owner In Fee:	BUCHANAN, ANDREW		
Address:			
Telephone:	()		
Use Group(s):	B		
Contractor:	MC CORRISTIN CONSTRUCTION I		
Address:	2518 OCEAN DR AVALON NJ 08202		
Telephone:	(609) 967-0007		
Lic. No. / Bldrs. Reg. No.:	030991		
Federal Emp. No.:	[REDACTED]		

is hereby granted permission to perform the following work :

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL NEW ANSUL SYSTEM AND UPGRADE ELECTRICAL SERVICE

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Rehabilitation: 4,300.00
Cost of Demolition: 0.00

Total Cost: \$4,300.00

PAYMENTS	(Office Use Only)
Building	
Electrical	\$60.00
Plumbing	
Fire Protection	\$150.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$8.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$218.00
All Fees Waived:	No

Amount to be Paid: \$218.00

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.

John Tracy
Construction Official

5-19-14
Date

Pd Clk 16828
5/20/14 Rd

Note:

5/20/14



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 _____ Lot _____
Work Site Location 2150 Dancer Qualification Code _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____

Contractor: Melvin Home Automation & Electric Tel. (609) 889 7302

Address 309 E. Wicks Ave email cell 609 846 6839

Contractor License No. 14225 Exp. Date 3/1/15

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

Federal Emp. ID No. _____ FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Occupied as _____ [] Temporary [] Other _____

Est. Cost of Elec. Work \$ 200 Utility Co. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type:	Failure Failure Approval Initial
[] Partial -Underslab Utilities Approved	Rough	
Date: _____ Approved by: _____	Barrier-Free	
[] Electric Plans Approved	Trench	
Date: _____ Approved by: _____	Temp. Serv.	
[] Electric Plans Approved	Const. Serv.	
Date: _____ Approved by: _____	TCO	
Joint Plan Review Required:	Other	
[] Bldg. [] Plumb. [] Fire. [] Elev.	Service	
SUBCODE APPROVAL for PERMIT	Final	
Date: <u>5/15/14</u>	Barrier-Free	
Approved by: <u>ea</u>		
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-In-Card Date Issued	
[] CO [] CCO [] CA	Final Cut-In-Card Date Issued	
Date: _____	Annual Pool Inspection	
Approved by: _____	Date of Grounding and Bonding	
	Certification	

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's Signature/Contractor's Seal and Signature
[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr' [] Exempt Applicant

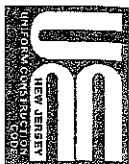
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
up grade service to 200 Amp
Backs Building

Date Received 5/15/14
Control # 19923
Date Issued update 14-01/14
Permit # _____

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UV Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Over/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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



FIRE PROTECTION SUBCODE
TECHNICAL SECTION



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

Block 2104 Lot 45 Qualification Code 45

Work Site Location AVENUE NO 08300

Owner In Fee: DREW BUCHANAN

Tel. () [REDACTED] e-mail [REDACTED]

Address [REDACTED]

Contractor: 424800 FIRE Municipality [REDACTED] Tel. () 609.644.3002 Zip code 08302

Address 1066 R. 83 e-mail [REDACTED]

ALTERNATE NO. 5

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 120254

Fire Protection Equipment, NJ Div of Fire Safety Installer No. [REDACTED]

Fire Alarm Contractor No. [REDACTED] Exp. Date [REDACTED]

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): [REDACTED]

Federal Emp. ID No. [REDACTED] FAX: () [REDACTED]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present [REDACTED] Proposed [REDACTED]

Constr. Class: Present [REDACTED] Proposed [REDACTED]

Heating System: ☐ New or ☐ Modification to Existing

OR ☐ Conversion OR ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other [REDACTED]

Location: [REDACTED]

Total Cost of Fire Protection Work \$ 1000.00

JOB SUMMARY (Office Use Only)

INSPECTIONS

Dates (Month/Day)

Initial

PLAN REVIEW

Type:

Alarm System

Failure

Approval

Initial

☐ No Plans Required

☐ Partial - Understap Utilities Approved

Date: 5/14 Approved by: [Signature]

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

☐ Mechanical

☐ Smoke Control

☐ TCO

☐ Flamm/Combust Tanks

☐ Fireplace Venting

☐ Final

☐ Other [REDACTED]

SUBCODE APPROVAL for PERMIT

Date: 5/14 Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

Date: 5/14 Approved by: [Signature]

☐ CO ☐ CCO ☐ CA

Approved by: [Signature]

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 sign/Contractor

sign and seal here:

Print name here: Ron Buell

D. TECHNICAL SITE DATA

☐ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source EXISTING ALERIS SYSTEM

Method of Alarm/Suppression System Supervision [REDACTED]

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 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., horns/strobes, bells)

Other Devices [REDACTED]

TOTAL

Suppression Systems

Fire Pump [REDACTED] GPM Type [REDACTED]

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical [REDACTED]

Dry Chemical [REDACTED]

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other [REDACTED]

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other [REDACTED]

For reader call: (609) 390-1400

Allegre Marketing - Print - Mail

(formerly OCS Printing)

or order on the website:

www.AllegreMarketing.com

Administrative Surcharge \$ [REDACTED]

Minimum Fee \$ [REDACTED]

State Permit Surcharge Fee \$ [REDACTED]

TOTAL FEE \$ [REDACTED]

U.S.C. 1740 (rev. 11/05)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one

internet version. original plus three photocopies.

PERMIT APPLICATION COVER SHEET

WORK LOCATION

**Beach Burger
2150 Dune Drive
Avalon, NJ 08202**

May 5, 2014

WORK STATEMENT

Install new ANSUL R102 UL300 Fire Suppression Systems in new hood.

- **System will be tied into new gas valve and will shut down gas upon actuation of fire suppression system.**
- **All electric and gas under hood will shut down upon activation of suppression system.**
- **Appliances are new**
- **Manual pull station will be installed in path of egress.**
- **New gas valve to be installed by owner's plumber.**
- **New horn strobe to be tied into Ansul system by owner's electrician.**
- **Genron Fire will commission, test and certify systems.**

CONTRACTOR:

**GENRON FIRE PROTECTION
Ron Burnell
1066 Route 83
Cape May Court House, NJ 08210
609-624-3000 Phone
609-624-2999 Fax.**

**Mailing Address:
P. O. Box 556
S. Seaville, NJ 08246**

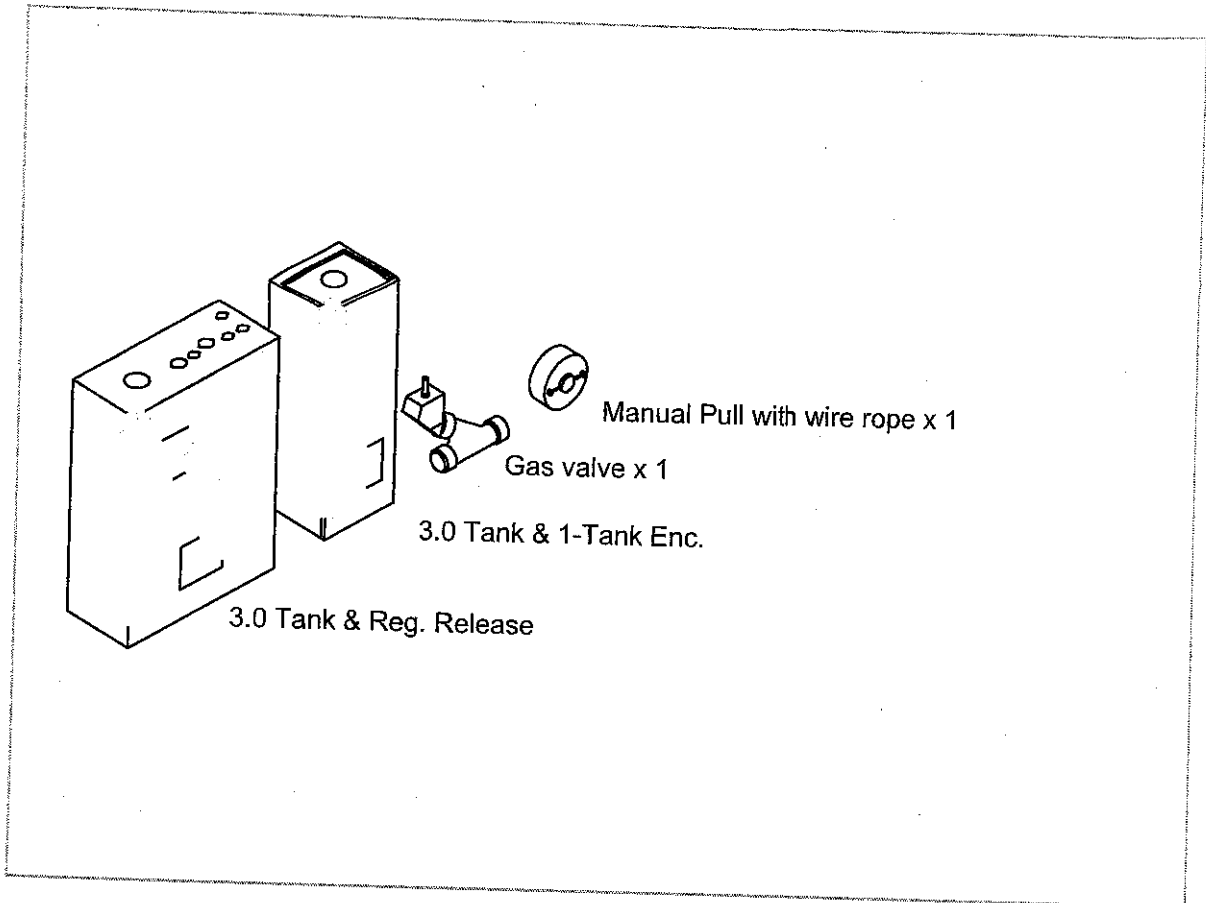
May 5, 2014



Install Date: ASAP
Beach Burger Avalon
2150 Dune Drive
Avalon, NJ 08202
Drew Buchanan
609-602-9245

Genron Fire Protection
1066 Route 83
Clermont, NJ 08210
Ron Burnell
609-624-3000
Ron@genronfire.net
P00254

Untitled System

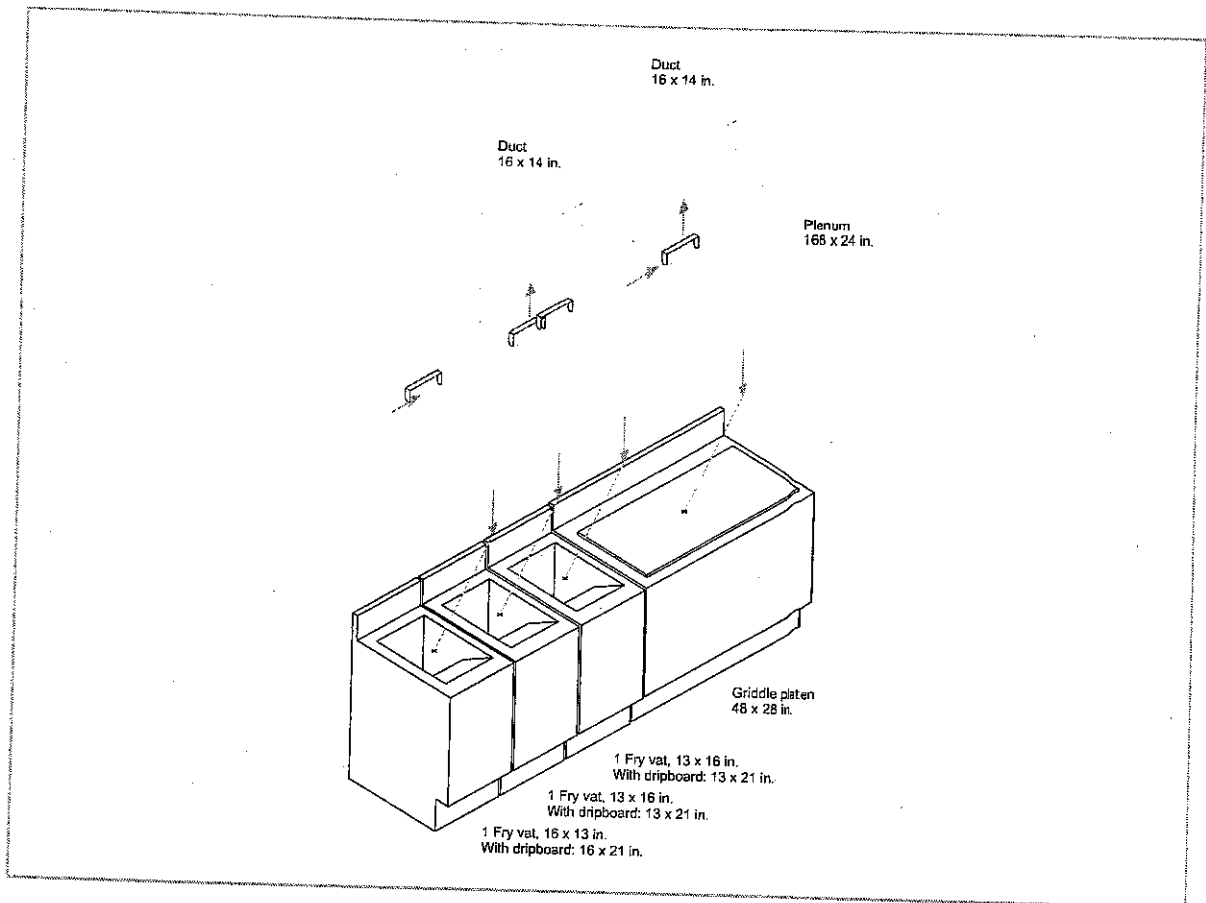




Install Date: ASAP
Beach Burger Avalon
2150 Dune Drive
Avalon, NJ 08202
Drew Buchanan
609-602-9245

Genron Fire Protection
1066 Route 83
Clermont, NJ 08210
Ron Burnell
609-624-3000
Ron@genronfire.net
P00254

Untitled System
Untitled Layout



Flow Summary:

Coverage	Overall Dimensions	Nozzle	Flows	Nozzle Location
Hood: Single Bank	168 x 52 in.	1N x2	2	2-4 in. from filter face, center of height dimension, aimed down filter length.
Duct: Square	16 x 14 in.	2W	2	2-8 in. into center of duct opening, aimed up
Duct: Square	16 x 14 in.	2W	2	2-8 in. into center of duct opening, aimed up
Fryer: 1 vat, dripboard	33 x 30 in.	3N	3	25-35 in., FRONT HALF of perimeter, aimed at center
Fryer: 1 vat, dripboard	33 x 30 in.	3N	3	25-35 in., FRONT HALF of perimeter, aimed at center
Fryer: 1 vat, dripboard	33 x 30 in.	3N	3	25-35 in., FRONT HALF of perimeter, aimed at center
Griddle	48 x 30 in.	260	2	30-50 in., 0-2 in. inside perimeter, aimed at center
Total Flow Points			17	



Install Date: ASAP
Beach Burger Avalon
2150 Dune Drive
Avalon, NJ 08202
Drew Buchanan
609-602-9245

Genron Fire Protection
1066 Route 83
Clermont, NJ 08210
Ron Burnell
609-624-3000
Ron@genronfire.net
P00254

Bill of Materials for City Burger Avalon

Part	Description	Quant.	Price USD	Ext. USD	Wt-lbs	Wt-kg
(not found)	(not found, partID: 423250)	4				
430317	3 Gallon Tank & Stainless Steel Enclosure (UL/ULC)	1				
430299	3 Gallon Tank w/ANSUL AUTOMAN Mechanical Reg. Release (UL/ULC)	1				
79372	ANSULEX Low pH Wet Chemical Agent, 3 Gallon (11.6 L) (UL/ULC)	2				
77285	Adaptor, 3/8 in. Quik-Seal, 24/package (pkg. price) (quant. and price are indiv.)	4				
428311	Alarm Initiating Switch, SPDT	1				
423443	Cartridge, Carbon Dioxide, 101-30 (16/carton) (unit price) (DOT/TC)	1				
435547	Detector, Series (Scissor Linkage)	3				
435546	Detector, Terminal (Scissor Linkage)	1				
439230	Fusible Link, 360 deg.F (HL Style) 10/package (pkg. price) (quant. and price are indiv.)	1				
439231	Fusible Link, 450 deg.F (HL Style) 10/package (pkg. price) (quant. and price are indiv.)	3				
55607	Gas Valve, Mechanical, 1 1/2 in.	1				
439838	Nozzle, 1N, 25/package (pkg. price) (quant. and price are indiv.)	2				
439844	Nozzle, 260, 9/package (pkg. price) (quant. and price are indiv.)	1				
439840	Nozzle, 2W, 25/package (pkg. price) (quant. and price are indiv.)	2				
439841	Nozzle, 3N, 9/package (pkg. price) (quant. and price are indiv.)	3				
435960	Remote Pull Station, Red (with 50 ft. wire rope)	1				
423879	Switch, Electric, DPDT	1				
15821	WR-50 Wire Rope, Stainless Steel, 1/16 in. Dia., 50 feet	1				

Additional Parts:



Install Date: ASAP
Beach Burger Avalon
2150 Dune Drive
Avalon, NJ 08202
Drew Buchanan
609-602-9245

Genron Fire Protection
1066 Route 83
Clermont, NJ 08210
Ron Burnell
609-624-3000
Ron@genronfire.net
P00254

Total Costs

Permits, Drawings, Test

US Dollars

- Permits
 - Labor
- Drawings
 - Labor
- Testing
 - Puff Test
 - Components
 - Labor
 - Discharge test
 - Components
 - Labor

Total

- Labor to Install
 - Mechanical
 - Electrical
 - Travel

Total

- Other Costs
 - Pipe and Conduit
 - Cost to Remove Old System
 - Ansul Hardware

2901.34

2901.34 Total

US Dollars
2901.34 Grand Total



BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON, NJ 08202
609 - 967-4220

Control Number: 15845
Application Date: 10/07/2008
08-0463

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 45	Qualification Code:	
Work Site Location:	2150 DUNE DRIVE Borough of Avalon		Contractor: HOLIDAY REALTY / LANDON, JONATHAN
Owner In Fee:	HOLIDAY REALTY / LANDON, JONATHAN		Address: 2150 DUNE DRIVE
Address:	2150 DUNE DRIVE		AVALON NJ 08202
	AVALON NJ 08202		Telephone: [REDACTED]
Telephone:	[REDACTED]		Lic. No. / Bldrs. Reg. No.: [REDACTED]
Use Group(s):	B		Federal Emp. No.:

is hereby granted permission to perform the following work:

- | | | |
|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACE CEDAR SHAKE ROOF WITH VINYL CEDAR IMPRESSIONS

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	2,000.00
Cost of Demolition:	0.00

Total Cost:	\$2,000.00
-------------	------------

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.

Salvatore J. De Simone
Salvatore J. De Simone

Oct. 7, 2008
Date

Construction Official

PAYMENTS (Office Use Only)	
Building	\$54.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$3.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$57.00
All Fees Waived:	No

Amount to be Paid: \$57.00

Pd Ck 2781

10/7/08 Rd

Note: *10/7/08*



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 _____ Lot _____ Qualification Code _____
Work Site Location 2150 Dune Dr Auction NJ 08002

Owner in Fee: Jonathan Landon

Tel. _____ e-mail _____

Address 2150 Dune Dr _____
street municipality zip code

Contractor: Quiver _____
Tel. _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Date (Month/Day)	Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required	10/10/08	JD	Footings					
<input type="checkbox"/> All			Footings					
<input type="checkbox"/> Footing			Footings					
<input type="checkbox"/> Foundation			Foundation					
<input type="checkbox"/> Slab			Slab					
<input type="checkbox"/> Frame			Frame					
<input type="checkbox"/> Other			Floor Sys./Bracing					
<input type="checkbox"/> Admitt Plan Review Required			Barriers-Free					
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation					
<input type="checkbox"/> Subcode Approval			Finishes - Base Layer					
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Finishes - Final					
			Energy					
			Mechanical					
			TCO					
			Other					
			Final					
			Barrier-Free					

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

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 \$ 2000.

3. 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 Willie Lee

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace existing mansard cedar shake roof with vinyl cedar impressions w/ weather guard tar paper.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') Sq. Ft.
- ☐ 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 \$	



ZONING PERMIT

PERMIT NO. 4411 DATE 3/10/09

BLOCK 21.04 LOTS 45

AVALON ADDRESS 2150 DUNE DRIVE

OWNER HOLIDAY REALTY

DESCRIPTION OPEN HOUSE PERMIT

BUILDER OWNER

FEE 100.00 DATE PAID Pdck 2994 3/11/09 Kd

ZONING OFFICER [Signature]

3/10/09

Ref. No: G 034017154



APPLICATION FOR ZONING PERMIT

BOROUGH OF AVALON
3100 DUNE DRIVE, AVALON, N.J. 08202
(609) 967-5923

BOROUGH WIDE

WORK SITE

HOLIDAY REALTY

CONTRACTOR

2150 DUNE DR.

ADDRESS

TELEPHONE #

FAX #

BLOCK: _____ LOT(S): _____

OWNER

ADDRESS

TELEPHONE #

FAX#

1. CHECK THE APPROPRIATE DESCRIPTION OF WORK TO BE DONE

____ NEW CONSTRUCTION

____ GARAGE

____ FENCE

____ SWIMMING POOL

____ DECK

____ AIR CONDITIONING

____ RENOVATION/ADDITION

____ SHED

☒ OTHER/ OPEN HOUSE

2. NEW CONSTRUCTION

LOT SIZE: _____ X _____

THIS APPLICATION MUST BE ACCOMPANIED BY A DRAWING REFLECTING:

- A. PLOT DIMENSIONS
- B. SET BACKS FROM LOT LINE
- C. CURB CUTS, DRIVEWAYS, ETC.
- D. HEIGHT OF STRUCTURE (FROM BASE FLOOD)

- E. FENCING
- F. DIMENSIONS OF ALL STRUCTURES
- G. ACCESSORY STRUCTURES AND THEIR RELATIONSHIP TO PRINCIPLE STRUCTURE

3. OTHER THAN NEW CONSTRUCTION

THE DIAGRAM ATTACHED TO THE APPLICATION SHOULD SIMULATE A BUILDING SITE PLAN. PLEASE SHOW DIMENSIONS OF YOUR LOT, LOCATION OF EXISTING STRUCTURES (WITH ALL DIMENSIONS) AND PROPOSED CONSTRUCTION WITH DOTTED LINES, DIMENSIONS AND SET BACKS.

4. A PLANNING COMMISSION APPROVAL OR ZONING APPEAL APPROVAL IS REQUIRED

(PLEASE CHECK ONE) YES _____ NO ☒

5. AN APPLICATION HAS BEEN MADE BEFORE THE AVALON PLANNING/ZONING BOARD FOR THIS PROPERTY

(PLEASE CHECK ONE) YES _____ NO ☒

DATE

SIGNATURE OF APPLICANT

DATE RECEIVED*

(BOROUGH USE ONLY)

RECEIVED

MAR 10 2009

AVALON ZONING

DATE

ZONING OFFICIAL'S SIGNATURE

* Zoning Officer has ten (10) days to review application from the date of receipt, in accordance with N.J.S. 40:55D-18.

Z00067

2150 DUNE DRIVE • AVALON • NEW JERSEY 08202
(609) 967-7571
FAX (609) 967-7577

HOLIDAY REALTY INC.

OF AVALON

March 10, 2009

Borough of Avalon

Attn: Jeff Hesley
Zoning Official

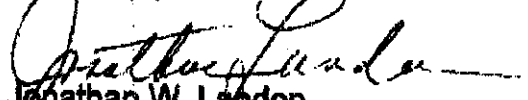
RE: Open House Permit

Dear Mr. Hesley,

Please use this letter as my application for an annual Open House permit for Holiday Realty Inc. of Avalon.

Thanking you in advance for your special help.

Very truly yours,


Jonathan W. Landon
Owner/Broker

BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON NJ 08202

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 6/11/97
Control # C210445
Permit # 428-97

IDENTIFICATION Block 21.04 Lot 45

Work Site Location 2150 DUNE DRIVE

AVALON NJ

Owner in Fee LONDON, JONATHAN

Address 2150 DUNE DRIVE

AVALON, NJ 08202-

Telephone [REDACTED]

Contractor MC CLURE, JOHN ELECTRIC CONT
Address PO BOX 785

CAPE MAY COURT HOUSE, NJ 08210-

Telephone (609)465-5805

Lic. No. or Bldrs. Reg. No. 10517

Federal Emp. No. [REDACTED]

or Social Security No. [REDACTED]

Exp. Date 12/31/99

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER
☒ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Replace meter socket

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 \$ 75

CONSTRUCTION OFFICIAL

[Signature]

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	35
Check No. <u>3213</u>	
Cash	
Collected By: <u>KSD</u>	

4/11/97 6/9/97

BOROUGH OF AVALON
5100 DUNE DRIVE
AVALON NJ 08202

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/03/97
Date Issued 6/11/97
Control # C210445
Permit # 428-97

A. IDENTIFICATION-APPLICANT-COMPLET ALL APPLICABLE INFORMATION, WHEN CHANG-
ING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIS NO: 1-800-272-1000

Block 21.04 Lot 45
Work Site Location 2150 DUNE DRIVE
AVALON NJ

Owner in Fee LANDON, JONATHAN
Address 2150 DUNE DRIVE
AVALON, NJ 08202

Contractor M. LEONE, JOHN ELECTRIC CON
Address PO BOX 783
CAPE MAY COURT HOUSE, NJ 08210

Tele: (609) 465-5803
Lic. No. or Bids. Reg. No. 10217
Federal Emp. No. /
or Social Security No. /

B. ELECTRICAL CHARACTERISTICS
Use Group - Present R-3 Proposed R-3
Pole/Ped # / Temporary / Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 75

JOB SUMMARY (Office Use Only)
PLAN REVIEW

Joint Plan Review Required:
Blind / Plumb
Fire / Elevator
Elect Plans Approved

Approved By: /
Signature Approval /
CD / CC / CA
Date: /
Approved By: /

D. TECHNICAL SITE DATA
NO. SIZE

ITEM	NO.	SIZE	ITEM
Fixtures (1)	0		Receptacles (2)
Switches (3)	0		Total 1 + 2 + 3
Range	0	0 k	Range
Over(s)	0	0 k	Surface Unit
Discharge	0	0 hp	Garbage Disposol
Dryer	0	0 k	A/C Unit
Burglar Alarms	0		Intercoms Panels
Smoke Detectors	0		Whirlpool/Spa
Pool Bonding	0	0 hp	Pool Filter Motor
Pool Lights	0	0 hp	Water Heater(s)
Water Heater(s)	0	0 k	Central Heat: Oil, gas or elect
Baseboard Heat Units	0	0 kw	Thermostats
Heat Pump	0	0 hp	Motor Control Center/Sub Panels
Signs	0		Light Standards
Motors-Fractional H.P.	0	0 hp	Motors-All Others
Transformers	0	0 k	Generators
Service Entrance	0	0 amp	Other REPLIC METER BOX
Other	0		Other

FEE (Office Use Only)

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.

Licensed Electrical Contractor / Exempt Applicant
Signature-Contractor Seal

Paid Check # 3213
Collected by: KSD
Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$
NCA Training Fee \$



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

Z00071

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

Block 21,07 45
Work Site Location 2150 June Drive
Alapin, NJ
Owner in Fee Southern Landon / Holiday Realty, Inc.
Address _____

Tele. () _____
Contractor Johny McGlock Electrical Contractor
Address 218 Laurel Ave
Cape May C.H. NJ
Tele. () 465-5803
Lic. No. 1031
Federal Emp. No. _____
or Social Security No. 152529885

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Present ☒ Meter Set
☐ Pole/Pad # _____ ☐ Temporary ☐ Other
Building Occupied as Office Utility Co. Am. Electric
Est. Cost of Elec. Work \$ 75.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
<input checked="" type="checkbox"/> No Plans Required	Type	Secure Failure Approval Initial
Joint Plan Review Required:		
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire	Rough	
<input type="checkbox"/> Elec. Plans Approved	Temporary	
Date: <u>4-3-93</u>	Consol. Serv.	
Approved by: <u>[Signature]</u>	TCCO	
	Other	
	Service	
SUBCODE APPROVAL:	Final	
<input type="checkbox"/> CO <input type="checkbox"/> COO <input type="checkbox"/> CA	Temp. Out-in-Card Date Issued	
Date: _____	Final Out-in-Card Date Issued	
Approved by: _____	Line Dept.	

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.

☒ Licensed Electrical Contractor ☐ Exempt Applicant
Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
_____	_____	Fixtures (1)	_____
_____	_____	Receptacles (2)	_____
_____	_____	Switches (3)	_____
_____	_____	Total 1 + 2 + 3	_____
_____	_____	Range	_____
_____	_____	Ovens(s)	_____
_____	_____	Surface Unit	_____
_____	_____	Dishwasher	_____
_____	_____	Garbage Disposal	_____
_____	_____	Dryer	_____
_____	_____	A/C Unit	_____
_____	_____	Burglar Alarms	_____
_____	_____	Intercoms Panels	_____
_____	_____	Smoke Detectors	_____
_____	_____	Whirlpool/spa	_____
_____	_____	Pool Bonding	_____
_____	_____	Pool Filter Motor	_____
_____	_____	Pool Lights	_____
_____	_____	Water Heater(s)	_____
_____	_____	Central heat:	_____
_____	_____	oil, gas or elec.	_____
_____	_____	Baseboard Heat Units	_____
_____	_____	Thermostats	_____
_____	_____	Heat Pump	_____
_____	_____	Pumps(s)	_____
_____	_____	Motor Control Center/Sub panel(s)	_____
_____	_____	Signs	_____
_____	_____	Light Standards	_____
_____	_____	Motors--Fractional H.P.	_____
_____	_____	Motors--All Others	_____
_____	_____	Transformers	_____
_____	_____	Generators	_____
_____	_____	Service Entrance	_____
_____	_____	Other	_____

Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____
Replace meter at work
inspect only, no hazard
a full hazard



CERTIFICATE

CERT. NO. 20-87
DATE ISSUED
Block 21.04 Lot 45, 46
Subdivision

IDENTIFICATION

Owner Jonathon Landon Agent Same
Address 2150 Dune Dr. Address
Avalon, NJ 08202
Tel. () Tel. ()
Work Site Address 2150 Dune Dr. Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted \$ -0-
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

- A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

- B. ☐ 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.

- C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

Renovations

USE GROUP R-3a FIRE GRADING 3/4 hrs.
MAXIMUM LIVE LOAD 40 lbs. MAXIMUM OCCUPANCY LOAD N/A
SPECIFIC USE Living Quarters above Business

FINAL COST OF CONSTRUCTION: \$ 9,000.00

CONSTRUCTION OFFICIAL

Z00072



CERTIFICATE

CERT. NO.	20-87
DATE ISSUED	Feb. 6, 1987
Block	21-04
Lot	45,46
Subdivision	

IDENTIFICATION

Owner	Jonathan Landon	Agent	Same
Address	2150 Dune Drive	Address	
	Avalon, NJ 08202		
Tel. ()		Tel. ()	
Work Site Address	2150 Dune Drive	Lic. No.	
		Federal Emp. No.	

PAYMENTS

Fees Remitted	\$ 18.00
<input checked="" type="checkbox"/> Check No.	740
<input type="checkbox"/> Cash	
<input type="checkbox"/> Other	
Collected By	<i>[Signature]</i>
Date	2/21/87

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY

☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ 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.

C. ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Temporary for 2nd floor only.

D. DESCRIPTION OF WORK:

Renovations

USE GROUP	R-3a	FIRE GRADING	3/4 hrs.
MAXIMUM LIVE LOAD	40 lbs.	MAXIMUM OCCUPANCY LOAD	N/A
SPECIFIC USE	Living Quarters above Business		

FINAL COST OF CONSTRUCTION: \$ 9,000.00

[Signature]
CONSTRUCTION OFFICIAL

Z00073

18.00



APPLICATION FOR CERTIFICATE

PERMIT NO. 20-87
DATE ISSUED _____
Block 21.04 Lot 45+46
Subdivision _____
Notice No. _____

IDENTIFICATION

OWNER:

Name Jonathan Landon
Address 2150 Dune Dr.
Town/State/Zip Avalon N.J. 08202

CONSTRUCTION LOCATION:

Address 2150 Dune Dr.
Avalon, N.J. 08202
Tel. [REDACTED]

ACTION

- ☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
- USE GROUP: commercial Previous residential Current

FINAL COST OF CONSTRUCTION: \$ 9,000.00

(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Jonathan Landon

- ☒ Owner
☐ Agent

OWNER/AGENT



CONSTRUCTION PERMIT

Block 21.04 Lot 45,46
Subdivision

A. IDENTIFICATION

Owner Jonathan Landon Agent Same
Address 2150 Dune Drive Address _____
Avalon, NJ 08202
Tel. () _____ Tel. () _____
Work Site Address 2150 Dune Drive Lic. No. _____
Federal Emp. No. _____

PAYMENTS

Amount Paid 10,000.00
Amount Due 13,000.00
Check No. 740
Date 1/1/87
Signature [Signature]

is hereby granted permission
to perform the following work:

- ☒ BUILDING ☒ ELECTRICAL
☒ PLUMBING ☒ FIRE PROTECTION
☐ OTHER _____

Description of work:

Renovations

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: \$ 13,000.00

[Signature]
CONSTRUCTION OFFICIAL

ZONING PERMIT

PERMIT NO. 20-87

DATE January 14, 1987

BLOCK 21.04 , LOTS 45, 46

BUILDER Jonathan Landon

AVALON ADDRESS 2150 Dune Drive

OWNER same

HOME ADDRESS same

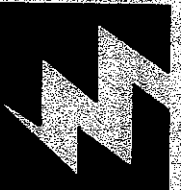
FEE 15.00

DATE PAID January 14, 1987

ZONING OFFICER 



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Block 21 of 04 Lot 45446
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner Townsham Landon Contractor Bauman Electric
Address 2150 Duane Dr Address Beacons Ave. Substation
Aurora, N.J. 08822 Cherry, N.J. 08846
Tel. () Tel. (609) 465-9909
Work Site Address 2150 Duane Lic. No./Bus. Permit. 6351
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data
TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee	Notes
	Switching Outlets			H. V. A. C. Equipment		COLUMN 1
	Lighting Outlets			Switching Devices		COLUMN 2
	Receptacle Outlets			Transformers		
	Range/Oven			Motors/Generators/Compressors (rate no. and size of each)		
	Dryer, Electric			Other _____		
	Water Heater, Electric			Other _____		
	Heating, Electric			Other _____		
	Switches			Other _____		
	Lighting Fixtures			Other _____		
	Receptacles			Other _____		
	Bonding, Pool/Vault			Other _____		
	Service Feeders					

C. ELECTRICAL CHARACTERISTICS

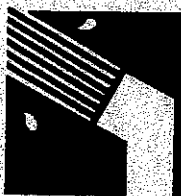
USE GROUP: _____ Present _____ Proposed _____
Service: _____ Amps _____ Phase _____ System _____
Wiring _____ Volts _____ Type _____
Method _____
Total No. of Meters: _____
Estimated Cost of Electrical Work: \$ _____

D. COMMENTS

Checking existing wiring line and floor
referred. ~~Being~~ Make necessary
corrections that are possible to bring
up to code as much as possible. - 08/08/20
☒ Partial Release ☐ Prototype Processing



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Block 21.04 Lot 45 & 46
Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Jonathan Landon Contractor Avalon Plumbing
Address 2150 Dune Drive Address 24th & Dune Drive
Avalon, NJ 08202 Avalon, NJ 08202
Tel. [REDACTED] Tel. [REDACTED]
Work Site Address 2150 Dune Drive Lic. No./Bus. Permit 6400
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[Signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: Renovation

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closet/Bidet/Urinal	\$ 6.00	1	Garbage Disposal	\$ 6.00	COLUMN 1 \$ 88.00
1	Bathtub	\$ 6.00		Air Conditioner Unit		
2	Lavatory/Sink	\$ 12.00		Indirect Connection		COLUMN 2 \$ 22.00
1	Shower/Floor Drain			Sewer Ejector		
1	Washing Machine	\$ 6.00		Grease Trap		SUBTOTAL \$ 28.00
	Dishwasher	\$ 6.00		Interceptor		
	Commercial Dishwasher			Backflow Device		Minimum Plumbing Fee (if applicable) \$ _____
	Water Heater			Reduced Pressure Backflow Device		
	Domestic Boiler/Furnace		2	Vent Stack	\$ 12.00	Total Plumbing Fee (Greater of Minimum or Subtotal) \$ 54.00
	Steam Boiler			Solar System		
	Water Util. Connection			Other _____		COLUMN 2 \$ 18.00
	Sewer Util. Connection			Other _____		
	Hose Bibb			Other _____		COLUMN 2 \$ 18.00
	Water Cooler			Other _____		
COLUMN 1		\$ 36.00	COLUMN 2		\$ 18.00	

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

Drainage — Material Copper Size 3-2-1 1/2

Building Sewer — Material _____ Size _____

Water Service — Material _____ Size _____

Venting — Material PVC Size 2-1 1/2

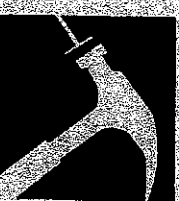
Estimated Cost of Plumbing Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 14-000
DATE ISSUED Jan 16, 1982
REVISION NO. 1
Block 21.64 Lot 45-46
Subdivision

A. IDENTIFICATION

APPLICANT - Complete undisturbed areas only When changing contractors, notify this office

Owner Jonathan London Contractor owner
Address 2150 Dune Dr Address same
Avalon N.T. 08202
Tel. () Tel. ()
Work Site Address 2150 Dune Dr. Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.
Jonathan London
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

☐ See Plans

TYPE OF WORK:
☐ New Building
☐ Addition
☒ Alteration/Renovation
☐ Roofing
☐ Siding
☒ Other Renovation
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other

Item	Quantity	Unit	Price	Total
SUBTOTAL				
Minimum Building Fee (if applicable)				
Total Building Fee (Greater of Minimum or Subtotal)				

C. BUILDING CHARACTERISTICS

USE GROUP: Present Proposed

No. of Stories Total Building Area--All Floors Sq. Ft.
Height of Structure Ft. Volume of Structure Cu. Ft.
Area--Largest Floor Sq. Ft. Total Land Area Disturbed Sq. Ft.
Estimated Cost of Building Work: \$ 13,000.00

D. COMMENTS

☐ Partial Releases ☐ Prototypes Processing

Block 21.04 Lot 45-46
 Subdivision _____

When changing contractors, notify this office:

Owner Jonathan Carlson
Address 2150 Dine Dr
Archie, Mo. 64501
Tel. ()
Mort. Sta. Address 2150 Dine Dr

Contractor Owner
Address Same
Tel. ()
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

Small Job Only

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

BRITISH SPRINGFIELD

TYPE: ☐ Wet ☐ Dry ☐ Other _____
 Area Sealed: ☐ Full ☐ Partial (Specify in comments) _____
 No. of Heals: _____ No. of Spare Heals: _____
☐ Varies Supplied Method: _____
 Water Supply: _____ Source: _____ Size: _____
 E.D. Connection Location: _____
 Estimated Cost of Work: \$ _____

B2 SPECIAL SUPPRESSION SYSTEMS

TYPE	<input type="checkbox"/> Dry chemical	<input type="checkbox"/> CO ₂
<input type="checkbox"/> Halon	<input type="checkbox"/> Foam	
<input type="checkbox"/> Other		
ACTUAL PULL	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
LOCATION		

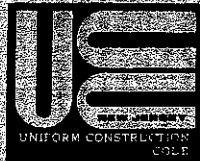
Estimated Cost of Work: \$

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Presently _____ Proposed _____
 Heating System _____ Location: _____
 Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
 Fuel Storage Tank _____ Location: _____ Fuel Type _____ Capacity _____
 Total Estimated Cost of the Protection Work: \$ _____

DISCUSSION

☐ Partial Releases ☐ Prototype Processing



CONSTRUCTION PERMIT

PERMIT NO.	489-881
DATE ISSUED	JULY 24, 1988
Block	21.04
Lot	44.45
Subdivision	75 Sub 45

A. IDENTIFICATION

Owner	Jonathan Landon	Agent	same
Address	2150 Dune Drive	Address	
	Avalon, NJ		
Tel. ()		Tel. ()	
Work Site Address	2150 Dune Drive	Lic. No.	
		Federal Emp. No.	

PAYMENTS

Permit Fee	\$ 35.00
Fees Remitted	\$ 35.00
<input checked="" type="checkbox"/> Check No.	2474
<input type="checkbox"/> Cash	
<input type="checkbox"/> Other	
Collected By	Jane D. Stapleton
Date	7/14/88

is hereby granted permission
to perform the following work:

- | | |
|--|--|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> FIRE PROTECTION |
| <input type="checkbox"/> OTHER | |

Description of work:

Deck & shower stall.

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: \$ 3,000.00

CONSTRUCTION OFFICIAL

ZONING PERMIT

45 Lot 45

PERMIT NO. 489-88

DATE July 14, 1988

BLOCK 21.04 LOTS 44, 45

BUILDER Jonathan London

AVALON ADDRESS 2150 Dune Drive

OWNER same

HOME ADDRESS same

FEE DATE PAID

ZONING OFFICER

[Signature]

BUILDING
SUBCODE
TECHNICAL SECTION

PERMIT NO. 409-88
DATE ISSUED Aug 14 1988
REVISION DATE
Block 21.04 Lot 44+45
Subdivision

A. IDENTIFICATION

APPLICANT: Complete undated areas only When changing contractors, notify this office.

Owner: Jonathan Landon Contractor: OWNER

Address: 2150 Duke Dr Address: Same

Avalon, N.J.

Tel. () _____ Tel. () _____

Work Site Address: 2150 Duke Dr Lic. No. _____ Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

John L. Landon
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Deck + Shower Stall

☐ See Plans

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____

☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

SUBTOTAL

Minimum Building Fee (if applicable)

Total Building Fee (Greater of Minimum or Subtotal)

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

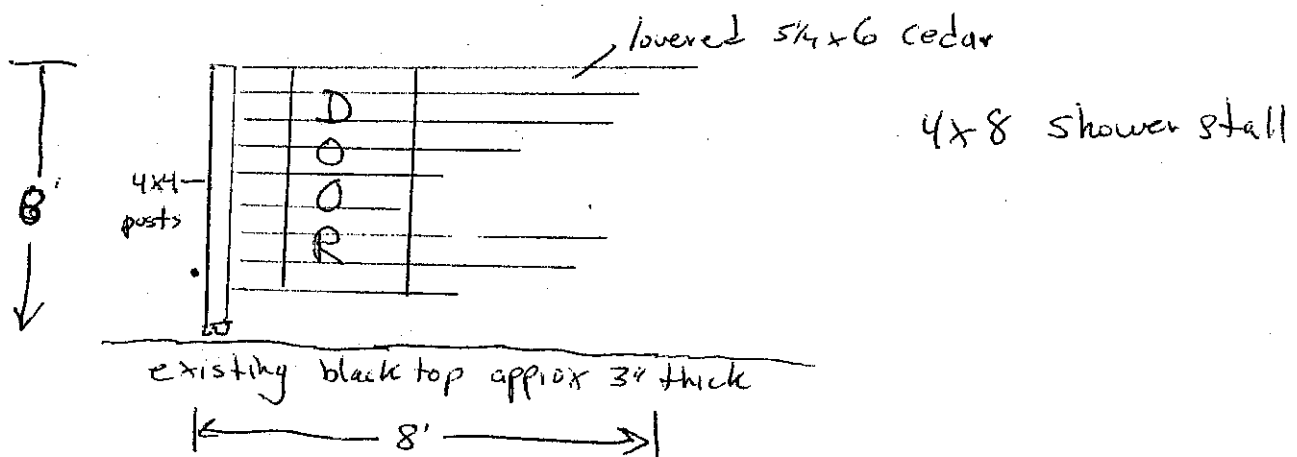
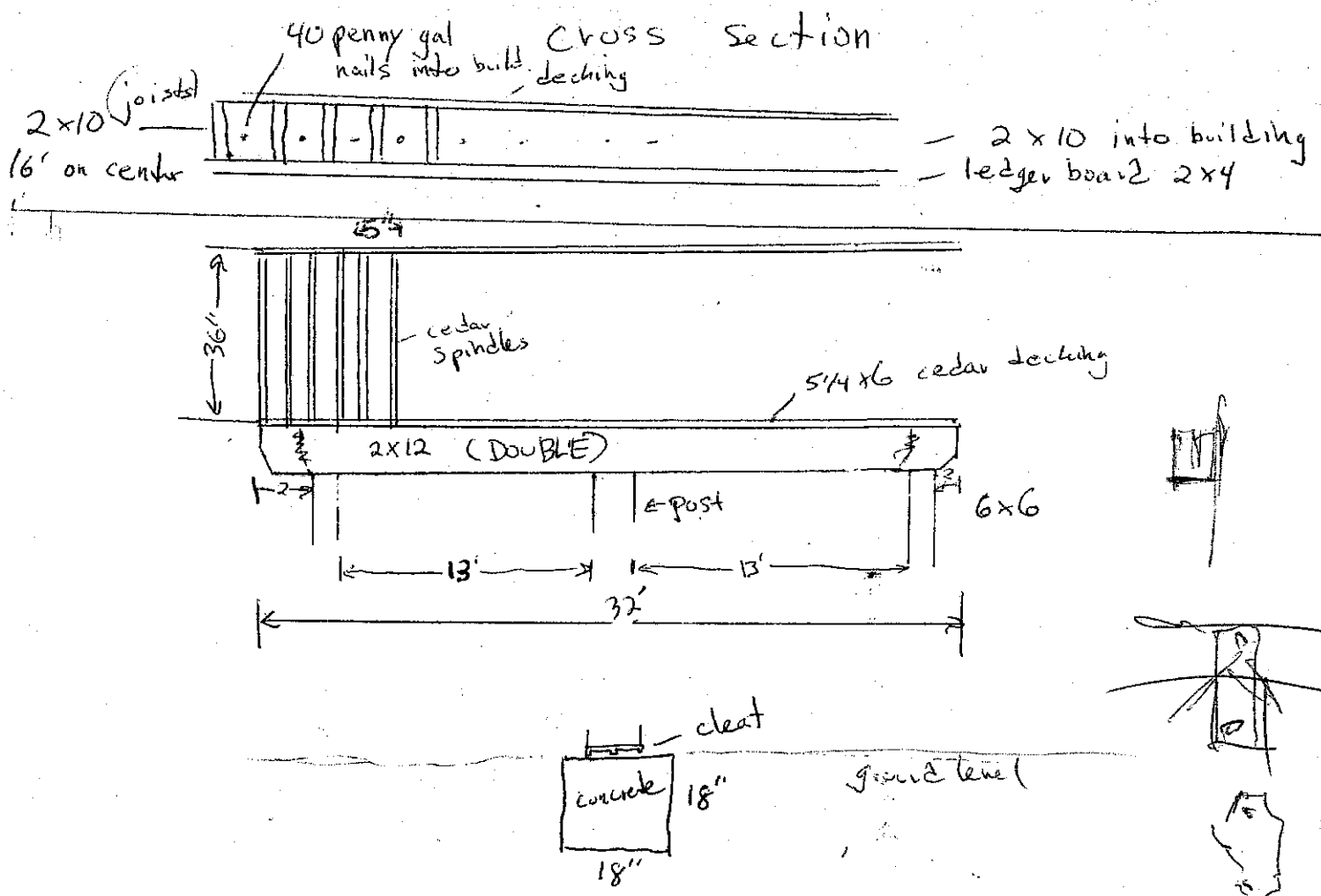
Estimated Cost of Building Work: \$ 3,000.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

Holiday
2150 Dune Dr.

21.04
45+44

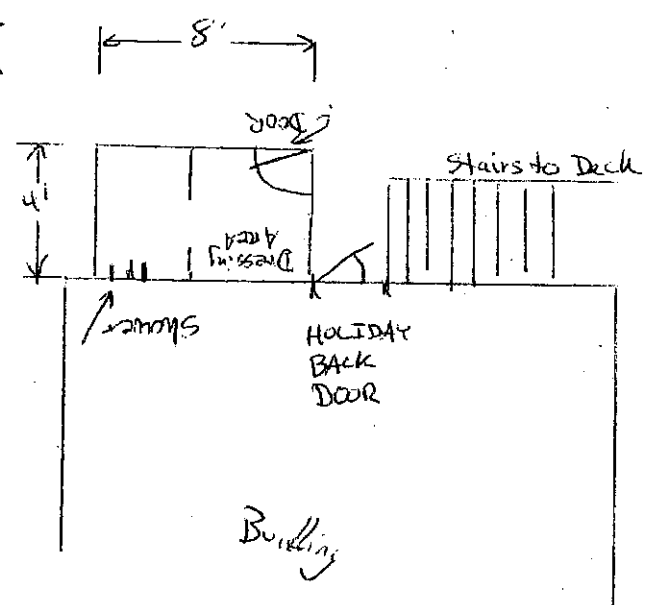
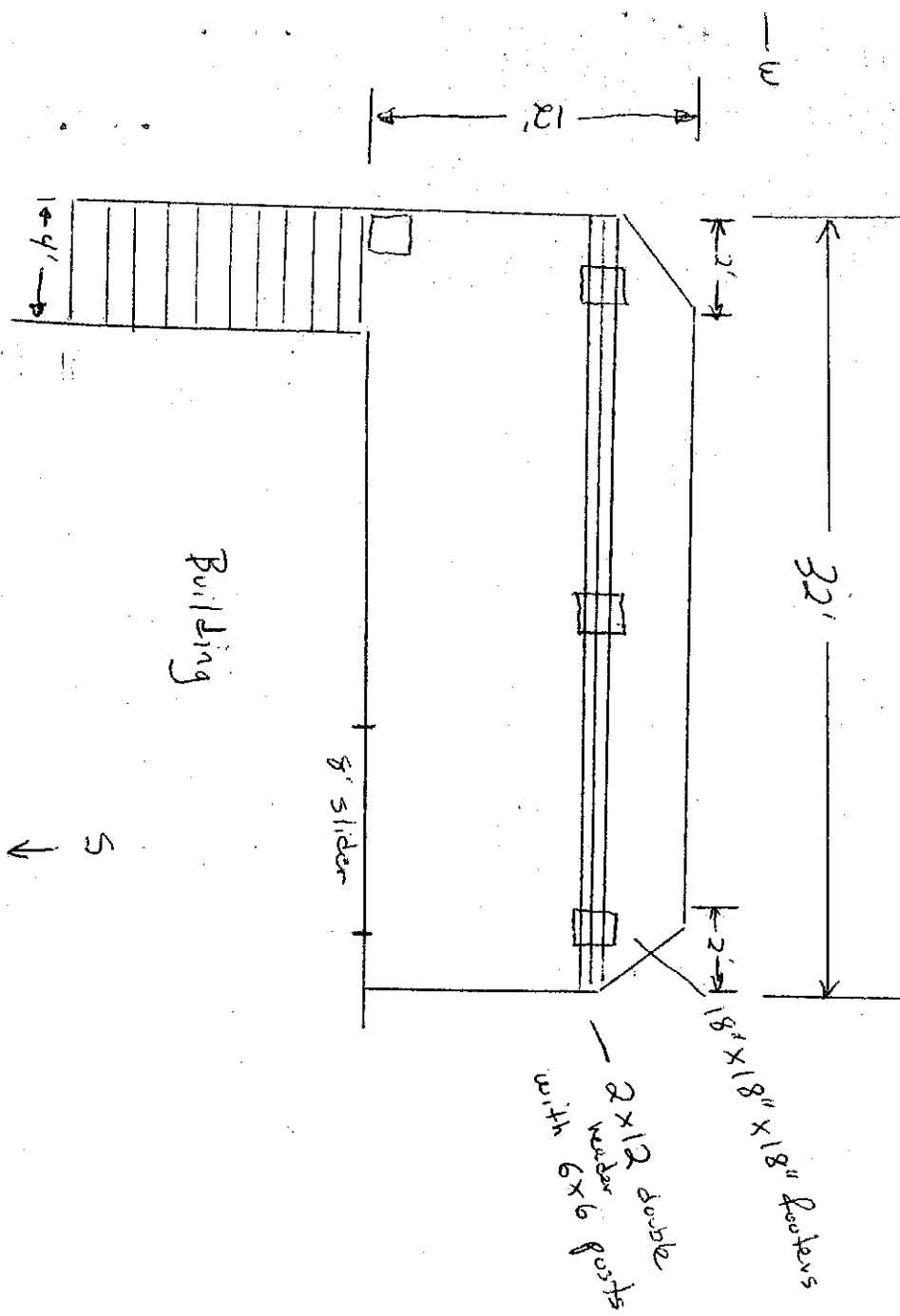


All ¹super structure materials will be treated lumber
All decking + railings will be cedar.

Landon / 2150 DUNE

CORRECTION LIST (cont'd.)[illegible]

21.04
 44+45
 Holiday Realty
 2150 Dun Dr.
 2nd Flr.



PLOT PLAN APPROVED
 DATE 7-13-58
 ZONING OFFICER *[Signature]*

BOROUGH OF AVALON
APPLICATION FOR ZONING PERMIT

Jonathan Landon
APPLICANT
2150 Dune Dr 2nd Flr
STREET
Avalon N.J.
CITY, STATE, ZIP
[REDACTED]
TELEPHONE

Jonathan Landon
OWNER
2150 Dune Dr
STREET (address where work is done)
Avalon N.J. 08202
CITY, STATE, ZIP
[REDACTED]
TELEPHONE

BLOCK NO. 2104 LOT NO. 44 + 45 ZONING DISTRICT B-1

A. Check appropriate description of work to be done.

- | | |
|--|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Renovation and Addition | <input type="checkbox"/> Fencing |
| <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Driveway-curb cut |
| <input checked="" type="checkbox"/> Deck-new or repair | <input type="checkbox"/> Porch enclosure |
| <input type="checkbox"/> Storage Shed | <input checked="" type="checkbox"/> Shower Stall |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Other |

B. New Construction

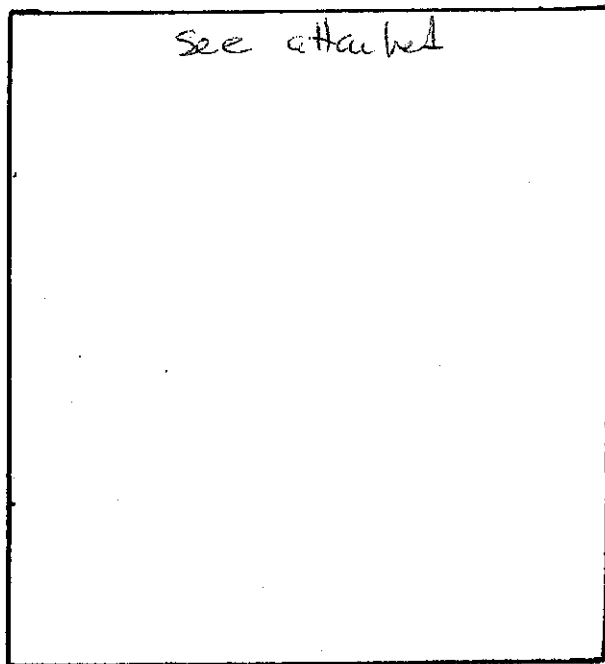
Lot Size x
Principal structure dimensions x = square feet

- 1) This application must be accompanied by drawing-reflecting:
1. Plot dimensions
 2. Complete dimensions of all structures
 3. Set backs from boundary lines
 4. Accessory structures and their relationship to principal structures
 5. Height of structures
 6. Curb cuts - driveways etc.
 7. Fencing (if any)

C. Other than New Construction

1) Diagram printed below simulates a building plot. Please, state dimensions of your plot. Also, place location of completed structures (with dimensions) on the diagram. Show proposed construction with dotted lines, state dimensions, set backs and materials to be used.

You may submit
separate drawings
in lieu of diagram



Jonathan Landon
SIGNATURE - APPLICANT
7/12/88
DATE

PLOT PLAN APPROVED
DATE 7-13-88
ZONING OFFICER Fred J. Proctor

BOROUGH OF AVALON
APPLICATION FOR ZONING PERMIT

Jonathan Landon
Applicant
2150 Dune Dr
Street
Avalon NJ 08202
City, State, Zip
[REDACTED]
Telephone

Jonathan Landon
Owner
2150 Dune Dr
Street
Avalon N.J 08202
City, State, Zip
[REDACTED]
Telephone

Block No. 21.04 Lot No. 45+46 Zoning District B-1

A. Accessory Structure.

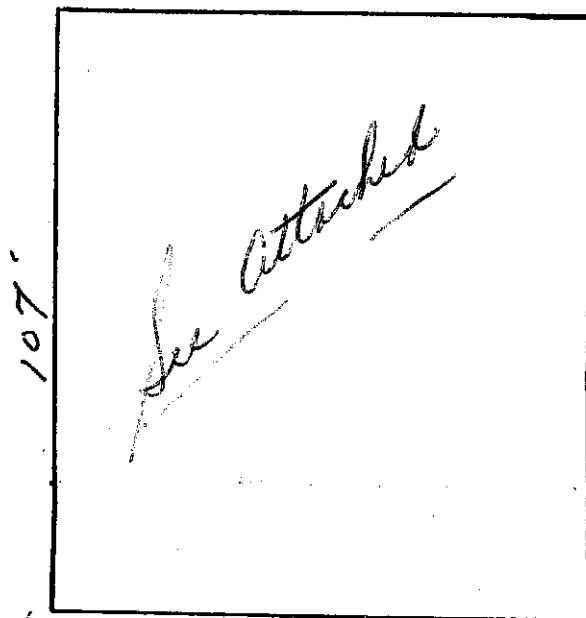
Check Appropriate Structure Listed Below:

<input type="checkbox"/> Garage	<input type="checkbox"/> Deck
<input type="checkbox"/> Storage Shed	<input type="checkbox"/> Fencing
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Other

B. State Use of Facility: 2nd Flr apt. over bussiness

C. Diagram printed below simulates a building plot. Please, state dimensions of your plot. Also, place location fo completed structures (with dimensions) on the diagram. Show proposed construction with dotted lines, state dimensions, set backs and materials to be used.

50' ft. +K
side set back ok.
15' rear set back
Parking ok.



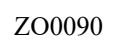
Jonathan Landon
Signature

1/13/87
Date

Fred J. Procopio
Signature Zoning Officer

PLOT PLAN APPROVED
DATE 1-14-87
ZONING OFFICER Fred J. Procopio

2150 Dune Dr. PROPOSED



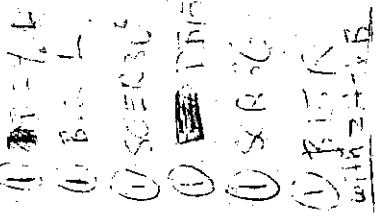
6/1

2

٢٥١

↑

1



2233.68
w/fax

213089
CASH

5'2 ft.

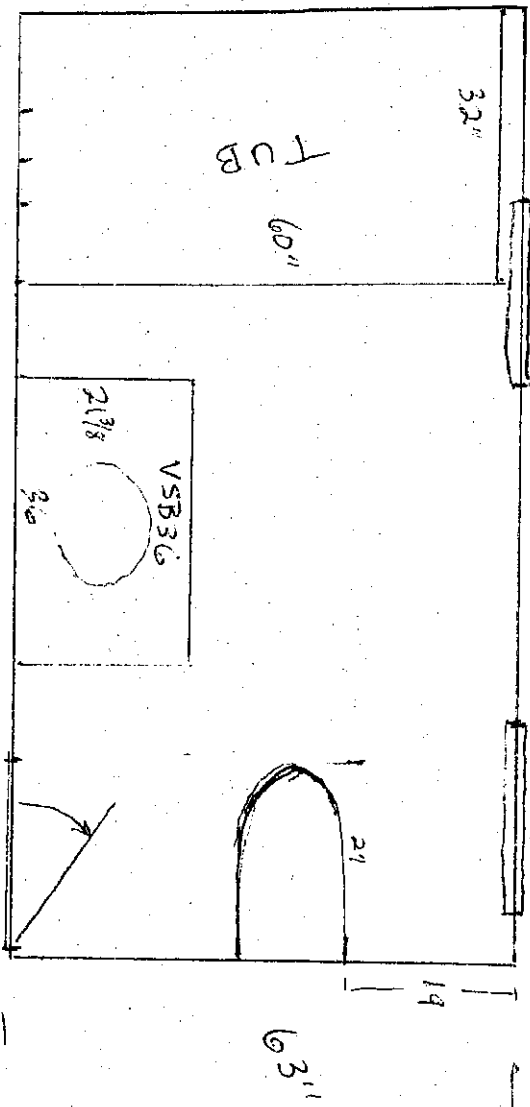
→ Republic
→ Rep-Sink

0 9 inch 6 1/2" deep

80.551

1st = 10/20

11'9"



BAW160000

Copy to:
Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

BUILDING PERMIT

Borough of Avalon

Municipal Building - Avalon, New Jersey 08202

Permit No. 6766

Zoning.....

Note - Occupancy Permit Required to
Comply as per existing Ordinance.

Date 2-16-79

Block No. 21.04 Lot No. 45, 46

Zoned

Address 2150 Dune Drive, Avalon

Type of Work Relocate two (2) interior walls

Owner's Name 2150 Associates

Address P. O. Box 6, Avalon, N. J. 08202

Contractor Owner

Address

Fees - To Be Paid At Time Of Issuance

Zoning Fee	\$ 5.00	\$
Building Permit (Renewal)	Varied	\$ 10.00
Water Meter (Piling, etc.)	Varied	\$
Bulkhead - (Footage) Docks, Slips	Varied	\$
		\$
Water Connection 5/8 x 3/4	Varied	\$
Sewer Connection	Varied	\$
Curb, Driveway and Sidewalk Permit	Varied	\$
Curb Stakes	15.00	\$
Certificate of Occupancy	5.00	\$
Estimated Cost <u>\$1,000.00</u>		\$
Total		10.00

Received Cash
2-16-79

Mary A. Mander
2-16-79

Remarks:

Curb Level/Grade must be established by the Borough Engineer.

No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased and drained on lands of adjoining owners.

Building Inspector

Contractor or Owner

H. M. Clayton

Zoning Officer

By

By man

ZO0093

BOROUGH OF AVALON

NEW JERSEY

CONSTRUCTION OFFICE

APPLICATION FOR CONSTRUCTION PERMIT: ERECTION, ALTERATION OR REPAIRS

LOCATION: 2150 Duane Drive Avalon DATE: Feb 14, 1979

BLOCK: 21.04 LOT(S): 45+46

OWNER: 2150 Associates ADDRESS: P.O. Box 16 Avalon NJ

CONTRACTOR: Owner ADDRESS: Same

ARCHITECT: _____ ADDRESS: _____

Description of work: Relocate 2 interior walls

Height: _____ Width: _____ Depth: _____ Stories: _____

Estimated cost: \$ 500.00

ERECTION OF NEW BUILDINGS: A COMPLETE SET OF PLANS, WITH ALL ELEVATIONS AND CROSS SECTIONS, MUST ACCOMPANY THIS APPLICATION, TO BE KEPT ON FILE BY THE BUILDING CODE OFFICIAL, AND AN ADDITIONAL SET OF PLANS, TO BE STAMPED BY HIM, MUST BE KEPT AT ALL TIMES ON THE WORK. FILING OF PLUMBING, ELECTRICAL AND FIRE SPECIFICATIONS ARE ALSO REQUIRED AT TIME OF APPLICATION.

NOTE:

NO CHANGES ARE TO BE MADE FROM THE APPROVED PLANS WITHOUT THE APPROVAL OF THE PROPER SUBCODE OFFICIAL.

APPLICANT IS RESPONSIBLE FOR FILING FOR PROPER OCCUPANCY PERMIT AT COMPLETION OF CONSTRUCTION.

ALTERATIONS AND REPAIRS:

ON REVERSE SIDE OF THIS APPLICATION, GIVE A GENERAL DESCRIPTION OF THE CHARACTER OF THE WORK AND MATERIAL TO BE USED, TOGETHER WITH A SKETCH.

PLOT PLAN MUST BE SHOWN ON REVERSE SIDE OF THIS APPLICATION OR BE WITH OR ON THE SET OF PLANS SUBMITTED

BUILDING PERMITS WILL BE VALID WHEN THEY COMPLY WITH UNIFORM CONSTRUCTION CODE OF NEW JERSEY, BOCA CODE 1975 ANY ANY CHANGES REQUIRED OR AMENDED BY STATE OF NEW JERSEY.

CONTRACTORS MUST HAVE KNOWLEDGE OF UNIFORM CONSTRUCTION CODE ACT ASSEMBLY BILL 1299 1975 - DO YOU HAVE REQUIRED LAW? YES NO.

CONSTRUCTION OFFICIAL

DATED: 2/14/79

PERMIT NO. 6766

FEE: \$ 1000

I HEREBY CERTIFY THAT I WILL STRICTLY CONFORM WITH ALL BOROUGH OF AVALON AND STATE OF NEW JERSEY CONSTRUCTION CODE LAWS,

James H. Chabon

(signature of applicant)

Copy to:
Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

BUILDING PERMIT

Borough of Avalon

Municipal Building - Avalon, New Jersey 08202

Permit No. 4929

Zoning.....

Note - Occupancy Permit Required to
Comply as per existing Ordinance.

Date 18 August 1975

Block No. 21 D Lot No. 45-46

Zoned _____

Address 2150 Dune Drive

Type of Work Repitching Hot Roof & Coat

Owner's Name Nielsen & Charlesworth (Holiday Realty)

Address as above

Contractor Wildwood Roofing

Address 304 Maple Ave; Wildwood, N.J.

Fees - To Be Paid At Time Of Issuance

Zoning Fee	\$ 5.00	\$
Building Permit (Renewal)	Varied	\$ <u>500</u>
Water Meter (Piling, etc.)	Varied	\$
Bulkhead - (Footage) Docks, Slips	Varied	\$
		\$
Water Connection 5/8 x 3/4	Varied	\$
Sewer Connection	Varied	\$
Curb, Driveway and Sidewalk Permit	Varied	\$
Curb Stakes	15.00	\$
Certificate of Occupancy	5.00	\$
Estimated Cost <u>200.00</u>		\$
Total		\$ <u>500</u>

Rec'd
8/18/75
M.J. Twomey

Remarks:

RECEIPT

Curb Level/Grade must be established by the Borough Engineer.

No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased and drained on lands of adjoining owners.

Building Inspector [Signature] Contractor or Owner [Signature]

Zoning Officer _____ By _____

By _____

Z00095

BOROUGH OF AVALON

NEW JERSEY

OFFICE OF BUILDING INSPECTOR

Nielsen & Charlesworth

APPLICATION FOR BUILDING PERMIT FOR ERECTION, ALTERATION, OR REPAIR.

AVALON, N.J. *18 Aug. 1975*
(DATE)

LOCATION *2150 Dune Drive*

BLOCK NO. *21D* LOT NO. *45-46*

OWNER *Holiday Realty* ADDRESS *as above*

CONTRACTOR *Wildwood Roofing* ADDRESS *Wildwood Roofing NJ*

ARCHITECT ADDRESS

PROPOSED USE OF BUILDING *Hot Patch Roof & Coat*

HEIGHT WIDTH DEPTH STORIES

ESTIMATED COST \$ *200.00*

ERECTION OF NEW BUILDINGS:

A COMPLETE SET OF PLANS, WITH ALL ELEVATIONS AND CROSS SECTIONS, MUST ACCOMPANY THIS APPLICATION, TO BE KEPT ON FILE BY THE BUILDING INSPECTOR, AND AN ADDITIONAL SET OF PLANS, TO BE STAMPED BY HIM, MUST BE KEPT AT ALL TIMES ON THE WORK.

NOTE: NO CHANGES ARE TO BE MADE FROM THESE APPROVED PLANS WITHOUT THE APPROVAL OF THE BUILDING INSPECTOR.

APPLICANT IS FULLY RESPONSIBLE FOR THE PROPER OCCUPANCY PERMIT.

ALTERATIONS OR REPAIRS:

ON REVERSE SIDE OF THIS APPLICATION, GIVE A GENERAL DESCRIPTION OF THE CHARACTER OF THE WORK AND MATERIAL TO BE USED, TOGETHER WITH A SKETCH.

PLOT PLANS MUST BE SHOWN ON REVERSE SIDE OF THIS APPLICATION

BUILDING PERMITS WILL BE VALID PURSUANT TO CHAPTER XV, SECTION 15-5.1 i, GENERAL ORDINANCES.

CONTRACTORS MUST HAVE UP TO DATE BOROUGH OF AVALON ORDINANCE NO. 399 and NO. 310, ALSO KNOWLEDGE OF THE STANDARD BUILDING CODE OF NEW JERSEY

DO YOU HAVE THE REQUIRED ORDINANCES?YES NO

BUILDING INSPECTOR

DATE

I hereby certify that I will strictly conform with all Borough of Avalon Ordinance #399 and #310 and other pertinent amendments.

PERMIT NO. FEE

SIGNATURE OF APPLICANT

Z00096

Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

Borough of Avalon

Permit No. 1249

Zoning.....

Note - Occupancy Permit Required to Comply as per existing Ordinance.

Date March 16, 1970

Block No. 210 Lot No. 45, 46

Address 2150 Neil Ave

Type of Work *Right to Life*

Owner's Name *Nelson & Macdonald*

Address 2150 Nuna Blvd

Contractor *h*

Address _____

Fees - To Be Paid At Time Of Issuance

Zoning Fee		\$ 5.00	\$
Building Permit		Varied	\$ 12.80
	20M Gals. or Less	20.00	
Water Piling Permit	Add. 10M Gals.	7.50	\$
Bulkhead - (Footage)		Varied	\$
Docks - Slips - Dredging		Varied	\$
	3/4"	30.00	
	1"	40.00	
Water Connection	1 1/2"	55.00	
	2"	75.00	\$
Sewer Connection		200.00	\$
Curb, Driveway and Sidewalk Permit (Curb Stakes)		15.00	\$
			\$
Total			\$ 12.80

Remarks: Est. Cost \$200.00

RECEIPT

Curb Level/Grade must be established by the Borough Engineer.

No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased and drained on lands of adjoining owners.

Inspector *H. E. Miller*

Contractor or Owner H.B.S. Sinc

No 1249

By W. R. Keen

By Robert H. [Signature]

Z00097

BOROUGH OF AVALON

NEW JERSEY

OFFICE OF BUILDING INSPECTION

APPLICATION FOR BUILDING PERMIT FOR ERECTION, ALTERATION, OR REPAIR

AVALON, N.J. March 16, 1970
(DATE)

LOCATION... 2150 Dune Drive
BLOCK NO... 21D LOT NO... 45, 46
OWNER... Helen & Charlesworth ADDRESS... 2150 Dune Dr.
CONTRACTOR... Sam ADDRESS...
ARCHITECT... ADDRESS...
PROPOSED USE OF BUILDING... Realty sign
HEIGHT... 8' WIDTH... 6' DEPTH... STORIES...
ESTIMATED COST... \$200.00

ERECTION OF NEW BUILDINGS:

A COMPLETE SET OF PLANS, WITH ALL ELEVATIONS AND CROSS SECTIONS, MUST ACCOMPANY THIS APPLICATION, TO BE KEPT ON FILE BY THE BUILDING INSPECTOR, AND AN ADDITIONAL SET OF PLANS, TO BE STAMPED BY HIM, MUST BE KEPT AT ALL TIMES ON THE WORK.

NOTE: NO CHANGES ARE TO BE MADE FROM THESE APPROVED PLANS WITHOUT THE APPROVAL OF THE BUILDING INSPECTOR.

APPLICANT IS FULLY RESPONSIBLE FOR THE PROPER OCCUPANCY PERMIT.

ALTERATIONS OR REPAIRS:

ON REVERSE SIDE OF THIS APPLICATION, GIVE A GENERAL DESCRIPTION OF THE CHARACTER OF THE WORK AND MATERIAL TO BE USED, TOGETHER WITH A SKETCH.

PLOT PLANS MUST BE SHOWN ON REVERSIDE SIDE OF THIS APPLICATION.

BUILDING PERMITS WILL BE VALID FOR ONE (1) YEAR FROM DATE OF ISSUE.

CONTRACTOR MUST HAVE UP TO DATE BOROUGH OF AVALON ORDINANCE NO. 399 AND NO. 310, ALSO KNOWLEDGE OF THE STANDARD BLDG. CODE OF N.J.
DO YOU HAVE THE REQUIRED ORDINANCES? YES ☒ NO ☐

STATE OF NEW JERSEY

COUNTY OF CAPE MAY

Sworn to before me this

17th day of March 1970

Notary R. Brennan
(NOTARY PUBLIC OF NEW JERSEY)

NOTARY PUBLIC OF NEW JERSEY
My Commission Expires May 12, 1974

I hereby certify that I will strictly conform with all Borough of Avalon Ordinances #399 and 310 and all other pertinent amendments.

(SIGNATURE OF APPLICANT)

Copy to:

Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

BUILDING PERMIT

Borough of Avalon

Municipal Building - Avalon, New Jersey

Permit No. 1015

Zoning 386

Note - Occupancy Permit Required to
Comply as per existing Ordinance.

Date September 3, 1969

Block No. 21D Lot No. 45-46

Address 2150 Dune Drive

Type of Work New Office Building

Owner's Name Nielsen & Charlesworth

Address 338 Ocean Drive

Contractor Nielsen & Charlesworth

Address 338 Ocean Drive

Fees - To Be Paid At Time Of Issuance

Zoning Fee	\$ 5.00	\$ 5.00
Building Permit	Varied	\$ 60.00
Water Piling Permit	20M Gals. or Less 20.00 Add. 10M Gals. 7.50	\$
Bulkhead - (Footage)	Varied	\$
Docks - Slips - Dredging	Varied	\$
	5/8 x 3/4" 30.00 1" 40.00 1 1/2" 55.00 2" 75.00	57.75
Water Connection	INSTALLATION	\$ 48.00
Sewer Connection	200.00	\$
Curb, Driveway and Sidewalk Permit (Curb Stakes)	15.00	\$
Certificate of Occupancy		\$ 5.00
Total		\$ 175.75

Remarks:

Est. Cost \$30,000.00 WOK

RECEIPT

1057500
7000
AV 29 557 SEP 3 69

Curb Level/Grade must be established by the Borough Engineer.

No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased and drained on lands of adjoining owners.

No 1015

Inspector J. E. Nielsen

By M. C. Reed

Contractor or Owner

By J. E. Nielsen

BOROUGH OF AVALON

NEW JERSEY

OFFICE OF BUILDING INSPECTION

APPLICATION FOR BUILDING PERMIT FOR ERECTION, ALTERATION, OR REPAIR

2150 Dune Drive AVALON, N.J. Aug. 28.....1969.
(DATE)

LOCATION. West Side Dune Drive Between 21st + 22nd

BLOCK NO. 21.12..... LOT NO. 45 - 46.....

OWNER Nielsen + Charlesworth... ADDRESS... Same.....

CONTRACTOR Nielsen + Charlesworth... ADDRESS... Same.....

ARCHITECT Oliver + Berca..... ADDRESS 7203 12th Ave. Pennsauken

PROPOSED USE OF BUILDING... Office.....

HEIGHT 20..... WIDTH 30..... DEPTH 52..... STORIES 2.....

ESTIMATED COST \$30,000.00.....

ERECTION OF NEW BUILDINGS:

A COMPLETE SET OF PLANS, WITH ALL ELEVATIONS AND CROSS SECTIONS, MUST ACCOMPANY THIS APPLICATION, TO BE KEPT ON FILE BY THE BUILDING INSPECTOR, AND AN ADDITIONAL SET OF PLANS, TO BE STAMPED BY HIM, MUST BE KEPT AT ALL TIMES ON THE WORK.

NOTE: NO CHANGES ARE TO BE MADE FROM THESE APPROVED PLANS WITHOUT THE APPROVAL OF THE BUILDING INSPECTOR.

APPLICANT IS FULLY RESPONSIBLE FOR THE PROPER OCCUPANCY PERMIT.

ALTERATIONS OR REPAIRS:

ON REVERSE SIDE OF THIS APPLICATION, GIVE A GENERAL DESCRIPTION OF THE CHARACTER OF THE WORK AND MATERIAL TO BE USED, TOGETHER WITH A SKETCH.

PLOT PLANS MUST BE SHOWN ON REVERSE SIDE OF THIS APPLICATION.

BUILDING PERMITS WILL BE VALID FOR ONE (1) YEAR FROM DATE OF ISSUE.

CONTRACTOR MUST HAVE UP TO DATE BOROUGH OF AVALON ORDINANCES NO. 301 AND NO. 310.

DO YOU HAVE THE REQUIRED ORDINANCES?.....YES.....NO.....

STATE OF NEW JERSEY
COUNTY OF CAPE MAY
Sworn to before me this
28th day of August 1969
Norothy R. Brennan
(NOTARY PUBLIC OF NEW JERSEY)

I hereby certify that I will strictly conform with all Borough of Avalon Ordinances #301 and 310 and all other pertinent amendments.
Robert A. Nielsen
(SIGNATURE OF APPLICANT)

NOTARY PUBLIC OF NEW JERSEY
My Commission Expires May 12, 1974

PERMIT NO.....FEE.....

PLUMBING AND HEATING SURVEY

OWNER: Nelson + Charlesworth DATE: Aug 27 1969
 BLOCK: 21 D LOTS: 45 - 46

TYPE OF BUILDING: SINGLE-FAMILY RESIDENCE.....
 DUPLEX RESIDENCE.....
 APARTMENT.....
 OTHER..... office

ROOMS WITH PLUMBING ON EACH FLOOR LEVEL:

	First	Second	Third	Fourth	Other
FULL BATHROOM.....	—	—			
2-FIXTURE BATHROOM....	2	1			
KITCHEN.....	—	—			
LAUNDRY.....	—	—			

NUMBER AND TYPE OF FIXTURES ON EACH FLOOR LEVEL:

	First	Second	Third	Fourth	Other
TOILETS.....	2	1			
WASH STANDS.....	2	1			
TUBS.....	—	—			
SHOWERS, INSIDE.....	—	—			
SHOWERS, OUTSIDE.....	—	—			
KITCHEN SINK.....	—	—			
LAUNDRY TUBS.....	—	—			
<u>HOT WATER HEATER:</u>					
GAS.....	1	—			
ELECTRIC.....	—	—			
DISH WASHER.....	—	—			
GARBAGE DISPOSAL.....	—	—			
AUTOMATIC WASHER.....	—	—			
<u>DRYER:</u>					
GAS.....	—	—			
ELECTRIC.....	—	—			
HOSE BIBS.....	1	—			

TYPE OF HEAT: PIPELESS.....
 HOT AIR, FORCED CIRCULATION.....
 ELECTRIC: BASEBOARD.....
 CEILING.....
 HOT WATER..... ☒
 STEAM.....
 OTHER.....

SIGNED: Robert A. Nelson

Copy to:

Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

BUILDING PERMIT

Borough of Avalon

Municipal Building - Avalon, New Jersey

Permit No. 666

Zoning

Note - Occupancy Permit Required to
Comply as per existing Ordinance.

Date April 16 1969

Block No. 21D Lot No. 45-46

Address 2150 Dune Drive

Type of Work Move House from 2150 Dune Drive & Clear Site

Owner's Name Nielsen & Charlesworth

Address Avalon, N.J.

Contractor D. Shuler

Address Cape May Court House, N.J.

Fees - To Be Paid At Time Of Issuance

Zoning Fee	\$ 5.00	\$
Building Permit	Varied	\$
Water Piling Permit	20M Gals. or Less 20.00 Add. 10M Gals. 7.50	\$
Bulkhead - (Footage)	Varied	\$
Docks - Slips - Dredging	Varied	\$
	3/4" 30.00	
	1" 40.00	
Water Connection	1 1/2" 55.00	\$
	2" 75.00	\$
Sewer Connection	200.00	\$
Curb, Driveway and Sidewalk Permit (Curb Stakes)	15.00	\$
	<u>Move House</u>	\$ 10.00
	Total	\$

Remarks:

EST. COST \$ 1750.00

RECEIPT

Curb Level/Grade must be established by the Borough Engineer.

No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased and drained on lands of adjoining owners.

Inspector [Signature]

Contractor or Owner

No. 666

By

By Robert C. [Signature]

18.4
1
10
2

BOROUGH OF AVALON

NEW JERSEY

OFFICE OF BUILDING INSPECTION

APPLICATION FOR BUILDING PERMIT FOR ERECTION, ALTERATION, OR REPAIR

AVALON, N.J. 4-16-69
(DATE)

LOCATION 42ND + 4TH AVE S-W Corner
BLOCK NO. 45-46 LOT NO. 21D
OWNER Nielsen + Charlesworth ADDRESS 33rd + Ocean Dr.
CONTRACTOR David Skoler ADDRESS Cape May C.H. NJ
ARCHITECT ADDRESS
PROPOSED USE OF BUILDING Single Family Move house from Above address
HEIGHT 20' 2" WIDTH 32 DEPTH 40 STORIES 1 1/2
ESTIMATED COST 4,750.00

ERECTION OF NEW BUILDINGS:

A COMPLETE SET OF PLANS, WITH ALL ELEVATIONS AND CROSS SECTIONS, MUST ACCOMPANY THIS APPLICATION, TO BE KEPT ON FILE BY THE BUILDING INSPECTOR, AND AN ADDITIONAL SET OF PLANS, TO BE STAMPED BY HIM, MUST BE KEPT AT ALL TIMES ON THE WORK.

NOTE: NO CHANGES ARE TO BE MADE FROM THESE APPROVED PLANS WITHOUT THE APPROVAL OF THE BUILDING INSPECTOR.

APPLICANT IS FULLY RESPONSIBLE FOR THE PROPER OCCUPANCY PERMIT.

ALTERATIONS ON REPAIRS:

ON REVERSE SIDE OF THIS APPLICATION, GIVE A GENERAL DESCRIPTION OF THE CHARACTER OF THE WORK AND MATERIAL TO BE USED, TOGETHER WITH A SKETCH.

PLOT PLANS MUST BE SHOWN ON REVERSE SIDE OF THIS APPLICATION.

BUILDING PERMITS WILL BE VALID FOR ONE (1) YEAR FROM DATE OF ISSUE.

CONTRACTOR MUST HAVE UP TO DATE BOROUGH OF AVALON, ORDINANCES NO. 301 AND NO. 310.

DO YOU HAVE THE REQUIRED ORDINANCES? YES NO

STATE OF NEW JERSEY
COUNTY OF CAPE MAY
Sworn to before me this
16th day of April 1969

Sarah R. Brennan
(NOTARY PUBLIC OF NEW JERSEY)

NOTARY PUBLIC OF NEW JERSEY
My Commission Expires May 11, 1969

I hereby certify that I will strictly conform with all Borough of Avalon Ordinances #301 and 310 and all other pertinent amendments.

Robert C. Neal
(SIGNATURE OF APPLICANT)

PERMIT NO. 666 FEE

Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

Borough of Avalon

Permit No. 166

Zoning.....

Date June 5 1969

Block No. 21.D Lot No. 45-46

Address 2150 Dune Drive

Type of Work Sign

Owner's Name Nielson & Charlesworth

Address Huafu NY

Contractor G. Gibbons

Address *Wildwood*

Zoning Fee	\$ 5.00
-------------------	----------------

§ 600

Building Permit	Varied
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47
48	48
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
58	58
59	59
60	60
61	61
62	62
63	63
64	64
65	65
66	66
67	67
68	68
69	69
70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

\$ 5.00

Water Piling Permit	Add. 10M Gals.	7.50
----------------------------	-----------------------	-------------

\$

Bulkhead - (Footage)	Varied
-----------------------------	---------------

§

Docks - Slips - Dredging	Varied
---------------------------------	---------------

\$

3/4"	30.00
-------------	--------------

1"	40.00
----	-------

Water Connection	1½"	55.00
-------------------------	------------	--------------

1½" 55.00

2"	75.00
----	-------

S

Sewer Connection	200.00
-------------------------	---------------

§

Curb, Driveway and Sidewalk Permit (Curb Stakes) 15.00

\$

Total

\$ 1000

Remarks:

Est. Cost, 130.00

RECEIPT

AV 24507 JUN 4 59 10.00 B-

No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased and drained on lands of adjoining owners.

Inspector

Contractor or Owner

Nº 766

By

By

BOROUGH OF AVALON

NEW JERSEY

OFFICE OF BUILDING INSPECTION

APPLICATION FOR BUILDING PERMIT FOR ERECTION, ALTERATION, OR REPAIR

AVALON, N.J. 6/7/69
(DATE)

LOCATION 2150 DUNE DRIVE
BLOCK NO. 21D LOT NO. 45-46
OWNER Neilson & Charlesworth ADDRESS 33RD St. + 3RD Ave
CONTRACTOR G. Gibbons ADDRESS 112 E. Roberts Ave. Wildwood
ARCHITECT ADDRESS
PROPOSED USE OF BUILDING Non-Illuminated Sign
HEIGHT Over WIDTH DEPTH STORIES
ESTIMATED COST \$30.00

ERECTION OF NEW BUILDINGS:

A COMPLETE SET OF PLANS, WITH ALL ELEVATIONS AND CROSS SECTIONS, MUST ACCOMPANY THIS APPLICATION, TO BE KEPT ON FILE BY THE BUILDING INSPECTOR, AND AN ADDITIONAL SET OF PLANS, TO BE STAMPED BY HIM, MUST BE KEPT AT ALL TIMES ON THE WORK.

NOTE: NO CHANGES ARE TO BE MADE FROM THESE APPROVED PLANS WITHOUT THE APPROVAL OF THE BUILDING INSPECTOR.

APPLICANT IS FULLY RESPONSIBLE FOR THE PROPER OCCUPANCY PERMIT.

ALTERATIONS ON REPAIRS:

ON REVERSE SIDE OF THIS APPLICATION, GIVE A GENERAL DESCRIPTION OF THE CHARACTER OF THE WORK AND MATERIAL TO BE USED, TOGETHER WITH A SKETCH.

PLOT PLANS MUST BE SHOWN ON REVERSE SIDE OF THIS APPLICATION.

BUILDING PERMITS WILL BE VALID FOR ONE (1) YEAR FROM DATE OF ISSUE.

CONTRACTOR MUST HAVE UP TO DATE BOROUGH OF AVALON, ORDINANCES NO. 301 AND NO. 310.

DO YOU HAVE THE REQUIRED ORDINANCES?.....YES.....NO.....

STATE OF NEW JERSEY
COUNTY OF CAPE MAY
Sworn to before me this
5th day of June 1969

Notary Public
(NOTARY PUBLIC OF NEW JERSEY)

NOTARY PUBLIC OF NEW JERSEY
My Commission Expires May 12, 1974

I hereby certify that I will strictly conform with all Borough of Avalon Ordinances #301 and 310 and all other pertinent amendments.

Joseph J. Jeffers
(SIGNATURE OF APPLICANT)

PERMIT NO.....FEE.....

Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

Borough of Avalon

Permit No. 2750

Zoning

Note - Occupancy Permit Required to Comply as per existing Ordinance.

Date 16 May 1972

Block No. 27-C Lot No. 26

Address 2150 Lume Drive

Type of Work New Roof

Owner's Name Jonas Leon Nabitscher

Address 521 Fishers Rd Bryan MAwe Fa

Contractor Nelson and Charlesworth

Address Avalon, N. J.

Fees - To Be Paid At Time Of Issuance

Zoning Fee		\$ 5.00	\$
Building Permit		Varied	\$ 5.00
Water Piling Permit	20M Gals. or Less Add. 10M Gals.	20.00 7.50	\$
Bulkhead - (Footage)		Varied	\$
Docks - Slips - Dredging		Varied	\$
	3/4"	30.00	
	1"	40.00	
Water Connection	1 1/2"	55.00	
	2"	75.00	\$
Sewer Connection		200.00	\$
Curb, Driveway and Sidewalk Permit (Curb Stakes)		15.00	\$
			\$
			\$
Total			5.00

Remarks:

Est. Cost. \$300.00

RECEIPT

Curb Level/Grade must be established by the Borough Engineer.

No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased and drained on lands of adjoining owners.

Inspector

Contractor or Owner

№ 2750

By

By

BOROUGH OF AVALON
NEW JERSEY

OFFICE OF BUILDING INSPECTION

APPLICATION FOR BUILDING PERMIT FOR ERECTION, ALTERATION, OR REPAIR

AVALON, N. J.

May 12, 1972
DATE

LOCATION 128-27th St.

BLOCK NO 27-C LOT NO 26

OWNER Jonas R. White ADDRESS 521 Fishers Rd. Bryn Mawr, Pa.

CONTRACTOR N+C ADDRESS 2100 Avenue M

ARCHITECT Owner ADDRESS _____

PROPOSED USE OF BUILDING New Roof

HEIGHT _____ WIDTH _____ DEPTH _____ STORIES _____

ESTIMATED COST \$300.00

ERECTION OF NEW BUILDINGS:

A COMPLETE SET OF PLANS, WITH ALL ELEVATIONS AND CROSS SECTIONS, MUST ACCOMPANY THIS APPLICATION, TO BE KEPT ON FILE BY THE BUILDING INSPECTOR, AND AN ADDITIONAL SET OF PLANS, TO BE STAMPED BY HIM, MUST BE KEPT AT ALL TIMES ON THE WORK.

NOTE: NO CHANGES ARE TO BE MADE FROM THESE APPROVED PLANS WITHOUT THE APPROVAL OF THE BUILDING INSPECTOR.

APPLICANT IS FULLY RESPONSIBLE FOR THE PROPER OCCUPANCY PERMIT.

ALTERATIONS OR REPAIRS:

ON REVERSE SIDE OF THIS APPLICATION, GIVE A GENERAL DESCRIPTION OF THE CHARACTER OF THE WORK AND MATERIAL TO BE USED, TOGETHER WITH A SKETCH.

PLOT PLANS MUST BE SHOWN ON REVERSE SIDE OF THIS APPLICATION.

BUILDING PERMITS WILL BE VALID FOR ONE (1) YEAR FROM DATE OF ISSUE.

CONTRACTOR MUST HAVE UP TO DATE BOROUGH OF AVALON ORDINANCES NO.301 AND NO. 310.

DO YOU HAVE THE REQUIRED ORDINANCES?.....YES _____ NO _____

Building Inspector

I hereby certify that I will strictly conform with all Borough of Avalon Ordinances #301 & # 310 and all other pertinent amendments

Permit # _____ Fee _____

Robert C. Nielsen
(Signature of applicant)

Z00107



BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON, NJ 08202
609 - 9677043

Control Number: 25353
Application Date: 06/03/2019

CONSTRUCTION PERMIT

19-0355

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 45	Qualification Code:	Contractor: EDMUNDS ELECTRIC
Work Site Location: 2108 DUNE DRIVE AVALON			Address: PO BOX 304
Owner In Fee: BUCHANAN, ANDREW F			DENNISVILLE NJ 08214
Address: PO BOX 350			Telephone: (609) 861-3321
AVALON NJ 08202			Lic. No. / Bldrs. Reg. No.: 12267
Telephone: [REDACTED]			Federal Emp. No.: [REDACTED]
Use Group(s): B			

is hereby granted permission to perform the following work :

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:
WIRE 3 WEATHERPROOF RECEPTACLES

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1,000.00
Cost of Demolition:	0.00

Total Cost:	\$1,000.00
-------------	------------

PAYMENTS (Office Use Only)	
Building	
Electrical	\$50.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$2.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$52.00
All Fees Waived:	No

Amount to be Paid: \$52.00

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.

John Tracy
Construction Official

6-4-19
Date

PAID
JUN 04 2019

BY: CK # 2540

Note:

6/4/19 GM



C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent or) owner of record and am authorized to make this application and perform the work listed on this application.
9-0500
Assistant Sheriff/Custodian

Applicant sign/Con
sign and seal here

Print name here: Robell J Eganurassi

☒ Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr' [] Exempt Applican

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
		Wired 3 Weather proof recepracles

QTY.	SIZE	ITEMS
		Lighting Fixtures

Receptacles

Light 1 ones
Motors—Fract. HF

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

3
TOTAL NUMBERS

Pool Permit with UV Lights
Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

Item	Unit	Quantity	Rate	Amount
1. KW Elec. Water Heater		1	1000	1000
2. KW Elec. Drier/Refrigerator		1	1000	1000

_____ KW Dishwasher

HP Garbage Disposal

HP/KW Space Heater/Air Handler

KV Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator
AMP Service

_____	AMV Service
_____	AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Ligh

Administrativ

State Permit Su

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE

ZO0109



BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON, NJ 08202
609 - 9674220

Control Number: 21659
Application Date: 01/21/2016

CONSTRUCTION PERMIT
IDENTIFICATION

16-0124

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 47	Qualification Code:	
Work Site Location:	2108 DUNE DRIVE AVALON		
Owner In Fee:	BUCHANAN, ANDREW F		Contractor: BUCHANAN, ANDREW F
Address:	224-21ST STREET AVALON NJ 08202		Address: 224-21ST STREET AVALON NJ 08202
Telephone:	[REDACTED]		Telephone: [REDACTED]
Use Group(s):	A-2/U		Lic. No. / Bldrs. Reg. No.: Federal Emp. No.:

is hereby granted permission to perform the following work :

- | | | |
|--|---|-------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:
32 X 8 SHED AND NEW POWDER ROOM AND SINKS

ESTIMATED COST OF WORK:

Cost of Construction: 3,000.00
Cost of Rehabilitation: 8,700.00
Cost of Demolition: 0.00

Total Cost: \$11,700.00

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.

John Tracy
Construction Official

3-8-16
Date

Amount to be Paid: \$377.00

300.00

50.00
427.00

Pdck 1005
3/11/16 Rd

Note: 3/8/16

Borough of Avalon Zoning Permit

Application #: 2266 Permit No: 20160030.000 Issue Date: 02/01/2016
Construction Control Number : 21659
Block: 21.04 Lot: 47 Qualifier:
Work Site: 2108 DUNE DRIVE Zone: B-1
Owner: BUCHANAN, ANDREW F Agent: BUCHANAN, ANDREW F
Address: 224-21ST STREET Address:
City/State/Zip: AVALON NJ 08202 City/State/Zip:
Telephone: Telephone:
Fax: () - - Fax: () - -
Email: Email :
Tenant:

Amt Due: \$ 50.00
Check #: ☒
Amount collected: \$0.00

This is to certify that the permit being issued is approved for use as indicated below and as depicted on the Plot Plan:
32 X 8 SHED

Which is:

- ☐ Permitted by Zoning Ordinance, Chapter - Section -
- ☐ Permitted by variance approved on _____, # _____ subject to any special conditions attached to the grant thereof.
- ☐ A valid nonconforming use as established by () findings of the Zoning Board of Adjustment or by () the undersigned zoning officer or by () the Planning Board on the basis of evidence supplied by applicant.
Conditions, if any:
- ☐ There is a nonconforming structure on the premises by reason of insufficient
- ☐ Other:



Jeffrey Hesley, Zoning Official

Pd Ck 1005 3/11/16 Rd

Date

This is NOT a Construction Permit



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 21.04 Lot 48 47 Qualification Code 224-2135 2108 Dennis
Work Site Location

Owner in Fee: Andree F. Buchanan
Tel. [REDACTED] e-mail AndreeBuchanan20@gmail.com
Address PO Box 350 Ashton Municipality zip code
Contractor: self e-mail _____ Tel. (____) _____
Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)			INSPECTIONS			Dates (Month/Day)		
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial	
<input type="checkbox"/> No Plans Required			Footings					
<input type="checkbox"/> All			Footings 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: <u>1-29-14</u>			Finishes -Final					
Approved by: <u>[Signature]</u>			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 1 or grades
Height of Structure 9' or grades ft.
Area — Largest Floor 256 sq. ft.
New Bldg. Area/All Floors 256 sq. ft.
Volume of New Structure 2176 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) \$ 3,006.
U.C.C. F110 (rev. 11/09)

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: _____
Date Received 1-25-14
Control # 21059
Date Issued 16-6124
Permit # _____
ZOC 12

D. TECHNICAL SITE DATA

Print name here: _____
DESCRIPTION OF WORK
Construct an accessory building
32'x8' shed to contain trash receptacle

TYPE OF WORK:	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 _____ Height (exceeds 6')	\$ _____
<input type="checkbox"/> Sign _____ Sq. Ft.	\$ _____
<input type="checkbox"/> Pool	\$ _____
<input type="checkbox"/> Retaining Wall _____ Sq. Ft.	\$ _____
<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 <u>Accessory Building</u>	\$ _____
<input type="checkbox"/> Demolition	\$ _____

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Hand = Applicant Copy



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 2104 Lot 48 Qualification Code _____
Work Site Location 2108 DUNE DRIVE

Owner In Fee: ANDREW F. BUCHANAN

Tel. [REDACTED] e-mail ABUCHANAN22@comcast.net

Address PO Box 350 AVALON

Contractor: KAPPE ELECTRIC INC Tel. (609) 6750495

Address 222 HIGHLAND RD KAPPE ELECTRIC COMPANY

CMCH NJ 08210

Contractor License No. 9553 Exp. Date _____

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

Federal Emp. ID No. [REDACTED] FAX: (609) 4655010

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 4500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required						
<input type="checkbox"/> Partial -Underslab Utilities Approved		Rough				
Date: _____	Approved by: _____	Barrier-Free				
<input type="checkbox"/> Electric Plans Approved		Trench				
Date: _____	Approved by: _____	Temp. Serv.				
		Const. Serv.				
		TCO				
		Other				
		Service				
		Final				
		Barrier-Free				
SUBCODE APPROVAL for PERMIT						
Date: <u>3/3/14</u>						
APPROVED BY: <u>[Signature]</u>						
SUBCODE APPROVAL for CERTIFICATE						
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Temp. Cut-In-Card Date Issued				
		Final Cut-In-Card Date Issued				
		Annual Pool Inspection				
Date: _____						
Approved by: _____		Date of Grounding and Bonding				
		Certification				

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's Signature/Contractor's Seal and Signature

[Signature] Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

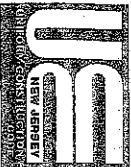
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Date Received 3/3/16
Control # 21659
Date Issued 3/16/16
Permit # 16-0134

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1	2	Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS			\$ _____
		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	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1	1HP	KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
1	40	AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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



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 2104 Lot 48 Qualification Code _____
Work Site Location 2108 Dune Drive

Owner in Fee: Andrew F. Buchanan

Tel. [redacted] e-mail _____

Address 205ex 350 Auxton

Contractor: Self street municipality Tel. (_____) zip code e-mail _____

Address _____ e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____ Exp. Date _____
Fire Alarm Contractor No. _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible
Capacity _____

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing
or [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____
Other _____ [] New or [] Existing
Location: _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
<input checked="" type="checkbox"/> No Plans Required	Type: Alarm System	Failure	Failure
<input type="checkbox"/> Partial - Underlab Utilities Approved	Suppression Sys.	Failure	Approval
Date: _____ Approved by: _____	Standpipe	Failure	Initial
<input checked="" type="checkbox"/> Fire Protection Plans Approved	Fire Pump	Failure	Approval
Joint Plan Review Required: _____	Pre-Eng. System	Failure	Initial
[] Bldg. [] Elec. [] Plumb. [] Elev.	Mechanical	Failure	Approval
SUBCODE APPROVAL for PERMIT	Smoke Control	Failure	Initial
Date: <u>3/3/16</u>	TCO	Failure	Approval
Approved by: <u>[signature]</u>	Flam/Combust Tanks	Failure	Initial
SUBCODE APPROVAL for CERTIFICATE	Fireplace Venting	Failure	Approval
[] CO [] CCO [] CA	Final	Failure	Initial
Date: _____	Other	Failure	Approval
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.

Applicant/Contractor sign here: _____

Print name here: Andrew F. Buchanan

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____ NUMBER _____ FEE (Office Use Only) \$ _____

Alarm Systems [] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pull, water/flow) _____

Supervisory Devices (i.e., tampers, low/high air) _____

Signaling Devices (i.e., horns/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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances X Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other EMS fire A.C. 16-0124 _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received 3/31/16
Control # 21059
Date Issued 16-0124
Permit # _____



D. TECHNICAL SITE DATA	
DESCRIPTION OF WORK	
ADD powder room and 3 bay sink	200115

14-00000

[illegible]

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)

	Water Closet	\$_____
	Urinal/Bidet	\$_____

Bath Tub

Lavatory Shower

Shower
Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine
Hood Rink

Water Heater

Gas Piping

PGas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator
Rediflow Divulstas

Greaseeltrap
Backflow Preventer

Sewer Connection

Water Service Connection

Stacks

Other _____

Other _____

1000

Minimum Fee \$ _____

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



APPLICATION FOR ZONING PERMIT

BOROUGH OF AVALON
3100 DUNE DRIVE, AVALON, N.J. 08202
(609) 967-5923

2108 Dune
224 21st
WORK SITE
Self
CONTRACTOR
ADDRESS
TELEPHONE # FAX #

BLOCK: 21.04 LOT(S): 4847
Andrew F. Buchanan
OWNER
PO Box 350 Avalon
ADDRESS
TELEPHONE # FAX #

1. CHECK THE APPROPRIATE DESCRIPTION OF WORK TO BE DONE

☐ NEW CONSTRUCTION ☐ GARAGE ☐ FENCE
☐ SWIMMING POOL ☐ DECK ☐ AIR CONDITIONING
☐ RENOVATION/ADDITION ☒ SHED ☐ OTHER/

2. NEW CONSTRUCTION

THIS APPLICATION MUST BE ACCOMPANIED BY A DRAWING REFLECTING:

- | | |
|--|---------------------------------|
| A. PLOT DIMENSIONS | E. FENCING |
| B. SET BACKS FROM LOT LINE | F. DIMENSIONS OF ALL STRUCTURES |
| C. CURB CUTS, DRIVEWAYS, ETC. | G. ACCESSORY STRUCTURES AND |
| D. HEIGHT OF STRUCTURE (FROM BASE FLOOD) | THEIR RELATIONSHIP TO PRINCIPLE |
| | STRUCTURE |

3. OTHER THAN NEW CONSTRUCTION

THE DIAGRAM ATTACHED TO THE APPLICATION SHOULD SIMULATE A BUILDING SITE PLAN. PLEASE SHOW DIMENSIONS OF YOUR LOT, LOCATION OF EXISTING STRUCTURES (WITH ALL DIMENSIONS) AND PROPOSED CONSTRUCTION WITH DOTTED LINES, DIMENSIONS AND SET BACKS.

4. A PLANNING COMMISSION APPROVAL OR ZONING APPEAL APPROVAL IS REQUIRED

(PLEASE CHECK ONE) YES ☐ NO ☐

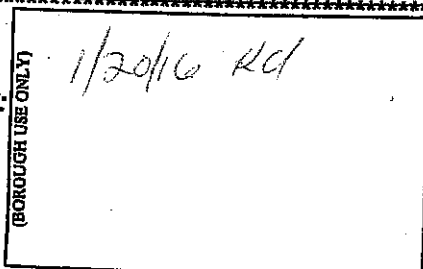
5. AN APPLICATION HAS BEEN MADE BEFORE THE AVALON PLANNING/ZONING BOARD FOR THIS PROPERTY

(PLEASE CHECK ONE) YES ☐ NO ☐

1/20/16
DATE

[Signature]
SIGNATURE OF APPLICANT

DATE
RECEIVED*

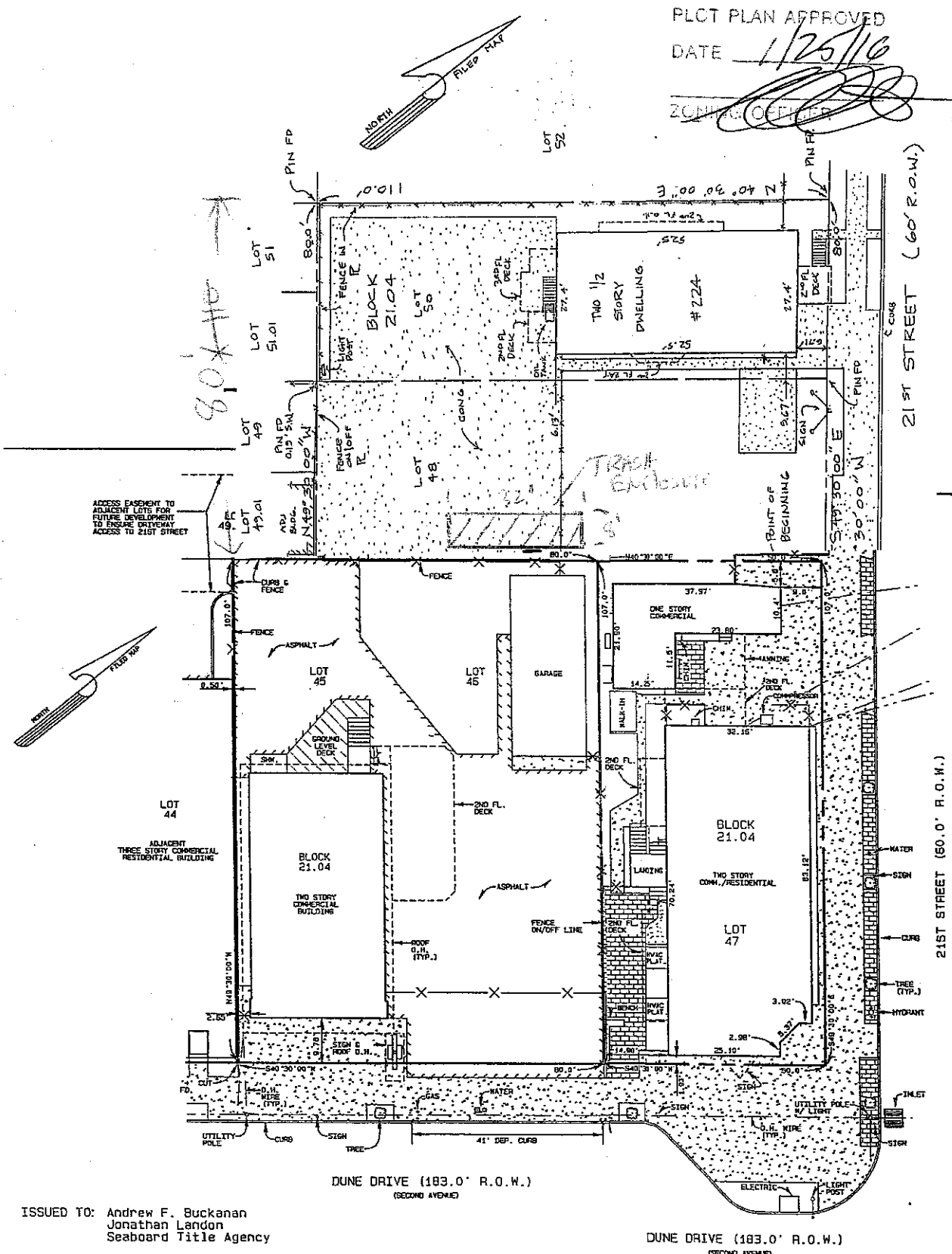


ZCN# 2266

1/25/16
DATE
[Signature]
ZONING OFFICIAL'S SIGNATURE

* Zoning Officer has ten (10) days to review application from the date of receipt, in accordance with N.J.S. 40:55D-18.

ZO0116



ISSUED TO: Andrew F. Buchanan
Jonathan Landon
Seaboard Title Agency

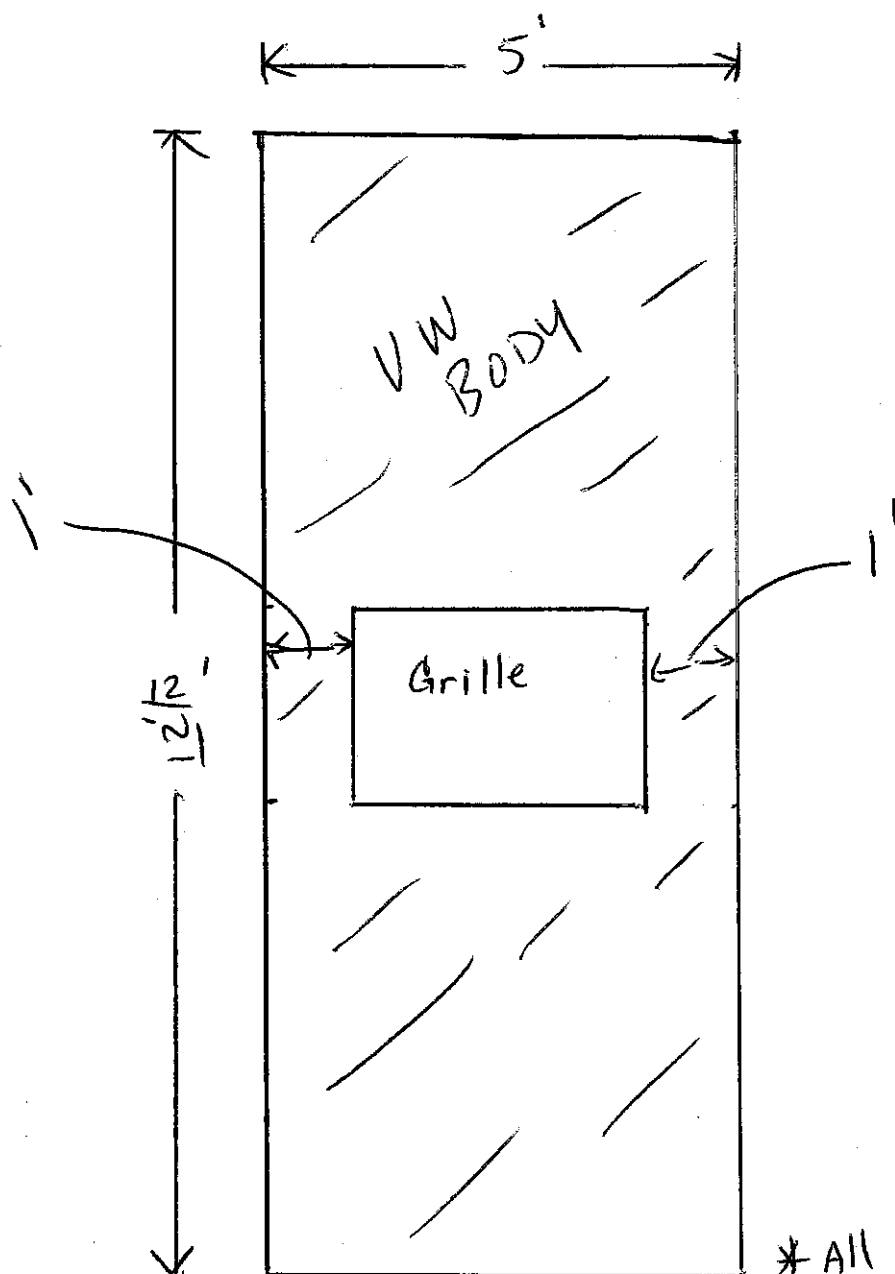
I certify that, to the best of my knowledge and belief, this map or plan is the result of a field survey made, shown, by me or under my direct supervision, in accordance with the rules and regulations promulgated by the State of Professional Engineers and Land Surveyors.

The information shown hereon correctly represents the conditions found at end as of the date of field survey. I, the undersigned, being a duly licensed Professional Engineer and Land Surveyor, do hereby certify that this map or plan is the result of a field survey made, shown, by me or under my direct supervision, in accordance with the rules and regulations promulgated by the State of Professional Engineers and Land Surveyors.

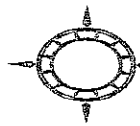
CAUTION: If this document does not contain a raised impression seal of the professional, it is not an authorized document and may have been altered. This survey has been prepared only for the use of the named parties. Surveyor reserves the right to modify this survey should any such information become available. The surveyor has no responsibility or liability should the survey be used for resale of the property, for use with survey plat, zoning plan, etc., or for any other purpose other than intended. Surveyor shall not have responsibility or liability should this survey be used by any other person or entity not specifically named.

Z00117

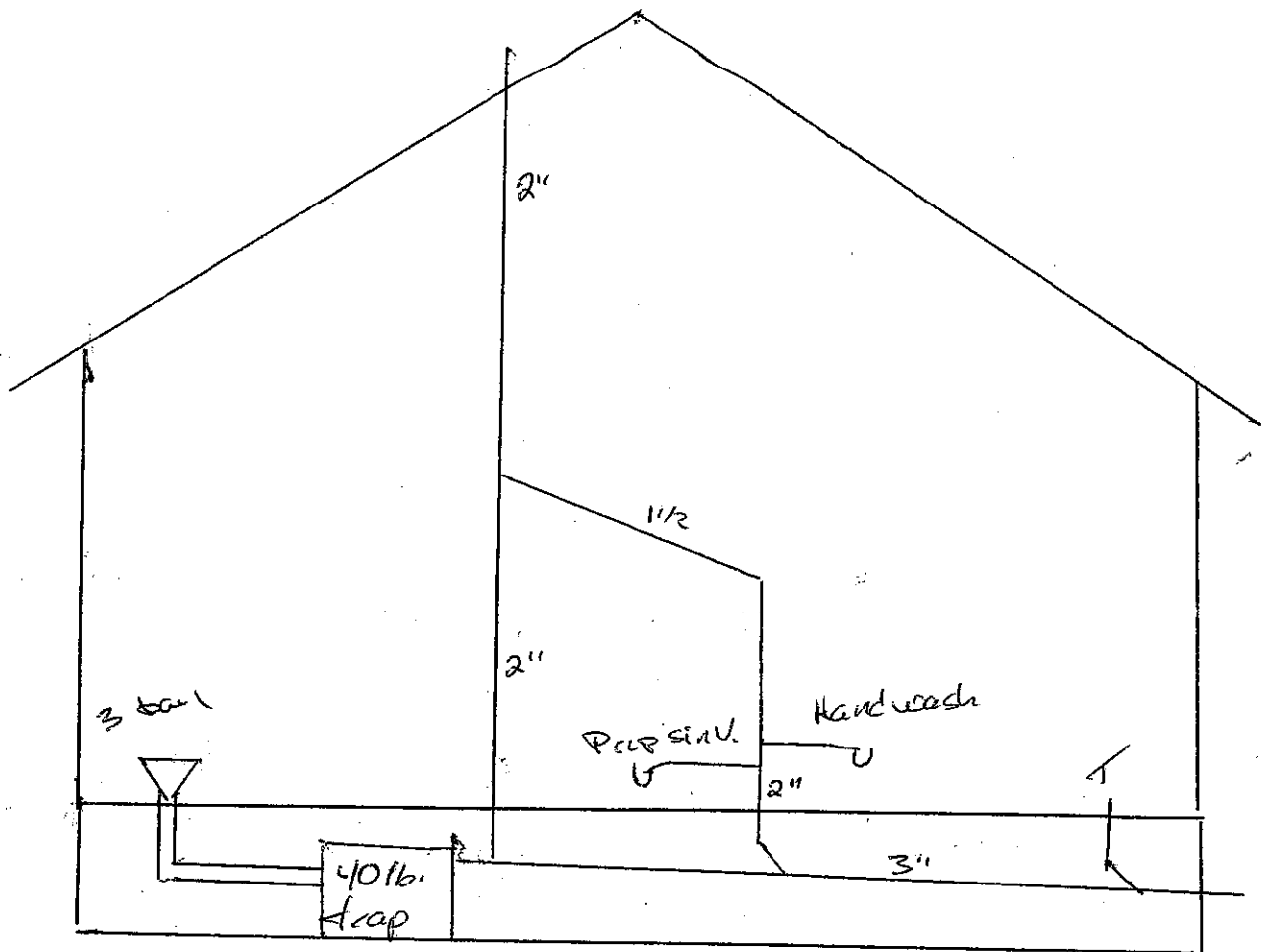




* All metal Body
NO Combustibles

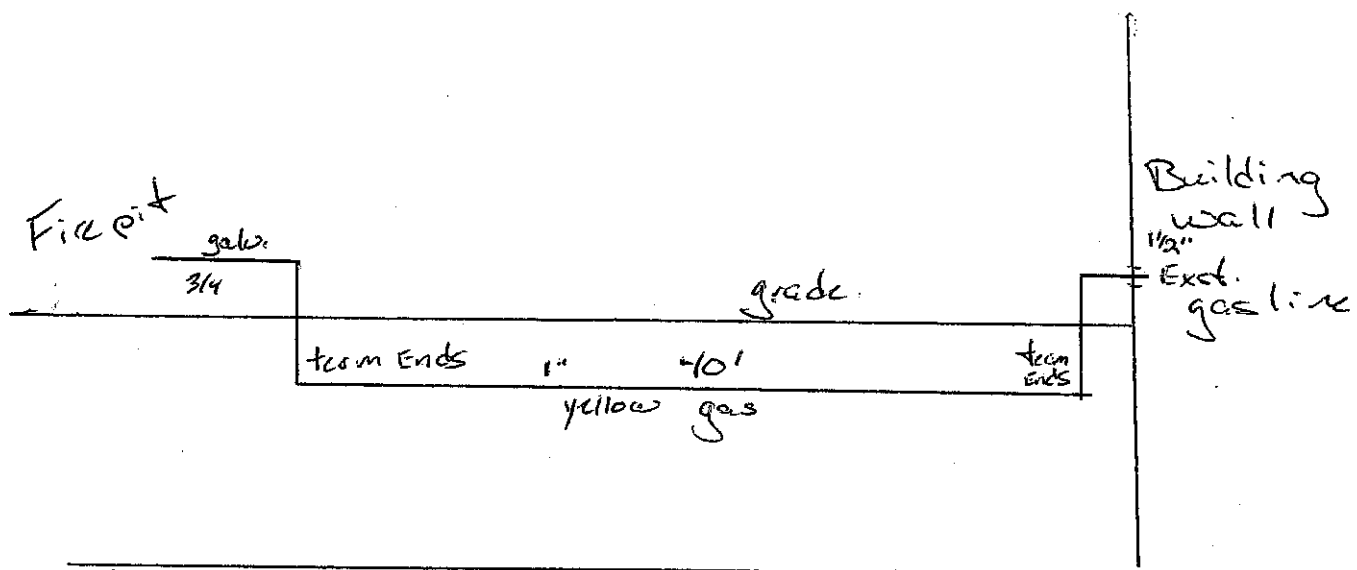


STEVEN HAUBOIS
PLUMBING & HEATING
609-602-0645
CAPE MAY COURT HOUSE, NJ



OK / R/L
3/4/16

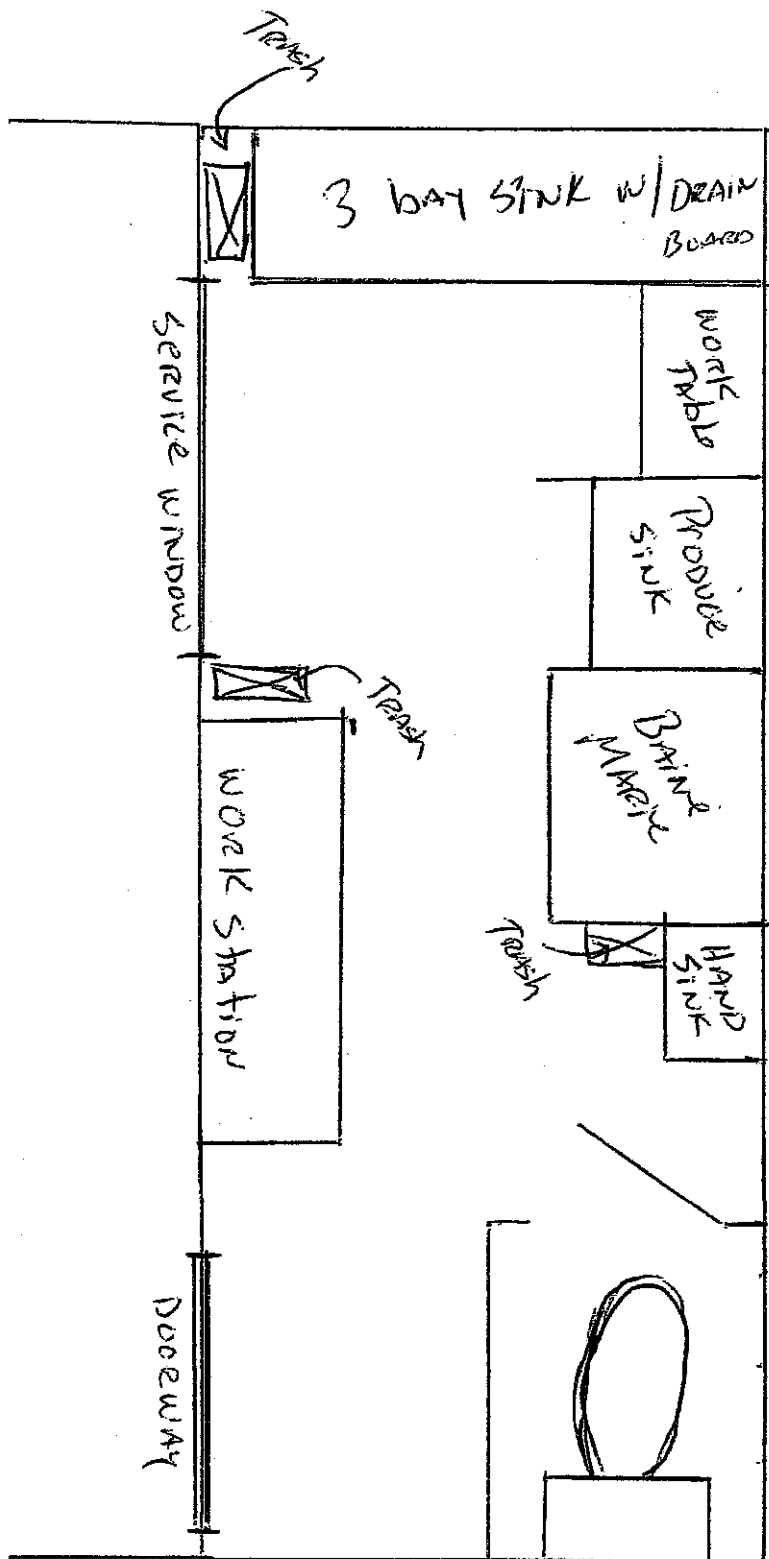
21st Snack Shack



3/4/16
OK/R/L

21st
Snack Shack

bedone in a clean bay
at the 3comp. sink.



OK/ALC
3/4/16



BOROUGH OF AVALON

3100 DUNE DRIVE

AVALON, NJ 08202

609 - 9674220

Control Number: 20884

Application Date: 04/24/2015
Permit # 15-0309

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 47	Qualification Code:	
Work Site Location:	2108 DUNE DRIVE AVALON		
Owner In Fee:	BUCHANAN, ANDREW F		
Address:	224-21ST STREET AVALON NJ 08202		
Telephone:	()		
Use Group(s):	A-2		
Contractor:	SCHALLTECH		
Address:	383 CORSON TAVERN ROAD OCEANVIEW NJ 08230		
Telephone:	(609) 624-1824		
Lic. No. / Bldrs. Reg. No.:	11072		
Federal Emp. No.:			

is hereby granted permission to perform the following work :

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

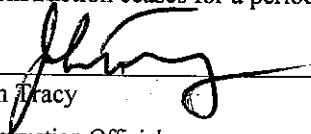
INSTALL GASLINE TO NEW PIZZA OVEN IN BUILDING

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1,050.00
Cost of Demolition:	0.00

Total Cost:	\$1,050.00
-------------	------------

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.


John Tracy
Construction Official

5-4-15
Date

Amount to be Paid: \$92.00

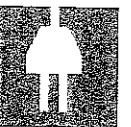
PAYMENTS (Office Use Only)	
Building	
Electrical	\$45.00
Plumbing	\$45.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$2.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$92.00
All Fees Waived:	No

paid in full
5/4/15
702
AK

Note:



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 21004 Lot 47 Qualification Code _____

Work Site Location Circle Pizza
2706 Dunn Drive
Andover, N.J.

Owner In Fee: _____
Tel. [REDACTED] e-mail _____

Address 224-21st St Apt. 100

Contractor: KARE ELECTRIC INC Tel. (609) 635-0495 zip code 08054
Address 2224 Lottland 1000 E 2nd St Camden, NJ

Contractor License No. 9553 Exp. Date _____

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

Federal Emp. ID No. [REDACTED] FAX: (609) 465-5010

B. ELECTRICAL CHARACTERISTICS
Use Group _____ Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 400

JOB SUMMARY (Office Use Only)
PLAN REVIEW

☒ No Plans Required V.I.F.

☐ Partial-Under-slab Utilities Approved
Date 4/28/15 Approved by: ey

☐ Electric Plans Approved
Date: _____ Approved by: _____

Joint Plan Review Required:
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/28/15
Approved by: ey

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Annual Pool Inspection _____

Date of Grounding and Bonding _____
Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[Signature]
Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ 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

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

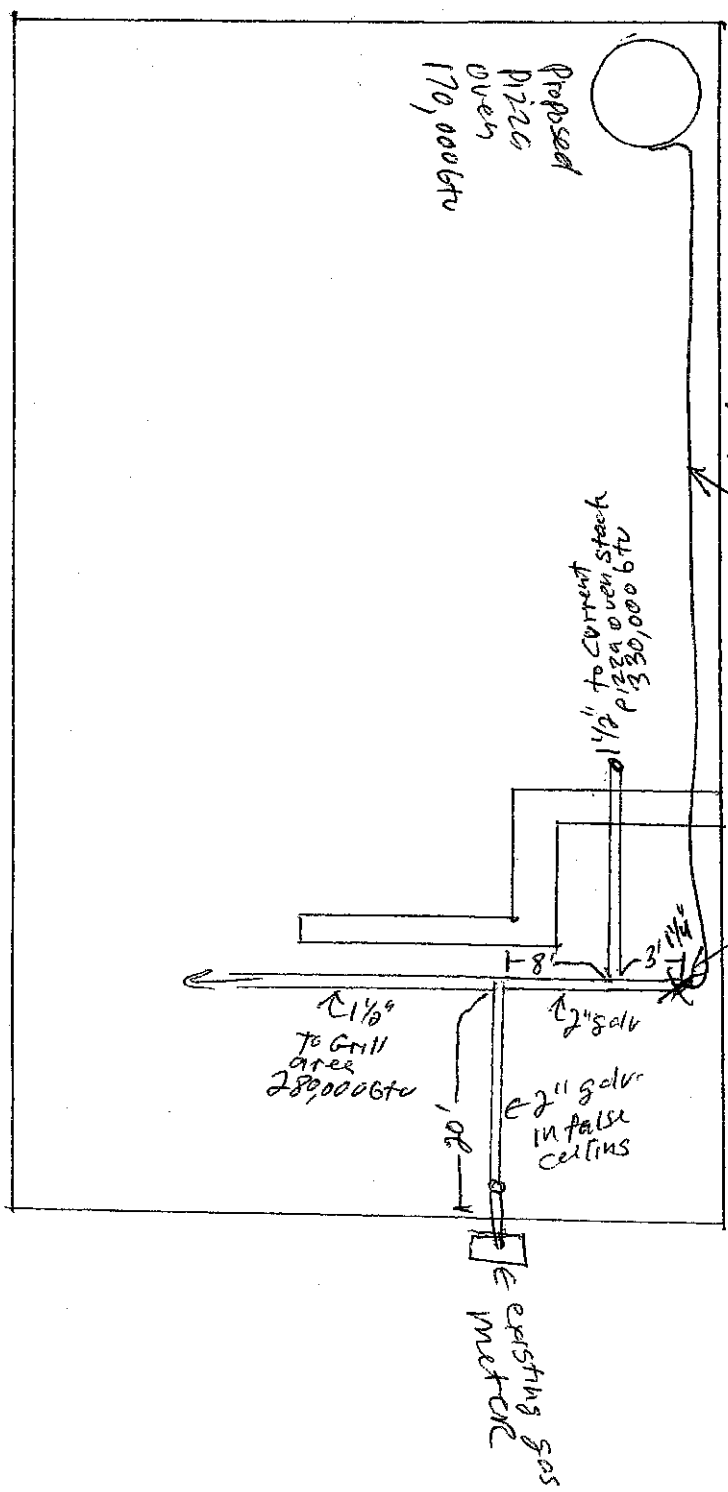
Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

Date Received 4/23/15
Control # 20884
Date Issued 15-0209
Permit # _____

Dune Drive

21st Street

Schalltech Plumbing
Re: circle pizza
21st + Dune Drive



65' Run
1 1/4" Gasite
CSST

1 1/4" capped Service
from previous Owens -
Remove cap, install
1 1/4" ball valve +
add. to 1 1/4"
Gasite

1 1/2"
To Grill
area
280,000 BTU

existing gas
meter



BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON, NJ 08202
609 - 9674220

Control Number: 20911
Application Date: 05/04/2015

15-0209

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 47	Qualification Code:	Contractor:	SCHALLTECH
Work Site Location:	2108 DUNE DRIVE AVALON		Address:	383 CORSON TAVERN ROAD
Owner In Fee:	BUCHANAN, ANDREW F			OCEANVIEW NJ 08230
Address:	224-21ST STREET 967-7566		Telephone:	(609) 624-1824
	AVALON NJ 08202		Lic. No. / Bldrs. Reg. No.:	11072
Telephone:	()		Federal Emp. No.:	
Use Group(s):	A-2			

is hereby granted permission to perform the following work :

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:
OVEN VENTING

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Rehabilitation: 5,000.00
Cost of Demolition: 0.00

Total Cost: \$5,000.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	\$60.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$10.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$70.00
All Fees Waived:	No

Amount to be Paid: \$70.00

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.

John Tracy
Construction Official

5-6-15
Date

pl 5/6/15 in #398
120m

Note:



FIRE PROTECTION SUBCODE
TECHNICAL SECTION



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

Block 2106 Lot 1108 Qualification Code 1108

Work Site Location 2106 Dundee Lane

Owner In Fee: Circle Property - Hardier Gardens

Tel. () e-mail

Address East Ave Municipality East Tel. 732-74-0040

Contractor Joe Silvio At. Duffen e-mail 08310

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 08310

Fire Alarm Contractor No. 08310 Exp. Date 08310

Home Improvement 08310 Reason (if applicable) 08310

Federal Emp. ID No. 08310 FAX: 08310

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 08310 Proposed 08310 Fuel Storage Tank: 08310

Const. Class: Present 08310 Proposed 08310 Fuel Type: 08310

Heating System: 08310 New or 08310 Modification to Existing 08310 Fire Alarm System: 08310

Location: 08310 Fuel Type: 08310 Gas 08310 Oil 08310 Electric 08310 Solar 08310

Other 08310 Location of Main Control Valve: 08310

Total Cost of Fire Protection Work \$ 5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required ☐ Partial - Under slab Utilities Approved

Date: 08310 Approved by: 08310

☒ Fire Protection Plans Approved 08310

Date: 08310 Approved by: 08310

Joint Plan Review Required: 08310

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev. ☐ Mech. ☐ Smoke Control ☐ TCO

SUBCODE APPROVAL FOR PERMIT 08310

Date: 08310 Approved by: 08310

SUBCODE APPROVAL FOR CERTIFICATE 08310

☐ CO ☐ CCO ☐ CA

Date: 08310 Approved by: 08310

INSPECTIONS

Type: 08310 Failure 08310 Failure 08310 Approval 08310 Initial 08310

Update

Date Received 5/11/15
Control # 2011 5/16/15
Date Issued 15-0309

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the owner of the property and authorized to make this application.

☐ Certified Contractor ☐ Exempt Applicant

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source 08310

Method of Alarm/Suppression System Supervision 08310

Flammable/Combustible Tanks 08310

Alarm Systems 08310

☐ System 08310

☐ 110v Interconnected 08310

☐ CO Detectors/110v 08310

Alarm Devices (i.e., smoke, heat, pulls, water/flow) 08310

Supervisory Devices (i.e., tamper, low/high air) 08310

Signaling Devices (i.e., horns/strobes, bells) 08310

Other Devices 08310

TOTAL 08310

Suppression Systems 08310

Fire Pump 08310 GPM Type 08310

Dry Pipe/Alarm Valves 08310

Pre-action Valves 08310

Sprinkler Heads (Dry and Wet) 08310

Standpipes 08310

Pre-engineered Systems 08310

Wet Chemical 08310

Dry Chemical 08310

CO₂ Suppression 08310

Foam Suppression 08310

FM200 Suppression 08310

Other 08310

Other Systems 08310

Kitchen Hood Exhaust System 08310

Smoke Control System 08310

Fuel-Fired Appliances 08310 Gas 08310 Oil 08310 Solid 08310

Fireplace Venting/Metal Chimney 08310

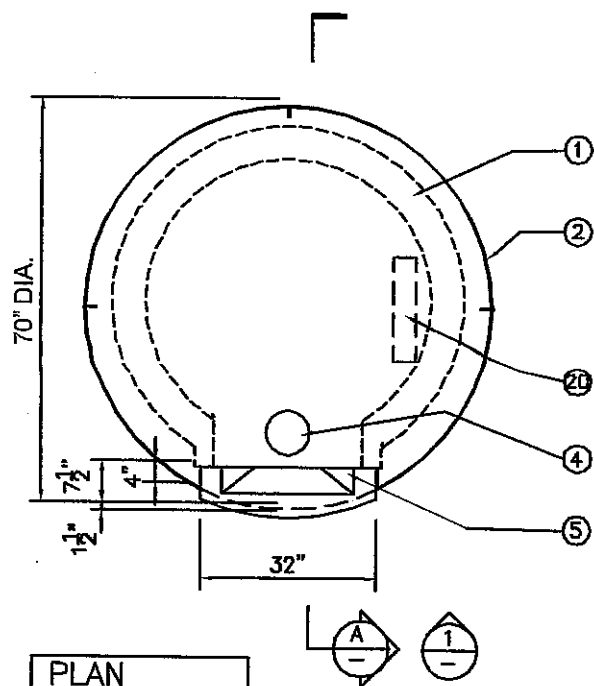
Other 08310

Administrative Surcharge \$ 08310

Minimum Fee \$ 08310

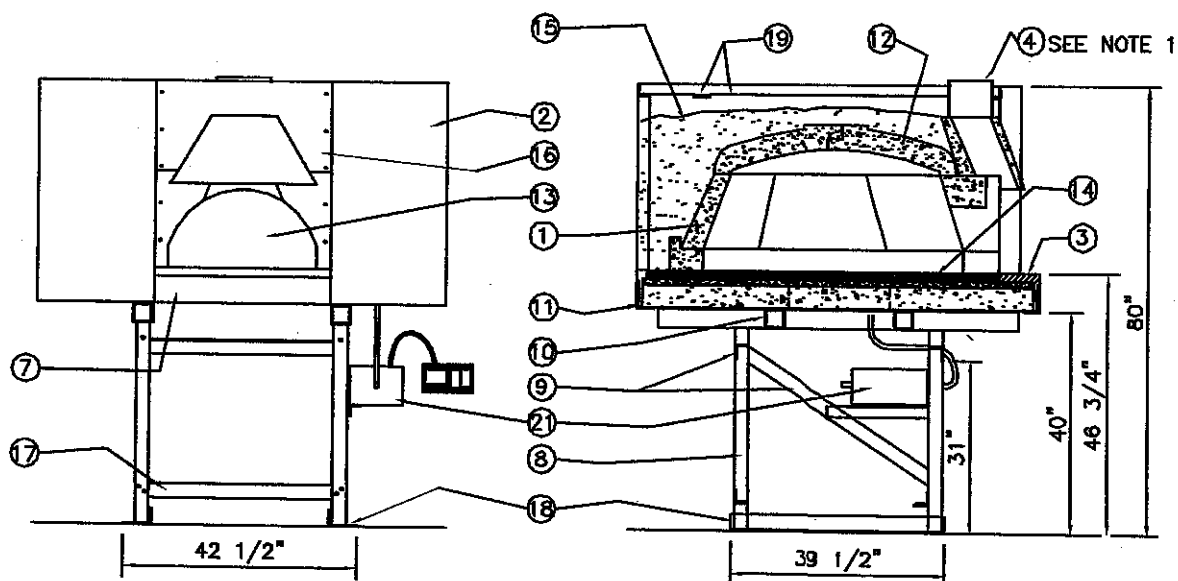
State Permit Surcharge Fee \$ 08310

TOTAL FEE \$ 08310



LEGEND

- ① 4"-6" REFRACTORY WALL PIECES
2. 16 GA. CURVED STEEL PANELS
3. GRANITE SHELF (STANDARD)
4. EXHAUST FLUE
5. EYEBROW HOOD W/ COVER (S.S. OR BRASS)
7. FRONT APRON (S.S. OR BRASS)
8. 3"x3" STEEL ANGLE
9. 2 1/2" STEEL ANGLE BRACING
10. 3 1/2" TUBE STEEL
11. 5"x3" PERIMETER CURVED STEEL ANGLE
12. TEMPERATURE PROBE
13. 27 1/2"x14" OVEN ENTRANCE
14. OVEN FLOOR TILES (12"x12")
15. HARDENED INSULATION FILL
16. 1/8" FRONT STEEL PLATES (BLACK)
17. 2 1/2" STEEL ANGLE (REMOVEABLE)
18. 5"x3" STEEL ANGLE BASE
19. STEEL LID W/ 4"x16" SCREEN VENT IN REAR
20. GAS BURNER SYSTEM RECESSED IN FLOOR
21. GAS BURNER OPERATING SYSTEMS BOX FLEX HOSE AND (2) 72" POWER CORDS REMOTE TEMP GAUGE AND CONTROL SWITCHES WITH 6 FT WIRE HARNESS



NOTES:

1. VENTING APPLICATIONS: USE EITHER A U.L. LISTED GREASE DUCT/BUILDING HEATING APPLIANCE CHIMNEY OR U.L. LISTED TYPE 1 EXHAUST HOOD.
2. EXTERIOR SHEEL AND ALL STEEL PARTS ARE FACTORY FINISHED IN GRAY. (OTHER COLOR OPTIONS AVAILABLE).
3. GAS REQUIREMENTS: 3/4" GAS OUTLET.
4. ELECTRICAL REQUIREMENTS: 2-120 VOLT AC OUTLETS

TOTAL WEIGHT: 5,000 LB
GAS OUTPUT: 170,000 BTU'S

SPECIFICATIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE.

SCALE: 3/8"=1'-0"

EARTHSTONE
WOOD-FIRE OVENS

DATE:
10-20-96
REVISION:
8-10-2004

TITLE:
MODEL 130-PAGW
GAS AND/OR WOOD FIRED OVEN

SHEET NO.
A3



BOROUGH OF AVALON

3100 DUNE DRIVE

AVALON, NJ 08202

609 - 9674220

Control Number: 18334

Application Date: 06/20/2012

12-0324

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 47	Qualification Code:	
Work Site Location:	2108 DUNE DRIVE AVALON		
Owner In Fee:	BUCHANAN, ANDREW F & GWEN C		
Address:	P.O. BOX 350 AVALON NJ 08202		
Telephone:	()		
Use Group(s):	M		
Contractor:	BUCHANAN, ANDREW F & GWEN		
Address:	P.O. BOX 350 AVALON NJ 08202		
Telephone:	[REDACTED]		
Lic. No. / Bldrs. Reg. No.:	[REDACTED]		
Federal Emp. No.:			

is hereby granted permission to perform the following work :

- | | | |
|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:
ALUMINUM FRAME AWNING

ESTIMATED COST OF WORK:

Cost of Construction: 0.00

Cost of Rehabilitation: 2,800.00

Cost of Demolition: 0.00

Total Cost: \$2,800.00

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.

John Tracy
Construction Official

Date

6-20-12

Amount to be Paid: \$82.00

PAYMENTS (Office Use Only)	
Building	\$77.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$5.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$82.00
All Fees Waived:	No

12360
Pd Ck 6/22/12
Rd

Note:

6/21/12



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 2104 Lot 47 Qualification Code _____
Work Site Location 2108 Dunne Drive

Owner In Fee: Andrew F. Buchanan

Tel. _____ e-mail _____

Address Po Box 350 Aspen zip code _____
street municipality

Contractor: _____ Tel. (____) _____ e-mail _____
Address _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval
<input type="checkbox"/> No Plans Required			Footings		
<input type="checkbox"/> All			Footings/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: <u>6-20-12</u>			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	Constr. Class Present	Proposed
No. of Stories <u>1</u>		If Industrialized Building:	
Height of Structure <u>12'</u>		State Approved	HUD
Area — Largest Floor <u>600 sq. ft.</u>		Est. Cost of Bldg. Work:	
New Bldg. Area/All Floors <u>sq. ft.</u>		1. New Bldg. \$ _____	
Volume of New Structure <u>cu. ft.</u>		2. Rehabilitation \$ _____	
Max. Live Load _____		3. Total (1+2) \$ <u>2800</u>	
Max. Occupancy Load _____			

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

Aluminum Frame Awning
(Back Burger)
(Per) Enchilada

TYPE OF WORK:	Height (exceeds 6') Sq. Ft.	Sq. Ft.
<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 type="checkbox"/> Demolition		

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Hard = Applicant Copy



BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON, NJ 08202
609 - 967-4220

Control Number: 17496
Application Date: 05/05/2011

HE

CONSTRUCTION PERMIT

11-0185

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 47	Qualification Code:	
Work Site Location:	2108 DUNE DRIVE Borough of Avalon		
Owner In Fee:	CIRCLE PIZZA / BUBBA DOGS / WAGNER, VERGIE & I	Contractor:	SCHALLTECH
Address:	17 WAYNE WAY	Address:	383 CORSON TAVERN ROAD
	EAST WINDSOR NJ 08520		OCEANVIEW NJ 08230
Telephone:	()	Telephone:	(609) 624-1824
Use Group(s):	A-2	Lic. No. / Bldrs. Reg. No.:	11072
		Federal Emp. No.:	

is hereby granted permission to perform the following work :

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:
NEW GAS LINE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1,800.00
Cost of Demolition:	0.00

Total Cost:	\$1,800.00
-------------	------------

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.

John Tracy
Construction Official

5-5-11
Date

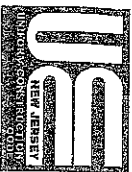
PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	\$45.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$3.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$48.00
All Fees Waived:	No

Amount to be Paid: \$48.00

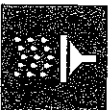
5-6-11 DBR
Check #11807

Note:

5/5/11



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 21.04 Lot 47 Qualification Code _____
Work Site Location 2108 Dunn Drive

Owner in Fee: Andrews Green Buchanan

Tel. _____ e-mail _____

Address Po Box 350 Avakn Tel. (____) _____ zip code _____

Contractor: Schallert Tel. (____) _____ zip code _____

Address 383 Cresson Turner Rd. e-mail _____

Ocean View, NJ 08230

Contractor License No. 11072 Exp. Date 6/11

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 \$ 1800-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☒ Plumbing Plans Approved

Date: 6/4/11 Approved by: PK

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 5/4/11

Approved by: PK

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's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Run new gas line from meter location under floor (crawl) to equipment area. 1 1/2" Castite 30' run / 1 1/2" Galv. B. Newfield

Date Received 5/2/11
Control # 17496
Date Issued 5-6-11
Permit # 11-0185

Z00132

QTY. FIXTURE/EQUIPMENT

Water Closet _____ FEE (Office Use Only) \$ _____

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 _____ \$ _____

Greasetrap _____ \$ _____

Sewer Connection _____ \$ _____

Water Service Connection _____ \$ _____

Stacks _____ \$ _____

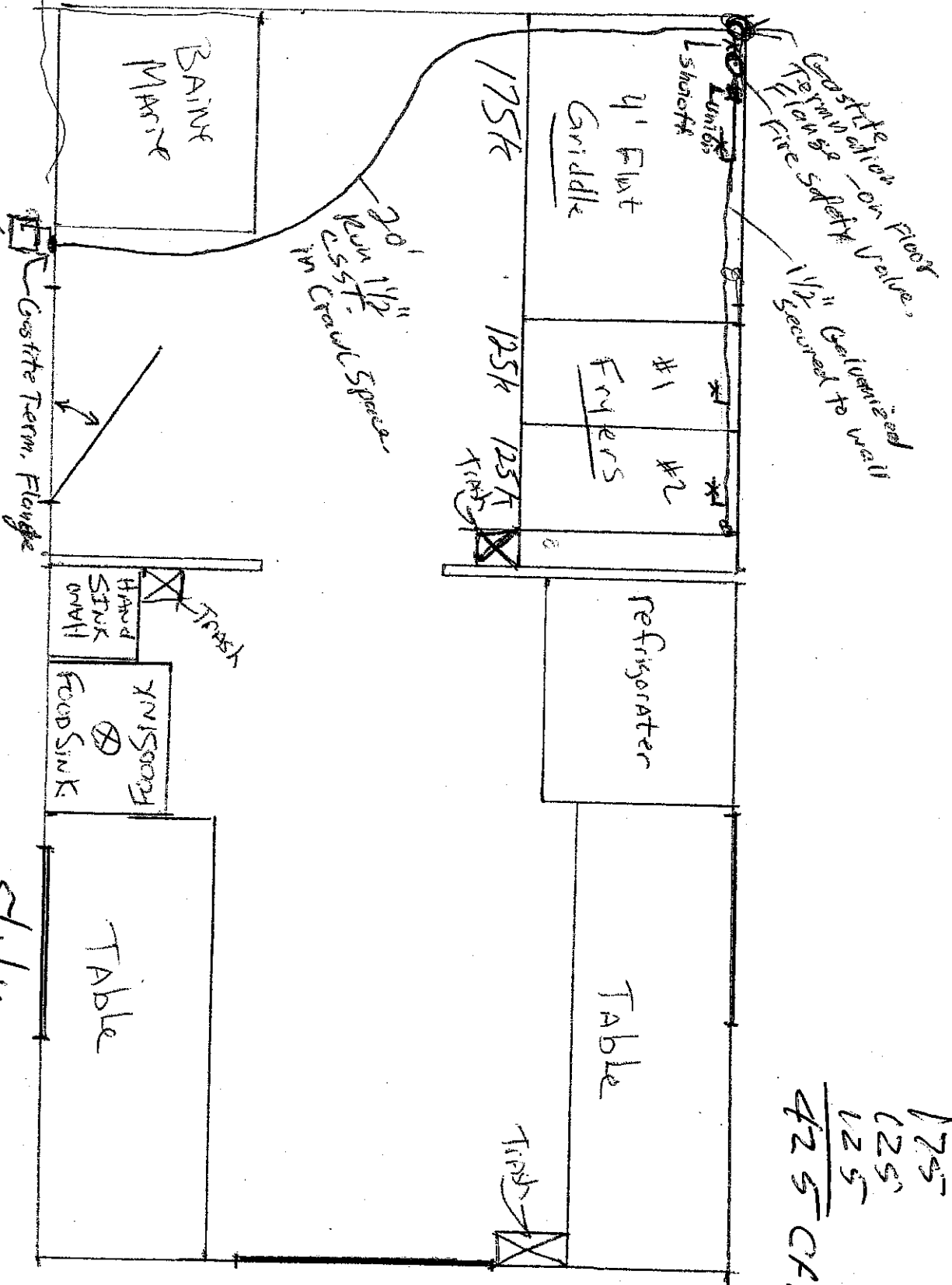
Other _____ \$ _____

Other _____ \$ _____

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

2108 Dune Dr.

175
125
125
425 CH @ 30'



Contractor - Schalltech,
609-602-4365
Meter location

SP4/11
OK/OK

2108 Dune



BOROUGH OF AVALON

3100 DUNE DRIVE

AVALON, NJ 08202

609 - 967-4220

Control Number: 17465

Application Date: 04/26/2011

11-0169

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 47	Qualification Code:	
Work Site Location:	2108 DUNE DRIVE Borough of Avalon		
Owner In Fee:	CIRCLE PIZZA / BUBBA DOGS / WAGNER, VERGIE & I		Contractor: REEL FIRE PROTECTION INC
Address:	17 WAYNE WAY	Address:	13 S MAIN STREET
	EAST WINDSOR NJ 08520		CAPE MAY COURT HOUSE NJ 08210
Telephone:	()	Telephone:	(609) 465-8019
Use Group(s):	A-2	Lic. No. / Bldrs. Reg. No.:	
		Federal Emp. No.:	

is hereby granted permission to perform the following work :

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

WET CHEMICAL AND KITCHEN HOOD SYSTEM

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	2,350.00
Cost of Demolition:	0.00

Total Cost:	\$2,350.00
-------------	------------

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.

John Tracy
Construction Official

Date

4-26-11

Amount to be Paid: \$259.00

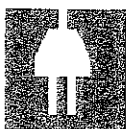
PAYMENTS	(Office Use Only)
Building	
Electrical	\$45.00
Plumbing	
Fire Protection	\$210.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$4.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$259.00
All Fees Waived:	No

Note:

4/26/11



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 2104 Lot 47 Qualification Code _____

Work Site Location 2108 Dune Drive

Owner In Fee: Anderson & Co. Inc. Buchanan

Tel. _____ e-mail _____

Address PO Box 350 Arden

Contractor: KAP ELECTRIC INC. Tel. (_____) 465-4044

Address 222 HIGHLAND RD e-mail _____

CNE4 NJ 08210

Contractor License No. 9553 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) 465-4602

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 850-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required 4/18/11

☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bidg. ☐ 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.

Signature of Applicant

☒ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr. ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Date Received
Control #
Date Issued
Permit #

4/15/11
17465
11-0169

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

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

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

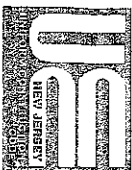
FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



FIRE PROTECTION SUBCODE
TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-472-1000.

Block 2104 Lot 47 Qualification Code _____
Work Site Location 2108 DUNE DRIVE

Owner in Fee: Andrew & Greta Buchanan

Tel. [REDACTED] e-mail _____

Address 70 Box 350 Avon

Contractor: Reel Fire Protection (Indicatively) Tel. () Zip code _____

Address 135 Main St e-mail _____

4 WCH, NJ 08210 P-00585

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 154605

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: ☐ Flammable or ☐ Combustible

Heating System: ☐ New or ☐ Modification to Existing Fire Alarm System: ☐ New or ☐ Existing
OR ☐ Conversion or ☐ Replacement Location of Panel: _____

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar Fire Suppression/Standpipe System: _____
OR _____ ☐ New or ☐ Existing

Location: _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required
☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☒ Fire Protection Plans Approved

Date: 1/24/11 Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 1/24/11

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, record and am authorized to make this application.

Applicant's Signature/Contractor's Signature _____

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

☐ System _____

☐ 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., horns/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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Date Received _____

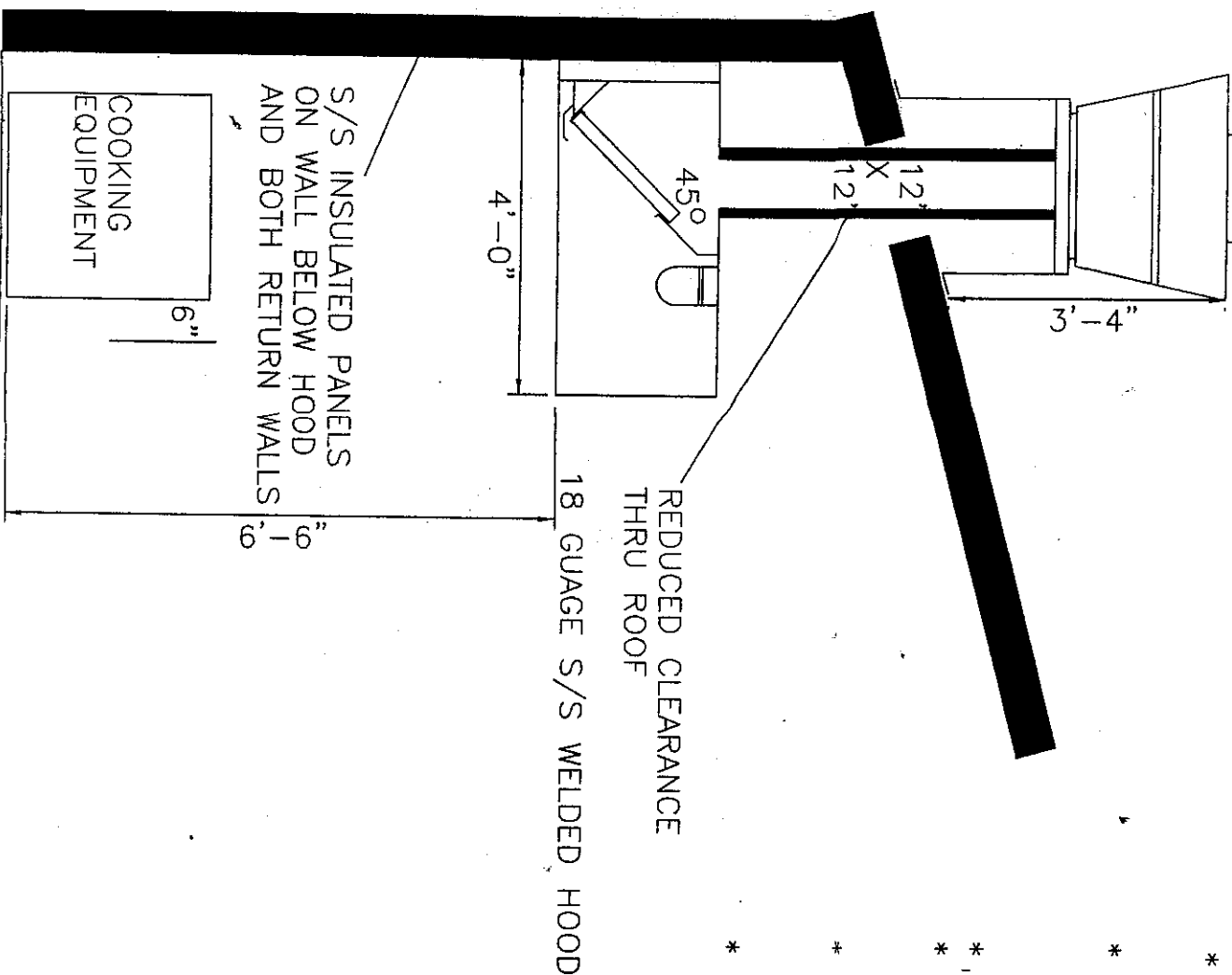
Control # _____

Date Issued _____

Permit # _____

Z00136

- * HOOD CAPTURE SIZE 7'X3.5' FOR A TOTAL OF 2750 CFM
- * (1) UL LISTED UPBLAST EXHAUST FAN 1/2 HP, 115V, 1 PHASE, 1 SPEED, 2100 CFM @ .625" STATIC PRESSURE
- * FAN DISCHARGES 40" ABOVE ROOF LINE.
- * HOOD MADE OF 18GA. STAINLESS, CONTINUOUS WELDED CONSTRUCTION, AS PER CODE.
- * EXHAUST DUCT MADE OF 16GA. C/R LIQUID TIGHT EXTERNALLY WELDED CONSTRUCTION, AS PER CODE.
- * REDUCED CLEARANCE TO COMBUSTIBLE: UL LISTED 0 CLEARANCE DUCT WRAP



For:
BUNGALOW DOGS
212 21ST STREET
AVALON, NJ

BIB B CONTRACTING, INC.
708-1 OLD SHORE ROAD
FORKED RIVER, NJ 08731

3-10-11 1/2" = 1' RWB
Job number: BNGLDOGS

4/5/2011

Nola - Fan Submittal



Order # 1323459 - Bungalow Dogs EF

Fan #1 NCA14FA (130 lbs.)

Belt Drive Centrifugal Upblast Exhaust Fan with 15.75" wheel

Exhaust Motor:

Model .50180S1BSPA056-60PK, 0.5 HP, 1 Phs, 230 V, 4.0 FLA, ODP (Open Drip Proof)

Exhaust Motor Pulleys:

Part Type	Qty	Browning #	Turns Out
Belt	1	AX23	
Blower Pulley	1	AK56 3/4	
Motor Pulley	1	1VL40 x 5/8	3

Exhaust Performance:

Volume: 1800 cfm RPM: 965 TS: 3979 ft/min.
SP: -0.5" w.g. BHP: 0.313
Altitude: 62' Amb. Temp: 70°F



Construction Features:

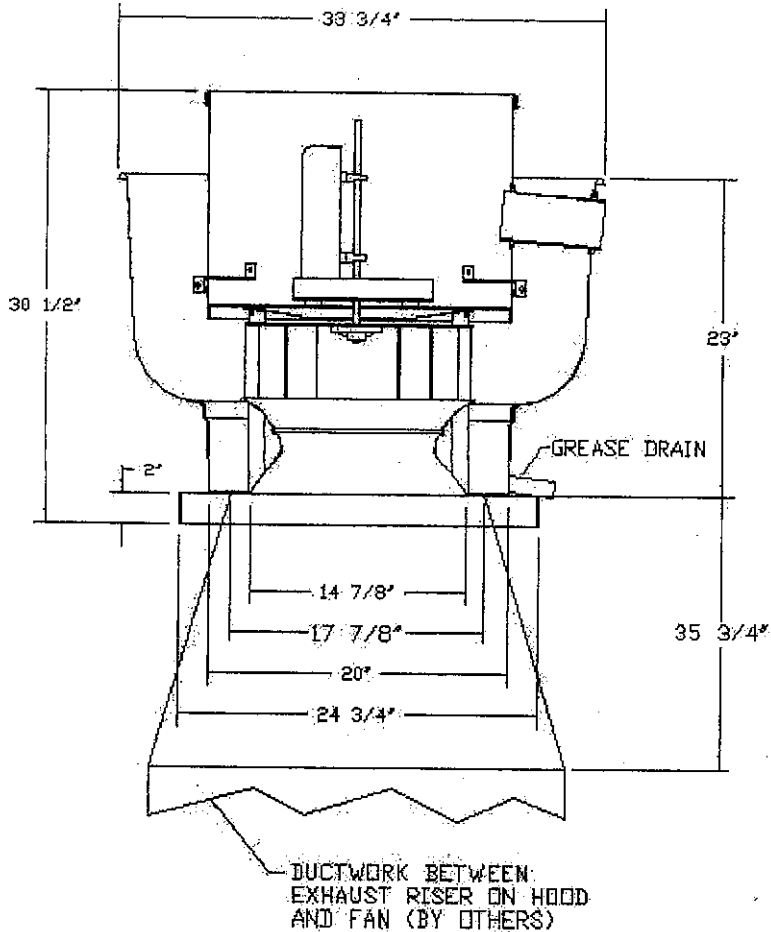
Construction Features
Housing constructed of heavy gauge aluminum • Centrifugal backward inclined, non-overloading wheel built out of 3003-H14 aluminum • Weatherproof safety disconnect switch • Grease spout welded to housing • Vibration isolators • Adjustable pitch drive assemblies • Adjustable motor mount • Ball bearing motors • Forces fresh air through motor to ensure long motor life • Corrosion resistant fasteners • Thermal overload protection • High heat operation (300 °F) • Rated for restaurant and general ventilation applications • UL705 and UL762 • Grease classification tested

Selected Options:

- Grease Cup for kitchen-duty centrifugal exhaust fans, Box Dimensions 15-3/4 L X 5-1/16 W X 3-3/4 H (18 GA.) (Includes Down Spout)
- HINGE KIT - Standard Hinge kit for exhaust fan roof curbs. Includes Hardware to attach hinge to curb and hinge to base. Ships Loose. Used on Fans with wheels 20 inches or smaller. 12 GA Galvanized.

4/5/2011

Nola - Fan Submittal



FEATURES:

- ROOF MOUNTED FANS
- RESTAURANT MODEL
- UL705 AND UL762
- AMCA SOUND AND AIR CERTIFIED
- WIRING FROM MOTOR TO DISCONNECT SWITCH
- WEATHERPROOF DISCONNECT
- HIGH HEAT OPERATION 300°F (149°C)
- GREASE CLASSIFICATION TESTING

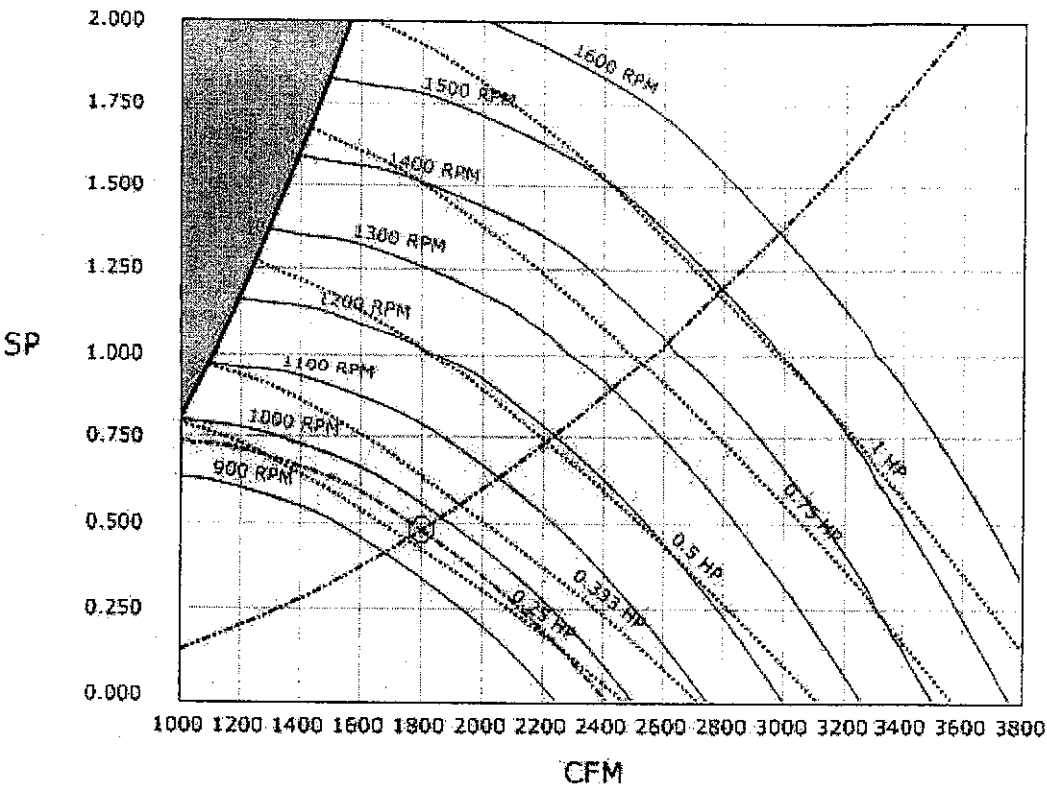
NORMAL TEMPERATURE TEST
EXHAUST FAN MUST OPERATE CONTINUOUSLY WHILE EXHAUSTING AIR AT 300°F (149°C) UNTIL ALL FAN PARTS HAVE REACHED THERMAL EQUILIBRIUM, AND WITHOUT ANY DETERIORATING EFFECTS TO THE FAN WHICH WOULD CAUSE UNSAFE OPERATION.

ABNORMAL FLARE-UP TEST
EXHAUST FAN MUST OPERATE CONTINUOUSLY WHILE EXHAUSTING BURNING GREASE VAPORS AT 600°F (316°C) FOR A PERIOD OF 15 MINUTES WITHOUT THE FAN BECOMING DAMAGED TO ANY EXTENT THAT COULD CAUSE AN UNSAFE CONDITION.

4/5/2011

Noia - Fan Submittal

1800 CFM, 0.5 SP @ 965 RPM and 0.313 BHP at 62 feet and 70 deg F
* Please note that these curves were adjusted for job specific temperature and altitude.



NCA14FA exhaust sound data @ 965 RPM:

LWA: 70.5 Sones: 9.5 DBA: 59

Octave 1	Octave 2	Octave 3	Octave 4	Octave 5	Octave 6	Octave 7	Octave 8
71.4	81.5	71.2	65.4	62.9	57.8	47.6	0

Big Dogs

2108 Dune Drive
Anchorage, AK 99502

Fire Suppression System

Puro Chem, PCL-300 Gallon Wet Chemical
41-300 Standard, 10 Pail Pint Capacity.

Equipment Nozzle Flow

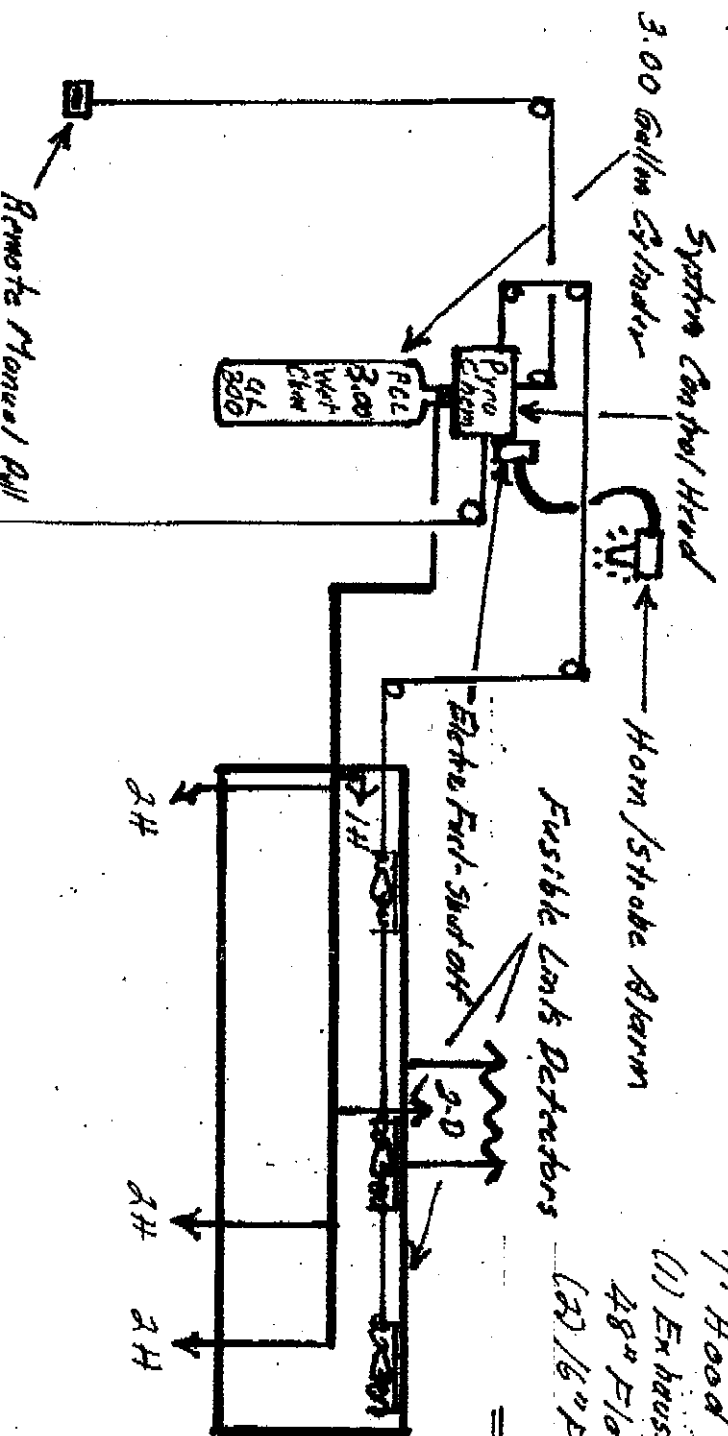
7' Hood 1-H 1

(1) Exhaust Duct 2-D 2

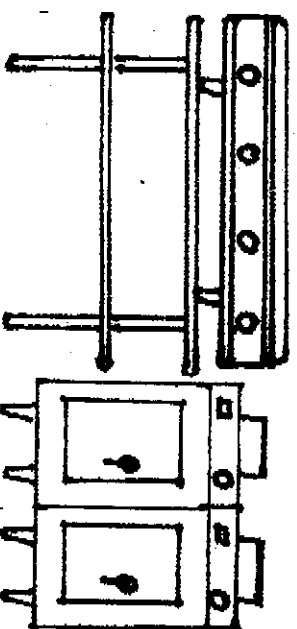
48" Flat Grill 2-H 2

(2) 16" Fans (2) 2-H 4

Total Flow 9



Automatic Gas Fuel
Shut-off Valve.



Scale: 1/8" = 1'

Date: 3-15-11



ZONING PERMIT

PERMIT NO. 4793 DATE 4/28/10

BLOCK 21.04 LOTS 47

AVALON ADDRESS 2108 DUNE DRIVE

OWNER CIRCLE PIZZA/BUBBA DOGS/BUCHANAN. ANDREW

DESCRIPTION SIGN

BUILDER SIGNWORKS

FEE 50.00 DATE PAID Pd CR 1001 5/11/10 Kd

ZONING OFFICER [Signature]

Ref. No: G 034017154



APPLICATION FOR ZONING PERMIT

BOROUGH OF AVALON
3100 DUNE DRIVE, AVALON, N.J. 08202
(609) 967-5923

212 21 AVE 2108 Dune
WORK SITE
Yoth A Matalucci
CONTRACTOR
Signworks
ADDRESS
609-624-1004
TELEPHONE # FAX #

BLOCK: 2104 LOT(S): 47
Ross Marzulla
OWNER
400 BELAIRE DR
ADDRESS
[REDACTED]
TELEPHONE # FAX#

1. CHECK THE APPROPRIATE DESCRIPTION OF WORK TO BE DONE

☐ NEW CONSTRUCTION ☐ GARAGE ☐ FENCE
☐ SWIMMING POOL ☐ DECK ☒ OTHER
☐ RENOVATION/ADDITION ☐ SHED ☐ Out Door Dining Sidewalk*
☐ Outdoor Dining Private

2. NEW CONSTRUCTION

THIS APPLICATION MUST BE ACCOMPANIED BY A DRAWING REFLECTING:

- | | |
|--|---------------------------------|
| A. PLOT DIMENSIONS | E. FENCING |
| B. SET BACKS FROM LOT LINE | F. DIMENSIONS OF ALL STRUCTURES |
| C. CURB CUTS, DRIVEWAYS, ETC. | G. ACCESSORY STRUCTURES AND |
| D. HEIGHT OF STRUCTURE (FROM BASE FLOOD) | THEIR RELATIONSHIP TO PRINCIPLE |
| | STRUCTURE |

3. OTHER THAN NEW CONSTRUCTION

THE DIAGRAM ATTACHED TO THE APPLICATION SHOULD SIMULATE A BUILDING SITE PLAN. PLEASE SHOW DIMENSIONS OF YOUR LOT, LOCATION OF EXISTING STRUCTURES (WITH ALL DIMENSIONS) AND PROPOSED CONSTRUCTION WITH DOTTED LINES, DIMENSIONS AND SET BACKS.

4. A PLANNING COMMISSION APPROVAL OR ZONING APPEAL APPROVAL IS REQUIRED

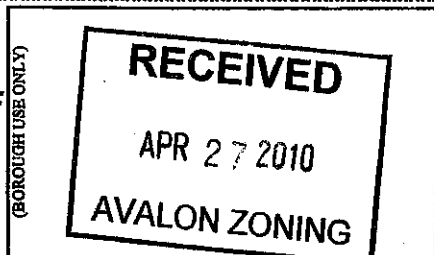
(PLEASE CHECK ONE) YES ☐ NO ☒

5. AN APPLICATION HAS BEEN MADE BEFORE THE AVALON PLANNING/ZONING BOARD FOR THIS PROPERTY

(PLEASE CHECK ONE) YES ☐ NO ☒

DATE

DATE RECEIVED:



SIGNATURE OF APPLICANT

DATE

ZONING OFFICIAL'S SIGNATURE

* Zoning Officer has ten (10) days to review application from the date of receipt, in accordance with N.J.S. 40:55D-18. Sidewalk dining requires hold harmless agreement and insurance indemnification with the Borough of Avalon and County of Cape May.

2175 Square feet

6' wide
43.5' tall.



PLOT PLAN APPROVED
DATE 4/27/10

[Signature]
ZONING OFFICER



ZONING PERMIT

PERMIT NO. 4484 DATE 6/16/09

BLOCK 21.04 LOTS 47

AVALON ADDRESS 204 21ST STREET

OWNER CIRCLE PIZZA/BUCHANAN

DESCRIPTION OUTDOOR DINING

BUILDER OWNER

FEE 100.00 DATE PAID Perch 10807 6/17/09 KJ

ZONING OFFICER [Signature]

6/16/09

Ref. No: G 034017154



APPLICATION FOR ZONING PERMIT

BOROUGH OF AVALON
3100 DUNE DRIVE, AVALON, N.J. 08202
(609) 967-5923

204-21ST
WORK SITE

CONTRACTOR

ADDRESS

TELEPHONE #

FAX #

BLOCK: 21-04 LOT(S): 47

Buchanan, Andrew
OWNER

589 Sunrise Dr Avalon
ADDRESS

[REDACTED]
TELEPHONE #

[REDACTED]
FAX#

1. CHECK THE APPROPRIATE DESCRIPTION OF WORK TO BE DONE

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> GARAGE	<input type="checkbox"/> FENCE
<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> DECK	<input type="checkbox"/> AIR CONDITIONING
<input type="checkbox"/> RENOVATION/ADDITION	<input type="checkbox"/> SHED	<input checked="" type="checkbox"/> OTHER/ <u>outside dining</u>

2. NEW CONSTRUCTION

LOT SIZE: 50' X 107'

THIS APPLICATION MUST BE ACCOMPANIED BY A DRAWING REFLECTING:

- | | |
|--|---------------------------------|
| A. PLOT DIMENSIONS | E. FENCING |
| B. SET BACKS FROM LOT LINE | F. DIMENSIONS OF ALL STRUCTURES |
| C. CURB CUTS, DRIVEWAYS, ETC. | G. ACCESSORY STRUCTURES AND |
| D. HEIGHT OF STRUCTURE (FROM BASE FLOOD) | THEIR RELATIONSHIP TO PRINCIPLE |
| | STRUCTURE |

3. OTHER THAN NEW CONSTRUCTION

THE DIAGRAM ATTACHED TO THE APPLICATION SHOULD SIMULATE A BUILDING SITE PLAN. PLEASE SHOW DIMENSIONS OF YOUR LOT, LOCATION OF EXISTING STRUCTURES (WITH ALL DIMENSIONS) AND PROPOSED CONSTRUCTION WITH DOTTED LINES, DIMENSIONS AND SET BACKS.

4. A PLANNING COMMISSION APPROVAL OR ZONING APPEAL APPROVAL IS REQUIRED

(PLEASE CHECK ONE) YES _____ NO _____

5. AN APPLICATION HAS BEEN MADE BEFORE THE AVALON PLANNING/ZONING BOARD FOR THIS PROPERTY

(PLEASE CHECK ONE) YES _____ NO _____

DATE

SIGNATURE OF APPLICANT

DATE
RECEIVED*

(BOROUGH USE ONLY)

DATE

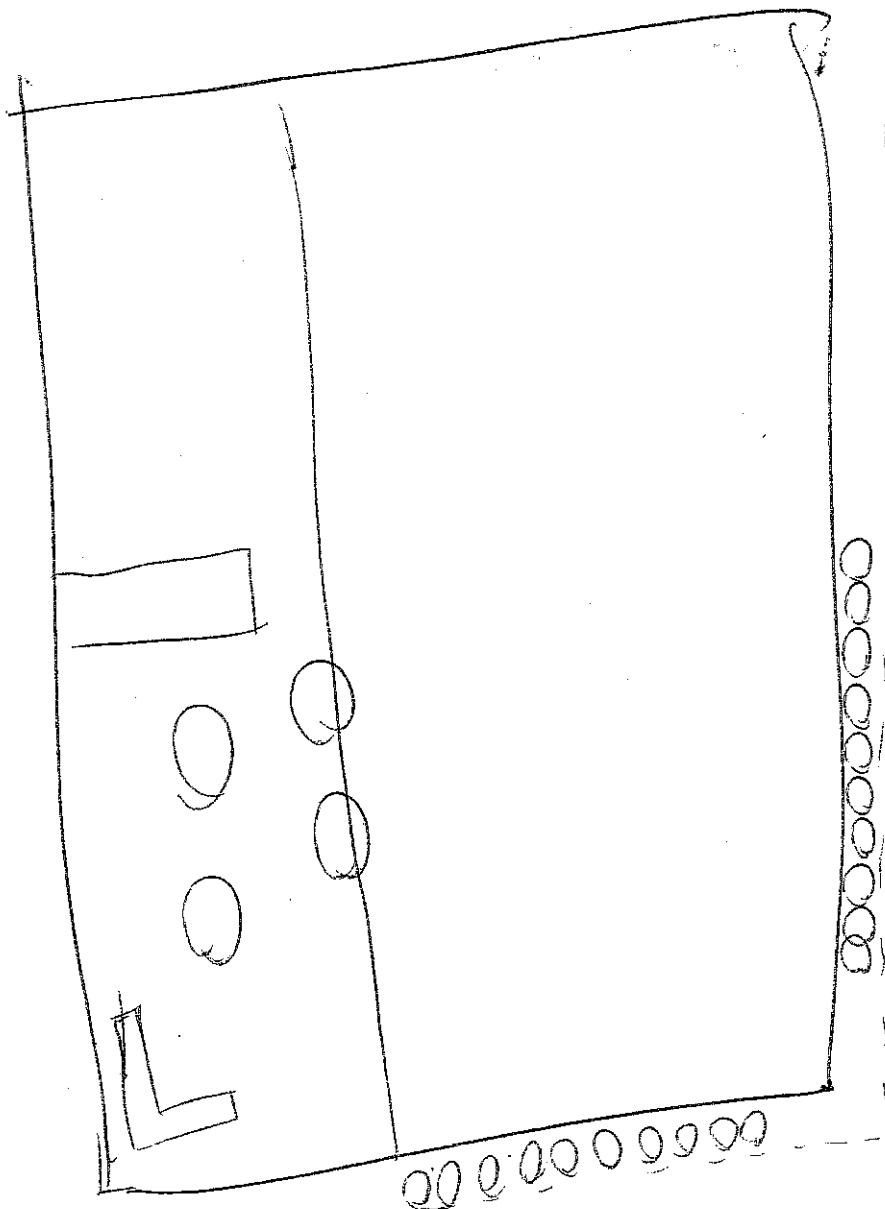
ZONING OFFICIAL'S SIGNATURE

* Zoning Officer has ten (10) days to review application from the date of receipt,

PLOT PLAN APPROVED

DATE 6/12/09

ZONING OFFICER 



21st

DUNE



BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON, NJ 08202
609 - 967-4220

Control Number: 16073
Application Date: 03/10/2009

09-0067

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 47	Qualification Code:	
Work Site Location:	204 21ST STREET Borough of Avalon		
Owner In Fee:	CIRCLE PIZZA / BUCHANAN, ANDREW		
Address:	PO BOX 350 AVALON NJ 08202		
Telephone:	[REDACTED]		
Use Group(s):	A-2		
Contractor:	MC CORRISTIN CONSTRUCTION I		
Address:	2518 OCEAN DR AVALON NJ 08202		
Telephone:	(609) - 967-0007		
Lic. No. / Bldrs. Reg. No.:	030991		
Federal Emp. No.:	[REDACTED]		

is hereby granted permission to perform the following work :

- | | | |
|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:
INTERIOR RENOVATIONS

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	16,500.00
Cost of Demolition:	0.00

Total Cost:	\$16,500.00
-------------	-------------

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.

Salvatore J. De Simone

3-10-09
Date

Construction Official

PAYMENTS (Office Use Only)	
Building	\$152.00
Electrical	\$40.00
Plumbing	\$40.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$28.00
DCA Minimum	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$260.00
All Fees Waived:	No

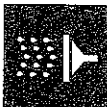
Amount to be Paid: \$260.00

3/13/09
DBR
Check 10678

Note: 3/10/09



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 2104 Lot 47 Qualification Code _____

Work Site Location 2108 Duane Dr / 204-21st

Owner in Fee: Buchanan Anderson General

Tel. _____ e-mail _____

Address 589 Sunrise Drive Municipality _____ zip code _____

Contractor: Schall Tech Tel. (_____) _____

Address 383 Carson Town Rd e-mail SchallTech@verizon.net

Contractor License No. 11072 Exp. Date 6-30-09

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 4" Public Sewer _____ Private Septic _____

Water Service Size 1" Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____

☒ No Plans Required

Joint Plan Review Required: _____

☒ Building ☒ Electric

☒ Fire ☒ Elevator

☒ Plumbing Plans Approved

Date: 3-9-09

Approved by: [Signature]

SUBCODE APPROVAL _____

☒ 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's Signature/Contractor's Seal and Signature

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Renovating existing bathroom into handicap accessible bath. Same location.

Date Received 3/9/09
Control # 10073
Date Issued 3-13-09
Permit # 09-0067

QTY.

FIXTURE/EQUIPMENT

FREE (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

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



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 2104 Lot 47 Qualification Code _____
Work Site Location Circle Drive 1204-2104 St.

Owner in Fee: Buchanan, Andrew & Gwen

Tel. _____ e-mail _____
Address 589 Sunrise Drive _____

Contractor: McConnell Const. LLC Tel. (605) 967-0007

Address 2518 Ocean Drive, Apt 605 Tel. _____

Contractor License No. or Builder Registration No. 3V402054502 Exp. Date 12/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (605) 967-4207

JOB SUMMARY (Office Use Only)		INSPECTIONS		DATES (Month/Day)	
PLAN REVIEW	Date	Initial	Type	Failure	Approval
<input checked="" type="checkbox"/> No Plans Required	<u>5/29/09</u>	<u>AK</u>	Footings		
<input type="checkbox"/> All			Footings Bonding		
<input type="checkbox"/> Footings			Foundation		
<input type="checkbox"/> Foundation			Slab		
<input type="checkbox"/> Frame			Frame		
<input type="checkbox"/> Other			Truss Sys./Bracing		
<input type="checkbox"/> Joint Plan Review Required			Barriers/Fixes		
<input type="checkbox"/> Eros. / 1 Pump / 1 Fire / 1 Elevation			Insulation		
<input type="checkbox"/> SUBCODE APPROVAL			Finishes—Base Layer		
<input type="checkbox"/> 1 1 CO 1 1 COO 1 1 CA			Finishes—Final		
<input type="checkbox"/> Date			Electrical		
<input type="checkbox"/> Approved by			Mechanical		
			Other		
			Final		
			Barrier/Fixes		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area—Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

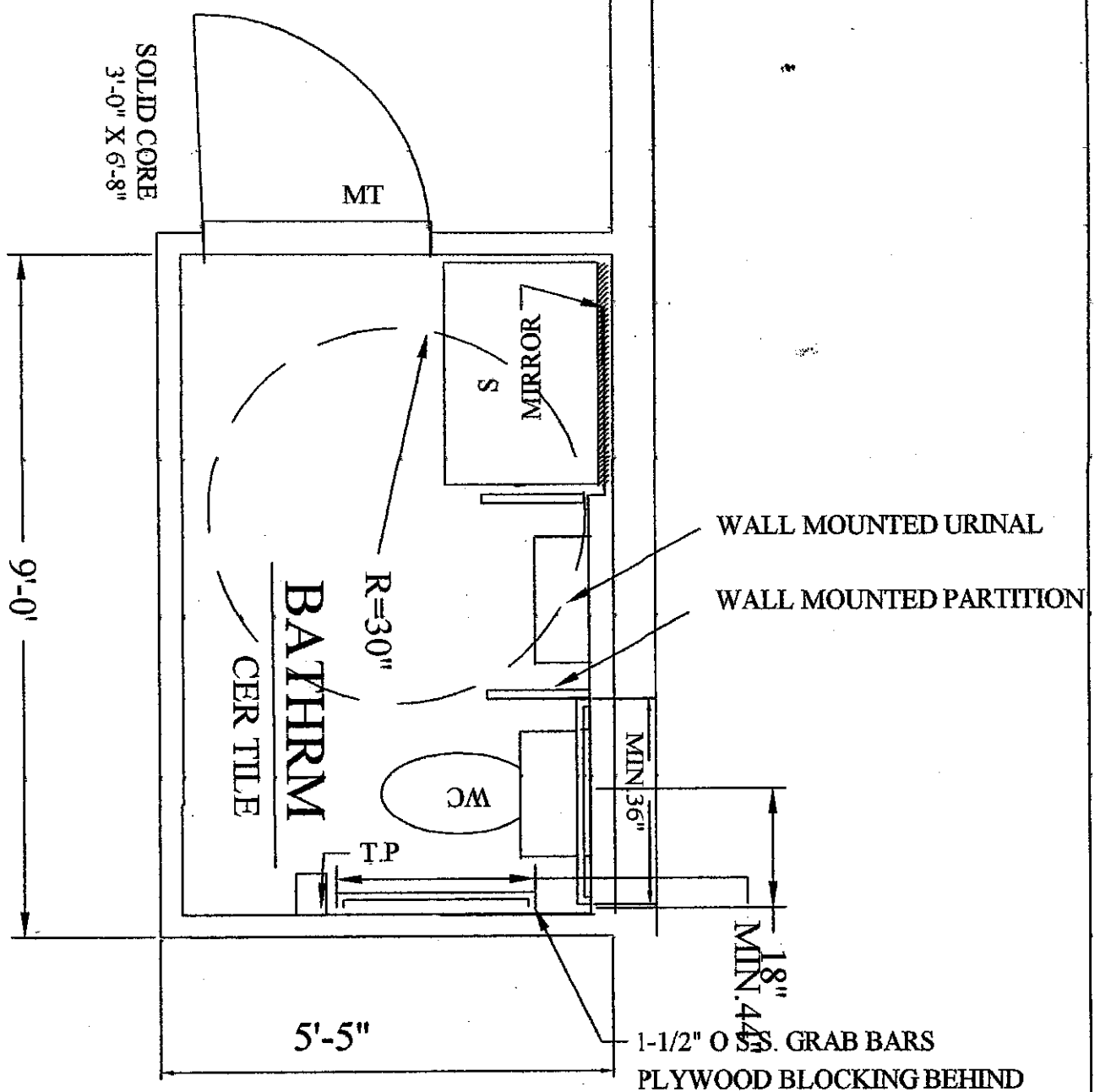
DESCRIPTION OF WORK

Replace windows with Overhead
New Roof Shingles
Siding work
Install two Overhead Doors

TYPE OF WORK:	HEIGHT (exceeds 6')
<input type="checkbox"/> New Building	
<input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Rehabilitation	
<input type="checkbox"/> Roofing	
<input type="checkbox"/> Siding	
<input checked="" 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 3/14/09
Control # 110073
Date Issued 3-13-09
Permit # 09-0067



ACCESSIBLE TOILET ROOM

1/2" = 1'-0"

H.C. BATHROOM NOTES

1-DOOR

- A. 10" S.S. KICK PLATE
- B. CLOSER WITH HOLD OPEN
- C. LEVER ACTION HANDSET
- D. MIN. 1/4" RISE ON THRESHOLD

2-SINK

- A. WALL MOUNTED WITH LEVER ACTION HANDSET
- B. INSULATE PIPING BELOW SINK



BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON, NJ 08202
609 - 967-4220

Control Number: 15596
Application Date: 05/21/2008
08-0257

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 47	Qualification Code:	
Work Site Location:	204 21ST STREET Borough of Avalon		Contractor: MC CORRISTIN CONSTRUCTION LLC
Owner In Fee:	CIRCLE PIZZA / BUCHANAN, ANDREW		Address: 2518 OCEAN DR
Address:	PO BOX 350		AVALON NJ 08202
	AVALON NJ 08202		Telephone: (609) - 967-0007
Telephone:	[REDACTED]		Lic. No. / Bldrs. Reg. No.: 030991
Use Group(s):	A-2		Federal Emp. No.: [REDACTED]

is hereby granted permission to perform the following work:

- | | | |
|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL NEW WINDOW

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Rehabilitation: 1,200.00
Cost of Demolition: 0.00

Total Cost: \$1,200.00

PAYMENTS (Office Use Only)

Building	\$43.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$2.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$45.00
All Fees Waived:	No

Amount to be Paid: \$45.00

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.

Salvatore J. De Simone
Construction Official

MAY 21, 2008
Date

Pd Ch 11003
5/21/08 Rd

Note:

5/21/08



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 2108 Lot 47 Qualification Code 204-215-SF

Work Site Location Avoca Drive

Owner In Fee: Andrew B. Barakat

Tel. [REDACTED] e-mail [REDACTED]

Address 589 Savin Drive Avoca

Contractor: McCoy Construction, Inc. Tel. (609) 867-0007

Address 2518 Ocean Drive e-mail [REDACTED]

Contractor License No. or Builder Registration No. [REDACTED] Exp. Date [REDACTED]

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): [REDACTED]

Federal Emp. ID No. [REDACTED] FAX: ([REDACTED]) [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type	Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required	<u>5/19/08</u>	<u>[Signature]</u>					
<input type="checkbox"/> All			Footings				
<input type="checkbox"/> Footing			Footings				
<input type="checkbox"/> Foundation			Foundation				
<input type="checkbox"/> Frame			Slab				
<input type="checkbox"/> Other			Frame				
<input type="checkbox"/> Joint Plan Review Required:			Truss Sys./Bracing				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Barrier-Free				
<input type="checkbox"/> Insulation			Finishes - Base Layer				
<input type="checkbox"/> Finishes - Final			Finishes - Final				
<input type="checkbox"/> Energy			Energy				
<input type="checkbox"/> Mechanical			Mechanical				
<input type="checkbox"/> TCO			TCO				
<input type="checkbox"/> Other			Other				
<input type="checkbox"/> Final			Final				
<input type="checkbox"/> Barrier-Free			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class			1. New Bldg. \$ <u>12000</u>
No. of Stories			2. Rehabilitation \$ <u>12000</u>
Height of Structure			3. Total (1+2) \$ <u>24000</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

Install New

Membrane

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☒ Other Membrane Install
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge	\$ <u>100</u>
Minimum Fee	\$ <u>100</u>
State Permit Surcharge Fee	\$ <u>100</u>
TOTAL FEE	\$ <u>300</u>

Date Received 5/19/08
Control # 15596
Date Issued 08-0257
Permit # 08-0257



ZONING PERMIT

PERMIT NO. 4053 DATE 5/7/07

BLOCK 21.04 LOTS 47

AVALON ADDRESS 204 21ST STREET

OWNER CIRCLE PIZZA / ANDREW BUCHANAN

DESCRIPTION SIGN

BUILDER OWNER

FEE 50.00 DATE PAID Pd Ch 9703 5/8/07 Kd

ZONING OFFICER [Signature]

5/7/07

Ref. No: G 034017154



APPLICATION FOR ZONING PERMIT

BOROUGH OF AVALON
3100 DUNE DRIVE, AVALON, N.J. 08202
(609) 967-5923

204-21ST ST.

WORK SITE

BLOCK: 21.04 LOT(S): 47

CONTRACTOR

ADDRESS

TELEPHONE #

FAX #

Andrew + Gwen Buchanan

OWNER

589 Sunrise Drive Avalon

ADDRESS

TELEPHONE #

FAX#

1. CHECK THE APPROPRIATE DESCRIPTION OF WORK TO BE DONE

☐ NEW CONSTRUCTION

☐ GARAGE

☐ FENCE

☐ SWIMMING POOL

☐ DECK

☐ AIR CONDITIONING

☐ RENOVATION/ADDITION

☐ SHED

☐ OTHER/ SIGN

2. NEW CONSTRUCTION

LOT SIZE: 50 x 107 (157' Frontage)

THIS APPLICATION MUST BE ACCOMPANIED BY A DRAWING REFLECTING:

- A. PLOT DIMENSIONS
- B. SET BACKS FROM LOT LINE
- C. CURB CUTS, DRIVEWAYS, ETC.
- D. HEIGHT OF STRUCTURE (FROM BASE FLOOD)

- E. FENCING
- F. DIMENSIONS OF ALL STRUCTURES
- G. ACCESSORY STRUCTURES AND THEIR RELATIONSHIP TO PRINCIPLE STRUCTURE

3. OTHER THAN NEW CONSTRUCTION

THE DIAGRAM ATTACHED TO THE APPLICATION SHOULD SIMULATE A BUILDING SITE PLAN. PLEASE SHOW DIMENSIONS OF YOUR LOT, LOCATION OF EXISTING STRUCTURES (WITH ALL DIMENSIONS) AND PROPOSED CONSTRUCTION WITH DOTTED LINES, DIMENSIONS AND SET BACKS.

4. A PLANNING COMMISSION APPROVAL OR ZONING APPEAL APPROVAL IS REQUIRED

(PLEASE CHECK ONE) YES ☐ NO ☒

5. AN APPLICATION HAS BEEN MADE BEFORE THE AVALON PLANNING/ZONING BOARD FOR THIS PROPERTY

(PLEASE CHECK ONE) YES ☐ NO ☒

4/30/07

DATE

[Signature]

SIGNATURE OF APPLICANT

DATE RECEIVED*:

RECEIVED
APR 30 2007
AVALON TAX ASSESSOR

5/4/07

DATE

[Signature]

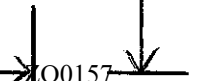
ZONING OFFICIAL'S SIGNATURE

* Zoning Officer has ten (10) days to review application from the date of receipt, in accordance with N.J.S. 40:55D-18.

Z00156



72"



00157

cut out

48"



PLOT PLAN APPROVED
DATE 5/4/07

ZONING OFFICER



ZONING PERMIT

25.00
67.00
92.00

PERMIT NO. 00564

DATE 3/31/00

BLOCK 21/04 LOTS 47

AVALON ADDRESS 2108 Dune Drive

OWNER Paul Buchanan

HOME ADDRESS 128 29th Street

DESCRIPTION Deck Replacement

BUILDER Homeowner

FEE \$25.00

DATE PAID ck3691 Kd 4/12/00

ZONING OFFICER [Signature]

BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON NJ 08202

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 4/11/00
Control # C210447
Permit # 268-00

Z00159

IDENTIFICATION Block 21.04 Lot 47

Work Site Location 204 21ST STREET

Owner in Fee BUCHANAN, PAUL
Address 128 29TH STREET
AVALON, NJ 08202
Telephone ()

Contractor HOMEOWNER
Address
Telephone ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACE EXISTING DECKS & STEPS

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 \$ 6,480

Construction Official [Signature] Date 4/11/00

U.C.C. F170 (REV. 3/95)

PAYMENTS (Office Use Only)
Building 62
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 5
Cert. of Occupancy 0
Total 67
Check No. 31047
Cash
Collected By KSD

4/3/00

APPLICATION FOR ZONING PERMIT
BOROUGH OF AVALON
3100 DUNE DRIVE, AVALON NJ 08202
609-967-5923

2108 DUNE DRIVE
Work Site
Self
Contractor

Address

Telephone #

Block 21-04 Lot 47
PAUL G. BUCHANAN
Owner
128-29th Avalon
Address

Telephone #

1. CHECK APPROPRIATE DESCRIPTION OF WORK TO BE DONE

<input type="checkbox"/> New Construction	<input type="checkbox"/> Garage	<input type="checkbox"/> Fence
<input type="checkbox"/> Swimming Pool	<input checked="" type="checkbox"/> Deck	<input checked="" type="checkbox"/> Replacement
<input type="checkbox"/> Renovation/Addition	<input type="checkbox"/> Shed	<input type="checkbox"/> Other

2. NEW CONSTRUCTION

LOT SIZE _____ X _____

This application must be accompanied by a drawing reflecting:

- | | |
|--|---|
| A. Plot dimensions | E. Fencing |
| B. Set backs from boundary line | F. Dimensions of all structures |
| C. Curb cuts, driveways, etc. | G. Accessory structures & their relationship to principle structure |
| D. Height of structure (from base flood) | |

3. OTHER THAN NEW CONSTRUCTION

Diagram attached to the application should simulate a building site plan. Please state dimensions of your plot. Also, place location of existing structures (with all dimensions) on the diagram. Show proposed construction with dotted lines, state dimensions and set backs.

3/30/00
Date

Paul G. Buchanan
Signature of Applicant

Date received 3/30/00

Received by TR

Planning Commission Approval or Zoning Appeals Approval
Required _____

THIS PROPERTY HAS MADE APPLICATION BEFORE THE AVALON PLANNING/ZONING BOARDS _____ YES _____ NO
Zoning Officer Approval [Signature] Date 3/31/00

Copy to:
Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

BUILDING PERMIT
Borough of Avalon

Municipal Building - Avalon, New Jersey 08202

Permit No. 7659

Zoning.....

Note - Occupancy Permit Required to
Comply as per existing Ordinance.

Date 5-8-80

Block No. 21.04 Lot No. 47

Zoned _____

Address 2108 Dune Dr.

Type of Work Construct men's and ladies' rooms

Owner's Name Paul Buchanan

Address 50 Flamingo Dr., Avalon, N. J.

Contractor Same

Address _____

Fees - To Be Paid At Time Of Issuance

Zoning Fee		\$ 5.00	\$	
Building Permit (Renewal)		Varied	\$	10.00
Water Meter (Piling, etc.)		Varied	\$	
Bulkhead - (Footage) Docks, Slips		Varied	\$	
Electrical			\$	24.00
Plumbing				
Water Connection	5/8 x 3/4	Varied	\$	34.00
Sewer Connection		Varied	\$	
Curb, Driveway and Sidewalk Permit		Varied	\$	
Curb Stakes		15.00	\$	
Certificate of Occupancy		5.00	\$	
Estimated Cost	\$5,000.00		\$	
Total				68.00

Received check #650
5-8-80

Mary G. Nork

RECEIPT

Remarks: _____

Curb Level/Grade must be established by the Borough Engineer.
No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased
and drained on lands of adjoining owners.

Building Inspector Alan Lovegrove

Contractor or Owner

Zoning Officer

By mam

Paul Buchanan

Z00162

BOROUGH OF AVALON
NEW JERSEY

CONSTRUCTION OFFICE

APPLICATION PERMIT FOR: ALTERATIONS OR REPAIRS

DATE:

4/28/80

BLOCK NO.

2104

LOT NO.

47

ZONED COMMERCIAL

ADDRESS:

2108

DUNE DR

S. 12.000000

TYPE OF WORK:

ADDITION:

ALTERATION:

MECHANICAL:

OWNER'S NAME:

BUCHANAN

ADDRESS:

50 FLAMINGO DR AVALON

CONTRACTOR:

SAME

ADDRESS:

Description of Work:

CONSTRUCT NEW SHEDS & SHEDS ROOMS

Height:

Width:

Depth:

Stories:

Estimated Cost:

\$ 5000

NOTE:

ANY APPLICATION FOR ENCLOSURES, ADDITIONS OR BAT HROOMS, MUST INCLUDE PLUMBING AND ELECTRICAL PERMITS.

ALTERATIONS AND REPAIRS:

ON REVERSE SIDE OF THIS APPLICATION, GIVE A GENERAL DESCRIPTION OF THE CHARACTER OF THE WORK AND MATERIAL TO BE USED, TOGETHER WITH A SKETCH.

BUILDING PERMITS WILL BE VALID WHEN THEY COMPLY WITH UNIFORM CONSTRUCTION CODE OF NEW JERSEY, BOCA CODE 1978, ANY CHANGES REQUIRED OR AMEDED BY STATE OF NEW JERSEY.

CONTRACTORS MUST HAVE KNOWLEDGE OF 1977 UNIFORM CONSTRUCTION CODE ACT.
DO YOU HAVE REQUIRED LAW? YES ☒ NO ☐

CONSTRUCTION OFFICIAL

DATED:

5/8/80

PERMIT NO.

FEE: \$

68.00

I HEREBY CERTIFY THAT I WILL STRICTLY CONFORM WITH ALL BOROUGH OF AVALON AND STATE OF NEW JERSEY CONSTRUCTION CODE LAWS,

(SIGNATURE OF APPLICANT)

#7659

LOT NO.
BLOCK NO.

BOROUGH OF AVALON ELECTRICAL INSPECTION BOARD
APPLICATION FOR ELECTRICAL INSPECTION
PLEASE PRINT OR TYPE (CLEAR APPLICATIONS HELP GET THE JOB DONE)

THIS SECTION TO BE COMPLETED BY APPLICANT					DATE: 5/8/80									
PREMISES No. 2102 Street DUNE DRIVE Pole No. _____ (If Located in Rural Area - Please Attach Directions)														
Owner P. BUCHANAN					Owner's P.O. Address 50 PLAMING Dr Avalon									
Occupied As STABE					Building - New <input type="checkbox"/> Old <input type="checkbox"/>									
Occupant _____					Work - New <input type="checkbox"/> Additional <input checked="" type="checkbox"/>									
App. for - Rough Wiring <input type="checkbox"/> Fixtures <input type="checkbox"/> or _____					Ready for Inspection _____ 19 _____									
Fee Remitted - \$ _____					By Check <input type="checkbox"/> Money Order <input type="checkbox"/> Make Payable to Borough of Stone Harbor AVALON									
LIST ALL EQUIPMENT AND WIRING														
Number of Rough Wiring Outlets			Miscellaneous Equipment											
Switches 2			Amp. Service _____ K.W. Surface Unit _____ K.W. Range _____											
Receptacles 4			K.W. Water Heater _____ H.P. Air Conditioner _____ H.P. Pump _____											
Lighting 4			K.W. Oven _____ Wiring and Controls for _____ Burner _____											
Med. Base _____			H.P. Garbage Disposal _____ K.W. Dryer _____ K.W. Dishwasher _____											
Flourescent _____			Amp. Receptacles 2 Fractional H.P. Vent Fans _____											
Mogul _____			K.W. Electric Furnace _____ Baseboard Heat Units _____											
Mercury _____			Other Equipment 1-544 Plug Modding _____											
Other _____			_____											
Total Number of Fixtures 2			Total K.W. _____											
MOTORS H.P. Mark Number of Each Size														
Type of Wiring - Open <input type="checkbox"/> Concealed <input type="checkbox"/> or _____ Size of Main _____ Sub-Main _____ Branches _____ No. of Circuits _____														
Applicant Geo. P. Snyden License # 3768														
Applicant's Address 4404 DUNE DR														
& Phone No. 962-8338														
Post Office Avalon														
SPACE BELOW FOR INSPECTOR'S USE ONLY														
Date Received _____ Date Inspected _____														
Rough Wiring Outlets _____ K.W. Surface Unit _____ K.W. Oven _____														
Outlets _____ K.W. Range _____ H.P. Garbage Disposal _____														
Receptacles _____ K.W. Water Heater _____ K.W. Dishwasher _____														
Fixtures _____ H.P. Air Conditioner _____ K.W. Dryer _____														
Amp. Service Equipment _____ Burner, Wiring & Controls for _____ AMP _____ Receptacle _____														
Amp. Service Conductors _____ H.P. Pump _____ Frec. H.P. Vent Fans _____														
MOTORS H.P. Mark Number of Each Size														
APPARATUS														
(Temp.) Cut-in Card # _____					(Final) Cut-in Card # _____									
Inspector's Signature _____					NOTIFIED					FEE PAID				
					RE-PORT					CARD NEW OLD				
					Contractor					Check # _____				
					Owner					Cash 24.00				
					Occupant					M.O. # 7659				
Agent					M200163									
Elec. Lt. Co.					5-5-80									



BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON, NJ 08202
609 - 967-4220

Control Number: 14781
Application Date: 04/30/2007
07-0213

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21.04	Lot: 47	Qualification Code:	
Work Site Location:	204 21ST STREET Borough of Avalon		Contractor: KAPP ELECTRIC
Owner In Fee:	CIRCLE PIZZA / BUCHANAN, ANDREW		Address: 222 HIGHLAND ROAD
Address:	PO BOX 350 AVALON NJ 08202		CAPE MAY COURT HOUSE NJ 08210
Telephone:	()-		Telephone: (609) - 465-4044
Use Group(s):	A-2		Lic. No. / Bldrs. Reg. No.: 9553
			Federal Emp. No.: [REDACTED]

is hereby granted permission to perform the following work:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

ELECTRICAL FIXTURES, RECEPTACLES AND SWITCHES

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	750.00
Cost of Demolition:	0.00

Total Cost:	\$750.00
-------------	----------

PAYMENTS (Office Use Only)

Building	
Electrical	\$40.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$41.00
All Fees Waived:	No

Amount to be Paid: \$41.00

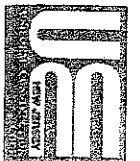
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Salvatore J. De Simone
Construction Official

April 30, 2007
Date

Pd Cash
5/2/07 Rd

Note: 5/1/07



ELECTRICAL SUBCODE
TECHNICAL SECTION



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

Block 21.04 Lot 47 Qualification Code _____
Work Site Location 204-2155th

Owner in Fee ANDREW & GUYEN BUCHANAN
Address 589 Sunrise Drive
ARLON NJ

Contractor KAPP ELECTRIC INC
622 HILBARD RD
CHESHIRE NJ 08210

Tel () 465-4044 FAX () 465-4662
Contractor License No. 9553

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 750-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
<input checked="" type="checkbox"/> No Plans Required					
<input checked="" type="checkbox"/> Plan Review Required:					
<input type="checkbox"/> Building [] Plumbing			Rough		
<input type="checkbox"/> Fire [] Elevator			Barrier-Free		
<input type="checkbox"/> Elec. Plans Approved			Trench		
			Temp. Serv.		
			Constr. Serv.		
Date: <u>4/30/07</u>			TCO		
Approved by: <u>[Signature]</u>			Other		
			Service		
			Final		
			Barrier-Free		
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued		
[] CO [] CCO [] CA			Final Cut-In-Card Date Issued		
Date: _____			Annual Pool Inspection		
Approved by: _____			Date of Grounding and Bonding Certification		

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's Signature/Contractor's Seal and Signature
[Signature]

D. TECHNICAL SITE DATA

Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant
QTY SIZE ITEMS
3 2 2

- Lighting Fixtures
- Receptacles
- Switches
- Detectors
- Light Poles
- Motors—Fract. HP
- Emergency & Exit Lights
- Communications Points
- Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

- 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
- KW Dishwasher
- HP Garbage Disposal
- KW Central A/C Unit
- HP/KW Space Heater/Air Handler
- KW Baseboard Heat
- HP Motors 1/+ HP
- KW Transformer/Generator
- AMP Service
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

FEE (Office Use Only)

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

Date Received 4/30/07
Control # 14781
Date Issued 07-0213
Permit #



BOROUGH OF AVALON
3100 DUNE DRIVE
AVALON, NJ 08202
609 - 967-4220

01-0366 takes 901
5/30/01 comm

Control Number: 9021

Application Date: 05/25/2001

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 21.04	Lot : 47	Qualifier :	
Work site Location:	204 21ST STREET Borough of Avalon		Contractor: OCEAN VIEW ELECTRIC SERVICE INC
Owner In Fee:	BUCHANAN, PAUL		Address: 10 DOROTHY LANE
Address:	128 29TH STREET		OCEAN VIEW NJ 08230
	AVALON NJ 08202		Telephone: (609) - 624-1439
Telephone:	0 -		Lic. No. / Bldrs. Reg. No.: 8468
Use Group(s):	R-3		Federal Emp. No.: [REDACTED]

is hereby granted permission to perform the following work :

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

UPDATE ELECTRICAL FIXTURES IN WALK-IN BOX

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	500.00
Cost of Demolition:	0.00

Total Cost:	\$500.00
-------------	----------

PAYMENTS

(Office Use Only)

Building	
Electrical	\$45.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$45.00
All Fees Waived :	No

Amount to be Paid: \$45.00

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

Salvatore J. De Simone
Salvatore J. De Simone

May 25, 2001
Date

Construction Official

- :: Failure to obtain all required inspections may result in administrative action.
- :: Final inspections are required before final payment is to be made to contractor.
- :: An approved set of plans must be kept at the worksite at all times

Note:

5/25/01

Z00167

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 2108 Lot 47

Work Site Location 2108 Circle Pizza

Owner In Fee/Occupant DUNE DR. Avalon NJ

Address 2108 DUNE DR.

Tale Avalon NJ

Contractor Ocean View Electrical Services, Inc.

Address 10 Dorothy Lane

Tale Ocean View NJ 08230

Tele. (609) 624 1439 Fax (609) 624 9674

Lic. No. 8468

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 500.00

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.

Approved by: [Signature]

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Electrical Contractor ☐ Exempt Applicant



Date Received
Date Issued
Control #
Permit #

5/23/01
5/30/01
01-0366

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS
2 Lighting Fixtures
1 Receptacles
1 Switches
1 Detectors
1 Light Poles
1 Motors--Fract. HP
1 Emergency & Exit Lights
1 Communications Points
1 Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/2 HP walk in box

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$

Copy to:
Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

BUILDING PERMIT

Borough of Avalon

Municipal Building - Avalon, New Jersey 08202

Permit No. **Nº 8986**
4247
Zoning

Note - Occupancy Permit Required to
Comply as per existing Ordinance.

Date 3-12-82

Block No. 21.04 Lot No. 47 Zoned

Address 2108 Dune Dr.

Type of Work Alterations See Permit #8959

Owner's Name Paul Buchanan

Address 50 Flamingo Dr., Avalon

Contractor Same

Address

Fees - To Be Paid At Time Of Issuance

Zoning Fee	\$ 5.00	\$ 15.00
Building Permit (Renewal) XXXXXX 17,920	Varied	\$ 150.00
Water Meter (Piling, etc.)	Varied	\$
Bulkhead - (Footage) Docks, Slips	Varied	\$
Surcharge		\$ 11.00
Plumbing		86.00
Water Connection 5/8 x 3/4	Varied	\$
Sewer Connection	Varied	\$
Curb, Driveway and Sidewalk Permit	Varied	\$
Curb Stakes	15.00	\$
Certificate of Occupancy	5.00	\$ 36.00
Estimated Cost 50,000.00		\$
Total		298.00

Paul Buchanan

RECEIPT

Remarks:

Level/Grade must be established by the Borough Engineer.

shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased
ed on lands of adjoining owners.

Building Inspector H. M. Clayton

Contractor or Owner Paul Buchanan

Zoning Officer

By

By

mam

ZO0169

Copy to:
Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

BUILDING PERMIT

Borough of Avalon

Municipal Building - Avalon, New Jersey 08202

Permit No. **Nº 8959**

Zoning.....

Note - Occupancy Permit Required to
Comply as per existing Ordinance.

Date ~~XXXXXX~~ 2-19-82

Block No. 21.04

Lot No. 47

Zoned

Address 2108 Dune Dr.

Type of Work Electrical

Owner's Name P. Buchanan

Address Avalon, N. J

Contractor G. Snyder

Address Avalon, N. J.

Fees - To Be Paid At Time Of Issuance

Zoning Fee	\$ 5.00	\$
Building Permit (Renewal)	Varied	\$
Water Meter (Piling, etc.)	Varied	\$
Bulkhead - (Footage) Docks, Slips	Varied	\$
Electrical		\$ 111.00
Water Connection 5/8 x 3/4	Varied	\$
Sewer Connection	Varied	\$
Curb, Driveway and Sidewalk Permit	Varied	\$
Curb Stakes	15.00	\$
Certificate of Occupancy	5.00	\$
Estimated Cost		\$
Total		111.00

Received check
#2601-2-19-82

Ray H. Bonds

Remarks:

RECEIPT

Curb Level/Grade must be established by the Borough Engineer.

No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased and drained on lands of adjoining owners.

Building Inspector H. M. Clayton

Contractor or Owner

Zoning Officer

By

By

mam

ZO0170

LOT NO.
BLOCK NO.

BOROUGH OF AVALON ELECTRICAL INSPECTION BOARD
APPLICATION FOR ELECTRICAL INSPECTION
PLEASE PRINT OR TYPE (CLEAR APPLICATIONS HELP GET THE JOB DONE)

#8959

THIS SECTION TO BE COMPLETED BY APPLICANT

DATE: Feb 17, 1982

PREMISES No. 2108 Street Dune Dr. Pole No.
(If Located in Rural Area - Please Attach Directions)
Owner P. Doehanan Owner's P.O. Address Same
Occupied As Circle Pizza Building - New ☐ Old ☐
Occupant VACANT. Work - New ☐ Additional ☐

App. for - Rough Wiring ☒ Fixtures ☒ or Ready for Inspection Will Call 19
Fee Remitted - \$ By Check ☐ Money Order ☐ Make Payable to Borough of Avalon

LIST ALL EQUIPMENT AND WIRING

Number of Rough Wiring Outlets	Miscellaneous Equipment
Switches 26	2-150 Amp. Service K.W. Surface Unit 2-12 K.W. Range
Receptacles 45	2-4.5 K.W. Water Heater H.P. Air Conditioner H.P. Pump
Lighting 17	K.W. Oven Wiring and Controls for Burner
Med. Base	H.P. Garbage Disposal 2-4.5 K.W. Dryer 2-1.5 K.W. Dishwasher
Flourescent	Amp. Receptacles 4 Fractional H.P. Vent Fans
Mogul	K.W. Electric Furnace Baseboard Heat Units
Mercury	Other Equipment: 2-500 2-1250 2-2000
Other	7-1500 16.5 Total K.W.
Total Number of Fixtures 17	

MOTORS H.P. Mark Number of Each Size

1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1 1/2	2	3	5	7 1/2	10	15	20	25	30	40	50	75	100
------	------	------	-----	-----	-----	-----	-----	-----	---	-------	---	---	---	-------	----	----	----	----	----	----	----	----	-----

Type of Wiring - Open ☐ Concealed ☐ or Size of Main 2-40 Sub-Main 2-150 Branches 2-30 No. of Circuits 2-24

Applicant Geo. C. Snyder License # 3768
Applicant's Address 4404 Dune Dr. Name of Utility
& Phone No. 967-8338
Post Office Avalon NJ.

SPACE BELOW FOR INSPECTOR'S USE ONLY

Date Received Date Inspected

Rough Wiring Outlets	K.W. Surface Unit	K.W. Oven
Outlets	K.W. Range	H.P. Garbage Disposal
Receptacles	K.W. Water Heater	K.W. Dishwasher
Fixtures	H.P. Air Conditioner	K.W. Dryer
Amp. Service Equipment	Burner, Wiring & Controls for AMP	Receptacle
Amp. Service Conductors	H.P. Pump	Frac. H.P. Vent Fans

MOTORS H.P. Mark Number of Each Size

1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1 1/2	2	3	5	7 1/2	10	15	20	25	30	40	50	75	100
------	------	------	-----	-----	-----	-----	-----	-----	---	-------	---	---	---	-------	----	----	----	----	----	----	----	----	-----

APPARATUS

(Temp.) Cut-in Card # (Final) Cut-in Card #

Inspector's Signature

NOTIFIED	RE-PORT	CARD	NEW	OLD	FEE PAID
Contractor					Check #
Owner					Cash 111.00
Occupant					M.O. # 8959
Agent					
Elec. Lt. Co.					

M. D. Snyder
2-17-82

BOROUGH OF AVALON

NEW JERSEY

"Certificate of Occupancy"

FOR ADDITION ONLY

THIS CERTIFICATE OF OCCUPANCY GRANTED TO Paul Buchanan
50 Flamingo Dr., Avalon, N. J.

FOR THE PROPERTY LOCATED AT 2108 Dune Dr.
Avalon, N. J. 08202

BLOCK NO. 21.04 LOT NO. 47 ISSUED ON BUILDING PERMIT NO. 8986

THIS CERTIFICATE IS ISSUED May 28, 19 82, FOLLOWING
INSPECTION OF THE ABOVE BUILDING. SAID BUILDING HAS BEEN APPROVED AND CON-
FORMS TO UNIFORM CONSTRUCTION ACT N.J.A.C. 5:23-2.7.

THIS CERTIFICATE IN NO WAY TAKES PRECEDENCE OR PRIORITY OVER ANY FEDERAL
HOUSING ADMINISTRATION OR BUILDING AND LOAN INSPECTION.

[Signature]
Construction Code Official

Copy to:
Contractor or Owner
Inspection Dept.
Tax Collector
Tax Assessor

BUILDING PERMIT

Borough of Avalon

Municipal Building - Avalon, New Jersey 08202

Permit No. 7030

Zoning.....3873

Note - Occupancy Permit Required to
Comply as per existing Ordinance.

Date 5-21-79

Block No. 21.04 Lot No. 47 Zoned

Address 2108 Dune Dr.

Type of Work Remodel

Owner's Name P. Buchanan

Address 50 Flamingo Dr.

Contractor Same

Address

Fees - To Be Paid At Time Of Issuance

Zoning Fee	\$ 5.00	\$ 15.00
Building Permit (Renewal)	Varied	\$ 12.00
Water Meter (Piling, etc.)	Varied	\$
Bulkhead - (Footage) Docks, Slips	Varied	\$
Electrical		\$ 43.50
Plumbing		\$ 59.00
Water Connection 5/8 x 3/4	Varied	\$ 7.00
Air Conditioning		\$
Sewer Connection	Varied	\$
Curb, Driveway and Sidewalk Permit	Varied	\$
Curb Stakes	15.00	\$
Certificate of Occupancy	5.00	\$ 11.45
Estimated Cost \$4,000.00		\$
Total		147.95

Received check #369
5-21-79

Mary A. Runk

Remarks:

Curb Level/Grade must be established by the Borough Engineer.

No lot shall be graded nor any building erected thereon so that the flow or quantity of surface or storm waters are increased and drained on lands of adjoining owners.

Building Inspector Alan Lovegrove

Contractor or Owner

Zoning Officer

By

By mam

Z00173

BLOCK: <u>21.04</u> LOT(S): <u>47</u>	
PLAN REVIEW <u>A/C</u>	\$ <u>7.00</u>
ZONING	\$ <u>15.00</u>
COST OF ALTERATION	\$ <u>12.00</u>
CUBICAL CONTENT <u> </u> CU. FT.	\$ <u>—</u>
SURCHARGE	\$ <u>—</u>
ELECTRICAL PERMIT	\$ <u>43.50</u>
WATER INSTALLATION	\$ <u>—</u>
PLUMBING	\$ <u>59.00</u>
SEWER CONNECTION	\$ <u>—</u>
SIDEWALK, CURB, DRIVEWAY	\$ <u>—</u>
CURB STAKES	\$ <u>—</u>
CERTIFICATE OF OCCUPANCY	\$ <u>11.45</u>
Estimated Cost \$ <u>4,000⁰⁰</u>	

ELECTRICAL PERMIT

DATE April 25, 1979

CONTRACTORS LICENSE NO. 3768

PERMIT NUMBER

BLDG. PERMIT NO.

LOCATION Circle Pizza 21st & Circle Avalon

OWNER P. Buchanan

KIND OF BUILDING Frame (Store) USED AS Store

TO BE COMPLETED ABOUT 6-30-79 ESTIMATED COST \$ 1500.00

NEW - ALTERATION REPAIR - ADDITION (Circle One)

ITEM	NUMBER	FEE
CEILING OUTLETS	<u>20</u>	
SWITCHES	<u>15</u>	
PLUG RECEPTACLES	<u>15</u>	
TOTAL OUTLETS	<u>50</u>	
AIR HEATERS		
RANGES		
SIGNS		
WATER HEATER		
LIGHTING CIR.	<u>1- MIXER CIR. 30A.</u>	
OTHER CIR.	<u>BAYMARC</u>	
	<u>ICE MAKER</u>	
TOTAL CIRCUITS		
MOTORS		
PANEL SIZE	<u>1-100amp 1-150amp</u>	<u>3ph.</u>
RANGE COND.	<u>1ph</u>	
SUB FEEDER SIZE		
<u>Wk in bldg.</u>	<u>2 H.P.</u>	
<u>1- 3 1/2 TON</u>	<u>AIR COND.</u>	
<u>1- 4 TON</u>	<u>AIR COND.</u>	
<u>1- 1/2 H.P.</u>	<u>EXH FAN</u>	
<u>1- 1 H.P.</u>	<u>"</u>	
TOTAL FEE		

TREASURER'S VALIDATION OF FEE PAID

PK OK # 369

CONTRACTOR'S NAME AND ADDRESS

Geo. C. Snyder 967-8338

CITY Avalon

STATE N.J.

ZIP CODE 08202

READY FOR INSPECTION ON (date) OR WILL CONTACT PERMIT CLERK LATER ☒

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ELECTRICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

George C. Snyder
Signature of Contractor or his Authorized Representative Making Application

Man G. Morke
Signature of Permit Clerk

FILE COPY