



Property Information		Request Information		Update Information
File#:	BS-X01661-46227182	Requested Date:	06/04/2024	Update Requested:
Owner:	ANGELA TAVARES	Branch:		Requested By:
Address 1:	31 DAISY ROAD	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	TOMS RIVER, NJ	# of Parcel(s):	1	

**Notes**

CODE VIOLATIONS	<p>Per Toms River Township Department of Zoning there are no Code Violation cases on this property.</p> <p>Collector: Toms River Township Zoning Department Payable: 33 Washington Street, Toms River, NJ 08753 Business# 732-341-1000</p>
PERMITS	<p>Per Toms River Township Building Department there is an Open Permit on this property.</p> <p>1. Permit #: 23-04086 Permit Type: INTERIOR ALTERATION(S) WORK</p> <p>Collector: Toms River Township Building Department Payable: 33 Washington Street, Toms River, NJ 08753 Business# 732-341-1000</p>
SPECIAL ASSESSMENTS	<p>Per Toms River Township Tax Collector there are no Special Assessments/liens on the property.</p> <p>Collector: Toms River Township Finance Department Payable: 33 Washington Street, Toms River, NJ 08753 Business# 732-341-1000</p>
DEMOLITION	NO



UTILITIES

Water:  
Account #: N/A  
Payment Status: N/A  
Status: Pvt & Liable  
Amount: N/A  
Good Thru:N/A  
Account Active: Active  
Collector: Veolia Toms River  
Payable Address: 1451 NJ-37 #2, Toms River, NJ 08755  
Business # 877-565-1456

UNABLE TO PROVIDE INFO TO THIRD PARTIES. HOMEOWNER AUTHORIZATION NEEDED.

SEWER

Account #: 20307  
Payment Status: PAID  
Status: Pvt & Liable  
Amount: \$0.00  
Good Thru: NA  
Account Active: Active  
Collector: Toms River Municipal Utilities Authority  
Payable Address: 340 West Water Street, Toms River, NJ 08753  
Business # 732-240-3500

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRE

Garbage :-

Garbage bills are included in the Real Estate Property taxes

# Toms River | 31 DAISY ROAD

233.36 6 - Other

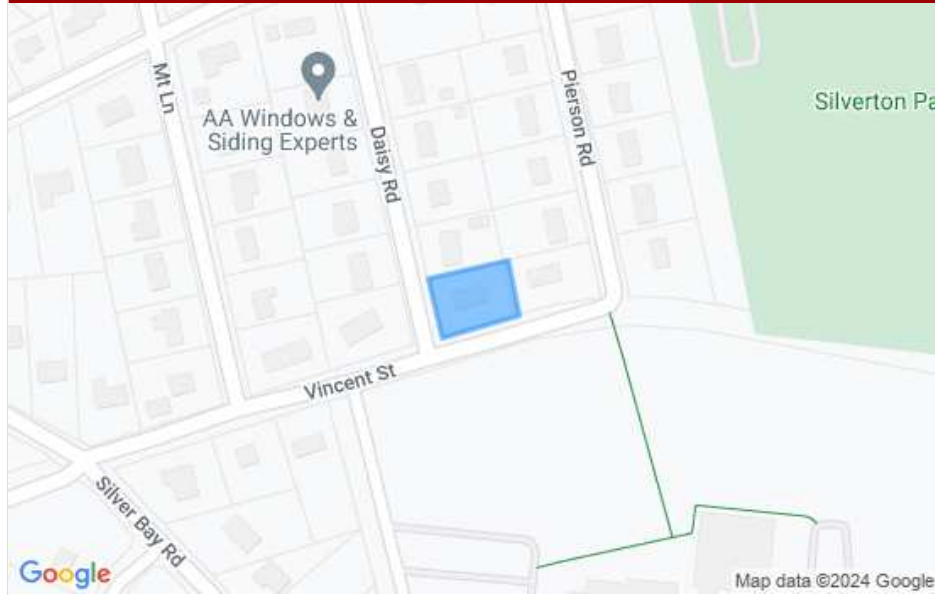
Last Updated: 6/7/2024 12:32 PM

## 31 Daisy Road

Block: 233.36 Lot: 6  
Other

### Section Summary

#### 31 Daisy Road



Block:233.36 Lot: 6

[Show on FEMA Flood Plain Map](#)

#### Images



#### Location

Street	31 Daisy Road
City	
Zip	
Block	233.36
Lot	6
Qualifier	

#### Details

Building	1F1G 1418
Land	.320AC
Acreage	0.320 acres <sup>2</sup>
Property Class	- Other
Last Sale Price	\$255000
Last Sale Date	4/15/2019

#### GeoAreas

Ward	
Zoning	
DPW District	
Historic	
Census	

#### Owner

Name	*****
Address	31 Daisy Road
City, State	Toms River , NJ
Zip Code	08753

#### Assessed Valuation

Land	\$114000
Improvements	\$162800
Total	\$276800


#### Property Data

Tax Maps 0

Attachments 0

Online Forms 0



Name	Module	Public ID	Created	Status	Location
 There are no available form submissions for this property					

Construction ^

Permit Applications 2 ^

View	Control Number	Permit Number	Issue Date	Work Type	Work Description	Subcodes	Status	Close Date	Certificates	Total Cost	Agent
<a href="#">View</a>	C-23-6656	23-04086	10/30/2023	Alteration	INTERIOR ALTERATION(S) WORK PERFORMED WITHOUT PERMIT CCO INSPECTION PER UCC BULLETIN 06-01	Building, Electrical, Fire	Open		3		*****
<a href="#">View</a>	93082501	19-00981	3/25/2019	Alteration	SERVICE	Electrical	CA and Close Date Issued	4/4/2019	CA	1000	*****

Inspections 5 ^

Inspection Date	Permit Number	Subcode	Type	Inspector	Result	TA Notes	Findings
11/01/2023	23-04086	Building	Final	STEPHEN ELSENBEC	Fail		
11/01/2023	23-04086	Electrical	Final	John Gadzinski	Pass		
11/01/2023	23-04086	Fire	Final	TOM WINCH	Pass		
03/27/2019	19-00981	Electrical	SERVICE	John Gadzinski	Pass		
03/27/2019	19-00981	Electrical	Final	John Gadzinski	Pass		

Violations 0 v

Pets ^

Pet Licenses 0 v

Complaints ^

Complaints 2 v


LandUse ^

Zoning Applications 1 ^

Date	Number	Applicant	Permit Number	Zone Use	Decision	Decision Date	Work
10/17/2023 9:30 AM	ZP-23-1853	*****	ZP-23-1853	(None)	Approved	10/20/2023	Legitimize room in garage Violation

Zoning Inspections 0 ^

Permit Number	Inspection Date	Type	Work Type	Inspector	Initial Comments	Result Comments
---------------	-----------------	------	-----------	-----------	------------------	-----------------

 There is no data for this section



### Zoning Violations 0



Notice Date	Abatement Date	Issue Date	Violation Number	Issuing Officer	Infraction
-------------	----------------	------------	------------------	-----------------	------------

There is no data for this section

### CodeEnforcement



### Violations 9



### Fire



### Preplan Information 0



### FAITH Information 0



Unit Number/Address	Resident Name	Application Date
---------------------	---------------	------------------

There is no data for this section

### FirePrevention



### Property Units 0



Business Unit	Local ID	Premises Phone	Description	Contact	Contact Phone	Life Hazard Type
---------------	----------	----------------	-------------	---------	---------------	------------------

There is no data for this section

### Smoke Detector Inspection 0



Number	Applicant	Reason	Change of Occupancy	Inspection Date	Complete
--------	-----------	--------	---------------------	-----------------	----------

There is no data for this section

### Stand Alone Inspections 0



Number	Date	Type	Work Type	Status	Complete
--------	------	------	-----------	--------	----------

There is no data for this section

### Fire Investigations 0



Fire Case #	Police Case #	Type	Incident Date	Report By
-------------	---------------	------	---------------	-----------

There is no data for this section

Every effort has been made to offer the most current and correct information possible. Original records may differ from the information on these pages. Verification of information on source documents is recommended.





# Toms River | Construction Permit

23-04086 - Open

Last Updated: 06/06/2024 02:38 PM

## 31 Daisy Road

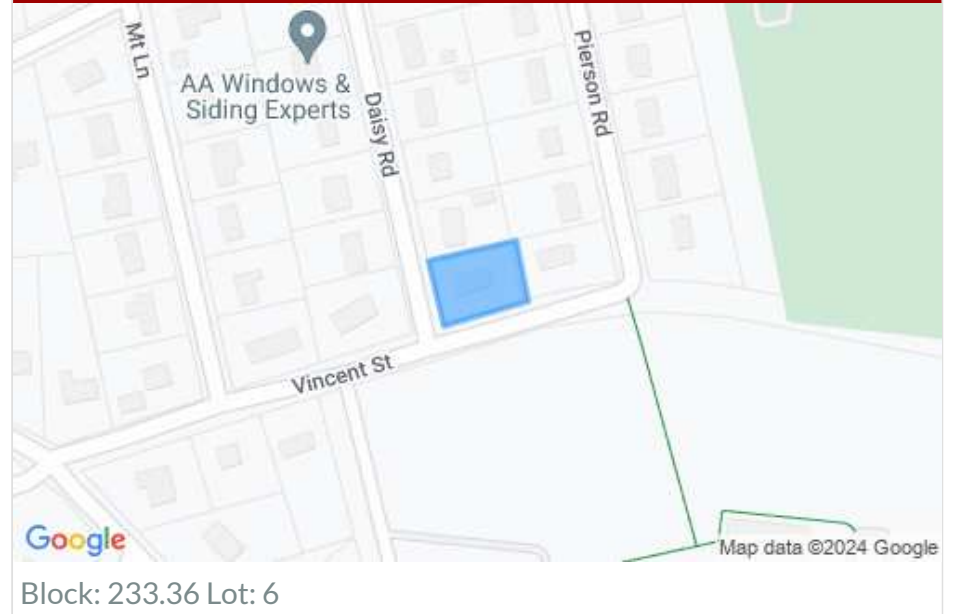
Work Type: Alteration

Status: Open

### Alteration | 23-04086

Permit Number	C-23-6656 , 23-04086
Location	31 DAISY ROAD
Property (Block/Lot)	<u>233.36 - 6</u>
Work Type	Alteration
Status	Open
Plan Review Status	Building: Pass Electrical: Pass Fire: Pass <a href="#">More Information</a>
Prior Approvals	

### Location



### Details

Description	Interior Alteration(S) Work Performed Without Permit Cco Inspection Per Ucc Bulletin 06-01
Comments	
Use Group	
Subcodes	Building, Electrical, Fire
Related Permits	None

### Images



### Fees

Total Construction Costs	\$3
Permit Fee	\$330
DCA/State Fee	\$1
Total Due	\$331
Total Paid	\$331
Remaining Balance	\$0

### Timeline

Last Updated	06/06/2024 02:37 PM
Submitted	10/23/2023 02:42 PM
Issued	10/30/2023
Closed	



## Permit Status History 4



Status	Updated
Plan Review Pending	10/23/2023 02:56 PM
Under Review	10/26/2023 01:51 PM
Pickup	10/27/2023 11:24 AM
Open	10/30/2023 08:52 AM

## Permit Data



### Plan Review 3



Please wait to resubmit a plan until all subcodes have been reviewed. Contact your town official if you have questions.

Type	Status	Subcode Notes	Denial Notes
Building	Pass		
Electrical	Pass		
Fire	Pass		

### Inspections 3



### Attachments 0



## Permit Subcodes



### Building Subcode



### Electrical Subcode



### Fire Subcode



Every effort has been made to offer the most current and correct information possible. Original records may differ from the information on these pages. Verification of information on source documents is recommended.





Toms River Township  
 Construction and Permits  
 33 Washington Street  
 Toms River, NJ

Date Issued 4/4/2019  
 Control Number 93082501  
 Permit Number 19-00981  
 Permit Issue Date 3/25/2019  
 Certificate Number 19-00981

**Certificate**  
 Construction Code Division  
 (Certificate of Approval)

**Identification**

Work Site Location: 31 DAISY ROAD Toms River Township, NJ Block: 233.36 Lot: 6 Qual: \_\_\_\_\_  
 Owner in Fee: TRAPHAGEN, HARRY & ROSEMARY  
 Owner Address: 31 DAISY ROAD TOMS RIVER NJ 08753  
 Telephone: \_\_\_\_\_  
 Contractor C.B. PETERSEN ELECTRIC  
 Address 22 SWAIN AVE TOMS RIVER NJ 08753  
 Telephone: (732) 473-0878 Fax: \_\_\_\_\_ Federal Emp. Number: \_\_\_\_\_  
 License Number or Builders Registration Number: \_\_\_\_\_  
 Home Warranty Number: \_\_\_\_\_ Type of Warranty Plan:  State  Private  
 Use Group: R-5 Construction Classification: \_\_\_\_\_  
 Maximum Live Load: \_\_\_\_\_ Maximum Occupancy Load: \_\_\_\_\_  
 Description of Work/Use: SERVICE

Certificate Comments:

Certificate of Occupancy

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

Certificate of Approval

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

Certificate of Continued Occupancy

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

Temporary Certificate of Compliance

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

Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- Total removal of lead-based paint hazards in scope of work
- Partial or limited time period (    years); see file

Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- Total removal of asbestos hazards in scope of work
- Partial or limited time period (    years); see file

Certificate of Compliance

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Temporary Certificate of Occupancy

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

Fee: \$0.00  
 Check Number: \_\_\_\_\_  
 Collected By: \_\_\_\_\_









# CONSTRUCTION PERMIT

Date Issued 10/30/2023  
Control # C-23-6656  
Permit # 23-04086

IDENTIFICATION Block: 233.36 Lot: 6 Qualifier \_\_\_\_\_  
Work Site Location: 31 DAISY ROAD Toms River Township, NJ Contractor TAVARES, ANGELA  
Address 31 DAISY ROAD TOMS RIVER NJ 08753  
Owner in Fee TAVARES, ANGELA Telephone: (201) 925-1380  
31 DAISY ROAD TOMS RIVER NJ 08753 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Telephone: (201) 925-1380 Federal Employee No. \_\_\_\_\_

**Is hereby granted permission to perform the following work:**

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

**DESCRIPTION OF WORK:**

INTERIOR ALTERATION(S), WORK PERFORMED WITHOUT PERMIT CCO INSPECTION PER UCC BULLETIN 06-01

**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

\_\_\_\_\_  
Construction Official 10/30/2023  
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

**3 PINK - TAX ASSESSOR**

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)	
Building	\$90
Electrical	\$65
Plumbing	\$0
Fire Protection	\$85
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	\$90.00
Other	\$0
<b>Total</b>	<b>\$331</b>
Check No.	393
Cash	\$0
Credit	\$0
Collected By	MARY BOTTONE

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BLOCK 33336 LOT 6 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) 31 Davy Rd PERMIT NO. 9-00981

**PENALTY NOTICE ENCLOSED**  
**CONSTRUCTION PERMIT APPLICATION** 82501

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

**I. IDENTIFICATION**  
 1. Proposed Work Site at: 31 Davy Rd TR  
 2. Name of Owner in Fee: Kilian & Naphogen  
 Tel: 732-255-8888 e-mail: same  
 Address: same  
 3. Ownership in Fee: Public Private (mark only)  
 4. Principal Contractor: UBS 732-473-0377  
27 SUNDY DR email: CS@UBS.COM  
1815 RIVER ST 08751 0629202-03  
 License No. OR, if new home, Builder Reg. No. 10701 Exp. Date \_\_\_\_\_  
 Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
 Federal Emp. ID No. 22-3485031 FAX: \_\_\_\_\_  
 5. Architect or Engineer \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Tel. \_\_\_\_\_ FAX: \_\_\_\_\_  
 6. Responsible Person in Charge once Work has begun  
C-408-433-5980 FAX: ROSEN

**VI. FEE SUMMARY (for office use only)**

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

**VI. BUILDING/SITE CHARACTERISTICS** (office use only)

- Number of Stories \_\_\_\_\_ ft.
- Height of Structure \_\_\_\_\_ ft.
- Area - Largest Floor \_\_\_\_\_ sq. ft.
- New Building Area \_\_\_\_\_ sq. ft.
- Volume of New Structure \_\_\_\_\_ cu. ft.
- Max. Live Load \_\_\_\_\_
- Max. Occupancy Load \_\_\_\_\_ HUD
- If Industrialized Building, State Approved \_\_\_\_\_
- Total Land Area Disturbed \_\_\_\_\_ sq. ft.
- Flood Hazard Zone \_\_\_\_\_
- Base Flood Elevation \_\_\_\_\_ ft.
- Wetlands: yes \_\_\_\_\_ no \_\_\_\_\_

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL (primary use)**

- State Specific Use: \_\_\_\_\_
- Use Group, Proposed: \_\_\_\_\_ Select Group \_\_\_\_\_
- Change in Use Group, Indicate Present, Selected Group \_\_\_\_\_
- No. of dwelling units: Total Units (include restricted) \_\_\_\_\_  
 Gained, Sale \_\_\_\_\_  
 Lost, Rental \_\_\_\_\_  
 Lost, Sale \_\_\_\_\_

**B. NON-RESIDENTIAL (primary use)**

- State Specific Use: \_\_\_\_\_
- Use Group, Proposed: \_\_\_\_\_ Select Group \_\_\_\_\_
- Change in Use Group, Indicate Present \_\_\_\_\_

**C. MIXED USE -List secondary use(s):** \_\_\_\_\_

**D. Construct. Classification:** Present \_\_\_\_\_ Proposed \_\_\_\_\_

**III. PLAN REVIEW (optional)**

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

FOR OFFICE USE ONLY (Optional)	Re- viewer	Approval Date	Re- viewer	Approval Date	Re- viewer	Approval Date	Re- viewer	Approval Date
<input type="checkbox"/> Addition								
<input type="checkbox"/> Demolition								
<input type="checkbox"/> New Building								
<input type="checkbox"/> Alteration								
<input type="checkbox"/> Radon Remediation								
<input type="checkbox"/> Lead Hazard Abatement								
<input type="checkbox"/> Asbestos Abat. -Subch. 8								
<input type="checkbox"/> Minor Work								
<input type="checkbox"/> Repair								
<input type="checkbox"/> Building								
<input checked="" type="checkbox"/> Electrical								
<input type="checkbox"/> Plumbing								
<input type="checkbox"/> Fire Protection								
<input type="checkbox"/> Elevator								
<b>TOTAL COST</b>								

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

- Elevators/Excavators/Lifts
- High Pressure Boilers
- Pressure Vessels
- Refrigeration Systems
- Cross-Connections/Backflow Preventers
- Hazardous Use/Places of Assembly
- Sprinkler Standpipes
- Smoke Control Systems in Open Wells
- Fire Alarm
- Underground Storage Tanks
- Swimming Pools, Spas and Hot Tubs
- LPG Gas Tanks

U.S.C. F.100-1 (Rev. 8/00)

**CERTIFICATION IN LIEU OF OATH**

**I. OWNER SECTION (to be completed if the applicant is the owner in fee)**

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A.  I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B.  I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1. ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C.  I further certify that I will perform or supervise the following work:

C.1.  Building                      C.2.  Fire Protection

I further certify that I will perform the following work:

C.3.  Electrical                      C.4.  Plumbing

- D.  I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**II. AGENT SECTION (to be completed if the applicant is not the owner in fee)**

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

- Check if contractor.

Agent Name CB PETERSEN ELECTRIC  
Address 22 SWIND AVE  
TELLS BORO NJ 08755  
Telephone 732-473-0378  
Signature [Signature]

- III.  LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

- IV.  HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

OFFICE DATE RECEIVED:

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
<input type="checkbox"/> Zoning Officer:									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



Ⓢ

MT

3/25/19

S/W/H/O

about

Ready

MT



# ELECTRICAL SUBCODE TECHNICAL SECTION



233.36 6

Date Received 3/18/2019  
Date Issued  
Contract # 23082501  
Permit # 19-00881

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

Block 233.36 Lot 6 Qualification Code  
Work Site Location: 31 DAISY ROAD, Toms River Township, NJ

Owner in Fee: IRACHAGEN, HARRY & ROSEMARY  
Address: 31 DAISY ROAD, TOMS RIVER, NJ 08753

Contractor: C.B. PETERSEN ELECTRIC  
Address: 22 SWAIN AVE, TOMS RIVER, NJ 08753

Tel: (732) 473-0878 Email: \_\_\_\_\_  
Lic No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
Federal Employee No: \_\_\_\_\_

B. ELECTRICAL CHARACTERISTICS  
Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_ R-5 \_\_\_\_\_  
Building Occupied as: \_\_\_\_\_ Temporary \_\_\_\_\_ Other \_\_\_\_\_  
Estimated Cost of Electrical Work: \$1,000 Utility Co: \_\_\_\_\_

PLAN REVIEW  
 No Plan Required  
 Building  
 Fire  
 Electrical Plans Approved  
 Joint Plan Review Required  
 Plumbing  
 Elevator

INSPECTIONS  
Type: \_\_\_\_\_  
Rough: \_\_\_\_\_  
Barrier-Free: \_\_\_\_\_  
Trench: \_\_\_\_\_  
Temp. Serv: \_\_\_\_\_  
Const. Serv: \_\_\_\_\_  
TCO: \_\_\_\_\_  
Other: \_\_\_\_\_  
Service: \_\_\_\_\_  
Final: \_\_\_\_\_  
Barrier-Free: \_\_\_\_\_  
Temp. Cut-in-Card Date Issued: \_\_\_\_\_  
Final Cut-in-Card Date Issued: \_\_\_\_\_  
Annual Pool Inspection: \_\_\_\_\_  
Date of Grounding and Bonding Certification: \_\_\_\_\_

DATE APPROVAL FOR CERTIFICATE  
CO  CGO  CA  
Date: 3-28-19  
Approved by: [Signature]

DATE APPROVAL FOR PERMIT  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ by: \_\_\_\_\_

DATE APPROVAL FOR PERMIT  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ by: \_\_\_\_\_

DATE APPROVAL FOR PERMIT  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ by: \_\_\_\_\_

DATE APPROVAL FOR PERMIT  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ by: \_\_\_\_\_

DATE APPROVAL FOR PERMIT  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ by: \_\_\_\_\_

DATE APPROVAL FOR PERMIT  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ by: \_\_\_\_\_

DATE APPROVAL FOR PERMIT  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ by: \_\_\_\_\_

DATE APPROVAL FOR PERMIT  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ by: \_\_\_\_\_

DATE APPROVAL FOR PERMIT  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ by: \_\_\_\_\_

DATE APPROVAL FOR PERMIT  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ by: \_\_\_\_\_

DATE APPROVAL FOR PERMIT  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ by: \_\_\_\_\_

DATE APPROVAL FOR PERMIT  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ by: \_\_\_\_\_

DATE APPROVAL FOR PERMIT  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ by: \_\_\_\_\_

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name  
 Licensed Elec Contr  Certif Landscape Irrigation Contr  Exempt Applicant

D. TECHNICAL SITE DATA  
DESCRIPTION OF WORK SERVICE:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Ranges/Receptical	
		KW Ovens/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
	200	AMP Service	\$55
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge  
Minimum Fee \$55  
State Permit Surcharge Fee \$2  
TOTAL FEE \$57

UCC F120 (rev. 11/09)  
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please include one original plus three electronic.

# CONSTRUCTION PERMIT

Date Issued 3-25-19  
 Control # 93082501  
 Permit # 19-00981

IDENTIFICATION Block: 233.36 Lot: 6 Qualifier \_\_\_\_\_  
 Work Site Location: 31 DAISY ROAD Toms River Township, NJ Contractor: C.B. PETERSEN ELECTRIC  
 Address: 22 SWAIN AVE TOMS RIVER NJ 08753  
 Owner in Fee: TRAPHAGEN, HARRY & ROSEMARY  
31 DAISY ROAD TOMS RIVER NJ 08753 Telephone: (732) 473-0878  
 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
 Federal Employee No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

SERVICE

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: [Signature] Date: 3/24/19

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

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

### PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$55
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$57
Check No.	<u>128</u>
Cash	\$0
Credit	\$0
Collected By	<u>[Signature]</u>

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- Required inspections for all subcodes for one- and two-family dwellings are as follows:
- The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  - Foundations and all walls up to grade level prior to back filling.
  - All structural framing, connections, wall and roof sheathing and insulation, electrical rough wiring, panel and service installation, rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  - Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures, electrical wiring, devices and fixtures, mechanical systems equipment.
- Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.
- Required special inspections: The applicant by accepting the permit will be deemed to have consented to these requirements:
- A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures, plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes. Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures"
- A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



# 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 233.36 Lot 6 Qualification Code \_\_\_\_\_  
Work Site Location: 31 DAISY ROAD TOMS RIVER TOWNSHIP, NJ  
Owner in Fee: TRABHAGEN, HARRY & ROSEMARY  
Address: 31 DAISY ROAD TOMS RIVER, NJ 08753  
Contractor: C.B. PETERSEN ELECTRIC  
Address: 22 SWAIN AVE TOMS RIVER, NJ 08753  
Tel: (732) 473-0878 Email: \_\_\_\_\_  
Lic No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
Federal Employee No: \_\_\_\_\_

### B. ELECTRICAL CHARACTERISTICS

Use Group: Present \_\_\_\_\_ Proposed R-5  
 Pole/Pad # \_\_\_\_\_  Temporary  Other  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Estimated Cost of Electrical Work: \$1,000

### JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
<input type="checkbox"/> No Plan Required	Date _____	Type: _____	Failure _____	Approval _____	Initial _____
<input type="checkbox"/> Partial Underlab	Unites Approved _____	Rough _____	Barrier-Free _____		
Date _____	by _____	Trench _____			
Electric Plans Approved _____	Date _____	Temp Serv _____			
Joint Plan Review Required _____	by _____	Const. Serv. _____			
<input type="checkbox"/> Building _____	<input type="checkbox"/> Plumbing _____	TCO _____			
<input type="checkbox"/> Fire _____	<input type="checkbox"/> Elevator _____	Other _____			
<input type="checkbox"/> Electrical Plans Approved _____	<input type="checkbox"/> Electrical Plans Approved _____	Service _____			
SUBCODE APPROVAL for PERMIT		Final _____			
Date _____	by _____	Barrier-Free _____			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued _____			
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Date _____	Final Cut-in-Card Date Issued _____			
Approved by _____	Date of Grounding and Bonding Certification _____	Annual Pool Inspection _____			

UCCF 120 (rev 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

Date Received 3/18/2018  
Date Issued \_\_\_\_\_  
Control # 93082501  
Permit # 19-00981

**C. CERTIFICATION IN LIEU OF OATH**  
I hereby certify that I am the department owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name \_\_\_\_\_  
 Licensed Elec. Contr.  Certif. Landscape Irrigation Contr.  Exempt Applicant  
**D. TECHNICAL SITE DATA**  
DESCRIPTION OF WORK \_\_\_\_\_  
SERVICE \_\_\_\_\_

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors - Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communication Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
<b>TOTAL NUMBERS</b>			
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptical	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Recepticle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/2 HP	_____
_____	_____	KW Transformer/Generator	_____
1	200	AMP Service	\$55
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

Administrative Surcharge  
Minimum Fee \$55  
State Permit Surcharge Fee \$2  
TOTAL FEE \$57

# CONSTRUCTION PERMIT

Date issued  
Permit #

IDENTIFICATION Block 23316 Lot 6 Qualification Code 02  
 Work Site Location 31 DR 154 RD Contractor DR. S. J. HARRIS  
 Owner in Fee TORG RIVER NE 26753 Address 27 S. J. HARRIS AVE  
 Address 1100 HOGES Tel. (782) 473-0378  
 Tel. (782) 233-8598 Lic. No. of Bldg. Reg. No. 10701

I hereby granted permission to perform the following work:

- BUILDING
- ELECTRICAL
- ELEVATOR DEVICES
- PLUMBING
- FIRE PROTECTION
- ASBESTOS ABATEMENT
- LEAD HAZARD ABATEMENT
- DEMOLITION
- OTHER

DESCRIPTION OF WORK:

*Upgraded service*

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 \$ 1000.00

Construction Official \_\_\_\_\_ Date \_\_\_\_\_

UCC #170 (rev. 9/104) 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT (see reverse side)

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____



### 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 233-316 Lot 6 Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee: 1015 QUINCY RD

Tel: 732-255-8995 e-mail \_\_\_\_\_

Address: 1015 QUINCY RD

Contractor: CC DEWENSEN ELECTRIC

Address: 22 SUKHO AVENUE

Contractor License No: 10781

Home Improvement Contractor Registration No. or Exemption Reason: \_\_\_\_\_

Federal Emp. ID No: 22-349201 FAX: \_\_\_\_\_

Use Group: \_\_\_\_\_ Proposed \_\_\_\_\_

Building Occupied as: \_\_\_\_\_ Temporary \_\_\_\_\_ Other \_\_\_\_\_

Est. Cost of Elec. Work: \$ 1000.00 Utility Co: SCPL

### B. ELECTRICAL CHARACTERISTICS

PLAN REVIEW (Office Use Only)

No Plans Required

Partial - Understap Utilities Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Electric Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required

Bldg  Plumb  Fire  Elev

SURCODE APPROVAL BY PERMIT

Date: 5/18/11

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

CO  CCO  CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date of Grounding and Bonding

Certification \_\_\_\_\_

Temp. Cur-in-Card Date Issued \_\_\_\_\_

Final Cur-in-Card Date Issued \_\_\_\_\_

Annual Pool Inspection \_\_\_\_\_

Date of Grounding and Bonding \_\_\_\_\_

Certification \_\_\_\_\_

INSPECTIONS

Type: \_\_\_\_\_

Rough \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Trench \_\_\_\_\_

Temp. Serv \_\_\_\_\_

Const. Serv \_\_\_\_\_

TCO \_\_\_\_\_

Other \_\_\_\_\_

Service \_\_\_\_\_

Final \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Temp. Cur-in-Card Date Issued \_\_\_\_\_

Final Cur-in-Card Date Issued \_\_\_\_\_

Annual Pool Inspection \_\_\_\_\_

Date of Grounding and Bonding \_\_\_\_\_

Certification \_\_\_\_\_

Dates (Month/Day)

Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

U.C.C. F.120 (rev. 11/09)  
Internet version

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

### 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 described in this application.

Applicant sign/Contractor sign and seal here: [Signature]

Print name here: CHRISTOPHER B. DEWENSEN

Licensed Elec. Contractor  Certifd Landscape Irrigation Contr.  Exempt Applicant

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: CHANGE SERVICE TO 200 AMP

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 Permits/with LW Lights \_\_\_\_\_

Storable Pool/Spa/Hot Tub \_\_\_\_\_

KW Elec. Range/Receptacle \_\_\_\_\_

KW Oven/Surface Unit \_\_\_\_\_

KW Elec. Water Heater \_\_\_\_\_

KW Elec. Dryer/Receptacle \_\_\_\_\_

HP Garbage Disposal \_\_\_\_\_

KW Central AC 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

55