

TOWNSHIP OF LONG BEACH - LAND USE BOARD

Form Z-2

HEARING

DOCKET #

An appeal is hereby made for a variance from the terms of the Zoning Ordinance so as to permit
 ..Applicant..appeals..Zoning..Permit..dated..September 14, 2020 and Construction
 Permit..(as..yet..undated)..annexed hereto as Exhibits A and B.

Place an (x) before the relief or approvals requested:

- (x) Appeal from decision of building administrator, complete Z-2a
- () Bulk (hardship) Variance (N.J.S.A. 40:55D-70(c) complete Z-2c
- () Special Reasons Variance (N.J.S.A. 40:55D-70(d) complete Z-2d



PREMISES AFFECTED BY THIS APPLICATION

Designation of Tax Map (a) Lot 4

(b) Block 4049

Street Address 209 East 20th Street

Location North Beach Haven, Long Beach Township

ZONE R-50

USE (if residential use, indicate below whether single family, duplex or other)

- (a) Existing single family
- (b) Proposed

IS PROPERTY ON COUNTY ROAD

() yes

(x) no

Is Property located within 200' of a municipal boundary

() yes

(x) no

WHEN was property purchased April 17, 2019

Date of original construction unknown

Date of last construction, alteration or addition unknown. Describe said construction, alteration or addition.

Has there been any previous appeal involving these premises? unknown

If so, state character of appeal and date of disposition.

APPLICANT

Name...Peter and Denise Micca

Street Address (permanent residence)...23 Barnstable Road

City...Berkeley Heights State...NJ Zip Code...07922

Telephone...646-823-8992

Note: Applicants own property at 409 East 20th Street, Long Beach Twp. within 200' of subject property.

OWNER (if different from applicant explain relationship to applicant)

Name...Joseph Panebianco Street Address...545 Franklin Ave.

City...Wyckoff State...NJ Zip Code...07481

Note: If applicant is a partnership or corporation, attach a list of the names and addresses of persons having a ten (10) percent interest or more in the corporation or partnership.

SIZE OF ENTIRE TRACT INVOLVED IN THIS APPLICATION

Dimensions 60' x 100'Area (in square feet) 6,000 sq. ft. (1,850 sq. ft. west of Building Line)

EXISTING IMPROVEMENTS

Number of principal structures	<u>1</u>
Number of accessory structures	<u>0</u>
Building height (principal)	<u>27.3</u>
(accessory)	<u>N/A</u>

Set Backs	Principal	Accessory
Front yard	<u>11.8'</u>	<u> </u>
Rear yard	<u>34.1'</u>	<u> </u>
Side yards <u>3.0</u>	<u>27'</u>	<u>30'</u>

Distance between principal and accessory structure	<u>N/A</u>
Total ground coverage (in square feet)	<u>unknown</u>
Percentage of building coverage	<u>23.5%</u>
Percentage of impervious coverage	<u>64.2%</u>

AFTER COMPLETION OF PROPOSED IMPROVEMENTS

Number of principal structures	<u>1</u>
Number of accessory structures	<u>0</u>
Building height (principal)	<u>36'</u>
(accessory)	<u>N/A</u>

Set Backs	Principal	Accessory
Front yard	<u>11.8'</u>	<u> </u>
Rear yard	<u>20'</u>	<u> </u>
Side yards <u>3.2'</u>	<u>26.8'</u>	<u>30'</u>

Distance from adjacent principal structures	<u>20.9'</u>	<u>24 +/-</u>
Distance between principal and accessory structure	<u>N/A</u>	
Total ground coverage (in square feet)	<u>unknown</u>	
Percentage of building coverage	<u>26.9%</u>	
Percentage of impervious coverage	<u>69%</u>	

Prevailing setback of adjoining buildings within block	<u>10</u>
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VERIFICATION

State of.....
 County of.....

The applicants of full age, being duly sworn, upon their oaths depose and say: The statements contained in this application and all schedules thereto are true to the best of our knowledge and belief.

Sworn to and subscribed
 before me this 16th day
 of October, 2020

EDWARD F. LISTON, JR.
 AN ATTORNEY AT LAW OF NEW JERSEY

Peter Micca
 APPLICANT PETER MICCA

Denise Micca
 APPLICANT DENISE MICCA

SCHEDULE I
Form Z-2a

APPEAL FROM DECISION OF ZONING OFFICIAL
TOWNSHIP OF LONG BEACH LAND USE BOARD

A. Describe the nature of application or situation resulting in order of refusal from which this appeal is being taken.

The applicant is appealing the zoning permit building permit issued by the Long Beach Township Zoning Officer dated September 14, 2020 and the construction permit, as yet undated, which has yet to be issued by the Long Beach Township Construction Official.

B. Set forth in detail the order and/or decision of Zoning Official which is being appealed.

The applicant is appealing the decision by the zoning officer/construction department that the proposed development qualifies for a Permit-by-Rule per NJAC 7:7-4.1.

Additionally, the applicant is appealing the decision that the installation of piles east of the building line does not constitute construction. Section 51-4.A of the Code of the Township of Long Beach states that construction of any type east of the oceanfront building line, except protective works approved or undertaken by the Township, county, state or federal governments, is prohibited.

C. The decision of the Zoning Official should be reversed and/or modified for the following reasons:
(State why you claim the Zoning Official's decision was incorrect.)

The property is located on a dune fronting on the Atlantic Ocean. The proposed development on the subject property includes expansion of the existing single family house to the north in an area that is a dune. NJAC 7:7-4.1 does not permit expansion if it is located on a dune. The developer should apply to the NJDEP for an applicability determination pursuant to NJAC 7:7-2.5 or the developer should apply to the NJDEP for a General Permit 5 pursuant to NJAC 7:7-6.5.

Section 51-4.A of the Code of the Township of Long Beach states that "Construction of any type east of the oceanfront building line, except protective works approved or undertaken by the Township, county, state or federal governments, is prohibited." It is the applicants' position that driving new piles to elevate the existing deck and house is construction east of the building line and should be prohibited.

Exhibit A

ZONING PERMIT

LONG BEACH TOWNSHIP

JUL 01 2020

DATE 5/26/20 FEE \$ 150- PERMIT NO. _____ CK. NO. _____
 NAME JOSEPH PANEBIANCO ADDRESS 209 EAST 20TH ST.
 BLOCK 449 LOT 4 ZONE R50 USE SF
 WORK DESCRIPTION: ADDITION/RENOVATION

Substantial Improvement

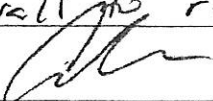
CHECK ONE: ☒ SINGLE FAMILY ☐ DUPLEX ☐ OTHER (EXPLAIN) _____

DO NOT WRITE BELOW THIS LINE

MINIMUM REQUIREMENTS	PROPOSED	AS BUILT
LOT SIZE <u>5,000 sf</u>	LS <u>6000 sf</u>	LS _____
F <u>20' or Avg w/adj. min 10'</u>	F <u>Bldg line 12.8' ^{east}</u>	F _____
R <u>20'</u>	R <u>20'</u>	R _____
S <u>Building line, min 4'</u>	S <u>Bldg line, 4' new</u>	S _____
ADJ <u>15'</u>	ADJ <u>15'</u>	ADJ _____
HEIGHT <u>36</u> MAX.	H <u>36 west grade</u>	H _____
% COVERAGE <u>33 1/3%</u> MAX.	<u>4.8%</u>	_____
UPDATED EC REQUIRED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	_____
SLAB ELEVATION <u>13.9' + .5'</u> MIN.	<u>14.5'</u>	_____
IMP COV <u>75% ^{west} bldg line</u> MAX.	<u>75%</u>	_____
FLOOD ZONE <u>VE 14+1</u>	FF <u>14', next 26'</u>	_____
AS BUILT PLOT PLAN REQUIRED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	_____
CURB REQUIRED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	_____

V Zone Cert Required.

REMARKS: Height to be measured from westerly grade.
Mechanicals + ductwork to be elevated to elev 15' min.
Exterior deck over bldg line to be elevated in place.
East wall to remain. Proper flood venting required



ZONING OFFICER

9/14/20

DATE

Exhibit B



LONG BEACH TOWNSHIP
6805 LONG BEACH ROAD
BRANT BEACH, NJ 08008
609 - 3616679

Permit Number:

Control Number: 51154

Application Date: 09/18/2020

Permit Date:

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 4.49	Lot: 4	Qualification Code:	
Work Site Location:	209 E 20TH STREET LONG BEACH		
Owner In Fee:	PANEBIANCO, JOSEPH		
Address:	545 FRANKLIN AVENUE WYKOFF NJ 07481		
Telephone:	()		
Use Group(s):	R-5		
Contractor:	FCM BUILDER/CONT.		
Address:	704-1 OLD SHORE RD FORKED RIVER NJ 08731		
Telephone:	(609) 693-4745		
Lic. No. / Bldrs. Reg. No.:	018429		
Federal Emp. No.:	22-2699983		

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 checked="" type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

HOUSE RAISE-SUBSTANTIAL IMPROVEMENT, ADDITION

ESTIMATED COST OF WORK:

Cost of Construction:	390,500.00
Cost of Rehabilitation:	20,000.00
Cost of Demolition:	0.00

Total Cost:	\$410,500.00
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PAYMENTS (Office Use Only)	
Building	\$1,331.00
Electrical	\$478.00
Plumbing	\$906.00
Fire Protection	\$61.00
Elevator Devices	
Mechanical	\$270.00
VolFee (DCA)	\$82.00
AltFee (DCA)	\$38.00
DCA Minimum Fee	\$0.00
Other Fees	\$225.00
CO Fee	\$150.00
CCO Fee	
Minimum Fee	
Total	\$3,541.00
All Fees Waived:	No

Amount to be Paid: \$3,541.00

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.

J. DANE SPRAGUE

Date

Construction Official

Note:

LONG BEACH TOWNSHIP

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 09/18/2020

Date Issued:

Control #: 51154

Permit #: 0

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

Block: 4.49 Lot: 4 Qualification Code:

Work Site Location: 209 E 20TH STREET

Owner Details

Name: PANEBIANCO, JOSEPH

Address: 545 FRANKLIN AVENUE

WYKOFF NJ 07481

Telephone: ()

E-mail:

Contractor Details

Contractor: ECM BUILDER/CONT.

ATTN:

Address: 704-1 OLD SHORE RD

FORKED RIVER NJ 08731

Telephone: (609) 693-4745 Fax:

E-mail: fcmbuilt@aol.com

Federal Emp. No: 22-2699983

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason: 13VH01722800

B. BUILDING CHARACTERISTICS

Use Group Present: R-5

Constr. Class Present:

No. of Stories

Height of Structure

Area - Largest Floor

New Bldg. Area/All Floors

Volume of New Structure

Total Land Area Disturbed

Max. Live Load

Max. Occupancy Load

Proposed:

If Industrialized Building

State Approved HUD

Est. Cost of Bldg. work:

1. New Building 340,000.00

2. Rehabilitation 20,000.00

3. Demolition 0.00

4. Total (1+2+3) \$360,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ All

☐ Footings/Foundations

☐ Structural/Framework

☐ Exterior

☐ Interior

☐ Other

Joint Plan Review Required:

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

U.C.C.F10(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:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

HOUSE RAISE-SUBSTANTIAL IMPROVEMENT,

ADDITION

TYPE OF WORK:

☒ New Building

☒ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence Height (exceeds 6')

☐ Pylon Sign Sq. Ft.

☐ Ground or Wall Sign Sq. Ft.

☐ Pool

☐ Retaining Wall 0.00 Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other 1:

☐ Other 2:

☐ Other 3:

☐ Demolition

FEE (Office Use Only)

\$756.00

\$575.00

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$1,451.00

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000.
 Block: 449 Lot: 4 Qualification Code:
 Work Site Location: 209 E 20TH STREET
 Owner in Fee: PANEBIANCO, JOSEPH
 Address: 545 FRANKLIN AVENUE
 WYKOFF, NJ 07481

Telephone: 0 Email:
 Contractor: D. BROWN HEATING AND AIR
 AITN: DON BROWN

Address: 68 W GREEN BUSH
 TUCKERTON NJ 08087
 (609) 618-4046 Email: Fax:

License No.: 19HC00015200 Exp Date: 6/30/2020 Federal Emp. No.:
 Home Improvement Registration No. or Exemption Reason: 13VH05632300

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3, R-4 or R-5 (circle one)

Proposed: R-3, R-4 or R-5 (circle one)

Heating System work: ☐ New or ☐ Mod. to Existing or ☐ Conversion or ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other:

Type: ☐ Hydronic ☐ Hot Air

1. New Building: \$10,500.00 2. Rehabilitation: \$0.00

3. Demolition: \$0.00 Estimated Cost of Mechanical Work (1+2+3): \$10,500.00

JOB SUMMARY (Office Use Only)**PLAN REVIEW**

		INSPECTIONS		DATES		
		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required						
<input type="checkbox"/> Mechanical Plans Approved						
Approved by: _____						
<input type="checkbox"/> Plan Review Required		Gas Piping				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumbing		Appliance				
<input type="checkbox"/> Elec. <input type="checkbox"/> Elevator		Chimney/Vent				
<input type="checkbox"/> Fire <input type="checkbox"/> Mechanical		Oil Piping				
		Oil Tank				
		LPG Tank				
		Hydronic Piping				
Date: _____		Fireplace				
Approved by: _____		Chimney Cert.				
SUBCODE APPROVAL for CERTIFICATE		Other _____				
<input type="checkbox"/> ICA <input type="checkbox"/> CCO						
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.

D. TECHNICAL SITE DATA**DESCRIPTION OF WORK:**

HOUSE RAISE-SUBSTANTIAL IMPROVEMENT, ADDITION

No.

FIXTURE/EQUIPMENT

Fee (Office Use Only)

Water Heater	
Fuel Oil Piping	
Gas Piping	
Steam Boiler	
Hot Water Boiler	
Hot Air Furnace	
Oil Tank	
LPG Tank	
Fireplace	
Other 1: First Appliance	\$60.00
Other 2: More than 1 appliance	\$165.00

Administrative Surcharge	\$101.00
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	\$270.00

Signature

Print Name

LONG BEACH TOWNSHIP
ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 09/18/2020
Control #: 51154

Date Issued:
Permit #: 0

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Block: 449 Lot: 4 Qualification Code:
Work Site Location: 209 E 20TH STREET

Owner in Fee: PANEBIANCO, JOSEPH

Address: 545ERANKLIN AVENUE
WYKOFF NJ 07481

E-mail: 0
Telephone: ENERGIZED ELECTRIC
Contractor: ATTN:

Address: 715 PRINCETON AVE
LANOKA HARBOR NJ 08734

Telephone: (609) 693-8717
Fax:

Home Improvement Registration No. or Exemption Reason:
Contractor License No.: 15925A Exp Date: 3/31/2021

Federal Emp. No.: 275216560

Use Group: Present R-5 Proposed

Building Occupied as [] Pole/Pad # [] Temporary [] Other
Utility Co. _____

1. New Building \$20,000.00
2. Rehabilitation \$0.00
3. Demolition \$0.00
Est. Cost of Elec. Work (1+2+3) \$20,000.00

Job Summary(Office Use Only)

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

DESCRIPTION OF WORK:
HOUSE RAISE-SUBSTANTIAL IMPROVEMENT, ADDITION

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
84		Lighting Fixtures	
62		Receptacles	
47		Switches	
8		Detectors	
3		Light Poles	
		Motor-Fract HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F. A.C. Panel	
		Other 1:	
		Other 2:	
TOTAL NUMBER 204			\$113.00
		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	\$15.00
		HP Garbage Disposal	\$15.00
		KW Central A/C Unit	\$30.00
		HP/KW Space Htr./Air Handler	\$30.00
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	\$65.00
		AMP Subpanels	\$65.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3: ELEVATOR	\$65.00
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

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 _____ Print Name _____
☐ Licensed Electrical Contractor ☐ Certified Landscape Irrigation Contractor ☐ Exempt Applicant

Administrative Surcharge \$179.00
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE \$478.00

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 09/18/2020

Date Issued:

Control #: 51154

Permit #: 0

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

Block: 4.49 Lot: 4 Qualification Code:

Work Site Location: 209 E 20TH STREET

Owner in Fee: PANEBIANCO, JOSEPH

Address: 545 FRANKLIN AVENUE

WYKOFF NJ 07481

E-mail:

Telephone: 0

Contractor: KEVIN SCHUBIGER PLUMBING & HEATING

ATTN:

A S: 35 HEARTHWOOD COURT

MANAHAWKIN NJ 08050

Telephone: (609) 549-3952

Fax:

E-mail:

Contractor License No.: 12963 Expiration Date: 6/30/2021

Federal Emp. No.: 461101277

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5

Proposed:

Building Sewer Size:

Public Sewer:

Private Septic:

Water Service Size:

Public Water:

Private Well:

1. New Building: \$15,000.00

2. Rehabilitation: \$0.00

3. Demolition: \$0.00

Estimated Cost of Plumbing Work (1+2+3): \$15,000.00

JOB SUMMARY (Office Use Only)**PLAN REVIEW**☐ No Plans Required☐ Partial-Underslab Utilities Approved

Date: Approved by:

☐ Plumbing Plans Approved

D: Approved by:

Joint Plan Review Required

☐ Bldg. ☐ Elec.☐ Fire ☐ Elevator

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.

Applicant's Signature/Contractor's Seal and Signature

Print name here:

☐ Licensed Plumbing Contractor ☐ Exempt Applicant**D. TECHNICAL SITE DATA (List of all fixtures)**

DESCRIPTION OF WORK:
HOUSE RAISE-SUBSTANTIAL IMPROVEMENT, ADDITION

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
6	Water Closet	\$90.00
1	Urinal/Bidet	\$15.00
6	Bath Tub	\$90.00
4	Lavatory	\$60.00
1	Shower	\$15.00
1	Floor Drain	\$15.00
1	Sink	\$15.00
1	Dishwasher	\$15.00
1	Drinking Fountain	\$15.00
2	Washing Machine	\$30.00
1	Hose Bibb	\$15.00
1	Water Heater	\$91.00
1	Fuel Oil Piping	
1	Gas Piping	
1	LP Gas Tank	
1	Steam Boiler	
1	Hot Water Boiler	
1	Sewer Pump	
1	Interceptors/Separators	
1	Backflow Preventer : Residential	
1	Backflow Preventer : Commercial	
1	Greasetrap	
1	Air Conditioning	
1	Sewer Connection	\$91.00
1	Water Service Connection	\$91.00
1	Stacks	\$45.00
1	Other 1: Water meter	\$91.00
1	Other 2:	
1	Other 3:	

Administrative Surcharge

\$340.00

Minimum Fee

\$340.00

State Permit Surcharge Fee

\$340.00

TOTAL FEE

\$906.00

FIRE SUBCODE TECHNICAL SECTION

Date Received 09/18/2020

Date Issued

Control # 51154

Permit # 0

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

Block: 449 Lot: 4

Qualification Code:

Work Site Location: 209 E 20TH STREET

Owner Details

Contractor Details

Owner in Fee: PANEBIANCO, JOSEPH

Contractor: ECM BUILDER/CONT.

Address: 545 FRANKLIN AVENUE

ATTN:

WYKOFF, NJ 07481

Address: 704-1 OLD SHORE RD
FORKED RIVER NJ 08731

Telephone: 0

Telephone: (609) 693-4745 Fax:

E-mail:

E-mail: fembulb@aol.com

Home Improvement Registration No. or Exemption Reason: 13VH01722800

Federal Emp. No.: 22-2699983

Fire Security Alarm Contractor No.:

License No.:

Fire Protection Equipment, Installer No.:

Exp. Date:

Fire Protection Equipment, Permit No.:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed

Fire Alarm System: [] New or [] Existing

Constr. Class: Present Proposed

Location of Panel:

Heating Systems: [] New or [] Mod. to Existing

Fire Suppression/Standpipe System:

or [] Conversion or [] Replacement or [] HVAC [] New or [] Existing

Location of Main Control Valve:

Fuel Type: [] Gas [] Oil [] Electric [] Solar

Location of Main Control Valve:

[] Other

Location:

Fuel Storage Tanks:

Type: [] Flammable or [] Combustible [] LPG [] LNG Capacity: Fuel

1. New: \$5,000.00 2. Rehabilitation: \$0.00

3. Demolition: \$0.00

Total Cost of Fire Protection (1+2+3) Work: \$5,000.00

JOB SUMMARY (Office Use Only)**PLAN REVIEW**

[] No Plans Required

INSPECTIONS

[] Partial-Under-slab Utilities Approved

Type:

D. Approved by:

Alarm System

Fire Protection Plans Approved

Suppression Sys.

Date: Approved by:

Fire Pump

Joint Plan Review Required:

Pre-Eng. System

[] Bldg. [] Elec.

Mechanical

[] Plumbing [] Elevator

Smoke Control

SUBCODE APPROVAL, for PERMIT

TCO

Date:

Flame/Combust Tanks

Approved by:

Fireplace Venting

SUBCODE APPROVAL, for CERTIFICATE

Final

[] CO [] CCO [] CA

Other

Date:

Other

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.

Sign here:

Print name here:

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA**DESCRIPTION OF WORK:**

HOUSE RAISE-SUBSTANTIAL IMPROVEMENT, ADDITION

Water Supply Source

Method of Alarm/Suppression System Supervision

NUMBER

FEE (Office Use Only)

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

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

10

\$50.00

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

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

Other Devices:

TOTAL

10

\$50.00

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:

Administrative Surcharge

\$23.00

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$61.00

11/18	Township of Long Beach Land Use Board Checklist	Minor Site Plan	Prelim. Major Site Plan	Final Major Site Plan	Minor Subdivision	Prelim. Major Subdivision	Final Major Subdivision	Bulk Variance	Use Variance	Other Applications (Appeals/Interpretations)	Applicant Submission	Board Receipt	Not Applicable	Waiver (Attach Reason)
Application Name: <u>Peter Micca Appeal</u>														
Block: <u>4.49</u> ; Lot(s): <u>4</u>														
PLAT SPECIFICATIONS														
1	For Major and Minor Subdivisions and Site Plan Applications, a scale of not less than 1" = 30' for tracts up to five (5) acres or 1" = 50' for tracts greater than five (5) acres. For Variance Applications, a scale of not less than 1" = 10' for lots 10,000 SF or less and 1" = 20' for lots greater than 10,000 SF.	X	X	X	X	X	X	X	X	X				
2	Signature, seal, address, license number of professional preparing plat.	X	X	X	X	X	X	X	X	X				
3	Plat based on land survey less than 12 months old	X	X	X	X	X	X	X	X	X				
4	Sheet size up to 30" x 42"	X	X	X	X	X	X	X	X	X				
5	Each sheet numbered and titled	X	X	X	X	X	X	X	X	X				
GENERAL INFORMATION														
6	Existing and proposed lot lines with dimensions, bearing and curve data.	X	X	X	X	X	X	X	X	X				
7	Key Map: site location and features within 400 FT, including streets, street names, and zone boundaries	X	X	X	X	X	X	X	X	X				
8	Title Block: Applicant name, name of development, preparer, lot and block numbers, date prepared, application type, and zoning district.	X	X	X	X	X	X	X	X	X				
9	Tax map sheet, lot and block numbers	X	X	X	X	X	X	X	X	X				
10	Zone boundaries, tax map sheet, lot and block numbers and names and addresses of all owners within 200 FT.	X	X	X	X	X	X	X	X	X				
11	Date of original and all revisions.	X	X	X	X	X	X	X	X	X				
12	Written and graphic map scale.	X	X	X	X	X	X	X	X	X				
13	North arrow with reference meridian.	X	X	X	X	X	X	X	X	X				
14	Data and signature as per the "Map Filing Law"				X	X	X							
15	Table of zoning requirements, showing existing nonconformities and proposed variances.	X	X	X	X	X	X	X	X	X				
16	Area of the tract and of each lot.	X	X	X	X	X	X	X	X	X				
17	Approval signature lines for Chairman, Secretary and Board Engineer	X	X	X	X	X	X							
NATURAL FEATURES														
18	Existing and proposed contours at one foot intervals indicating surface drainage and topography within 50 FT	X			X									
19	Existing and proposed contours at one foot intervals indicating surface drainage and topography within 200 FT		X	X		X	X							
20	All existing water courses and related areas that are subject to 100 Year floods under FEMA standards.	X	X	X	X	X	X							
21	The boundaries of wetlands and wetland transition areas.	X	X	X	X	X	X	X	X	X				
MAN-MADE FEATURES														
22	Show existing structures and setbacks from existing and proposed property lines, indicating those to be modified or removed or to remain. Show setback of structures on adjacent properties.	X	X	X	X	X	X	X	X	X				
23	Location of proposed buildings, finished grade, first floor and basement elevations, setbacks of all buildings from nearest lot lines, building height and other pertinent improvements.	X	X	X	X	X	X	X	X	X				
24	Building coverage and lot coverage calculations.	X	X	X				X	X	X				
25	Existing and proposed easements, rights-of-way and their purposes.	X	X	X	X	X	X	X	X	X				
26	Existing and proposed manholes, sewer lines, stormwater management facilities, waterlines, fire hydrants and utility poles within 200 FT.	X	X	X	X	X	X							
27	Plans and profiles of proposed utility layouts, such as sewers, storm drains, water, gas, communications and electric, showing feasible connections to existing or proposed utility systems as well as channel section details, pipe sizes, types and inverts, road crowns and slopes.		X	X		X	X							

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28	All monumentation as required as per the "Map Filing Law" including all monuments found, set or to be set.				X	X	X							
29	Offstreet parking and loading spaces required and proposed, and location and dimensions of access drives, aisles and parking stalls	X	X	X					X					
STREET														
30	Location, names and widths of all existing and proposed streets, sidewalks and street widening within 200 FT of the site.	X	X	X	X	X	X							
31	Plans, profiles and cross-sections of paved areas, curbs and sidewalks.	X	X	X	X	X	X							
MISCELLANEOUS														
32	Exterior Lighting Plan, including the location, direction of illumination, amount of illumination expressed in horizontal foot candles, wattage and drawn details of all outdoor lighting standards and fixtures.	X	X	X		X	X							
33	Landscaping and Screening Plan showing the location, type of tree or shrub and the location, type and amount of each type of ground cover.	X	X	X	X	X	X							
34	Storm drainage calculations.		X			X								
35	Stormwater management facilities shown on the grading plan showing all aspects of the stormwater system.	X	X	X		X	X							
* 36	Applications for new construction or additions to buildings: provide 19 sets of building plans showing elevations and floor areas (including dimensions) for all floors. "Multi-family units and commercial uses require sealed Architectural Plans;" Building elevation to be provided for the full height of the building from grade to roof peak. Plan scale shall be a minimum of 1/4" per foot. Building elevations shall be provided for all sides and shall be labeled North, South, East and West.							X	X	X				
37	Location of all signs and drawn details showing the size, construction type, height and content of all signs.	X	X	X										
38	Drawn details of the type of screening to be used for the refuse storage areas, outdoor equipment and bulk storage.	X	X	X										

Reviewed By: _____

Date: _____

Block: _____

Lot: _____

- * The plans required by Checklist #36 are on file with the Long Beach Township Construction Office. Applicant agrees to bear the cost of reproducing 19 sets for purposes of this Application.