

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM
344 BROADWAY

PH 732-571-5686 FAX 732-222-8835
kschmelz@ci.long-branch.nj.us
Kathy L. Schmelz, RMC, City Clerk



Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information - Please Print

Payment Information

First Name Brian MI D Last Name Asaruch
 E-mail Address b.asaruch@comcast.net
 Mailing Address 55 Community Pl.
 City Long Branch State NJ Zip 07740
 Telephone 732-870-2570 FAX _____
 Preferred Delivery: Pick Up US Mail _____ On-Site Inspect Fax _____ E-mail _____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [Signature] Date 4/10/13

Maximum Authorization Cost \$ _____

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Mercantile license issued for 8/4/09 application by Atlantic Paving + Misc. Contractors (Attached)

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

Complete 4/18/13

In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>To: Health Dept</u>			
<u>Due: 4-19-13</u>			
Custodian Signature		Date	

City of Long Branch
Department of Health
344 Broadway
Long Branch, NJ 07740

Date: 08/04/2009

**CITY OF LONG BRANCH HEALTH DEPARTMENT RECEIPT
MERCANTILE LICENSE**

Mercantile License No: MM-00233 Date Issued: 08/04/2009
Expiration Date: 12/31/2009

Issued To: Atlantic Paving & Misc. Contractors
63 Community Place
Long Branch, NJ 07740

Payment Received From: Raymond Grieco

Transaction Type	Quantity	Price	Amount	Payment Method	
MERCANTILE	1	50.00	50.00	CHECK	TB
		Total	50.00		

Previous or current use located in this specific space Paving Company & mixed use

Are any other uses located on this property: Yes _____ No:

* If yes please explain (i.e., commercial, residential, office etc.)

Name, Address, Telephone number, and title of principals in the business:

Name	Home Address	Home Telephone #	Cell Phone #	Title
Raymond Grieco	511 Springdale Ave, L.B.	732-571-0068	908-513-5842	Owner ^{POS} 7/9/63
Jose Rosario	7 Catherine Street, L.B.	732-229-6505	732-768-5669	Owner 1/1/68

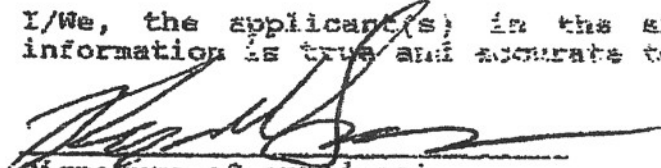
Landowner: Name Edward Bruno
 Address 122 Monmouth Blvd, Oceanport NJ 07758
 Telephone 732-229-0833

Will there be any building renovations or expansions involved in this new or continuing use of the property? Yes _____ No

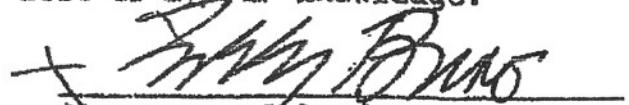
If yes explain: _____

PLEASE BE ADVISED THAT ACCEPTANCE OF A FEE DOES NOT INSURE ISSUANCE OF A LICENSE. ALSO BE ADVISED THAT YOU MUST NOTIFY AND/OR SUBMIT PLANS TO BUILDING, FIRE AND HEALTH DEPARTMENT WHEN NECESSARY BEFORE OCCUPYING OR RE-OCCUPYING PREMISES.
 THIS FORM MUST BE SIGNED BY AN AUTHORIZED AGENT OF THE APPLICANT BEFORE PROCESSING.

I/We, the applicant(s) in the above entitled matter, certify that the information is true and accurate to the best of my/our knowledge.



 Signature of applicant



 Signature of landowner



**City of Long Branch
Office of the Fire Marshal**

344 Broadway
Long Branch, NJ 07740
phone: 732-571-5651, fax: 732-222-4493

COMMERCIAL CERTIFICATE OF OCCUPANCY

CCO#: 09-102

This certifies that the building located at Block: 237 , Lot: 13.0 Floor / Suite#: _____

Business Name: Atlantic Paving & Misc. Business Address: 63 Community Place

conforms to the Property Maintenance Code of the City of Long Branch, NJ and is approved for occupancy.

This Certificate is issued based on the issuance of a new construction Certificate of Occupancy under the NJ Uniform Construction Code.

Issued To:

Joe Rosario
511 Springdale Avenue
Long Branch, NJ 07740

Inspector's Signature
1/19/2010
Date Issued:

8. Building Owner Address: 122 Mountain Blvd Money Order#: _____
Occupant NJ 07757
9. Telephone # of Building Owner: 732-513-7339 Check#: _____
10. Zoning/ Planning Approval Attached: Yes: No: _____ (check one) NO CASH

(Before a Commercial Certificate of Occupancy can be issued, a copy of the Zoning Permit MUST be submitted to this office)

11. Outstanding Building Permits: *Yes: _____ No: *Inspections will not be made until all permits have been finalized by the Building Department.
(construction, plumbing, electrical, fire sub-code, etc.)

Note: In food establishments a Certificate of Inspection from the Health Department must be provided at time of inspection or C.O. will not be issued.

12. Signature of Applicant: [Signature]

Official Use Only:
Date of Inspection: _____ Time: _____ Initial: _____
Date Issued: _____ Inspector's ID#: _____ Inspector's Signature: _____

COMMERCIAL CERTIFICATE OF OCCUPANCY FEE IS \$50.00 (payable to City of Long Branch)
FAILURE TO MAKE APPLICATION FOR INSPECTION AND OBTAIN A CO MAY BE PUNISHABLE BY FINE IN MUNICIPAL COURT. THE BUILDING MUST MEET THE STANDARDS OF THE BOCA NATIONAL PROPERTY MAINTENANCE CODE 1996 AND THE NJ UNIFORM FIRE CODE (NJAC 5:70). Copies of these standards are available with the City Clerk. APPLICATION IS GOOD FOR 60 DAYS, INCLUDING RE-INSPECTION.

IF CANCELLED, FEE IS NOT REFUNDABLE

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Issued To:

Joe Rosario

511 Springdale Avenue
Long Branch, NJ 07740



Inspector's Signature

JAN 19, 2010
Date Issued:



COMMERCIAL CERTIFICATE OF OCCUPANCY APPLICATION

CCO#: 09-102

APPLICATION IS HEREIN MADE FOR INSPECTION OF THE FOLLOWING PREMISES AND ISSUANCE OF A COMMERCIAL CERTIFICATE OF OCCUPANCY (C of O) AS REQUIRED BY CITY ORDINANCE #262-25.A.

DATE: 10-21-09 BLOCK: 237 LOT: 1920, 21, P/050 ZONE: _____
P/052, 39, 39, 102
37.0132.01 32.02
1. Property Address: 63 Community Place 13.02 Floor / Suite#: _____

2. Name of Prospective Business: Atlantic Paug + Misc Contractors

3. Business Owner Name: Ronald Gracia Joe Rosario

4. Business Owner Address: 511 Springdale Ave. Long Branch
No P.O. Box Numbers Accepted

5. Telephone # of Owner: Work: 908 513-5842 Home: 732-571-0068

6. Type of Business: Emergency 24Hours

Educational: _____ Assembly: _____ Business: _____ Other: Contracting
Institution: _____ Mercantile: _____ Manufacturing: _____ Square Footage: 7,400

7. Building Owner Name: Eddie Bruno Method of Payment

8. Building Owner Address: 122 Month Street Money Order#: _____
Oceanport NJ 07757

9. Telephone # of Building Owner: 732-513-7339 Check#: _____

10. Zoning/ Planning Approval Attached: Yes: No: _____ (check one) NO CASH

(Before a Commercial Certificate of Occupancy can be issued, a copy of the Zoning Permit MUST be submitted to this office)

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12. Signature of Applicant: [Signature]

Official Use Only
Date of Inspection: _____ Time: _____
Date Issued: _____ Inspector's ID#: _____ Inspector's Signature: _____

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