



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 1/25/2024
Control Number C-24-0005
Permit Number 24-0005
Permit Issue Date 1/5/2024
Certificate Number 24-0005

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 104 LAKE PARK TERR HEWITT, NJ 07421 Block: 4303 Lot: 7 Qual: _____
Owner in Fee: ASH URIEL & ASH SHLOMO
Owner Address: 104 LAKE PARK TERR HEWITT NJ 07421
Telephone: [REDACTED]
Contractor: SUNRISE ENVIRONMENTAL SERVICE INC
Address: 1072 GREENPOND RD NEWFOUNDLAND NJ 07435
Telephone: (973) 309-0824 Fax: _____ Federal Emp. Number: 242401223
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: - SEPTIC PUMP AND LINE

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.

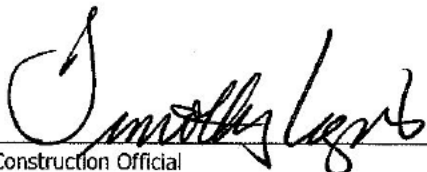
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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:


Construction Official

Date Printed: 7/11/2025

U.C.C. F260 (rev. 08/05)

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

Page 1



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 9/21/2012
Control Number _____
Permit Number 04-1502
Permit Issue Date 11/3/2004
Certificate Number 04-1502

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 104 LAKE PARK TERRACE HEWITT NJ 07421 Block: 4303 Lot: 7 Qual: _____
NJ
Owner in Fee: TOUW, MIDGE
Owner Address: 104 LAKE PARK TERRACE HEWITT NJ 07421-
Telephone: _____
Contractor: MARSHALL HILL MATERIALS
Address: 99 MARSHALL HILL ROAD WEST MILFORD, NJ 07480-
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3482832

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: INSTALL PELLET STOVE INSERT INTO EXISTING CHIMNEY

Certificate Comments:

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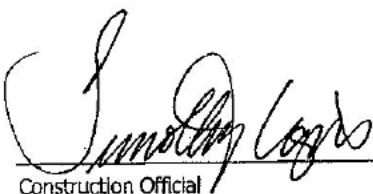
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This certificate has an expiration date of: _____
Conditions to be met:


Construction Official

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



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 9/24/2012
Control Number C-12-1037
Permit Number 12-0917
Permit Issue Date 9/10/2012
Certificate Number 12-0917

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 104 LAKE PARK TERR HEWITT, NJ 07421 Block: 4303 Lot: 7 Qual: _____
Owner in Fee: TOUW, WILLIAM
Owner Address: 104 LAKE PARK TERR HEWITT NJ 07421
Telephone: [REDACTED]
Contractor CREST PLUMBING, CO., INC.
Address 26 LINCOLN ROAD BUTLER NJ 07405-
Telephone: 9738382737 Fax: 9738381359
License Number or Builders Registration Number: 7268 13VH0116900 451834 Federal Emp. Number: 22-1634235

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: INSTALL 1-275 GAL ABOVE GROUND ROTH TANK IN BASEMENT

Certificate Comments:

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☐ **Certificate of Clearance - Asbestos Abatement**

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This certificate has an expiration date of:

Conditions to be met:

Construction Official

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



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 9/24/2012
Control Number C-12-1036
Permit Number 12-0916
Permit Issue Date 9/10/2012
Certificate Number 12-0916

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 104 LAKE PARK TERR HEWITT, NJ 07421 Block: 4303 Lot: 7 Qual: _____
Owner in Fee: TOUW, WILLIAM
Owner Address: 104 LAKE PARK TERR HEWITT NJ 07421
Telephone: _____
Contractor CREST PLUMBING, CO., INC.
Address 26 LINCOLN ROAD BUTLER NJ 07405-
Telephone: 9738382737 Fax: 9738381359
License Number or Builders Registration Number: 7268 13VH0116900 451834 Federal Emp. Number: 22-1634235

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ABANDON EXISTING 550 GAL UST

Certificate Comments:

☐ **Certificate of Occupancy**

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Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 9/23/2019
Control Number C-19-1075
Permit Number 19-1035
Permit Issue Date 8/26/2019
Certificate Number 19-1035

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 104 LAKE PARK TERR HEWITT, NJ 07421 Block: 4303 Lot: 7 Qual: _____
Owner in Fee: TOUW, WILLIAM P & MATHILDA J
Owner Address: 104 LAKE PARK TERR HEWITT NJ 07421
Telephone: _____
Contractor: FREEDOM ELECTRICAL II LLC
Address: 81 ALPINE RIDGE RD WEST MILFORD NJ 07480
Telephone: (973) 800-7093 Fax: _____
License Number or Builders Registration Number: 15990 Federal Emp. Number: 274806773

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: 100 AMP SERVICE AND SUBPANEL REPLACEMENT

Certificate Comments:

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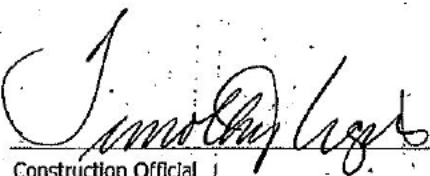
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Conditions to be met:


Construction Official

Date Printed: 9/23/2019

U.C.C. F280 (rev. 08/05)

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

Page 1



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 1/2/2024
Control # C-24-0005
Date Issued 1/5/2024
Permit # 24-0005

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

Block 4303 Lot 7 Qualification Code _____
Work Site Location 104 LAKE PARK TERR HEWITT, NJ 07421

Owner in Fee: ASH URIEL & ASH SHLOMO

Tel. _____ e-mail _____

Address 104 LAKE PARK TERR HEWITT NJ 07421

Street Municipality zip code
Contractor: SUNRISE ENVIRONMENTAL SERVICE INC Tel. (973) 309-0824

Address 1072 GREENPOND RD NEWFOUNDLAND NJ 07435

e-mail _____

Contractor License No. 13VH08542900 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 242401223 FAX _____

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Est. Cost of Plumbing Work \$ \$500

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing																																																																										
PLAN REVIEW ☐ No Plan Required ☐ Partial Underslab Utilities Approved Date: _____ Approved by: _____ ☐ Plumbing Plans Approved Date: _____ Approved by: _____ Joint Plan Review Required ☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev. SUBCODE APPROVAL for PERMIT Date: _____ Approved by: _____ SUBCODE APPROVAL for CERTIFICATE ☐ CO ☐ CCO ☐ CA Date: _____ Approved by: _____		INSPECTIONS <table border="1"> <thead> <tr> <th>Type:</th> <th>Failure</th> <th>Failure</th> <th>Approval</th> <th>Initial</th> </tr> </thead> <tbody> <tr><td>Slab</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Rough</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Water</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Sewer</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Fixtures</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Gas Equipment</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Gas Piping</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>LPGas Tank</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Fuel Oil Piping</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Solar</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>TCO</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Final</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Other</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>					Type:	Failure	Failure	Approval	Initial	Slab	_____	_____	_____	_____	Rough	_____	_____	_____	_____	Water	_____	_____	_____	_____	Sewer	_____	_____	_____	_____	Fixtures	_____	_____	_____	_____	Gas Equipment	_____	_____	_____	_____	Gas Piping	_____	_____	_____	_____	LPGas Tank	_____	_____	_____	_____	Fuel Oil Piping	_____	_____	_____	_____	Solar	_____	_____	_____	_____	TCO	_____	_____	_____	_____	Final	_____	_____	_____	_____	Other	_____	_____	_____	_____
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Final	_____	_____	_____	_____																																																																								
Other	_____	_____	_____	_____																																																																								

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 sign/Contractor sign _____
and seal here: Print name here: _____

☐ Licensed Electrical Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SEPTIC PUMP AND LINE

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	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
1	Sewer Connector	\$80
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____ \$1

TOTAL FEE \$ _____ \$81

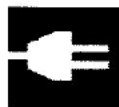
☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 1/2/2024
Date Issued 1/5/2024
Control # C-24-0005
Permit # 24-0005

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

Block 4303 Lot 7 Qualification Code _____
Work Site Location 104 LAKE PARK TERR HEWITT, NJ 07421

Owner in Fee ASH URIEL & ASH SHLOMO
Tel. [REDACTED] e-mail _____
Address 104 LAKE PARK TERR HEWITT NJ 07421

Street _____ Municipality _____ zip code _____
Contractor: JEM ELECTRIC Tel. 201/4003230 / Cell: [REDACTED]
Address 337 RUTHERFORD AVE FRANKLIN NJ 07416
e-mail _____

Contractor License No. 14549A Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason(if applicable): _____
Federal Emp. ID No. 20-4915027 FAX _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ \$500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plan Required	Type:	Failure	Failure	Approval	Initial
☐ Partial-Underslab Approved	Rough	_____	_____	_____	_____
Date: _____ Approved by: _____	Barrier-Free	_____	_____	_____	_____
☐ Electrical Plans Approved	Trench	_____	_____	_____	_____
Date: _____ Approved by: _____	Temp. Serv.	_____	_____	_____	_____
Joint Plan Review Required:	Constr. Serv.	_____	_____	_____	_____
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Other	_____	_____	_____	_____
Date: _____	Service	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA	Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____	Final Cut-in-Card Date Issued	_____	_____	_____	_____
Approved by: _____	Annual Pool Inspection	_____	_____	_____	_____
	Date of Grounding and Bonding Certification	_____	_____	_____	_____

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Applicant's sign/Contractor sign _____
and seal here: Print name here: _____

☐ Licensed Electrical Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SEPTIC PUMP AND LINE

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	\$ _____ \$70
_____	_____	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 Hand	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/4 HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____ \$70
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

Administrative Surcharges _____

Minimum Fees _____

State Permit Surcharge Fee \$ _____ \$1

TOTAL FEES _____ \$141



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 7/31/2019
Date Issued 8/26/2019
Control # C-19-1075
Permit # 19-1035

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

Block 4303 Lot 7 Qualification Code

Work Site Location 104 LAKE PARK TERR HEWITT, NJ 07421

Owner in Fee: TOUW, WILLIAM P & MATHILDA J

Tel. e-mail

Address 104 LAKE PARK TERR HEWITT NJ 07421

Street

Municipality

zip code

Contractor: FREEDOM ELECTRICAL II LLC

Tel. (973) 800-7093

Address 81 ALPINE RIDGE RD WEST MILFORD NJ 07480

e-mail FREEDOMELEC@HOTMAIL.COM

Contractor License No. 15990

Exp. Date

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

Federal Emp. ID No. 274806773

FAX

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ \$1,900

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

☐ Partial-Underslab Approved

Date: Approved by:

☐ Electrical Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: Approved by:

INSPECTIONS

Type: Failure Failure Approval Initial

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. 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

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 sign/Contractor sign

and seal here: Print name here:

☐ Licensed Electrical Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

100 AMP SERVICE AND SUBPANEL REPLACEMENT

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 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 Hand	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
1	100	AMP Service	\$70
1	50	AMP Subpanels	\$70
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharges

Minimum Fee\$

State Permit Surcharge Fee \$ \$4

TOTAL FEES \$144



FIRE 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 4303 Lot 7 Qualification Code _____

Work Site Location 104 LAKE PARK TERR HEWITT, NJ 07421

Owner in Fee: TOUW, WILLIAM

Tel. _____ e-mail _____

Address 104 LAKE PARK TERR HEWITT NJ 07421

Contractor: CREST PLUMBING, CO., INC. Tel. (973) 835-4500

Address 15 MICKENS AVENUE RIVERDALE NJ 07457 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. 13VH0116900 Exp. Date _____

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

Federal Emp. ID No. 22-1634235 Fax. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present U Proposed U

Constr. Class: Present _____ Proposed _____

Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$ \$2,450

Fuel Storage Tank:

Fuel Type ☐ Flammable or ☐ Combustible
Capacity _____

Fire Alarm System: ☐ New or ☐ Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
☐ New or ☐ Existing
Location of Main Control Valve: _____

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's Signature/Contractor's Seal and Signature and Printed Name _____

☐ Certified Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL 1-275 GAL ABOVE GROUND ROTH TANK IN BASEMENT

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	<u>1</u>	\$ <u>\$80</u>
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tamper, low/high air)		
Signaling Devices (i.e., horn/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		

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial
☐ No Plan Required			Alarm System				
☐ Partial Underlab Utilities Approved			Suppression Sys.				
Date: _____ Approved by: _____			Standpipe				
☐ Fire Protection Plans Approved			Fire Pump				
Date: _____ Approved by: _____			Pre-Eng. System				
Joint Plan Review Required			Mechanical				
☐ Bldg. ☐ Elec. ☐ Plumb ☐ Elev.			Smoke Control				
SUBCODE APPROVAL for PERMIT			TCO				
Date: _____			Flam/Cumbust Tank				
Approved by: _____			Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE			Final				
☐ CO ☐ CCO ☐ CA			Other				
Date: _____							
Approved by: _____							

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	<u>\$4</u>
TOTAL FEE \$	<u>\$84</u>



FIRE SUBCODE TECHNICAL SECTION



Date Received 11/3/2004
Control # _____
Date Issued 11/3/2004
Permit # 04-1502

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

Block 4303 Lot 7 Qualification Code _____

Work Site Location 104 LAKE PARK TERRACE HEWITT NJ 07421, NJ

Owner in Fee: TOUW, MIDGE

Tel. [REDACTED] e-mail _____

Address 104 LAKE PARK TERRACE HEWITT NJ 07421-

Street Municipality zip code

Contractor: MARSHALL HILL MATERIALS Tel. _____

Address 99 MARSHALL HILL ROAD WEST MILFORD, NJ 07480- 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. 22-3482832 Fax. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed R-5 Fuel Type ☐ Flammable or ☐ Combustible

Constr. Class: Present _____ Proposed _____ Capacity _____

Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$ \$2,800

Fuel Storage Tank:

Fuel Type ☐ Flammable or ☐ Combustible

Capacity _____

Fire Alarm System: ☐ New or ☐ Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve: _____

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's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL PELLET STOVE INSERT INTO EXISTING CHIMNEY

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)	_____	_____
Supervisory Devices (tamper, low/high air)	_____	_____
Signaling Devices (i.e., horn/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 <u>PELLET STOVE</u>	_____	\$50

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial
☐ No Plan Required			Alarm System	_____	_____	_____	_____
☐ Partial Underslab Utilities Approved			Suppression Sys.	_____	_____	_____	_____
Date: _____ Approved by: _____			Standpipe	_____	_____	_____	_____
☐ Fire Protection Plans Approved			Fire Pump	_____	_____	_____	_____
Date: _____ Approved by: _____			Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required			Mechanical	_____	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb ☐ Elev.			Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			TCO	_____	_____	_____	_____
Date: _____			Flam/Cumbust Tank	_____	_____	_____	_____
Approved by: _____			Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Final	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA			Other _____	_____	_____	_____	_____
Date: _____							
Approved by: _____							

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____ \$4
TOTAL FEE \$ _____ \$54