OFFICE DATE RECEIVED: _____

BLOCK 30 LOT 55 QUALIFICATION CODE _____ ADDRESS (SITE) 10 CRESTVIEW DR PERMIT NO. 2012-0551

MAY 11 2012

CONSTRUCTION PERMIT APPLICATION

C # 31843

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

I. IDENTIFICATION

1. Proposed Work Site at: 10 CRESTVIEW DR
2. Name of Owner in Fee: MARTHA DOEHLAND
   Tel. (609) 462-0249 e-mail DOEHLAND@COMCAST.NET
   Address 10 CRESTVIEW DR (street) HOPEWELL (municipality) 08525 (zip code)
3. Ownership in Fee: Public _____ Private A
4. Principal Contractor: EDGAR CONST. CORP Tel. (609) 947-9979
   Address 12 GALLO CT e-mail _____
   LAWRENCE NJ 08648
   License No. OR, if new home, Builder Reg. No. 13VH05676900 Exp. Date 12/31/12
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 223088715 FAX: ( ) _____
5. Architect or Engineer DOUG PELIKAN Contact DOUG
   Address ~~609-865-1596~~ 1709 PENN. Rd e-mail dcpelikan@verizon.net
   Tel. (609) 865-1596 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (609) Allen Edgar FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	3.-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 53.		

Paid 5-18-12 RV

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area -- Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES *(Check all that apply)*

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		DW	5/11/12		5/14/12	DW			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
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
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

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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 have been given, including such certification as the construction official may require.

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

Signature _____ Date 5-11-12

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 have been given, including such certification as the construction official may require.

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 Allen Edgar

Address 12 Gaul Ct

LAWRENCE NJ 08648

Telephone (609) 947-9979

Signature Allen Edgar

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

☐ Certificate of Compliance
☐ Certificate of Occupancy
☐ Certificate of Approval
☐ Lead Abatement Clearance Certificate

No. No. No. No.

5-17-12 Film on V/M - permit ready.
TV

Hopewell Township
201 Washing. Cross Penning. Rd
Titusville, NJ 08560-1410
609-737-0612

CERTIFICATE
IDENTIFICATION

Date Issued: 05/24/2013
Control #: 31843
Permit #: 20120551

Block: 20 Lot :55
Work Site Location: 10 CRESTVIEW DR
HOPEWELL
Owner in Fee: DOEMLAND MARTHA L
Address: 10 CRESTVIEW DR
HOPEWELL NJ 08525
Telephone: 609 333-0427
Agent/Contractor: EDGAR CONSTRUCTION GROUP
Address: 12 GALLO CT.
LAWRENCEVILLE NJ 08648
Telephone: 609 947-9979
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 22-3088715
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: _____
STABILIZE REAR WALL W/PILASTERS

Update Desc. of Wk/Use:

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] **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

Kevin P. Oswald, CFPS Construction Official

Fees: $0.00
Paid[ ]Check No.: 2034
Collected by: RV

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Hopewell Township
201 WASHING. CROSS PENNING. RD
TITUSVILLE, NJ 08560-1410
609 - 737-0612

Permit Number: 20120551
Update Number:
Control Number: 31843
Application Date: 05/11/2012
Permit Date: 05/17/2012
Expiration Date: 05/17/2013

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 20 Lot: 55 Qualification Code:
Work Site Location: 10 CRESTVIEW DR HOPEWELL

Owner In Fee: DOEMLAND MARTHA L
Address: 10 CRESTVIEW DR
HOPEWELL NJ 08525

Telephone: (609) - 333-0427
Use Group(s): R-5

Contractor: EDGAR CONSTRUCTION GROUP
Address: 12 GALLO CT.
LAWRENCEVILLE NJ 08648

Telephone: (609) - 947-9979
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: 22-3088715

is hereby granted permission to perform the following work :

[X]BUILDING
[ ]ELECTRICAL
[ ]ELEVATOR DEVICES
[ ]ASBESTOS ABATEMENT
(Subchapter 8 only)
[ ]PLUMBING
[ ]FIRE PROTECTION
[ ]MECHANICAL
[ ]LEAD HAZARD ABATEMENT
[ ] DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:
STABILIZE REAR WALL W/PILASTERS

ESTIMATED COST OF WORK:

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

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

Kevin P. Oswald, CFPS
Construction Official

17 may 12
Date

PAYMENTS (Office Use Only)	
Building	$50.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$3.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$53.00
All Fees Waived:	No

Amount to be Paid:	**$53.00**
Check Number:	2034
Check amount:	$53.00

Collected by:	RV
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$53.00
Total CC Amount:	
Grand Total:	$53.00

Note: File

OFFICE OF THE CONSTRUCTION OFFICIAL

Search Criteria :
Permit Number - 20120551

May 15, 2013 3:21:45PM

Permit Number / CCO Number	Permit Date / CCO Date	Request Date / Block /Lot / Qual	Inspected Date / Owner Name	Subcode	Inspector / Address	Type1	R1 / Notes	Type2	R2	Type3	R3
20120551 0	5/17/2012	6/1/2012 12:00:00AM 20 / 55 /	6/1/2012 DOEMLAND MARTHA L	Building	DW 10 CRESTVIEW DR	PROGRESS	P replacing the 2 center pilasters /rebar is all in place will form out and pour as per engineers option on plan DW 6/1/2012				
20120551 0	5/17/2012	5/22/2012 12:00:00AM 20 / 55 /	5/22/2012 DOEMLAND MARTHA L	Building	DW 10 CRESTVIEW DR	REBAR	P 2 out slots cut in block with rebar in slots as per engineers plans OK to groute as per detail DW 5/22/2012				
20120551 0	5/17/2012	5/24/2012 12:00:00AM 20 / 55 /	5/24/2012 DOEMLAND MARTHA L	Building	DW 10 CRESTVIEW DR	REBAR	P The next 2 slots have been cut in and rebar has been installed as per engineers plan DW 5/24/2012				
20120551 0	5/17/2012	5/30/2012 12:00:00AM 20 / 55 /	5/30/2012 DOEMLAND MARTHA L	Building	DW 10 CRESTVIEW DR	REBAR	C Contractor called to cancel he was in pain DW 5/30/2012				
20120551 0	5/17/2012	6/8/2012 12:00:00AM 20 / 55 /	6/8/2012 DOEMLAND MARTHA L	Building	KO 10 CRESTVIEW DR	FINAL	P				

Key: P - Pass F - Fail C - Cancel X - Not Ready N - Not Done

BUILDING SUBCODE
TECHNICAL SECTION

MAY 1 1 2012

Date Received
Control # 5-17-12
Date Issued
Permit # 2012-0551

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

Block 55 & 60 Lot 20 Qualification Code

Work Site Location 10 CRESTVIEW DR HOPEWELL

Owner in Fee: MARTHA DOEHLAND

Tel. (609) 462-0249 e-mail DOEHLANDA@Comcast.net

Address 10 CRESTVIEW DR HOPWELL 08525
street municipality zip code

Contractor: EDGAR CONSTRUCTION GRP Tel. (609) 947-9979

Address 12 GRAND Ct LAWR. NJ e-mail aedgar555@comcast.

Contractor License No. or Builder Registration No. 13VH05676900 Exp. Date 12/12

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

Federal Emp. ID No. 223088715 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[X] Foundation Repairs 5/21/14		DL
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11mar12	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 2000.-
2. Rehabilitation $
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

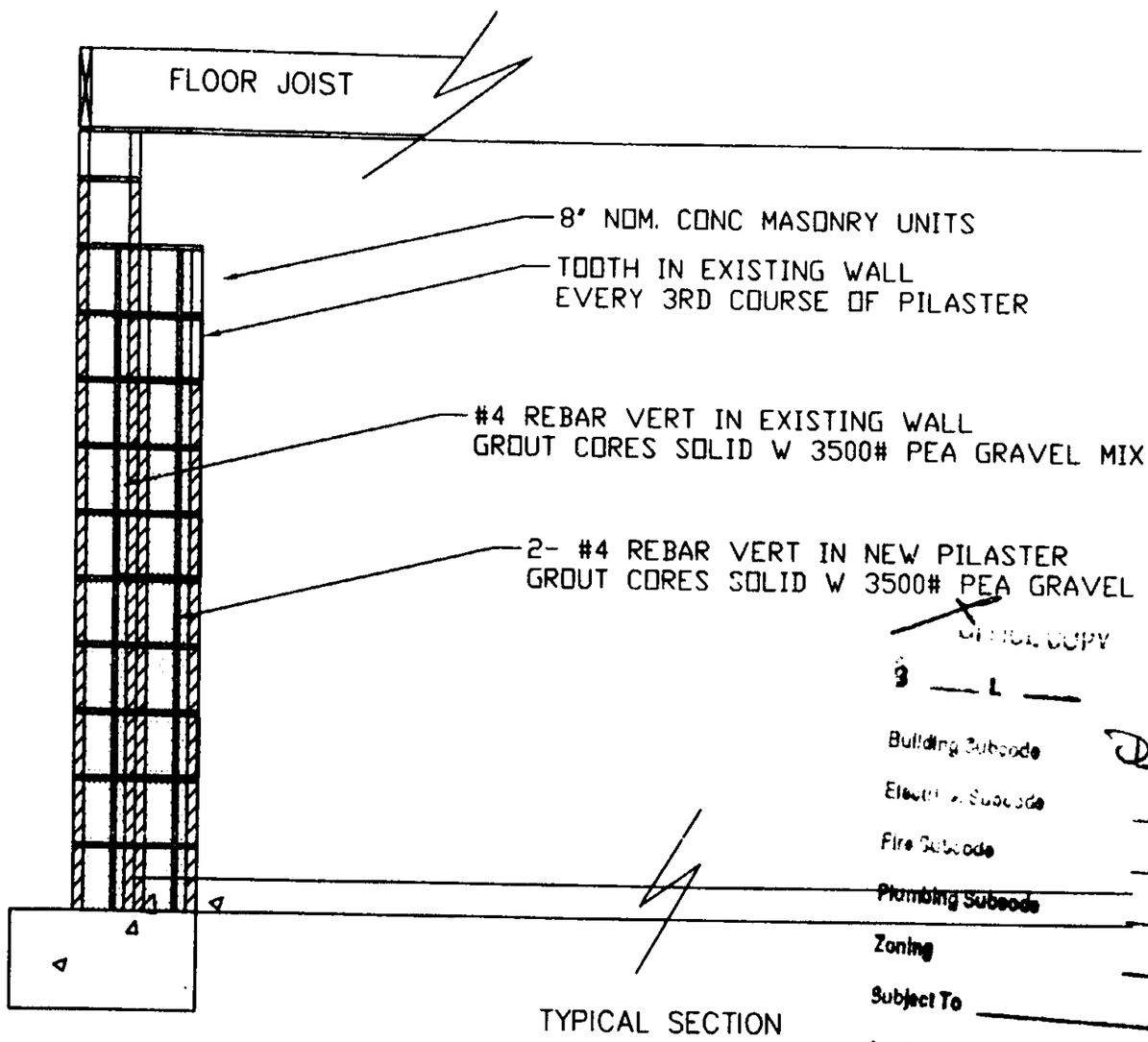
DESCRIPTION OF WORK
Stabilize Rear Wall with Pilasters

TYPE OF WORK
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$
50.-
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 3
TOTAL FEE $ 53

UCC F110
(rev 01/06)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy



TYPICAL SECTION

MAY 1 1 2012

OFFICIAL COPY — APPLICANT'S COPY

3 — L —

APPROVED DATE

Building Subcode D Wydner 5/14/12

Electrical Subcode

Fire Subcode

Plumbing Subcode

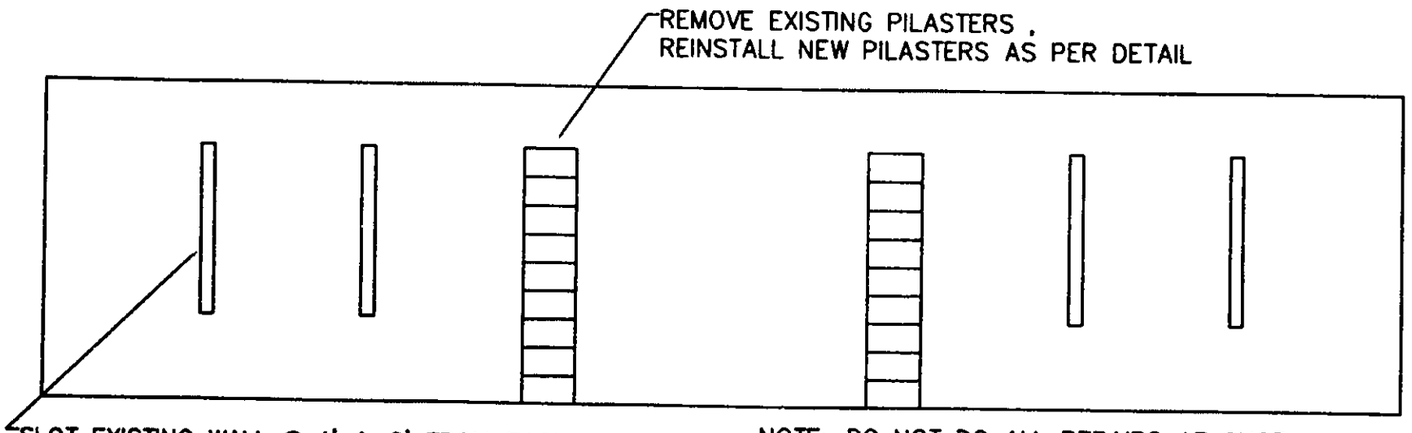
Zoning

Subject To

Applicant's copy to be available at job site for inspector use.

Construction Official

NOTE: FORMED CONC. PILASTER MAY BE SUBSTITUTED
RATHER THAN MASONRY UNITS
USE 3500# PEA GRAVEL MIX
PROVIDE SAME 'TOOTH IN' WINDOW TO EXISTING WALL @ EVERY 3RD COURSE
PROVIDE SAME REBAR AS MASONRY DETAIL



SLOT EXISTING WALL @ 4' & 8' FROM EACH CORNER
START AT APPROX 2' ABOVE FLOOR TO 6' ABOVE FLOOR
3" TO 4" WIDE, INSTALL #4 REBAR FROM FF TO 6' AFF
GROUT CAVITY W 3500# PEA GRAVEL MIX

NOTE: DO NOT DO ALL REPAIRS AT ONCE.
START ON OUTER SLOTS FRIST, THEN INNER SLOTS ,
THEN PILASTERS TO MAINTAIN STABILITY OF
EXISTING WALL.

DOUGLAS C. PELIKAN, P.E.
CIVIL & ARCHITECTURAL ENGINEERING
1701 Pennington Rd – Ewing, NJ 08618
Phone: (609)865-1596 – Fax: (609)882-9163
Email: dcpelikan@verizon.net

MARCH 05, 2012
DATE SIGNED

DOUGLAS C. PELIKAN
N.J. PROFESSIONAL ENGINEER – GE27632

WALL REPAIR DETAILS
FOR
MARTHA DOEMLAND
10 CRESTVIEW DR
situate in
HOPEWELLL, NJ

NEW JERSEY
MARCH 5,2012

SCALE: NTS

DRAWN BY:	PROJECT NO.	DRAWING FILE:	SHEET NO.
DCP			1 OF 1

MICRODEX
FILE SEPARATOR

MICRODEX
FILE SEPARATOR

MICRODEX
FILE SEPARATOR

MICRODEX
FILE SEPARATOR