OFFICE DATE RECEIVED:

BLOCK ~~5~~ 20 LOT 20.02 5501 QUALIFICATION CODE _____ ADDRESS (SITE) 10 Crestwood Dr C#26746 PERMIT NO. 2009-0464

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 10 CRESTWOOD DRIVE
2. Name of Owner in Fee: MARTHA DOREMUS Tel. (609) 333-0427
   Address 10 CRESTWOOD (street) HOPEWELL (municipality) 08648 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: EDGAR CONSTRUCTION LLC Tel. (609) 947-9979
   Address 12 OHIO ST LAWRENCE NJ 08648
   License No. OR, if new home, Builder Reg. No. 13VH01700000 Exp. Date 2/31/09
   Federal Employee No. 22-3085715 FAX: (609) 896-3327
5. Architect or Engineer NONE Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun ETHAN EDGAR
   Tel. (609) 947-9979 FAX: (609) 896-3327

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 120-		
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	13-		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 133-		

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.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. [ ] Minor Work									
2. [X] New Building — deck	1500.-								
3. [ ] Addition									
4. [ ] a Repair		DW	3/13/09		5/18/09	DW			
[ ] b Alteration									
[ ] c. Renovation									
[ ] d Reconstruction									
5. [ ] Fire Protection									
6. [ ] Plumbing									
7. [ ] Electrical									
8. [ ] Elevator Devices									
9. [ ] Asbestos Abat. Subch. 8									
10. [ ] Lead Hazard Abatement									
11. ~~[ ] Demolition~~ Zoning		PDM	5-14-09		5-15-09	PDM			
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

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
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs

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. 46:38-1 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(e)1.vii:

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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) 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.

X Signature _____ Date 9-08-09

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 Gano Ct

Lawrence NJ 08648

Telephone (609) 947-9979

Signature _____

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

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							X	X	
☐ 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.				

Hopewell Township
201 Washing. Cross Penning. Rd
Titusville, NJ 08560-1410
609-7370612

CERTIFICATE
IDENTIFICATION

Date Issued: 09/09/2009
Control #: 26746
Permit #: 20090464

Block: 20 Lot: 60

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: _____

- CONSTRUCTION OF A REAR DECK

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.: 1628
Collected by: lp

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: 20090464
Update Number:
Control Number: 26746
Application Date: 05/11/2009
Permit Date: 06/08/2009
Expiration Date: 06/08/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 20 Lot: 60 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 [ ]PLUMBING [ ]DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:

- CONSTRUCTION OF A REAR DECK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	7,500.00
Cost of Demolition:	0.00
Total Cost:	$7,500.00

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.

CR
Chris Rose
Construction Official

8 Jun 09
Date

PAYMENTS (Office Use Only)	
Building	$120.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$13.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$133.00
All Fees Waived:	No

Amount to be Paid:	$133.00
Check Number:	1625
Check amount:	$133.00

Collected by:	lp
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$133.00
Total CC Amount:	
Grand Total:	$133.00

Note:
19 May 09

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Control #

Date Issued 6/8/09
Permit # 09-0464

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

Block 55.04 20 Lot 20 UP Qualification Code _____

Work Site Location 10 CRESTVIEW DR
HOPEWELL NJ 08534

Owner in Fee: MARTHA DOENLAND

Tel. (609) 333-0427 e-mail DDENLAND@COMCAST.NET

Address 10 CRESTVIEW DR HOPEWELL 08534
street municipality zip code

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

Address 12 GRAND CT LAWRENCE e-mail Redgar5550 COMCAST.NET

Contractor License No. or Builder Registration No. 13VH01700000 Exp. Date 12/31/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01700000

Federal Emp. ID No. 223085715 FAX: (609) 896-3327

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

316 SQ FOOT ONE LEVEL DECK
2x10 FLOOR JOISTS
COMPOSITE DECKING - TIMBERTECH
NO RAILING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other Deck per Plans	5/18/09	DW

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final				
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. $ 7500.00
2. Rehabilitation $ _____
3. Total (1+ 2) $ 7500.00

TYPE OF WORK:
[ ] New Building
[X] 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)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

UCC F110
(rev 01/01)

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

TOWNSHIP of HOPEWELL

MERCER COUNTY
201 WASHINGTON CROSSING PENNINGTON ROAD
TITUSVILLE, NEW JERSEY 08560-1410

Phone: 609-737-0612 Extension 643
Fax: 609-737-2770

Robert J. Miller
Zoning Officer

Application for Zoning Permit

Please fill out both sides of this form

Block 55-01.20 Lot 30 & 55.01 Zoning District R-100

Name of Applicant MARTHA DOENLAND

Project Location 10 CRESTVIEW DRIVE

Owner MARTHA DOENLAND

Address 10 CRESTVIEW DR.

Phone (H) (609 333-0457 (C) _____ (W) _____ Fax _____

e-mail address DOENLAND@COMCAST.NET

Applicant's Signature _____ Date _____

Fill in existing and proposed conditions: Rev Yrd deck

	Existing	Proposed
Lot Area:	40000	
Width	200	
Depth	260	
Setback: Front	54'	
Rear		160
Left		
Right	129	125
Fence Height:		
Building Height		
Lot Coverage (%)		
Bldg. Coverage (Sq.')		
1st floor		
2nd floor		
Total		
Floor area ratio		
Fence height		

Twp. requirements for zone or property. (office use only)

exist 54'
50'
40' 19' exist
40'

SEE LARGE

DOCUMENTS

ON 35MM

FILM