001966

Called home ... 430 ... to send ...

ADDITION

BLOCK 20 LOT 55-60 ADDRESS (SITE) 10 Crestview Dr Hopewell PERMIT NO. 93-1004

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 10 Crestview Dr — W 924 6700 ~~924-0255 235~~
2. Name of Owner in Fee: Stuart Rosse / Katherine Kraus Tel. ( ) 466-1946
   Address 10 Crestview Dr (street) Hopewell Township (municipality) 08525 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Ken Brokaw Tel. (609) 466-2762
   Address 13 Minnietown Ln, Hopewell NJ 08525
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer N/A Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Stuart Rosse (owner) Tel. (609) 924-0255 / 466-...

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	121 —		
2. Electrical		52 —		
3. Plumbing				
4. Fire Protection		24 —		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		18 —		
10. Subtotal	$			
11. Cert. of Occupancy		25 —		
12. Other				
13. TOTAL	$	240 —		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	22 ft.	
3. Area—Largest Floor	772 sq. ft.	
4. New Building Area	[illegible] sq. ft.	
5. Volume of New Structure	10959 cu. ft.	
6. Construction Classification	[illegible]	
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes / no	sq. ft.	
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☑ Addition	35,000
5. ☐ Alteration	
6. ☑ Fire Protection	
7. ☐ Plumbing	
8. ☑ Electrical	1,500
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☑ ~~Demolition~~ Zoning	
TOTAL COSTS	36,500

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
K.O.	7/23/93	7/24/93	10/7/93	KO			
A.R.	7/30/93		AR	8/9/93			
POA	8/9/93		POA	8/9/93			

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
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:

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

U.C.C. Form F-100B

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST **(office use only)**	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

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.				

my own use
se other than
one, in whole
le laws; and,
and Builders
n purchasing

PONSIBILITY
TO, DURING,
TORS I HIRE,
RM WORK. I

de, N.J.A.C.

on, alteration,
d located on
t that will be
d located on

e New Jersey

equired State,
may require.

2-2.15(d): the
to make this

equired State,
may require.

ersey Division

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(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. ( ) 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 7-21-93

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

☐ Temporary Certificate of Occupancy
☐ Temporary Certificate of Compliance
☐ Continued Certificate of Occupancy
☐ Certificate of Compliance
☐ Certificate of Occupancy
☐ Certificate of Approval

No. No. No. No. No. No.

CERTIFICATE

Permit # 93-1004
Date Issued
- or -
Control #
Certificate Issued Date: 11/29/07

IDENTIFICATION

Block 20 Lot 55-60 Qualification Code
Work Site Location SAME

Owner in Fee Stuart Rosse
Address 10 Crestview Drive
Hopewell, NJ 08525
Tel. ( ) 466-1946
Contractor Ken Brokaw
Address 13 Minnietown Lane
Hopewell, NJ 08525
Tel. ( ) 466-2742 FAX ( )
Lic. No. or Bldrs. Reg. No.
Federal Employer No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-5
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Construction of an addition

XX CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been construed 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 construced 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 the 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 _____.

Christopher A. Rose
CONSTRUCTION OFFICIAL

DATE

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. F260
(rev. 5/03)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 10/19/93
Control #
Permit # 93-1004

IDENTIFICATION Block 20 Lot 55 - 60

Work Site Location Same

Owner in Fee Stuart Rosse & Katherine Kraus
Address 10 Crestview Dr.
Hopewell, NJ 08525
Tele. (___) 466-1946

Contractor Ken Brok[illegible]
Address 13 Minnietown Lane
Hopewell, NJ 08525
Tele. (___) 466-2742
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [X] OTHER Zoning
[X] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Addition

PAYMENTS (Office Use Only)	
Building	121.-
Electrical	52.-
Plumbing	
Fire Protection	24.-
Elevator Devices	
Other	
DCA Training Fee	18.-
Cert. of Occ.	25.00
Other	
Total	240.-
Check No.	2793
Cash	
Collected By:	10/19/93

(see reverse side)

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.

Estimated Cost of Work $ 36,500.-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as **are necessary** to ensure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify the building official that work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to backfilling.
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior or interior framing, piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/19/93
Control #
Permit # 93-1004

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

Block 20 Lot 55
Work Site Location 10 Crestview Dr Hopewell, NJ
Owner in Fee Stuart Rosie / Katherine Kraus
Address 10 Crestview Dr. Hopewell, NJ
Tele. (609) 466-1946
Contractor Ken Brokaw
Address 13 Minnietown Ln Hopewell, NJ 08525
Tele. (609) 466-2742
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. 135-36-1893

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
2 story addition to existing Cape Cod single family home. Addition to expand master bedroom & add living room

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[✓] Footing	8/19/93	W
[✓] Foundation		
[✓] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 3.17.06
Approved By: E.J.N.

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other	CO ALARM		3.17.06	E.J.N
Final			3.17.06	E.J.N

TYPE OF WORK:
[ ] New Building
[✓] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ 121 —

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories	2	
Height of Structure	22 Ft.	
Area—Largest Floor	760 Sq. Ft.	
New Bldg. Area/All Floors	500 Sq. Ft.	
Volume of New Structure	10959 Cu. Ft.	
Total Land Area Disturbed	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 40,000

CONDITIONAL RELEASE: SUBJECT TO COMPLIANCE W/ PLAN REVIEW CONDITIONS FOR SMOKE DETECTOR RETROFIT & EMERGENCY EGRESS FOR BEDROOM WINDOWS

U.C.C. Form F-1108 — 1 White = Inspector Copy — 2 Canary = Office Copy — 3 Pink = Office Copy — 4 Gold = Applicant Copy

Update

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11/21/91
Control #
Permit # 92-1004

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

Block 20 Lot 55.60
Work Site Location 18 Crest Avenue

Owner in Fee Stuart Rosse
Address 18 Crest Avenue
Hopewell NJ
Tele. (____) 466-1945
Contractor Richard Childs Electrical Contractor
Address 151 Lake Ave
Bordentown NJ 08016
Tele. (609) 387-3045
Lic. No.
Federal Emp. No. _____ or Social Security No. 152-58-5693

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 11-21-91
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10/22/92
Approved By: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other			1-995	CHL
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

Richard Childs
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	100 Amp	Service Entrance	
		Other	

SERVICE RELOCATE OVHD

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-1208

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

001974

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10/19/93
Control #
Permit # 93-1004

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

Block 20 Lot 55 x 60
Work Site Location 10 Crestview Dr. Hopewell, NJ
Owner in Fee Stuart Rosk / Katherine Kraus
Address 10 Crestview dr., Hopewell, NJ
Tele. (609) 466-1944 924-9255
Contractor Richard Childs Electrical Contractor
Address 1618 Lake Ave. Burlington NJ 08016-3661
Tele. (609) 387-3045
Lic. No. 10481
Federal Emp. No. ____ or Social Security No. 152-58-3693

B. ELECTRICAL CHARACTERISTICS
Use Group Present Residential Proposed
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other
Building Occupied as ____ Utility Co. PSE&G
Est. Cost of Elec. Work $ 3000

JOB SUMMARY (Office Use Only)
PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8-9-93
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA [ ]
Date: 10/27/97
Approved By: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			12/4/96	
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	3/17/06		07	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

1. Smokes for 2nd
2. Check service drop clearances
3. Reverse polarity (Front HS) 2nd floor
GFI's Needed Bsmt

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.

[signature] Signature—Contractor

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
19		Fixtures (1)	
19		Receptacles (2)	
13		Switches (3)	
56		Total 1 + 2 + 3	42
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors — Retrofit required WW 9/17/93	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	1/3 hp	Pump(s) Sump	10
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

Paid [ ] Check # ____ Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
Collected by: ____ TOTAL FEE $ 52

UCC Form F-120B

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

TOWNSHIP OF HOPEWELL
Rt. 546 and Scotch Road
Titusville, New Jersey 08560

UNIFORM CONSTRUCTION CODE — NEW JERSEY

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 93-1004
DATE ISSUED
REVISION DATE
Block 20 Lot 55.60
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner Stuart Rosse/Katherine Kraus
Address 10 Crestview Drive
Hopewell, NJ 08525
Tel. ( ) 466-1946
Work Site Address

Contractor Ken Brokaw
Address 13 Minnietown Lane
Hopewell NJ 08525
Tel. ( ) 466-2742
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

LOOK!

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE

B4. STAND PIPES

Pipe Size: Pump Size:
Source: Size:
Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

B5. OTHER

2-story addition to existing Cape Cod Addition to expand master bedroom & add living room

Subtotal
Minimum Fire Protection Fee (If Applicable)
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)

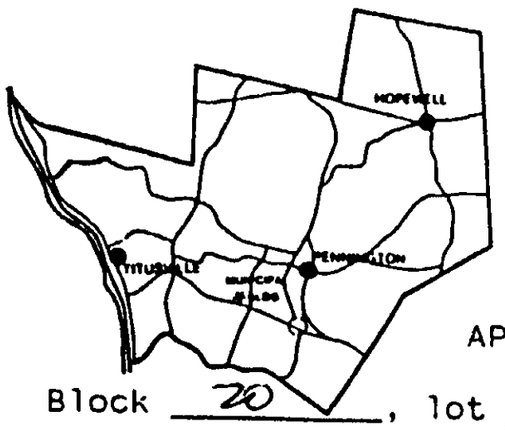
C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy



TOWNSHIP of HOPEWELL

MERCER COUNTY

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

TELEFAX NO. 737-1022

APPLICATION FOR USE PERMIT - ZONING

Block 20, lot 55 & 60 Zoning District R-100

Name of Applicant: Stuart Rosse

Address: 10 Crestview Dr. Hopewell, NJ 08525

Project Location: As Above

Owner: Stuart Rosse / Katherine Kraus

Address: 10 Crestview Dr.

Phone No. (home) 466-1946 (work) 924-0255

Minimum		Existing	Proposed	* Twp. Requirements
Lot Area:		.92 Ac		* 1 Ac
Width:		200		*
Depth:		200		*
Setback:	Front:	± 70	±50'	* 45'
	Rear:	± 100		* 40'
	Leftside:	± 20		* 20'
	Rightside:	48		* 20'
Fence Ht.				* —
Maximum:				*
Building Height		22		* 35'
Lot Coverage (%)				* 20%
Building Coverage (sq. ft.)				*
1st Floor				*
2nd Floor				*
Total:				*
Floor Area Ratio:				*
Fence Height				*

* *

Lot located in "Special Flood Hazard Area" pursuant to Chapter 12-2? No

Lot located within 1,000' of Delaware & Raritan Canal? No

This is to certify that the premises described on the reverse, together with any building thereon, is, for the use proposed:

Approved ✓

Denied

Reasons for Denial:

P S O'Hara

Patricia S. O'Hara (Mrs.)
Zoning Officer

Date: 9.8.93

OVER .....

Administrator 737-0638 | Assessor 737-0607 | Health Department 737-0120 | Clerk 737-0605
Treasurer 737-0638 | Collector 737-0630 | Planning Board 737-0618 | Const. & Zon. Offic. 737-0612
Public Works 737-0799

1. ON A PLOT PLAN identify all existing and proposed structures including well and septic locations. State dimensions for all structures and locations. Note: Addition of bedroom space as defined in Township Ordinance 16-12, or expansion of commercial use, requires approval by the Hopewell Township Health Department as a prior approval. Yes____ No____

2. USE AND ACTIVITY STATEMENT: Residential ✓ Other _____
The current/proposed use for the premises described on this application is/are: Single family residence addition - no new # bedrooms.

which is/are:

(X) Use(s) permitted by Ordinance

( ) Use(s) permitted by variance approved on _____ subject to any special conditions attached on the grant thereof.

( ) Valid non-conforming use(s) as established by ( ) finding of the Zoning Board of Adjustment, or ( ) by the undersigned zoning officer on the basis of evidence supplied by applicant as specified on the reverse hereof. Also specified on the reverse hereof is a detailed statement of all aspects of the non-conforming use(s).

( ) There is a non-conforming structure on the premises by reason of insufficient ( ) set-back, ( ) side yards, ( ) rear yard, ( ) other (specify)_____

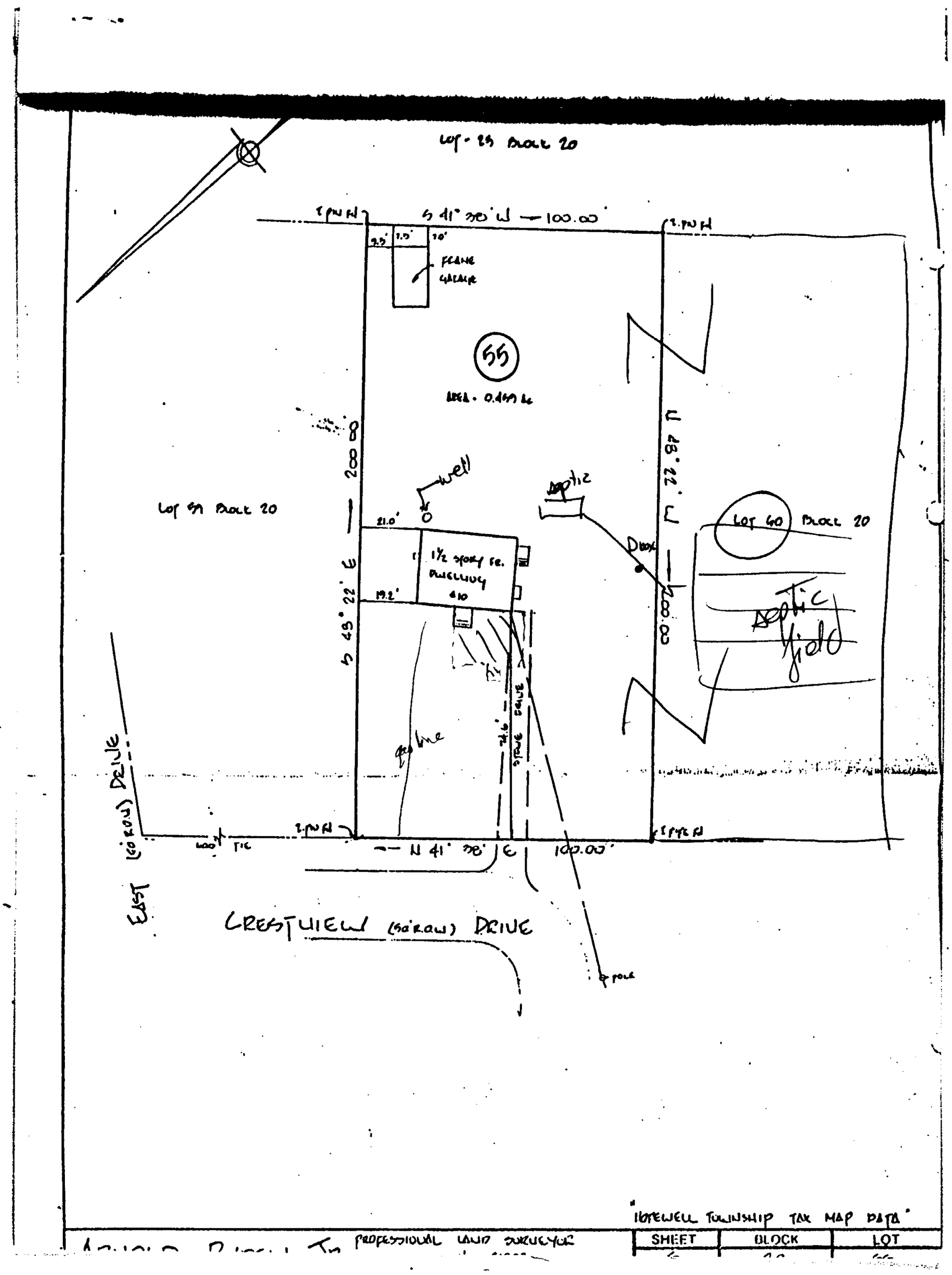
Describe/detail the activity or activities to be conducted in the principal building and any accessory activities to be conducted in any accessory building(s): Domestic life

State whether any of the activity(s) described in No. 2 above are conducted as a nonconforming use: No: ✓ Yes: _____
If yes, attach supporting facts.

3. Have you or any previous owner or anyone else applied for a Building Permit or made any other application to the Construction Official, the Zoning Board of Adjustment or the Planning Board involving the property? No: _____ Yes: ✓ If yes, please attach the information to this application. State the date, nature and disposition of each application.

NOTE: The approval of this permit does not relieve the applicant of the responsibility for obtaining other required local, state and federal approvals including, but not limited to: Building, Electrical, Fire and Plumbing permits.

Signature: _____ Date: 9-23-93

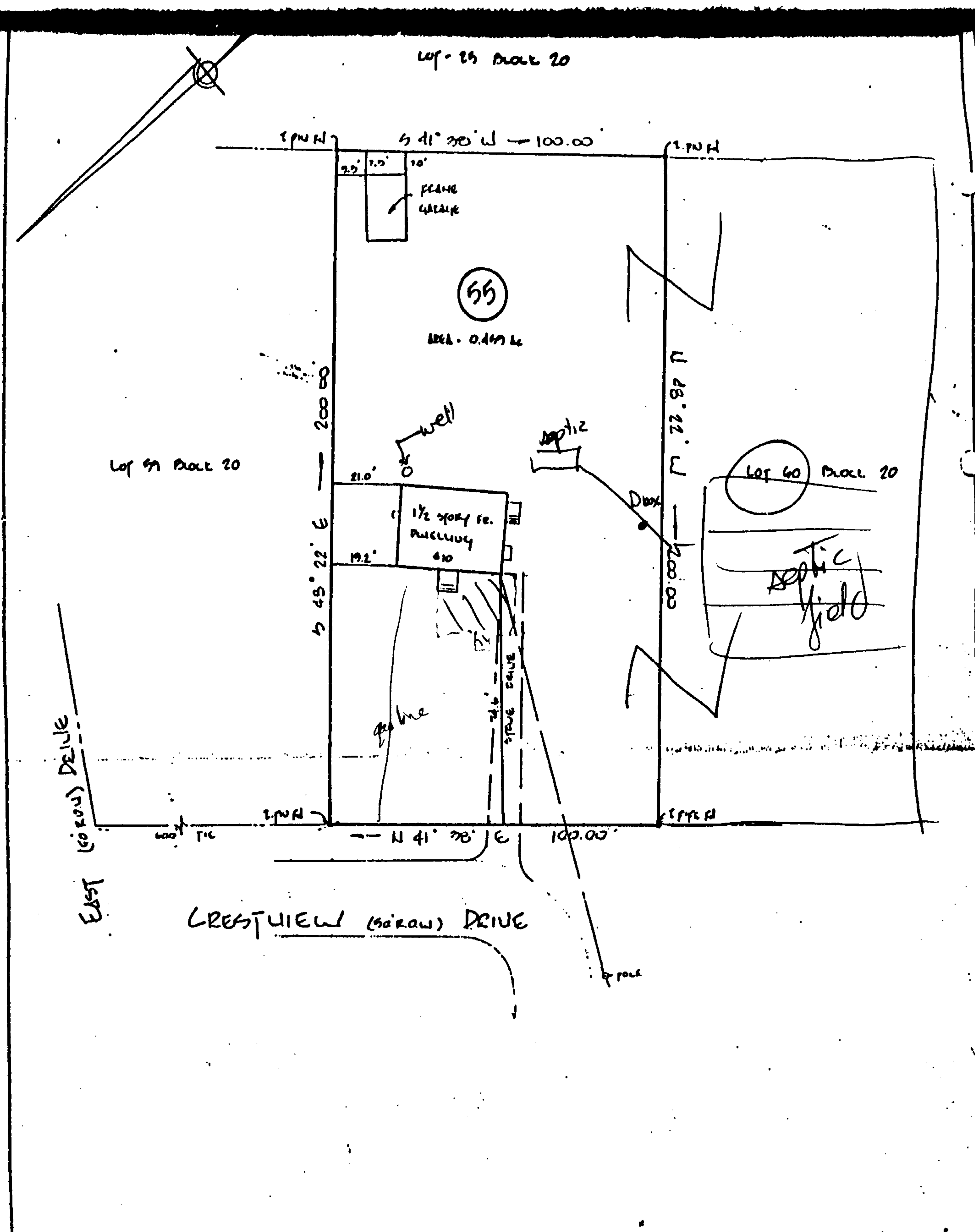

Lot 54 Block 20
S 41° 38' W — 100.00'
N 41° 38' E — 100.00'
N 48° 22' W — 200.00'
S 48° 22' E — 200.00'
55
AREA = 0.459 Ac
21.0'
19.2'
1½ story fr. DWELLING #10
well
septic
Deck
Lot 60 Block 20
septic field
FRAME GARAGE
2.5'
1.5'
10'
24.6'
STONE DRIVE
gas line
pole
EAST (60' ROW) DRIVE
CRESTVIEW (50' ROW) DRIVE
TIE
"HOPEWELL TOWNSHIP TAX MAP DATA"
SHEET
BLOCK
LOT
PROFESSIONAL LAND SURVEYOR

3781000

CORRECTION

11

PRECEDING IMAGE HAS BEEN
REPEATED
TO ASSURE LEGIBILITY OR TO
CORRECT A POSSIBLE ERROR



"HOPEWELL TOWNSHIP TAX MAP DATA"

SHEET	BLOCK	LOT
5	20	55

ARNOLD RYDEN JR. PROFESSIONAL LAND SURVEYOR No. 21223

PRINCETON JCT. ENGINEERING CO.
PROFESSIONAL ENGINEERS & LAND SURVEYORS

P.O. BOX 223 NORTH POST RD.
PRINCETON JUNCTION, NEW JERSEY 08550
(609) 799 1906 (609) 799 1063

PLAN OF SURVEY
OF LOT - 55 BLOCK - 20 FOR.
STUART N. ROSSE AND KATHORINE H. KRAUS
HOPEWELL TOWNSHIP • MERCER COUNTY • N.J.

FRANK L. QUINBY	P.E. & L.S.	NO	11007
BRYCE M. RITTENHOUSE	P.E. & L.S.	NO	13453
ARNOLD RYDEN, JR.	L.S.	NO	21223
D. GEOFFREY BROWN	P.E.	NO	24327
WESLEY J. LANE	L.S.	NO	30747

Arnold Ryden Jr. (signature) 11/13/85
ARNOLD RYDEN JR. P.L.S. No. 21223 DATE

DRAWN: KB
CHECK:
REV.:
DATE: 11.13.85
SCALE: 1" = 30'

CERTIFIED AS CORRECT TO:
STUART N. ROSSE
KATHORINE H. KRAUS
GATEWAY MORTGAGE COMPANY
N.J. REALTY TITLE CO.

MICRODEX
FILE SEPARATOR

MICRODEX
FILE SEPARATOR

MICRODEX
FILE SEPARATOR

MICRODEX
FILE SEPARATOR