20-1397

Donna Belton

From: Jared Tamasco <opra+request-16760-573057c2@requests.opramachine.com>
Sent: Wednesday, September 16, 2020 8:16 PM
To: clerkforms
Subject: OPRA request - 13 carol Lane Howell

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Howell Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

BL 103

1. open and closed permits
2. Evidence of septic
3. Evidence of Underground or above ground oil tank 4. Violations.
5. updated tax card.

TOWNSHIP OF HOWELL
RECEIVED
2020 SEP 17 A 8:06
CLERK'S OFFICE

Any other documents on file for this address

Yours faithfully,

Jared Tamasco

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request: opra+request-16760-573057c2@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,5uPRohrfejkjj-4EfNmy38YDOWxM6n793vEK9PC45ehYEo9ohDbUp-7cJXHp9OnyxRupVoy_WCKjJ0NsVLEgUC3RDtgL3n-GRbjfj-8Z_ZA,&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,ybupKhqCQILJZYh2CcC-FRG07yzvMYHka_w5kpyRhwWiWSjp3tOSCT9fb9ymB3lCPY3r0kumHNnmhA1_KdYJL4nZQuNUV04nZ2_eQToAIHGuVCrUO9dm36_wfy8,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2f13_carol_lane_howell&c=E,1,XtxNFFjPq8rwDyM7w3YO6wrm_yZZSEhl347eyCz4uHM7uAlxrNdx8PSYzvOzQCnihQKXMqdpvEB7un3paYmANvhAVyJ17H7P_RPTmmxBPnXoqwQNbs-BaQ,,&typo=1

Block	102	Land Desc	100 X 150	Owners Name	NIELSEN,CARL & MARY JANE			Land	132,200	Exemption	Net Taxable Value Deductions
Lot	5	Bldg Desc	RANCH	Street Address	13 CAROL LANE	Bank	00000	Impr	92,900	Code	Cd No-Ow
Qual		Addl Lots		City & State	HOWELL, N J	Zip	07731	Total	225,100	Value 0	
Acct#	045020	Acreage	0.344 Class 2	Property Location	13 CAROL LANE	Zone	R-3			4.31	

DESCRIPTION

SITE INFORMATION

Sewer:	SEW/WATER
Water:	SEWER ONLY
Gas:	SEWER ONLY
Topography:	LEVEL
Road:	PAVED

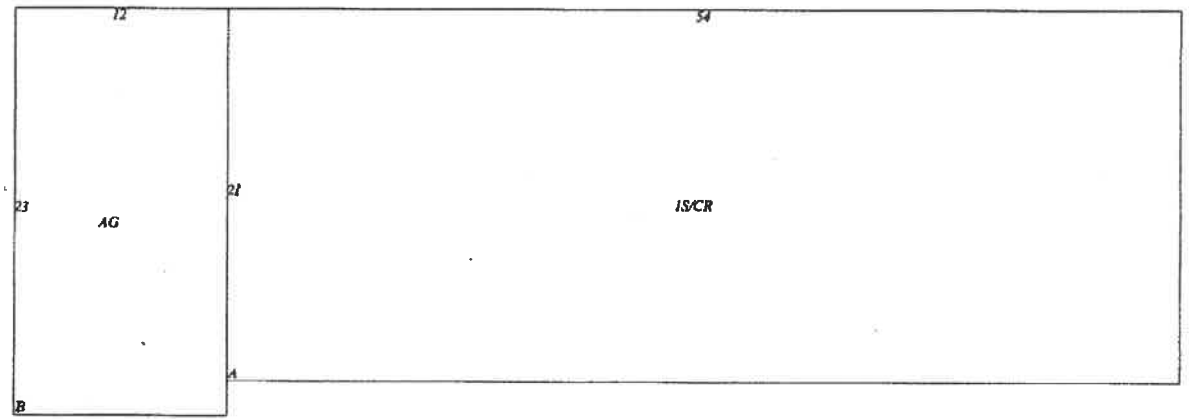
BUILDING INFORMATION

Type and Use:	N.A.
Story Height:	ONE STORY
Style:	RANCH
Exterior Fin:	ALUM/VINYL
Roof Type:	GABLE
Roof Material:	SHINGLE
Foundation:	CONCRETE BLOCK
Condition:	NORMAL
Quality:	16
Source:	ESTIMATED
Bath:	Mod: Avg:1 Old:
Kitchen:	Mod: Avg:1 Old:
Room Count:	Tot: 6 Bed: 4 Bth: 1
Year Built:	1960
Eff Age (Years):	35
Livable Area:	1134

FIRST STORY	1134 SF
	1
FORCED HOT AIR	1134 SF
AC (COMB DUCTS)	1134 SF
3 FIXTURE BATH	1
ATTACHED GARAGE	276 SF

SALE DATE 06/26/98
SALE PRICE 118000

SKETCH



09/17/20 Scale: 10

Donna Belton

From: Maria Hesselbarth
Sent: Thursday, September 17, 2020 10:07 AM
To: Donna Belton
Subject: RE: OPRA 20-1397

No septic records found for this property, thanks
Maria

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Thursday, September 17, 2020 8:19 AM
To: Paul Orlando <porlando@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>; Maria Hesselbarth <mhesselbarth@twp.howell.nj.us>; Erin Serfass <eserfass@twp.howell.nj.us>; Ricky Wiget <rwiget@twp.howell.nj.us>; Elizabeth Hasenpusch <ehasenpusch@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>; Gregory Hutchinson <ghutchinson@twp.howell.nj.us>
Subject: OPRA 20-1397

Good Morning,

Attached please find OPRA 20-1397 for your review. Please forward your findings to me no later than 9/28/2020.

Thank you.

Regards,

Donna Belton
Administrative Assistant
Clerk's Office
4567 Route 9 North
Howell, NJ 07731
732-938-4500, ext. 2000
dbelton@twp.howell.nj.us

NOTICE OF CONFIDENTIALITY

Donna Belton

From: Janine Martuscelli
Sent: Thursday, September 17, 2020 1:49 PM
To: Donna Belton
Subject: OPRA 20-1397
Attachments: BLK102 - L5 CA Roof-2015-08-26.pdf; 13 CAROL.pdf; 13 CAROL1.pdf; 13 CAROL2.pdf

Donna
Attached is requested information for construction

Janine Martuscelli
Howell Township
Community Development
732-938-4500 x2330

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 8/26/2015
Control Number C-22182
Permit Number 20151609
Permit Issue Date 7/10/2015
Certificate Number 20151609

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 13 CAROL LANE Howell Township, NJ 07731 Block: 102 Lot: 5 Qual:

Owner in Fee: NIELSEN,CARL & MARY JANE

Owner Address: 13 CAROL LANE HOWELL NJ 07731

Telephone: [redacted]

Contractor RUSSO SEAMLESS GUTTERS LLC

Address 5100 HWY 34 FARMINGDALE NJ 07727

Telephone: (732) 751-8870 Fax: (732) 751-8872

License Number or Builders Registration Number: 13VH00268100 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 20 Maximum Occupancy Load: 0

Description of Work/Use: ROOF TEAR-OFF AND RESHINGLE

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/26/2015

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

7-10-15

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # C-22182
Permit # 2015-1609

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

Block 107 Lot 5
Work Site Location 13 Carol Lane
Howell, NJ 07731
Owner in Fee Mary Jane Nielsen
Address 13 Carol Lane
Howell, NJ. 07731
Tele. ([redacted] 970 4748
Contractor Russo Seemless Gutter LLC
Address 5100 Hwy 33 & 34
Farmingdale NJ. 07727
Tele. (732) 751-8870 Fax (732) 751-8872
Lic. No. or Bldrs. Reg. No. 13VH00268100
Federal Emp. No. [redacted]

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 T/O
11
STORM damage
6 NAILS PER SHINGLE
New Roof
CEDAR COLOR
MUST MEET
ASTM - D - 3161 CLASS F
GABLE VENT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	2/7/15	CG
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 7-17-15
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7/16/15	
Barrier-Free				

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
- [X] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)

$ 112.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 7.00
TOTAL FEE	$ 119.00

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	R-5	R-5
Constr. Class	V-B	V-B
No. of Stories	NA	
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. $ 3,990.00
2. Alteration $
3. Total (1+ 2) $

U.C.C. F110
(rev. 3/96)

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

BLOCK 102 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 13 Carol Ln
2. Name of Owner in Fee: Nielson Tel. ([redacted]
   Address 13 Carol Ln (street) Howell (municipality) [redacted] (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: COASTAL SERVICE CO & SON Tel. (732) 864-9720
   Address 181 BROOK HARBOR LANE TOMS RIVER NJ 08753
   License No. OR, if new home, Builder Reg. No. 1809 Exp. Date 10-01
   Federal Employee N[redacted] FAX: (732) 864-9720
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work DOUG CONROY
   Tel. (732) 864-9720 FAX (732) 864-9720

V. FEE SUMMARY (for office use only)

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

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 _____

II. PROPOSED WORK

		Est. Cost
1.	☐ Minor Work	
2.	☐ New Building	
3.	☐ Addition	
4.	☐ Alteration	
5.	☐ Fire Protection	
6.	☑ Plumbing	485.-
7.	☐ Electrical	
8.	☐ Elevator Devices	
9.	☐ Asbestos Abat. Subch. 8	
10.	☐ Lead Hazard Abatement	
11.	☐ Demolition	
	TOTAL COSTS	

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

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

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:

U.C.C. F100-1 (rev 3/98)

Printed on Recycled Paper

LDS HW-B 10305349

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 _____

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. 5:32-2.15(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 DOUG CONIBOY

Address 181 BROOK HARBOR LANE
TOMS River N.J. 08753

Telephone (732) 864-9720

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ 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. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL NJ 07731
732-938-4500

CERTIFICATE

IDENTIFICATION

Date Issued: 08/09/2002
Control #: 13941
Permit # 20010125

Block: 102 Lot: 5 Qual:

Work Site: 13 CAROL LANE
HOWELL NJ 07731

Owner in Fee: NIELSEN
Address: 13 CAROL LN
HOWELL NJ 07731

Telephone:

Agent/Contractor: COASTAL SERVICE CO. & SON
Address: 181 BROOK HARBORLANE
TOMS RIVER NJ 08753

Telephone: 732 864-9720

Lic. No./ Bldrs. Reg.No.: 1809 Federal Emp. No.: [redacted]

Social Security No.:

Home Warranty No:

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-3

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use: WATER HEATER INSTALLATION

[ ] **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 the owner 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

Edward S. Mack

Edward Mack Construction Official

Fees $0.00
Paid [X]Check No 4272
Collected by SM

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2-6-01
Date Issued
Control #
Permit # 01-0125

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

Block 102 Lot 5
Work Site Location 13 Carol Ln Howell
Owner in Fee NIELSEN
Address 13 Carol Ln
Tele. ( ) [redacted]
Contractor COASTAL SERVICE CO. & SON
Address 181 BROOK HARBOR LANE TOMS RIVER NJ 08753
Tele. (732) 864-9720
Lic. No. 1809
Federal Emp. No. [redacted] or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 485.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2/16/01
Approved by: MG (SM)

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By: [signature]
Date: 8/8/02

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
FINAL			8/8/02	X

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 Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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	
1	Water Heater	46.00
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Paid [ ] Check # 1213
Collected by: SM 2-6-01

Administrative Surcharge	$	1.00
Minimum Fee	$	
DCA Training Fee	$	
TOTAL	$	47.00

UCC Form F-130B
1 White • Inspector Copy
2 Canary • Office Copy
3 Pink • Office Copy
4 Gold • Applicant Copy

Date: 1-25-01

Blk 102 Lot 5

Owner's Name: Nielsen

Worksite Address: 13 Carol Ln.

Howell

I understand that when the permit is issued for the

Rpl water water Rplmt.
(description of work)

for which application is being made, I am responsible for requesting all inspections within fourteen (14) days of completion. I further understand that failure to call for all necessary inspections makes me liable for a monetary penalty of up to $500.

Nielson
Print Name of Owner or Person in Charge of Work

Carl P. Nielsen
Signature of Owner or Person in Charge of Work

1-25-01
Date

****

BLOCK 102 LOT 5 QUALIFICATION CODE 21287 ADDRESS (SITE) _____ PERMIT NO. _____

KK

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 13 Carol Ln
2. Name of Owner in Fee: Millson Tel. [redacted]
   Address 13 Carol Ln (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: The Windowman Tel. ( ) _____
   Address 1767 Rt 9
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (732) 431-9291 FAX ( ) _____

Orlando Window

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	46.00	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		1.00	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$		

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 5b
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 _____

II. PROPOSED WORK

		Est. Cost
1.	☐ Minor Work	1200
2.	☐ New Building	
3.	☐ Addition	
4.	☐ Alteration	
5.	☐ Fire Protection	
6.	☐ Plumbing	
7.	☐ Electrical	
8.	☐ Elevator Devices	
9.	☐ Asbestos Abat. Subch. 8	
10.	☐ Lead Hazard Abatement	
11.	☐ Demolition	
	TOTAL COSTS	1300

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
			10/18/02	PD			

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

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:

LDS HW-B 10305348

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 _____

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. 5:32-2.15(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.

(X Check if contractor.

Agent Name The Window Man

Address 1767 Rt 9 Howell

Telephone (732) 431-9291

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	Pretimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ 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. _____				
[ ] Lead Abatement Clearance Certificate	No. _____				

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 insure 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 this agency when 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 back filling;
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 joints; plumbing 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

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued	3/30/2007
Tracking Number	21287
Permit Number	20022898
Permit Issue Date	11/21/2002
Certificate Number	20022898

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 13 CAROL LANE HOWELL, NJ Block: 102 Lot: 5 Qual:

Owner in Fee: NIELSEN,CARL & MARY JANE

Owner Address: 13 CAROL LANE HOWELL NJ 07731

Telephone:

Contractor THE WINDOWMAN

Address 1267 ROUTE 9 HOWELL NJ 07731

Telephone: 732431-9291 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
WINDOWS REPLACEMENT

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:

C. Phillips 4/2/07
Construction Official

Fee: $0.00
Check Number: 2198
Collected By: bf

Date Printed: 3/30/2007

Howell

MARLBORO TOWNSHIP
CONSTRUCTION DEPT.
Construction Official
JOHN CAVALIERE

CONSTRUCTION PERMIT

Date Issued 11-21-02
Control # 21287
Permit # 20022898

IDENTIFICATION Block 102 Lot 5

Work Site Location 13 Carol Ln

Owner in Fee Nielsen

Address 13 Carol Ln

Tel. (732) 730-[redacted]

Contractor The Window Man

Address 1067 Rt 9

Tel. (732) 431-9291

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: cut down and Return 6 existing windows from 33x23 to 33x38

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 $ 1800

Construction Official

Date

U.C.C. F170
(rev 3/96)

PAYMENTS (Office Use Only)

Building	45
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.00
Cert. of Occupancy	
Other	
Total	46
Check No.	2198
Cash	
Collected By	11-21-02

(see reverse side)

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 insure 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 this agency when 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 back filling;
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 joints; plumbing 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

MARLBORO TOWNSHIP CONSTRUCTION DEPT.
1979 Township Drive
Marlboro, NJ 07746
JOHN CAVALIERE
Construction Official

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11-21-02
Date Issued
Control # 21287
Permit # 20022898

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

Block 102 Lot 5
Work Site Location 13 CAROL LN
Owner in Fee Hilelson
Address 13 CAROL LN
Tele. (732) 730-0261
Contractor The Window Man 1267 Rt 9
Address 13 Carol Ln
Tele. (732) 431-9291 Fax (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

Violation

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Cut down and Reframe 6 existing windows From 33 x 23" to 33" x 38"
IF Bedroom window must meet BOCA 96 EGRESS Code

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	11/18/02	RSO
[ ] All		GB
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3/29/07
Approved by: GB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing				
Foundation				
Slab				
Frame			11-27-02	RM
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other FINAL	2/2/07			
Final	12-6-02	1/30/07	3/28/07	RM
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	
Constr. Class	Present 5B	Proposed 5B	
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. $ ____
2. Alteration $ ____
3. Total (1+ 2) $ 1300

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other ____

[ ] Demolition

FEE (Office Use Only)

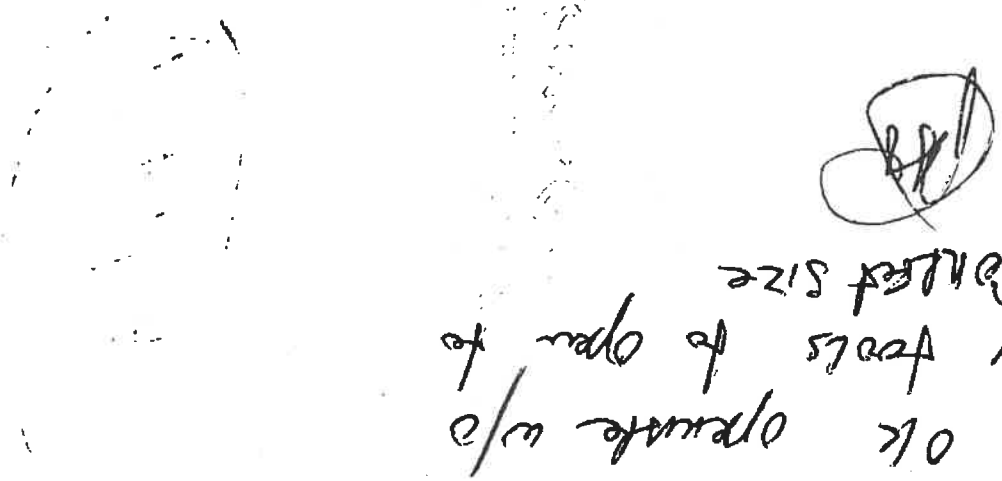
$	
	46.00
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1.00
TOTAL FEE	$

U.C.C. F110
(rev. 3/98)

12-6-06 NOT HOME
RM

1/29/07
MIN HIEGHT 24
MIN WIDTH 20 33 x 25

1/30/07 SCHEDULE INSP 2 WEEKS



MARLBORO TOWNSHIP CONSTRUCTION DEPT.
1979 Township Drive
Marlboro, NJ 07746
JOHN CAVALIERE
Construction Official

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11-21-02
Date Issued
Control #
Permit # 21287

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

Block 102 Lot 5
Work Site Location 13 CAROL LN

Owner in Fee NIELSEN
Address 13 CAROL LN

Tele. [redacted]
Contractor THE WINDOW MAN
Address 13 CAROL ST 1262 RT 9

Tele. (732) 431-9291 Fax (____) ____
Lic. No. or Bldrs. Reg. No. ____
Federal Emp. No. ____

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

CUT DOWN AND REFRAME 6 EXISTING WINDOWS FROM 33"x23" TO 33"x38"
IF BEDROOM WINDOW MUST MEET BOCA 96 EGRESS CODE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	11/18/02	MO
[ ] All		GB
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[x] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other ____

[ ] Demolition

FEE (Office Use Only)

$ 46.00

Administrative Surcharge $ ____
Minimum Fee $ ____
DCA Training Fee $ 1.00
TOTAL FEE $ ____

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	R-3	R-3
Constr. Class	5B	5B

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. $ ____
2. Alteration $ ____
3. Total (1+ 2) $ 1300

U.C.C. F110
(rev. 3/96)

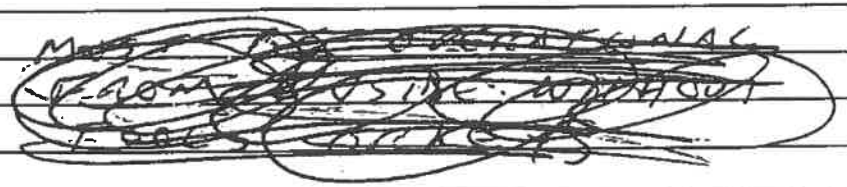
BUREAU OF INSPECTIONS
Township of Howell

Correction Notice

2002
Permit # 2898 Location 13 CAROL

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

① EACH BEDROOM NEEDS
ONE EGRESS WINDOW
CLEAR OPENNING
MIN HIEGHT 24 inches
MIN WIDTH 20 inches
FOR A TOTAL
OF 5.7 sq feet net
clear openning



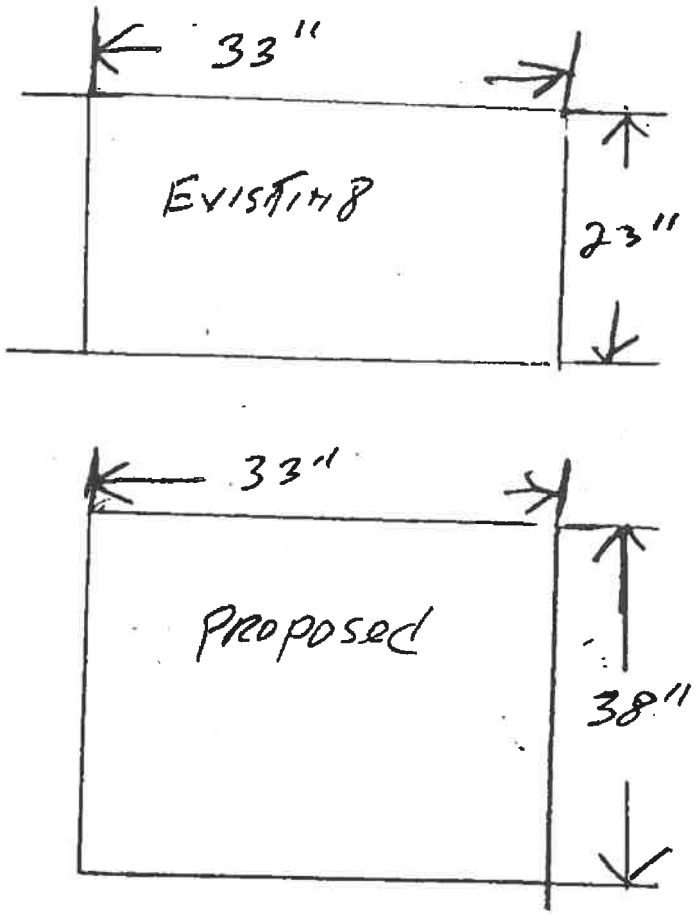
GIVE 2 WEEKS

You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

DATE 2/2/07 SCO

DO NOT REMOVE THIS TAG

NIELSEN
13 CAROL CT
732-730-0261



IF Bedroom WINDOW must meet
BOCA '96 EGRESS Code

FILE COPY

Township of Howell
Construction Code Department
Plans released for Permit
Date: 11/18/02 Permit#
Block: 102 Lot: 5
Sub-code Official GB
A COPY OF THESE PLANS
MUST BE KEPT ON CONSTRUCTION SITE UNTIL
FINAL APPROVAL
(732) 938-4500

REVISED: _____

NOTICE AND ORDER OF PENALTY

Permit Number 20022898
Date Issued 2/20/2007
Violation Number V-07-01872

IDENTIFICATION

Work Site Location: 13 CAROL LANE HOWELL, NJ 07731
Block: 102 Lot: 5 Qualification Code:
Owner in Fee: NIELSEN,CARL & MARY JANE
Owner Address: 13 CAROL LANE HOWELL NJ 07731
Agent/Contractor THE WINDOWMAN
Address 1267 ROUTE 9 HOWELL NJ 07731

To: [X] Owner [ ] Other:
[X] Agent/Contractor

Hand delivered 3/16/07

ACTION

[ ] On _____ you were found to be in violation of the State Uniform Construction Code Act and Regualtions promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

[X] On 2/2/2007 you were found to be in violation of the State Uniform Construction Code Act and Regualtions promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [ ] failed to obtain a construction permit; or [X] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____ you were found to be in violation of the State Uniform Construction Code Act and Regualtions promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $500.00 for each violation for a total penalty of $500.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 3/22/2007 an additional penalty of $500.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the MONMOUTH COUNTY within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at:

CONSTRUCTION BOARD OF APPEALS
HALL OF RECORD ANNES
2ND FLOOR
1 EAST MAIN STREET
FREEHOLD, NJ 07728-1255

If you have any questions concerning this matter, please call: (732) 938-4500

NOTICE and ORDER of PENALTY: C. Mullis Date: 2/20/07
Construction Official

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Construction Violation

Identification

Work Site Location: 13 CAROL LANE HOWELL, NJ 07731
Block: 102
Lot: 5
Owner: NIELSEN,CARL & MARY JANE
Owner Address: 13 CAROL LANE HOWELL, NJ 07731
Telephone: [redacted]
Agent: THE WINDOWMAN
Agent Address: 1267 ROUTE 9 HOWELL NJ 07731
Telephone: 7324319291

Infraction Details

Subcode:
Issuing Officer: Chet Phillips
Issue Date: 2/20/2007
Infraction: Notice and Order of Penalty
Statute: International Building Code / 2000 YOU ARE IN VIOLATION OF THE UNIFORM CONSTRUCTION CODE IN THAT YOU FAILED TO CALL FOR REQUIRED INSPECTIONS IN VIOLATION OF NJAC 5:23-2.18(b)
Infraction Summary: FAILURE TO OBTAIN FINAL BUILDING INSPECTION FOR WINDOWS
Certified Mail Number:

Enforcement Details

Inspection Date: 2/2/2007
Notice Date: 2/20/2007
Compliance Date: 3/22/2007
Compliance Inspection Date:
Compliance Summary:

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Construction Violation

Identification

Work Site Location: 13 CAROL LANE HOWELL, NJ 07731
Block: 102
Lot: 5
Owner: NIELSEN,CARL & MARY JANE
Owner Address: 13 CAROL LANE HOWELL NJ 07731
Telephone: [redacted]
Agent: THE WINDOWMAN
Agent Address: 1267 ROUTE 9 HOWELL NJ 07731
Telephone: 7324319291

Infraction Details

Subcode: Building
Issuing Officer: Chet Phillips
Issue Date: 2/20/2007
Infraction: Notice and Order of Penalty
Statute: International Building Code / 2000 YOU ARE IN VIOLATION OF THE UNIFORM CONSTRUCTION CODE IN THAT YOU FAILED TO CALL FOR REQUIRED INSPECTIONS IN VIOLATION OF NJAC 5:23-2.18(b)
Infraction Summary: FAILURE TO OBTAIN FINAL BUILDING INSPECTION FOR WINDOWS
Certified Mail Number:

Enforcement Details

Inspection Date: 2/2/2007
Notice Date: 2/20/2007
Compliance Date: 3/22/2007
Compliance Inspection Date:
Compliance Summary:

Abate
4/2/07
CP

NOTICE AND ORDER OF PENALTY

Permit Number 20022898
Date Issued 2/20/2007
Violation Number V-07-01872

IDENTIFICATION

Work Site Location: 13 CAROL LANE HOWELL, NJ 07731
Block: 102 Lot: 5 Qualification Code:
Owner in Fee: NIELSEN,CARL & MARY JANE
Owner Address: 13 CAROL LANE HOWELL NJ 07731
Agent/Contractor THE WINDOWMAN
Address 1267 ROUTE 9 HOWELL NJ 07731

To: [X] Owner [ ] Other:
[X] Agent/Contractor

ACTION

[ ] On _____ you were found to be in violation of the State Uniform Construction Code Act and Regualtions promulgated thereunder. A [ ] **Notice of Violation and Order to Terminate,** [ ] **Notice of Unsafe Structure,** [ ] **Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

[X] On 2/2/2007 you were found to be in violation of the State Uniform Construction Code Act and Regualtions promulgated thereunder, in that you [ ] **made a false or misleading written statement, or omitted required required information in an application or request for approval; or** [ ] **failed to obtain a construction permit; or** [X] **failed to request required inspections; or** [ ] **allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____ you were found to be in violation of the State Uniform Construction Code Act and Regualtions promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $500.00 for each violation for a total penalty of $500.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 3/22/2007 an additional penalty of $500.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the MONMOUTH COUNTY within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

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HALL OF RECORD ANNES
2ND FLOOR
1 EAST MAIN STREET
FREEHOLD, NJ 07728-1255

If you have any questions concerning this matter, please call: (732) 938-4500

NOTICE and ORDER of PENALTY: _____ Date: _____
Construction Official

3/22/07

Howell Township

251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

(732) 938-4500

Receipt

Payment Date 4/2/2007

Transaction # PMT-07-02 483

Receipt #

Issued To

Description: ABATED 4-2-07 PER CHET VIO # V-07-01872 NIELSEN 13 CAROL LN BLOCK 102 LOT 5

Date Printed 4/2/2007

Cash	$0.00
Check	$0.00
Charge	$0.00
Total	$0.00

COPY

NOTICE AND ORDER OF PENALTY

Permit Number 20022898
Date Issued 2/20/2007
Violation Number V-07-01872

IDENTIFICATION

Work Site Location: 13 CAROL LANE HOWELL, NJ 07731

Block: 102 Lot: 5 Qualification Code: _____

Owner in Fee: NIELSEN,CARL & MARY JANE

Owner Address: 13 CAROL LANE HOWELL NJ 07731

Agent/Contractor THE WINDOWMAN

Address 1267 ROUTE 9 HOWELL NJ 07731

To: ☒ Owner ☐ Other:

☒ Agent/Contractor

ACTION

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FREEHOLD, NJ 07728-1255

If you have any questions concerning this matter, please call: (732) 938-4500

NOTICE and ORDER of PENALTY: _____ Date: 2/20/07
Construction Official

U.C.C. F241 equiv (rev. 1/2004)

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Construction Violation

Identification

Work Site Location: 13 CAROL LANE HOWELL, NJ 07731
Block: 102
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Owner: NIELSEN,CARL & MARY JANE
Owner Address: 13 CAROL LANE HOWELL NJ 07731
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Agent: THE WINDOWMAN
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Infraction Details

Subcode:
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Infraction Summary: FAILURE TO OBTAIN FINAL BUILDING INSPECTION FOR WINDOWS
Certified Mail Number:

Enforcement Details

Inspection Date: 2/2/2007
Notice Date: 2/20/2007
Compliance Date: 3/22/2007
Compliance Inspection Date:
Compliance Summary:

TOWNSHIP OF HOWELL CONSTRUCTION DEPARTMENT

PLAN REVIEW CHECK LIST

NAME Nielsen BLOCK 102 LOT 5

ADDRESS 13 Carol Lane ZONING RELEASE _____

DATE SUBMITTED 11-12-02 Enlarge window

DEVELOPMENT (If any) _____

	Reviewed By:	Approved	Comments
FIRE			
BUILDING	✓ PSO 11/18/02	ok	
ELECTRICAL			
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			

L282

RECEIVED
NOV 12 2002

BLOCK 102 LOT 5 ADDRESS(site) 13 Candle Lane PERMIT NO _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 13 Candle Lane
2. Name of Owner In Fee: Joan Cisen Tel. (____) _____
   Address 13 Candle Lane Howell 07731
   (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: JTK Tel. (____) _____
   Address Howell
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (____) _____

II. PROPOSED WORK

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

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

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

U.C.C. F-100B

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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 ____ sq. ft.	
no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

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:

LDS HW-B 10305350

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 John Doe Date 6-7-94

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 John Doe

Address Hewell NJ. 07781

Telephone (____)

Signature John Doe Date 6-7-94

OFFICE DATE RECEIVED: _____

VII. PRIOR APPROVALS CHECKLIST (OFFICE USE ONLY)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ NJ Department of Community Affairs									
☐ NJ Department of Transportation									
☐ NJ Department 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. _____	_____			

Date Issued 5-20-98
Control #
Permit # 94-1178

CERTIFICATE

IDENTIFICATION

Block 102 Lot 5
Work Site Location Same as below
Owner in Fee/Occupant Ciser
Address 13 Carole Ln
Howell, NJ 07731
Tele. ( )
Contractor JTK
Address Howell, NJ
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 40
Construction Classification 5B
Maximum Occupancy Load
Description of Work/Use:

Completion and approval of reroof

☐ **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.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 19____ or the owner 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 _____.

Est Cost 1000.00

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 3/96)

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

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

Date Issued 6-10-94
Control #
Permit # 94-1178

IDENTIFICATION Block 102 Lot 5

Work Site Location 13 Cradle Lane

Owner in Fee SAME -

Address JOAN CISTER

Tele. (____)

Contractor JTL

Address Howell NJ.

Tele. (____)

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____

or Social Security No. _____

is hereby granted permission to perform the following work:

[T] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Re Roof -

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 $ 1000 00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	25 00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other CC	1 00
DCA Training Fee	
Cert. of Occ.	20.00
Other	
Total	46.00
Check No.	1358
Cash	
Collected By:	6-10-94

(see reverse side)

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 insure 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 this agency when 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 back filling;
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 joints; plumbing 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 6-10-94
Date Issued 6-10-94
Control #
Permit # 94-1178

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

Block 102 Lot 5
Work Site Location 13 CAROLE LANE

Owner in Fee JOAN CISEN
Address 13 CAROLE LANE

Tele. ( )
Contractor JTK Buildrs
Address Howell

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date: 5-20-98		
Approved By:		

INSPECTIONS Type: 102 / 5	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			5/19/98	RM

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. $
2. Alteration $
3. Total (1+2) $ 1000.00

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

RE ROOF

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

(Office Use Only)
FEE
$

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE
DIVISION OF ENGINEERING

4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

ROAD OPENING / R.O.W. EXCAVATION PERMIT

(To be completed by the Applicant)

Permit # RO-14-045
(Assigned by Township)

The issuance of this permit requires the Permittee to comply with the terms and conditions of the Code of the Township of Howell, Chapter 277 entitled "Streets, Sidewalks & R.O.W. Excavations." The permittee is responsible to make all necessary supplemental investigations to locate all underground utilities in the vicinity of work.

Date of Application: 3.20.14 Scheduled Date of Excavation: 3.12.14

Application is hereby made by: New Jersey Natural Gas hereafter known as the Permittee.

Address: 1415 Wyckoff Rd Wall NJ 07719

Telephone #: 732 9381211 E-mail Address: jacevedo@njng.com

Proposed construction consists of: (check all that apply)
- ☐ Sanitary Sewer Connection
- ☐ Storm Sewer Connection
- ☐ Curb Repair or Replacement
- ☐ Sidewalk Repair or Replacement
- ☑ Utility (Gas, Water, etc.)
- ☐ Driveway Repair or Replacement
- ☑ Other Emergency Gas Leak Repair

Exact description of work (attach sketch of all work proposed): 511' North of Stanley Blvd : 6' West of the East Curb at 13 Carol Ln

If work requires excavation within a Township street, trench will be: 3 (Wide) ft. X 3 (Long) ft. = 9 Square Feet (S.F.)

Any additional area of work or improvements within the Township right-of-way is _____ S.F.

Total area of excavation and work within right-of-way is _____ S.F. (trench) + _____ S.F. (other) = _____ S.F. Total.

To service the property located at: 13 Carol Lane Block: 102 Lot: 5

Contractor completing work: _____ Telephone #: _____

Contractor's address: _____

FEE SCHEDULE:

A.	Application Fee (non-refundable)		$ 75.00
B.	Inspection Fee (non-refundable)	(Openings 100 SF or less, $100.00)	$ 250.00
	(Openings greater than 100 SF, _____SF x $1.50/SF) (Minimum inspection fee for a Utility company, $250.00)		$
		Total for 1st Payment*:	$ 325.00
C.	Restoration Guarantee_____SF x $25.00/SF (Min. $500.00) (**refundable**, see Chapter 277 for conditions) (* separate payments required)	**Total for 2nd Payment*:**	$

APPLICANT: Applicant/Permittee, his/her agents and any representatives agree to hold the Township and its officers harmless against any and all claims, judgments or other costs arising from the excavation and other work covered by the excavation permit or for which the Township, the Township Council or any Township officer or designee may be made liable by reason of any accident or injury to person or property through the fault of the permittee either in not properly guarding the excavation or for any other injury resulting from the negligence of the permittee.

Signature (Permittee): Josie A Acevedo Date: 3.20.14

APPLICANT: When all signatures have been obtained, this form will become your permit. Please produce a copy of this form during construction upon request.

(For Official Use Only, to be completed by Township Officials)

Approved: ✓ Denied: _____

Special Conditions for Approval or Reason for Denial: _____

☑ Traffic Control devices will be required ☐ Police Traffic Directors will be required ☐ Detour required

Division Officer's Name: Lisa Birzin Title: Engineering Aide II

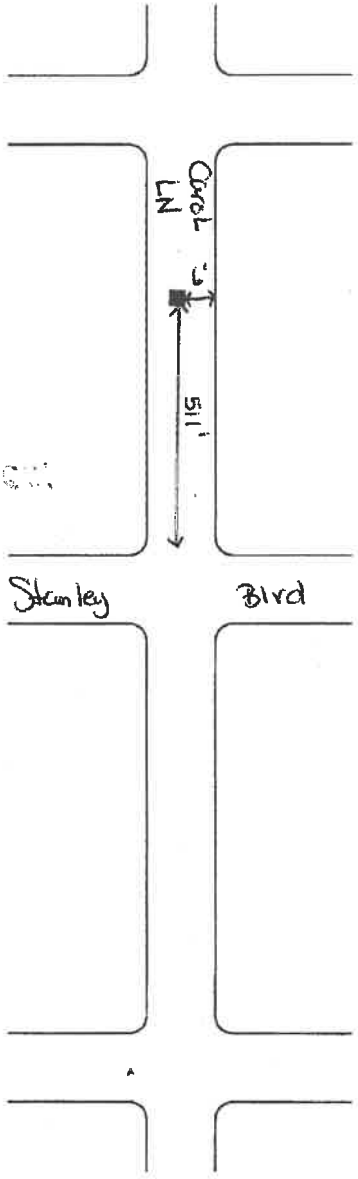
Division Officer's Signature: Lisa Birzin Date: 3/25/2014

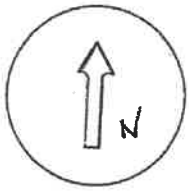
cc: Applicant, File, Public Works, Police Department

TOWNSHIP OF HOWELL
DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE
DIVISION OF ENGINEERING
4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

SKETCH FOR PROPOSED EXCAVATION





DRAW NORTH ARROW

APPLICANT

3.12.14
DATE

General Notes:

1. Draw excavation location and label size and orientation on plan.
2. Provide house locations (if any) and house numbers for reference points.
3. Add sidewalk to plan if it's part of excavation or if excavation is between curb and sidewalk.

Donna Belton

From: Eileen Cusa
Sent: Wednesday, September 23, 2020 10:50 AM
To: Donna Belton
Subject: RE: OPRA 20-1397

Good morning,

No land use/code files found for OPRA 20-1397.

Eileen Cusa
Administrative Assistant

Township of Howell
4567 Route 9 North, 2nd Floor
Howell, NJ 07731
Phone: (732) 938-4500 x 2335
Fax: (732) 414-3243

Begin forwarded message:

> **From:** Donna Belton <dbelton@twp.howell.nj.us>
> **Date:** September 17, 2020 at 8:18:52 AM EDT
> **To:** Paul Orlando <porlando@twp.howell.nj.us>, Matthew Howard <mhoward@twp.howell.nj.us>, Claire Petruzzella <cPetruzzella@twp.howell.nj.us>, Justin Meyer <jmeyer@twp.howell.nj.us>, Maria Hesselbarth <mhesselbarth@twp.howell.nj.us>, Erin Serfass <eserfass@twp.howell.nj.us>, Ricky Wiget <rwiget@twp.howell.nj.us>, Elizabeth Hasenpusch <ehasenpusch@twp.howell.nj.us>
> **Cc:** Brian Geoghegan <bgeoghegan@twp.howell.nj.us>, Justin Yost <jyost@twp.howell.nj.us>, Gregory Hutchinson <ghutchinson@twp.howell.nj.us>
> **Subject: OPRA 20-1397**
>
> Good Morning,
>
> Attached please find OPRA 20-1397 for your review. Please forward your findings to me no later than 9/28/2020.
>
> Thank you.
>
> Regards,
>
> Donna Belton
> **Administrative Assistant**
> **Clerk's Office**
> **4567 Route 9 North**
> **Howell, NJ 07731**
> **732-938-4500, ext. 2000**