From: Annie Eng
To: Christina Johnson
Subject: FW: OPRA request - 140 Munro Avenue
Date: Tuesday, June 8, 2021 6:01:54 PM
Importance: High

Hi Christina,

Can you kindly check your records to see if you sent us your search results for this OPRA (see below)? I can't find anything in my inbox.

Thank you,
Annie

From: Annie Eng
Sent: Thursday, May 27, 2021 10:06 AM
To: 'Christina Johnson' <xxxxxxxx@xxxxxxxx.xxx>; Laura McPeek <LMcPeek@hazletnj.org>
Cc: Evelyn Grandi <xxxxxxx@xxxxxxxx.xxx>; Sharon Keegan <SKeegan@hazletnj.org>
Subject: Re: OPRA request - 140 Munro Avenue

Good Morning Ladies,

Please see the attached OPRA REQUEST BELOW.

Thank you,
Annie

From: Evelyn Grandi <xxxxxxx@xxxxxxxx.xxx >
Sent: Thursday, May 27, 2021 9:57 AM
To: Annie Eng <xxxx@xxxxxxxx.xxx >
Subject: Fw: OPRA request - 140 Munro Avenue

Annie:

Please see the below OPRA request.
Thanks.

Evelyn A. Grandi
Municipal Clerk
Hazlet Township
1766 Union Avenue

Hazlet, NJ 07730
xxxxxxx@xxxxxxxx.xxx
732-217-8686
732-264-1785 (fax)

Hazlet Township Municipal Building
is closed on Fridays.

From: Evelyn Grandi <xxxxxxx@xxxxxxxx.xxx>
Sent: Thursday, May 27, 2021 9:56 AM
To: MR <xxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx>
Subject: Re: OPRA request - 140 Munro Avenue

Received.

Evelyn A. Grandi
Municipal Clerk
Hazlet Township
1766 Union Avenue
Hazlet, NJ 07730
xxxxxxx@xxxxxxxx.xxx
732-217-8686
732-264-1785 (fax)

Hazlet Township Municipal Building
is closed on Fridays.

From: MR <xxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx>
Sent: Thursday, May 27, 2021 9:02 AM
To: OPRA requests at Hazlet Township <xxxxxxx@xxxxxxxxx.xxx>
Subject: OPRA request - 140 Munro Avenue

Dear Hazlet 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:
I am requesting the following for 140 Munro Avenue Hazlet, NJ:
-Existence of substantial damage letter and elevation certificate

-All open/closed permits and/or violations
-Presence of underground oil tank and septic tank, including permits and remediation reports

Yours faithfully,

MR

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxx.xxx

Is xxxxxxx@xxxxxxxxx.xxx the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hazlet_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/140_munro_avenue

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

No OPEN Permits

CLOSED Permits to Follow

BLOCK 46.01 LOT 21 ~~QUALIFICATION CODE~~ 14000 ADDRESS (SITE) 140 Munro Ave PERMIT NO. E2017-1160

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 140 Munro Ave Harlet NJ
2. Name of Owner in Fee: Genesis Capital Master Fund VI LLC
   Tel. ( ) e-mail
   Address 21650 oxnard St Suite 1700 woodland Hill CA 91367 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: ____ Tel. ( ) ____
   Address Integrity Electrical Contracting, Inc. P.O. Box 1346 Wall, NJ 07719 (732) 552-9045 info@integrityelectrical.us e-mail
   License No. ER 16264 or new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. ~~26-2522977~~ Exemption Reason (if applicable): ____
   Federal Emp. ID No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Anthony Perrelle
   Tel. (732) 239-0621 FAX: ( ) ____

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. State Permit Surcharge 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. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

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

IIb. SUBCODES *(Check all that apply)*

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	350				11-16-17	RM			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	350								

D/R 200 Amp Service

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present ____ Proposed ____

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

( ) Check if contractor.

Agent Name Integrity Electrical Contracting, Inc.

Address P.O. Box 1346 (732) 552-9045
Wall, NJ 07719 info@integrityelectrical.us
Lic# 16264

Telephone 26-2522977

Signature _____

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

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

U.C.C. F100-2 (rev. 9/2014)

OFFICE DATE RECEIVED: 11/13/17 @ Counter (EM)

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X		X		X		Entered by Courier 11/29/17
☐ Planning Board					X		X		
☐ Zoning Board			X		X		X		
☐ Sewer Authority					X		X		
☐ Water Authority					X		X		
☐ Police Department			X		X		X		
☐ Health Department					X		X		
☐ Soil Conservation					X		X		
☐ N.J. Department of Community Affairs	X	X	X	X	X	X	X	X	
☐ N.J. Department of Transportation	X	X	X	X	X	X	X	X	
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X	X	X	
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition
Building	Energy	
Electrical	Barrier Free	
Plumbing	Flood Hazard	
Fire Protection	As-Built Elevation Cert.	
Mechanical	Other	
	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.			

U.C.C. F100-3 (rev. 12/07)

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Permit #
Date Issued
- or -
Control # 14000
Certificate Issued Date: 12/11/2017

IDENTIFICATION

Block 46.01 Lot 21 Qualification Code

Work Site Location 140 MUNRO AVENUE , HAZLET NJ 07734

Owner in Fee GENESIS CAPITAL MART FUND 11 LLC

Address 21650 OXNARD STREET SUITE 1500 , WOODLAND HILL CA 91397

Tel.

Contractor INTEGRITY ELECTRICAL CONTRACTING INC

Address PO BOX 1346 , WALL NJ 07719

Tel. (732) 552-9045 949- FAX

Lic. No. or Bldrs. Reg. No. 34EB01626400

Federal Employer No.

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group R-5

Maximum Live Load

Construction Classification 5B

Maximum Occupancy Load

Description of Work/Use:
RESTATE 200 AMP ELECTRICAL SERVICE, DR # 338960885

☐ **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 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 _____.

CONSTRUCTION OFFICIAL Dennis Pino DATE 1/10/18

Fee $ 76.00
Paid [✓] Check No. 1956
Collected by: Jennifer O'Keeffe

U.C.C. F260
(rev. 8/05)

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11/29/17

Permit # E2017-1160

IDENTIFICATION Block 46.01 Lot 21 Qualification Code 14000

Work Site Location 140 Monroe Ave Honolulu NJ

Owner in Fee Genesis Capital mezz Fund II LLC

Address 21650 Oxnard St Suite 1700 Woodland Hill CA 91367

Tel. (732) 239-0621

Contractor

Address Integrity Electrical Contracting, Inc. P.O. Box 1346 Wall, NJ 07719

Tel. (732) 552-9045 info@integrityelectrical.us

Lic. No. or Bldrs. Reg. No. Lic# 16264

26-2522977

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Re State 200 Amp Electrical Service

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 $ 350

Dennis Pinto (JD) 11/29/17

Construction Official Date

PAYMENTS (Office Use Only)

Building	
Electrical	75
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	1
Cert. of Occupancy	
Other	
Total	76
Check No.	1956
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 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 with 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 as follows:

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. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

Lock Box Code #2960

PR# 338960.885

Date Received 11/13/17
Control # 14000
Date Issued 11/29/17
Permit # E2017-1660

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 46.01 Lot 29 Qualification Code

Work Site Location 140 Munroe Ave Hazlet

Owner in Fee: Genesis Capital master Fund II LLC

Tel. (732) 239-0621 e-mail Amy 949-438-5488

Address 21650 Oxnard St Suite 170 Woodland Hills CA 91367
street municipality zip code

Contractor: ~~Integrity Electrical Contracting, Inc.~~ Tel. ( )

Address ~~P.O. Box 1346 (732) 552-9045~~ e-mail
~~Wall, NJ 07719 info@integrityelectrical.us~~

Contractor License No. ~~Lic# 16268~~ Exp. Date

Home Improvement Contractor Registration No. ~~26-2522977~~ Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: 11-16-17 Approved by: RM

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-16-17
Approved by: Ronald Mayer

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] TCA
Date: 12-16-17
Approved by: Ronald Mayer

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-6-17	RM
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 12-6-17
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09)

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.

Applicant sign/Contractor sign and seal here:

Print name here: Andrew Yerke

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Re State Exstng Service And Service

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	200	Ant Sign	75

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 75

Lock Box Code #2960

OR # 338960.885

Date Received 11/13/17
Control # 14000
Date Issued 11/29/17
Permit # E20170660

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 46.01 Lot 21 Qualification Code

Work Site Location 140 Munro Ave Hazlet

Owner in Fee: Genesis Capital mstr Fund II LLC

Tel. ( ) e-mail

Address 21650 Oxnard St Suite 1700 Woodland Hills CA 91367
street municipality zip code

Contractor Integrity Electrical Contracting, Inc. Tel. ( )

Address P.O. Box 1346 (732) 552-9045 e-mail
Wall, NJ 07719 info@integrityelectri...

Contractor License No. 16264 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02522977

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 350

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: 11-16-17 Approved by: RM

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-16-17
Approved by: Ronald Maryak

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Andrew Yerk

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Re State Exsting 200Amp Service

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	200	Amp Service	75

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 75

U.C.C. F120 (rev. 11/09)

140 Munro Avenue, Block 46.01, Lot 21, ID 14000, Permit e2017-1160, $76.00

Integrity Electrical Contracting Inc
732.552.9045

P.O. BOX 1346
WALL TOWNSHIP, NJ 07719
www.integrityelectrical.us

909/75-9211

1956

EZShield™ Check Fraud Protection for Business

60-7269/2313

DATE 11/13/17

New Search | Assessment Postcard | Property Card

Block:	46.01	Prop Loc:	140 MUNRO AVENUE	Owner:	FEDERAL NATIONAL MORTGAGE ASSOC	Square Ft:	1860
Lot:	21	District:	1318 HAZLET	Street:	14221 DALLAS PKWY, #1000	Year Built:	1954
Qual:		Class:	2	City State:	DALLAS, TX 75254	Style:	1

Additional Information

Prior Block:	46.A	Acct Num:	007237	Addl Lots:		EPL Code:	0 0 0
Prior Lot:	21	Mtg Acct:		Land Desc:	109X175 .4379 ACRE	Statute:	
Prior Qual:		Bank Code:	0	Bldg Desc:	1S-F-R-4UG	Initial:	000000 Further: 000000
Updated:	09/13/17	Tax Codes:	F01	Class4Cd:	0	Desc:	
Zone:	R70	Map Page:	13	Acreage:	0.4379	Taxes:	8687.59 / 8847.53

Sale Information

Sale Date: 07/26/17 Book: 9245 Page: 8370 Price: 1000 NU#: 12

Sr1a	Date	Book	Page	Price	NU#	Ratio	Grantee
More Info	06/29/00	5952	846	1	1	0	SCHNEIDER, CAROLYN E
More Info	03/28/07	8641	5624	425000		35.74	DESCHAMBEAU, ROXANNE
More Info	07/26/17	9245	8370	1000	12	0	FEDERAL NATIONAL MORTGAGE ASSOC

TAX-LIST-HISTORY

Year	Owner Information	Land/Imp/Tot	Exemption	Assessed	Property Class
2018	FEDERAL NATIONAL MORTGAGE ASSOC 14221 DALLAS PKWY, #1000 DALLAS, TX 75254	154900 193800 348700	0	348700	2
2017	DESCHAMBEAU, ROXANNE 140 MUNRO AVENUE HAZLET, NJ 07734	146600 187900 334500	0	334500	2
2016	DESCHAMBEAU, ROXANNE 140 MUNRO AVENUE HAZLET, NJ 07734	146600 183100 329700	0	329700	2
2015	DESCHAMBEAU, ROXANNE 140 MUNRO AVENUE HAZLET, NJ 07734	146600 178400 325000	0	325000	2

*Click on Underlined Year for Tax List Page

*Click Here for More History

BLOCK 46.01 LOT 21 ~~QUALIFICATION CODE~~ 2148 ADDRESS (SITE) 140 Munro Ave. PERMIT NO. C2021-

~~TOWNSHIP OF~~
~~DIVISION OF INSPECTIONS~~
~~609-926-4424~~

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 140 Munro Ave. Hazlet Twp.
2. Name of Owner in Fee: Federal Nat'l ~~Mortgage~~ Tel. (678) 402-8298x1
   Address 400 Fellowship Rd #100 Mt Laurel NJ 08054
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Bilmark Plumbing+Heating Tel. (609) 294-0223
   Address 23 Oak Ave. Tuckerton NJ 08087
   License No. OR, if new home, Builder Reg. No. 13117 Exp. Date 6/30/21
   Federal Employee No. 46-5489779 FAX: (609) 294-4223
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Marc Taylor
   Tel. (609) 294-0223 FAX: (609) 294-4223

OUT FOR REVISIONS

Date	Initials

Water Heater

II. PROPOSED WORK

1.	☑ Minor Work	
2.	☐ New Building	
3.	☐ Addition	
4.	☐ a. Repair	
	☐ b. Alteration	
	☐ c. Renovation	
	☐ d. Reconstruction	
5.	☐ Fire Protection	
6.	☑ Plumbing-NJ	900
7.	☐ Electrical	
8.	☐ Elevator Devices	
9.	☐ Asbestos Abat. Subch. 8	
10.	☐ Lead Hazard Abatement	
11.	☐ Demolition	
	TOTAL COSTS	900

2nd Plumbing Addition & Permit Req'd

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

V. FEE SUMMARY (for office use only)

			Update	Updat
1.	Building	$		
2.	Electrical		95	
3.	~~Plumbing~~-NJ			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge		2	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other		97	
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use c

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area ó 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 _____

VII. DESCRIPTION OF BUILDING USE

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

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

(X) Check if contractor.

Agent Name Bilmark Plumbing + Heating

Address 23 Oak Ave.
Tuckerton, NJ 08087

Telephone 609-294-0223

Signature _____

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

OFFICE DATE RECEIVED: 2/4/21 Rec'd by mail

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.				

CERTIFICATE

Permit # e2021-0126
Date Issued 02/18/2021
- or -
Control # 21481
Certificate Issued Date: 03/17/2021

IDENTIFICATION

Block 46.01 Lot 21 Qualification Code

Work Site Location 140 MUNRO AVENUE , HAZLET NJ 07734

Owner in Fee FEDERAL NATIONAL MORTGAGE

Address 400 FELLOWSHIP ROAD, #11 , MT LAUREL NJ 08054

Tel. (678) 402-8298

Contractor BILMARK PLUMBING & HEATING LLC

Address 23 OAK AVENUE , TUCKERTON NJ 08087

Tel. (609) 294-0223 FAX

Lic. No. or Bldrs. Reg. No. 13117

Federal Employer No. 46-5489779

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group R-5

Maximum Live Load

Construction Classification 5B

Maximum Occupancy Load

Description of Work/Use:
REPLACE 40 GALLON GAS FIRED WATER HEATER

☐ **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 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 _____.

CONSTRUCTION OFFICIAL Dennis Ping DATE 3/20/21

Fee $ 97.00

Paid [✓] Check No. 008389

Collected by: Jennifer O'Keeffe

U.C.C. F260
(rev. 8/05)

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2/18/21

Permit # e2021-0126

IDENTIFICATION Block 46.01 Lot 21 ~~Qualification Code~~ LDH# 21481

Work Site Location 140 MUNRO AVENUE , HAZLET NJ 07734

Owner in Fee FEDERAL NATIONAL MORTGAGE

Address 400 FELLOWSHIP ROAD, #11 , MT LAUREL NJ 08054

Tel. (678) 402-8298

Contractor BILMARK PLUMBING & HEATING LLC

Address 23 OAK AVENUE , TUCKERTON NJ 08087

Tel. (609) 294-0223

Lic. No. or Bldrs. Reg. No. 13117

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [✓] OTHER _____

DESCRIPTION OF WORK:

REPLACE 40 GALLON GAS FIRED WATER HEATER

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 $ 900

Dennis Pino 2/19/21

Construction Official Dennis Pino Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	95.00
DCA State Permit Fee	2.00
Cert. of Occupancy	
Other	
Total	97.00
Check No.	003879
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

HANICAL INSPECTION
ECHNICAL SECTION

Date Received 2/4/21
Control # 21481
Date Issued 3/16/21
Permit # E2021-0120

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

Block 46.01 Lot 21 Qualification Code

Work Site Location 140 Munro Ave. Hazlet Twp., NJ 07734

Owner in Fee: Federal National Mortgage Assoc.

Tel. (678) 402-8298 e-mail gina@dahagservices.com

Address 400 Fellowship Rd #100 Mt Laurel, NJ 08054
(street / municipality / zip code)

Contractor: Bilmark Plumbing & Heating LLC Tel. (609) 294-0223

Address 23 Oak Avenue e-mail angie@bilmarkplumbing.com

Tuckerton, NJ 08087

Contractor License No. 13117 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason 13VH08039200

Federal Emp. ID No. 465489779 FAX: (609) 294-4223

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 900

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 2/9/21
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CO
Date: 3/16/21
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping			3/16/21	
Appliance			3/16/21	
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				
FINAL			3/16/21	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Marc Taylor

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 40 Gallon gas fired water heater

ALL WORK SHALL
CONFORM TO THE
REQUIREMENTS OF THE CODE

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	$ 95
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 95
TOTAL FEE $

U.C.C. F145 (rev. 10/17) Internet version

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 2/4/21
Control # 21481
Date Issued 2/18/21
Permit # E2021-0126

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

Block 46.01 Lot 21 Qualification Code

Work Site Location 140 Munro Ave. Hazlet Twp., NJ 07734

Owner in Fee: Federal National Mortgage Assoc.

Tel. (678) 402-8298 e-mail gina@dahagservices.com

Address 400 Fellowship Rd #100 (street) Mt Laurel, NJ (municipality) 08054 (zip code)

Contractor: Bilmark Plumbing & Heating LLC Tel. (609) 294-0223

Address 23 Oak Avenue e-mail angie@bilmarkplumbing.com

Tuckerton, NJ 08087

Contractor License No. 13117 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason 13VH08039200

Federal Emp. ID No. 465489779 FAX: (609) 294-4223

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 900

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 2/19/21
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant sign/Contractor sign and seal here:

Print name here: Marc Taylor

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 40 Gallon gas fired water heater

ALL WORK SHALL CONFORM TO THE REQUIREMENTS OF THE CODE

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	$ 95
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 95
TOTAL FEE $

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 46.01 LOT 21 ~~QUALIFICATION CODE~~ DH 21481 PERMIT # E2021

WORK SITE ADDRESS 140 Munro Ave. Hazlet Twp., NJ 07734

Owner in Fee Federal National Mortgage Assoc.

Verifying Individual Marc Taylor Company Bilmark Plumbing & Heating LLC

Address 23 Oak Avenue (Street) Tuckerton (City) NJ (State) 08087 (Zip Code)

Tel: (609) 294-0223 Fax: (609) 294-4223

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other

Existing Vent/Chimney: Size 4"

- [x] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Water Heater	Oil / Gas / Other: Gas	40,000 BTU
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: Model: UL Listing:

Material of Liner: Stainless Steel Aluminum

Size of Appliance Vent: Size of Liner: Height of Chimney:

Length of Connector: Vent Connector Rise:

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other:

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature 11/22/21 Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

BLOCK 46.01 LOT 21 QUALIFICATION CODE 20944 ADDRESS (SITE) 140 Munro Ave PERMIT NO. E2020-05

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 140 Munro Ave
2. Name of Owner in Fee: Federal National Mortgage Ass
   Tel. (800) 232 6643 e-mail
   Address 400 Fellowship Rd #100 Mt Laure NJ 08054
   street municipality zip code
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: A+r Control Tel. (302) 250 6691
   Address PO Box 571 e-mail
   Claymont De 19703
   License No. OR, if new home, Builder Reg. No. 13VH08836800 Exp. Date 3/21
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 463254257 FAX: ( )
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Ken McNulty
   Tel. (302) 250 6691 FAX: ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 132		
2. Electrical			
3. Plumbing /M	133		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	265		
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 4		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 269		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	FOR OFFICE USE ONLY (Optional)								
☐ Building									
☒ Electrical	300.00				11/24/20	SD			
☒ Plumbing /M	2000.00				11/23/20	JS			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	2300.00								

AC / Furnace

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present
   Proposed

III. PLAN REVIEW (optional)

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

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

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

11/24/20 Emailed Approval to County Permit Agency

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Ken McNulty

Address PO Box 571

Claymont De 19703

Telephone 302 250 6691

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

OFFICE DATE RECEIVED: 11/18/20 Rec'd by Mail

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									Entered in
☐ Planning Board									Computer
☐ Zoning Board									11/18/20.
☐ Sewer Authority									
☐ Water Authority									12/14/20
☐ Police Department									302-350-0649
☐ Health Department									Kenny - Cont.
☐ Soil Conservation									Inc Mun re Ave
☐ N.J. Department of Community Affairs									requesting copy
☐ N.J. Department of Transportation									of CA be ema
☐ N.J. Department of Environmental Protection									aircontrolde
☐ Utility Dig No.									@ yahoo.com
☐									sent 1/13/21
☐									

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.				

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Permit # e2020-0871
Date Issued 12/02/2020
- or -
Control # 20944
Certificate Issued Date: 12/16/2020

IDENTIFICATION

Block 46.01 Lot 21 Qualification Code

Work Site Location 140 MUNRO AVENUE , HAZLET NJ 07734

Owner in Fee FEFERAL NATIONAL MORTGAGE ASSOCIATION

Address 400 FELLOWSHIP ROAD, #100 , MT. LAUREL NJ 08054

Tel. (800) 232-6643

Contractor AIR CONTROL

Address PO BOX 571 , CLAYMONT DE 19703

Tel. (302) 250-6691 FAX

Lic. No. or Bldrs. Reg. No.

Federal Employer No. 463254257

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group R-5

Maximum Live Load

Construction Classification 5B

Maximum Occupancy Load

Description of Work/Use:
REPLACE AC AND FURNACE

☐ 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 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 _____.

CONSTRUCTION OFFICIAL Dennis Pino DATE 1/12/21

Fee $ 269.00

Paid [✓] Check No. 1767

Collected by: Jennifer O'Keeffe

U.C.C./F260
(rev. 8/05)

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

CONSTRUCTION PERMIT

Date Issued 12/2/20

Permit # e2020-0871

IDENTIFICATION Block 46.01 Lot 21 ~~Qualification Code~~ ID# 20944

Work Site Location 140 MUNRO AVENUE , HAZLET NJ 07734

Owner in Fee FEFERAL NATIONAL MORTGAGE ASSOCIATION

Address 400 FELLOWSHIP ROAD, #100 , MT. LAUREL NJ 08054

Tel. (800) 232-6643

Contractor AIR CONTROL

Address PO BOX 571 , CLAYMONT DE 19703

Tel. (302) 250-6691

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE AC AND FURNACE

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 $ 2300

Construction Official Dennis Pino Date 12/2/20

PAYMENTS (Office Use Only)	
Building	
Electrical	132.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	133.00
DCA State Permit Fee	4.00
Cert. of Occupancy	
Other	
Total	269.00
Check No.	1767
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/18/20
Control # 20944
Date Issued 12/3/20
Permit # E20201-0871

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

Block 46.01 Lot 21 Qualification Code

Work Site Location 140 Munro Ave

Owner in Fee: Federal Nat mortgage Ass

Tel. 800 232 6643 e-mail

Address 400 Fellowship Rd #100 Mt. Laurel NJ 08054
street municipality zip code

Contractor: M&W Electric, LLC Tel. (609) 364-8667

Address 73 Seeley Road e-mail mwelectric@comcast.net
Bridgeton, NJ 08302

Contractor License No. 18011 Exp. Date 3/31/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 464987324 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3000.00

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Mike Milenkovich

[x] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: HVAC Replacement AC/Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	1.7	KW Central A/C Unit	
1	1	HP/KW Space Heater/Air Handler Furnace	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Administrative Surcharge	$
		Minimum Fee	$
		State Permit Surcharge Fee	$ 132
		TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/24/20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] LCO [ ] CA
Date: 12-10-20
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.			12-3-20	
TCO				
Other HVAC	X			
Service	X		12-10-20	
Final				
Barrier-Free			X 12-15-20	

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09)
Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/18/20
Control # 20944
Date Issued 12/2/20
Permit # E20201-0871

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

Block 46.01 Lot 21 Qualification Code

Work Site Location 140 Munro Ave

Owner in Fee: Federal Nat Mortgage Ass

Tel. 800 232 6643 e-mail

Address 400 Fellowship Rd #100 Mt. Laurel NJ 08054
street municipality zip code

Contractor: M&W Electric, LLC Tel. (609) 364-8667

Address 73 Seeley Road e-mail mwelectric@comcast.net
Bridgeton, NJ 08302

Contractor License No. 18011 Exp. Date 3/31/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 464987324 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev

SUBCODE APPROVAL for PERMIT
Date: 11/24/20
Approved by:

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Mike Milenkovich

[x] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: HVAC Replacement AC/Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	1.7	KW Central A/C Unit	
1	1	HP/KW Space Heater/Air Handler Furnace	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 132
TOTAL FEE $

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Local Box 2960

Date Received 11/18/20
Control # 20944
Date Issued 12/2/20
Permit # E2020M 0871

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

Block 46.01 Lot 21 Qualification Code

Work Site Location 140 Munro Ave

Owner in Fee: Federal Nat. Mortgage Ass

Tel. 800 232 6643 e-mail

Address 400 Fellowship rd #100 Mt Laurel NJ 08054
street municipality zip code

Contractor: Bonaire Heating & Coolong LLC Tel. (302) 420-1007

Address 360Route 9 e-mail

Cape May NJ 08204

Contractor License No. 19HC00501600 Exp. Date 06/30/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 45-353658 FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement

Type: [ ] Hydronic [X] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/27/20
Approved by: Joseph A Perugini

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] COO
Date: 12/10/20
Approved by: Joseph A Perugini

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Water Heater				
Appliance			12/10/20	
Chimney/Vent				
Piping - GAS			12/10/20	
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final Final			12/10/20	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant sign/Contractor sign and seal here:

Print name here: Patrick T Jennings

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Direct replacement of 80% 95 Furnace 100 KBTU, and 3 ton A/C unit.

ALL WORK SHALL CONFORM TO THE REQUIREMENTS OF THE CODE

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Generator Other A/C	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 13
TOTAL FEE $

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 11/18/20
Control # 20944
Date Issued 12/2/20
Permit # E2020-0871

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

Block 46.01 Lot 21 Qualification Code

Work Site Location 140 Munro Ave

Owner In Fee: Federal Nat. Mortgage Ass

Tel. 800 232 6643 e-mail

Address 400 Fellowship rd #100 Mt Laurel NJ 08054
street municipality zip code

Contractor: Bonaire Heating & Coolong LLC Tel. (302) 420-1007

Address 360Route 9 e-mail

Cape May NJ 08204

Contractor License No. 19HC00501600 Exp. Date 06/30/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 45-353658 FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement

Type: [ ] Hydronic [X] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 11/23/20
Approved by: M A Perrotto
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	DATES Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant sign/Contractor sign and seal here:

Print name here: Patrick T Jennings

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

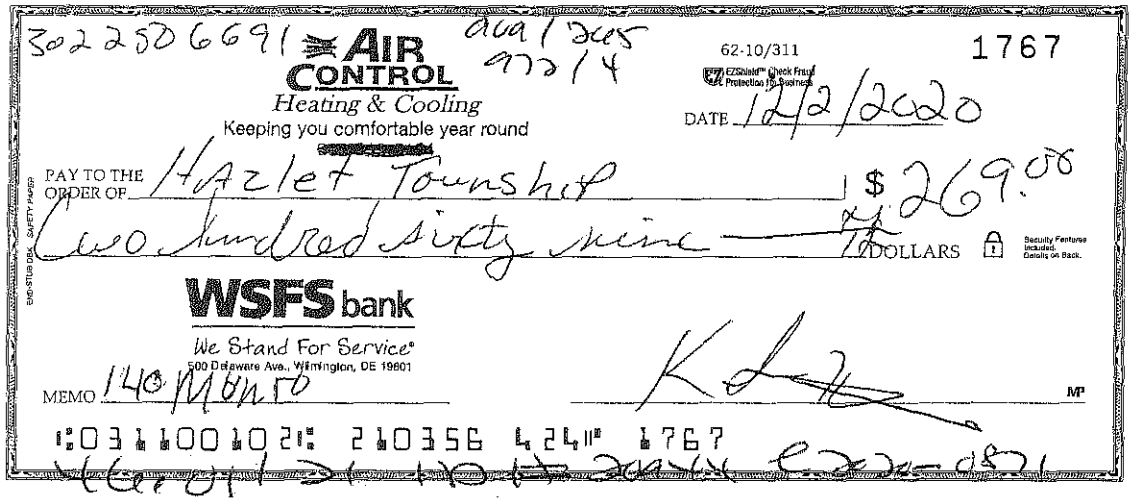
DESCRIPTION OF WORK
Direct replacement of 80% 95 AS Furnace 100 KBTU, and 3 ton A/C unit.

ALL WORK SHALL CONFORM TO THE REQUIREMENTS OF THE CODE

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
I	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
I	Generator / Other A/C	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 133
TOTAL FEE $

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



3022506691 AIR CONTROL Heating & Cooling Keeping you comfortable year round

dva / 305 9714

62-10/311 1767

EZShield™ Check Fraud Protection for Business

DATE 12/2/2020

PAY TO THE ORDER OF Hazlet Township $ 269.00

Two Hundred Sixty nine 00/100 DOLLARS

Security Features Included. Details on Back.

WSFS bank
We Stand For Service®
500 Delaware Ave., Wilmington, DE 19801

MEMO 140 Monro

K [illegible]

⑈031100102⑈ 210356 424⑈ 1767

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 46.01 LOT 21 QUALIFICATION CODE 20944 PERMIT # E2020-0871

WORK SITE ADDRESS 140 Munro Ave

Owner in Fee Federal National Mortgage ASS

Verifying Individual Ken McNulty Company Air Control

Address PO Box 571 (Street) Claymont (City) De (State) 19703 (Zip Code)

Tel: (302) 250 6691 Fax: (___) ___

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other ___

Existing Vent/Chimney: Size 5"

- [X] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other ___

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	___	Oil / Gas / Other: ___	100.000
Appliance 2:	___	Oil / Gas / Other: ___	___
Appliance 3:	___	Oil / Gas / Other: ___	___

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: ___ Model: ___ UL Listing: ___

Material of Liner: Stainless Steel ___ Aluminum ___

Size of Appliance Vent: ___ Size of Liner: ___ Height of Chimney: ___

Length of Connector: ___ Vent Connector Rise: ___

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: ___

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature ___ Date ___

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature [signature] Date 11/9/2020

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature ___ Date ___

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature ___ Date ___

FOR MINOR AND EMRGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

BLOCK 46.01 LOT 21 QUALIFICATION CODE 19999 ADDRESS (SITE) 140 Munro Ave PERMIT NO. 22-04

CONSTRUCTION PERMIT APPLICATION

07734

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

I. IDENTIFICATION

1. Proposed Work Site at: 140 Munro Ave W. Keansburg
2. Name of Owner in Fee: Fannie Mae
   Tel. 732-558-2776 e-mail
   Address PO Box 4698 Logan Utah 84323 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Moretti Electric Tel. 732-747-1371
   Address 15 Market St e-mail Morettielectric
   Red Bank NJ 07701 @ Gmail.com
   License No. OR, if new home, Builder Reg. No. 16207 Exp. Date 3/21
   Home Improvement Contractor Registration No. or Exemption Reason
   Federal Emp. ID No. 26-2481260 FAX:
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ____ FAX: ____
6. Responsible Person in Charge once Work has Begun Mark Moretti
   Tel. 908-308-4147 FAX:

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	1		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 76		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	150								
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	(5) $0								

Service Inspection

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen — Select G

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

D. Construct. Classification: Present ____ Proposed ____

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Moretti Electric

Address 15 Market St Red Bank NJ 07701

Telephone 908-309-4147

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

OFFICE DATE RECEIVED: 6/16/22 Jan Hand by Mail w/ check

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									Entered in
☐ Planning Board									Computer
☐ Zoning Board									6/16/22.
☐ Sewer Authority									
☐ Water Authority									Per Steve
☐ Police Department									charge $75
☐ Health Department									6/21/22.
☐ 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.				

CERTIFICATE

Permit # e2020-0412
Date Issued 06/11/2020
- or -
Control # 19999
Certificate Issued Date: 07/16/2020

NEW JERSEY UNIFORM CONSTRUCTION CODE

IDENTIFICATION

Block 46.01 Lot 21 Qualification Code

Work Site Location 140 MUNRO AVENUE , HAZLET NJ 07734

Owner in Fee FANNIE MAE

Address PO BOX 4698 , LOGAN UT 84323

Tel. (732) 558-2776

Contractor MORETTI ELECTRICAL CONTRACTORS

Address 15 MARKET STREET , RED BANK NJ 07701

Tel. (732) 708-0873 FAX

Lic. No. or Bldrs. Reg. No. 34EB01620700

Federal Employer No. 262481260

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group R-5

Maximum Live Load

Construction Classification 5B

Maximum Occupancy Load

Description of Work/Use:
NEED SERVICE INSPECTED SO JCP&L CAN ENERGIZE

☐ **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 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 _____.

CONSTRUCTION OFFICIAL Dennis Pino DATE 7/16/20

Fee $ 75.00

Paid [✓] Check No. 1661

Collected by: Jennifer O'Keeffe

U.C.C. F260
(rev. 8/05)

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

CONSTRUCTION PERMIT

Date Issued 6/11/20

Permit # e2020-0412

LD# 19999

IDENTIFICATION Block 46.01 Lot 21 ~~Qualification Code~~

Work Site Location 140 MUNRO AVENUE, HAZLET NJ 07734

Owner in Fee FANNIE MAE

Address PO BOX 4698, LOGAN UT 84323

Tel. (732) 558-2776

Contractor MORETTI ELECTRICAL CONTRACTORS

Address 15 MARKET STREET, RED BANK NJ 07701

Tel. (732) 708-0873

Lic. No. or Bldrs. Reg. No. 34EB01620700

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[✓] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
NEED SERVICE INSPECTED SO JCP&L CAN ENERGIZE

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 $ 150

Dennis Pino Jr 6/11/20

Construction Official Dennis Pino Date

PAYMENTS (Office Use Only)	
Building	
Electrical	75.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	~~0.00~~ 1
Cert. of Occupancy	
Other	Xe
Total	~~75.00~~
Check No.	1004
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6/10/20
Control # 19999
Date Issued 6/11/20
Permit # E2020-0412

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

Block 4601 Lot 31 Qualification Code

Work Site Location 140 Munco Ave W. Deansboro

Owner in Fee: Fannie Mae

Tel. (732) 558-2776 e-mail

Address PO Box 4698 Logan Utah 84323
street municipality zip code

Contractor: Moretti Electric Tel. (732) 747-1371

Address 15 Mallet St e-mail Moretti.electric@Comcast.com
Red Bank NJ 07701

Contractor License No. 16207 Exp. Date 3/21

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

Federal Emp. ID No. 26-2481260 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Home Utility Co. JCP&L

Est. Cost of Elec. Work $ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6/11/20

Approved by: Steven Vecchio

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [X] CCO [ ] CA

Date: 6/11/20

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			6-11-20	
Final			X	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Mark L Moretti

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: need service inspected so JCP&L can energize.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
	X	Service Inspection	

Administrative Surcharge	$
Minimum Fee	$ 75
State Permit Surcharge Fee	$
TOTAL FEE	$