Township of Montgomery
2261 Route 206
Belle Mead, NJ 08502
908-3598211

CERTIFICATE

Date Issued: 10/11/2019
Control #: 48811
Permit #: 20190989

IDENTIFICATION

Block: 22003 Lot: 2 Qual:
Work Site Location: 147 DEAD TREE RUN ROAD
Belle Mead
Owner in Fee: MARTIN, GEORGE & HARE, BARBARA A
Address: 147 DEAD TREE RUN RD
BELLE MEAD NJ 08502
Telephone:
Agent/Contractor: PSE&G
Address: 665 Whitehead Road
TRENTON NJ 08648
Telephone: 421-8044
Lic. No./ Bldrs. Reg.No.: 4701B Federal Emp. No.: 22-2769644
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
REPLACE A/C & FURNACE

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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

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

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

This serves notice that based on a 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 maintair accordance with the New Jersey Uniform Construction Code and is approved for use until

Roy Mondi, Construction Official

Fees: $0.00
Paid [X] Check No: 8170
Collected by: AH

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Montgomery
2261 Route 206
Belle Mead, NJ 08502
908-3598211

CERTIFICATE

Date Issued: 03/01/2018
Control #: 45801
Permit #: 20180232

IDENTIFICATION

Block: 22003 Lot: 2 Qual:
Work Site Location: 147 DEAD TREE RUN ROAD
Belle Mead
Owner in Fee: MARTIN, GEORGE & HARE, BARBARA A
Address: 147 DEAD TREE RUN RD
BELLE MEAD NJ 08502
Telephone:
Agent/Contractor: Sherman Smith
Address: 2103 ROUTE 206
Belle Mead NJ 08502
Telephone: 908 359-1656
Lic. No./ Bldrs. Reg.No.: 08327 Federal Emp. No.: 20-4681201
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
GAS LINE FOR FIREPLACE

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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

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

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

This serves notice that based on a 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

Roy Mondi, Construction Official

Fees: $0.00
Paid [X] Check No: 3295
Collected by: AH

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CERTIFICATE

Permit # 04-1237
Date Issued
- or -
Control #
Certificate Issued Date: 1/6/05

IDENTIFICATION

Block 22003 Lot 2 Qualification Code _____
Work Site Location 147 Dead Tree Run Road
Belle Mead, NJ 08502

Owner in Fee George Martin
Address 147 Dead Tree Run Road
Belle MEad, NJ 08502

Tel. (____) _____
Contractor _____
Address _____

Tel. (____) _____ FAX (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employer No. _____

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

Emergency replacement of water heater

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been construced in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been construced or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (_____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

John H. Mearell
CONSTRUCTION OFFICIAL DATE

Fee $ n/a
Paid [ ] Check No. _____
Collected by: _____

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

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

MONTGOMERY

PUBLIC SERVICE
ELECTRIC & GAS COMPANY
RESIDENTIAL APPLIANCE CYCLING PROGRAM

CONSTRUCTION PERMIT

Date Issued 11/13/92

Control #

Permit # 92-0087

IDENTIFICATION Block 22003 Lot 2

Work Site Location 147 DEAD TR RUN RD RD1
MONTGOMERY TWP NJ 08502-9801

Owner in fee WM J MILLER

Address 147 DEAD TR RUN RD RD1
MONTGOMERY TWP NJ 08502-9801

Tele. (908) 359-3056

Contractor LOPATIN

Address 582 Park Avenue
Freehold 07782-0000

Tele. (800) 732-5877

Lic. No. or Bldrs. Reg. No. EI2746 Exp. Date 0/00/00

Federal Emp. No. 22-1805251
or Social Security No. _____

is hereby granted permission to perform the following work:

( ) BUILDING ( ) PLUMBING ( ) OTHER _____

(X) ELECTRICAL ( ) FIRE PROTECTION

DESCRIPTION OF WORK:

INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR
PUBLIC SERVICE ELECTRIC & GAS COMPANY'S
RESIDENTIAL APPLAINCE CYCLING PROGRAM ONLY

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 $ 110.00

WO# 51516

CONSTRUCTION OFFICIAL

INSPECTOR

F 170/REV for PSE&G

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	19
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	19
Check No.	7163
Cash	
Collected By:	ah

(see reverse side)

Township of Montgomery
MUNICIPAL BUILDING
2261 Rt. 206
BELLE MEAD, NJ 08502
PHONE (908) 359-8211

CERTIFICATE

Date Issued 7/23/92
Control #
Permit # 2239-000

IDENTIFICATION

Block 22003 Lot 2
Work Site Location #147 Dead Tree Run Rd.

Owner in Fee Mr. & Mrs. William J. Miller
Address #147 Dead Tree Run Road
Belle Mead, N.J. 08502
Tele. (908) 359-3056
Contractor Eras-Air
Address No. Main St.
Manville, N.J.
Tele. (908) 526-1155
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group R3
Maximum Live Load N/A
Description of Work/Use:

Replace furnace & new A/C unit for single family dwelling.

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification n/a
Maximum Occupancy Load n/a

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ 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 OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Fee $ N/A
Paid [ ] Check No. _____
Collected by: _____

Frank C. Patrick
CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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