CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 1-22-01
Control #
Permit # 01-19

IDENTIFICATION Block 7.01 Lot 7.14

Work Site Location 14 Ashland Terrace
Chester NJ 07930

Owner in Fee ~~Roxciticus Ridge~~
Address ~~14 Ashland Terrace~~
~~Chester NJ 07930~~
Tele. (____) ~~n/a~~

Contractor STONE RIDGE RADON/RAdata Inc.
Address 27 IRONIA RD UNIT 2
FLANDERS, NJ 07836

Tele: 973-927-7303 Fax: 973-927-4980
Lic. No. or Bldrs. Reg. No. MIB90001
Federal Emp. No. 22-3140424

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) [X] OTHER **RADON**

DESCRIPTION OF WORK:

Tie in to existing builder installed sub-slab radon pipe

PAYMENTS **(Office Use Only)**
Building 20
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occ.
Other
Total 20
Check No. 16311
Cash
Collected By:

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 $ ~~$700.00~~ 40.00

1-17-01
Date

CONSTRUCTION OFFICIAL

(see reverse side)

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

Radata/ F-170 rev 10/00

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

Radata/ F-170 rev 10/00
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BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1-22-01
Date Issued
Control #
Permit # 01-19

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

Block 7.01 Lot 7.14

Work Site Location 14 Ashland Terrace
Chester NJ 07930

Owner in Fee Roxciticus Ridge
Address 14 Ashland Terrace
Chester NJ 07930

Tele. ( ) n/a

Contractor STONE RIDGE RADON/RAdata Inc.

Address 27 IRONIA RD UNIT 2
FLANDERS, NJ 07836

Tele: 973-927-7303 Fax: 973-927-4980

Lic. No. or Bldrs. Reg. No. MIB90001

Federal Emp. No. 22-3140424

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	1/22	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 1-19-01
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			1-19-01	
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ ~~$800.00~~ 400.00

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.

X David Hammerle
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tie in to existing builder installed sub-slab radon pipe

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

FEE (Office Use Only)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ 400

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

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856-468-7933

Permit 01-19

Radata
27 Ironia Road, Unit 2
Flanders, New Jersey 07836
973-927-7303
973-927-4980 Fax

Radon Reduction Proposal

ROX Construction Inc.
PO BOX 708
Chester, NJ 07930

George Wustefield
973-670-0904

12/20/2000
No: 14226

Job Location: Roxciticus Ridge
14 Ashland Terrace
Chester, NJ 07930
n\a

Municipality: Chester Twp
County: Morris

Job Description

-Tie into existing builder installed sub slab vent system with one Dynavac XP261fan. Mount fan in attic, use existing electric.
-Install one flow meter to monitor system operation.
-One full service radon retest. Type: CRM

Notes:

1) All work areas must be made accessible for service crew prior to installation or there will be an addditional charge of $65.00 per hour (two men) added for the time it takes our staff to access work area properly.
2) Homeowner is responsible for scheduling appointments and meeting municipal inspectors for final building inspections (you will be notified by our office with permit information).
3) Prices subject to change after 60 days.

Subtotal:	**$400.00**
Permit Fees:	**$38.00**
TOTAL JOB COST:	**$438.00**

GUARANTEE: Radon will be reduced to below 4.0 pCi/L and will remain there for a minimum period of one year(see warranty).

WARRANTY RESTRICTIONS: Radon reduction contingent upon proper installation of builder system.Any additional work necessary will be at an additional cost.

All material is guaranteed to be as specified. All work will be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tomado,and other necessary insurance. Our workers are fully covered by Workman's Compensation insurance.

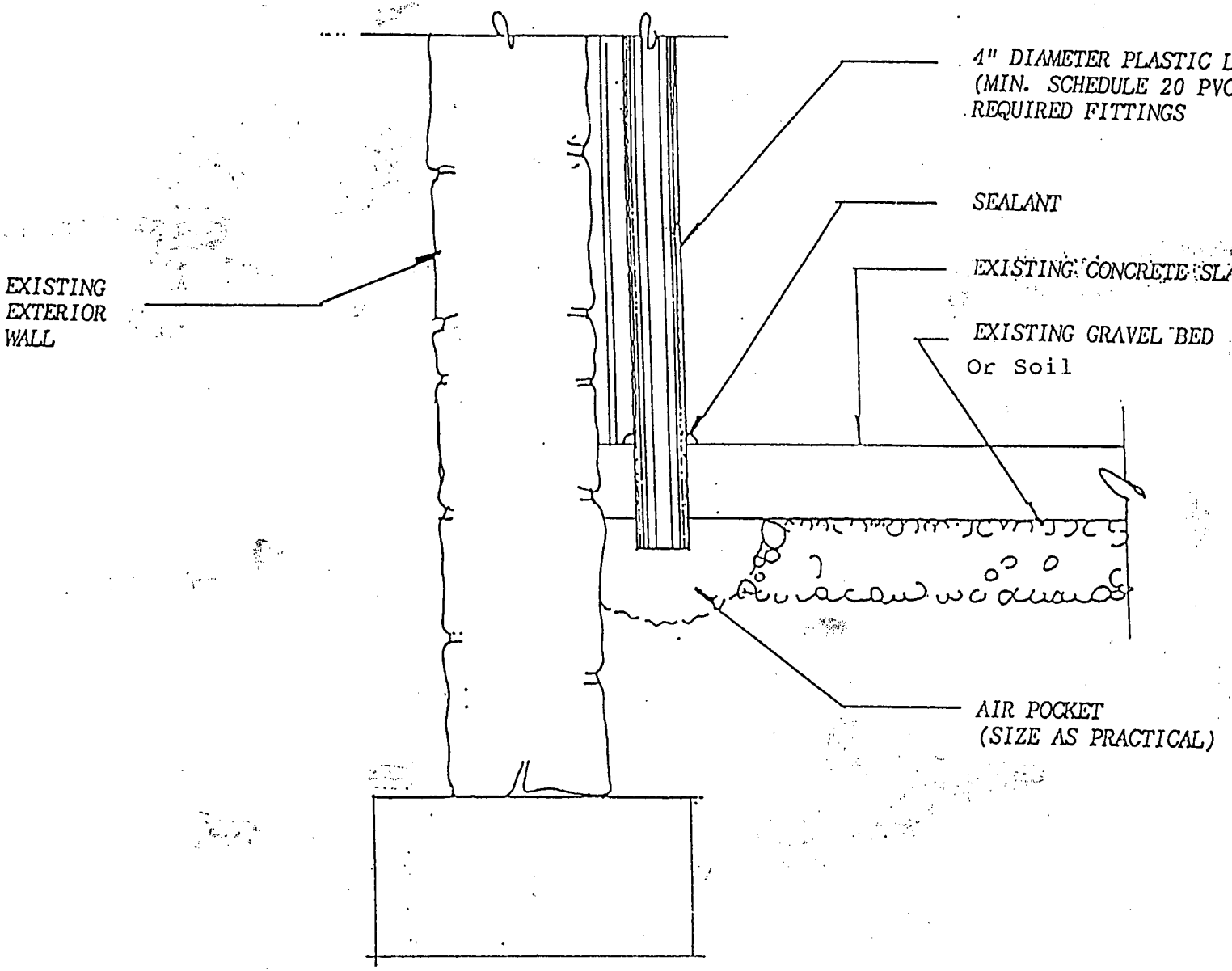
Payment Terms: Net 30 days

System Proposed/Designed by:
David Grammer, Mitigation Specialist
NJ DEP#MIS10027/US EPA#10118/PA DER#1521

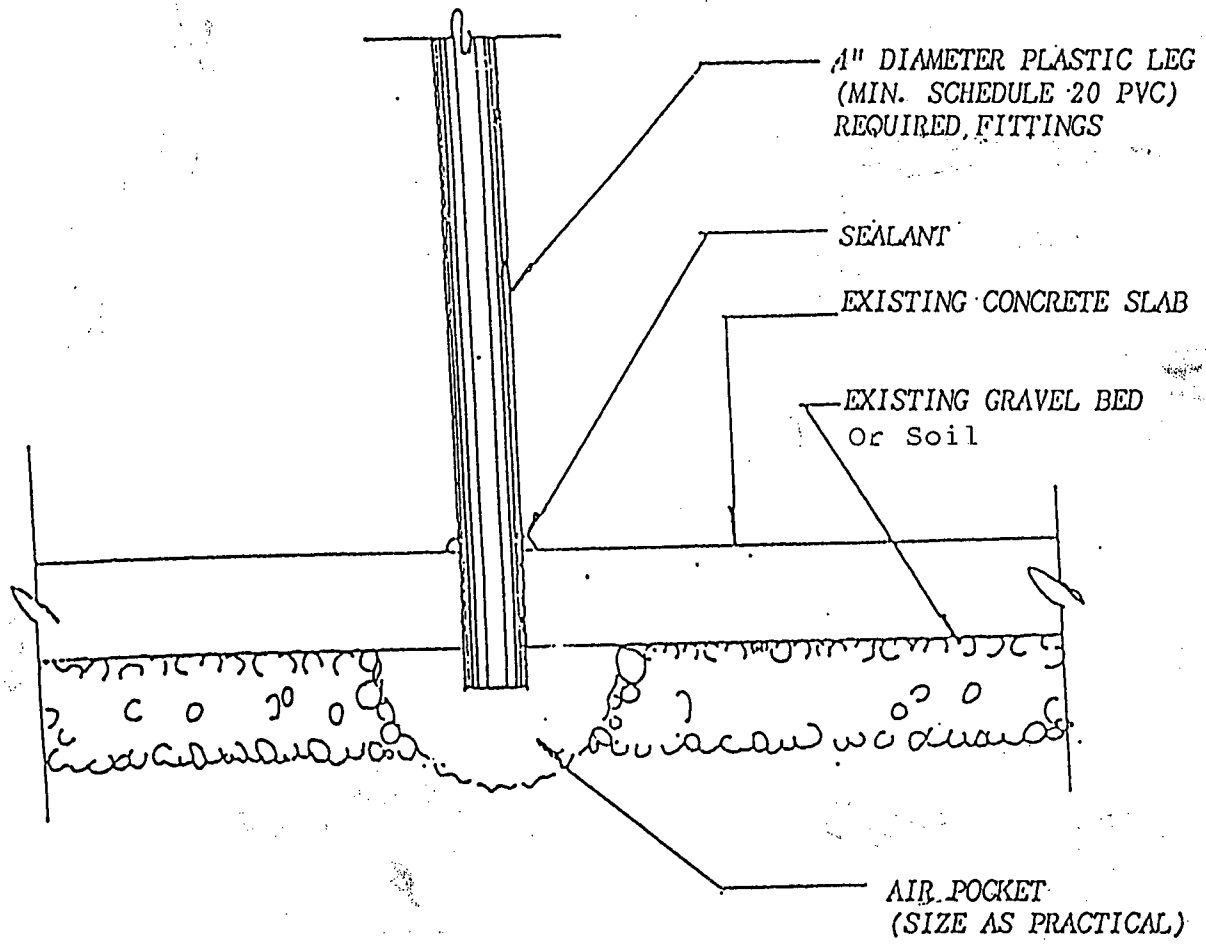
"This notice is provided to you by an organization or individual certified by the New Jersey Department of Environmental Protection to perform radon mitigation or safeguarding services. At some time in the near future, a representative of the Department of Environmental Protection may contact you to ask your permission to visit your building. The purpose of this visit woud be to inspect the recently installed mitigation system. Any questions, comments or complaints regarding the persons performing these mitigation or safeguarding services should be directed to the New Jersey Department of Environmental Protection, Attention: Radon Certification Section, Bureau of Environmental Radiation, CN415, Trenton, New Jersey 08625 (1-800-648-0394)."

Acceptance of Proposal:
The above, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Customer Signature **Date**



This information provided
by David Grammer,
Mitigation Specialist
*NJ DEP License #MIS10027



This information provided
by David Grammer,
Mitigation Specialist
*NJ DEP License #MIS10027

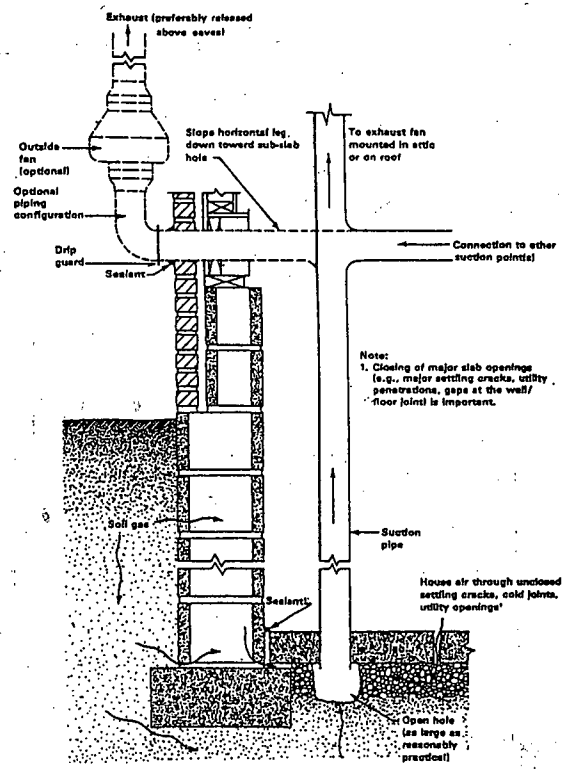
SUB-SLAB VENTILATION (ACTIVE)

Principle of Operation: In active sub-slab ventilation, a fan is used to suck soil gas away from the foundation by means of individual suction pipes which are inserted in the region under the concrete slab. The pipes can be inserted vertically downward through the slab from inside the house, or can be inserted horizontally through a foundation wall at a level beneath the slab. The intent of the system is to create a low-pressure region underneath the entire slab. Depending upon the permeability of the surrounding soil, this pressure field can extend beyond the immediate sub-slab area to the exterior face of the footings. This pressure field, if effective, would prevent soil gas from entering the void network inside the hollow-block foundation walls in the region around the footings. Sometimes the treatment can extend under the footings or through block walls to inhibit soil gas entry into the house through openings in the below-grade foundation wall. When the sub-slab ventilation fan is operated in suction, the system can be pictured as using the crushed rock that is often under the slab as a large collector, into which the soil gas in the vicinity of the house is drawn and then exhausted outdoors.

The central issues with sub-slab ventilation are the number of ventilation points needed, where they must be placed, and the static pressure needed in the ventilation pipes in order to effectively treat all soil gas entry routes. These factors will be determined largely by the permeability distribution under the slab, i.e., the ease with which suction (or pressure) at one point can extend to other parts of the slab to surrounding soil. Other considerations influencing the number, location, and pressure of the ventilation points are the location and nature of the entry routes, and the presence of unclosed openings in the slab or walls.

A sub-slab ventilation system is operated with the fan in suction, to reduce soil gas pressure lower than the pressure in the house, drawing soil gas away from entry routes.

Sometimes wall-related entry routes will not be adequately treated by sub-slab ventilation. Such cases can result, for example when soil permeability under the footings is poor, or when there is insufficient communication between the sub-slab and the block wall void network. In these cases, the sub-slab system might have to be supplemented by some form of wall treatment.



Sub-slab suction using pipes inserted down through slab.

RAdata, Inc.

27 Ironia Road, Unit 2
Flanders, New Jersey 07836
973-927-7303 973-927-4980 fax
1-800-447-2366

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION-RADON SECTION
CN415, TRENTON, NEW JERSEY 08625-0415

Certification Issued in Accordance with Conditions Set Forth in Application

PLEASE DETACH YOUR CERTIFICATION AND CARRY IT WITH YOU FOR IDENTIFICATION PURPOSES.

Renewal Certification
Display this part PUBLICLY at your business location.

NORTHEAST ENVIRON. - RADATA
27 IRONIA ROAD, UNIT 2
FLANDERS, NJ 07836-0000

RADON MEASUREMENT BUSINESS NUMBER MEB90001

VRD-002 2/97

Should you change your name and/or address, complete and return this portion promptly to: NJDEP, Radon Section, CN 415, Trenton, NJ. 08625-0415.

NORTHEAST ENVIRON. MEB90001
NAME CERT. NO.

STREET ADDRESS

CITY STATE ZIP

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hereby Certifies the Goodstanding of:

NORTHEAST ENVIRON. - RADATA
MEB90001
CERTIFICATION NO.

as a certified
RADON MEASUREMENT BUSINESS

EXPIRES: 02/28/2001

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION-RADON SECTION
CN415, TRENTON, NEW JERSEY 08625-0415

Certification Issued in Accordance with Conditions Set Forth in Application

PLEASE DETACH YOUR CERTIFICATION AND CARRY IT WITH YOU FOR IDENTIFICATION PURPOSES.

Renewal Certification
Display this part PUBLICLY at your business location.

STONE RIDGE RADON/RADATA, INC.
27 IRONIA ROAD, UNIT 2
FLANDERS, NJ 07836-0000

RADON MITIGATION BUSINESS NUMBER MIB90001

VRD-002 2/97

Should you change your name and/or address, complete and return this portion promptly to: NJDEP, Radon Section, CN 415, Trenton, NJ. 08625-0415.

STONE RIDGE RADON/ MIB90001
NAME CERT. NO.

STREET ADDRESS

CITY STATE ZIP

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hereby Certifies the Goodstanding of:

STONE RIDGE RADON/RADATA, INC.
MIB90001
CERTIFICATION NO.

as a certified
RADON MITIGATION BUSINESS

EXPIRES: 04/29/2001

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name RAdata Inc.
Address 27 Ironia Rd., Unit 2
Flanders, NJ 07836

Telephone (973) 927 7303
Signature David Hammer (A)

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

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(856) 468-7933

FOLD

OFFICE DATE RECEIVED: _____

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

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy					
☐ Temporary Certificate of Compliance					
☐ Continued Certificate of Occupancy					
☐ Certificate of Compliance					
☐ Certificate of Occupancy					
☐ Certificate of Approval					
☐ Lead Abatement Clearance Certificate					

FOLD

BLOCK 7.01 LOT 7.14 QUALIF /CODE _____ ADDRESS (SITE) _____ PERMIT NO. 01-19

fee 1-9-01

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 14 ashland Terrace, Chester NJ
2. Name of Owner in Fee: Ast Construction Tel. 973 670-0904
   Address: Same (street) Chester Twp (municipality) 07930 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ~~RAdata Inc. 27 Ironia Rd., Unit 2 Flanders, NJ 07836~~ Tel 973 927 7303
   Address
   License No. OR, if new home, Builder Reg. No. MB 9001 Exp. Date 4/01
   Federal Employee No. 22-3140424 Fax 973 927 4980
5. Architect or Engineer _____ Tel. ( )
   Address
6. Responsible Person in Charge of Work _____
   Tel. ( ) Fax ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 20		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL MCS 16311	$ 20		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☑ Minor Work	400.00								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	400.00								

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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