H.M. STAUFFER & SONS — **K HOVNANIAN 1900 UNIT - T7 / T7A (REPAIR)**

LUMBER SPECIFICATIONS
Top Chord: 2X 6 #2 So Pine 19% MMC
Btm Chord: 2X 6 #2 So Pine 19% MMC
Webs : 2X 4 #2 So Pine 19% MMC
(Except as noted below)
T- 1: 2X 8 #2 So Pine 19% MMC
T- 5: 2X 8 #2 So Pine 19% MMC
2X4 wedge required at left heel.

LOAD CASE 1: 30.0 7.0 0.0 10.0 15.0%
BC: 40.0 PLF from jt. 8 to 11
Approx. trs. weight= 327#.

MEMBER FORCES FROM LEFT TO RIGHT

1- 2 =	-2390	1- 8 =	+1910	2- 8 =	-325	5-11 =	-2189		
2- 3 =	-2195	8- 9 =	+1498	3- 8 =	+742	6-11 =	-1229		
3- 4 =	-1492	9-10 =	+1238	3- 9 =	-14	6-12 =	+975		
4- 5 =	-688	10-11 =	-48	4- 9 =	+512				
5- 6 =	-20	11-12 =	+1082	4-10 =	-1331				
6- 7 =	-1251	12- 7 =	+1083	5-10 =	+1769				

****
* T7A HAS NO OVERHANG RIGHT END. *
****

*** 1X4 continuous lateral bracing attached with two (2) 8d common nails each member where Indicated. Bracing may be attached to either edge of web.**

Problem: Cathedral ceiling needs centered over a 14'-10" room not 14'-0".

Repair: Shore truss to proper position. Cleanly cut and remove lower portion of web # 5- 11 & 6 -11 to allow for secondary bottom chord. Use carborundum type blades to cut through the metal connector plates. Cut connector plate between web and top of bottom chord. Do not cut connector plate where attaching bottom chords together. Do not peel back connector plates. Use protective eye goggles. DO NOT OVER CUT. Insert new SPF # 2 or better secondary bottom chord and web as shown darkened on drawing. Apply 3/4" CDX plywood OR 23/32" OSB APA Rated Sheathing gusset to both faces of truss as shown on drawing. Attach gussets to truss with PL-400 Std. construction adhesive (or equiv.) and (2) rows of 8d nails staggered at 2" o.c. into all 2 x 6 members and 8d nails spaced 2" o/c into all 2 x 4 members. After gussets are attached, cut original bottom chords as needed to create 14'-10" inside to inside cathedral ceiling.

43 A, B, C, D, E, F

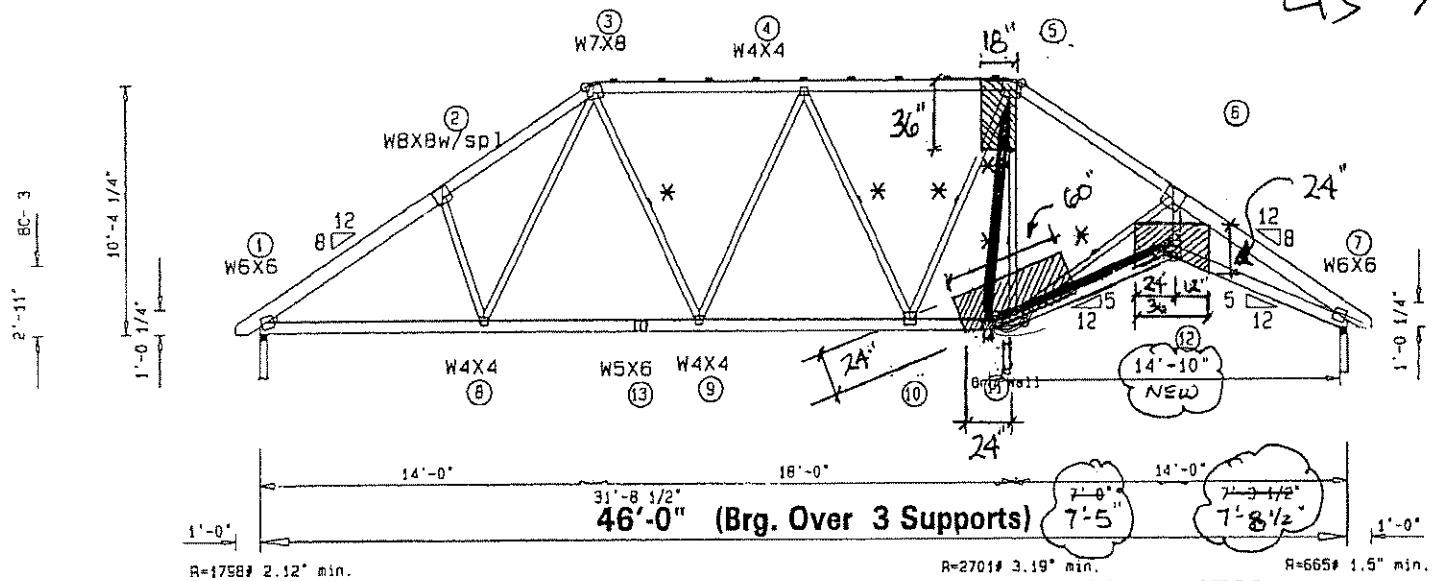


PLATE: ALPINE WAVE — **FURNISH A COPY OF THIS TRUSS DESIGN TO ERECTION CONTRACTOR** — **TYPE: CATHEDRAL**

NOV 25 2002

SEALING OF TRUSS DESIGN BASED UPON THESE DESIGN CRITERIA:

1. Connector plates are fabricated from 20 gauge ASTM A653/653M Grade A or better hot-dipped galvanized steel).
2. Connector plates are applied to both faces of truss at each joint. Where dimensions are not shown, plates are symmetrically placed about joint or as indicated by circles (o).
3. Cutting and fabrication shall be accomplished using equipment producing snug fitting joints and fully embedded plates.
4. Unless otherwise noted, compression top chord to be continuously braced by the roof sheathing.
5. The permanent structural bracing shown is for the support of an individual truss member and is not intended as a bracing plan for the roof structure or as a plan for the attachment of the roof to the building.

CAUTION:

Trusses can be dangerous and can cause damage and personal injury if improperly handled installed and/or braced. Bracing shown on this drawing is NOT ERECTION BRACING. Refer to the Truss Plate Institute(TPI) publication "HIO-91: Commentary and Recommendations for Handling, Installing, and Bracing Metal Plate Connected Wood Trusses" for industry standard in erecting trusses. TPI is located at: 583 D'Onofrio Drive, Suite 200, Madison WI 53719. Telephone: (608) 833-5900.

Read all manufacturer's WARNINGS enclosed with drawing package.

ANTONIO E. ARCE PE
New Jersey #22769
2130 SW 123 Court
MIAMI FL 33175

K.HOVNANIAN CO.
MULTI FAMILY HOMES
NJ

LOADING

CRITERIA : ANSI/TPI 1-1995

TC Live	30.0	psf
TC Dead	7.0	psf
BC Live	0.0	psf
BC Dead	10.0	psf
TOTAL	47.0	psf
Dur. factor	1.15	
Spacing	24.0"	o.c.

Designer: REK
Scale: 1/8"=1'
DATE: 23 Nov 2002
Check by:
Version: 1.0v
Drawing No.
T7

IN COMPUTER REQUEST ✓
RESULTS P

INSPECTION REQUEST — NORTH HALEDON — 973- 423-9422

6/5/03 Thursday AM
Date & Time of Request

Block: 58.03 Lot: 43.06

Owner/ Tenant: K Hovnanian

Permit No. 20020423

Contractor

Address: 14 Magnolia Way

Inspection Type: final townhouses

BUILDING — (ELECTRIC) — (PLUMBING) — FIRE — ZONING — PROPERTY MAINTENANCE

RESULTS: (PASS) FAIL PROCESSED: CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY ____

____ COMMENTS:

____ BUILDING:

____ ELECTRIC: OK

____ PLUMBING:

____ FIRE:

OK TO PROCESS CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY ____

6/12/03
DATE & TIME OF INSPECTION

INSPECTOR

BOROUGH OF NORTH HALEDON
103 OVERLOOK AVENUE
NORTH HALEDON NJ 07508
973-423-9422

CERTIFICATE

IDENTIFICATION

Date Issued: 06/20/2003
Control #: 5821
Permit # 20020423

Block: 58.03 Lot : 43.06 Qual:

Work Site : 14 MAGNOLIA WAY
NORTH HALEDON

Owner in Fee: K HOVNANIAN
Address: 293 NORTH HALEDON AVENUE
NORTH HALEDON NJ 07508
Telephone: 973 427-3652

Agent/Contractor: K HOVNANIAN
Address: 293 NORTH HALEDON AVENUE
NORTH HALEDON NJ 07508
Telephone: 973 427-3652

Lic. No./ Bldrs. Reg.No.: 026985 Federal Emp. No.: 22-3464497
Social Security No.:

Home Warranty No: 169640-0
Type of Warranty Plan: [ ] State [X] Private
Use Group: R-3
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: NEW SINGLE FAMILY DWELLING

[X] **CERTIFICATE OF OCCUPANCY**

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

[ ] **CERTIFICATE OF APPROVAL**

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

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

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

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

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

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

PHILIP CHEFF Construction Official

Fees $50.00
Paid[X]Check No 8620
Collected by BB

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

PROFESSIONAL WARRANTY SERVICE CORPORATION

P.O. BOX 800 Annandale, VA 22003-0800 1-800/850-2799 FAX 1-800/851-2799

To: Municipal Construction Official

From: Professional Warranty Service Corporation

SUBJECT: CONFIRMATION OF HOME ENROLLMENT AND WARRANTY COVERAGE

This shall serve as verification that the home (structure) identified below has been accepted for final enrollment in the Professional Warranty 10-Year Limited Warranty Program. This form is validated by the signature of a PWC representative and the PWC seal affixed below. This form also affirms that the Limited Warranty document will be transmitted to the purchaser upon closing/final settlement.

Builder Name: **K. HOVNANIAN AT NORTH HALEDON, LLC**

PWC Builder Participation Number: **000-70RX**

NJ DCA Registration Number: **31217**

Purchaser(s) Name: _____

Municipality: **North Haledon Boro** **1606**

Legal Address of Home Enrolled: Lot: **43.06** Block: **58.03**

Street Address: **14 Magnolia Way** **F1**
City / State / Zip: **North Haledon, NJ** **07508**
County: **Passaic**

PWC Approval Number and
Builder's Limited Warranty No: **0169640-0**

Date: **4/16/2003**

PWC Representative: _____
Suzanne Spikes

PWC Seal:

PWC 957NJ-HV
Rev. 1/1/97

IN COMPUTER REQUEST P

RESULTS ✓

INSPECTION REQUEST — NORTH HALEDON — 973- 423-9422

6/9/03 MON
Date & Time of Request

Block: 58.03 Lot: 43.06

Owner/ Tenant: K Nourmanian

Permit No. 20020423

Contractor

Address: 14 Magnolia Way

Inspection Type: final townhouses

BUILDING — ELECTRIC — PLUMBING — (FIRE) — ZONING — PROPERTY MAINTENANCE

RESULTS: PASS FAIL PROCESSED: CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY ____

COMMENTS:

BUILDING:

ELECTRIC:

PLUMBING:

FIRE:

OK TO PROCESS CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY X

06-09-03 @ AM
DATE & TIME OF INSPECTION

INSPECTOR

IN COMPUTER REQUEST ✓

RESULTS 1

INSPECTION REQUEST — NORTH HALEDON — 973- 423-9422

6/5/03
Date & Time of Request

Block: 58.03 Lot: 43.06

Owner/ Tenant: K Hovnanian

Permit No. 20020423

Contractor

Address: 14 Magnolia Way

Inspection Type:

BUILDING — ELECTRIC — PLUMBING — FIRE — ZONING — PROPERTY MAINTENANCE

RESULTS: (PASS) FAIL PROCESSED: CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY ____

____ COMMENTS:

____ BUILDING: R/O RAILING ON DECK, MIDDLE WINDOW OVER MSTR TUB NOT TEMPERED

____ ELECTRIC:

____ PLUMBING:

____ FIRE:

OK TO PROCESS CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY ____

6/10/03 3:15
DATE & TIME OF INSPECTION

INSPECTOR

New Jersey Natural Resources Conservation Program

HUDSON-ESSEX-PASSAIC SOIL CONSERVATION DISTRICT

15 BLOOMFIELD AVENUE
NORTH CALDWELL NJ 07006
Telephone: (973) 364-0786
Fax: (973) 364-0784

REPORT OF COMPLIANCE

June 12, 2003

Mr. Phil Cheff, Const. Official
Borough of North Haledon
103 Overlook Avenue
North Haledon, NJ 07508

Re: **Lakeside @ North Haledon,** Buildings 42 & 43
North Haledon, NJ (our file 99-P-2280)

Dear Mr. Cheff:

Please be advised that the construction of the above referenced project has proceeded in accordance with the Soil Erosion and Sediment Control Plan certified by the District, pursuant to the New Jersey Soil Erosion and Sediment Control Act, ch. 251, P.L. 1975. The Hudson-Essex-Passaic Soil Conservation District thereby issues a **REPORT OF COMPLIANCE** with the certified plan and authorizes the issuance of all Certificates of Occupancy for the above referenced project, or portion thereof. In cases where a Certificate of Occupancy is not necessary, this letter shall serve to notify that the said project has been completed and properly stabilized.

This Report of Compliance applies only to provisions of the Soil Erosion and Sediment Control Act and does not obligate the controlling authority to release the Certificate of occupancy.

Yours truly,

Glen Van Olden
Director

C: Applicant/Owner

BOSWELL McCLAVE ENGINEERING
ENGINEERS ■ SURVEYORS ■ PLANNERS ■ SCIENTISTS
330 Phillips Avenue • PO Box 3152 • South Hackensack, N.J. 07606-1722 (201) 641-0770 • Fax (201) 641-1831

June 12, 2003

Borough of North Haledon
103 Overlook Avenue
North Haledon, New Jersey 07508

Attention: Phil Cheff, Construction Official

Re: Lakeside at North Haledon
Building No. 43
Our File No. NHES-246

Dear Mr. Cheff:

Please be advised that this office has inspected the drainage and grading around Building No. 43 in the Lakeside at North Haledon Development. We have no objection to the issuance of a Certificate of Occupancy at this time.

Please call me if you should have any questions concerning this matter.

Very truly yours,

BOSWELL McCLAVE ENGINEERING

Jeffrey L. Morris, P.E.

JLM/jg

030612JG11.doc

IN COMPUTER REQUEST ✓

RESULTS P

INSPECTION REQUEST — NORTH HALEDON — 973- 423-9422

2/4/03 TUE
Date & Time of Request

Block: 58.03 Lot: 43.06

Owner/ Tenant: K Nownanian

Permit No. 2002423

Contractor

Address: 14 Magnolia

Inspection Type: insulation

BUILDING — ELECTRIC — PLUMBING — FIRE — ZONING — PROPERTY MAINTENANCE

RESULTS: PASS FAIL PROCESSED: CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY ____

____ COMMENTS:

____ BUILDING: Photo # 314 315 316

____ ELECTRIC:

____ PLUMBING:

____ FIRE: OK Bld #43

OK TO PROCESS CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY ____

2/4/03 P
DATE & TIME OF INSPECTION

INSPECTOR

IN COMPUTER
REQUEST
RESULTS NP

INSPECTION REQUEST — NORTH HALEDON — 973- 423-9422

1/30/03 Thursday
Date & Time of Request

Block: 58.03 Lot: 43.06

Permit No. 20020423

Owner/ Tenant: K Hovnanian

Address: 14 Magnolia Way

Contractor

Inspection Type: Rough new townhouse

BUILDING — ELECTRIC — PLUMBING — (FIRE) — ZONING — PROPERTY MAINTENANCE

RESULTS: PASS FAIL PROCESSED: CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY____

____ COMMENTS:

____ BUILDING: Not Done

____ ELECTRIC:

____ PLUMBING:

✓ FIRE:

OK TO PROCESS CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY ____

01-30-03 1300
DATE & TIME OF INSPECTION

INSPECTOR

IN COMPUTER
REQUEST ✓
RESULTS

INSPECTION REQUEST — NORTH HALEDON — 973- 423-9422

1/14/03 TUE PM
Date & Time of Request

Block: 58.03 Lot: 4306

Owner/ Tenant: K Nourmian

Permit No.

Address: 12 Magnolia Way

Contractor

Inspection Type: Sewer & water Bld # 43

BUILDING — ELECTRIC — PLUMBING — FIRE — ZONING — PROPERTY MAINTENANCE

RESULTS: PASS FAIL PROCESSED: CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY ____
BLK 58.03 43.06

COMMENTS:

BUILDING:

ELECTRIC:

PLUMBING: PHOTO # 262 261 260

FIRE:

OK TO PROCESS CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY ____

1/14/03
DATE & TIME OF INSPECTION

INSPECTOR

IN COMPUTER REQUEST ✓

RESULTS _____

INSPECTION REQUEST — NORTH HALEDON — 973- 423-9422

1/30/03 Thursday
Date & Time of Request

Block: 58.03 Lot: 43.06

Permit No. 2002.0423

Owner/ Tenant: K Hovnanian

Address: 14 Magnolia Way

Contractor SERVICE

Inspection Type: rough townhouse

BUILDING — ELECTRIC — PLUMBING — FIRE — ZONING — PROPERTY MAINTENANCE

RESULTS: PASS FAIL PROCESSED: CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY ____

____ COMMENTS:

____ BUILDING: 4060

____ ELECTRIC:

____ PLUMBING: ✓

____ FIRE:

OK TO PROCESS CERTIFICATE OF APPROVAL ____; CERTIFICATE OF OCCUPANCY ____

DATE & TIME OF INSPECTION

INSPECTOR

To: PSE&G
From: Boro of North Haledon
Fax: 973-546-8971
Date: 1-31-03

MUNICIPALITY NO HALEDON

CUT-IN-CARD

LOCATION 14 MAGNOLIA WAY UTILITY CO PSE&G

NO HALEDON BLK 5803 LOT 42.06

OWNER KLOU OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200 AMP 10

INSTALLED BY MONROE LICENSE NO 1652

DATE 1/30/03 PERMIT # 20020423 INSPECTOR

☐ CALLED IN / / Lic. No

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

BOROUGH OF NORTH HALEDON
103 OVERLOOK AVENUE
NORTH HALEDON, NJ 07508
973 - 423-9422

Permit Number: 20020423
Permit Date: 10/14/2002
Update Number:
Control Number: 5821
Application Date: 09/16/2002

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 58.03 Lot : 43.06 Qualifier :

Work site Location:	14 MAGNOLIA WAY NORTH HALEDON	Contractor:	K HOVNANIAN
Owner In Fee:	K HOVNANIAN	Address:	293 NORTH HALEDON AVENUE
Address:	293 NORTH HALEDON AVENUE		NORTH HALEDON NJ 07508
	NORTH HALEDON NJ 07508	Telephone:	(973) - 427-3652
Telephone:	(973) - 427-3652	Lic. No. / Bldrs. Reg. No.:	026985
Use Group(s):	R-3	Federal Emp. No.:	22-3464497

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

NEW SINGLE FAMILY DWELLING

ESTIMATED COST OF WORK:

Cost of Construction:	124,600.00
Cost of Alteration:	0.00
Cost of Demolition:	0.00
Total Cost:	$124,600.00

PAYMENTS (Office Use Only)

Building	$942.00
Electrical	$180.00
Plumbing	$345.00
Fire Protection	$200.00
Elevator Devices	
Mechanical	
VolFee (DCA)	$75.00
AltFee (DCA)	
Other Fees	
CO Fee	$50.00
CCO Fee	
Minimum Fee	
Total	**$1,792.00**
All Fees Waived :	No

Amount to be Paid: **$1,792.00**
Check Number: 8620
Check amount: $1,792.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

PHILIP CHEFF — 10/14/02
Construction Official — Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by: BB
Receipt No:
Total Cash Amount
Total Check Amount $1,792.00
Total CC Amount
Grand Total $1,792.00

Note:

BOROUGH OF NORTH HALEDON
103 OVERLOOK AVENUE
NORTH HALEDON, NJ 07508
973 - 423-9422

Control Number: 5821
Application Date: 09/16/2002

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 58.03 Lot : 43.06 Qualifier :

Work site Location:	14 MAGNOLIA WAY NORTH HALEDON	Contractor:	K HOVNANIAN
Owner In Fee:	K HOVNANIAN	Address:	293 NORTH HALEDON AVENUE
Address:	293 NORTH HALEDON AVENUE		NORTH HALEDON NJ 07508
	NORTH HALEDON NJ 07508	Telephone:	(973) - 427-3652
Telephone:	(973) - 427-3652	Lic. No. / Bldrs. Reg. No.:	026985
Use Group(s):	R-3	Federal Emp. No.:	22-3464497

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

NEW SINGLE FAMILY DWELLING

ESTIMATED COST OF WORK:

Cost of Construction:	124,600.00
Cost of Alteration:	0.00
Cost of Demolition:	0.00
Total Cost:	$124,600.00

PAYMENTS (Office Use Only)

Building	$942.00
Electrical	$180.00
Plumbing	$345.00
Fire Protection	$200.00
Elevator Devices	
Mechanical	
VolFee (DCA)	$75.00
AltFee (DCA)	
Other Fees	
CO Fee	$50.00
CCO Fee	
Minimum Fee	
Total	**$1,792.00**
All Fees Waived :	No

Amount to be Paid: **$1,792.00**

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

PHILIP CHEFF — Date
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Note:

BOROUGH OF NORTH HALEDON

BUILDING SUBCODE TECHNICAL SECTION

Date Received 09/16/2002 Date Issued
Control # 5821 Permit # 0

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

Block : 58.03 Lot : 43.06 Qualifier :
Work Site Location : 14 MAGNOLIA WAY

Owner Details

Name : K HOVNANIAN
Address : 293 NORTH HALEDON AVENUE
NORTH HALEDON NJ 07508
Telephone : 973 - 427-3652

Contractor Details

Contractor : K HOVNANIAN @N.HALEDON INC
Address : 293 N HALEDON AVENUE
NORTH HALEDON NJ 07508
Telephone (973)-4273652
Fax :

Lic No. or Bldrs Reg. No. :
Federal Emp. No: 223464497

C.CERTIFICATION IN LIEU OF OATH

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

Signature

D.TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SINGLE FAMILY DWELLING

B.BUILDING CHARACTERISTICS

Use Group	Present : R-3	Proposed :	
Constr. Class	Present :	Proposed :	
No. of Stories	0		
Height of Structure	0	Ft.	
Area - Largest Floor	0	Sq. Ft.	
New Bldg. Area/All Floors	3141	Sq. Ft.	
Volume of New Structure	39258	Cu. Ft	
Total Land Area Disturbed	0	Sq. Ft	

Est. Cost of Bldg. work:

1. New Building.	115,000.00
2. Alteration	0.00
3. Demolition	0.00
4. Total (1+2+3)	$115,000.00

TYPE OF WORK:

[X] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Sign_____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$1,177.74

Administrative Surcharge	
Minimum Fee	
DCA Training Fee	$75.00
Total Fee	$1,017.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ][ ]All	9/20	
[ ]Footing		
[ ]Foundation		
[ ]Frame		
[ ]Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____
_____

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 09/16/2002 Date Issued

BOROUGH OF NORTH HALEDON Control # 5821 Permit # 0

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

Block : 58.03 Lot : 43.06 Qualifier :

Work Site Location 14MAGNOLIA WAY
Owner in Fee/Occupant K HOVNANIAN
Address : 293 NORTH HALEDON AVENUE
NORTH HALEDON NJ 07508
Telephone : (973)-427-3652
Contractor MONROE ELECTRIC
Address : 311 ENGLISHTOWN ROAD
SPOTSWOOD NJ 08884
Telephone : (732)-2513555
Fax :
License No. : 1682 Federal Emp. No. 22-1992096

B.ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed _____
[ ] Pole/Pad # 0 _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
1. New Building $4,300.00 2. Alteration $0.00
3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $4,300.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec.Plans Approved
Date: 9/26
Approved by: _____

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

INSPECTIONS Dates(Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				

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

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's Signature/Contractor's seal and Signature

[ ] Licened Electrical Contractor
[ ] Exempt Applicant

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
65.00		Lighting Fixtures	
60.00		Receptacles	
45.00		Switches	
7.00		Detectors	
		Light Poles	
5.00		Motor-Fract.HP	
		Emergency&exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBER 182	$110.00
		Pool Permit/with UW Lights	
1.00		Storable Pool/Spa/Hot Tub	$10.00
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1.00	1.00	KW Dishwasher	
1.00	1.00	HP Garbage Disposal	
	3.00	KW Central A/C Unit	$10.00
1.00		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1.00	150.00	AMP Service	$50.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
DCA Training Fee	
TOTAL FEE	$180.00

BOROUGH OF NORTH HALEDON | **FIRE SUBCODE TECHNICAL SECTION** | Date Received 09/16/2002 | Date Issued | Control # 5821 | Permit # 0

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

Block : 58.03 Lot : 43.06 Qualifier :

Work Site Location : 14 MAGNOLIA WAY

Owner Details

Owner in Fee : K HOVNANIAN

Address : 293 NORTH HALEDON AVENUE
NORTH HALEDON NJ 07508

Telephone : (973) - 427-3652

Contractor Details

Contractor : K HOVNANIAN @N.HALEDON INC. LL

Address : 293 N HALEDON AVENUE
NORTH HALEDON NJ 07508

Telephone : (973)-4273652

Fax :

License No. : 026985

Federal Emp. No. : 223464497

D.TECHNICAL SITE DATA

DESCRIPTION OF WORK:
NEW SINGLE FAMILY DWELLING

Water Supply Source
Method of Alarm/Suppression
System Supervision

B.FIRE PROTECTION CHARACTERISTICS

Use Group Present: R-3 Proposed:

Constr. Class Present: Proposed:

Heating Systems [ ]New [ ]Existing [ ] HVAC
Type: [ ]Gas [ ]Oil [ ]Electric [ ]Solar
[ ] Other
Location:

1. New : $300.00 2. Alteration : $0.00
3. Demolition : $0.00
Total Cost of Fire Protection (1+2+3) Work : 300.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:

Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required
Joint Plan Review Required :
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
[X] Fire Plans Approved
Date: 10-10-02
Approved by: KMP

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

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
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.

.....
Signature

Storage Tanks

Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity Fuel
NUMBER 0.00

Alarm Systems [ ] 110v Interconnected
[ ] System

		FEE (Office Use Only)
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	147=8	$50.00
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:		
TOTAL	8	$50.00

Suppression Systems

Fire Pump 0.00GPM Type 0.00		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
Halon Suppression		
Other :		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas[X] or Oil [ ] Fired Appliances	2	$150.00
Other :		

Administrative Surcharge	
Minimum Fee	
DCA Training Fee	
TOTAL FEE	$200.00

BOROUGH OF NORTH HALEDON

PLUMBING SUBCODE TECHNICAL SECTION Date Received 09/16/2002 Date Issued

Control # 5821 Permit # 0

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

Block : 58.03 Lot : 43.06 Qualifier :

Work Site Location : 14 MAGNOLIA WAY

Owner in Fee : K HOVNANIAN

Address : 293 NORTH HALEDON AVENUE
NORTH HALEDON NJ 07508

Telephone : (973) - 427-3652

Contractor ABADIN PLUMBING & HEATING

Address 111 ALBERT AVENUE
NEWARK NJ 07105

Telephone : (973)-3442911 Fax :

License No. : 5208 Federal Emp. No. : 222255498

B.PLUMBING CHARACTERISTICS

Use Group Present : R-3 Proposed :

Building Sewer Size : Public Sewer : 0 Private Septic : 0

Water Service Size : Public Water : 0 Private Well : 0

1. New Building $5,000.00 2. Alteration $0.00

3. Demolition $0.00 Estimated Cost of Plumbing Work (1+2+3) : $5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 9-16-02

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
Final				
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.

_____
Signature

D.TECHNICAL SITE DATA

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$30.00
	Urinal/Bidet	
2	Bath Tub	$20.00
4	Lavatory	$40.00
1	Shower	$10.00
	Floor Drain	
2	Sink	$20.00
1	Dishwasher	$10.00
	Drinking Fountain	
1	Washing Machine	$10.00
2	Hose Bibb	$20.00
1	Water Heater	$25.00
	Fuel Oil Piping	
1	Gas Piping	$50.00
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
1	Sewer Connection	$50.00
1	Water Service Connection	$50.00
1	Stacks	$10.00
	Other_____	
	Other_____	
	Other_____	

Administrative Surcharge	
DCA Training Fee	
Minimum Fee	
TOTAL FEE	$345.00

BOROUGH OF NORTH HALEDON
SEWER CONNECTION RECEIPTS

IN ACCORDANCE WITH ORDINANCE #4-2000 AS AMENDED BY ORDINANCE #8-2000 AND ORDINANCE #8-2001 and ORDINANCE # 10-2002 THE FOLLOWING FEE IS REQUIRED TO BE PAID PRIOR TO THE ISSUANCE OF A CONSTRUCTION PERMIT FOR SEWER CONNECTION IN THE SUM OF $6,900.00.

DATE RECEIVED: 9/17/02

NAME K HOVNANIAN

LOCATION 14 Magnolia Way

BLOCK 58.03 **LOT** 43.06

PD
#583
$6,900
PD

FILE/FORMS

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 58.03 Lot 43.06
Work Site Location 14 Magnolia Way N. Haledon
Owner in Fee K. Hovnanian @ North Haledon I. inc. LLC
Address 293 North Haledon Ave North Haledon NJ 07508
Tele. (973) 427-3652
Contractor K. Hovnanian @ North Haledon I inc. LLC
Address 293 North Haledon Ave North Haledon NJ 07508
Tele. (973) 427-3652 Fax (973) 238-1272
Lic. No. or Bldrs. Reg. No. 026985
Federal Emp. No. 22-3464497

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Building
Townhome w/ Garage
w/Rear Basement (Finished)

JOB SUMMARY (Office Use Only)

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

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R3
Constr. Class Present Proposed 5B
No. of Stories 2
Height of Structure 35 Ft.
Area — Largest Floor 988 Sq. Ft.
New Bldg. Area/All Floors 3041 Sq. Ft.
Volume of New Structure 39,258 Cu. Ft.
Total Land Area Disturbed 1197 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 115,000
2. Alteration $
3. Total (1+ 2) $ 115,000

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

[ ] Demolition

FEE (Office Use Only)
$

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 58.03 Lot 43.06
Work Site Location 14 MAGNOLIA WAY N. Haledon
Owner in Fee K. HOVNANIAN @ North Haledon I INC LLC
Address 293 North Haledon Ave. North Haledon NJ 07508
Tele. (973) 427-3652
Contractor K HOVNANIAN @ North Haledon I INC. LLC
Address 293 North Haledon Ave North Haledon NJ 07508
Tele. (973) 427-3652 Fax (973) 238-1272
Lic. No. 026985
Federal Emp. No. 22-3464497

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R3
Constr. Class Present ____ Proposed 5B
Heating Systems [ ] New [ ] Existing [X] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: Basement
Total Cost of Fire Protection Work $ 300

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: ____
Approved by: ____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New Building
Water Supply Source 1" public
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	7	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other ____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances	2	
Other ____		

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

UCC F140
(rev. 3/96)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 58.03 Lot 43.06
Work Site Location 14 MASPILLA Way N. HALEDON NJ
Owner in Fee/Occupant K HOVNANIAN @ North HALEDON I INC LLC
Address 293 NORTH HALEDON AVE. NORTH HALEDON, NJ 07508
Tele. (973) 427-3652
Contractor MUNROE ELECTRIC
Address 311 ENGLISHTOWN ROAD SPOTSWOOD NJ 08884
Tele. (732) 251-3555 Fax (732) 251-5123
Lic. No. 1682
Federal Emp. No. 22-1992096

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R3
[ ] Pole/Pad # _____ [ ] Temporary [X] Other BLD
Building Occupied as Private Dwelling Utility Co. PSE+G
Est. Cost of Elec. Work $ 4300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Chester Dunbar
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
65		Lighting Fixtures	
60		Receptacles	
45		Switches	
7		Detectors	
		Light Poles	
5		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
1		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	
1	1/2	HP Garbage Disposal	
1	3	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	150	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 58.03 Lot 43.06
Work Site Location 14 MAGNOLIA WAY N Haledon
Owner in Fee K. HOVNANIAN @ North Haledon I Inc. LLC
Address 293 North Haledon AVE
North Haledon, NJ 07508
Tele. (973) 427-3652
Contractor ABADIN PLUMBING and HEATING
Address 111 ALBERT AVE
Newark, NJ 07105
Tele. (973) 344-2911 Fax (973) 344-0080
Lic. No. 5208
Federal Emp. No. 22-225 5498

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed R3
Building Sewer Size 4" Public Sewer ✓ Private Septic ____
Water Service Size 1" Public Water ✓ Private Well ____
Est. Cost of Plumbing Work $ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: ____
Approved by: ____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$
	Urinal/Bidet	
2	Bath Tub	
4	Lavatory	
1	Shower	
	Floor Drain	
2	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
2	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
1	Stacks	
	Other ____	
	Other ____	
	Other ____	

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

IN COMPUTER REQUEST ✓

RESULTS _____

INSPECTION REQUEST — NORTH HALEDON — 973- 423-9422

7/1/04
Date & Time of Request

Block: 58.03 Lot: 43.06

Owner/ Tenant: Buscak

Permit No. 20040323

Contractor 973-463-9207

Address: 14 Magnolia

Inspection Type: deck footings

BUILDING — ELECTRIC — PLUMBING — FIRE — ZONING — PROPERTY MAINTENANCE

~~RESULTS:~~ PASS FAIL PROCESSED: CERTIFICATE OF APPROVAL _____; CERTIFICATE OF OCCUPANCY____

_____ COMMENTS: 1 footing

_____ BUILDING: _____

_____ ELECTRIC: _____

_____ PLUMBING: _____

_____ FIRE: _____

OK TO PROCESS CERTIFICATE OF APPROVAL _____; CERTIFICATE OF OCCUPANCY _____

7/1/04
DATE & TIME OF INSPECTION

INSPECTOR

BOROUGH OF NORTH HALEDON
103 OVERLOOK AVENUE
NORTH HALEDON, NJ 07508
973 - 423-9422

Permit Number: 20040323
Permit Date: 06/18/2004
Update Number:
Control Number: 7682
Application Date: 06/10/2004

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 58.03 Lot : 43.06 Qual :

Work site Location:	14 MAGNOLIA WAY NORTH HALEDON	Contractor:	FERRANTE BUILDING GROUP
Owner In Fee:	BUCZEK	Address:	139 NORTH HALEDON AVENUE
Address:	14 MAGNOLIA WAY		NORTH HALEDON NJ 07508
	NORTH HALEDON NJ	Telephone:	() -
Telephone:	() -	Lic. No. / Bldrs. Reg. No.:	031157
Use Group(s):	R-3	Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

ENLARGING EXISTING DECK 8 X 13

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	1,750.00
Cost of Demolition:	0.00
Total Cost:	$1,750.00

PAYMENTS (Office Use Only)

Building	$50.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$52.00**
All Fees Waived :	No

Amount to be Paid: **$52.00**
Check Number: 163
Check amount: $52.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

PHILIP CHEFF
Construction Official

6/19/04
Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by: BB
Receipt No:
Total Cash Amount
Total Check Amount $52.00
Total CC Amount
Grand Total $52.00

Note:

BOROUGH OF NORTH HALEDON
103 OVERLOOK AVENUE
NORTH HALEDON, NJ 07508
973 - 423-9422

Control Number: 7682
Application Date: 06/10/2004

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 58.03 Lot : 43.06 Qual :

Work site Location:	14 MAGNOLIA WAY NORTH HALEDON	Contractor:	FERRANTE BUILDING GROUP
Owner In Fee:	BUCZEK	Address:	139 NORTH HALEDON AVENUE
Address:	14 MAGNOLIA WAY		NORTH HALEDON NJ 07508
	NORTH HALEDON NJ	Telephone:	() -
Telephone:	() -	Lic. No. / Bldrs. Reg. No.:	031157
Use Group(s):	R-3	Federal Emp. No.:	

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION

[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER

[ ]ELEVATOR DEVICES [ ]MECHANICAL

[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

ENLARGING EXISTING DECK 8 X 13

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	1,750.00
Cost of Demolition:	0.00
Total Cost:	$1,750.00

PAYMENTS (Office Use Only)

Building	$50.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$52.00**
All Fees Waived :	No

Amount to be Paid: **$52.00**

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

PHILIP CHEFF — Date 6/10/04

Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Note:

BOROUGH OF NORTH HALEDON

BUILDING SUBCODE TECHNICAL SECTION

Date Received 06/10/2004 Date Issued
Control # 7682 Permit # 0

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

Block : 58.03 Lot : 43.06 Qualifier :
Work Site Location : 14 MAGNOLIA WAY

Owner Details

Name : BUCZEK
Address : 14 MAGNOLIA WAY
NORTH HALEDON NJ
Telephone : -

Contractor Details

Contractor :
Address :
Telephone
Fax :
Lic No. or Bldrs Reg. No. :
Federal Emp. No:

B.BUILDING CHARACTERISTICS

Use Group	Present : R-3	Proposed :	
Constr. Class	Present :	Proposed :	
No. of Stories	0		
Height of Structure	0	Ft.	
Area - Largest Floor	0	Sq. Ft.	
New Bldg. Area/All Floors	0	Sq. Ft.	
Volume of New Structure	0	Cu. Ft	
Total Land Area Disturbed	0	Sq. Ft	

Est. Cost of Bldg. work:

1. New Building.	0.00
2. Alteration	1,750.00
3. Demolition	0.00
4. Total (1+2+3)	$1,750.00

C.CERTIFICATION IN LIEU OF OATH

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

Signature

D.TECHNICAL SITE DATA

DESCRIPTION OF WORK

ENLARGING EXISTING DECK 8 X 13

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Sign_____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$42.00

Administrative Surcharge	
Minimum Fee	$50.00
DCA Training Fee	$2.00
Total Fee	$52.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ][ ] All	6/15	
[ ]Footing		
[ ]Foundation		
[ ]Frame		
[ ]Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____

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

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

Applicant When submitting this form to your local construction Code enforcement Office, please provide one original plus three photocopies

BOROUGH OF NORTH HALEDON
APPLICATION FOR ZONING REVIEW

SUBMIT APPLICATION TO ZONING OFFICER WITH A **SURVEY OF THE PROPERTY.**

FENCE REVIEW: COMPLETE #1- #3
INDICATE PROPOSED LOCATION ON SURVEY.
INDICATED HEIGHT AND TYPE OF FENCE.

ALL OTHER REVIEWS: COMPLETE #1-#5
INDICATE PROPOSED CONSTRUCTION IMPROVEMENT ON SURVEY.
INDICATE THE DISTANCE TO LOT LINES OF PROPOSED CONSTRUCTION
INDICATE DISTANCE BETWEEN EXISTING AND PROPOSED CONSTRUCTION.
INDICATE ALL STRUCTURE HEIGHTS
INDICATE AREAS THAT EXCEED SLOPE OF 8%.

1. OWNERS NAME Ted Buczek

2. ADDRESS 14 Magnolia Way

SITE LOCATION Lakeside Hovnanian

BLOCK 5803 LOT 4306 PHONE 973-720-8599

3. TYPE OF WORK INVOLVED enlarged deck

4. SINGLE FAMILY Y TWO FAMILY_____BUSINESS_____INDUSTRIAL____
SIZE OF LOT (SQ FT)_____BUILDING COVERAGE (%)_____

5. I (OWNERS NAME) Ted Buczek
HEREBY SWEAR AND CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM AND SUBMITTED SURVEY IS TRUE.

OFFICE USE ONLY

APPROVED ✓ **DENIED**_____

REASON FOR DENIAL

USE____AREA_____COVERAGE_____HEIGHT_____FRONT YARD_____
REAR YARD_____SIDE YARD_____TOTAL SIDE YARD_____
THE FOLLOWING ARE THE REQUIRED VARIANCES THAT MUST BE REQUESTED ON THE VARIANCE APPLICATION FORM
BOROUGH ORDINANCE_____LIMITING SCHEDULE_____

ZONING OFFICER _____ **DATE** 6/10/04

Buczek Residence

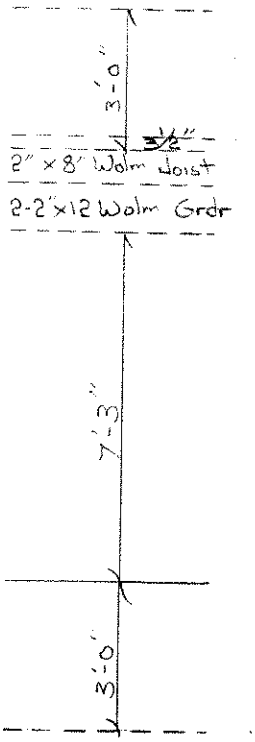
Address : 14 Magnolia Way, North Haledon, N.J. **Lot** : **Block** :

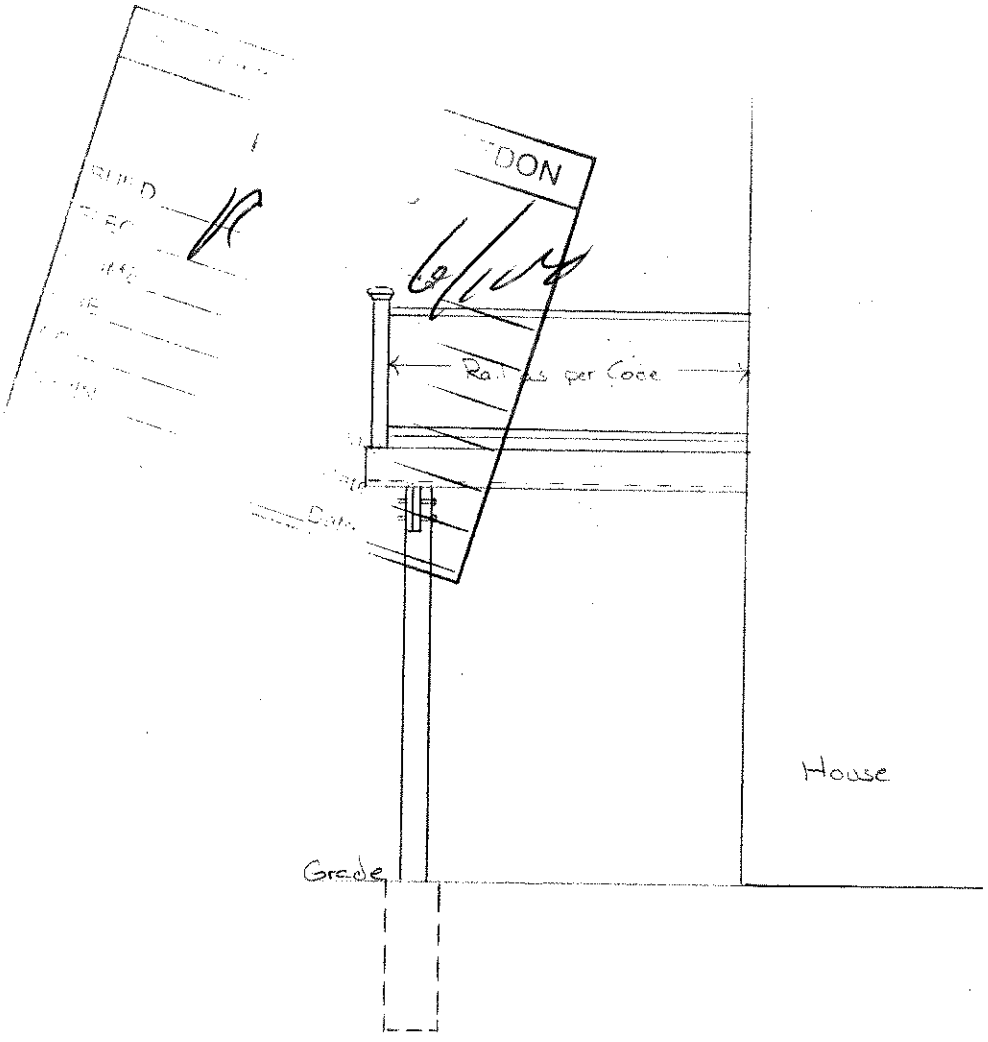
Date : June 2, 2004 **Drawing Number** : Buc14 **Revision Number** : 00

Work Description : Exterior Wood Deck Extension **Scale** : ¼" = 1'–0"

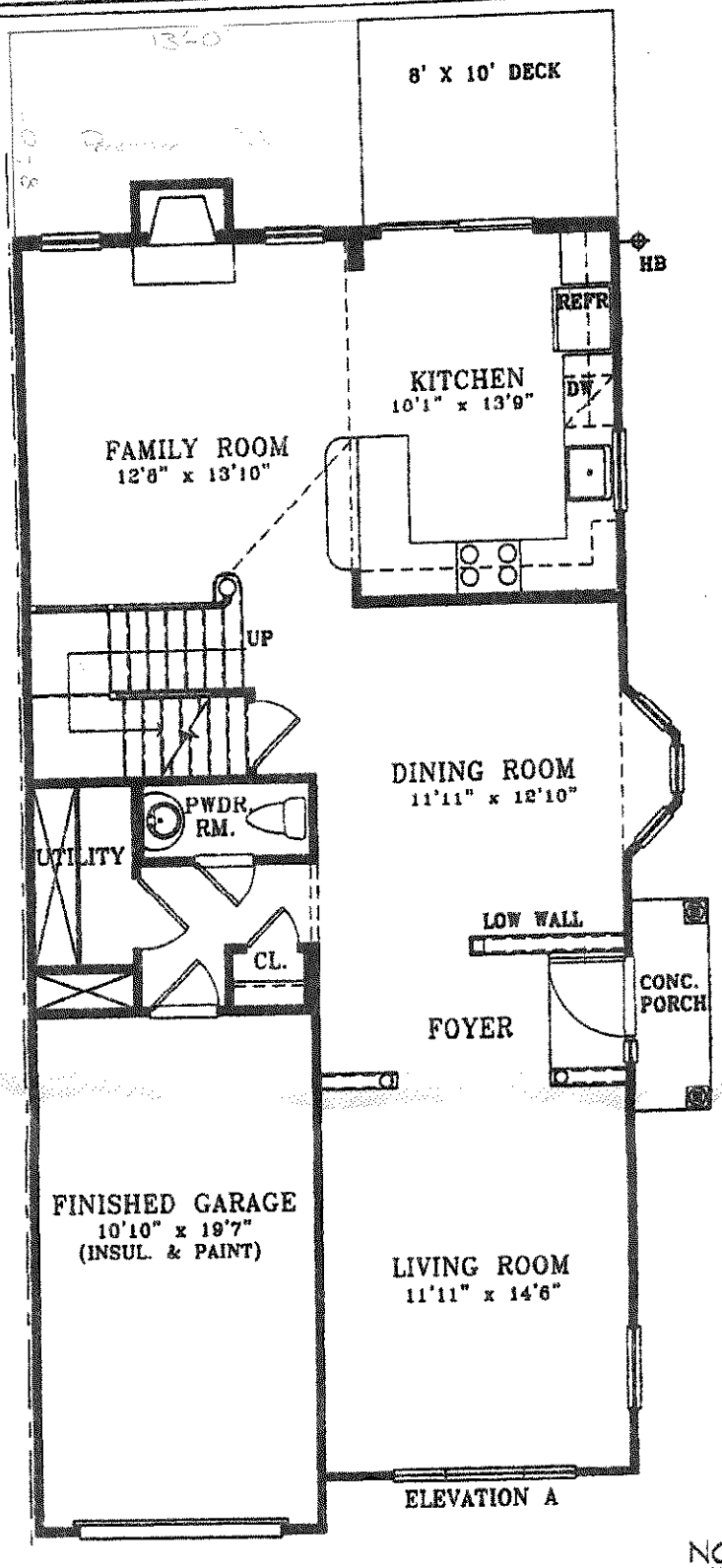
8'-0"

FLOOR PLAN





LEFT ELEVATION



NOT TO SCALE

FIRST FLOOR PLAN (ARCHITECTURAL)
REFER TO CONST. DOCUMENTS FOR COMPLETE INFORMATION. SKETCHES MAY DIFFER FROM CONST. DOCUMENTS

COMMUNITY: LAKESIDE AT NORTH HALEDON

KHovnanian™ Companies

MODEL	(1960) BLDG. NO. 1043 F1
NAME	BUCZEK RESIDENCE
DATE	OCTOBER 18 2002

SHEET NO. 2