

CHESTERFIELD TOWNSHIP
300 BORD-CHEST ROAD
CHESTERFIELD, NJ 08515

Date Issued 06/24/09
Control #
Permit # 09-107

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 901 Lot 1.09 Qual
Work Site Location 14 STELLE ROAD
Owner in Fee/Occupant FORMAN, WILLIAM
Address 14 STELLE ROAD
CHESTERFIELD, NJ 08515-
Telephone (609) 234-1240
Contractor MAK CONSTRUCTION CORP
Address 11 HIGHBRIDGE RD
TRENTON, NJ 08620-
Telephone (609) 588-0228 Fax () -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2949943

Home Warranty No.
☐ State ☐ Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

VINYL SIDING

☐ 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

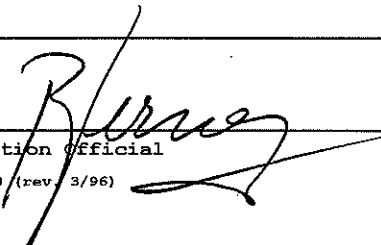
☐ CERTIFICATE OF CONTINUED OCCUPANCY

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 , .

Fee \$ 0
Paid ☒ Check No. 22802
Collected by: GPM


Construction Official

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

CHESTERFIELD TOWNSHIP
300 BORD-CHEST ROAD
CHESTERFIELD, NJ 08515

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/28/09
Date Issued 05/05/09
Control #
Permit # 09-107

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

Block 901 Lot 1.09 Qual _____

Work Site Location 14 STELLE ROAD

Owner in Fee FORMAN, WILLIAM

Address 14 STELLE ROAD

CHESTERFIELD, NJ 08515-

Tele. (609) 234-1240

Contractor MAK CONSTRUCTION CORP

Address 11 HIGHBRIDGE RD

TRENTON, NJ 08620-

Tele. (609) 588-0228 Fax () _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. 22-2949943

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.	_____	_____	Type	Failure Failure Approval Initial
☐ All	_____	_____	Footing	_____
☐ Footing	_____	_____	Foundation	_____
☐ Foundation	_____	_____	Slab	_____
☐ Frame	_____	_____	Frame	_____
☐ Other	_____	_____	BarrierFree	_____
Joint Plan Review Required:			Insulation	_____
☐ Elect ☐ Plumb ☐ Fire			Finishes	_____
SUBCODE APPROVAL ☐ Elev			Energy	_____
☐ CO ☐ CCO ☒ CA			Mechanical	_____
Date: <u>6/23/09</u>			TCO	_____
Approved By: <u>M. Alloway</u>			Other	_____
			Final	_____
			BarrierFree	_____

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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 Bldg. \$ 0

2. Alteration \$ 12,950

3. Total (1+2) \$ 12,950

Industrialized Building:

☐ State Approved

☐ HUD

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

VINYL SIDING

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☒ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool - Above Ground

☐ Pool - In Ground

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other _____

Other _____

Other _____

☐ Demolition

FEE (Office Use Only)

\$ 0

0

0

46

0

0

0

0

0

0

0

0

0

Administrative Surcharge \$ 0

Paid ☒ Check # 22802 Minimum Fee \$ 0

Collected by: GPM TOTAL FEE \$ 46

DCA State Permit Fee \$ 22

CHESTERFIELD TOWNSHIP
300 BORD-CHEST ROAD
CHESTERFIELD, NJ 08515

Date Issued 05/05/09
Control #
Permit # 09-107

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 901 Lot 1.09 Qual

Work Site Location 14 STELLE ROAD

Contractor MAK CONSTRUCTION CORP

Owner in Fee FORMAN, WILLIAM

Address 11 HIGHBRIDGE RD

Address 14 STELLE ROAD

TRENTON, NJ 08620-

CHESTERFIELD, NJ 08515-

Telephone (609) 588-0228

Telephone (609) 234-1240

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2949943

Is hereby granted permission to perform the following work:

☒ BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER <u> </u>

(Subchapter 8 only)

DESCRIPTION OF WORK:

VINYL SIDING

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 \$ 12,950

Construction Official

05/05/09

Date

PAYMENTS (Office Use Only)

Building	<u>46</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Other	<u> </u>
DCA State Permit Fee	<u>22</u>
Cert. of Occupancy	<u>0</u>
Other	<u> </u>
Total	<u>68</u>
Check No.	<u>22802</u>
Cash	<u> </u>
Collected By	<u>GPM</u>

PERMIT APPLICATION OR UPDATE - Construction Office

Before You Dig, Call 1-800-272-1000

GENERAL INFORMATION:

1. Blk. 907 Lot 1.09 Control/Permit No. _____ Date Received _____
2. Work Location 14 STELLE Rd.
3. Owner's Name BUD FORMAN M.A.K. CONSTRUCTION CORP.
- Mailing Address same 11 HIGHBRIDGE RD.
- Tele. (609) 234-1240 TRENTON, NJ 08620
4. Contractor _____ TEL: 609-588-0228
- Address _____ FEN #22-2949943
5. Tele. () _____ Lic. No. Or Bldg. Reg. No. _____ (or) SSN # _____
- Fed. Emp. No. _____

BUILDING SECTION: () Description of Work.

6. _____ New Building _____ Siding _____ Asbestos Abatement
- _____ Addition _____ Demolition _____ Elevator
- ☒ Alteration _____ Sign (_____ Sq. Ft.) _____ Other _____
- _____ Roofing _____ Pool _____
7. Historical Zone (Yes) _____ (No) ☒ Farm Preservation (Yes) _____ (No) _____
8. No. Of Stories 2
9. Height of Structure 28 (Ft.) **Area--Largest Floor** 400 (Sq. Ft.)
- New Bldg. Area/All Floors 3,920 (Sq. Ft.) **Volume of Structure** _____ (Cu. Ft.)
10. **Cost of Building Work:** 1. Alterations \$ 12,950
2. New Bldg. \$ _____ 3. Other \$ _____ 4. Total (1,2,3) \$ 12,950

11. **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 _____

ELECTRICAL SECTION: Write the number of items to left of name and, where indicated, YOU MUST write number of AMPS, KW, and HP.

12. Contractor _____
- Address _____
- Tele. () _____ Fed. Emp. # _____ Lic. # _____
13. _____ Fixtures _____ Pool Permit w/UW Lights _____ Baseboard Heat
- _____ Receptacles _____ Storable Pool/Spa/Hot Tub _____ HP Motors 1/4 HP
- _____ Switches _____ KW Elec. Range/Receptacle _____ KW Transf./Generator
- _____ Detectors _____ KW Oven/Surface Unit _____ AMP Service
- _____ Light Poles _____ KW Elec. Water Heater _____ AMP Subpanels
- _____ Motors-Frac HP _____ KW Elec. Dryer/Receptacle _____ AMP Motor Cont. Cent.
- _____ Emerg. & Exit Lights _____ KW Dishwasher _____ KW Elec. Sign
- _____ Communications Points _____ HP Garbage Disposal _____ Other _____
- _____ Alarm Devices/FAC Panel. _____ KW Central A/C Unit _____ Other _____
- _____ TOTAL NUMBERS _____ HP/KW Space Heater/Air Handler _____

14. Cost of Electrical Work \$ _____

15. 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.

____ Licensed Elect. Contr. _____ Exempt Appl. _____

____ Signature/Contractor Seal _____

Block 901	Land Desc 1.06AC	Owners Name	US BANK TRUST N.A. C/O RESICAP	Land	131,700	Exemption	Net Taxable Value	Deductions
Lot 1.09	Bldg Desc 2SF	Street Address	3630 PEACHTREE RD NE/1500	Bank 00000	Impr 263,800	Code		Cd No-Ow
Qual	Addl Lots	City & State	ATLANTA, GA	Zip 30326	Total 395,500	Value 0		
Acct#	Acreage 1.060	Class 2	Property Location 14 STELLE RD	Zone R-1		9		

DESCRIPTION

SITE INFORMATION

Sewer: NO
Water: NO
Gas: YES
Topography: LEVEL
Road: PAVED

BUILDING INFORMATION

Type and Use: ONE FAMILY
Story Height: TWO STORY
Style: COLONIAL
Exterior Fin: VINYL

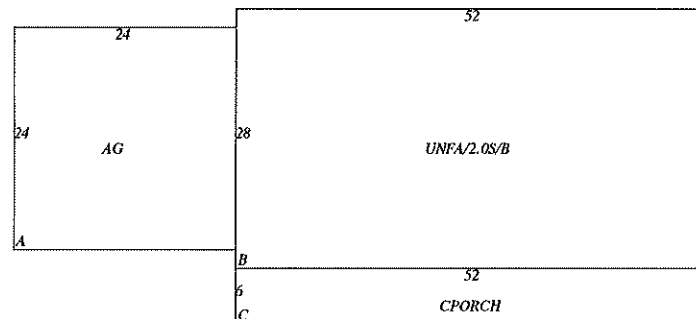
Roof Type: GABLE
Roof Material: ASPH SHINGLE
Foundation: CONCRETE BLOCK
Condition: GOOD
Quality: 17
Source:

Bath: Mod:3 Avg: Old:
Kitchen: Mod:1 Avg: Old:
Room Count: Tot:10 Bed: 4 Bth: 3
Year Built: 1990
Eff Age (Years): 15
Livable Area: 2912

BASEMENT 1456 SF
FIRST STORY 1456 SF
UPPER STORY 1456 SF
FORCED HOT AIR 2912 SF
AC ADDED TO HOT 2912 SF
4 FIXTURE BATH 1
3 FIXTURE BATH 2
SMALL DORMER 4
UNFIN ATTIC 1456 SF
COV DECK OR PORCH 312 SF
ATTACHED GARAGE 576 SF
IN-GROUND POOL 880 SF
SHED 1STY 168 SF
DETACHED GARAGE 300 SF

SALE DATE 00/00/00
SALE PRICE 0

SKETCH



05/20/19

Scale: 20