



CERTIFICATE

Date Issued 06/23/99
Control # GG-515-89
Permit #

IDENTIFICATION

Block 4 Lot 1.5
Work Site Location 15 Codrington Lane
Glen Gardner
Owner in Fee Bruce Gardner-Debra Bradley
Address 15 Codrington Lane
Glen Gardner, New Jersey 08826
Tele. () 908-537-7121
Contractor Skip Keleher
Address 75 Maple Avenue
Berkeley Hts., NJ 07922
Tele. () 771-9673
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. _____
or Social Security No. _____

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

Deck/Above ground pool
\$5,000.00

☐ 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 _____, 19____ or the owner will be subject to fine or order to vacate:

☐ CERTIFICATE OF CONTINUED OCCUPANCY

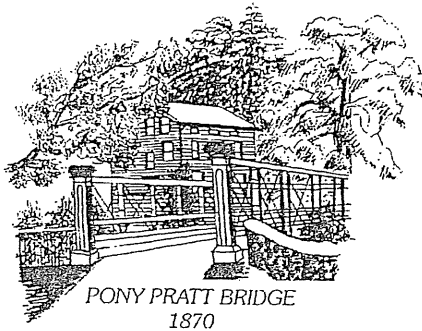
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ 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 MICHAEL ESPOSITO

Fee \$ _____
Paid [] Check No. _____
Collected by: _____



BOROUGH OF GLEN GARDNER
Zoning Officer
PO BOX 307
GLEN GARDNER, NEW JERSEY 08826
9098-537-2110

LOCAL CLEARANCE PLAN REVIEW

FILE # 20-04-03
DATE: 04-01-2020

BLOCK 4 LOT 1.15 LOT AREA ZONING RR

STREET: 15 Codington Lane

SURVEY ATTACHED: YES ☒ NO ☐

APPLICANT: Carl Morris
ADDRESS: 15 Codington Lane
TELEPHONE: 609-271-4939
OWNER: Bruce Gardner & D. Bradley
ADDRESS: Same
TELEPHONE:
CONTRACTOR:
ADDRESS/TELEPHONE:

TAXES PAID: YES ☒ NO ☐

SETBACKS/SIDEYARDS CONFORM:

FRONTAGE ADEQUATE:

WIDTH ADEQUATE:

DEPTH ADEQUATE:

AREA ADEQUATE:

WATER PAID: YES ☒ NO ☐

YES ☒ NO ☐

YES ☒ NO ☐

YES ☒ NO ☐

YES ☒ NO ☐

YES ☒ NO ☐

PROPOSED USE:

PERMITTED: YES ☐ NO ☐

ACCESSORY USE: 10x16 shed for storage of lawn equipment and outdoor storage

PERMITTED: YES ☒ NO ☐

DRIVEWAY PERMIT:

PERMITTED: YES ☐ NO ☐

HEALTH DEPARTMENT APPROVAL:

YES ☐ NO ☐ N/A ☒

SOIL CONSERVATION DISTRICT APPROVAL:

YES ☐ NO ☐ N/A ☒

NJ DOT APPROVAL:

YES ☐ NO ☐ N/A ☒

FEE PAID: YES ☒ NO ☐ AMOUNT 50.00 DATE 3/10/2020 CHECK # 271 CASH ☐

CLEARANCE FOR CONSTRUCTION

DATE: 4/1/2020

DATE: _____

ZONING OFFICER:

MUNICIPAL ENGINEER:

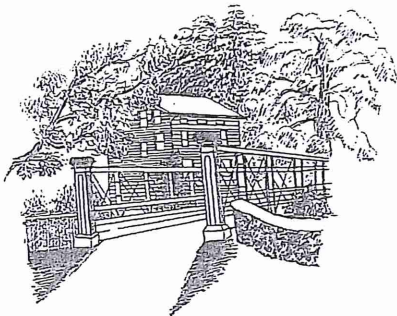
CLEARANCE FOR OCCUPANCY

DATE: _____

DATE: _____

ZONING OFFICER:

MUNICIPAL ENGINEER:



PONY PRATT BRIDGE
1870

BOROUGH OF GLEN GARDNER
PO BOX 307
GLEN GARDNER, NEW JERSEY 08826

Phone: (908) 537-2110
Fax: (908) 537-7026

BOROUGH OF GLEN GARDNER
ZONING CLEARANCE APPLICATION

Name of Applicant: Carl Morris

Address of Applicant: 15 Codington Ln

Glen Gardner, NJ 08826

Applicant Contact Number: 609-271-4939

Name and Address of Owner, if Different From That of Applicant: _____

Block: 4 Lot: 1, 15

Street Address of Premises for Zoning Permit: 15 Codington Ln

Dimensions of Principle Building: 10' x 16'

Dimensions of Accessory Building(s): 10' x 16'

Describe in detail the activity or activities to be conducted in the principle building and any accessory activities to be conducted in any of the accessory buildings: Storage for lawn equipment

and outdoor storage

To the applicant's knowledge, has the premises been the subject of any prior application to the Planning Board?
Yes _____ No ☒ If yes, for what: _____

Date: 3-10-20 ATTEST: _____

Applicant Signature: Carl Morris

Name of Corporation or Association: _____

609-271-4939

added fill
diA-landscaps
3/10 sent per survey
waiting for
survey back.