NO

OPEN

PERMITS

CLOSED PERMITS

Joyce, Rachel or Ken 11/23
Sharon, Laura 11/23
Jennifer 11/23

Annie Eng

From: Evelyn Grandi
Sent: Monday, November 23, 2020 7:56 AM
To: Annie Eng
Subject: Fw: OPRA request - 173 8th st. Hazlet

L
B 13, 42

Evelyn A. Grandi
Municipal Clerk
Hazlet Township
1766 Union Avenue
Hazlet, NJ 07730
egrandi@hazletnj.org - Please note new email address.
732-217-8686
732-264-1785 (fax)

Hazlet Township Municipal Building
is closed on Fridays.

From: Christine Shwartz <opra+request-18600-6fc06529@requests.opramachine.com>
Sent: Friday, November 20, 2020 11:50 AM
To: OPRA requests at Hazlet Township <EGrandi@Hazlettwp.org>
Subject: OPRA request - 173 8th st. Hazlet

Dear Hazlet Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: looking for any liens on this property, oil tank info and any open permits

Yours faithfully,

Christine Shwartz
Broker
Raritan Bay Realty

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-18600-6fc06529@requests.opramachine.com

Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hazlet_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/173_8th_st_hazlet

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

BLOCK 13 LOT 42 QUALIFICATION CODE _____ ADDRESS (SITE) 173 Eighth St. PERMIT NO. 06-07

CB/42

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at 173 8TH ST.
2. Name of Owner in Fee: RAY KORKOWSKI
   Tel. ([redacted] e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SELF Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

7-13-06 - spoke w/H.O. advised permit

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	46		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. State Permit Surcharge Fee		1		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	47		

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		
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									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1000								

Roof

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: SFDR5
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income restricte
Before Construction	1	
After Construction	6	
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 6/14/06

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. 5:23-2.15(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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: 1-12-06 (X-F)

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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition	
Building	IRC. 2003	Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

HAZLET TWP. 732-264-5707
3400 HIGHWAY 35, SUITE 9
HAZLET, NJ 07730

Date Issued 01/30/07
Control #
Permit # 06-0721

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 13 Lot 42 Qual
Work Site Location 173 EIGHTH STREET

Owner in Fee/Occupant KORKOWSKI
Address 173 EIGHTH STREET
WEST KEANSBURG, NJ 07734-
Telephone [redacted]
Contractor H O M E O W N E R
Address
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

REMOVE AND REPLACE ROOF

[ ] 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 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 _____, ____.

Construction Official

N.J.C.C. 5:23 (rev. 1/98)

Fee $ 0
Paid [X] Check No. 908
Collected by: AB

C13/42

CONSTRUCTION PERMIT

Date Issued 7-13-06

Permit # 06-0721

IDENTIFICATION Block 13 Lot 42 Qualification Code

Work Site Location 173 8TH ST

Hazlet N.J.

Owner in Fee Ray Kiekowski

Address Same

Tel. ( )

Contractor

Address SELF

Tel. ( )

Lic. No. or Bldrs. Reg. No.

[redacted]

Is hereby granted permission to perform the following work:

[4] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Remove and Replace Roof

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 $ 6000.00

Dennis Rino PP

Construction Official

7/13/06

Date

PAYMENTS (Office Use Only)

Building 46

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 1

Cert. of Occupancy

Other

Total 47

Check No. 908

Cash

Collected by

#5 CK# 928

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

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 with 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 as follows:

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. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

173 Eighth St.

BUILDING SUBCODE
TECHNICAL SECTION

(B) Date Received 7-13-06
Control #
Date Issued
Permit # 06-0721

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

Block 13 Lot 42 Qualification Code

Work Site Location 173 8TH ST

W.C. HAZLET N.J. 07734

Owner In Fee: RAY KORKOWSKI

Tel. ([redacted]) e-mail

Address [redacted] (street, municipality, zip code)

Contractor: SELF Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

Federal Employee No. FAX: ( )

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

Replace Roof.

REMOVE - DCD -

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required 7/13/06 KP
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/13/06
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3-30-07	RM
Barrier-Free				

Dates (Month/Day)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] 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 $
State Permit Surcharge Fee $
TOTAL FEE $ 40

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
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. Rehabilitation $ 1000
3. Total (1+ 2) $ 1000

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

U.C.C. F110
(rev. 05/05)

Reorder from OCS Printing (609) 398-4175

PERMIT# 06-0721 DATE 7-13-06
PROPERTY OWNER Ray Kaelin Sr.
ADDRESS 173 8th ST Harvey
BLOCK 13 LOT 42
APPLICANT SELF

NOTICE TO ALL CONSTRUCTION PERMIT APPLICANTS

IN COMPLIANCE WITH THE MONMOUTH COUNTY SOLID WASTE MANAGEMENT PLAN (MAY 1993) AND MUNICIPAL ORDINANCE 1000-95 THE APPLICANT SHALL IDENTIFY TO THE BUILDING DEPARTMENT ALL DISPOSAL AND RECYCLING ARRANGEMENTS BEFORE A CONSTRUCTION OR DEMOLITION PERMIT WILL BE ISSUED. THE APPLICCANT SHALL PROVIDE APPROPRIATE RECORDS DOCUMENTING THE QUANTITY AND DESPOSITION OF ALL MATERIALS. A DEPOSIT OF $ 5 — SHALL BE HELD BY THE BOROUGH UNTIL SUCH TIME AS PROPER RECORDS ARE SUBMITTED FOR SMALL QUANITIES OF DEBRIS, A HOMEOWNER EXEMPTION MAY APPLY:

THE FOLLOWING MATERIALS ARE RECYCLABLE:
CONCRETE, ASPHALT, BRICK, CINDER BLOCK, STUMPS TREE PARTS, CLEAN DEMOLITION WOOD, LEAVES, GRASS APPLIANCES, OIL, BATTERIES AND ALL HOUSEHOLD RECYCLABLES.

Prior to the issuance of a construction permit for any work where there is a presence of materials classified as hazardous by any regulatory government agency, the applicant shall provide the Construction Official with a statement specifying the type and quantity of hazardous materials, the method of disposal and an approval from the Monmouth County Health Department on the method of handling, transporting and disposing.

In the case of underground storage tanks or contaminated soil, the appropriate regulatory procedures shall be followed as a prerequisite to the issuance of a removal permit.

<u>Please complete the reverse side of this form to indicate disposal arrangements.</u>

ANTICIPATED DISPOSAL ARRANGEMENTS (check appropriate lines)
DISPOSAL BY CONTRACTOR_____ HOMEOWNER__✓__ OTHER_____
NAME OF CONTRACTOR SELF
CONTAINER (S) DUMPSTER_____ SIZE_____ HAULER_____
OTHER_____
ESTIMATED TONNAGE OR CUBIC YARDAGE OF DEBRIS GENERATED BY PROJECT_____ EST. AMOUNT TO BE RECYCLED_____

MATERIALS TO BE DISPOSED:	DESTINATION:
1. Dumpster To Be Hired (RC)	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Date recycling deposit received:_____
Date recycling records received:_____
Date recycling deposit returned:_____

AN ORDINANCE AMENDING AND SUPPLEMENTING CHAPTER 259 (RECYCLING) OF THE CODE OF THE TOWNSHIP OF HAZLET.

BE IT ORDAINED by the Township Committee of the Township of Hazlet, County of Monmouth, State of New Jersey, that Chapter 259 Section 259-1(D) be and the same is hereby amended and supplemented as follows:

Section 259-1(D) Demolition Materials produced by residential and nonresidential establishments.

1. The Construction Official of the municipality shall issue construction and demolition permits only after the applicant has identified disposal and recycling arrangements. The applicant shall provide appropriate records documenting the quantity and disposition of all materials.

2. A deposit of 10% of the construction and demolition permits shall be required upon issuance of permit and held in an interest bearing account until such time as documentation is produced to the satisfaction of the municipality.

3. The municipality shall have the discretion to grant exemptions to small quantity generator engaged in minor home improvements.

4. A Certificate of Occupancy shall not be issued until proper disposal documentation has been submitted.

5. An administrative fee of 20% of the deposit monies shall be retained by the municipality.

Ordinances or parts of Ordinances inconsistent herewith are repealed.

This Ordinance shall take effect immediately upon adoption and publication according to law.

BLOCK 13 LOT 42 QUALIFICATION CODE _____ ADDRESS (SITE) 173 8th Street PERMIT NO. 02-1124

Siding Windows

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

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

I. IDENTIFICATION

1. Propsed Work Site at: 173 8TH ST TOMS RIVER
2. Name of Owner in Fee: Raymond Kornowski Tel. ([redacted])
   Address 557 River Dale Ave. Seaport (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: SELF Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

8-26-02 - Spoke w/Mary Alice at H.O. dept my number and permit ready

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 48.		
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	2.		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 50		

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 5-B	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		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	2000								
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									

OPTIONAL (for office use only)

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 1

After Construction 1

Net Gain or Loss 0

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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 8-22-02

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: 9-22-02

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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

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

CONSTRUCTION PERMIT

Date Issued 9-23-02
Control #
Permit # 02-1124

IDENTIFICATION Block 13 Lot 42
Work Site Location 123 8TH ST HAZLET
Owner in Fee Raymond Korkowski
Address 357 RIVERDALE AVE KEYPORT N.J.
Tel. (732) [redacted]

Contractor SELF
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
9K SIDING + 2 WINDOW)
VINYL SIDING AND INSTALL 2 WINDOWS

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 $ 2000

Construction Official

8/23/02
Date

PAYMENTS (Office Use Only)
Building 48.
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 2.
Cert. of Occupancy
Other
Total 50.
Check No. 1360
Cash
Collected by

(see reverse side)

U.C.C. P170
(rev. 5/2K)

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

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.

U.C.C. Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-23-02
Date Issued
Control #
Permit # 02-1124

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

Block 13 Lot 42
Work Site Location 173 8TH ST. HAZLET
Owner in Fee RAY KORKOWSKI
Address 357 RIVERDALE AV.
KEYPORT N.J. 07735
Tele. ([redacted])
Contractor SELF
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
VINAC SIDING ALUM. TRIM & WINDOWS
VINYL SIDING OF ENTIRE HOUSE AND INSTALL 2 WINDOWS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	8/23	CF
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [X] 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)
$ 48

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5A Proposed 5-B
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 $ 6000
3. Total (1+ 2) $

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 2
TOTAL FEE $ 50

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Hard = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9·23·02
Date Issued
Control #
Permit # 02 1124

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

Block 13 Lot 42
Work Site Location 173 - 8th St
Owner In Fee [illegible]
Address [illegible]
Tele. ( ) [illegible]
Contractor
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

[illegible]
Vinyl siding of entire House
And install 2 windows

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[X] No Plans Required	8/25	[illegible]					
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator			Finishes				
SUBCODE APPROVAL			Energy				
[ ] CO [ ] CCO [X] CA			Mechanical				
Date: 6/28/05			TCO				
Approved by: [signature]			Other				
			Final 10-17-02			6/21/05	[initials]
			Barrier-Free 4-2-04				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5-B Proposed 5-B
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 $ 8,000
3. Total (1+2) $

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[X] 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)

$ 48

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 2
TOTAL FEE $ 50

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Hard = Applicant Copy

10-17-02 DID NOT START YET

4-2-04 NO NUMBERS
HOLES NOT CAULKED
BACK DOOR TRIM HANGING

HAZLET TOWNSHIP
CONSTRUCTION DEPARTMENT
3400 Highway 35, Suite 9
Hazlet, New Jersey 07730
(732) 264-5707

Peter A. Terranova – Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR,

Address 173 8TH S.T.

Type of Work SIDING & WINDOWS

I will be responsible for requesting all required inspections at the above address in accordance with N.J.A.C. 5:23-2.18.

I further understand that failure to call for all required inspections will make me liable for a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23 – 2.31 (b) 1.

Failure to notify this office of the office of the completion of the project will subject you to a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23 – 2.31 (b) 1.

Signature of owner or other responsible person in charge of work

357 RIVER DALE AVE

Address

KEYPORT 732-566-5860

Phone

8-22-02

Date

Laura 11/30/20
Jennifer 11/30/20
Joyce/Rachel/Kim 11/30

Annie Eng

From: Evelyn Grandi
Sent: Monday, November 30, 2020 7:54 AM
To: Christine Shwartz
Cc: Annie Eng
Subject: Re: OPRA request - 173 8th st. Hazlet

RECEIVED
NOV 30 2020
MUNICIPAL CLERK

Received.

Evelyn A. Grandi
Municipal Clerk
Hazlet Township
1766 Union Avenue
Hazlet, NJ 07730
egrandi@hazletnj.org - Please note new email address.
732-217-8686
732-264-1785 (fax)

Hazlet Township Municipal Building
is closed on Fridays.

12-9-2020
Forms/records do not request any typing etc

From: Christine Shwartz <opra+request-18713-124b5a57@requests.opramachine.com>
Sent: Friday, November 27, 2020 1:10 PM
To: OPRA requests at Hazlet Township <EGrandi@Hazlettwp.org>
Subject: OPRA request - 173 8th st. Hazlet

13/42

Dear Hazlet Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: looking for any liens on this property, oil tank info and any open permits

Yours faithfully,

Christine Shwartz
Broker
Raritan Bay Realty

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-18713-124b5a57@requests.opramachine.com

Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form: