



CERTIFICATE

Permit # 03-219
Date Issued August 6, 2003
Control #
Certificate Issued Date: October 6, 2003

IDENTIFICATION

Block 37 Lot 3 Qualification Code _____
Work Site Location 179 Lindbergh Road
Hopewell, NJ 08525
Owner in Fee Jeff Fenstermaker/Lawrence Hudson
Address as above
Tel. (609) 466-4557
Contractor owner
Address _____
Tel. (_____) _____ FAX (_____) _____
Lic. No. or Bids. Reg. No. _____
Federal Employer No. _____

☐ 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 the 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 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 _____

remove old shingles and plywood, check for damage to framing, fix any damage and re-plywood and shingle roof

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

CONSTRUCTION OFFICIAL

DATE

U.C.C. F260
(rev. 5/03)

1 WHITE — APPLICANT

2 CANARY — OFFICE

3 PINK — TAX ASSESSOR

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