22-596

Donna Belton

From: Jared Tamasco <opra+request-31431-8608a84c@requests.opramachine.com>
Sent: Sunday, May 01, 2022 6:49 AM
To: clerkforms
Subject: OPRA request - 179 West 6th Street Howell NJ

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Howell 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:

1. Open and closed permits
2. updated tax card
3. Violations on property
4. Any info on well/septic

BL 110
L 115

TOWNSHIP OF HOWELL
RECEIVED
2022 APR 32 A 8 13
CLERK'S OFFICE

Yours faithfully,

Jared Tamasco

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-31431-8608a84c@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,W8snHJEXpajssRKPgRH4Ee-nROwyix-BYg30gtIG2Q85UJ5cCWY8AhqjILbHe58dH5Xrs8HjcaAvL4FNiGg9iz52uOjbGbGqchWedUrFG_0a&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,3zHltgSLjl32dkiiwHPl15kRjWeED4T3PM5GjMKMsm04BtvXbV4vCq216qGuRngL6hLbzKVvV1bWC46zz_hSip6_ODyeeqi0_kTBqbACrIW0feLrczFdMsEofNZ0&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2f179_west_6th_street_howell_nj&c=E,1,oCjl6EUuHJLfUILiWM46sU7DvHKuhgbzPbiDDmd5pSnA1pe_WrLifhFmdUc3qiIPkmGsTTICVLXPDPWWmtp86bNI2gVW7F32htbWF7TQC9txtWSi0a3jdZsH_w,,&typo=1

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

22-596

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456
FAX (732) 409-7579

Michael A. Meddis, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD# 18602
April 14, 2009

Lisa Hayley
179 West 6th St.
Howell NJ 07731

Re: Application for Permit for
Water Supply and System in
Howell

Dear Sir:
Your "Application for Permit to Locate and Construct an Individual Water Supply and System at 179 W. 6th St., Howell 110 115 has been approved with conditions:
Address Town Block Lot

Old well must be sealed by a New Jersey Licensed well driller.

It is important that the water supply and system be installed according to the provisions of N.J.S.A. 58.11-23 et. Sep. and N.J.A.C. 7:9D et seq. Failure to do this will result in the withholding of final approval and could lead to the need for costly alterations and / or legal action.
The well driller of the above referenced system must contact this office for inspections at the following construction stages.

1. When the well is in and either sanitary well seal or pitless adapter have been installed.
2. When the storage tank is connected and functioning.

This office should be given at least 24 hours notice before an inspection is desired. After the water supply and system has become operative and has been disinfected, a water sample shall be taken by a state certified laboratory for bacteriological, physical, and chemical analysis.

If upon a final inspection and receipt of a satisfactory laboratory analysis, the water supply and system meets state standards, a Certificate will be issued to you by mail.

Building inspectors are prohibited from issuing a Certificate of Occupancy prior to their Receiving a copy of our Certificate of Compliance.

Sincerely,
Christine Martone
Christine Martone
Registered Environmental Health Inspector

CM:jj Judy LaPorta & Lynne Gebhardt

RECEIVED
APR 20 2009
PUBLIC SERVICE

MONMOUTH COUNTY DEPARTMENT OF HEALTH
Route 9 and Campbell Court
P.O. Box 1255
Freehold, New Jersey 07728-1255

No. W31645

HOWELL

Telephone: Area Code (732) 431-7456

RECEIVED
MAR 16 2009
PUBLIC SERVICE

APPLICATION FOR PERMIT TO:

X Locate and Construct an Individual Water Supply and System
___ Alter an Individual Water Supply and System

Location: Address 179 West 6th Street, Howell
Municipality: Howell Twp
Block No. 00110, Lot No. 00115.
Owner's Name: Lisa Hayley Phone: (732) 614-0781
Present Mailing Address: 179 West 6th Street Howell Zip 07731
Well Drillers Name: Jeff Winkowski N.J. License No. 14161
Mailing Address: PO Box 2612 Hamilton Zip: 08690 Phone: 609 5865140
State Well Drilling Permit No. P20080 1169 Date: 10/2/08

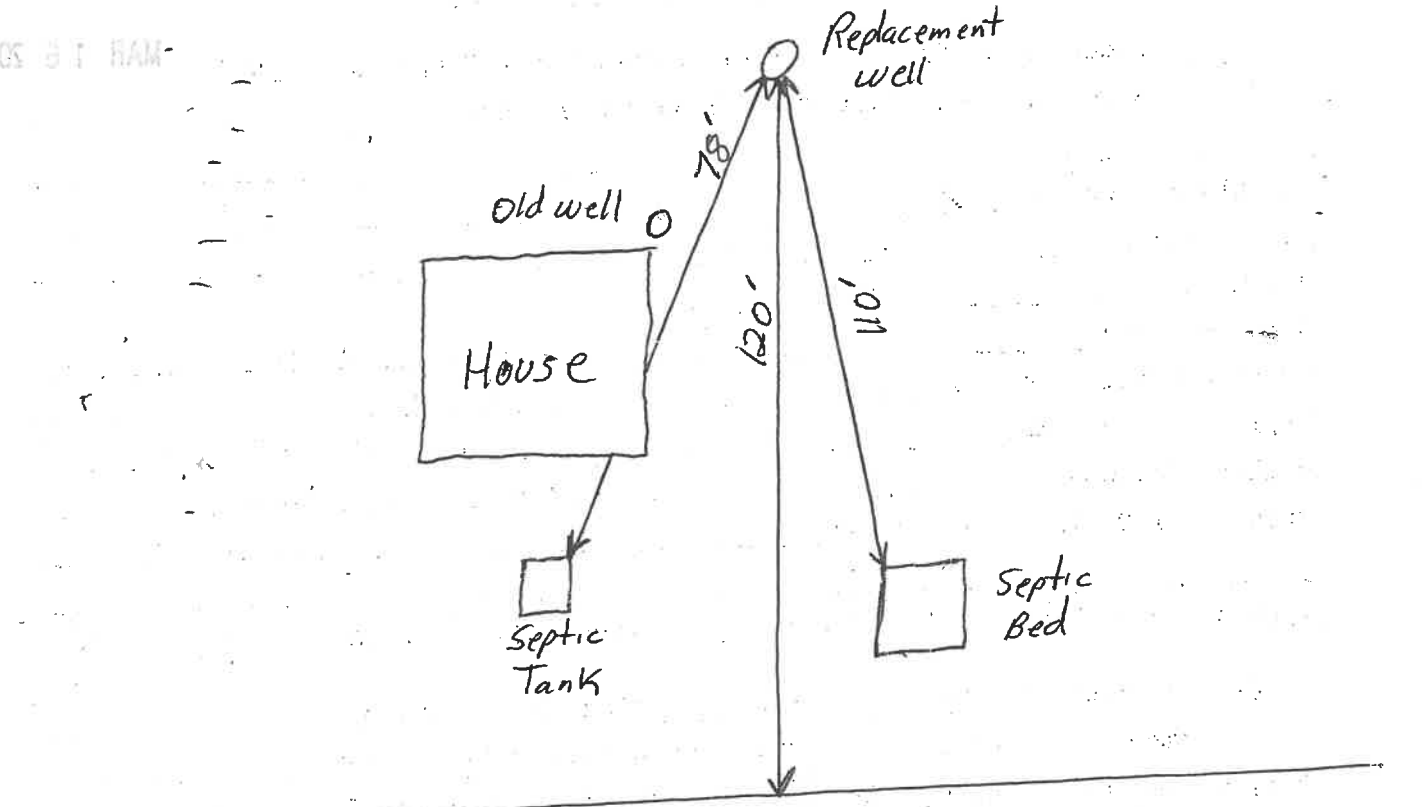
Type of Water Supply: Drilled Well X Driven Well ___ Spring ___ Other ___ state type
Replacement
Well: Estimated depth 170' Diameter 8" "Method of Sealing": Pitless Unit
Cased X Uncased ___ Diameter of casing (in inches) 4"
Casing: Length of Casing (in feet) 160' Depth to Sanitary Seal 42 inches
Type of Material PVC Thickness 1/4"
Pump: Name of Pump: Red Jacket Capacity (gals/hr) 12 GPM
Model No. 50C201 Type-Centrifugal, jet piston, etc. submersible

Location in well
Storage Facilities: Size of Tank 36 gal Location Basement
Treatment Facilities (if required): Give description water softener if needed

Estimated Water Demand:

TYPE OF ESTABLISHMENT TO BE SERVED	GALLONS PER PERSON PER DAY	NO. PERSONS TO BE SERVED PER DAY
Domestic Replacement	100	3

TOTAL GALLONS REQUIRED PER DAY
300



This is to certify that the water supply and system will be installed in accordance with the provisions of Chapter 199 PL 1954 and standards for the Construction of Public Non-Community and Non-Public Water Systems (as revised).

3/16/09
Date

Signature of Well Driller

DWR-133
7/07

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TRENTON, NJ

Permit No. [illegible]

MAIL TO:
NJDEP
BUREAU OF WATER SYSTEMS and
WELL PERMITTING (BWS & WP)
PO BOX 426
TRENTON, NJ 08625-0426

PERMIT TO DRILL WELL

VALID ONLY AFTER APPROVAL BY THE D.E.P.

732 COORD #: [illegible]

Property Owner [illegible]

Address [illegible]

Name of Facility [illegible]

Address [illegible]

Driller [illegible]

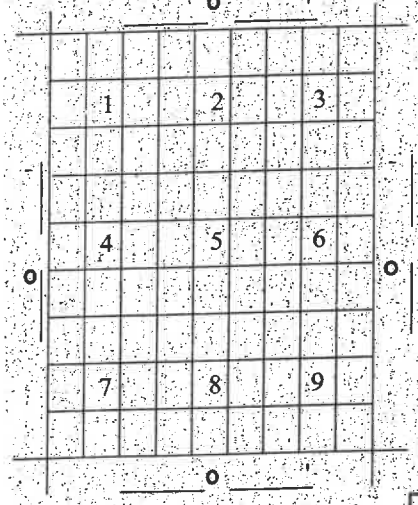
Address [illegible]

Diameter of Well	Inches	Proposed Depth of Well	Feet
Proposed Capacity of Pump	GPM	Method of Drilling (Cable-tool, Rotary, etc.)	
Use of Well (See Reverse)			
Drinking Water Supply?	yes (see #7 on reverse)		no

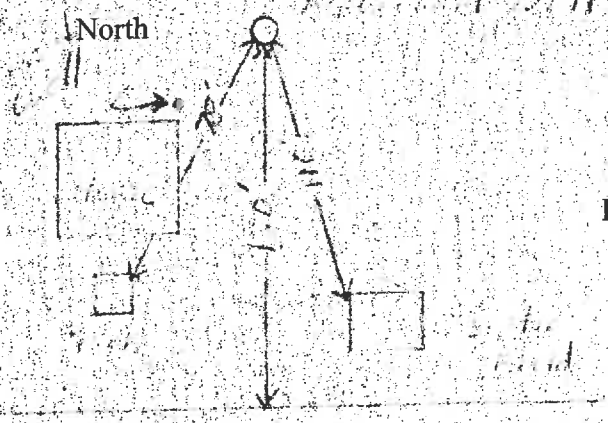
LOCATION OF WELL

Lot #	Block #	Municipality	County

State Atlas Map No. [illegible]



Draw sketch showing distance and location of well site to the nearest public roads, streets, components of the nearest sewage disposal system, etc.



PROPOSED WELL LOCATION (NAD 83 HORIZONTAL DATUM)
NJ STATE PLANE COORDINATE IN US SURVEY FEET

NORTHING: [illegible] EASTING: [illegible]

OR

LATITUDE: ° ' " LONGITUDE: ° ' "

SEE REVERSE SIDE FOR IMPORTANT PROVISIONS AND REGULATIONS PERTAINING TO THIS PERMIT. APPROVAL OF THIS PERMIT IS MADE SUBJECT TO ACCEPTANCE OF AND COMPLIANCE WITH THE FOLLOWING ADDITIONAL CONDITIONS.

- ☐ **PUBLIC COMMUNITY Water Supply** Wells shall obtain construction and operation permits from the BWS & WP in accordance with N.J.A.C. 7:10-11.1 et seq.
- ☐ **PUBLIC NON-COMMUNITY** Water Supply wells serving county, state, or federal facilities shall obtain construction/operation permits from the BWS&WP in accordance with NJAC 7:10-12.1 et seq. NON-TRANSIENT water supplies require a capacity (technical, managerial & financial) evaluation/approval from the BSDW in accordance with NJAC 7:10-13.1 et seq.
- ☐ **INDUSTRIAL/IRRIGATION SUPPLY** - A physical connection control permit may be required pursuant to the provisioin of NJAC 7:10-10.1 et seq.
- ☒ **REPLACEMENT WELL** - Existing well must be sealed by a New Jersey licensed well driller of the proper class upon abandonment.
- ☑ PINELANDS - Well must be drilled and cased to a minimum depth of 100' unless the provisions of N.J.A.C. 7:50-6.84 (a)4.v. are met.
- ☐ MINIMUM distance requirements as per N.J.A.C. 7:9D-2.7 have not been met - see attached condition(s).
- ☐ The well shall be equipped with a totalizing flow meter per N.J.A.C. 7:19-2 et seq.
- ☐ [illegible]

This Space for Approval Stamp

WELL PERMIT APPROVED
N.J. D.E.P.
OCT 2 2008
BUREAU OF WATER SYSTEMS
& WELL PERMITTING

In compliance with N.J.S.A.58:4A-14, application is made for a permit to drill a well as described above.

Date [illegible] Signature of Driller [illegible] Registration No. [illegible]

Signature of Property Owner [illegible]

COPIES: Water Systems & Well Permtting - White Health Dept. - Yellow Owner - Blue Driller - White

CONSTRUCTION PERMIT

Date Issued 3/16/2009
Control # 07824
Permit # 20090476

IDENTIFICATION Block: 110 Lot: 115 Qualifier

Work Site Location: 179 WEST SIXTH STREET Howell Township, NJ

Owner in Fee: HAILEY, LISA
179 WEST SIXTH STREET HOWELL NJ 07731

Telephone:

Contractor: WB DRILLING CO. INC.
Address: PO BOX 2612 HAMILTON NJ 08690

Telephone: 6093712843
Lic. No. or Bldrs. Reg. No. 0001204
Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
WELL INSTALLATION

Note: If constuction 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 $2,800

Construction Official

3-16-09
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$46
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$50
Check No.	10072
Cash	$0
Credit	$0
Collected By	LG

U.C.C. F170
equiv (rev 8/03)

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 the 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 granted.

☐ 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 cases 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, 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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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.

If you do not understand any of this information, please ask.

Donna Belton

From: Janine Martuscelli
Sent: Monday, May 02, 2022 10:14 AM
To: Donna Belton
Cc: Justin Meyer
Subject: RE: OPRA 22-596
Attachments: BLK110 - L115 RO-17-155 APPROVED Permit-NJNG-2017-11-02.pdf; BLK110 - L115 CA ADD BATH TO MASTER BEDROOM, LIFT GARAGE UP, CHANGE ROOF-2022-03-30.pdf; BLK110 - L115 CA SERVICE ELECTRIC-2019-05-13.pdf; BLK110 - L115 CA SEWER CONNECTION-2020-11-4.pdf; BLK110 - L115 CA SIDING-POLYPROPYLENE SIDING-2022-03-25.pdf; BLK110 - L115 CA WATER SERVICE CONNECTION - 2020-10-01.pdf; BLK110 - L115 Land Use Certificate Deck + Driveway-2019-07-22.pdf; BLK110 - L115 LU Cert Alteration-2020-11-18.pdf; BLK110 - L115 LU CERT FENCE 2021-06-25.pdf; CASE FILE 2008.pdf; 000000.pdf; 97-1740.pdf; 99-1399.pdf

Donna

Attached are all closed permits for construction, land use and engineering. There is a closed permit for the well #2009-0476 that is closed out but we do not have a physical copy to send you.
There are no open permits or violations. Well and septic were connected to the city sewer and water in 2020 (permits are attached)

Janine

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Monday, May 02, 2022 8:20 AM
To: Todd Morgano <tmorgano@twp.howell.nj.us>; Janine Martuscelli <jmartuscelli@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>; Erin Serfass <eserfass@twp.howell.nj.us>; Christopher Wong <cwong@twp.howell.nj.us>; Patrick Enright <penright@twp.howell.nj.us>; Maria Hesselbarth <mhesselbarth@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>; Gregory Hutchinson <ghutchinson@twp.howell.nj.us>
Subject: OPRA 22-596

Good Morning,

Attached please find OPRA 22-596 for your review. Please forward your findings to me no later than 5/11/2022.

Thank you.

Regards,

Donna Belton
Administrative Assistant
Clerk's Office
4567 Route 9 North
Howell, NJ 07731
732-938-4500, ext. 2000

10188039R

TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE
DIVISION OF ENGINEERING
4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

ROAD OPENING / R.O.W. EXCAVATION PERMIT

(To be completed by the Applicant)

Permit # R0-17-155
(Assigned by Township)

The issuance of this permit requires the Permittee to comply with the terms and conditions of the Code of the Township of Howell, Chapter 277 entitled "Streets, Sidewalks & R.O.W. Excavations." The permittee is responsible to make all necessary supplemental investigations to locate all underground utilities in the vicinity of work.

Date of Application: 8/23/17 Scheduled Date of Excavation: _____

Application is hereby made by: New Jersey Natural Gas Co hereafter known as the Permittee.

Address: 775 Vassar Ave. Lakewood. NJ 08701

Telephone #: 732-905-4375 E-mail Address: BMotley@NJNG.com

Proposed construction consists of: (check all that apply)
- ☐ Sanitary Sewer Connection
- ☐ Storm Sewer Connection
- ☐ Curb Repair or Replacement
- ☐ Sidewalk Repair or Replacement
- ☑ Utility (Gas, Water, etc.)
- ☐ Driveway Repair or Replacement
- ☐ Other _____

Exact description of work (attach sketch of all work proposed): Retire Gas Service - 1/2" plastic (alle) 1-343 opening on W. 6th St. 579' W of Smith St

If work requires excavation within a Township street, trench will be: 3 (Wide) ft. X 3 (Long) ft. = 9 Square Feet (S.F.)

Any additional area of work or improvements within the Township right-of-way is _____ S.F.

Total area of excavation and work within right-of-way is _____ S.F. (trench) + _____ S.F. (other) = _____ S.F. Total.

To service the property located at: 179 W. 6th St Block: 110 Lot: 115

Contractor completing work: NJNG Crew Telephone #: 732-905-4351

Contractor's address: Same as applicant

FEE SCHEDULE:

A. Application Fee (non-refundable) $ 75.00

B. Inspection Fee (non-refundable) (Openings 100 SF or less, $100.00) $ 250.00
(Openings greater than 100 SF, _____ SF x $1.50/SF)
(Minimum inspection fee for a Utility company, $250.00)
Total for 1st Payment*: $ 325.00

C. Restoration Guarantee _____ SF x $25.00/SF (Min. $500.00) $ _____
(refundable, see Chapter 277 for conditions)
(* separate payments required)
Total for 2nd Payment*: $ _____

APPLICANT: Applicant/Permittee, his/her agents and any representatives agree to hold the Township and its officers harmless against any and all claims, judgments or other costs arising from the excavation and other work covered by the excavation permit or for which the Township, the Township Council or any Township officer or designee may be made liable by reason of any accident or injury to person or property through the fault of the permittee either in not properly guarding the excavation or for any other injury resulting from the negligence of the permittee.

Signature (Permittee): Ken Beck (bm) Date: 8/23/17

APPLICANT: When all signatures have been obtained, this form will become your permit. Please produce a copy of this form during construction upon request.

(For Official Use Only, to be completed by Township Officials)

Approved: ✓ 11/2/17 Denied: ✗

Special Conditions for Approval or Reason for Denial: West 6th Street is under a moratorium until December 2017
11/2/17 Moratorium waived by R-17-362 Final restoration shall be an infrared repair

☑ Traffic Control devices will be required ☑ Police Traffic Directors will be required ☐ Detour required

Division Officer's Name: Lisa Birzin Title: Guarantees Coordinator

Division Officer's Signature: Lisa Birzin Date: 8/31/2017 - DENIED
11/2/2017 - APPROVED

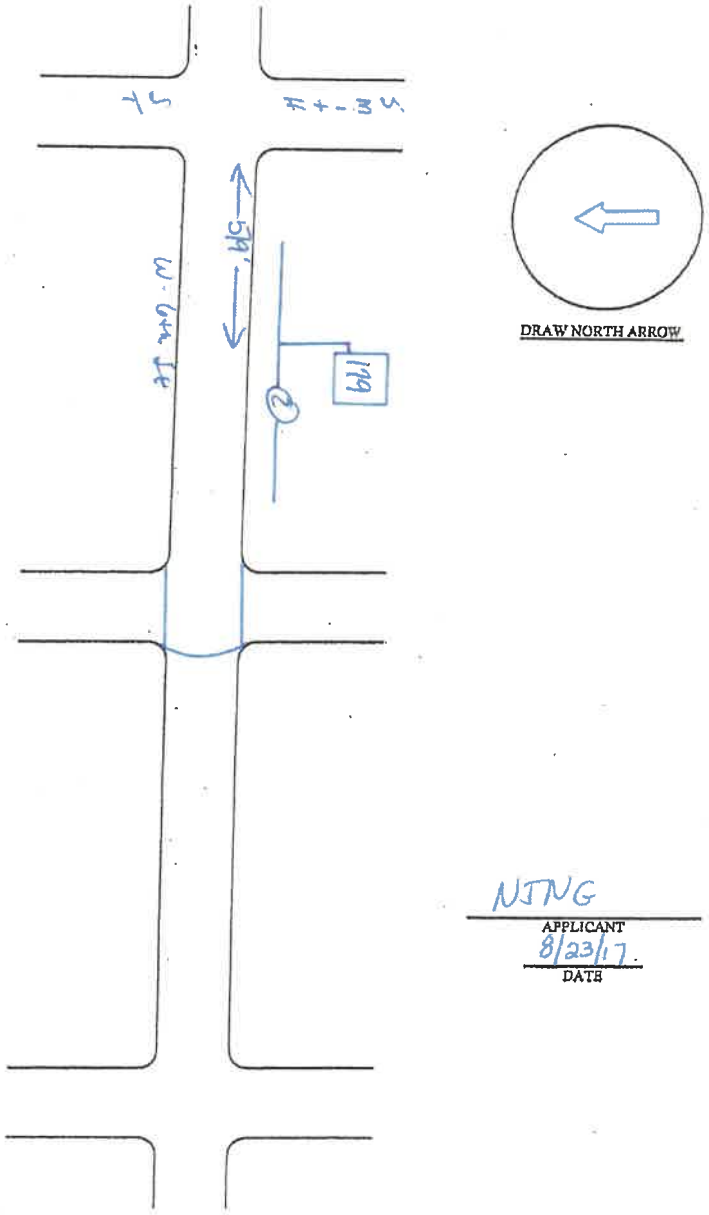
cc: Applicant, File, Public Works, Police Department

10188039R

TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE
DIVISION OF ENGINEERING
4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580
Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

SKETCH FOR PROPOSED EXCAVATION



NJNG
APPLICANT
8/23/17
DATE

General Notes:

1. Draw excavation location and label size and orientation on plan.
2. Provide house locations (if any) and house numbers for reference points.
3. Add sidewalk to plan if it's part of excavation or if excavation is between curb and sidewalk.

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 3/30/2022
Control Number C-48954
Permit Number 20210410
Permit Issue Date 2/10/2021
Certificate Number 20210410

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 179 WEST SIXTH STREET Howell Township, NJ 07731 Block: 110 Lot: 115 Qual:

Owner in Fee: C MATHIS, LADISLAV

Owner Address: 678 HULSES CORNER ROAD HOWELL NJ 07731

Telephone: [redacted]

Contractor C MATHIS, LADISLAV

Address 678 HULSES CORNER ROAD HOWELL NJ 07731

Telephone: [redacted] Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - ADD BATH TO MASTER BEDROOM AND CHANGE ROOF & LIFT GARAGE UP

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/30/2022

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 2/10/21
Control # 48954
Date Issued
Permit # 20210410

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

Block 115 Lot 115 Qualification Code
Work Site Location 179 W 6th. Street. Howell NJ 07731

Owner in Fee: Ladislav Mathis
Tel. [redacted] e-mail [redacted]
Address 179 W 6th Street Howell NJ 07731
street municipality

Contractor: Ladislav Mathis Tel [redacted]
Address 179 W 6th Street Howell e-mail [redacted]
NJ. 07731

Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID 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.

Sign here: [signature]
Print name here: Ladislav Mathis

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK * Provide installation details for jussets prior to inspection
Renovation Garage Roof
Siding (Polypropylene) * Must be greater than 5 ft. from property line
Interior Renovation
in House

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	2/9/21	SD
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3-14-22
Approved by: SD (Acting)

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab GMADE	7/6/21		7/26/21	JMH
Frame HOUSE	8/9/21	BOMER	8/10/21	JMH
Truss Sys./Bracing				
Barrier-Free				
Insulation			8/11/21	JMH
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	2/18/22		3/14/22	SD
Barrier-Free				

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

FEE (Office Use Only)
$ 350-

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 19-
TOTAL FEE $ 369-

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
No. of Stories
Height of Structure 22.9 1/8 ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors 68 sq. ft.
Volume of New Structure 550 cu. ft.
Max. Live Load 40 PSF
Max. Occupancy Load 40 PSF

Constr. Class Present VB Proposed VB
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 10 000
3. Total (1+ 2) $

U.C.C. F110 (rev. 11/09)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/10/21
Control # 48954
Date Issued
Permit # 20210410

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

Block 110 Lot 115 Qualification Code
Work Site Location 179 W 6th Street HOWELL NJ 07731
Owner in Fee Ladislav Mathis
Tel. [redacted] e-mail [redacted]
Address 179 W 6th Street HOWELL NJ
Contractor Ladislav Mathis Tel 732 9001146
Address 179 W 6th Street e-mail [redacted]
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. FAX

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:
Total Cost of Fire Protection Work $ 150.—

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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.
Applicant/Contractor sign here: Ladislav Mathis
Print name here: Ladislav Mathis
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 2nd floor M/BR Addition.
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	85.—
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for CERTIFICATE
Date: 12/14/22
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CO [ ] CO
Date: 2/28/23
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				
Flam/Combust Tanks				
Fireplace Venting				
Final			2/24/23	
Other				

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400

N.J.C.C. F-140 (rev. 02/11)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2/10/21
Control # 48954
Date Issued
Permit # 20210410

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

Block 110 Lot 115 Qualification Code

Work Site Location 179 W 6th. Street Howell NJ. 07731

Owner in Fee: Ladislav Mathis

Tel. ([redacted] e-mail [redacted]

Address 678 Hulses Corner Rd. Howell NJ. 07731

Contractor: Ladislav Mathis (street / municipality) Tel. ([redacted]

Address 678 Hulses Corner Rd e-mail

Howell NJ 07731

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-25-21

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO CA

Date: 2-11-22

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	MP 1-21-21		6-3-21	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-11-22	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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 sign/Contractor sign and seal here:

Print name here: Ladislav Mathis

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 2nd Floor Dormer

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

Administrative Surcharge $ 80

Minimum Fee $ 3

State Permit Surcharge Fee $

TOTAL FEE $ 88

U.C.C. F120 (rev. 11/09)

110 - 115

PLUMBING SUBCODE
TECHNICAL SECTION

179

Date Received
Control # 48954 2/10/21
Date Issued
Permit # 20210410

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

Block 110 Lot 115 Qualification Code

Work Site Location 179 W 6th Street Howell NJ 07731

Owner in Fee: Ladislav Mathis

Tel. [redacted] e-mail [redacted]

Address 179 W 6th Street Howell NJ 07731

Contractor: Ladislav Mathis (street) (municipality) Tel. 732 900 1146 (zip code)

Address 179 W 6th Street Howell NJ 07731 e-mail [redacted]

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1500

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 sign/Contractor sign and seal here:

Print name here: Ladislav Mathis

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Adding master Bath.

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
1	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection (1)	
	Water Service Connection (2)	
	Stacks	
	Other	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[V] Plumbing Plans Approved
Date 12-16-20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-26-2021
Approved by: Allan Geestel

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-11-22
Approved by: Allan Geestel

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	X 1-21-21		2-8-21	
Water				
Sewer				
* Fixtures shower pan				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			2-11-22	

Administrative Surcharge	$
Minimum Fee	$ 140
State Permit Surcharge Fee	$ 3
TOTAL FEE	$ 143

* D.W.V. on Plan

* NOT READY

FILE COPY

AFFIDAVIT OF RESIDENCE

Name Ladislav Mathis
Street Address 179 W 6th Street
City, State Howell NJ
Zip 07731

Date 12.22.2020.

To Whom This May Concern,

I, Ladislav Mathis, formally acknowledge living at the street address of 179 W 6th Street, City of Howell, State of NJ since 01.05., 2019.

I have attached the following documents for your consideration: _____

Furthermore, I swear and affirm under penalty of perjury that the facts set forth in this statement are true and accurate.

Sincerely,

Ladislav Mathis
12.22.2020

Tom Petersen

Architects • Planners

Mr. Chuck Gimbel, Building Subcode Official
Howell Township Building Department
4567 Route 9 North
Howell, NJ 07731

February 28, 2022

Re: Mathis Residence
Renovations to Existing Residence and Detached Garage
179 West 6th Street
Howell, NJ 07731
Block 110, Lot 115

Hi Chuck,

We have previously submitted an analysis and drawing of the pre-fabricated site-built wood trusses at the detached garage roof at this location. I've attached copies of this previous correspondence.

The owner has asked me to provide an additional analysis and approval of the gussets which were installed on these trusses.

The gussets are ¾" plywood, with individual gussets connecting 'chord-to-chord' or 'chord-to-web' at each 'node' or 'splice' (joints).

The gussets are connected with a minimum of (3) - 3 ¼" x .131" nails into each chord or web, in typical staggered or triangular patterns (not straight line). Nails are preferred since the critical stress is shear strength, which is higher in nails than in screws.

I've reviewed the installation on-site, and find that the truss, and connectors, are adequate. Therefore, this new truss structure is in conformance with applicable codes and standard structural design, and I approve the installation as adequate for this application.

Please let me know if you have any questions on this. Thanks, as always!

Sincerely yours,

FILE COPY

Tom Petersen

Cc: Mr. Ladislav Mathis

6 Country Lane • Howell, New Jersey 07731 • Telephone 732-730-1763, Fax 732-730-1783

Tom Petersen

Architects • Planners

Mr. Chuck Gimbel, Building Subcode Official
Howell Township Building Department
4567 Route 9 North
Howell, NJ 07731

January 27, 2021

Re: Mathis Residence
Renovations to Existing Residence and Detached Garage
179 West 6th Street
Howell, NJ 07731
Block 110, Lot 115

Hi Chuck,

As you know, the owner of this property is undertaking renovations to an existing single-family dwelling and detached garage. He has already applied for, and received, zoning approval and is currently applying for a building permit for this work.

As a part of the detached garage renovation, he has replaced the existing detached garage roof structure with a pre-fabricated site-built wood truss system. Since this truss is beyond the prescriptive methods for wood roof design included in the 2018 IRC (NJ Edition), he has asked me to evaluate the adequacy of the trusses.

1. Design criteria: Live Load: 25 psf
   Dead load: 10 psf
   Total load: 35 psf
2. The truss type is a typical 'Double Fink' style, with 2x4 chords and 5/8" thick wood gussets. The trusses are spaced at 24" o.c., which is also typical. I've attached an approved drawing which accurately represents the configuration of the chords.
3. The truss is acceptable, based on the following criteria:
   a. Maximum allowable top chord length = 7'-10", maximum actual length = 6'-0"
   b. Maximum allowable stress (Doug Fir Larch, no.2) = +/- 500 psi; actual loads:
      i. Horizontal forces: +/- 240 psi maximum
      ii. Vertical forces: +/- 270 psi maximum
      iii. Moment forces: +/- 60 psi maximum
4. The trusses are attached to the wall framing below with uplift connectors sufficient for 125 mph wind load (35 psf).

Therefore, this new truss structure is in conformance with applicable codes and standard structural design, and I approve the installation as adequate for this application.

Please let me know if you have any questions on this. Thanks, as always!

Sincerely yours,

Tom Petersen

Cc: Mr. Ladislav Mathis

6 Country Lane • Howell, New Jersey 07731 • Telephone 732-730-1763, Fax 732-730-1783

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 5/8/2019
Control Number C-46049
Permit Number 20190861
Permit Issue Date 5/2/2019
Certificate Number 20190861

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 179 WEST SIXTH STREET Howell Township, NJ 07731 Block: 110 Lot: 115 Qual:

Owner in Fee: LADISLAV MATHIS

Owner Address: 179 WEST SIXTH STREET HOWELL NJ 07731

Telephone: (732) 900-1146

Contractor LADISLAV MATHIS

Address 179 WEST SIXTH STREET HOWELL NJ 07731

Telephone: (732) 900-1146 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SERVICE ELECTRIC

Certificate Comments: DR# 342 782 168

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/8/2019

U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

DK# 342 782 168

5-2-19

Date Received
Control # 46049
Date Issued
Permit # 2019-0861

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

Block 110 Lot 115 Qualification Code

Work Site Location 179 W 6th Street Howell NJ

Owner in Fee: Ladislav Mathis

Tel. [redacted] e-mail [redacted]

Address 648 Hulse Corner Rd Howell NJ
street municipality zip code

Contractor: Ladislav Mathis Tel [redacted]

Address 648 ~~Hulse~~ Hulse Corner e-mail [redacted]
Rd. Howell 07731

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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 sign/Contractor sign and seal here: Ladislav Mathis

Print name here: Ladislav Mathis

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Service - Rush

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5-2-19

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 5-7-19

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-7-19	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 5-7-19

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge $ 65

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 11/09)

Howell Township
Building Department (732) 938-4500
EXT 2415

DR\UR # 342782168

CUT-IN-CARD

MUNICIPALITY Howell Township

LOCATION 179 WEST SIXTH STREET UTILITY CO JCPL

Howell Township, NJ 07731 BLK 110 LOT 115

OWNER LADISLAV MATHIS OCCUPANT LADISLAV MATHIS

"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

INSTALLED BY LADISLAV MATHIS LICENSE NO

DATE 5/7/2019 PERMIT # 20190861 INSPECTOR James Kaiser

☑ FAXED IN 5/7/2019 Lic. No: 010063

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 4/18/2022
Control Number C-51135
Permit Number 20202498
Permit Issue Date 11/4/2020
Certificate Number 20202498

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 179 WEST SIXTH STREET Howell Township, NJ 07731 Block: 110 Lot: 115 Qual:

Owner in Fee: CRONIN, DIANA & MATHIS, LADISLAV

Owner Address: 808 SE 13TH CT DEERFIELD BEACH FL 33441

Telephone: [redacted]

Contractor CRONIN, DIANA & MATHIS, LADISLAV

Address 808 SE 13TH CT DEERFIELD BEACH FL 33441

Telephone: [redacted] Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SEWER CONNECTION

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 4/18/2022

U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 51135
Date Issued 11/4/20
Permit # 22020249 8

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

Block 110 Lot 115 Qualification Code

Work Site Location 179 W 6th Street Howell NJ 07731

Owner in Fee: Ladislaw Mathis

Tel. (732 900 1146) Email [redacted]

Address 179 W 6th. Street Howell NJ. 07731
(street) (municipality)

Contractor: Ladislaw Mathis Tel. (732 900 1146)
(zip code)

Address 628 Hulses Corner Rd e-mail [redacted]
Howell NJ 07731

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 9-22-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-11-22
Approved by:

INSPECTIONS

Type	Dates (Month/Day) Failure	Failure	Approval	Initials
Rough	7-13-21	[redacted]	8-3-21	
Barrier-Free	MH			
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-11-22	M
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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 in this application.

Applicant sign/Contractor sign and seal here:

Print name here: Ladislaw Mathis

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Sewer ejector.

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

Administrative Surcharge	$ 100
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 250

U.C.C. F120 (rev. 11/09)

110 - 115

PLUMBING SUBCODE
TECHNICAL SECTION

179

Date Received
Control # 5135
Date Issued 11/4/20
Permit # 20200498

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

Block 110 Lot 115 Qualification Code

Work Site Location 179 W 6th Street Howell NJ 07731

Owner in Fee: Ladislav Mathis

Tel. [redacted] e-mail [redacted]

Address 678 Hulses Corner Rd. Howell NJ. 07731
street municipality zip code

Contractor: Ladislav Mathis Tel. 732 900 1146

Address 678 Hulses Corner Rd. e-mail [redacted]
Howell NJ 07731

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer 4" Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

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 sign/Contractor sign and seal here:

Print name here: Ladislav Mathis

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-2-2020
Approved by: Allen Gaertel

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4-5-21
Approved by: Allen Gaertel

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Septic	* 11-30-20			
Rough				
Water			11-30-20	
Sewer			11-9-20	
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO	* 7-26-21		4-5-22	
Final				

only at Driveway to house - owner stated that Town gave ok.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	75
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	85
	Stacks	
	Other Septic Abandon	100
	Administrative Surcharge $	260
	Minimum Fee $	
	State Permit Surcharge Fee $	2
	TOTAL FEE $	262

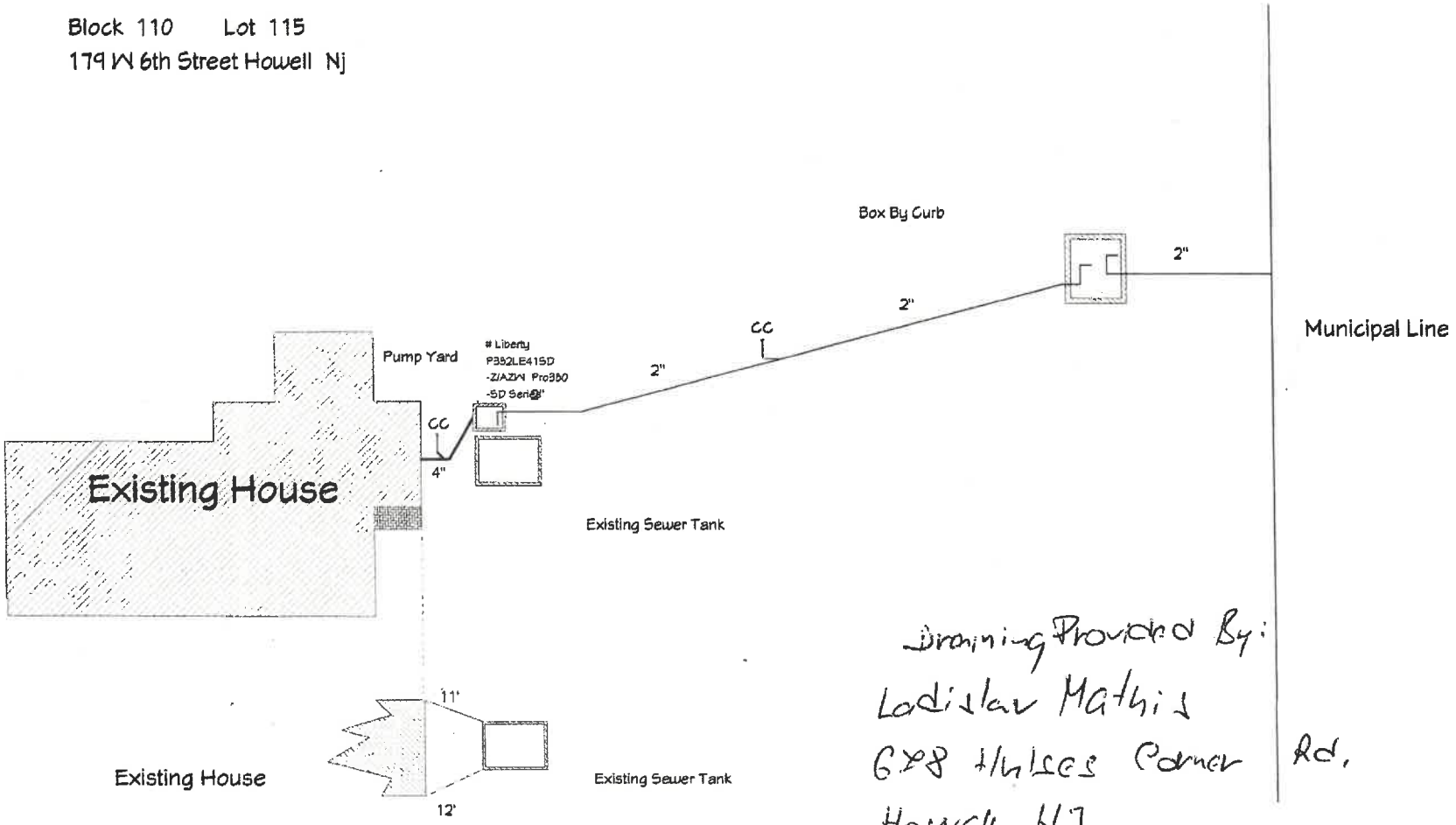
* 11-30-2020 ⇒ not done

EJECTOR PUMP
7-26-21 * ATTACH

U.C.C. F130 (rev. 10/17)

To reorder call:
Allegra Marketing, Print & Mail
609-390-1400

Block 110 Lot 115
179 W 6th Street Howell Nj



Drawing Provided By:
Ladislav Mathis
628 Hulses Corner Rd.
Howell NJ.

FILE COPY

1st Floor

PAGE TITLE

P-1

Atlantic Septic & Sewer

460 N. County Line Road • Jackson, NJ 08527
855-Gotta-Go
www.atlanticsepticsewer.com

7901

NJDEP NO. 0034549
NJHIP NO. 13VH07534200

Name Ladislav Mathis Phone
Address 179 W 6th St Date 11/11/20
City Howell State NJ Zip 07731
Email

*Price per 1,000 gals. or part of 240.00

PUMPING (including Dump Fee).....
Septic Tank ✓ Grease Tank Grease Trap
Seepage Tank Bed Double Compartment

DIGGING TO SERVICE SYSTEM ($50 Minimum)
CLEANING OF EFFLUENT FILTER .....
CLEANING OF SEWER LINE .....
BACK FLUSH ($35 Minimum) .....
ADDITIONAL GALLONS .....
ADDITIONAL WORK .....
ADD'L TRUCK TIME ($50 Minimum) .....
(Based on each 1/2 hour)
STATE APPROVED CERTIFICATIONS .....
System Flooded: ☐ Yes ☐ No SUB TOTAL 240.00
Last Pumping N.J. SALES TAX 15.90
Recommended Pumping
Toilets Flushed: ☐ Yes ☐ No TOTAL..... 255.90

I hereby give my permission to cross over curb, crosswalk, lawn or come up driveway to service my septic system. I understand that the weight of the truck may cause damage to the above. Not responsible for any underground lines/cables/sprinklers not clearly marked by owner. *Atlantic Septic & Sewer* will do their best to protect the Owner's property.

*NOTICE: I agree to pay a monthly periodic finance charge of 2 percent per month (24 percent annually), which will be charged on accounts over 30 days. Any check that is returned for Non Payment will have a service charge of $75.00 applied and if both the check and service charge are not paid, the signee of the check will be charged accordingly and brought to court. The signee will be responsible for all court costs and attorney fees & $125.00 collection and clerical fees.
I have read the above statement and give my approval.
I understand that work is to be paid C.O.D. Address and Phone No. must be on checks unless other arrangements are made with the office in advance.

Check No. CC No. ✓
Exp date: CVC:

I have read the above statement and give my approval.

DRIVER
Signature of Homeowner or Representative

TGP
Print

Notes/System location

TOWNSHIP OF HOWELL
DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE
4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580
Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

NOTICE TO PROCEED – RESIDENT FREEWOOD ACRES
ALL APPROPRIATE SEWER APPROVALS AND FEES HAVE BEEN RECEIVED BY THE TOWNSHIP OF HOWELL

PROPERTY ADDRESS: 199 W. 6th St.

BLOCK: 110 **LOT:** 115

PROJECT DESCRIPTION: ***CONSTRUCTION OF A NEW SANITARY SEWER LATERAL TO BE CONNECTED TO A TOWNSHIP SANITARY SEWER CLEAN OUT AT THE LOCATION REFERENCED ABOVE WITHIN THE FREEWOOD ACRES PROJECT.***

CONDITIONS: 1) MRRSA Approvals and Fees
2) All Plumbing Permits
3) Subject to Approved Plans
4) NJDEP and Howell Sanitary Sewer Rules and Regulations

Justin R. Yost, PE, PP, CME
for Bill Nunziato, PE, Utilities Director

9/18/2020
Date

THE ABOVE PROPERTY HAS CONNECTED TO THE TOWNSHIP'S SANITARY SEWER SYSTEM

THE SEWER LINE INSTALLED TO THE CURB LINE HAS BEEN **INSPECTED AND APPROVED.**

PLUMBING INSPECTOR: _____ (signature) / JIM WULFEKOTTE (print name) **DATE:** 12/20/21

cc: Tax Collector: via email
Brian Beach, Executive Director, MRRSA .

COPY TO
JANINE M

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 3/25/2022
Control Number C-51757
Permit Number 20202348
Permit Issue Date 10/26/2020
Certificate Number 20202348

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 179 WEST SIXTH STREET Howell Township, NJ Block: 110 Lot: 115 Qual:

Owner in Fee: CRONIN, DIANA & MATHIS, LADISLAV

Owner Address: 808 SE 13TH CT DEERFIELD BEACH FL 33441

Telephone: [redacted]

Contractor CRONIN, DIANA & MATHIS, LADISLAV

Address 808 SE 13TH CT DEERFIELD BEACH FL 33441

Telephone: [redacted] Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIDING - Polypropylene Siding

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Date Printed: 3/25/2022

U.C.C. F260 (rev. 08/05)

Fee: $0.00
Check Number:
Collected By:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10-26-20
Control # 51757
Date Issued
Permit # 2020-23418

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

Block 110 Lot 115 Qualification Code

Work Site Location 179 W 6th Street Howell NJ 07731

Owner in Fee: Ladislav Mathis

Tel. (732) 400 1146 e-mail ladislavmathis24@gmail.com

Address 179 W 6th Street Howell 07731

Contractor: Ladislav Mathis (street / municipality) Tel (732) 900 1146 (zip code)

Address 179 W 6th Street e-mail ladislavmathis24@gmail.com

Howell NJ. 07731

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID 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.

Sign here:

Print name here: L. Mathis Ladislav Mathis

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installing Cedar Impression Polypropelyn Siding

* Can not be used within 5 ft. of property line

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[X] Exterior	10/26/20	SD
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/26/20
Approved by: SD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 3-14-22
Approved by: SD (Acting)

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3/14/22	SD
Barrier-Free				

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

FEE (Office Use Only)

$	
	140 -

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 8 -
TOTAL FEE $ 148 -

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5

Constr. Class Present VB Proposed VB

No. of Stories

Height of Structure ft.

Area — Largest Floor N/A sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 4000 —

U.C.C. F110 (rev. 11/09)

Specification Sheet

FILE COPY

CertainTeed
SAINT-GOBAIN

Cedar Impressions®

Perfection, Shapes, Sawmill Shingles & Rough-Split Shakes Polymer Siding

General Description: Cedar Impressions® D7" Straight Edge and Staggered Edge, Individual and T5" Sawmill Shingles, D7" and D9" Rough- Split Shakes and S6-1/3" Perfection Shapes siding provides the look of wood shingles, but does not require the upkeep common to wood.

These shingles are manufactured with a true-to-life cedar shingle texture molded directly from natural wood shingles. Cedar Impressions siding is appropriate for use in new construction for single family homes, multi-housing projects and light commercial developments. Cedar Impressions is also an ideal product for remodeling.

Styles:

Profile	Finish	Panel Dimensions	Panel Projection	Wall Thickness (Nominal)	Lock Design	Colors	Accessory Pocket
D7" Straight Edge Perfection Shingles 3G	Perfection	47" x 14" Double course	3/4"	..090"	Molded continuous perimeter lock for seamless appearance	22	¾"
D7" Straight Edge Perfection Shingles Legacy	Perfection	47" x 14" Double course	3/4"	.100"	Molded intermittent perimeter lock for seamless appearance	22	¾"
D7" Staggered Perfection Shingles	Perfection	47" x 14" Double course	3/4"	.100"	Molded perimeter lock for seamless appearance	21	¾"
D7" Straight Edge Rough-Split Shakes	Rough-Split	57" x 14" Double course	1"	.125"	Molded perimeter lock for seamless appearance	18	1"
D9" Staggered Rough-Split Shakes	Rough-Split	57" x 18" Double course	1"	.125"	Molded perimeter lock for seamless appearance	17	1"
Individual 5" Sawmill Shingles	Sawmill	4" to 8" x 12" Individual shingles	½" - installs into 1" pocket	.085"	N/A	17	1"
S6-1/3" Perfection Shapes: Scallop	Perfection	42" x 6-1/3"" Single course	¾"	.090"	Molded perimeter lock for seamless appearance	8	¾"
S6-1/3" Perfection Shapes: Octagon	Perfection	42" x 6-1/3"" Single course	¾"	.090	Molded perimeter lock for seamless appearance	6	¾"
S6-1/3" Perfection Shapes: Half-cove	Perfection	42" x 6-1/3"" Single course	¾"	.090"	Molded perimeter lock for seamless appearance	4	¾"
S7" Straight Edge Perfection Shingle	Perfection	73-1/2" x 7" Single course	¾"	.080" to .090"	Molded continuous perimeter lock for seamless appearance	16	¾"
T5" Straight Edge Sawmill Shingles	Sawmill	60" x 15" Triple course	¾"	.100"	Molded continuous perimeter lock for seamless appearance	21	¾"

FILE COPY

CertainTeed LLC
20 Moores Road
Malvern, PA 19355

Colors: Cedar Impressions siding profiles are available in a wide selection of colors. All colors are Spectrophotometer controlled.

SOLID COLORS:			
Autumn Red	Desert Tan	Herringbone	Savannah Wicker
Autumn Yellow	Flagstone	Light Maple	Seagrass
Buckskin	Forest	Mountain Cedar	Spruce
Charcoal Gray	Granite Gray	Natural Clay	Sterling Gray
Colonial White	Hearthstone	Pacific Blue	
Cypress	Heritage Cream	Sable Brown	
AGELESS CEDAR™ COLORS			
Cedar Blend Light	Cedar Blend Medium	Cedar Blend Dark	Cedar Blend (full panel)
Rustic Blend Light	Rustic Blend Medium	Rustic Blend Dark	Rustic Blend (full panel)
Natural Blend Light	Natural Blend Medium	Natural Blend Dark	Natural Blend (full panel)
Driftwood Blend Light	Driftwood Blend Medium	Driftwood Blend Dark	Driftwood Blend (full panel)

Lock: Molded perimeter locking system locks on all sides of panels to provide a seamless appearance and superior wind resistance.

Accessories: CertainTeed manufactures a wide range of siding accessories which are compatible with Cedar Impressions siding styles and colors. Accessory products include installation components, soffit, window and door trim, corner lineals, corner systems and decorative moldings.

Composition: Modified polypropylene copolymer.

Technical Data: Cedar Impressions siding is in compliance with ASTM specification for Polypropylene (PP) Siding D 7254 and the requirements of sections R703.14 of the International Residential Code, 1403.12 of the International Building Code and Part 9 of Division B of the National Building Code of Canada.

Important Fire Safety Information: When rigid polypropylene is exposed to significant heat or flame, the polypropylene will soften, sag, melt or burn, and may thereby expose material underneath. Care must be exercised when selecting underlayment materials because many underlayment materials are made from organic materials that are combustible. You should ascertain the fire properties of underlayment materials prior to installation. All materials should be installed in accordance with local, state and federal building code and fire regulations.

Wind Load Testing: Cedar Impressions siding products have been tested per ASTM 5206 standard test method for wind load resistance to withstand negative wind load pressures and their mph equivalents as shown in the chart below. All products exceed industry standards for wind load performance. Check with your local building inspector for wind load requirements in your area for the type of structure you are building.

Product	Nail Spacing Test	Standard Wind Load Design Pressure Rating (psf)	MPH Equivalent (1)
D7" Straight Edge Perfection Shingles 3G	12" OC	NEW	pending (V_{ASD}) pending (V_{ULT})
D7" Straight Edge Perfection Shingles Legacy	12" OC	74.1	175 (V_{ASD}) 226 (V_{ULT})
D7" Staggered Perfection Shingles	12" OC	80.0	182 (V_{ASD}) 235 (V_{ULT})
D7" Straight Edge Rough Split	10" OC	58.7	156 (V_{ASD}) 201 (V_{ULT})
D9" Staggered Rough-Split Shakes	10" OC	37.0	124 (V_{ASD}) 160 (V_{ULT})
D6-1/3" Scallop	8" OC	NEW	pending (V_{ASD}) pending (V_{ULT})
D6-1/3" Octagon	8" OC	NEW	pending (V_{ASD}) pending (V_{ULT})
D6-1/3" Half-Cove	8" OC	NEW	pending (V_{ASD}) pending (V_{ULT})
Individual T5" Sawmill Shingle	Multiple Spacings	222.2	250+ mph
S7" Perfection Shingle	10" OC	95.7	199 (V_{ASD}) 257 (V_{ULT})
T5" Sawmill Shingle	10" OC	43.1	133 (V_{ASD}) 172 (V_{ULT})

(1) SWLDP and MPH rating per ASTM D7254 calculation guidelines.

CertainTeed LLC
20 Moores Road
Malvern, PA 19355

Documents: CertainTeed Cedar Impressions Siding meets the requirements of one or more of the following specifications.
Texas Department of Insurance Product Evaluation EC-11
Conforms to ASTM Specification D7254
Florida BCIS Approval FL 14270
ICC-ES Evaluation Report ESR-3085
CCMC #13508-R
For specific product evaluation/approval information, call 800-233-8990.

Installation: Complete instructions for installing Cedar Impressions siding are available in the "Installation Instructions" manual available from CertainTeed. Please review this manual prior to installation, it contains important installation requirements.

Warranty: CertainTeed supports Cedar Impressions siding products with a Lifetime Limited Warranty. The warranty is transferable if the home is sold.

Technical Services: CertainTeed maintains an Architectural Services staff to assist building professionals with questions regarding CertainTeed siding products. Call 800-233-8990 for samples and answers to technical or installation questions.

Sample Short Form Specification: Siding as shown on drawings or specified herein shall be Cedar Impressions® as manufactured by CertainTeed Corporation, Malvern, PA. The siding shall be .080" to .125" nominal thickness (varies by profile). Installation shall be in accordance with manufacturer's written instructions.

Three-part Format Specifications: Long form specifications in three-part format are available from CertainTeed by calling our Architectural Services Staff at 800-233-8990. These specifications are also available on our website at www.certainteed.com.

ISO 9001
DNV
DNV Certification Inc.
REGISTERED FIRM

CertainTeed LLC
20 Moores Road
Malvern, PA 19355

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 7/29/2021
Control Number C-51134
Permit Number 20202100
Permit Issue Date 10/1/2020
Certificate Number 20202100

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 179 WEST SIXTH STREET Howell Township, NJ 07731 Block: 110 Lot: 115 Qual:

Owner in Fee: CRONIN, DIANA & MATHIS, LADISLAV

Owner Address: 678 HULSES CORNER RD HOWELL NJ 07731

Telephone: [redacted]

Contractor CRONIN, DIANA & MATHIS, LADISLAV

Address 678 HULSES CORNER RD HOWELL NJ 07731

Telephone: [redacted] Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: WATER SERVICE CONNECTION

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 7/29/2021

U.C.C. F260 (rev. 08/05)

110 - 115

PLUMBING SUBCODE
TECHNICAL SECTION

179

Date Received 10/1/20
Control # 51134
Date Issued
Permit # 20202100

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

Block 110 Lot 115 Qualification Code

Work Site Location 179 W 6th Street Howell NJ 07731

Owner in Fee: Ladislav Mathi, J

Tel. [redacted]

Address 678 Hulsos Corner Rd. Howell NJ. 07731

Contractor: Ladislav Mathi, J (street / municipality) Tel. 732 900 1146 (zip code)

Address 678 Hulsos Corner Rd. Howell NJ. 07731 e-mail [redacted]

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 3/4 Public Sewer / Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-28-2020
Approved by: Allan Goessel

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-27-21
Approved by: Allan Goessel

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			11-10-20	
Water	✓ PARTIAL		11-8-20	
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	✓ 1-13-21		X 7-27-21	

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 sign/Contractor sign and seal here:

Print name here: Ladislav Mathi

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Water

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
1	Water Service Connection	
	Stacks	
	Other	

only at curb to driveway

Administrative Surcharge $	85
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

* WELL CUT OFF
NO CROSS CONNECTION

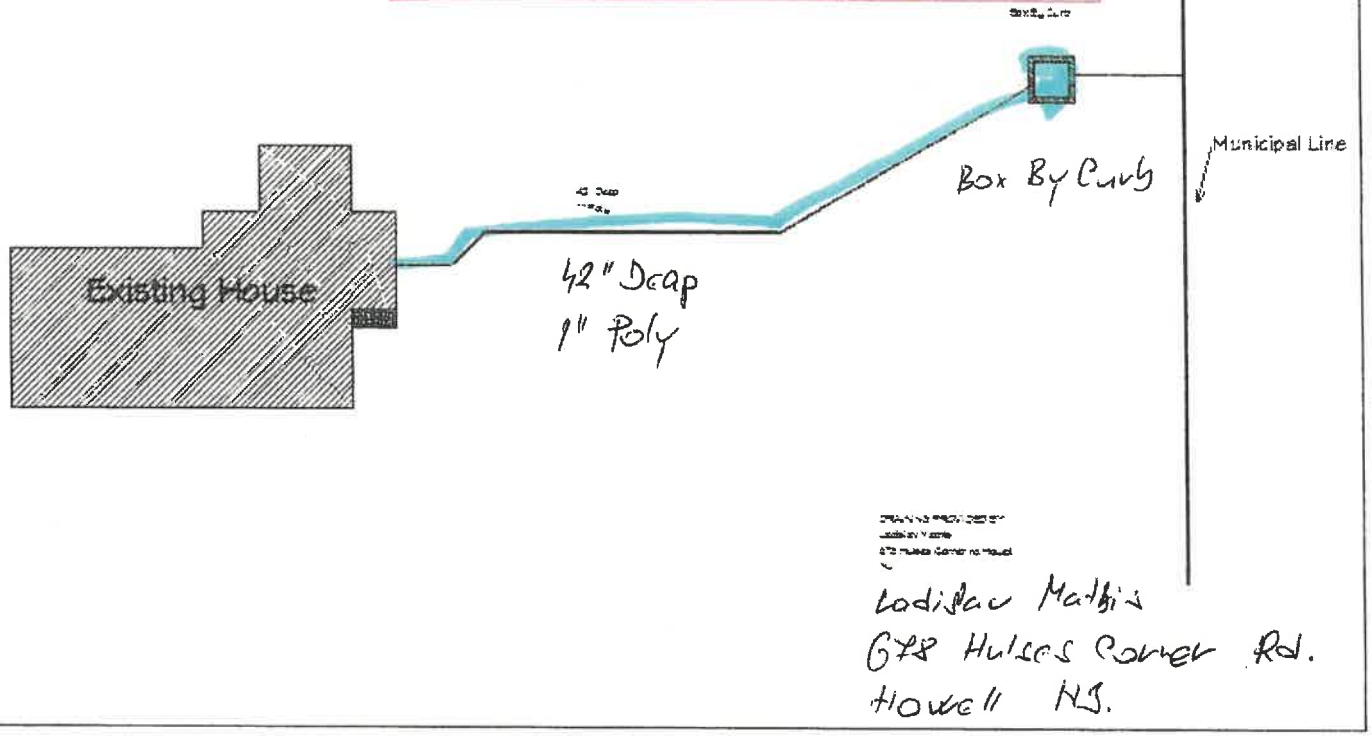
LOOK AT HOUSE CONNECTION
* NO METER STILL

U.C.C. F130 (rev. 10/17)

RELEASED
HOWELL TOWNSHIP

DEPT.	NAME	DATE
BLD. SUB CODE		
PLB. SUB CODE	Ab	9-28-2020
ELEC. SUB CODE		
FIRE SUB CODE		
CONST. OFFICIAL		

Block 110 Lot 115
179 W 6th Street Howell Nj



Ladislav Mathis
678 Hulses Corner Rd.
Howell NJ.

WATER CONNECTION PLAN

P-1

TOWNSHIP OF HOWELL
DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE
4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580
Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

WATER SERVICE CONNECTION – RESIDENT FREEWOOD ACRES

PROPERTY ADDRESS: 179 W 6TH St

BLOCK: 110 **LOT:** 115

THE ABOVE PROPERTY HAS CONNECTED TO NEW JERSEY AMERICAN WATER SYSTEM

THE WATER SERVICE INSTALLED FROM THE METER PIT TO THE BUILDING HAS BEEN **INSPECTED AND APPROVED.** THE EXISTING SERVICE LINE FROM THE ON-SITE WELL HAS BEEN DISCONNECTED FROM THE BUILDING PLUMBING SYSTEM AND NO CROSS-CONNECTION WAS OBSERVED AT THE TIME OF THIS INSPECTION.

PLUMBING INSPECTOR: _____ (signature) / Jim Wilfelotte (print name) **DATE:** 7/22/21

COPY TO
JANICE M

Howell Township
P.O. Box 580
4567 Route 9 N.
Howell, NJ 07731-0580
(732) 938-4500

Date Issued: 7/22/2019
Application Number: ZA-19-00723
Application Date: 7/15/2019
Project Number:
Permit Number: ZP-19-00741
Fee: $85.00 CHK 1206

Land Use Certificate

Worksite **179 WEST SIXTH STREET**
Location: **Howell Township, NJ**

Owner: **CRONIN, DIANA & MATHIS, LADISLAV**
Address: **179 WEST SIXTH STREET**
HOWELL, NJ 07731

Applicant:
Address:
, NJ

Block: **110** Lot: **115** Qualifier: Zone: **R 50**

This Certifies that an application for the issuance of a Land Use Certificate has been examined.

Present Use: **Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Deck and Driveway**

Work Description:
Other - NEW DECK OVER EXISTING PATIO & EXPAND DRIVEWAY

Decision Comments:
Approved for driveway with minimum 5' sideyard setback per plan and application. Also approved for two free standing decks with minimum of 10' side + rear yard setbacks as shown on plan.

Application Approved Date: 7/22/2019

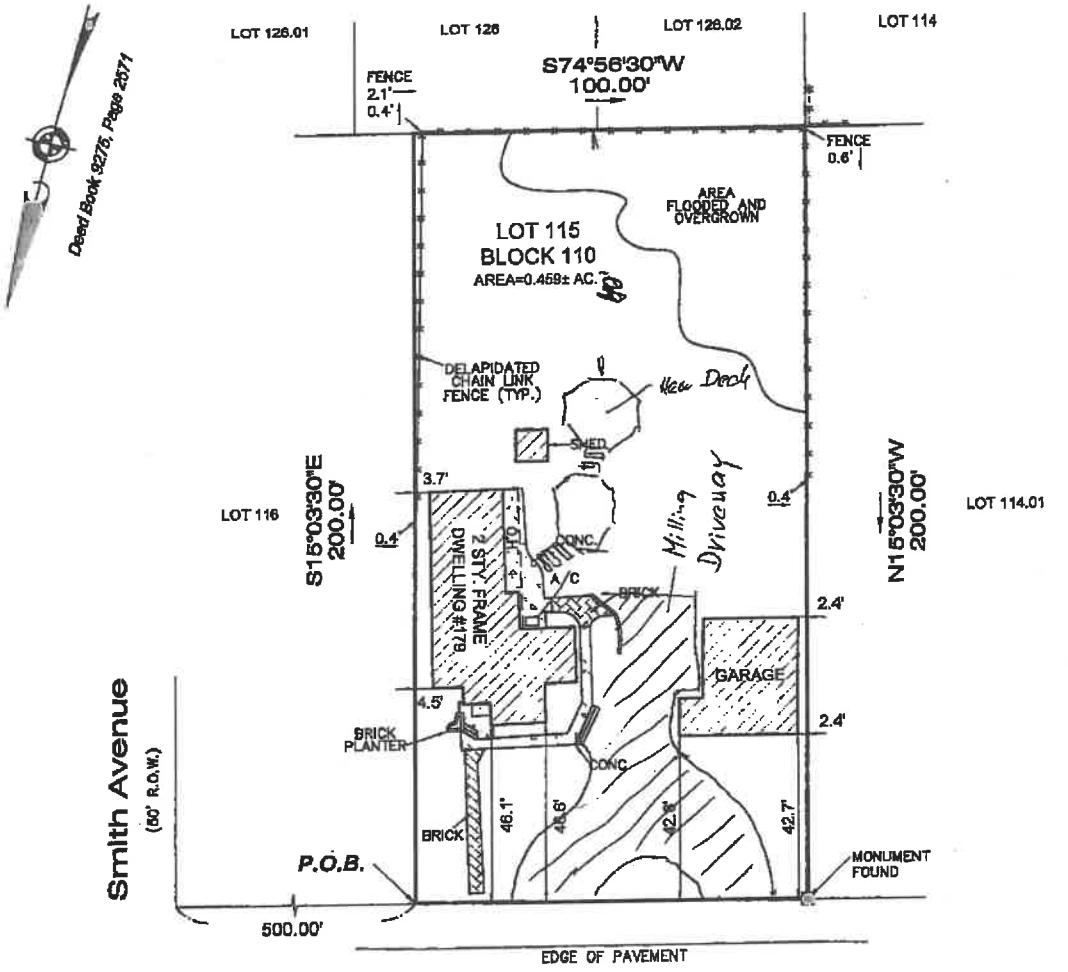
Upon review it was determined that the Land Use Certificate:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Additional Comments:
When the work is complete, please contact this office at 732-938-4500 extension 2330 to schedule a final inspection.

Matthew Howard, Director of Land Use — 7/22/2019 Date

Land Use Certificate



Approved MP 7/22/19

PREPARED FOR: *DIANA CRONIN AND LADISLAV MATHIS*

TITLE INSURER: *WEICHERT TITLE AGENCY (W516080)*
FIDELITY NATIONAL TITLE INSURANCE COMPANY

CLOSING ATTORNEY: *HEATHER L. FABIYAN, Esquire*
WEBER, FABIYAN & ASSOCIATES, LLC

TITLE DOCUMENTS NOT RECEIVED AT TIME OF SURVEY.

IMPORTANT NOTES, PLEASE REVIEW.

- I DECLARE THAT, TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF, THIS MAP OR PLAN MADE ON 12/11/18 BY ME OR UNDER MY DIRECT SUPERVISION IS IN ACCORDANCE WITH THE RULES AND REGULATIONS PROMULGATED BY THE STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS.
- THIS SURVEY DOES NOT PURPORT TO IDENTIFY BELOW GROUND ENCROACHMENTS, UTILITIES, SERVICES LINES OR STRUCTURES, WETLANDS, OR RIPARIAN RIGHTS. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THE PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS. ENVIRONMENTALLY SENSITIVE AREAS, IF ANY ARE NOT LOCATED BY THIS SURVEY.
- OFFSET DIMENSIONS FROM STRUCTURES TO PROPERTY LINES SHOWN HEREON ARE NOT TO BE USED TO RE-ESTABLISH PROPERTY LINES.
- THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE, SUBJECT TO RESTRICTIONS AND EASEMENTS RECORDED AND/OR UNRECORDED.
- PROPERTY CORNERS HAVE NOT BEEN SET AS PER CONTRACTUAL AGREEMENT. (N.J.A.C. 13:40-5.1(D))

DB 9275 PG 2571

CERTIFICATE OF AUTHORIZATION: 24GA28229800

MORGAN engineering & surveying

P.O. BOX 5232
TOMS RIVER, N.J. 08754
TEL: 732-270-9590
FAX: 732-270-9591

www.morganengineeringllc.com

DAVID J. VON STEENBURG
PROFESSIONAL LAND SURVEYOR
N.J. LIC. No. 34500

SURVEY OF PROPERTY

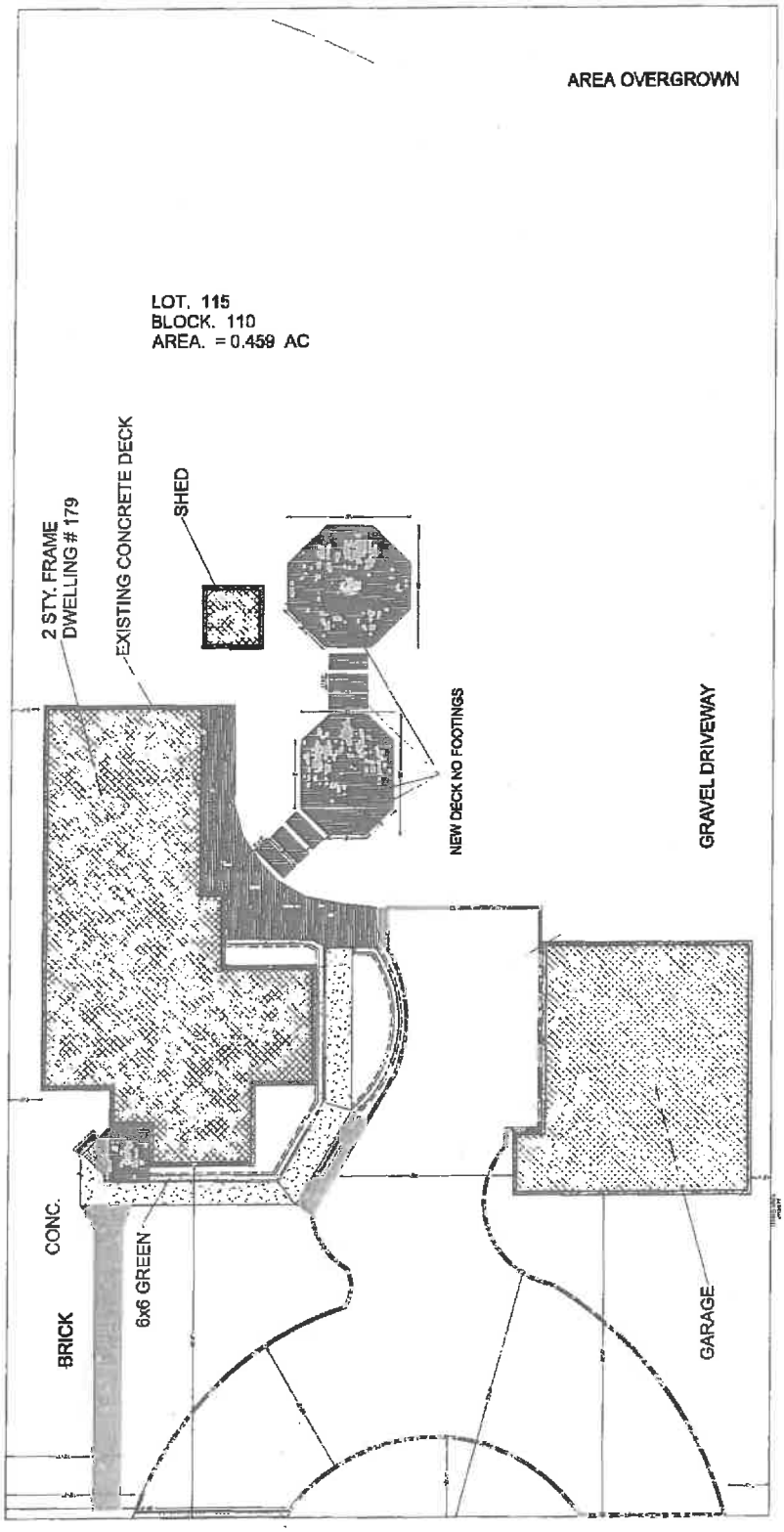
LOT 115 BLOCK 110

TOWNSHIP OF HOWELL

COUNTY OF MONMOUTH NEW JERSEY

Scale:	Drawn By:	Date:	JOB #:	CAD File #:	Sheet #:
1"=30'	RICH	12/11/18	18-11710	18-11710	1 OF 1

S 74 56' 30" W
100.00'



EDGE OF PAVEMENT

N 74 56' 30" E
100.00'

OK MJP 4/22/19

Sixth Street
(A.K.A. WEST SIXTH STREET)

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 3/25/2022
Control Number C-51757
Permit Number 20202348
Permit Issue Date 10/26/2020
Certificate Number 20202348

Identification

Work Site Location: 179 WEST SIXTH STREET Howell Township, NJ Block: 110 Lot: 115 Qual:

Owner in Fee: CRONIN, DIANA & MATHIS, LADISLAV

Owner Address: 808 SE 13TH CT DEERFIELD BEACH FL 33441

Telephone: [redacted]

Contractor CRONIN, DIANA & MATHIS, LADISLAV

Address 808 SE 13TH CT DEERFIELD BEACH FL 33441

Telephone: [redacted] Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIDING - Polypropylene Siding

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official
Date Printed: 3/25/2022

Fee: $0.00
Check Number:
Collected By:

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10-26-20
Control # 51757
Date Issued
Permit # 2020-2348

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

Block 110 Lot 115 Qualification Code

Work Site Location 179 W 6th Street Howell NJ 07731

Owner in Fee: Ladislav Mathis

Tel. ([redacted] e-mail [redacted]

Address 179 W 6th Street Howell 07731

Contractor: Ladislav Mathis Tel. (732) 9031146

Address 179 W 6th Street e-mail [redacted]

Howell NJ. 07731

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[X] Exterior	10/26/20	SB
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/26/20
Approved by: SB

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 3-14-22
Approved by: SB (Acting)

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3/14/22	SB
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
Constr. Class Present VB Proposed VB
No. of Stories
Height of Structure ft.
Area — Largest Floor N/A sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 4000 —

U.C.C. F110 (rev. 11/09)

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.

Sign here:
Print name here: Ladislav Mathis

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installing Cedar Impression Polypropelyn Siding

* Can not be used within 5 ft. of property line

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[✓] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$ 140 —

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 8 —
TOTAL FEE $ 148 —

Specification Sheet

FILE COPY

CertainTeed
SAINT-GOBAIN

Cedar Impressions®

Perfection, Shapes, Sawmill Shingles & Rough-Split Shakes Polymer Siding

General Description: Cedar Impressions® D7" Straight Edge and Staggered Edge, Individual and T5" Sawmill Shingles, D7" and D9" Rough- Split Shakes and S6-1/3" Perfection Shapes siding provides the look of wood shingles, but does not require the upkeep common to wood.

These shingles are manufactured with a true-to-life cedar shingle texture molded directly from natural wood shingles. Cedar Impressions siding is appropriate for use in new construction for single family homes, multi-housing projects and light commercial developments. Cedar Impressions is also an ideal product for remodeling.

Styles:

Profile	Finish	Panel Dimensions	Panel Projection	Wall Thickness (Nominal)	Lock Design	Colors	Accessory Pocket
D7" Straight Edge Perfection Shingles 3G	Perfection	47" x 14" Double course	3/4"	..090"	Molded continuous perimeter lock for seamless appearance	22	¾"
D7" Straight Edge Perfection Shingles Legacy	Perfection	47" x 14" Double course	3/4"	.100"	Molded intermittent perimeter lock for seamless appearance	22	¾"
D7" Staggered Perfection Shingles	Perfection	47" x 14" Double course	3/4"	.100"	Molded perimeter lock for seamless appearance	21	¾"
D7" Straight Edge Rough-Split Shakes	Rough-Split	57" x 14" Double course	1"	.125"	Molded perimeter lock for seamless appearance	18	1"
D9" Staggered Rough-Split Shakes	Rough-Split	57" x 18" Double course	1"	.125"	Molded perimeter lock for seamless appearance	17	1"
Individual 5" Sawmill Shingles	Sawmill	4" to 8" x 12" Individual shingles	½" - installs into 1" pocket	.085"	N/A	17	1"
S6-1/3" Perfection Shapes: Scallop	Perfection	42" x 6-1/3"" Single course	¾"	.090"	Molded perimeter lock for seamless appearance	8	¾"
S6-1/3" Perfection Shapes: Octagon	Perfection	42" x 6-1/3"" Single course	¾"	.090	Molded perimeter lock for seamless appearance	6	¾"
S6-1/3" Perfection Shapes: Half-cove	Perfection	42" x 6-1/3"" Single course	¾"	.090"	Molded perimeter lock for seamless appearance	4	¾"
S7" Straight Edge Perfection Shingle	Perfection	73-1/2" x 7" Single course	¾"	.080" to .090"	Molded continuous perimeter lock for seamless appearance	16	¾"
T5" Straight Edge Sawmill Shingles	Sawmill	60" x 15" Triple course	¾"	.100"	Molded continuous perimeter lock for seamless appearance	21	¾"

FILE COPY

CertainTeed LLC
20 Moores Road
Malvern, PA 19355

Colors: Cedar Impressions siding profiles are available in a wide selection of colors. All colors are Spectrophotometer controlled.

SOLID COLORS:			
Autumn Red	Desert Tan	Herringbone	Savannah Wicker
Autumn Yellow	Flagstone	Light Maple	Seagrass
Buckskin	Forest	Mountain Cedar	Spruce
Charcoal Gray	Granite Gray	Natural Clay	Sterling Gray
Colonial White	Hearthstone	Pacific Blue	
Cypress	Heritage Cream	Sable Brown	
AGELESS CEDAR™ COLORS			
Cedar Blend Light	Cedar Blend Medium	Cedar Blend Dark	Cedar Blend (full panel)
Rustic Blend Light	Rustic Blend Medium	Rustic Blend Dark	Rustic Blend (full panel)
Natural Blend Light	Natural Blend Medium	Natural Blend Dark	Natural Blend (full panel)
Driftwood Blend Light	Driftwood Blend Medium	Driftwood Blend Dark	Driftwood Blend (full panel)

Lock: Molded perimeter locking system locks on all sides of panels to provide a seamless appearance and superior wind resistance.

Accessories: CertainTeed manufactures a wide range of siding accessories which are compatible with Cedar Impressions siding styles and colors. Accessory products include installation components, soffit, window and door trim, corner lineals, corner systems and decorative moldings.

Composition: Modified polypropylene copolymer.

Technical Data: Cedar Impressions siding is in compliance with ASTM specification for Polypropylene (PP) Siding D 7254 and the requirements of sections R703.14 of the International Residential Code, 1403.12 of the International Building Code and Part 9 of Division B of the National Building Code of Canada.

Important Fire Safety Information: When rigid polypropylene is exposed to significant heat or flame, the polypropylene will soften, sag, melt or burn, and may thereby expose material underneath. Care must be exercised when selecting underlayment materials because many underlayment materials are made from organic materials that are combustible. You should ascertain the fire properties of underlayment materials prior to installation. All materials should be installed in accordance with local, state and federal building code and fire regulations.

Wind Load Testing: Cedar Impressions siding products have been tested per ASTM 5206 standard test method for wind load resistance to withstand negative wind load pressures and their mph equivalents as shown in the chart below. All products exceed industry standards for wind load performance. Check with your local building inspector for wind load requirements in your area for the type of structure you are building.

Product	Nail Spacing Test	Standard Wind Load Design Pressure Rating (psf)	MPH Equivalent (1)
D7" Straight Edge Perfection Shingles 3G	12" OC	NEW	pending (V_{ASD}) pending (V_{ULT})
D7" Straight Edge Perfection Shingles Legacy	12" OC	74.1	175 (V_{ASD}) 226 (V_{ULT})
D7" Staggered Perfection Shingles	12" OC	80.0	182 (V_{ASD}) 235 (V_{ULT})
D7" Straight Edge Rough Split	10" OC	58.7	156 (V_{ASD}) 201 (V_{ULT})
D9" Staggered Rough-Split Shakes	10" OC	37.0	124 (V_{ASD}) 160 (V_{ULT})
D6-1/3" Scallop	8" OC	NEW	pending (V_{ASD}) pending (V_{ULT})
D6-1/3" Octagon	8" OC	NEW	pending (V_{ASD}) pending (V_{ULT})
D6-1/3" Half-Cove	8" OC	NEW	pending (V_{ASD}) pending (V_{ULT})
Individual T5" Sawmill Shingle	Multiple Spacings	222.2	250+ mph
S7" Perfection Shingle	10" OC	95.7	199 (V_{ASD}) 257 (V_{ULT})
T5" Sawmill Shingle	10" OC	43.1	133 (V_{ASD}) 172 (V_{ULT})

(1) SWLDP and MPH rating per ASTM D7254 calculation guidelines.

CertainTeed LLC
20 Moores Road
Malvern, PA 19355

Documents: CertainTeed Cedar Impressions Siding meets the requirements of one or more of the following specifications.
Texas Department of Insurance Product Evaluation EC-11
Conforms to ASTM Specification D7254
Florida BCIS Approval FL 14270
ICC-ES Evaluation Report ESR-3085
CCMC #13508-R
For specific product evaluation/approval information, call 800-233-8990.

Installation: Complete instructions for installing Cedar Impressions siding are available in the "Installation Instructions" manual available from CertainTeed. Please review this manual prior to installation, it contains important installation requirements.

Warranty: CertainTeed supports Cedar Impressions siding products with a Lifetime Limited Warranty. The warranty is transferable if the home is sold.

Technical Services: CertainTeed maintains an Architectural Services staff to assist building professionals with questions regarding CertainTeed siding products. Call 800-233-8990 for samples and answers to technical or installation questions.

Sample Short Form Specification: Siding as shown on drawings or specified herein shall be Cedar Impressions® as manufactured by CertainTeed Corporation, Malvern, PA. The siding shall be .080" to .125" nominal thickness (varies by profile). Installation shall be in accordance with manufacturer's written instructions.

Three-part Format Specifications: Long form specifications in three-part format are available from CertainTeed by calling our Architectural Services Staff at 800-233-8990. These specifications are also available on our website at www.certainteed.com.

ISO 9001
DNV
DNV Certification, Inc.
REGISTERED FIRM

CertainTeed LLC
20 Moores Road
Malvern, PA 19355

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 7/29/2021
Control Number C-51134
Permit Number 20202100
Permit Issue Date 10/1/2020
Certificate Number 20202100

Identification

Work Site Location: 179 WEST SIXTH STREET Howell Township, NJ 07731 Block: 110 Lot: 115 Qual:

Owner in Fee: CRONIN, DIANA & MATHIS, LADISLAV

Owner Address: 678 HULSES CORNER RD HOWELL NJ 07731

Telephone: (732) 900-1146

Contractor CRONIN, DIANA & MATHIS, LADISLAV

Address 678 HULSES CORNER RD HOWELL NJ 07731

Telephone: (732) 900-1146 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: WATER SERVICE CONNECTION

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Date Printed: 7/29/2021

U.C.C. F260 (rev. 08/05)

Fee: $0.00
Check Number:
Collected By:

110 - 115

PLUMBING SUBCODE
TECHNICAL SECTION

179

Date Received 10/1/20
Control # 51134
Date Issued
Permit # 20202100

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

Block 110 Lot 115 Qualification Code

Work Site Location 179 W 6th Street Howell NJ 07731

Owner in Fee: Ladislav Mathij

Tel. [redacted]

Address 678 Hulses Corner Rd. Howell NJ. 07731
street municipality zip code

Contractor: Ladislav Mathij Tel. 732 902 1146

Address 678 Hulses Corner Rd. e-mail [redacted]
Howell NJ. 07731

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 3/4 Public Sewer / Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-28-2020
Approved by: Allen Koestel

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-22-21
Approved by: Allen Koestel

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough			11-20-20	
Water	✓ PARTIAL		11-9-20	JL
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO Final	✓ 1-13-21		✓ 2-22-21	JL

only at driveway

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 sign/Contractor sign and seal here:

Print name here: Ladislav Mathij

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Water

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
1	Water Service Connection	
	Stacks	
	Other	

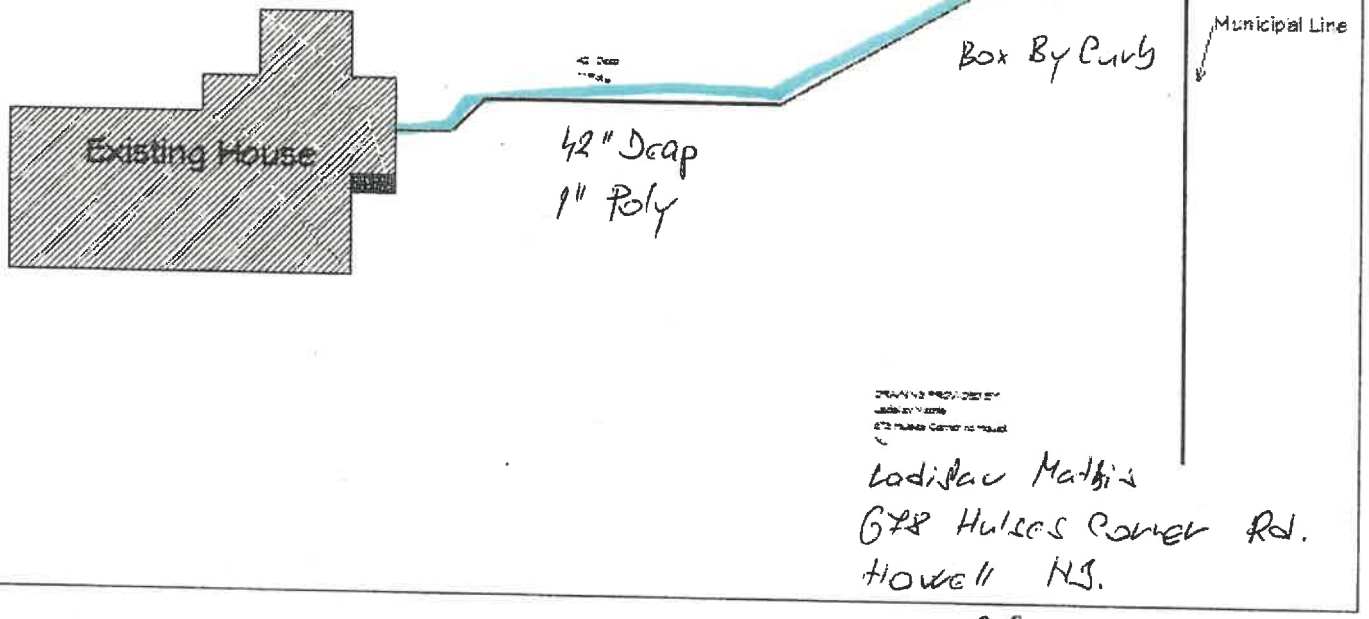
Administrative Surcharge $	85
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

✱ WELL CUT OFF NO CROSS CONNECTION

LOOK AT HOUSE CONNECTION ✱ NO METER STILL

RELEASED
HOWELL TOWNSHIP
DEPT. NAME DATE
BLD. SUB CODE
PLB. SUB CODE Ab 9-28-2020
ELEC. SUB CODE
FIRE SUB CODE
CONST. OFFICIAL

Block 110 Lot 115
179 W 6th Street Howell NJ



Ladislav Matkis
678 Hulses Corner Rd.
Howell NJ.

WATER CONNECTION PLAN

P-1

TOWNSHIP OF HOWELL
DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE
4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580
Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

WATER SERVICE CONNECTION – RESIDENT FREEWOOD ACRES

PROPERTY ADDRESS: 179 W 6TH St

BLOCK: 110 **LOT:** 115

THE ABOVE PROPERTY HAS CONNECTED TO NEW JERSEY AMERICAN WATER SYSTEM

THE WATER SERVICE INSTALLED FROM THE METER PIT TO THE BUILDING HAS BEEN **INSPECTED AND APPROVED.** THE EXISTING SERVICE LINE FROM THE ON-SITE WELL HAS BEEN DISCONNECTED FROM THE BUILDING PLUMBING SYSTEM AND NO CROSS-CONNECTION WAS OBSERVED AT THE TIME OF THIS INSPECTION.

PLUMBING INSPECTOR: _____ / Jim Wuttelotte **DATE:** 7/22/21
(signature) (print name)

COPY TO
JANICE M

Howell Township
P.O. Box 580
4567 Route 9 N.
Howell, NJ 07731-0580
(732) 938-4500

Date Issued: 7/22/2019
Application Number: ZA-19-00723
Application Date: 7/15/2019
Project Number:
Permit Number: ZP-19-00741
Fee: $85.00 CHK 1206

Land Use Certificate

Worksite Location: **179 WEST SIXTH STREET**
Howell Township, NJ

Owner: **CRONIN, DIANA & MATHIS, LADISLAV**
Address: **179 WEST SIXTH STREET**
HOWELL, NJ 07731

Applicant:
Address:
, NJ

Block: **110** Lot: **115** Qualifier: Zone: **R 50**

This Certifies that an application for the issuance of a Land Use Certificate has been examined.

Present Use: **Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Deck and Driveway**

Work Description:
Other - NEW DECK OVER EXISTING PATIO & EXPAND DRIVEWAY

Decision Comments:
Approved for driveway with minimum 5' sideyard setback per plan and application. Also approved for two free standing decks with minimum of 10' side + rear yard setbacks as shown on plan.

Application Approved Date: 7/22/2019

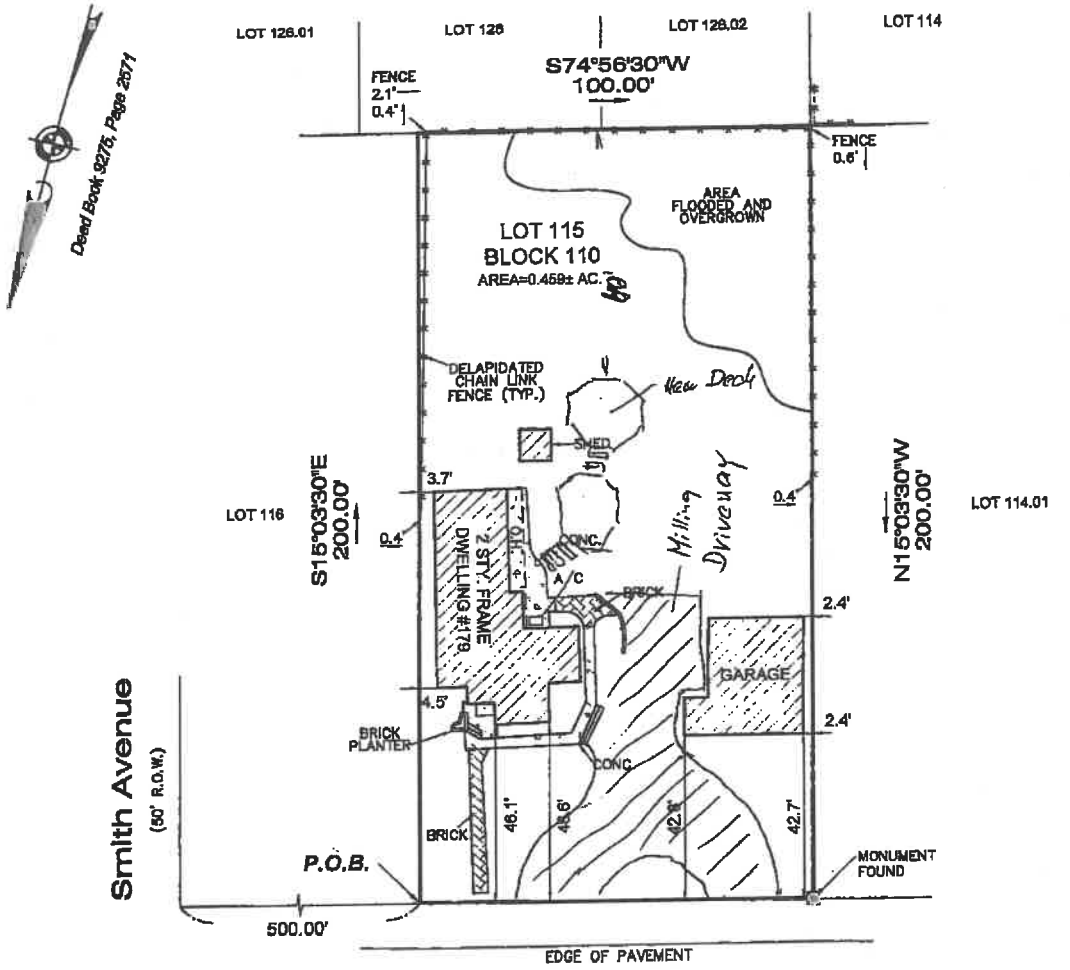
Upon review it was determined that the Land Use Certificate:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Additional Comments:
When the work is complete, please contact this office at 732-938-4500 extension 2330 to schedule a final inspection.

Matthew Howard, Director of Land Use — 7/22/2019 Date

Land Use Certificate



Approved MH 7/22/19

PREPARED FOR: *DIANA CRONIN AND LADISLAV MATHIS*

TITLE INSURER: *WEICHERT TITLE AGENCY (W516090)*
FIDELITY NATIONAL TITLE INSURANCE COMPANY

CLOSING ATTORNEY: *HEATHER L. FABIYAN, Esquire*
WEBER, FABIYAN & ASSOCIATES, LLC

TITLE DOCUMENTS NOT RECEIVED AT TIME OF SURVEY.

IMPORTANT NOTES, PLEASE REVIEW:

- I DECLARE THAT, TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF, THIS MAP OR PLAN MADE ON 12/11/18 BY ME OR UNDER MY DIRECT SUPERVISION IS IN ACCORDANCE WITH THE RULES AND REGULATIONS PROMULGATED BY THE STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS.
- THIS SURVEY DOES NOT PURPORT TO IDENTIFY BELOW GROUND ENCROACHMENTS, UTILITIES, SERVICES LINES OR STRUCTURES, WETLANDS, OR RIPARIAN RIGHTS. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THE PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS. ENVIRONMENTALLY SENSITIVE AREAS, IF ANY ARE NOT LOCATED BY THIS SURVEY.
- OFFSET DIMENSIONS FROM STRUCTURES TO PROPERTY LINES SHOWN HEREON ARE NOT TO BE USED TO REESTABLISH PROPERTY LINES.
- THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE, SUBJECT TO RESTRICTIONS AND EASEMENTS RECORDED AND/OR UNRECORDED.
- PROPERTY CORNERS HAVE NOT BEEN SET AS PER CONTRACTUAL AGREEMENT. (N.J.A.C. 13:40-5.1(D))

DB 9275 PG 2571

CERTIFICATE OF AUTHORIZATION: 24GA28229800

MORGAN engineering & surveying

P.O. BOX 5232
TOMS RIVER, N.J. 08754
TEL: 732-270-9690
FAX: 732-270-9691
www.morganengineeringllc.com

DAVID J. VON STEENBURG
PROFESSIONAL LAND SURVEYOR
N.J. LIC. No. 34500

SURVEY OF PROPERTY

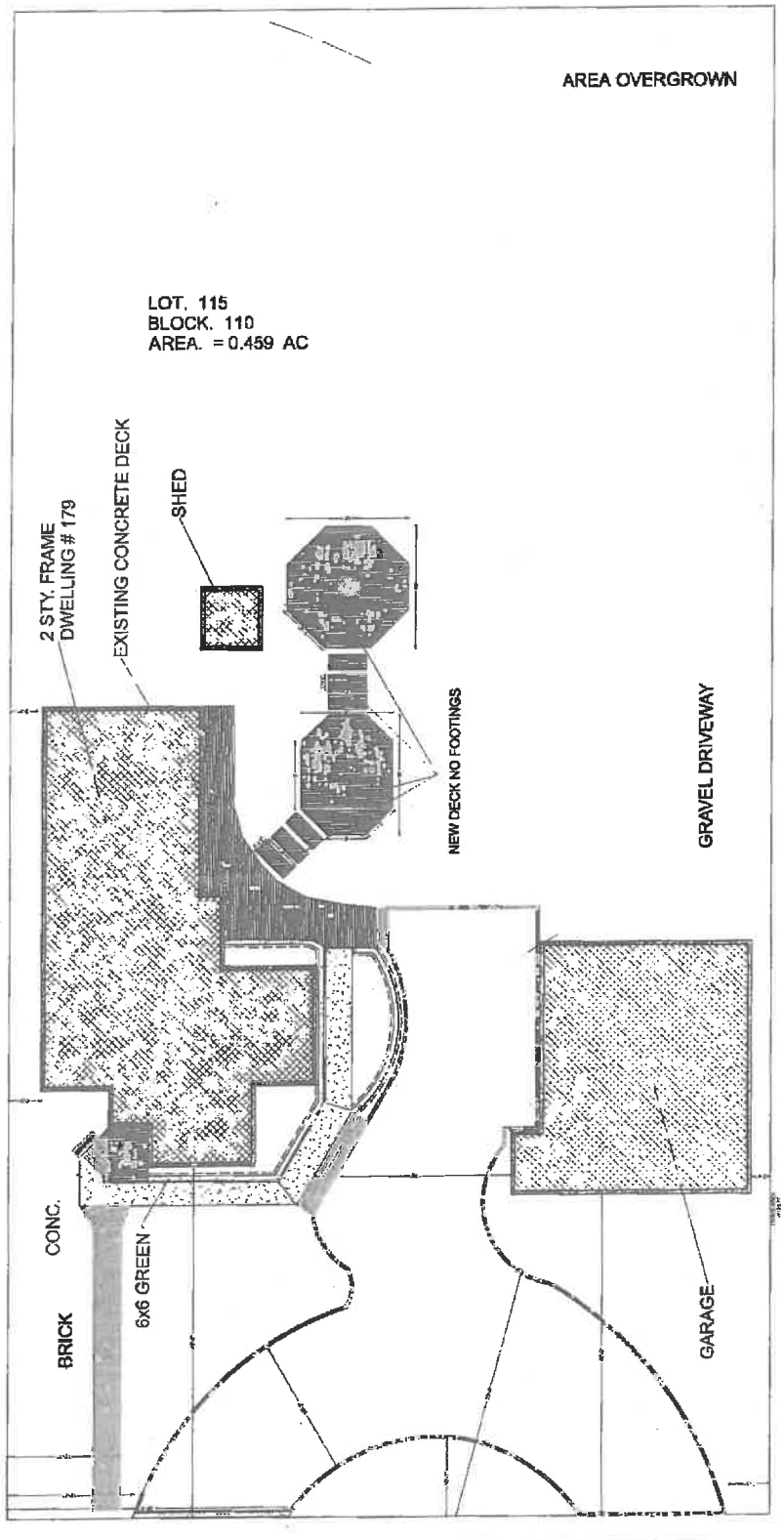
LOT 115 BLOCK 110

TOWNSHIP OF HOWELL

COUNTY OF MONMOUTH NEW JERSEY

Scale:	Drawn By:	Date:	JOB #:	CAD File #:	Sheet #:
1"=30'	RICH	12/11/18	18-11710	18-11710	1 OF 1

S 74 56' 30" W
100.00'



N 74 56' 30" E
100.00'

OK MJB 7/22/19

Sixth Street
(A.K.A. WEST SIXTH STREET)

Howell Township
P.O. Box 580
4567 Route 9 N.
Howell, NJ 07731-0580
(732) 938-4500

Date Issued:	11/18/2020
Application Number:	ZA-20-00155
Application Date:	2/25/2020
Project Number:	P-20-0115
Permit Number:	ZP-20-01576
Fee:	$85.00

Land Use Certificate

Worksite Location: **179 WEST SIXTH STREET Howell Township, NJ 07731**

Owner: **C MATHIS, LADISLAV**
Address: **678 HULSES CORNER ROAD HOWELL, NJ 07731**

Applicant: **C MATHIS, LADISLAV**
Address: **678 HULSES CORNER ROAD HOWELL, NJ 07731**

Block: **110** Lot: **115** Qualifier: Zone: **R 50**

This Certifies that an application for the issuance of a Land Use Certificate has been examined.

Present Use: **Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Alteration/Renovation**

Work Description:

Res. Const. - Alteration/Renovation -

11/17/20: Approved. Applicant has provided revised plans showing flat roof/shed roof's height is not increasing and how dormer is not increasing height and is located outside 6' side yard setback. Reconstruction of garage is not increasing height and therefore does not require variance for setback height change.

2/26/20: Denied. Applicant is propisng an increast in height to principal structure and accessory garage. Both structures are within the side yard setback, therefore an increase in height will trigger the need for a bulk variance from the Zoning Board of Adjustment.

Application Approved Date: 11/18/2020

Upon review it was determined that the Land Use Certificate:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Matthew Howard, Director of Land Use — 11/19/2020 Date

Land Use Certificate

Howell Township
P.O. Box 580
4567 Route 9 N.
Howell, NJ 07731-0580
(732) 938-4500

Date Issued: 6/25/2021
Application Number: ZA-21-00956
Application Date: 6/24/2021
Project Number:
Permit Number: ZP-21-00885
Fee: $60.00 CHK 1053

Land Use Certificate

Worksite Location: 179 WEST SIXTH STREET HOWELL, NJ 07731

Owner: CRONIN, DIANA & MATHIS, LADISLAV
Address: 179 WEST SIXTH STREET HOWELL, FL 07731

Applicant: CRONIN, DIANA & MATHIS, LADISLAV
Address: 179 WEST SIXTH STREET HOWELL, FL 07731

Block: 119 Lot: 116 Qualifier: Zone: R 60

This Certifies that an application for the issuance of a Land Use Certificate has been examined.

Present Use: Residential

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: Fence

Work Description:

Fence -

Approved for 4' tall fencing per plan and application.

Application Approved Date: 6/24/2021

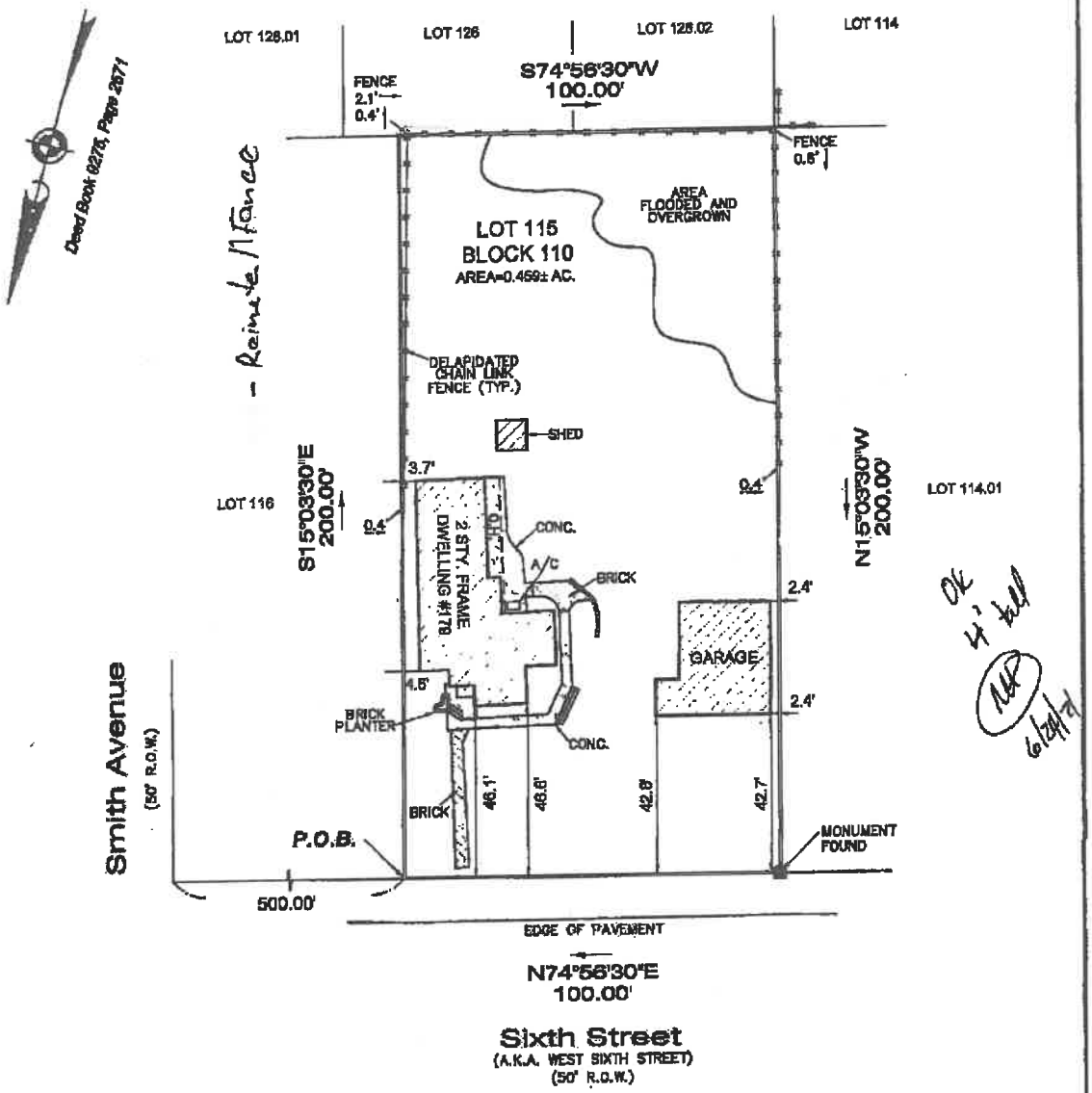
Upon review it was determined that the Land Use Certificate:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Additional Comments:

6/25/2021
Date

Land Use Certificate



OK
4' tall
MP
6/24/19

PREPARED FOR: *DIANA CRONIN AND LADISLAV MATHIS*

TITLE INSURER: *WEICHERT TITLE AGENCY (W516090)*
FIDELITY NATIONAL TITLE INSURANCE COMPANY

CLOSING ATTORNEY: *HEATHER L. FABIYAN, Esquire*
WEBER, FABIYAN & ASSOCIATES, LLC

TITLE DOCUMENTS NOT RECEIVED AT TIME OF SURVEY.

IMPORTANT NOTES, PLEASE REVIEW:

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- PROPERTY CORNERS HAVE NOT BEEN SET AS PER CONTRACTUAL AGREEMENT. (N.J.A.C. 13:40-5.1(b))

DB 8275 PG 2571

CERTIFICATE OF AUTHORIZATION: 24GA28225600

MORGAN
engineering & surveying

P.O. BOX 5232
TOMS RIVER, N.J. 08754
TEL: 732-270-9590
FAX: 732-270-9591
www.morganengineeringllc.com

DAVID J. VON STEENBURG
PROFESSIONAL LAND SURVEYOR
N.J. LIC. No. 34500

SURVEY OF PROPERTY

LOT 115 BLOCK 110

TOWNSHIP OF HOWELL

COUNTY OF MONMOUTH NEW JERSEY

Scale:	Drawn By:	Date:	JOB #:	CAD File #:	Sheet #:
1"=30'	RICH	12/11/18	18-11710	18-11710	1 OF 1

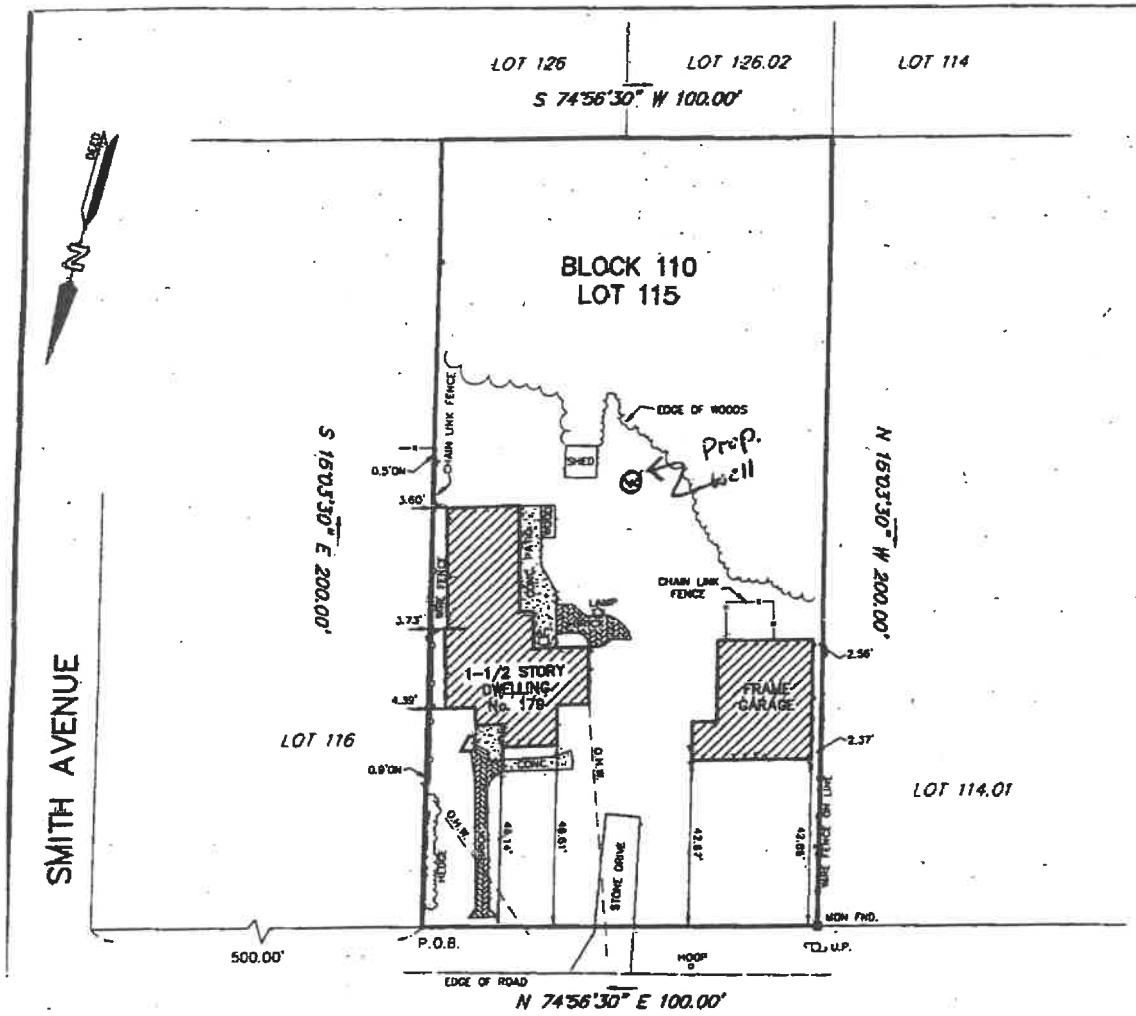
HOWELL, TOWNSHIP OF

(LAND USE DEPT.)

B-110 C-115

Land Use
Rec. 1-26-09

1/27/2009
Locating
Well 0.K
B L Sutton
Block 110, Lot 115



THIS SURVEY IS CERTIFIED TO:

- LISA HAILEY
- CHICAGO TITLE INSURANCE COMPANY
- SAFEGUARD TITLE AGENCY
- ABN AMRO MORTGAGE GROUP, INC., Its Successors And/Or Assigns
- TODD A. COHEN, ESQUIRE

DEED REFERENCE:
DEED BOOK 5690 PAGE 476

NOTES:

1. KNOWN AS LOT 115 IN BLOCK 110 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE TOWNSHIP OF HOWELL, MONMOUTH COUNTY, NEW JERSEY, SHEET Nos. 28 & 29.
2. UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY

SURVEY OF PROPERTY

LOT 115 BLOCK 110

TOWNSHIP OF HOWELL | MONMOUTH COUNTY | NEW JERSEY

Charles Surmonte P.E. & P.L.S.
New Jersey Professional Engineer and Land Surveyor
License No. 35885
2500 Highway 66, Neptune, New Jersey, 07753
(Phone 732-897-8300 Fax 732-897-0105)

PROJECT No.	DATE:	SCALE:	SHEET:
02-544			

...G-769

...I ATTEMPT WAS MADE TO DETERMINE IF ANY ...RTION OF THE PROPERTY IS CLAIMED BY THE ...ATE OF NEW JERSEY AS TIDELANDS, ENVIRO-...ENTALLY SENSITIVE AREAS, IF ANY ARE NOT ...CATED BY THIS SURVEY.

...S SURVEY IS SUBJECT TO CONDITIONS WHICH ...HT BE DISCLOSED BY AN ACCURATE TITLE ...URCH.

...SETS AS SHOWN HEREON ARE NOT TO BE ...ED TO ESTABLISH PROPERTY LINES.

TOWNSHIP of HOWELL

251 Preventorium Road
Post Office Box 580
Howell, New Jersey 07731-0580

(732) 938-4500
FAX (732) 938-7124
LAND USE/CODE OFFICE
e-mail: www.twp.howell.n.j.us

Date: April 1, 2008

To: Dion's Tree Service
2501 Highway 9 North
Howell, New Jersey 07731

ZA-08-00205
PMT-08-01609

Re: Tree Removal Permit
Block 110 Lot 115 - 179 West Sixth Street

Please be advised that your Application For Tree Removal has been approved in accordance with information provided. I am supplying you with a copy of the approved application and receipt representing payment of the application fee.

Please be advised that in the event that the following item has been checked it will be necessary that you call this office upon the completion of the tree removal. An inspection will be completed by the Land Use Officer to assure that tree/trees have been removed in compliance with Tree Removal Permit processed by this office or Howell Township Certified Tree Expert.

Inspection will be required upon completion of the tree removal _____
Please call the Land Use Office (732) 938-4500-Extension 2330
to arrange for inspection.

Thank you for your assistance and cooperation.

Very truly yours,

Betty Lou Textor

Betty Lou Textor, Director Land Use/Code Enforcement

Enclosures

Rec. # 20153
Ck. # 6672
$ 15.00

TOWNSHIP of HOWELL

251 Preventorium Road
Post Office Box 580
Howell, New Jersey 07731-0580

(732) 938-4500
FAX (732) 938-7124
LAND USE/CODE OFFICE
E-mail: www.twp.howell.n.j.us

APPLICATION FOR TREE REMOVAL PERMIT

The following information is required for obtaining a Tree Removal Permit in connection with an existing single-family residence or where an application is made in connection with the construction of a building or improvement, a land use permit and tree removal permit must be issued prior to the clearing of trees and the construction of a new dwelling. No building permit shall be issued until the tree removal permit has been granted.

This application must be submitted in duplicate to the Land Use Office, together with Survey reflecting location where tree removal is to take place and application fee in the sum of $15.00 payable to Howell Township and provide the following information:

1. Name of Owner/Applicant: Dion's Enterprises, Inc.
2. Address: 2501 Hwy 9 North Howell NJ 07731
3. Phone Number: 732-363-4028
4. Owner: (if not applicant) Holden
5. Address: 170 West Sixth Street
6. Phone Number: [redacted]
7. Street Address of property with Block and Lot Number identified:

Address	Block	Lot(s)
170 W 6th St	110	115

8. Total acreage of tract .4541
9. List identifying the number of trees by species with DBH greater than four Inches to be removed. 4
10. Reason for removal To make room for house.
11. Location on the tract where tree removal is to take place. Front yard

Approved 3/31/05
CJ

Application For Tree Removal Permit

Upon receipt of Application for Tree Removal Permit, the administrative officer or his designee, in conjunction with the Township Engineer and the Certified Tree Expert, may field inspect the lot to determine if the removal, clearing or relocation of trees does not violate the following criteria:

(1) The tree(s) to be removed is not located within a conservation area, environmentally sensitive area, wetland area or buffer area designated by state, county or Township ordinance.
(2) The tree(s) to be removed is not located within a conservation area or buffer area as delineated and/or specified on a previously approved site plan or subdivision plan for the property in question.
(3) The tree(s) to be removed was not required to be planted by a previously approved application and/or landscape plan to provide screening or buffering for a building or structure located on the property in question or on an adjacent parcel of land.
(4) An increase of surface water runoff.
(5) Soil instability and erosion.
(6) A negative impact on the adjacent properties.
(7) Removal or disturbance of historic or landmark tree(s).

A tree removal permit issued by the administrative officer under this subsection shall be valid for one year from the date of issuance. If the proposed removal violates one of the listed criteria, the matter shall be referred to the board, which had or would have jurisdiction.

The issuance of a stop-work order and summons by the administrative officer or designee may be issued for inappropriate or illegal tree removal activities upon recommendation of the Township Certified Tree Expert, a state-certified forester or Township Official.

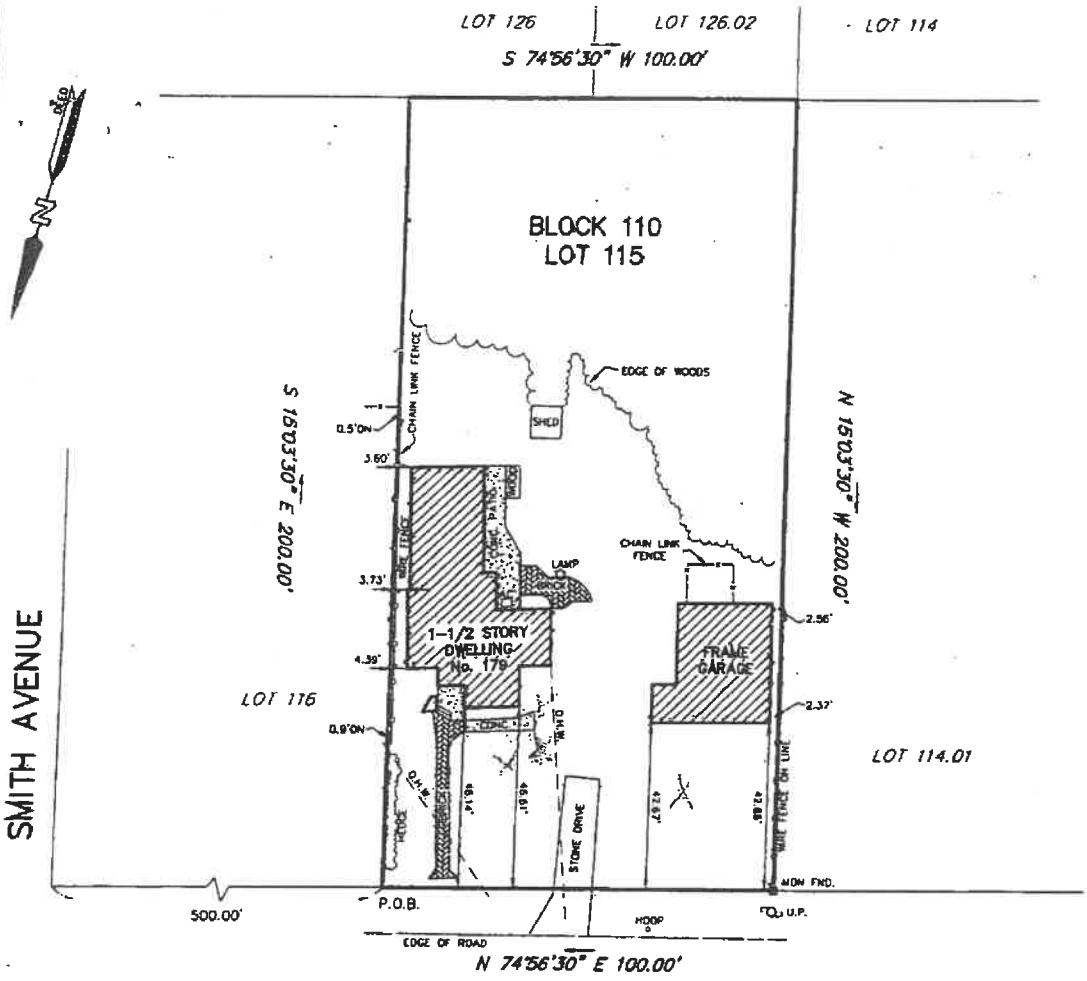
The Township Council through the administrative officer of the Township may revoke a permit where there has been a false or misleading application or there is a noncompliance with the approved management plan.

Dated: 3.26.07 _____
Signature of Applicant

_____
Print Name

Based on the information contained in this application and plan submitted this Application For Tree Removal is hereby approved.

Dated: 4/2/08 _____
Administrative Officer



THIS SURVEY IS CERTIFIED TO:

- *LISA HAILEY*
- *CHICAGO TITLE INSURANCE COMPANY*
- *SAFEGUARD TITLE AGENCY*
- *ABN AMRO MORTGAGE GROUP, INC., Its Successors And/Or Assigns*
- *TODD A. COHEN, ESQUIRE*

DEED REFERENCE:
DEED BOOK 5690 PAGE 476

NOTES:
1. *KNOWN AS LOT 115 IN BLOCK 110 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE TOWNSHIP OF HOWELL, MONMOUTH COUNTY, NEW JERSEY, SHEET Nos. 28 & 29.*
2. *UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY*

SURVEY OF PROPERTY

LOT 115 BLOCK 110

TOWNSHIP OF HOWELL — MONMOUTH COUNTY — NEW JERSEY

Charles Surmonte P.E. & P.L.S.
New Jersey Professional Engineer and Land Surveyor
License No. 35885
2300 Highway 66, Neptune, New Jersey, 07753
(Phone 732-897-8300 [illegible]-897-0105)

SG-769

NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THE PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS. ENVIRONMENTALLY SENSITIVE AREAS, IF ANY ARE NOT LOCATED BY THIS SURVEY.

THIS SURVEY IS SUBJECT TO CONDITIONS WHICH MIGHT BE DISCLOSED BY AN ACCURATE TITLE SEARCH.

OFFSETS AS SHOWN HEREON ARE NOT TO BE USED TO ESTABLISH PROPERTY LINES.

PROJECT No.	DATE:	SCALE:	SHEET:
02-544	05-07-02	1"=30'	1 OF 1

HOWELL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS HW-B 10112995

Date Issued 10-31-97
Control #
Permit # 97-1740

CERTIFICATE

IDENTIFICATION

Block 110 Lot 115
Work Site Location Same as below

Owner in Fee/Occupant Coddington
Address 179 West 6th St
Howell, NJ 07731
Tele. ( ) [redacted]
Contractor J.M.S. Heating
Address 119 West 6th St
Howell, NJ 07731
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Completion and approval of furnace installation

☐ 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 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 _____.

Est Cost 2900.00

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

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

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

FA / + M

Township of Howell

Certificate of Continued Occupancy

SMOKE DETECTORS CONFORM WITH NJ
STATE HOUSING CODE REQUIREMENTS

Date 12-12-97

Property Address: 179 West 6th Street Block 110 Lot 115

Property Owners Name: HUD (Laura Lisa Coddington (Buyer)

Address: N/A

Person Making Application: Same

Attorney or Real Estate Broker:

☒ DWELLING **RESALE** ☐ COMMERCIAL ☐ INDUSTRIAL

TO WHOM IT MAY CONCERN:
This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE $35.00 Inspected By Patricia L. Hoover / Jim Estelle

12-12-97
DATE ISSUED

DIVISION OF HOUSING

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

6/96

FAX + M

Township of Howell
Certificate of Continued Occupancy

SMOKE DETECTORS CONFORM WITH NJ
STATE HOUSING CODE REQUIREMENTS

Date 12-12-97

Property Address: 179 West 6th Street Block 110 Lot 115

Property Owners Name: HUD (Laura Lisa Coddington - Buyer)

Address: N/A

Person Making Application: Same

Attorney or Real Estate Broker:

[X] DWELLING RESALE [ ] COMMERCIAL [ ] INDUSTRIAL

TO WHOM IT MAY CONCERN:
This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE $35.00

Inspected By Patricia L. Hoover / Jim Estelle...

12-12-97
DATE ISSUED

DIVISION OF HOUSING

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

6/96

ROBERT N. BONIN
ELECTRICAL CONTRACTOR

License #9480
235 Highwood Rd.
Oakhurst, N.J. 07755
(908) 531-8126
Fax # (908) 663-1943

REF: 179 WEST 6TH ST. HOWELL,NJ

TO WHOM IT MAY CONCERN ; THE ABOVE HAS CHECKED AND TURN ON THE ELECTRIC WHERE POSSIBLE AND IS IN THE PROCESS OF UP GRADING THE ELECTRIC SERVICE .

ROBERT N. BONIN

12-2-97

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD# 205-97
September 26, 1997

Laura Coddington
179 W. 6th St.
Howell, N.J. 07731

ADDRESS OF INSPECTION: **179 W. 6th Street, Howell**

BLOCK 110 LOT 115

WATER SUPPLY: Private Well

This is to certify that a review of a water analysis report on 9/26/97 indicated that the well supply met Monmouth County Health Department potable water standards. An inspection of the visible part of the supply system on 9/26/97 indicates that the water supply is satisfactory for domestic use and with reasonable maintenance will be unlikely to create a problem.

SEWERAGE: SEPTIC SYSTEM

This is to certify that a review of our records and inspection of the above property on 9/26/97 indicates that no immediate or recent problems exist and with reasonable maintenance the sewage disposal system should function in a satisfactory manner.

Sincerely,

Lester W. Jargowsky MH
Lester W. Jargowsky, M.P.H.
Public Health Coordinator

LWJ:st
cc:Estita Bushkin

251 Preventorium Road
Howell, N.J. 07731

(908) 938-4500
Fax 938-6492

TOWNSHIP OF HOWELL

OFFICE OF HOUSING INSPECTIONS

Housing Inspection Report of: Date 7-7-97

NAME: HUD BLOCK 110 LOT 115

ADDRESS: 179 W. 6th ST. ZONE

Residential [✓] Commercial ( )

Well [✓] Septic [✓] City Water [ ] City Sewer [ ]

Type of heat: OIL Type of siding SHAKES

Basement CRAWL Garage DETACHED.

FIRST floor KIT/DI/LV/2 BD RM./BA 2-3/

SECOND floor

MCBH heating system under permit.

VIOLATIONS NOTED AT TIME OF INSPECTION: NO UTILITIES AT TIME OF INSPECT

1. HAVE ELECTRIC WIRING CERTIFIED BY LICENSE ELECTRICIAN.
2. ~~Heating~~ HEATING UNIT SERVICED AND CERTIFIED - DUE C/A'd
3. REPLACE BROKEN WINDOW GLASS
4. SMOKE DETECTORS FIRST & 2ND LEVELS
5. PROVIDE GUARD RAIL FOR 2ND FLOOR STAIR WELL
6. HANDRAIL FOR STAIRS TO SECOND LEVEL NOT EXTEND FROM TOP STEP TO BOTTOM STEP - 34" ABOVE NOSING
7. FLOOR COVERING MISSING IN LAUNDRY
8. OPENINGS IN SHEET ROCK LAUNDRY WALL CEILING
9. REPAIR SHEET ROCK WHERE NEEDED.
10. DOORS AND WINDOWS TO OPEN AND CLOSE PROPERLY
11. REPAIR OR REPLACE ROTTED SOFFIT AND WINDOWS, DOOR JAMS
12. REPAIR BROKEN MASONARY WHERE NEEDED
13. NO ACCESS TO UTILITY ROOM HOUSING PUMP & HOT WATER HEAT

[redacted]

*THE ABOVE VIOLATIONS MUST BE CORRECTED WITHIN _____ DAYS. UPON COMPLETION OF THE ABOVE, NOTIFY THIS OFFICE 72 HOURS PRIOR TO SCHEDULING A RE-INSPECTION.

C/C/O will be mailed _____ C/C/O will be picked up _____

INSPECTOR Jim Estelle DATE 7/7/97

THIS INSPECTION REPORT IS NOT TO BE USED AS/OR IN PLACE OF ACTUAL CERTIFICATE OF CONTINUED OCCUPANCY (C/C/O).

(Revised 12/18/95)

(14) REPAIR WINDOWS AND DOORS IN SAME. MAKE SAFE!

HOWELL TOWNSHIP APPLICATION / CERTIFICATE OF CONTINUED OCCUPANCY

Note: No change in title or occupancy will be permitted without prior issuance of C/C/O

OWNER HUD Laura Lisa Coddington (Buyer) **PICK UP [ ] **MAIL [ ]

PRINT- Mailing address for C/C/O

179 W. 6th St.
Howell NJ 07731

Daytime Phone No. (732) [redacted]

2. STREET ADDRESS FOR INSPECTION

Block 110 Lot ~~107~~ 105

*BOARD OF HEALTH MUST BE CONTACTED FOR WELL/SEPTIC (908) 431-7456
*NO C/C/O WILL BE ISSUED WITHOUT MONMOUTH COUNTY BOARD OF HEALTH APPROVAL ! * *

1. SYSTEM: A> WELL SEPTIC or (BOTH) (Circle One)

B> CITY WATER CITY SEWER or BOTH (Circle One)

4. OCCUPANCY DUE TO: (SALE) RENTAL TITLE CHANGE (Circle One)

5. Name/Address/Phone of ATTORNEY OR AGENT OF PROPERTY:

Alan Zark, Esq. 437 Broadway, Bayonne NJ 07002 Phone # _____

*Please Note: A REINSPECTION FEE OF $25.00 WILL BE CHARGED SHOULD A THIRD INSPECTION BE REQUIRED DUE TO NON COMPLIANCE OF THE RESPONSIBLE PARTY MEETING THE SCHEDULED INSPECTION DATE AND TIME, OR CAUSING THE INSPECTION TO BE DELAYED. *Rescheduling will be done only after fee is paid to the Department.*

FEE SCHEDULE IS AS FOLLOWS: PAYMENT MUST ACCOMPANY APPLICATION !

Residential - w/City Water & Sewer.....$25.00 [ ] PAYMENT ENCLOSED

Residential- w/Well and/or Septic.....$35.00 [X] CHECK # _____ CASH [ ] Paid Cash

---

B-*ALL COMMERCIAL C/C/O'S REQUIRE APPLICATION FROM THE HOWELL TOWNSHIP FIRE BUREAU PRIOR TO PROCESSING AND ISSUANCE*

Commercial - w/City Water & Sewer.....$50.00 [ ] PAYMENT ENCLOSED

Commercial - w/Well and/or Septic.....$60.00 [ ] CHECK # _____ CASH [ ]

++

BECAUSE OF PROCESSING AND SCHEDULING TIME, THERE WILL BE NO REFUNDS OF APPLICATION FEES IN THE EVENT OF CANCELLATION ON THE PART OF THE APPLICANT.

I understand the above and will allow the Municipal Inspector onto the above property at any reasonable time.

x Laura Lisa Coddington *Date of Application* 7/3/97
Authorized Signature

==========

FOR OFFICE USE ONLY

OPEN PERMITS? (NO) YES..INSP. REQUIRED _____

DATE OF INSPECTION 7/7 JM

TOWNSHIP OF HOWELL, P.O. BOX 580, HOWELL, NJ 07731
ATTN: C/C/O DEPARTMENT

THIS APPLICATION MUST BE TAKEN AND SIGNED BY LAND USE FOR COMPLETE PROCESSING.

OVER

REV. 7/11/95

* * NO CCO WILL BE ISSUED WITHOUT THE BELOW CERTIFICATION SIGNATURES FROM THE DEPARTMENT OF LAND USE * *

RESIDENTIAL

I, (print) Laura Coddington, hereby certify that I am the Owner [ ]

Agent [✓] (X one box) for the property in Howell, located at 179 W. 6th St.

(Buyer)
known as Block 110 Lot 115, and that meeting all requirements,

a C/C/O will be issued for a ONE FAMILY RESIDENTIAL USE ONLY..... AS IT

CURRENTLY EXISTS.

*Land Use Office, please specify other useage if applicable*_____

I also attest to the fact that NO rubbish/debris/bulk garbage will be left on this property prior to new occupancy. FAILURE TO COMPLY WILL RESULT IN RETRACTION OF C/C/O AND SUMMONS WILL BE ISSUED. THIS APPLIES TO ALL PROPERTY WITHIN HOWELL TOWNSHIP !

Laura Lisa Coddington — 7/3/97
Owner/Agent — Dated

Buyer
Julie Lear — 7-3-97
Land Use Officer — Dated

COMMERCIAL/INDUSTRIAL

I, (print)_____, hereby certify

that I am the Owner [ ] Agent [ ] (X one) for the property in Howell located

at:_____; known as:

BLOCK_____ LOT_____ and meeting all requirements., a C/C/O will be issued for the "existing use" which is currently:

Be Specific_____

_____

Describe New Proposed Use (Be Specific)_____

_____

_____ — _____
Owner/Agent — Dated

_____ — _____
Land Use Officer — Dated

THE PURPOSE OF THE MUNICIPAL INSPECTION FOR A C/C/O IS TO DETERMINE IF THE HOUSING UNIT COMPLIES WITH THE MINIMUM REQUIREMENTS OF THE NEW JERSEY STATE HOUSING CODE. ALTHOUGH THE PROPERTY OWNER MIGHT INCIDENTALLY BENEFIT FROM THE INSPECTION, THE PROPERTY OWNER OR PURCHASER SHOULD INDEPENDENTLY PROTECT THEMSELVES WITH REGARD TO THE PREMISES BEING OCCUPIED, AS INSPECTION SUCE AS THESE REQUIRE JUDGEMENT IN DIFFICULT AREA AND AS THE WHOLE AND NOT FOR THE BENEFIT OF THE PARTICULAR OWNER. THE MUNICIPALITY ASSUMES NO LIABILITY BY REASON OF THE ISSUANCE OF A C/C/O

BLOCK 110 LOT 115 QUALIFICATION CODE _____ ADDRESS (SITE) 179 WEST 6TH ST PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 179 WEST 6TH ST HOWELL
2. Name of Owner in Fee: LAURA CORRINGTON Tel. [redacted]
   Address 179 WEST 6TH ST HOWELL 0723[illegible]
   street municipality zip code
3. Ownership in Fee: Public _____ Private HOME
4. Principal Contractor: JMS HEATING & COOLING Tel. (732) 886-8090
   Address 179 WEST 6TH ST HOWELL
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. [redacted] FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work JOHN SCHULTZ JMS HEATING & COOLING
   Tel. (732) 886-8090 FAX (732) 886-8091

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor (TOTAL) 4000 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

	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. ☐ Alteration									
5. ☑ Fire Protection									
6. ☑ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	2,900								

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 _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

U.C.C. F100-1 (rev. 3/96)

LDS HW-B 10112992

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 _____

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 T.M.S. Hoffman & Cooley

Address 119 West 6th St

Howell NJ 07731

Telephone (732) 886-8090

Signature John M. Scheel

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

OFFICE DATE RECEIVED: _____

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.				

Date Issued 10-31-97
Control #
Permit # 97-1740

CERTIFICATE

IDENTIFICATION

Block 110 Lot 115
Work Site Location Same as below
Owner in Fee/Occupant Coddington
Address 179 West 6th St
Howell, NJ 07731
Tele. ( ) [redacted]
Contractor J.M.S. Heating
Address 119 West 6th St
Howell, NJ 07731
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Completion and approval of furnace installation

☐ **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 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 _____

Est Cost 2900.00

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

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

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 9-18-97
Control #
Permit # 97-1740

IDENTIFICATION Block 110 Lot 115

Work Site Location 179 WEST 12 ST
NEW C

Owner in Fee LAURA [redacted]
Address 179 WEST 12 ST
NEW C
Tele. [redacted]

Contractor J S [illegible]
Address 119 WEST 12 ST
NEW C
Tele. (212) 886-8083
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. [redacted]
or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [✓] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: NEW FURNACE & GAS PIPE
INVERT FROM B.P. TO APT.

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 $ 2,900.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	100.00
Fire Protection	85.00
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other (C)	2.00
Total	187.00
Check No.	1750
Cash	
Collected By	9/18/97

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE

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 1-1700

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 9-15-97
Date Issued 9-18-97
Control #
Permit # 97-1740

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

Block 110 Lot 115
Work Site Location 179 WEST 6TH ST
HOWELL
Owner in Fee LAURA PENNINGTON
Address 179 WEST 6TH ST
HOWELL
Tele. (732) [redacted]
Contractor J.M.S. Heating & Cooling
Address 119 WEST 6TH ST
HOWELL
Tele. (732) 886-8090
Lic. No.
Federal Emp. No. [redacted] or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: UTILITY Room
Total Est. Cost of Fire Prot. Work $ 2,900 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [✓] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 10/28/97
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO by CA
Date: 10/28/97
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	25.00
OTHER		

Administrative Surcharge $ 10
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $

U.C.C. Form F-140A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy

LPC TANKS Already Removed

Final Tues.

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9-15-97
Date Issued 9-18-97
Control #
Permit # 97-1740

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

Block 110 Lot 115
Work Site Location 179 WEST 6TH ST
HOWELL
Owner in Fee LAURA CODDINGTON
Address 179 WEST 6TH ST
HOWELL
Tele. ([redacted]) 364-4200
Contractor I.M.S. HEATING & COOLING
Address 119 WEST 6TH ST
HOWELL
Tele. (732) 886-8090 Fax (732) 886-8096
Lic. No.
Federal Emp. No. 22-3478105

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed GAS PIPE
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 2900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/16/97
Approved by: Edward A. Golon

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10/28/97
Approved by: Edward A. Golon

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			10/28/97	
Solar				
TCO				

FINAL-10/28/97

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
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
1	Gas Piping
	Steam Boiler
1	Hot Water Boiler AIR
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
	Other _____
	Other _____
	Other _____

FEE (Office Use Only)

$ 50

Administrative Surcharge	$	10
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F130
(rev 3/96)

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

September 16, 1997

Bob Hotmar
Howell Township Fire Inspector

Via Fax

Lot 115, Block 110
179 W 6th St, Howell

As per our phone conversation, the LP tanks and lines to be abandoned, are not present on said property, and were not present at the time of purchase.

Laura Lisa Coddington

Laura-Lisa Coddington

BLOCK: 110 LOT: 115

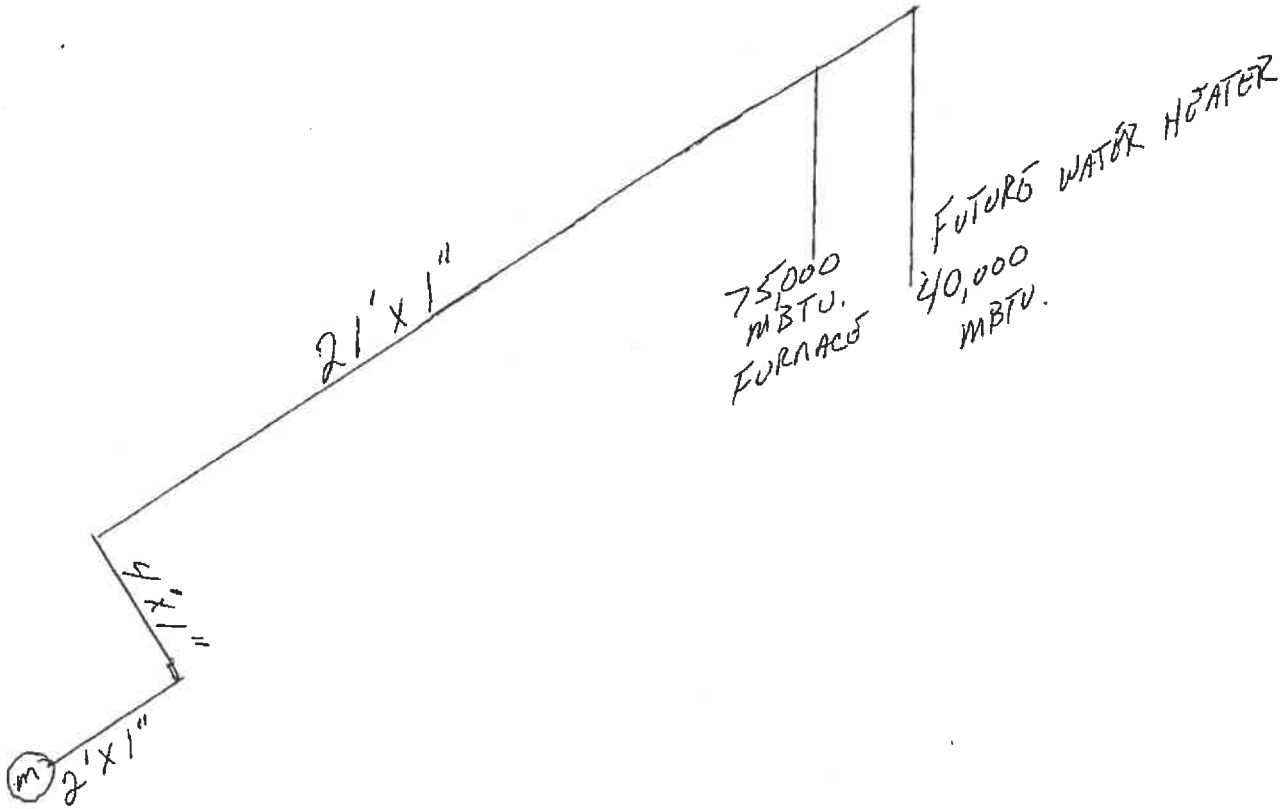
OWNER: LAURA CODDINGTON

ADDRESS: 179 WEST 6TH ST HOWELL

J.M.S. HEATING & COOLING

PHONE: (732) 886-8090

27' of 1" GAS PIPE



PLAN REVIEW RECORD
HOWELL TOWNSHIP FIRE BUREAU

DATE: 9/17/97 TYPE: RESIDENTIAL DIST#: 5

BLOCK: 110 LOT: 115 PERMIT#:

ADDRESS: 179 WEST 6TH STREET

NAME: CODDINGTON

COMMENTS FURNACE

REVIEWERS CODE: 0

FRAME INSPECTION REPORT

SCHEDULE DATE: REMARKS

REINSPECTION DATE: REMARKS

REINSPECTION DATE: COMMENTS

****DATE FRAME PASSED: INSPECTORS CODE:

FINAL INSPECTION REPORT

SCHEDULE DATE: COMMENTS

REINSPECTION DATE: COMMENTS

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPORVED: INSPECTORS CODE:

OTHER INSPECTION REPORT

TOPIC: FURNACE

SCHEDULE DATE: 10/28/97 COMMENTS: FINAL-APPROVED

REINSPECTION DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

****DATE OTHER WAS COMPLETED: 10/28/97 INSPECTORS CODE: 4

HISTORY

TOWNSHIP OF HOWELL - PLAN REVIEW CHECKLIST

NAME Coddington

BLOCK 110 LOT 115

ADDRESS 179 W 6th St

DATE SUBMITTED 9-15-97

PHONE # [redacted]

PRIOR APP. DATE

REQUEST FOR FOOTING & FOUNDATION YES NO

REQUEST FOR PROTO-TYPE PROCESSING YES NO

Furnace

	FIRST REVIEW	SECOND REVIEW	APPROVED	DENIED	COMMENTS
BUILDING					
PLUMBING	✓ 9/16/97		ok		
ELECTRIC					
FIRE	✓ 9/15/97	9/17/97	OK	T	Need letter Reference Disposition of LP tank/Extinguishers.
MECH.					Notified 9/16 @ 10:45 then transferred to Fire Bureau
OTHER					

FORM NO. G66-449 REV. 1
Supersedes Form No. G66-449 Rev. 0

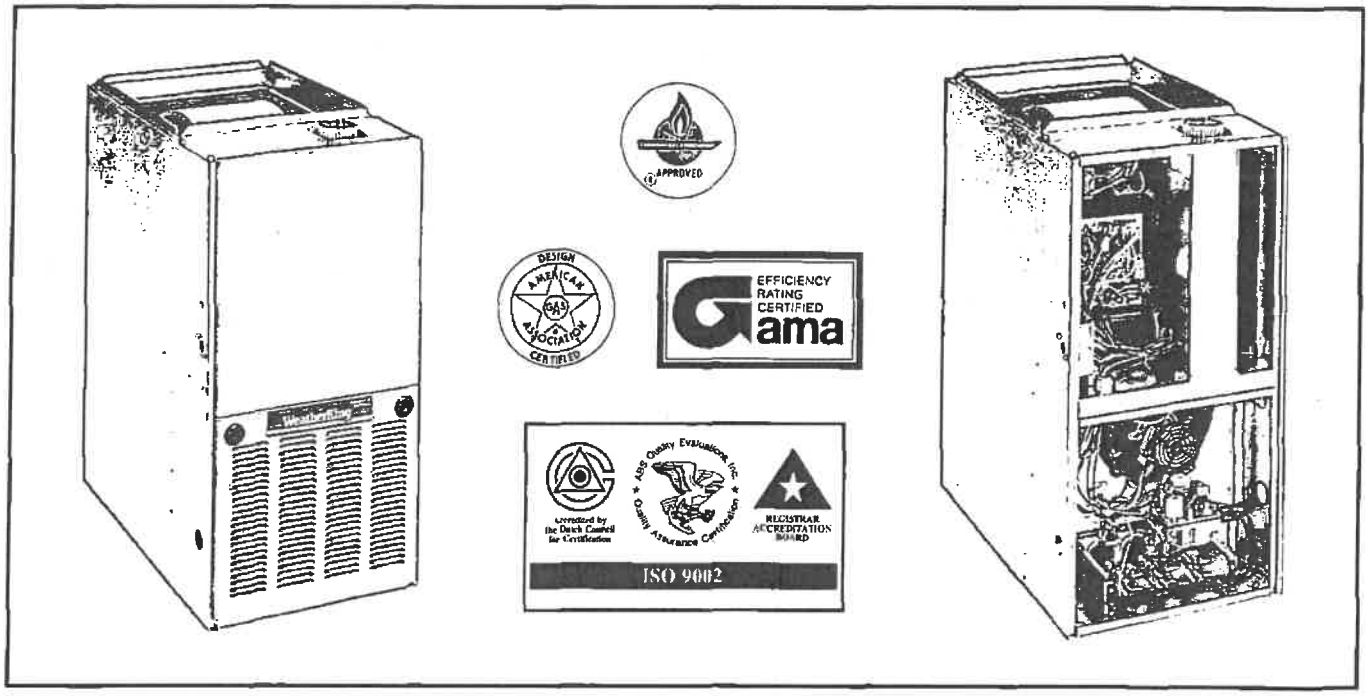
WeatherKing®

45,000 thru 150,000 BTUH [13 thru 44 kW]

ACCLAIM® II 78%-80% A.F.U.E.† Downflow Gas Furnaces

WGLH-/WGLAH- Series

FOR TRADE USE ONLY



The WeatherKing® Acclaim® line of downflow gas furnaces is designed for installation in closets, alcoves, utility rooms, or attics. The design is certified by the American Gas Association. Canadian models are certified by the Canadian Gas Association.

WGLH-/WGLAH- SERIES FEATURES

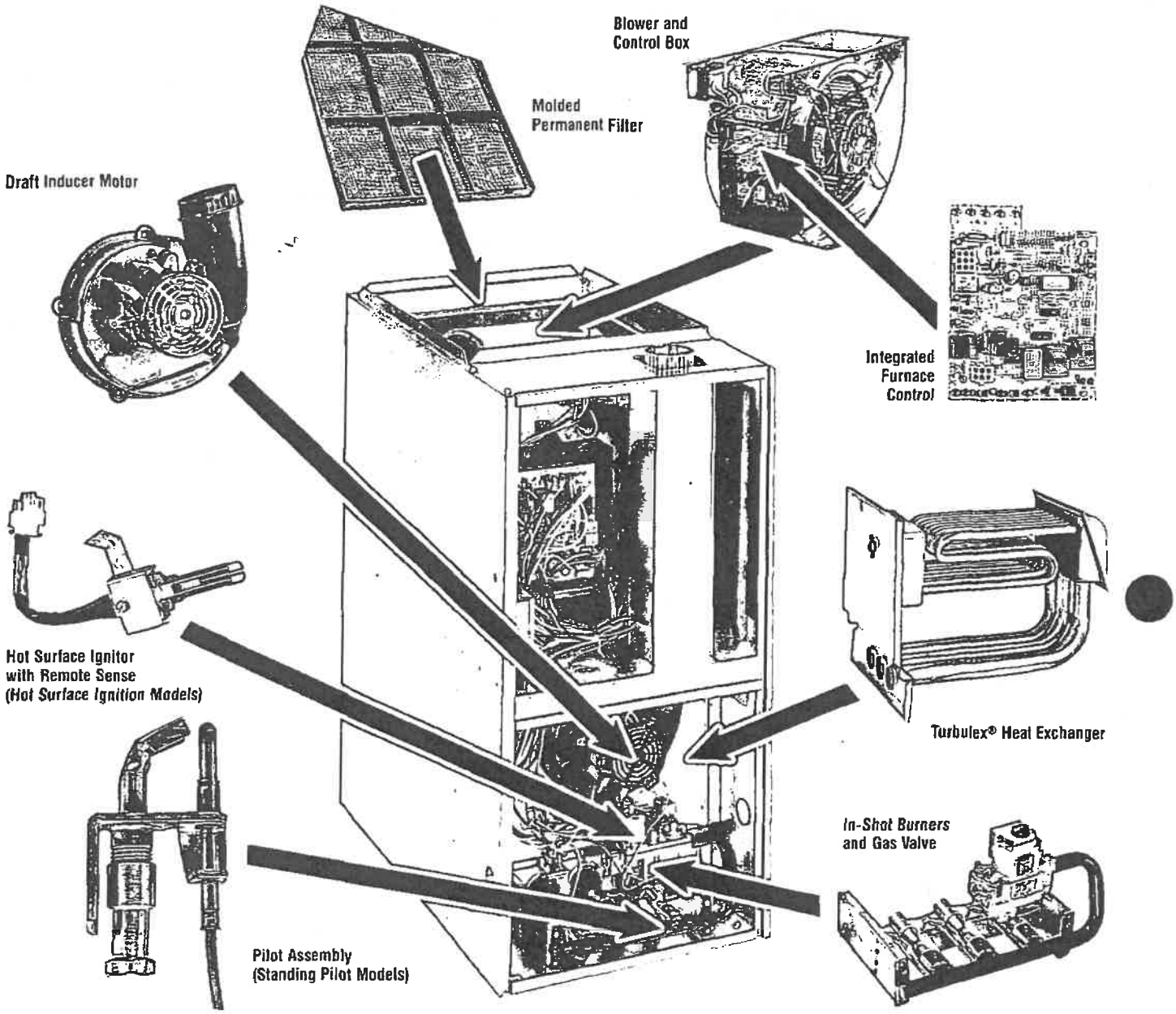
- Patented Turbulex® Heat Exchanger, constructed of both stainless and aluminized steel for the maximum in corrosion resistance.
- Low profile "34 inch" [864 mm] design is lighter and easier to handle, and leaves room for optional equipment.
- Both standing pilot and hot surface ignition models available.
- Left or right side gas and electric inlet connections with quick, simple change.
- Hot surface ignition models feature a new integrated board with humidifier and electronic air cleaner hookups.
- Insulated blower compartment, a slow-open gas valve and a specially designed draft inducer motor make it one of the quietest furnaces on the market today.
- Pre-paint galvanized steel cabinet.
- Grab-holes in doors to aid in easy door removal and replacement.

A variety of cooling coils and plenums designed to use with WeatherKing Acclaim gas furnaces are available as optional accessories.

†A.F.U.E. (Annual Fuel Utilization Efficiency) calculated in accordance with Department of Energy test procedures.

WeatherKing®

ACCLAIM II 78-80% DOWNFLOW GAS FURNACES



STANDARD EQUIPMENT

Completely assembled and wired; induced draft; pressure switch; redundant main gas control; blower compartment door safety switch; solid state time on/time off blower control; limit control; manual shut-off valve, pressure regulator for natural and L.P. (propane) gas; transformer; direct drive multi-speed blower motor. Furnaces are equipped with cooling/heating relay and transformer (40VA) ready for air conditioning applications. (Please note: a thermostat is not included as standard equipment.) Flame sensor diagnostics; **H.S.I. only twinning options,** standing pilot models may not be twinned; fused transformer (secondary), **3rd speed option for continuous fan; common heat/cool terminal for H.S.I.**

NOTE: Furnace is not listed for use with fuels other than natural or L.P. (propane) gas.

The complete terms of limited and other warranties are available at our sales office, or through local installer.

All models can be converted by a qualified WeatherKing distributor or local service dealer to use L.P. (propane) gas without changing burners. Factory approved kits must be used to convert from natural to L.P. (propane) gas and may be ordered as optional accessories from a WeatherKing parts distributor.

For L.P. (propane) operation, refer to Conversion Kit Index Form No. *92-21519-30 for U.S. models and Form No. 92-21519-31 for Canadian models.*

NOTE: For natural and L.P. (propane) gas models, standard hot surface ignition is 100% lockout type.

WARNING

THIS FURNACE IS NOT APPROVED OR RECOMMENDED FOR USE IN MOBILE HOMES

364-4200

BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

PHYSICAL DATA AND SPECIFICATIONS

U.S. MODELS (DOWNFLOW)

MODEL NUMBERS WGLH-/WGLAH- SERIES	045AUSR 04MAUSR 04EAUSR 04NAUSR	050AUER 05MAUER 05EAUER 05NAUER	067AUER 06MAUER 06EAUER 06NAUER	075AUER 07MAUER 07EAUER 07NAUER	075AMGR 07MAMGR 07EAMGR 07NAMGR	100AUER 10MAUER 10EAMER 10NAMER	100BRJR 10EMRJR 10EBRJR 10NBRJR	125ARJR 12MARJR 12EARJR 12NARJR	150ARJR 15MARJR 15EARJR 15NARJR
Input-BTU/Hr [kW] ②	45,000 [13]	50,000 [15]	67,500 [19.8]	75,000 [22]	75,000 [22]	100,000 [29.3]	100,000 [29.3]	125,000 [36.6]	150,000 [44]
Heating Capacity BTU/Hr [kW] ①	36,000 [11]	41,000 [12]	54,000 [16]	60,000 [18]	60,500 [18]	80,000 [23]	81,000 [24]	99,000 [29]	120,000 [35]
Heat Ext. Static Pressure [kPa]	.10 [.025]	.10 [.025]	.12 [.029]	.12 [.029]	.12 [.029]	.15 [.037]	.15 [.037]	.20 [.05]	.20 [.05]
Blower (D x W) [mm]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	11 x 7 [279 x 178]	11 x 6 = 10"AU [279 x 152] 11 x 7 = 10"AM [279 x 178]	11 x 10 [279 x 254]	11 x 10 [279 x 254]	11 x 10 [279 x 254]
Motor H.P. [W]—Speeds [W]—PSC Type	1/2-4-PSC [373]	1/2-4-PSC [373]	1/2-4-PSC [373]	1/2-4-PSC [373]	3/4-4-PSC [559]	1/2-4-PSC [373]	3/4-4-PSC [559]	3/4-4-PSC [559]	3/4-4-PSC [559]
Motor Full Load Amps	7.1	6.8	7.1	7.1	9.5	7.1	9.5	9.5	9.5
Heating Speed	MED-LOW	MED-LOW	MED-HIGH	MED-HIGH	MED-LOW	MED-HIGH	MED-LOW	MED-LOW	MED-LOW
Cooling Speed	HIGH	HIGH	HIGH	HIGH	MED-HIGH	HIGH	MED-HIGH	MED-HIGH	MED-HIGH
Cooling CFM @ .5" [kPa] E.S.P. (Nominal) [L/s]	1200 [566]	1200 [566]	1200 [566]	1200 [566]	1600 [755]	1200 [566]	2000 [944]	2000 [944]	2000 [944]
Max. E.S.P. (In. W.C.) [kPa]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]
Temperature Rise Range °F [°C]	30-60 [16.7-33.3]	25-55 [13.9-30.6]	30-60 [16.7-33.3]	40-70 [22.2-38.9]	25-55 [13.9-30.6]	55-85 = 10"AU [30.6-47.2] 45-75 = 10"AM [25-41.7]	40-70 [22.2-38.9]	40-70 [22.2-38.9]	50-80 [27.8-44.4]
Max. Outlet Air Temp. °F [°C]	155° [68.3]	155° [68.3]	165° [73.9]	165° [73.9]	155° [68.3]	190° [87.8]	190° [87.8]	180° [82.2]	190° [87.8]
Standard Filter [mm]	(1) 14 x 20 [356 x 508]	(1) 14 x 20 [356 x 508]	(2) 12 x 20 [305 x 508]	(2) 12 x 20 [305 x 508]	(2) 12 x 20 [305 x 508]	(2) 12 x 20 [305 x 508]	(2) 14 x 20 [356 x 508]	(2) 14 x 20 [356 x 508]	(2) 14 x 20 [356 x 508]
Approx. Shipping Weight (Lbs.) [kg]	85 [38.6]	85 [38.6]	105 [47.6]	105 [47.6]	105 [47.6]	115 [52.2]	120 [54.4]	140 [63.5]	150 [68.0]
AFUE–Standing Pilot Models ①	78%	79.5%	78.4%	78.6%	79.2%	78%	78%	78.1%	78.5%
AFUE–H.S.I. Models ①	81.1%	82.2%	80.7%	80.5%	81.1%	80.2%	80%	80%	80%
California Seasonal Efficiency–H.S.I./No_x Models	73.8/73.9	75.9/76.2	73.8/73.9	74.4/74.9	75.1/75.5	75.2/75.2	74.7/74.7	75.2/75.3	76.0/75.9

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form No. 92-21519-30 for high altitude derate.

[ ] Designates Metric Conversions

GENERAL TERMS OF LIMITED WARRANTY*

WeatherKing will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

Gas Heat Exchanger Limited Warranty . . . Twenty (20) Years
Draft Inducer Limited Warranty . . . . . Five (5) Years
Integrated Control Board
Limited Warranty . . . . . Five (5) Years
(Standing Pilot and Hot Surface Control Boards)
Any Other Part . . . . . One (1) Year

***For Complete Details of the Limited Warranty, Including Applicable Terms and Conditions, See Your Local Installer or Contact the Factory for a Copy.**

PHYSICAL DATA AND SPECIFICATIONS

CANADIAN MODELS (DOWNFLOW)

MODEL NUMBERS WGLH-/WGLAH- SERIES	045AUSA 04EAUSA	050AUEA 05EAUEA	057AUEA 06EAUEA	075AUEA 07EAUEA	075AMGA (07EAMGA)	100AUEA 10EAMEA	100BRJA 10EBRJA	125ARJA 12EARJA	150ARJA 15EARJA
Input-BTU/Hr [kW] ②	45,000 [13]	50,000 [15]	67,500 [19.8]	75,000 [22]	75,000 [22]	100,000 [29.3]	100,000 [29.3]	125,000 [36.6]	150,000 [44]
Heating Capacity BTU/Hr [kW] ①	36,000 [11]	41,000 [12]	54,000 [16]	60,000 [18]	60,500 [18]	80,000 [23]	81,000 [24]	99,000 [29]	120,000 [35]
High Altitude Input [kW]	40,500 [11.9]	45,000 [13]	60,800 [17.8]	67,500 [19.8]	67,500 [19.8]	90,000 [26.4]	90,000 [26.4]	112,500 [33]	135,000 [39.6]
High Altitude Output Capacity [kW]	32,900 [9.6]	36,500 [10.7]	49,000 [14.4]	53,500 [15.7]	54,000 [15.8]	72,000 [21.1]	72,500 [21.2]	89,000 [26.1]	107,500 [31.5]
Heat Ext. Static Pressure [kPa]	.10 [.025]	.10 [.025]	.12 [.029]	.12 [.029]	.12 [.029]	.15 [.037]	.15 [.037]	.20 [.05]	.20 [.05]
Blower (D x W) [mm]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	11 x 6 [279 x 152]	11 x 7 [279 x 178]	11 x 6 = 10°AU [279 x 152] 11 x 7 = 10°AM [279 x 178]	11 x 10 [279 x 254]	11 x 10 [279 x 254]	11 x 10 [279 x 254]
Motor H.P. [W]—Speeds [W]— PSC TYPE	1/2-4-PSC [373]	1/2-4-PSC [373]	1/2-4-PSC [373]	1/2-4-PSC [373]	3/4-4-PSC [559]	1/2-4-PSC [373]	3/4-4-PSC [559]	3/4-4-PSC [559]	3/4-4-PSC [559]
Motor Full Load Amps	7.1	6.8	7.1	7.1	9.5	7.1	9.5	9.5	9.5
Heating Speed	MED-LOW	MED-LOW	MED-HIGH	MED-HIGH	MED-LOW	MED-HIGH	MED-LOW	MED-LOW	MED-LOW
Cooling Speed	HIGH	HIGH	HIGH	HIGH	MED-HIGH	HIGH	MED-HIGH	MED-HIGH	MED-HIGH
Cooling CFM @ .5" [kPa] E.S.P. (Nominal) [L/s]	1200 [566]	1200 [566]	1200 [566]	1200 [566]	1600 [755]	1200 [566]	2000 [944]	2000 [944]	2000 [944]
Max. E.S.P. (In. W.C.) [kPa]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]	.50 [.12]
Temperature Rise Range °F [°C]	30-60 [16.7-33.3]	25-55 [13.9-30.6]	30-60 [16.7-33.3]	40-70 [22.2-38.9]	25-55 [13.9-30.6]	55-85 = 10°AU [30.6-47.2] 45-75 = 10°AM [25-41.7]	40-70 [22.2-38.9]	40-70 [22.2-38.9]	50-80 [27.8-44.4]
Max. Outlet Air Temp. °F [°C]	155° [68.3]	155° [68.3]	165° [73.9]	165° [73.9]	155° [68.3]	190° [87.8]	190° [87.8]	180° [82.2]	190° [87.8]
Standard Filter [mm]	(1) 14 x 20 [356 x 508]	(1) 14 x 20 [356 x 508]	(2) 12 x 20 [305 x 508]	(2) 12 x 20 [305 x 508]	(2) 12 x 20 [305 x 508]	(2) 12 x 20 [305 x 508]	(2) 14 x 20 [356 x 508]	(2) 14 x 20 [356 x 508]	(2) 14 x 20 [356 x 508]
Approx. Shipping Weight (Lbs.) [kg]	85 [38.6]	85 [38.6]	105 [47.6]	105 [47.6]	105 [47.6]	115 [52.2]	120 [54.4]	140 [63.5]	150 [68.0]
AFUE-Standing Pilot Models ①	78%	79.5%	78.4%	78.6%	79.2%	78%	78%	78.1%	78.5%
AFUE-H.S.I. Models ①	81.1%	82.2%	80.7%	80.5%	81.1%	80.2%	80%	80%	80%

NOTES: All models are 115V, 60HZ, 1Ø. Gas connection size for all models is 1/2" N.P.T.
① In accordance with D.O.E. test procedures.
② See Conversion Kit Index Form No. 92-21519-31 for high altitude derate.

MODEL IDENTIFICATION

DOWNFLOW MODELS

W	G	L	A	H	—	07E	A	U	E	R
WeatherKing	Gas Furnace	Downflow	Acctaim	Design Series		Heating Input Designation	Variations	Blower Designation	Heating & Cooling Designation	Fuel Type

Heating Input Designation

Standing Pilot	NO_x Model	Hot Surface Ignition	NO_x Model	Input BTU/HR
045	04M	04E	04N	45,000 [13 kW]
050	05M	05E	05N	50,000 [15 kW]
067	06M	06E	06N	67,500 [20 kW]
075	07M	07E	07N	75,000 [22 kW]
100	10M	10E	10N	100,000 [29 kW]
125	12M	12E	12N	125,000 [37 kW]
150	15M	15E	15N	150,000 [44 kW]

Variations
A = Std. Cabinet
B = Wide Cabinet

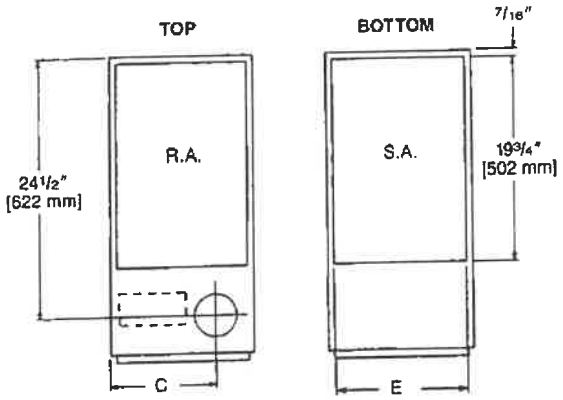
Blower Designation
U = 11 x 6 [279 x 152 mm]
M = 11 x 7 [279 x 178 mm]
R = 11 x 10 [279 x 254 mm]

Heating & Cooling Designation
S = 500-1200 CFM [236-566 L/s]
E = 1100-1330 CFM [519-628 L/s]
G = 1450-1750 CFM [684-826 L/s]
J = 1800-2075 CFM [850-979 L/s]

Fuel Type
R = Natural Gas, U.S. Standard Furnace
A = Natural Gas, Canadian Standard Furnace

[ ] Designates Metric Conversions

DOWNFLOW DIMENSIONS



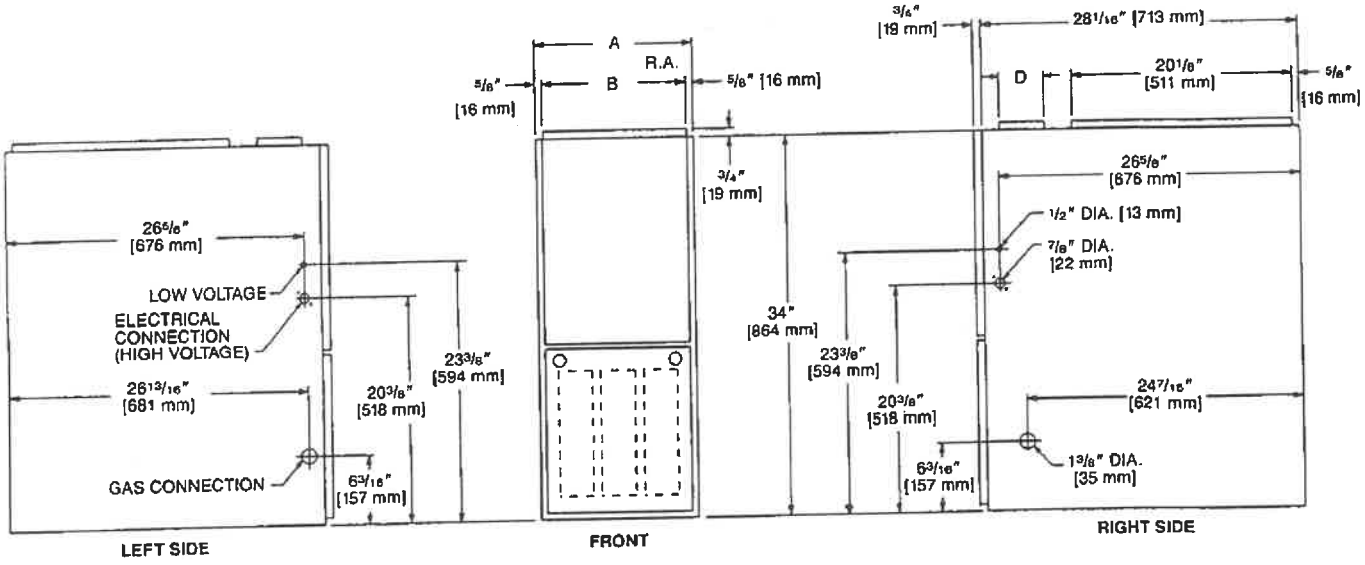


TABLE 1. DIMENSIONS AND CLEARANCE TO COMBUSTIBLE MATERIAL (INCHES) [mm]

MODEL WGLH-/WGLAH- SERIES	A	B	C	D	E	REDUCED CLEARANCES (IN.) [mm]						SHIP. WGTS. (LBS.) [kg]
						LEFT SIDE	RIGHT SIDE	BACK	TOP	FRONT	VENT	
04, 05	14 [356]	12 27/32 [326]	10 3/8 [264]	Ⓐ	13 1/8 [333]	0	4 Ⓑ	0	1 [25]	3 [76]	6 [152] Ⓒ	85 [38.6]
06, 07	17 1/2 [445]	16 11/32 [415]	12 1/8 [308]	Ⓐ	16 5/8 [422]	0	3 Ⓑ	0	1 [25]	3 [76]	6 [152] Ⓒ	105 [47.6]
10 (A)	17 1/2 [445]	16 11/32 [415]	12 1/8 [308]	Ⓐ	16 5/8 [422]	0	3 Ⓑ	0	1 [25]	3 [76]	6 [152] Ⓒ	115 [52.2]
10 (B)	21 [533]	19 27/32 [504]	13 7/8 [352]	Ⓐ	20 1/8 [511]	0	0	0	1 [25]	3 [76]	6 [152] Ⓒ	120 [54.4]
12	24 1/2 [622]	23 11/32 [593]	15 5/8 [397]	Ⓐ	23 5/8 [600]	0	0	0	1 [25]	3 [76]	6 [152] Ⓒ	140 [63.5]
15	24 1/2 [622]	23 11/32 [593]	15 5/8 [397]	Ⓐ	23 5/8 [600]	0	0	0	1 [25]	3 [76]	6 [152] Ⓒ	150 [68]

NOTES: Ⓐ May require a 3" [76 mm] to 4" [102 mm] or 3" [76 mm] to 5" [127 mm] adaptor.
Ⓑ May be 0" [0 mm] with type B vent.
Ⓒ May be 1" [25 mm] with type B vent.
Furnaces must be vented in accordance with ANSI Z21.47-1993•CAN/CGA-2.3-M93 venting table guidelines included with each furnace, and in accordance with local codes.

[ ] Designates Metric Conversions

BLOWER PERFORMANCE DATA

DOWNFLOW MODELS

MODEL NUMBER WGLH-/WGLAH-SERIES	BLOWER SIZE [mm]	MOTOR H.P. [W]	BLOWER SPEED	CFM [L/s] AIR DELIVERY EXTERNAL STATIC PRESSURE INCHES [kPa] WATER COLUMN						
				.1 [.02]	.2 [.05]	.3 [.07]	.4 [.10]	.5 [.12]	.6 [.15]	.7 [.17]
045AUS* 04MAUSR 04EAUS* 04NAUSR	11 x 6 [279 x 152]	1/2 [373]	LOW MED-LO MED-HI HIGH	685 [323] 980 [463] 1220 [576] 1465 [691]	650 [307] 955 [451] 1195 [564] 1440 [680]	615 [290] 930 [439] 1170 [552] 1405 [663]	580 [274] 900 [425] 1135 [536] 1365 [644]	545 [257] 870 [411] 1100 [519] 1325 [625]	510 [241] 840 [396] 1065 [503] 1280 [604]	470 [222] 805 [380] 1020 [481] 1230 [580]
050AUE* 05MAUER 05EAUE* 05NAUER	11 x 6 [279 x 152]	1/2 [373]	LOW MED-LO MED-HI HIGH	735 [347] 1025 [484] 1185 [559] 1345 [635]	715 [337] 1015 [479] 1165 [550] 1330 [628]	690 [326] 995 [470] 1150 [543] 1310 [618]	660 [311] 975 [460] 1130 [533] 1295 [611]	635 [300] 955 [451] 1100 [519] 1265 [597]	605 [286] 930 [439] 1075 [507] 1235 [583]	575 [271] 905 [427] 1040 [491] 1205 [569]
067AUE* 06MAUER 06EAUE* 06NAUER 075AUE* 07MAUER 07EAUE* 07EAUER	11 x 6 [279 x 152]	1/2 [373]	LOW MED-LO MED-HI HIGH	835 [394] 990 [467] 1140 [538] 1300 [614]	820 [387] 975 [460] 1125 [531] 1290 [609]	800 [378] 955 [451] 1105 [522] 1265 [597]	775 [366] 935 [441] 1080 [510] 1245 [588]	750 [354] 905 [427] 1050 [496] 1215 [573]	720 [340] 875 [413] 1020 [481] 1180 [557]	685 [323] 835 [394] 980 [463] 1140 [538]
075AMG* 07MAMGR 07EAMG* 07NAMGR	11 x 7 [279 x 178]	3/4 [559]	LOW MED-LO MED-HI HIGH	1210 [571] 1580 [746] 1915 [904] —	1205 [569] 1560 [736] 1880 [887] 2050 [967]	1195 [564] 1550 [732] 1825 [861] 1995 [942]	1180 [557] 1530 [722] 1790 [845] 1940 [916]	1165 [550] 1495 [706] 1740 [821] 1885 [890]	1155 [545] 1465 [691] 1675 [791] 1835 [866]	1130 [533] 1430 [675] 1600 [755] 1770 [835]
**	**	**	LOW	935 [441]**	910 [429]**	885 [418]**	855 [404]**	825 [389]**	785 [370]**	760 [359]**
10EAME* 10NAMER	11 x 7 [279 x 178]	1/2 [373]	MED-LO MED-HI HIGH	1070 [505] 1240 [585] 1420 [670]	1055 [498] 1210 [571] 1395 [658]	1040 [491] 1190 [562] 1370 [647]	1010 [477] 1165 [550] 1340 [632]	980 [463] 1135 [536] 1305 [616]	945 [446] 1095 [517] 1265 [597]	905 [427] 1055 [498] 1220 [576]
**	**	**	LOW	885 [418]**	865 [408]**	840 [396]**	815 [385]**	790 [373]**	760 [359]**	735 [347]**
100AUE* 10MAUER	11 x 6 [279 x 152]	1/2 [373]	MED-LO MED-HI HIGH	1020 [481] 1170 [552] 1330 [628]	1000 [472] 1160 [547] 1300 [614]	980 [463] 1140 [538] 1270 [599]	965 [455] 1110 [524] 1235 [583]	930 [439] 1080 [510] 1200 [566]	895 [422] 1040 [491] 1160 [547]	860 [406] 995 [470] 1115 [526]
100BRJ* 10MBRJR 10EBRJ* 10NBRJR	11 x 10 [279 x 254]	3/4 [559]	LOW MED-LO MED-HI HIGH	1330 [628] 1690 [798] — —	1295 [611] 1670 [788] 2085 [984] 2410 [1137]	1285 [606] 1655 [781] 2055 [970] 2355 [1111]	1245 [588] 1615 [762] 2005 [946] 2305 [1088]	1225 [578] 1585 [748] 1970 [930] 2240 [1057]	1205 [569] 1565 [739] 1945 [918] 2165 [1022]	1160 [547] 1525 [720] 1880 [887] 2100 [991]
125ARJ* 12MARJR 12EARJ* 12NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW MED-LO MED-HI HIGH	1330 [628] — — —	1295 [611] 1690 [798] 2090 [986] 2395 [1130]	1280 [604] 1660 [783] 2035 [960] 2335 [1102]	1240 [585] 1635 [772] 1985 [937] 2260 [1067]	1215 [573] 1580 [746] 1930 [911] 2185 [1031]	1210 [571] 1535 [724] 1850 [873] 2080 [982]	1175 [555] 1480 [698] 1785 [842] 1965 [927]
150ARJ* 15MARJR 15EARJ* 15NARJR	11 x 10 [279 x 254]	3/4 [559]	LOW MED-LO MED-HI HIGH	1300 [614] 1675 [791] 2105 [993] —	1280 [604] 1650 [779] 2075 [979] 2340 [1104]	1230 [580] 1620 [765] 2035 [960] 2290 [1081]	1205 [569] 1570 [741] 1990 [939] 2215 [1045]	1170 [552] 1545 [729] 1955 [923] 2145 [1012]	1115 [526] 1485 [701] 1900 [897] 2080 [982]	1030 [486] 1425 [673] 1815 [857] 1995 [942]

NOTES: *Designates "R" for U.S. models, and "A" for Canadian models.
**Not to be used as a heating speed.
Data compiled with factory filters installed.

[ ] Designates Metric Conversions

ACCESSORIES

DOWNFLOW

DOWNFLOW WARNING: Unit design is certified for installation on non-combustible floor. A special factory supplied combustible floor sub-base is required when installing on a combustible floor. Failure to install the sub-base may result in fire, property damage and personal injury.

COMBUSTIBLE FLOOR BASE DIMENSIONS

COMBUSTIBLE FLOOR BASE	USE WITH FURNACE SIZES	A IN. [mm]	B IN. [mm]	C IN. [mm]
RXGC-B14	WGLH-/WGLAH-04, 05	14 1/2 [368]	13 1/4 [337]	11 1/4 [286]
RXGC-B17	WGLH-/WGLAH-06, 07, WGLH-/WGLAH-10(-)A	18 [457]	16 3/4 [425]	14 3/4 [451]
RXGC-B21	WGLH-/WGLAH-10(-)B	21 1/2 [546]	20 1/4 [514]	18 1/4 [464]
RXGC-B24	WGLH-/WGLAH-12, WGLH-/WGLAH-15	25 [635]	23 3/4 [603]	21 3/4 [552]

PLENUM DATA—"A" COILS

Plenum adapters are required in some instances for use on downflow applications when plenum and furnace size do not match.

FURNACE WIDTH IN. [mm]	PLENUM WIDTH IN. [mm]	PLENUM ADAPTER DOWNFLOW	COIL PLENUM
14 [356]	16 1/4 [413]	RXAA-C178	RXAL-B16BU
14 [356]	20 1/4 [514]	RXAA-C179	RXAL-B20BU
17 1/2 [445]	16 1/4 [413]	RXAA-C185	RXAL-B16BU
17 1/2 [445]	20 1/4 [514]	RXAA-C180	RXAL-B20BU
17 1/2 [445]	21 5/8 [549]	RXAA-C189	RXAL-B21BU
17 1/2 [445]	25 1/4 [641]	RXAA-C181	RXAL-B25BU
21 [533]	22 1/4 [565]	RXAA-C182	RXAL-B22BU
21 [533]	25 1/4 [641]	RXAA-C183	RXAL-B25BU
24 1/2 [622]	25 1/4 [641]	RXAA-C184	RXAL-B25BU
24 1/2 [622]	21 5/8 [549]	RXAA-C190	RXAL-B21BU

NOTE: See Form Number C66-206 for Multi-Flex coil data.

RXGW-AAA01

Humidifier and Electronic Air Cleaner Accessory Board for Robertshaw Control RBC1 and Honeywell ST9101A 1014 Blower Controls.
NOTE: Available for standing pilot models only.

RXPF-F01

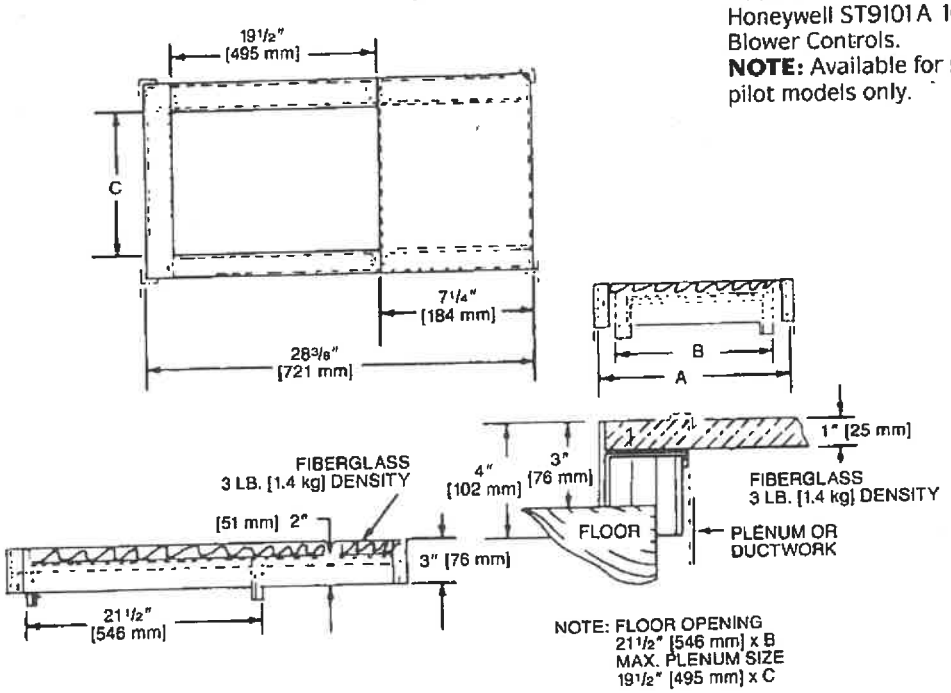
FOSSIL FUEL KIT—Standard.

RXPF-F02

FOSSIL FUEL KIT—Meets TVA specifications.

RXGF-CC

FILTER RACK—Downflow top return mount.
NOTE: Filter racks are shipped without filters.



WeatherKing®

AIR CONDITIONING DIVISION
P.O. Box 17010, Fort Smith, Arkansas 72917-7010

Before proceeding with installation, refer to installation instructions packaged with each model, as well as complying with all Federal, State, Provincial, and Local codes, regulations, and practices.

"In keeping with its policy of continuous progress and product improvement, WeatherKing reserves the right to make changes without notice."

PRINTED IN U.S.A. 2-95 BP

FORM NO. G66-449 REV. 1
Supersedes Form No. G66-449 Rev. 0

HOWELL, TOWNSHIP OF
(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

Date Issued 8-16-01
Control #
Permit # 99-1399

CERTIFICATE

IDENTIFICATION

Block 110 Lot 115
Work Site Location Same as below

Owner in Fee/Occupant Coddington
Address 179 W 6th St
Howell, NJ 07731
Tele. ( ) 370-5610
Contractor
Address Same

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Completion and approval of 200 amp electric service installation

☐ **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 _____.

Edward S. Mark
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

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

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7-8-99
Date Issued
Control #
Permit # 99-1399

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

Block 111 Lot 15
Work Site Location 179 W. 6th
Owner in Fee/Occupant Laura Coddington
Address 179 W. 6th St.
Howell
Tele. ([redacted])
Contractor Self - OWNER -
Address
Tele. ([redacted]) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Residential Utility Co. GPU
Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/2/99
Approved by: C. R. Oh

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 8/16/01
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	~~8-6-01~~			
Final	8-6-01		8/16/01	CR

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.

Laura J Coddington
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

All Work Must Be By Code NEC "1996"

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	45
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	1
TOTAL FEE	$	46.00

Pd CK# 1989 7-8-99

U.C.C. F120 (rev 3/98)

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

Donna Belton

From: Christopher Wong
Sent: Monday, May 02, 2022 3:25 PM
To: Donna Belton
Subject: RE: OPRA 22-596
Attachments: Opra 22-596 PRC.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hello Donna,

Attached is the requested property record card for Block 110 Lot 115. If you need anything else please let me know.

Sincerely,

Chris Wong, CTA
Assistant to the Assessor I
4567 Route 9 North
Howell, NJ 07731
732-938-4500 ext. 4304

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Monday, May 2, 2022 8:20 AM
To: Todd Morgano <tmorgano@twp.howell.nj.us>; Janine Martuscelli <jmartuscelli@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>; Erin Serfass <eserfass@twp.howell.nj.us>; Christopher Wong <cwong@twp.howell.nj.us>; Patrick Enright <penright@twp.howell.nj.us>; Maria Hesselbarth <mhesselbarth@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>; Gregory Hutchinson <ghutchinson@twp.howell.nj.us>
Subject: OPRA 22-596

Good Morning,

Attached please find OPRA 22-596 for your review. Please forward your findings to me no later than 5/11/2022.

Thank you.

Regards,

Donna Belton
Administrative Assistant
Clerk's Office
4567 Route 9 North
Howell, NJ 07731

Block 110	Land Desc 100 X 200	Owners Name		Land	138,000	Exemption	Net Taxable Value Deductions		
Lot 115	Bldg Desc CAPE COD	Street Address	Bank 00000	Impr	168,500	Code		Cd	No-Ow
Qual	Addl Lots	City & State	Zip 33441	Total	306,500	Value 0			
Acct# 047270	Acreage 0.459 Class 2	Property Location 179 WEST SIXTH STREET	Zone R-50			7.15			

DESCRIPTION

SITE INFORMATION

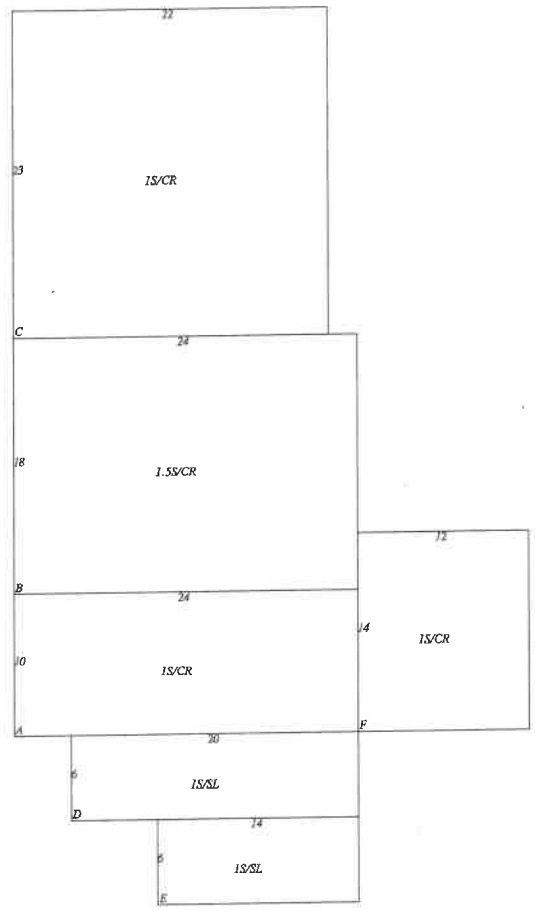
Sewer:	SEW/WATER
Water:	
Gas:	SEWER ONLY
Topography:	LEVEL
Road:	PAVED

BUILDING INFORMATION

Type and Use:		N.A.
Story Height:		1.5 STORY
Style:		CAPE COD
Exterior Fin:		FRAME
		STONE
Roof Type:		GABLE
Roof Material:		SHINGLE
Foundation:		CONCRETE BLOCK
Condition:		NORMAL
Quality:		16
Source:		VACANT
Bath:		Mod: Avg:2 Old:
Kitchen:		Mod: Avg:1 Old:
Room Count:		Tot: 5 Bed: 2 Bth: 2
Year Built:		1950
Eff Age (Years):		35
Livable Area:		1809
FIRST STORY		1550 SF
STONE SF		30
CONC. SLAB		204 SF
		1
FORCED HOT AIR		1809 SF
AC (COMB DUCTS)		1809 SF
3 FIXTURE BATH		2
FIREPLACE 1STY		1
LARGE DORMER		1
SHED 1STY	25	48 SF
DET GAR-FRM	YB	720 SF

SALE DATE 00/00/00
SALE PRICE 0

SKETCH



05/02/22 Scale: 10