BLOCK 175.01 LOT 1 QUALIFICATION CODE 33020 ADDRESS (SITE) 1 DESAI COURT PERMIT NO.

TMR

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1 DESAI COURT
2. Name of Owner in Fee: DAVE LEFEBVRE'S Tel. [redacted]
   Address 1 DESAI COURT (street) (municipality) (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: M A. CONTRACTING Tel. (732) 780-4676
   Address 897 FORT PLAINS RD Howell
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date ____
   Federal Employee No. ____ FAX: (____) ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____ Contact ____
6. Responsible Person in Charge once Work has Begun ____
   Tel. (732) 431-2586 FAX: (____) ____

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	183-		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices		✓		
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. State Permit Surcharge Fee		16-		
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 ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Construction Classification VB	
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 ____	

ADDITIONS

OPTIONAL (for office use only)

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				4/14/05		MJ	5/25/05	5/16/05	CG
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☒ Fire Protection									
6. ☒ Plumbing	3800-				4/14/05				
7. ☒ Electrical					4/13/05				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition									
TOTAL COSTS	46,010								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group: R-3
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
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:

III. DO YOU WANT: (optional)
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?
1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS HW-B 10117417

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.

X Signature _____ Date 03-28-05

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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. _____	_____	_____	_____	_____

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued	5/28/2008
Control Number	33020
Permit Number	20051511
Permit Issue Date	6/1/2005
Certificate Number	20051511

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1 DESAI COURT FREEHOLD, NJ Block: 175.01 Lot: 1 Qual:

Owner in Fee: LEFEBVRE, DAVID P & DONNA

Owner Address: 1 DESAI COURT FREEHOLD NJ 07728

Telephone: [redacted]

Contractor M.A. CONTRACTING

Address 897 FORT PLAINS ROAD HOWELL NJ 07731

Telephone: 732780-4676 Fax:

License Number or Builders Registration Number: Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: FAMILY ROOM ADDITION, MUD ROOM AND 1/2 BATH ADDITION 400 sq ft AND PERMIT UPDATES # 35248 FOR GAS PIPING AND # 36525 FOR AC AND HANDLER

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:

C. Phillips 6/4/08
Construction Official

Fee: $40.00
Check Number: 105
Collected By: kh

Date Printed: 5/28/2008 U.C.C. F260 (rev. 08/05)

5-28-08

APPLICATION FOR CERTIFICATE

Permit # 20051511
Date Issued
Control # 33020
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location: 1 Desai CT Block 175.01 Lot: 1 Qualification Code: ____

Owner in Fee: David Lefebvre
Address: 1 Desai CT
Fr. Hill, NJ 07728
Tel: [redacted]

Contractor: M.A. Contracting
Address: 897 Fort Plains Rd
Howell NJ 07731
License: [redacted] Tel. (732) 780-4476
Federal Employee No. ____

ACTION

- [X] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP ____ Previous ____ Current

FINAL COST OF CONSTRUCTION: $ 55,000.

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE: Addition to Existing Residence

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: ____
OWNER/AGENT

[X] OWNER [ ] AGENT

U.C.C. F270
(rev. 5/2003)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6/1/05

Permit # 33020

P0051511

IDENTIFICATION Block 175.01 Lot _____ Qualification Code _____

Work Site Location 1 DESAI COURT

Owner in Fee DALE LEFEBVRE'S

Address SAME

Tel. (732) [redacted]

FAX # 732-368-6034

Contractor M.A CONTRACTING

Address 867 FORT PLAINS RD HOWELL

Tel. (732) 780-4476

Lic. No. or Bldrs. Reg. No. [redacted]

Is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] LEAD HAZARD ABATEMENT

[✓] ELECTRICAL [✓] FIRE PROTECTION [✓] DEMOLITION

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

DESCRIPTION OF WORK:

① 19-7" X 14X5" ADDITION 3 OFF BACK

② 11-6" X 10' ADDITION

① FAMILY ROOM

② MUD/BATH ROOM

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 $ 40,000.00

Construction Official

6/1/05

Date

PAYMENTS (Office Use Only)

Building	183 -
Electrical	46
Plumbing	46
Fire Protection	92
Elevator Devices	
Other	
DCA State Permit Fee	16 -
Cert. of Occupancy	40.
Other	
Total	423.50
Check No.	105
Cash	
Collected by	KH.

(see reverse side)

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

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

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

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 20051511
Permit Date: 06/01/2005
Update Number:
Control Number: 33020
Application Date: 04/07/2005

CONSTRUCTION PERMIT

IDENTIFICATION

Block : 175.01 Lot : 1 Qualification Code:

Work Site Location: 1 DESAI COURT HOWELL
Owner In Fee: LEFEBVRE, DAVID P & DONNA
Address: 1 DESAI COURT
FREEHOLD NJ 07728
Telephone: [redacted]
Use Group(s): R-5

Contractor: M.A. CONTRACTING
Address: 897 FORT PLAINS ROAD
HOWELL NJ 07731
Telephone: (732) - 780-4676
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

FAMILY ROOM ADDITION, MUD ROOM AND 1/2 BATH ADDITION 400 sq ft

ESTIMATED COST OF WORK:

Cost of Construction:	42,100.00
Cost of Rehabilitation:	4,000.00
Cost of Demolition:	0.00
Total Cost:	$46,100.00

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.

Chet Phillips
Construction Official

6/1/05
Date

PAYMENTS (Office Use Only)	
Building	$183.00
Electrical	$46.00
Plumbing	$46.00
Fire Protection	$92.00
Elevator Devices	
Mechanical	
VolFee (DCA)	$11.00
AltFee (DCA)	$5.00
Other Fees	
CO Fee	$40.00
CCO Fee	
Minimum Fee	
Total	**$423.00**
All Fees Waived:	No

Amount to be Paid:	**$423.00**
Check Number:	105
Check amount:	$423.00

Collected by:	kh
Receipt No:	
Total Cash Amount	
Total Check Amount	$423.00
Total CC Amount	
Grand Total	$423.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!!

PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Update Issued 11-23-05
Control # 36525
Permit #
Date Permit Issued 20051511.2

IDENTIFICATION Block 175.01 Lot 1
Work Site Location 1 Dorsai CT

Owner in Fee Dave Lefevre
Address 1 Dorsai CT
Tel. ([redacted]

Contractor Crawford Elec
Address 449 Harmony Rd
Jackson NJ 08527
Tel. (732) 928 4300
Lic. No. or Bldrs. Reg. No 11225
Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
A/c a Air Handler

Estimated Cost of Work $

Construction Official

11-23-05
Date

PAYMENTS (Office Use Only)

Building	
Electrical	24
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	24
Check No.	
Cash	24.00
Collected by	(9)

U.C.C. F190
(rev. 3/96)

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

Received 8-16-05

PERMIT UPDATE

Date Update Issued 8/31/05
Control # 35248
Permit # 2005-1511-1
Date Permit Issued

IDENTIFICATION Block 175.01 Lot 1
Work Site Location 1 DESAI CT FREEHOLD 07728
Owner in Fee DAVE LE FEBVRES
Address 1 DESAI CT FREEHOLD 07728
Tel. ([redacted]

Contractor RN DEMANTOVICS JR
Address 501 BRICKYARD RD FREEHOLD NJ 07728
Tel. (732) 780 2681
Lic. No. or Bldrs. Reg. No. 7991
Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Gas Piping

Estimated Cost of Work $ On orig permit

(PL L) 8/30/05
Construction Official Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	10
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	10
Check No.	
Cash	✓
Collected by	(KAN)

U.C.C. F190
(rev. 3/96)

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

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 20051511
Permit Date: 08/31/2005
Update Number: 1
Control Number: 35248
Application Date: 08/16/2005

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

Block : 175.01 Lot : 1 Qualification Code:

Work Site Location: 1 DESAI COURT HOWELL

Owner In Fee: LEFEBVRE, DAVID P & DONNA

Address: 1 DESAI COURT
FREEHOLD NJ 07728

Telephone: [redacted]

Use Group(s): R-5

Contractor: RN DEBARTOLIS PLUMBING AND

Address: 561 BRICKYARD ROAD
FREEHOLD NJ 07728

Telephone: (732) - 780-2681

Lic. No. / Bldrs. Reg. No.: 7991

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

GAS PIPING

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

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.

Chet Phillips
Construction Official

8/31/05
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$10.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$10.00**
All Fees Waived:	No

Amount to be Paid: **$10.00**

Cash amount: $10.00

Collected by: kh
Receipt No:
Total Cash Amount $10.00
Total Check Amount
Total CC Amount
Grand Total $10.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!!

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 20051511
Permit Date: 11/23/2005
Update Number: 2
Control Number: 36525
Application Date: 11/09/2005

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

Block : 175.01 Lot : 1 Qualification Code:

Work Site Location: 1 DESAI COURT HOWELL

Owner In Fee: LEFEBVRE, DAVID P & DONNA

Address: 1 DESAI COURT
FREEHOLD NJ 07728

Telephone: [redacted]

Use Group(s): R-5

Contractor: CRAWFORD ELECTRIC

Address: 449 HARMONY ROAD
JACKSON NJ 08527

Telephone: (732) - 928-4300

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
A/C & AIR HANDLER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

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.

Chet Phillips
Construction Official

11-23-05
Date

PAYMENTS (Office Use Only)

Building	
Electrical	$24.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$24.00**
All Fees Waived:	No

Amount to be Paid: **$24.00**

Cash amount: $24.00

Collected by: MH
Receipt No:
Total Cash Amount $24.00
Total Check Amount
Total CC Amount
Grand Total $24.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!!

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 6/1/05

Date Issued
Permit # 33020
20051511

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

Block 175.01 Lot 1 Qualification Code

Work Site Location 1 DESAT COURT

Owner in Fee SAME DAVE LEFEBVRES

Address

Tel. [redacted]

Contractor M. A. CONTRACTING

Address 897 FORT PLAIN RD
Howell

Tel. (732) 780-4676 FAX (732) 367-9941

Contractor License No. or Builder Registration No. [redacted]

Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the ~~(agent of)~~ owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

① 19'-7" x 14'-5" ADDITION } OFF BACK
② 11'-6" x 10' ADDITION }
① FAMILY ROOM
② MBD/BATH ROOM

See notes on plans.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	5/25/05	CG
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 12/16/05
Approved by: GB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing			6-27-05	CG
Footing Bonding				
Foundation			7/13/05	[illegible]
Slab				
Frame			9-6-05	RM
Truss Sys./Bracing				
Barrier-Free				
Insulation			9/30/05	RM
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ sheath			8-4-05	CG
Mechanical				
TCO				
Other Open walls	7/26/05	8/1/05	9-8-05	RM
Final	12/8/05	12/14/05	12/16/05	[illegible]
Barrier-Free				

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

FEE (Office Use Only)

$	95 -
	55 -
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	16 -
TOTAL FEE $	

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		R-5
Constr. Class		V-B
No. of Stories		1
Height of Structure		13' Ft.
Area — Largest Floor		282 Sq. Ft.
New Bldg. Area/All Floors		397 Sq. Ft.
Volume of New Structure		~~3776~~ 3970 Cu. Ft.
Total Land Area Disturbed		400 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.	$	34950 00
2. Rehabilitation	$	4000 -
3. Total (1+ 2)	$	~~76,000.00~~ 38,950.00

7/13/05 Both Additions

7/26/05 Need Letter for Floor Joist chord 8/1/05 NOT YET
Rim Board not Nailed 6" oc — 8/1/05 OK JHW
OK & Continue
Reinspect Before Sheath

9-8-05 SPAL ALL VERTICAL PENETRATIONS
CHECK R INSUL.

12/8/05 OUTSIDE STAIRS NEED HANDRAILS + kickplates MUST BE EQUAL
Protect crawl doors from water

12/14/05 NOT DONE JHW

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 6/1/05

Date Issued
Permit # 33020
20051511

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

Block 175.01 Lot 1 Qualification Code

Work Site Location 1 DESAI COURT

Owner in Fee SAME DAVE LEFEBVRE

Address

Tel. [redacted]

Contractor M. A CONTRACTING

Address 897 FORT PLAINS RD HOWELL

Tel. (732) 780-4676 FAX (732) 367-9941

Contractor License No. or Builder Registration No. [redacted]

Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

① 19'-7" x 14'-5" ADDITION } OFF BACK
② 11'-6" x 10' ADDITION }
① FAMILY ROOM
② MUD/BATH ROOM

SEE NOTES ON PLANS.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	5/25/05	CG
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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

FEE (Office Use Only)

$	
	95 -
	88 -

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 16 -
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed R-5
Constr. Class	Present	Proposed V-B
No. of Stories		1
Height of Structure		13' Ft.
Area — Largest Floor		282 Sq. Ft.
New Bldg. Area/All Floors		397 Sq. Ft.
Volume of New Structure		~~3776~~ 3970 Cu. Ft.
Total Land Area Disturbed		400 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.	$ 34950.00
2. Rehabilitation	$ 4000 -
3. Total (1+ 2)	$ ~~46,000.00~~ 38,950.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/1/05
Control # 33020
Date Issued
Permit # 2405511

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

Block 175.01 Lot 1 Qualification Code
Work Site Location 1 DESATE COURT
Owner in Fee DAVE & FE BURES
Address [redacted]
Tel ([redacted]
Contractor Crawford Elec.
Address 449 Harmony Rd
Jackson NJ 08527
Tel (732) 928-4300 FAX ( )
Contractor License No [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed ADDIT
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 3,250.00

update A/C + Heat Pump

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.

Tim Crawford
Applicant's Signature/Contractor's Seal and Signature
[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
18		Lighting Fixtures	
11		Receptacles	
11		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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Administrative Surcharge	$ 46
		Minimum Fee	$
		State Permit Surcharge Fee	$
		TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[X] Elec. Plans Approved		
Date: 4-13-05		
Approved by:		

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA
Date: 12-1-05
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough PARTIAL			6-1-05	
Barrier-Free				
~~Temp.~~ Meter			8-25-05	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	10/27/05	11-5-05	12-1-05	
Barrier-Free				

Dates (Month/Day)

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

10/21/05 MD

Mark white of 240v circuits in panel + at devices

Change sheetrock screws in A/C disconnect

Change well breaker to correct size

11-5-05 A

- no entry
- updates

6-12-05 A

NO SIDING, COME BACK + LOOK BEFORE INSULATED.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11-23-05
Control # 36525
Date Issued
Permit # 20051511-2

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

Block 175.01 Lot 1 Qualification Code

Work Site Location 1 Dorsai CT

Owner in Fee Dave Lefebvre

Address [redacted]

Tel ([redacted] 06

Contractor Crawford Elec

Address 449 Harmony Rd
Jackson NJ 08527

Tel (732) 928 4300 FAX ( )

Contractor License No. 11225

Federal Emp. No. [redacted]

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's Signature/Contractor's Seal and Signature

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

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	
1		KW Central A/C Unit	12 -
1		HP/KW Space Heater/Air Handler	12 -
		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 $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 24 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 11/9/05

Approved by:

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 12-7-05

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-7-05	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 36505 11-25-05
Date Issued
Permit # 20051511-22

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

Block 175.01 Lot 1 Qualification Code
Work Site Location 1 Dorsi CT
Owner in Fee Dave Lefebvre
Address
Tel ([redacted]
Contractor Crawford Elec
Address 449 Harmony Rd
Jackson NJ 08527
Tel (732) 928 4300 FAX ( ) 4325
Contractor License No.
Federal Emp. No. [redacted]

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's Signature/Contractor's Seal and Signature
[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

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	
1		KW Central A/C Unit	12 —
1		HP/KW Space Heater/Air Handler	12 —
		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 $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 24 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 11/9/05
Approved by:

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

INSPECTIONS — Dates (Month/Day)

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

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

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/11/05
Control #
Date Issued
Permit # E2105019

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

Block 175.01 Lot 1 Qualification Code

Work Site Location 1 DEER COURT

Owner in Fee DAVE & FRED BURKE'S

Address [redacted]

Tel ( )

Contractor Crawford Elec.

Address 449 Harmony Rd
Jackson NJ 08527

Tel (732) 928-4300 FAX ( )

Contractor License N [redacted]

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed ADDN

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,250.00

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.

Tim Crawford
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
18		Lighting Fixtures	
11		Receptacles	
11		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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 46
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 4-13-05
Approved by:

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

INSPECTIONS — Dates (Month/Day)

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6/1/05
Control # 33020
Date Issued
Permit # 20051511

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

Block 176.01 Lot 1 Qualification Code
Work Site Location 1 DESAI COURT

Owner in Fee DAVE LEFERRES
Address SAME

Tel [redacted]

Contractor M A Contracting
Address 893 FORT PLAINS RD
HOWELL

Tel (732) 780-4676 FAX (732) 367-8244
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present ____ Proposed ____ Location of Panel:
Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other Location of Main Control Valve:
Location:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 6/1/05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
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				
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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: ADDITION

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
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 Combustion Air / Laundry Room	1	46.00
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil	2	46.00
Fireplace Venting/Metal Chimney		
Other Tankless Water Heater		

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

U.C.C F140 (rev 1/04)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/1/05
Control # 33020
Date Issued
Permit # 2005511

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

Block 175.01 Lot 1 Qualification Code
Work Site Location 1 DESAL COURT

Owner in Fee DAVE LEFEBVRE'S
Address SAME
Tel [redacted]
Contractor RN DEBARTOLIS PLG HTG CO
Address 561 BRICKYARD RD
FREEHOLD NJ 07728
Tel (732) 780 2681 FAX (732) 780 2681
Contractor License No. 7991
Federal Emp. No. [redacted]

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 $ 3,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 6/14/05
Approved by: Allen Gaastra

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 12/1/05
Approved by: Allen Gaastra

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	8/10/05	8/25/05	9/8/05	
Water				
Sewer				
Fixtures			12/1/05	
Gas Equipment			12/1/05	
Gas Piping	8/10/05	8/25/05	9/8/05	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL			12/1/05	

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's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	
	Urinal/Bidet	
*	Bath Tub	
*	Lavatory	
1	Shower	
	Floor Drain	
0	Sink	
	Dishwasher	
	Drinking Fountain	
1	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	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 46
State Permit Surcharge Fee	$ 8
TOTAL FEE	$ 54

8/10/05 - See attached

U.C.C. F130 (rev. 1/04)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/31/05
Control # 35248
Date Issued
Permit # 2005-0511-1

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

Block 175.01 Lot 1 Qualification Code
Work Site Location 1 DESAI CT
Owner in Fee DAVE LEFEBVRE'S
Address 1 DESAI CT
EARLEVILLE
Tel [redacted]
Contractor RN DEBARTOLO PLS HTG Co
Address 561 BRICKYARD RD
FREEHOLD NJ 07728
Tel (732) 780 2681 FAX (732) 780 2681
Contractor License No. [redacted]
Federal Emp. No.

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 $ On orig permit

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8/23/05
Approved by: Allan Goastel

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 12/1/05
Approved by: Allan Goastel

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			12/1/05	
Gas Equipment			9/8/05	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO Final	10/26/05	11/7/05	12/1/05	

10/30

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's Signature/Contractor's Seal and Signature
[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower (1) see revised	
	Floor Drain schematic	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$ 10
Minimum Fee	$
State Permit Surcharge Fee	$ 10
TOTAL FEE	$

12/01/05 - (1) shower walls to be grouted & (2) floor tiles (3) wash room floor to be water tight

11/7/05 - No access left note

U.C.C. F130 (rev. 1/04) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/31/05
Control # 35248
Date Issued
Permit # 2005-0511-1

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

Block 175.01 Lot 1 Qualification Code
Work Site Location 1 DESAI CT

Owner in Fee DAVE LEFEBVRE'S
Address 1 DESAI CT
[redacted]
Tel [redacted]
Contractor RN DEBARTOLO PLS HTG Co
Address 561 BRICKYARD RD
FREEHOLD NJ 07728
Tel (732) 780 2681 FAX (732) 780 2681
7991
Contractor License No. [redacted]
Federal Emp. No.

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 $ On orig. permit

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8/23/05
Approved by: Allan Baestle

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab		/		
Rough		/		
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

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's Signature/Contractor's Seal and Signature
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower (1) see revised	
	Floor Drain schematic	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$ 10
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 10

U.C.C. F130 (rev. 1/04)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/1/05
Control # 33020
Date Issued
Permit # 2005511

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

Block 175.01 Lot 1 Qualification Code
Work Site Location 1 DESAI COURT

Owner in Fee DAVE LEFEBVRE'S
Address SAME
[redacted]
Tel ([redacted]
Contractor RN DEBARTOLIS PLS HTG CO
Address 561 BRICKYARD RD
FREEHOLD NJ 07728
Tel (732) 780 2681 FAX (732) 780 2681
Contractor License No. 7991
Federal Emp. No. [redacted]

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 $ 3,800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/14/05
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

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's Signature/Contractor's Seal and Signature
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
0	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	TBL
	Greasetrap	
	Sewer Connection	
	Water Service Connection	1
	Stacks	
	Other	
	Other	

Administrative Surcharge $	
Minimum Fee $	46
State Permit Surcharge Fee $	0
TOTAL FEE $	0

U.C.C. F130 (rev. 1/04)

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

BUREAU OF INSPECTIONS
Township of Howell

Correction Notice

Permit # 05-1511 Location 125 Old 1

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

1. No test on DWV
2. Need update For Shower
3. Need update and gas schematic For gas CSST
4. Not complete inspect.

You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

DATE 8/10/05 SCO

DO NOT REMOVE THIS TAG

Permit Number

Checked By/Date

RES*check* Compliance Certificate

New Jersey Energy Subcode

RES*check* Software Version 3.5 Release 1a
Data filename: Untitled.rck

FILE COPY

TITLE: Le Febvre Addition

COUNTY: Ocean
STATE: New Jersey
HDD: 5000
CONSTRUCTION TYPE: Single Family

DATE: 05/12/05
PROJECT INFORMATION:
Addition to Le Febvre's Residence
1 Desai Court
Howell Township, NJ

COMPANY INFORMATION:
Henry Hengchua Architect PC
411 Main Street
Toms River, NJ 08753

COMPLIANCE: Passes

Maximum UA = 196
Your Home UA = 174
11.2% Better Than Code (UA)

	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss	682	30.0	0.0		24
Wall 1: Wood Frame, 16" o.c.	1003	13.0	0.0		74
Window 1: Wood Frame:Double Pane	36			0.500	18
Door 1: Glass	43			0.500	22
Door 2: Solid	20			0.200	4
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	682	19.0	0.0		32

COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in RES*check* Version 3.5 Release 1a (formerly MEC*check*) and to comply with the mandatory requirements listed in the RES *check* Inspection Checklist.

Builder/Designer _____ Date 5/12/05

Permit Number

Checked By/Date

RES*check* Compliance Certificate

New Jersey Energy Subcode

RES*check* Software Version 3.5 Release 1a
Data filename: C:\Program Files\Check\REScheck\Lebvre.rck

TITLE: Le Febvre Addition

COUNTY: Ocean
STATE: New Jersey
HDD: 5000
CONSTRUCTION TYPE: Single Family

DATE: 05/10/05
PROJECT INFORMATION:
Addition to Le Febvre's Residence
1 Desai Court
Howell Township, NJ

COMPANY INFORMATION:
Henry Hengchua Architect PC
411 Main Street
Toms River, NJ 08753

COMPLIANCE: Passes

Maximum UA = 206
Your Home UA = 205
0.5% Better Than Code (UA)

	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss	682	38.0	0.0		20
Wall 1: Wood Frame, 16" o.c.	1003	19.0	0.0		54
Window 1: Wood Frame:Double Pane	36			0.280	10
Door 1: Glass	43			0.350	15
Door 2: Solid	20			0.200	4
Floor 1: All-Wood Joist/Truss:Over Unconditioned Space	682	19.0	0.0		32
Crawl 1: Masonry Block with Empty Cells	230	0.0	0.0		70
Wall height: 4.3'					
Depth below grade: 3.0'					
Insulation depth: 1.3'					

COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in RES*check* Version 3.5 Release 1a (formerly MEC*check*) and to comply with the mandatory requirements listed in the RES *check* Inspection Checklist.

Builder/Designer _____ Date 5/10/05

HENRY HENGCHUA ARCHITECT, P.C.
411 Main Street, Toms River, New Jersey 08753

Howell Building Department
251 Preventorium Road
Howell, NJ 07731

May 10, 2005

Attention: Building Sub-code Official

Reference: Code Comments for Application No: 33020
Addition to Existing Residence
Le Febvre's Residence
Block 175.01 Lot 1
1 Desai Road, NJ 08753

Dear sir:

Please find the following response to your code comment issued for this project:

1. Foundation: The foundation wall is a stepped down wall starts at the basement level to the frost level . Once the stepped foundation wall is installed, fill will be replaced on both sides of the wall. No unbalanced fill is anticipated. This area is on a crawl space. ½" anchors bolts are required at 4'-0" on center along the sill plate and with 1'-0" from ends and splices.

2. The owner has an existing 150amp panel and does not intend to replace the existing with a new panel.

3. The general contractor will furnish you with equipment specs.

4. The R-30 batt insulation as shown will be inserted between the 2 x 10 roof joist. Sloped sleepers are set on the 2 x 10 joist to slope the new roof assembly for proper drainage. No reduction of the 2 x 10 cavity height is intended. It is my professional opinion that the R-30 batt insulation can be used with proper baffle vents.

5. Please find the enclosed energy code compliance certificate prepared for this residence.

Please do not hesitate to call me if you have any questions.

Sincerely,

HENRY HENGCHUA ARCHITECT PC

Henry Hengchua, RA AIA
Project Architect

Enc: REScheck Compiance Certificate

FILE COPY

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

The undersigned applicant hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all which applicant swears to be true:

PROPERTY: BLOCK ✓ 175.01 LOT(S) ✓ 1 STREET ✓ 1 DESAI COURT

APPLICANT: NAME ✓ DAVE LEFEBVRE'S

ADDRESS ✓ 1 DESAI COURT

PHONE ✓ [redacted]

PROPOSED USE: ____ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool ____ Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

✓ Other: Specify ✓ 1. 19'-7" x 14'-5" Family Room ADDITIONS 2. 11'-6" x 10' MUD / BATHROOM

LOCATION OF STRUCTURE: Setback from right of way 52.80' feet (and 58' feet if a corner lot)
Side yard clearances ✓ 50' feet and ____ feet
Rear yard clearances ____ feet

DESCRIPTION OF STRUCTURE: Height ✓ 13' feet to highest point
Length ✓ 21-1 feet Width ✓ 14-5" feet

Type of fence: ____ (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL ✓

FOR OFFICE USE: Cash
FEE: ____ $10.00 residential ✓
FEE: ____ $20.00 non-residential

✓ 4/7/05 ✓
SIGNATURE OF APPLICANT DATE

Based on the above application and the statements which are made part thereof, the proposed usuage is/is not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

4/7/05
Date

Betty Lou Tolton
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: To add addition as per plan submitted (1) family room and mud room & 1/2 bath. 1 Deck as location and plans submitted. Receipt #13410

REFERRALS: ✓ To Building Dept. ____ To Zoning Bd. ____ To Engineering
____ To Planning Bd. ____ To Bd. of Health ____ To ____
____ To Fire Prevention ____ To M.U.A. ____ ____

✓

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE

GAS RISER DIAG

LOT - 1

BLOCK 175,01

1 DASAI CT

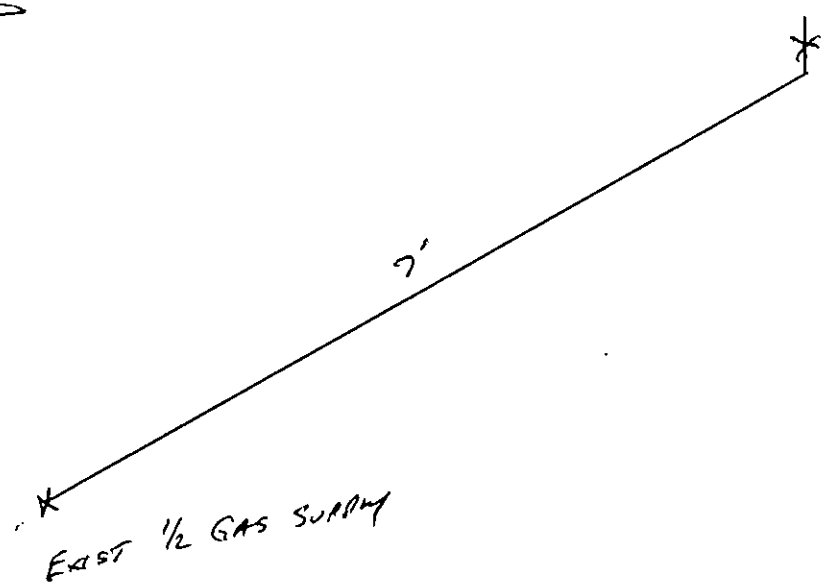
RN DE BARTOLIS PLG HTG
N.J MASTER PLUMBER LIC 7991

Township of Howell
Construction Code Department
Plans released for Permit

Date: 8/23/05 Permit # 35248
Block: 175-01 Lot 1
Sub-code Official

A COPY OF THESE PLANS
MUST BE KEPT ON CONSTRUCTION SITE UNTIL
FINAL APPROVAL
(732) 938-4500

REVISED: ____ ____



NO ADDITIONAL BTU LOAD
RELOCATE DRYER

HENRY HENGCHUA ARCHITECT, P.C.
411 Main Street, Toms River, New Jersey 08753

Howell Township
Building Division
251 Preventorium Road
Howell, NJ 07731

July 28, 2005

Attention: Mr. Paul Orlando, Building Sub-code Official

Reference: Substitution of Engineered Truss Floor Joist
Addition to Le Febvre's residence
Lot 1 Block 175.01
1 Desai Court
Freehold, New Jersey

Dear Mr. Orlando:

This is to inform you that the General Contractor has substituted the floor joist that we have specified for this project. We had originally specified for a 1 1/2" TJI 250 series joist as manufactured by Trus Joist MacMillan. The General Contractor has installed 9 1/2" TJI 230 joists. We have reviewed both specification for loading capacity and find them to be equivalent and acceptable.

Please do not hesitate to call me if you have any questions.

Very Truly Yours

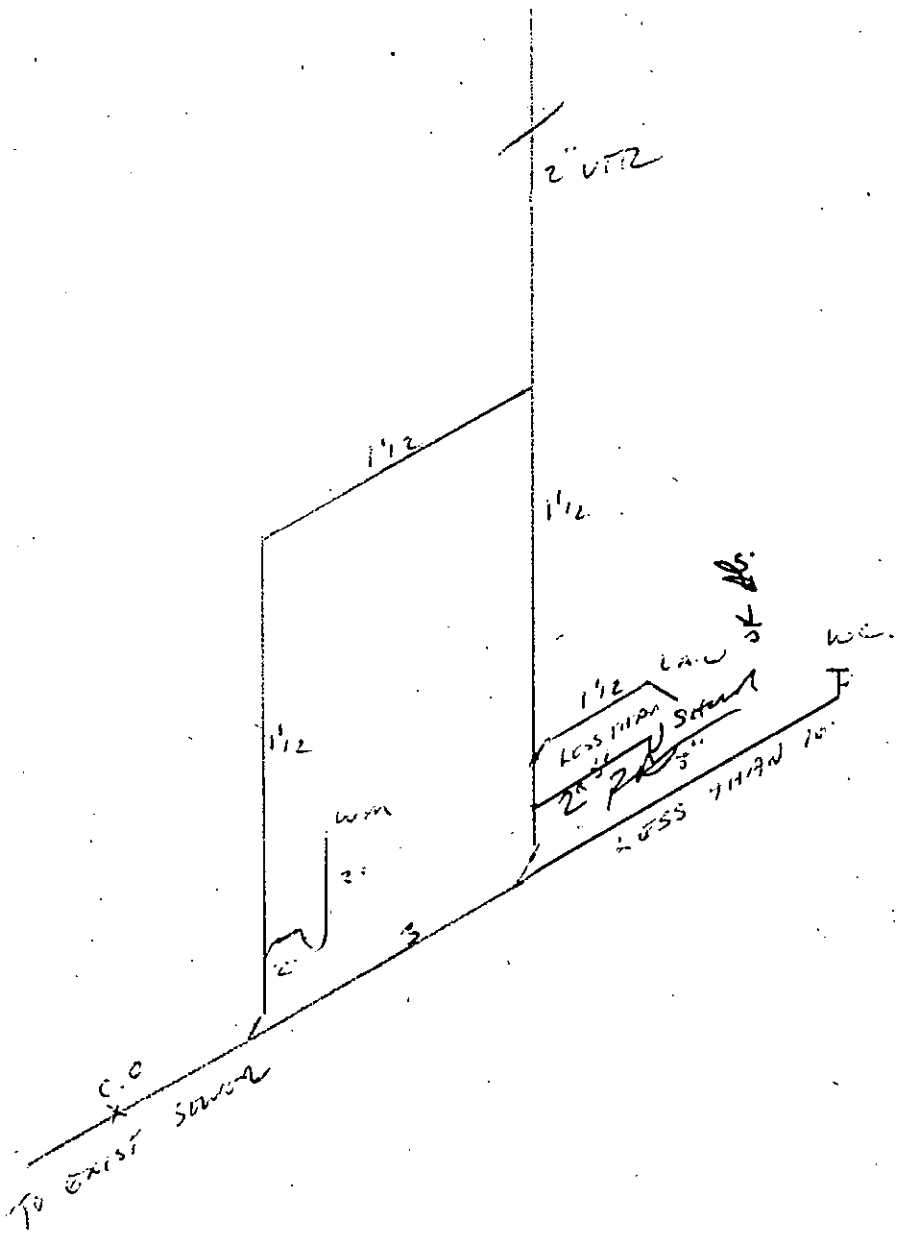
HENRY HENGCHUA ARCHITECT PC

Henry Hengchua, RA AIA
Project Architect
Lic. AI 11732

Cc: Dave LeFebvre, owner

DWU RISER

1 DESAI CT



RELEASED HOWELL TOWNSHIP		
DEPT.	NAME	DATE
BLD. SUB CODE		
PLB. SUB CODE	AB	4/14/05
ELEC. SUB CODE		
FIRE SUB CODE		
CONST. OFFICIAL		

RN DEBARTOLO PLB
NJ PLUMBER LIC #7491

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued	6/1/2005
Control Number	33020
Permit Number	20051511

Construction Inspection

Identification

Work Site Location:	1 DESAI COURT HOWELL, NJ
Block:	175.01
Lot:	1
Owner in Fee:	LEFEBVRE, DAVID P & DONNA
Owner Address:	1 DESAI COURT FREEHOLD NJ 07728
Telephone:	732431-2586

Inspection Details

Start Date:	12/16/2005
Start Time:	
Subcode:	
Inspector:	Bob Hotmar
Inspection Level:	Progress inspection
Inspection Type:	Final
Result:	Pass
Result Comments:	
Inspection Comment:	

HOWELL TOWNSHIP

Agent : M.A. CONTRACTING
897 FORT PLAINS ROAD
HOWELL, NJ-07731
Ph: (732) 780-4676

Contractor : M.A. CONTRACTING
897 FORT PLAINS ROAD
HOWELL, NJ-07731
Ph: (732) 780-4676

Ref : **Application #. 33020**

Subject : **Building Review for 1 DESAI COURT**

Date : April 12, 2005

Subcode Notes

1. FOUNDATION = 8" BLOCK ALLOWS FOR 6 ' UNBALANCED FILL . APPEARS YOU ARE JUST OVER THIS . SOIL IN THIS AREA IS UNFAVORABLE . SHOW ANCHOR BOLT DETAIL OR SPEC [ALSO SHOW DECK POST ATTACHED TO FOOTINGS .
2. ELECTRIC PANEL BEING REPLACED . THIS REQUIRES REBAR IN FOOTINGS TO BE BONDED , SHOW DETAIL .
3. SUPPLY NEW HEATING EQUIPMENT SPECS..
4. A - 1 SHOWS DECK JOISTS TO BE 2 X 8 / A - 3 SHOWS 2 X 6 MAKE CORRECTION .
5. CEILING INSULATION R - 30 WILL NOT AT LOW END OF TAPER USE R - 30 C .
6. COST OF PROJECT = SEPERATE COST OF ALTERATION [REHABILITATION] TO EXSISTING BUILDING , COST OF DECK , FROM FROM CONSTRUCTION OF NEW BUILDING AREA. INDICATE ON APPROPRIATE LINES ON BUILDING TECH FORM .
7. ENERGY CODE COMPLIANCE PACKAGE NOT COMPLETED . [PRESCRIPTIVE PACKAGE , TRADE- OFF METHOD OR RES - CHECK METHOD MAY BE USED .]

FILE COPY

HOWELL TOWNSHIP

Agent : M.A. CONTRACTING
897 FORT PLAINS ROAD
HOWELL, NJ-07731
Ph: (732) 780-4676

Contractor : M.A. CONTRACTING
897 FORT PLAINS ROAD
HOWELL, NJ-07731
Ph: (732) 780-4676

Ref : Application #. 33020

Subject : Building Review for 1 DESAI COURT

Date : May 16, 2005

Subcode Notes

ok 1. FOUNDATION = 8" BLOCK ALLOWS FOR 6 ' UNBALANCED FILL . APPEARS YOU ARE JUST OVER THIS . SOIL IN THIS AREA IS UNFAVORABLE . SHOW ANCHOR BOLT DETAIL OR SPEC [ALSO SHOW DECK POST ATTACHED TO FOOTINGS .

ok 2. ELECTRIC PANEL BEING REPLACED . THIS REQUIRES REBAR IN FOOTINGS TO BE BONDED , SHOW DETAIL .

ok 3. SUPPLY NEW HEATING EQUIPMENT SPECS.. extend Baseboard

Delete deck 4. A - 1 SHOWS DECK JOISTS TO BE 2 X 8 / A - 3 SHOWS 2 X 6 MAKE CORRECTION .

5. CEILING INSULATION R - 30 WILL NOT AT LOW END OF TAPER USE R - 30 C .

Delete 6. COST OF PROJECT = SEPERATE COST OF ALTERATION [REHABILITATION] TO EXSISTING BUILDING , COST OF DECK , FROM FROM CONSTRUCTION OF NEW BUILDING AREA. INDICATE ON APPROPRIATE LINES ON BUILDING TECH FORM .

7. ENERGY CODE COMPLIANCE PACKAGE NOT COMPLETED . [PRESCRIPTIVE PACKAGE , TRADE- OFF METHOD OR RES - CHECK METHOD MAY BE USED .]

FILE COPY

5/16/05

1.Res-check compliance incorrect.

Update version to 3.6 release 2

R-38 will not fit in 2x10 rafters
R-19 will not fit in 2x4 walls

Need specs on windows with .28 U-value

897

HOWELL TOWNSHIP
PLAN REVIEW CHECK LIST

NAME Lefebure BLOCK 125-01 LOT 1

ADDRESS 1 Desai ZONING RELEASE

DATE SUBMITTED 4-7-05 Addit

TYPE OF WORK

33020

	REVIEWED BY	APPROVED	COMMENTS
FIRE ✓	4/8/05	OK	
BUILDING ✓	4/12/05 5/25/05 CG 5/16/05 CG	OK RJO NOT approved NOT	
ELECTRICAL ✓	4-13-05	OK	
PLUMBING ✓	4/14/05 AL	OK	
MECHANICAL			
OTHER			

RECEIVED BUILDING DEPT MAY 13 2005 Resub NOTIFIED

RECEIVED BUILDING DEPT APR 7 2005

HOME OWNER NOTIFIED

CONTRACTOR ✓ (Tape) SEPTIC

DATE 5-16-05

TIME 3:05pm

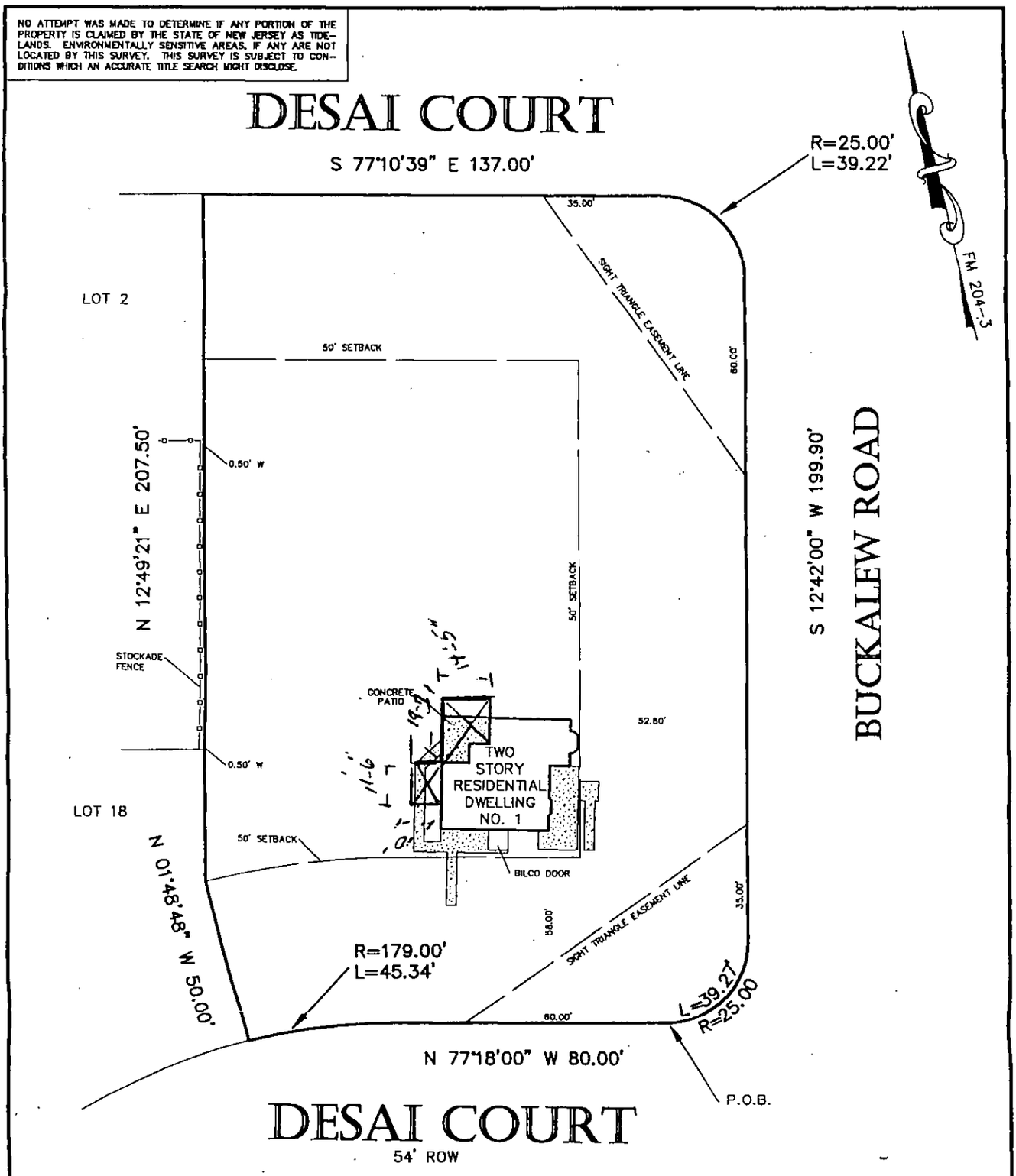
HOME OWNER

CONTRACTOR ✓ (Tape)

DATE 4-15-05

TIME 12:05pm

NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THE PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDE-LANDS. ENVIRONMENTALLY SENSITIVE AREAS, IF ANY ARE NOT LOCATED BY THIS SURVEY. THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE.



BEING KNOWN AND DESIGNATED AS LOT 1, BLOCK 175.01, AS DELINEATED ON A CERTAIN MAP ENTITLED "FINAL PLAT OF HOWELL ESTATES, SITUATED IN HOWELL TOWNSHIP, MONMOUTH COUNTY, N.J." AND FILED IN THE MONMOUTH COUNTY CLERKS OFFICE ON 10-28-85 AS MAP NO. 204-3.

THIS SURVEY CERTIFIED TO:
-DAVID AND DONNA LEFEBVRE, H/W
-COMMERCE BANK, ITS SUCCESSORS AND/OR ASSIGNS
-BAKER ABSTRACT COMPANY
-GALVIN AND ASSOCIATES, ESQ.

DATE 6/26/01

JAMES J. KUHN P.L.S.
PROFESSIONAL LAND SURVEYOR
NEW JERSEY LICENSE NO. 34486
231 WHITESVILLE ROAD
JACKSON, N.J. 08527
PHONE/ FAX 732-730-3628

SURVEY OF PROPERTY

BLOCK 175.01 LOT 1
HOWELL TOWNSHIP
MONMOUTH COUNTY, N.J.

SCALE:	DRAWN BY:	DATE:	JOB No.	SHEET No 1 OF 1
1"=30'	JJK	6-26-01	01-140	