

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
MANSFIELD TOWNSHIP, NJ 07865
908-8764711

CERTIFICATE IDENTIFICATION

Date Issued: 10/21/2020
Control #: 2966
Permit #: 20202233

Block: 2811 Lot: 16
Work Site Location: 25 (21) GULICK STREET
Mansfield
Owner in Fee: NITTOLO (MANLEY-MASTER)
Address: 21 GULICK
PORT MURRAY NJ 07865
Telephone: 908 348-6546
Agent/Contractor: MERIDIAN ENVIORNMENTAL
Address: _____
TOMS RIVER NJ -
Telephone: _____
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
TANK DEMO AST

Update Desc. of Wk/Use:

☐ **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 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:

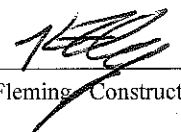
- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period(____ years); see file

☐ **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


Kevin Fleming Construction Official

Fees: \$0.00
Paid ☒ Check No.: 1985
Collected by: TT

Washington-Mansfield Interlocal Office
43 Schooley's Mountain Rd
Long Valley NJ 07853
(908)876-4711



CERTIFICATE

2116 - MANSFIELD TWP

Date Issued: 03/17/2017
Permit # 15-00234
Certificate: 1500234.1

IDENTIFICATION

Block 2811 Lot 6 Qualifier
Work Site Location 21 Gulick Street
Port Murray, NJ 07865
Owner in Fee DAVIS, JESSE & EVERDEAN
Address 21 GULICK ST
PORT MURRAY, NJ 07865
Telephone
Contractor SUPERIOR WIREWORK
Address 179 ROUTE 46W
ROCKAWAY, NJ 07866
Telephone (973) 713-5345 FAX
Lic No/Bldrs Reg No. Fed. Emp. No. 263345089

Home Warranty No.
Type of Warranty Plan [] State [] Private
Use Group ICC/R-5
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
SERVICE

Home Imprv. Reg No. / Exempt
Reason -

☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of the inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be

☐ 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 (0 years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

CONSTRUCTION OFFICIAL

Fee \$0.00

Paid [\$0.00]

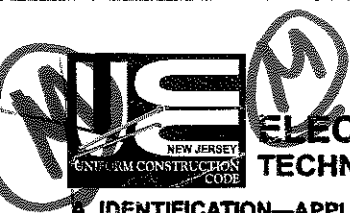
Collected by:

Check No.

PermitsNJ

PNJF260 rev. (5/2013)

Printed On: 03/20/2017 11:58



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received

Control#

Date Issued

Permit#

1500234

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

made corrections to an existing 100amp
service to have power restored.A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.Block 2511 Lot 6 Qualification Code _____Work Site Location 21 Gulick StreetPort Murray, NJ 07865Owner in Fee: Real NJ Property ProsTel.: (908) 8108-4105 e-mail: _____Address: 320 main AveClifton, NJ 07014Contractor: Superior Wirework Tel. 973-713-5345Address: 179 Route 46 West Suite 9 Box 275 e-mail: _____Rockaway, NJ 07866Contractor License No. 34E1016443 Exp. Date 03/31/2018

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

Federal Emp. ID No. 26-334-5089 Fax: 973-527-3506

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1400-

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date		Initial		INSPECTIONS		Dates (Month/Day)	
☒	No Plans Required	7/29/15	TOC	Type:	Failure	Failure	Approval	Initial	
Joint Plan Review Required:				Rough	_____	_____	_____	_____	
[] Building [] Plumbing				Barrier-Free	_____	_____	_____	_____	
[] Fire [] Elevator				Trench	_____	_____	_____	_____	
[] Elec. Plans Approved				Temp. Serv.	_____	_____	_____	_____	
Date: _____				Constr. Serv.	_____	_____	_____	_____	
Approved by: _____				TCO	_____	_____	_____	_____	
				Other	_____	_____	_____	_____	
				Service	_____	_____	_____	_____	
				Final	_____	_____	_____	_____	
				Barrier-Free	_____	_____	_____	_____	
SUBCODE APPROVAL				Temp. Cut-In-Card Date Issued	_____	_____	_____	_____	
[] CO [] CCO [] XCA				Final Cut-In-Card Date Issued	_____	_____	_____	_____	
Date: <u>3/17/17</u>				Annual Pool Inspection	_____	_____	_____	_____	
Approved by: _____				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.

Daniel G. [Signature]

Applicant's Signature/Contractor's Seal and Signature

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

QTY.	SIZE	ITEMS
_____	_____	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	AMP Service
100	AMP Subpanels
_____	AMP Motor Control Center
_____	KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ 3-Minimum Fee \$ 10State Permit Surcharge Fee \$ 10TOTAL FEE \$ 23

Mansfield Township

CERTIFICATE ISSUED

DATE

**BUILDING PERMIT -
CERTIFICATE OF OCCUPANCY**

APPLICANT Beers DATE June 23 19 81 PERMIT NO. 76-81

PERMIT TO Renovate (TYPE OF IMPROVEMENT) 1 (NO.) STORY House (PROPOSED USE) NUMBER OF DWELLING UNITS _____ (CONTR'S LICENSE)

AT (LOCATION) Miluck St. (NO.) (STREET) ZONING DISTRICT _____
BETWEEN _____ (CROSS STREET) AND _____ (CROSS STREET)

SUBDIVISION _____ LOT 6 BLOCK 2811 LOT SIZE _____

BUILDING IS TO BE _____ FT. WIDE BY _____ FT. LONG BY _____ FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE R-3 USE GROUP _____ BASEMENT WALLS OR FOUNDATION _____ (TYPE)

REMARKS: Renovate through North West Cap

AREA OR VOLUME _____ (CUBIC/SQUARE FEET)

OWNER Jessie Wilshor
ADDRESS Box 175, Wersh



TO BE POSTED ON PREMISES
SEE REVERSE SIDE FOR CONDITIONS OF CERTIFICATE

FORM NO. BOCA-BP 1969

CONSTRUCTION PERMIT APPLICATION

TOWNSHIP OF MansfieldPERMIT # 71-21BLOCK 2811 LOT 6* NAME OF OWNER: JESSIE WILSHERNAME OF AGENT: KENNETH BEERS* OWNER'S ADDRESS: RD#3 BOX 175AGENT'S ADDRESS: MR-12* WASHINGTON UT* PHILLIPSBURG NJ 08865* PHONE: 689 1654PHONE: 859 3373* LOCATION: (ST.) GOATER ST

ZONE: _____

* LOT SIZE: Acre _____, Sq.Ft. _____, Front _____ R.Side _____ L.Side _____ Rear _____

* SETBACKS: Front Yard _____ Right Side _____ Left Side _____ Rear Yard _____

* DESCRIPTION OF PROPOSED WORK: REPLACE TWO WINDOWS* TYPE: New _____ Minor _____ Alteration ☒ Demo. _____ Removal _____ Other _____

HEATING SYSTEM: Hot Air _____ Hot Water _____ Oil _____ Gas _____ Elec. _____ Solar _____

SOURCE OF WATER: Private _____ Public _____ Fixtures _____ Date of Permit _____

SANITATION: Private _____ Public _____ Board of Health Approval _____

LIST OF HAZARDOUS OR UNUSUAL FACILITIES: _____

STOVE & CHIMNEY: ULF: _____

POOL: Above Ground () In-ground () Fence Ht. (627.9) (4 Feet) _____

APPROVAL DATES:

Plumbing Permit _____

Electrical Permit _____

D.C.A. _____

Special _____

D.L.P. _____

Flood Plain _____

Planning Board _____

Township Engineer _____

County Road Opening _____

Township Road Opening _____

Board of Adjustment _____

Underground utilities _____

LICENSE # _____

ADDRESS _____

PHONE _____

ARCHITECT _____

* CONTRACTOR KENNETH BEERSMR-12 PHILLIPSBURG NJ 859 3373

* PLUMBER _____

* ELECTRICIAN _____

* PERSON IN CHARGE _____

* CONSTRUCTION TYPE: 1-2-3-4A-4B OCCUPANCY LOAD _____ Sq. Ft. Per Occupant _____

* SIZE OF BUILDING: Sq.Ft. _____ Front _____ Sides _____ Rear _____

* ESTIMATED COSTS: \$ 2700.00 Volume _____ Cubic Ft. Height _____

PERMIT FEES:

BUILDING \$ _____ Per Cubic Ft. or \$ 10 per \$1000. Const. Cost

PLUMBING \$ _____ FEE PLUS HANDLING

ELECTRICAL \$ _____ FEE PLUS HANDLING

LETTER OF COMPLIANCE OR CERTIFICATE OF OCCUPANCY-APPROVAL

TOTAL: _____

Plan Review Charge _____ % of Total _____

Dept. of Community Affairs _____ Cubic Foot @ \$.0006: _____

Board of Health Permit: _____ Septic _____ Well _____

Cash _____ Check ☒ _____

* USE GROUP: A-B-C-H-I-R-R1 R2 R3 (Single Family Dwelling) S1-S2-T- (301.1)

Application for the Certificate of Occupancy issued: Yes _____ No _____

The above is correct to the best of my knowledge and complies with the Zoning Ordinances and the Uniform Code of New Jersey. However, if any information is found to be false, the Permit is deemed invalid and will be cancelled.

NOTE: All lines with * MUST be completed, if applicable.

OWNER OR AGENT

CONSTRUCTION OFFICIAL

DATE

6/22/87