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.

[ X ] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or 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[ X ]Check No.: 1985
Collected by: TT

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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 Imprv. Reg No. / Exempt
Reason -

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

☐ **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

_____ .

NK 3/20/17
CONSTRUCTION OFFICIAL

Fee $0.00
Paid [ $0.00 ] Check No.
Collected by:

PermitsNJ

PNJF260 rev. (5/2013)
Printed On: 03/20/2017 11:58

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received | Control#
Date Issued | Permit# 15 00284

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

Block 2911 Lot 6 Qualification Code

Work Site Location 21 Gulick Street
Port Murray, NJ 07865

Owner in Fee: Real NJ Property Pros

Tel.: ( 908 ) 868-4105 e-mail:

Address: 320 main Ave
Clifton, NJ 07014

Contractor: Superior Wirework Tel. 973-713-5345

Address: 179 Route 46 West Suite 9 Box 275 e-mail:
Rockaway, NJ 07866

Contractor License No. 34E1016443 Exp. Date 03/31/2016

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-

DNT 33321048

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

| | Date | Initial |
|---|---|---|
| [X] No Plans Required | 7/29/15 | TOL |

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 3/17/17
Approved by:

INSPECTIONS

| Type: | Failure | Failure | Approval Dates (Month/Day) | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | 11/16/15 | KE |
| Final | | | 3/17/17 | KE |
| 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.

Daniel Superior
Applicant's Signature/Contractor's Seal and Signature

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
made corrections to an existing 100amp service to have power restored.

| 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 | 15- |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| 1 | 100 | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |

| | |
|---|---|
| Administrative Surcharge $ | 3- |
| Minimum Fee $ | |
| State Permit Surcharge Fee $ | |
| TOTAL FEE $ | 15- |

CERTIFICATE ISSUED
DATE _____

# BUILDING PERMIT - CERTIFICATE OF OCCUPANCY

Mansfield Township

DATE June 23 19 81 PERMIT NO. 76-81

APPLICANT Becrs ADDRESS _____ (NO.) _____ (STREET) _____ (CONTR'S LICENSE)

PERMIT TO Remodel (TYPE OF IMPROVEMENT) (1) NO. STORY House (PROPOSED USE) NUMBER OF DWELLING UNITS _____

AT (LOCATION) Pulaski 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: Remodel through North West Cap

AREA OR VOLUME _____ (CUBIC/SQUARE FEET)

OWNER Jessie Whitsher

ADDRESS Box 175, Welsh

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

FORM NO. BOCA-BP 1969

CONSTRUCTION PERMIT APPLICATION

TOWNSHIP OF Mansfield PERMIT # [illegible]

BLOCK 28-11 LOT 6

* NAME OF OWNER: JESSIE WILSHER NAME OF AGENT: KENNETH BEERS

* OWNER'S ADDRESS: RD#3 BOX 175 AGENT'S ADDRESS: MR-12

WASHINGTON NJ PHILLIPSBURG NJ 08865

* PHONE: 689 1659 PHONE: 859 3323

* LOCATION: (ST.) CULVER 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: UL#: ____

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

APPROVAL DATES:

Plumbing Permit ____ Planning Board ____

Electrical Permit ____ Township Engineer ____

D.C.A. ____ County Road Opening ____

Special ____ Township Road Opening ____

D.L.P. ____ Board of Adjustment ____

Flood Plane ____ Underground utilities ____

| | LICENSE # | ADDRESS | PHONE |
|---|---|---|---|
| ARCHITECT | | | |
| * CONTRACTOR | KENNETH E BEERS | MR-12 P-BURG NJ | 859 3323 |
| * 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:

DRIVEWAY OR ZONING $ ____

BUILDING $ ____ Per Cubic Ft. or $ 10 per $1000. Const. Cost 27.00

PLUMBING $ ____ FEE PLUS HANDLING ____

ELECTRICAL $ ____ FEE PLUS HANDLING ____

LETTER OF COMPLIANCE OR CERTIFICATE OF OCCUPANCY-APPROVAL ____

RECEIVED JUN 22 1981 TOWNSHIP OF MANSFIELD

TOTAL: 27.00

Plan Review Charge ____ % of Total ____ = ____

Dept. of Community Affairs ____ Cubic Foot @ $.0006: ____

Board of Health Permit: ____ Septic ____ Well ____

Cash ____ Check # ____

* USE GROUP: A-B-E-H-I-M-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.

Kenneth E Beers

OWNER OR AGENT

Charles M Hoff 6/22/81

CONSTRUCTION OFFICIAL DATE