

Evelyn Grandi

2021-1005-68

From: Evelyn Grandi
Sent: Wednesday, August 25, 2021 2:45 PM
To: Amy Burr Esq.
Subject: RE: OPRA request - 21 Hemlock Street, Hazlet NJ 07730 Block: 71 Lot: 21

Received.

What property are you asking copies of the building file?

RECEIVED

OCT 05 2021

MUNICIPAL CLERK

Evelyn A. Grandi
Evelyn A. Grandi
Municipal Clerk/Deputy Registrar
Hazlet Township
1766 Union Avenue
Hazlet, NJ 07730
(732) 264-1700 Ext. 8686
(732) 264-1785 (Fax)
egrandi@hazletnj.org

Hazlet Township Municipal
Offices are closed on Fridays

-----Original Message-----

From: Amy Burr Esq. <opra+request-25607-22c2902a@requests.opramachine.com>
Sent: Wednesday, August 25, 2021 2:43 PM
To: OPRA requests at Hazlet Township <EGrandi@Hazlettp.org>
Subject: OPRA request - 21 Hemlock Street, Hazlet NJ 07730 Block: 71 Lot: 21

Dear Hazlet 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:

Entire Bldg file including any & all permits (Open & Closed) Variance Applications Violation Notices Letters of No Interest Information confirming home does not have to be lifted Any other records contained in the Bldg file

Yours faithfully,
Amy P. Burr, Esq
20 Bingham Ave, Suite A
Rumson, N.J. 07760
732-741-1435

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-25607-22c2902a@requests.opramachine.com

Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=hazlet_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

<https://opramachine.com/help/officers>

View this OPRA request & responses online:

https://opramachine.com/request/21_hemlock_street_hazlet_nj_0773

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

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

**CLOSED
PERMITS**



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 21 Hemlock St Hazlet NJ 07730
2. Name of Owner in Fee: John Buckley Tel. (888) 976-8604
Address 21 Hemlock St. Hazlet 07730
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Lednor Corp Tel. (888) 976-8604
Address 109 GANER Dr. Suite 305 Mt. Laurel NJ 08054
License No. OR, if new home, Builder Reg. No. 13VD4341800 Exp. Date 3/31/17
Federal Employee No. 179731371 FAX: (856) 638-5840
5. Architect or Engineer _____ Tel. (_____) _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Bob Arce
Tel. (888) 976-8604 FAX: (856) 638-5840

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. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ (office use only)
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 _____
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

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ a. Repair
☐ b. Alteration
☐ c. Renovation
☐ d. Reconstruction
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

Est. Cost

Plans
Rec'd by

Date
Rec'd

Rejection
Date

Approval
Date

Re-
viewer

Resubmission Dates

Approval

Rejection

Re-
viewer

TOTAL COSTS

5135

Roof

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
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:

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 Lednor Corp

Address 109 Granger Dr. Suite 305

Mt Laurel NJ 08054

Telephone (888) 976-8604

Signature [Signature]

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



CERTIFICATE

Permit # c2017-0561
Date Issued 06/08/2017

- or -
Control # 12830

Certificate Issued Date: 07/05/2017

IDENTIFICATION

Block 71 Lot 20 Qualification Code _____
Work Site Location 23 HEMLOCK STREET, HAZLET NJ 07730
Owner in Fee AUGUSTINE J. & EDNA M. BYRNE
Address 23 HEMLOCK STREET, HAZLET NJ 07730
Tel. [REDACTED]
Contractor GARDEN STATE ROOFING & SIDING
Address 646 PALMER AVENUE, MIDDLETOWN NJ 07748
Tel. (732) 787-5545 FAX _____
Lic. No. or Bldrs. Reg. No. 13VH00343800
Federal Employer No. 222997465

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group R-5
Maximum Live Load _____
Construction Classification 5B
Maximum Occupancy Load _____
Description of Work/Use:
Roof covering - replacement

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

☐ CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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

CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 8/05)

Dennis

Pho

7/13/17
DATE

Fee \$ 106.00

Paid ☒ Check No. 3042

Collected by: Jennifer O'Keefe

1 WHITE — APPLICANT

2 CANARY — OFFICE

3 PINK — TAX ASSESSOR



CONSTRUCTION PERMIT

Date Issued

3/13/17

Permit # e2017-0163

IDENTIFICATION Block 71Lot 21

Qualification Code

10# 11797Work Site Location 21 HEMLOCK STREET, HAZLET NJ 07730Contractor LEDNOR CORPORATION DBA GUTTER HELMETAddress 109 GARTHER DRIVE, SUITE 305, MT. LAUREL NJ 08054Owner in Fee JOHN C. BUCKLEYAddress 21 HEMLOCK STREET, HAZLET NJ 07730Tel. (888) 976-8604Lic. No. or Bldrs. Reg. No. 13VH04341800Tel. [REDACTED]

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

Roof covering - replacement

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 \$ 5135Construction Official Dennis PinoDate 3/13/17**PAYMENTS (Office Use Only)**

Building 95.00
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 10.00
Cert. of Occupancy _____
Other _____
Total 105.00
Check No. 59504
Cash _____
Collected by [Signature]

(see reverse side)

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT



BUILDING SUBCODE TECHNICAL SECTION



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

Block 71 Lot 21 Qualification Code _____
Work Site Location 21 Hemlock St Hazlet NJ 07730

Owner in Fee: John Buckley

Tel. e-mail

Address 21 Hemlock St Hazlet 07730
street municipality zip code

Contractor: Lednor Corp Tel. 1-888-976-8604

Address 109 Gauthier Dr. Suite 305 e-mail asylkes@gauthierhelmet
mt. Laurel NJ 08054 systems.com

Contractor License No. or Builder Registration No. 13VH04341800 Exp. Date 3/31/17

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 179731371 FAX: 856-638-5840

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required			Type:	Failure	Failure	Approval	Initial
[] All			Footings				
[] Footings/Foundations			Footings Bonding				
[] Structural/Framework			Foundation				
[] Exterior			Slab				
[] Interior			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
Joint Plan Review Required:			Insulation				
[] Elec. [] Plumb. [] Fire [] Elevator			Finishes -Base Layer				
SUBCODE APPROVAL for PERMIT			Finishes -Final				
Date: <u>3/23/17</u>			Energy				
Approved by: <u>D. Penn</u>			Mechanical				
SUBCODE APPROVAL for CERTIFICATE			TCO				
[] CO [] CCO [X] CA			Other				
Date: <u>6/16/17</u>			Final				
Approved by: <u>[Signature]</u>			Barrier-Free				

B. BUILDING CHARACTERISTICS

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

State Approved _____ HUD _____
If Industrialized Building:
Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+ 2) \$ 5135.00

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

Date Received 2/23/17
Control # 11797
Date Issued 3/13/17
Permit # 2017-0163

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: April Sykes

Print name here: April Sykes

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove all existing asphalt shingles
and underlayment. Installing new
asphalt shingles and underlayment

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)

\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 95
TOTAL FEE \$ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Don't, pd, for permit.
copy mailed to cowd.
Jan 31/3/17



BUILDING SUBCODE TECHNICAL SECTION



Date Received 2/23/17
Control # 11797
Date Issued 3/13/17
Permit # E2017-0163

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

Block 71 Lot 21 Qualification Code _____
Work Site Location 21 Hemlock St Hazlet NJ 07730

Owner in Fee: John Buckley

Tel. 732-211-1111 e-mail _____

Address 21 Hemlock St Hazlet 07730
street municipality zip code

Contractor: Lednor Corp Tel. 1-888-976-8604

Address 109 Gaither Dr. Suite 305 e-mail asykes@gaitherhelmet
mt. Laurel NJ 08054 systems.com

Contractor License No. or Builder Registration No. 13VH04341800 Exp. Date 3/31/17

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 179731371 FAX: 856-638-5840

JOB SUMMARY (Office Use Only)		PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Initial		Type:	Failure	Failure	Approval
☒ No Plans Required	<u>2/27/17</u>	<u>JS</u>	☐ All	Footling	_____	_____	_____
☐ Footings/Foundations	_____	_____	☐ Footings/Bonding	Footling Bonding	_____	_____	_____
☐ Structural/Framework	_____	_____	☐ Foundation	Foundation	_____	_____	_____
☐ Exterior	_____	_____	☐ Slab	Slab	_____	_____	_____
☐ Interior	_____	_____	☐ Frame	Frame	_____	_____	_____
Joint Plan Review Required:			☐ Truss Sys./Bracing	Truss Sys./Bracing	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			☐ Barrier-Free	Barrier-Free	_____	_____	_____
SUBCODE APPROVAL for PERMIT			☐ Insulation	Insulation	_____	_____	_____
Date: <u>2/27/17</u>			☐ Finishes -Base Layer	Finishes -Base Layer	_____	_____	_____
Approved by: <u>D. Pina</u>			☐ Finishes -Final	Finishes -Final	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			☐ Energy	Energy	_____	_____	_____
☐ CO ☐ CCO ☐ CA			☐ Mechanical	Mechanical	_____	_____	_____
Date: _____			☐ TCO	TCO	_____	_____	_____
Approved by: _____			☐ Other	Other	_____	_____	_____
			☐ Final	Final	_____	_____	_____
			☐ Barrier-Free	Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____
No. of Stories _____ If Industrialized Building: State Approved _____ HUD _____
Height of Structure _____ ft. Est. Cost of Bldg. Work:
Area — Largest Floor _____ sq. ft. 1. New Bldg. \$ _____
New Bldg. Area/All Floors _____ sq. ft. 2. Rehabilitation \$ _____
Volume of New Structure _____ cu. ft. 3. Total (1+2) \$ 5135.00
Max. Live Load _____
Max. Occupancy Load _____

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

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: April Sykes

Print name here: April Sykes

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove all existing asphalt shingles and underlayment. Installing new asphalt shingles and underlayment

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)

\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 95
TOTAL FEE \$ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

**GUTTER HELMET SYSTEMS
LEDNOR CORPORATION**
1121 BENFIELD BLVD, SUITE S
MILLERSVILLE, MD 21108
410-987-7180

909/95
972/10

FNB CORP-PA

59504

59504

One Hundred Five and 00/100 Dollars

DATE

AMOUNT

Feb 28, 2017

\$105.00

PAY
TO THE
ORDER
OF

Hazlet Township
Attn: Building Dept.
1766 Union Avenue
Hazlet, NJ 07730

21 Newloc St. 71/21
2017-0143 ID# 11797

[Signature]

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑈059504⑈ ⑆043318092⑆ 6600001477⑈

**HAZLET TOWNSHIP
CONSTRUCTION DEPARTMENT
1766 UNION AVENUE
HAZLET, NJ 07730
(732) 264-1700, FAX (732) 264-0659**

CONSTRUCTION DEPARTMENT

DENNIS PINO	Construction Code Official/Building Inspector
TONY ALFANO	Sub-Code Fire Official
RONALD MARYAK	Sub-Code Electrical Official/Building Inspector
JUSTIN MCCLUNG	Building Inspector
JOSEPH PENEVOLPE	Sub-Code Plumbing Official

February 27, 2017

Lednor Corp
109 Garther Drive, Suite 305
Mt. Laurel, NJ 08054

ID #: 11797, Description: Roof
Address: 21 Hemlock Street, Block #: 71, Lot #: 21, Owner in Fee: Buckley

To Whom It May Concern:

When submitting a Construction Permit Application to this office, please include the required number of copies with your application.

Building Subcode: Four copies are required (one original plus three photocopies).

At the bottom of the Building subcode it states the following:

Applicant: when submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

If you have any questions, please contact the undersigned.

Thank you for your cooperation in this matter.

Jennifer O'Keeffe
Jennifer O'Keeffe
(732) 264-1700 X8664
jokeeffe@hazlettwp.org

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTICOLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Lednor Corporation dba Gutter Helmet
Delphin E. Thebaud
1121 Benfield Blvd Suite S
Millersville MD 21108

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Lednor Corporation dba Gutter Helmet
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

04/01/2016 TO 03/31/2017

VALID

SIGNATURE

13VH04341800

Licensee/Registration/Certificate #

ACTING DIRECTOR

04/01/2016 TO 03/31/2017
VALID

Delphin E. Thebaud

Signature of Licensee/Registrant/Certificate Holder

13VH04341800

LICENSE/REGISTRATION/CERTIFICATION #

Steve C. L.

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Lednor Corporation dba Gutter Helmet

EXPIRATION DATE 2017

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 04341800 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY
THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL
CORRESPONDENCE.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of business.



GUTTHEL-01

BALA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Moscker Insurance Agency, an AssuredPartners Co. 2 Ritchie Highway Perry Park, MD 21146	(410) 544-6104	CONTACT NAME: Laura Bacho	
		PHONE (A/C, No, Ext): 410-544-6104	FAX (A/C, No): 410-544-4374
		E-MAIL ADDRESS: lbacho@mosckerinsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : The Ohio Casualty Insurance Company	
		INSURER B : Chesapeake Employers Insurance	11039
		INSURER C : Zurich American Insurance Co	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED
Lednor Corp. DBA Gutter Helmet
1121 Benfield Blvd
Suite S
Millersville, MD 21108

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ LOC OTHER:	N	N	BKO54761801	4/9/2016	4/9/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS	N	N	BAW54761801	4/9/2016	4/9/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000	N	N	USO54761801	4/9/2016	4/9/2017	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	4043724	4/9/2016	4/9/2017	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
Workers Compensation States	N	N	WC4644105-04	4/9/2016	4/9/2017	NJ, NY, VA, DC \$500/\$500/\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF INSURANCE
EVIDENCE OF COMMERCIAL INSURANCE
EVIDENCE OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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OFFICE DATE RECEIVED:

2/23/17 *for* *ready by mail*

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									<i>2/23/17 for</i> <i>Tax Records</i> <i>match owner</i> <i>in Fee on</i> <i>CDA</i>
☐ 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 _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Mechanical _____

Energy _____
 Barrier Free _____
 Flood Hazard _____
 As Built Elevation Cert. _____
 Other _____

Other _____

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	_____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Compliance	_____	_____	_____	_____	_____
☐ Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Approval	_____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	_____	_____	_____	_____	_____



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

1. Proposed Work Site at: 21 HEMLOCK ST

2. Name of Owner in Fee: JOHN C BUCKLEY Tel. ()
Address 21 HEMLOCK ST HAZLET MI 07730
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: HOMEOOWNER Tel. ()
Address _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: ()

5. Architect or Engineer _____ Tel. ()
Address _____

6. Responsible Person in Charge of Work JOHN C BUCKLEY
Tel. () FAX ()

4/17/02 4pm. spoke to Mrs. Bullock - about went very

1.	Building	\$	12		
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		2		
10.	Subtotal				
11.	Cert. of Occupancy				
12.	Other				
13.	TOTAL	\$	74		

8/27/03

1. Number of Stories _____
2. Height of Structure 2 ft.
3. Area — Largest Floor 374 sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed 374 sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes
fig
11. Max. Live Load _____
12. Max. Occupancy Load _____

[illegible]

1. ☐ Minor Work
2. ☒ ~~New Building~~
3. ☐ Addition
4. ☒ Alteration Deck
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. B
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

[illegible]

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

3. Change in Use Group, Indicate Former:

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

4-9-02

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 _____

Address _____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: 4-9-02

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			X		X		X		
☐ Planning Board			X		X		X		
☐ Zoning Board			X		X		X		
☐ Sewer Authority			X		X		X		
☐ Water Authority			X		X		X		
☐ Police Department			X		X		X		
☐ Health Department			X		X		X		
☐ Soil Conservation			X		X		X		
☐ N.J. Department of Community Affairs			X		X		X		
☐ N.J. Department of Transportation			X		X		X		
☐ N.J. Department of Environmental Protection			X		X		X		
☐ Utility Dig No.			X		X		X		
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

4-18-02
02-0305

IDENTIFICATION Block 71 Lot 21
Work Site Location BACK YARD OF 21 HEMLOCK Contractor Homeowner
Owner in Fee JOHN C. BUCKLEY Address _____
Address 21 HEMLOCK ST. Tel. (____) _____
HAZLET NJ 07730 Lic. No. or Bldrs. Reg. No. _____
Tel. _____

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK: BUILD A 1 STORY DECK 22W X 17D, 7'
FROM HOUSE 10' 6" FROM SIDE FENCE AND 11'
FROM BACK FENCE

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 \$ 3,000.00

Construction Official

Date

4/17/02

U.C.C.F170
(rev. 5/2K)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building 72
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee 2
Cert. of Occupancy _____
Other _____
Total 74
Check No. 1003
Cash _____
Collected by OFF

(see reverse side)



BUILDING SUBCODE TECHNICAL SECTION

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

Block 71 Lot 21
Work Site Location BACK YARD OF 21 HENLOCK ST.
HAZLET NJ 07730
Owner In Fee JOHN C BUCKLEY
Address 21 HENLOCK ST HAZLET NJ 07730

Tele. (609) 426-1111
Contractor HONE DUNN
Address _____

Tele. () _____ Fax () _____
Lic. No. or Bldg. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required				Footing				
☐ All				Foundation				
☐ Footing				Slab				
☐ Foundation				Frame				
☐ Other				Barrier-Free				
Joint Plan Review Required:								
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Insulation				
SUBCODE APPROVAL								
☐ CO ☐ CCO ☐ CA				Finishes				
Date: _____				Energy				
				Mechanical				
				TCO				
Approved by: _____				Other				
				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Const. Class Present 5-0 Proposed 5-0
No. of Stories 1
Height of Structure 2 Ft.
Area — Largest Floor 374 Sq. Ft.
New Bldg. Area/All Floors 374 Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 3,000.00
2. Alteration \$ _____
3. Total (1+2) \$ _____



Date Received
Date Issued
Control #
Permit #

4-18-02
62-0305

C. CERTIFICATION IN MEU 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

BUILD A 2 STORY DECK IN BACKYARD 22' X 17', SEVEN FEET FROM HOUSE 10' 6" FROM SIDE FENCE AND 11' FROM BACK FENCE AS SHOWN ON PRINT

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____
- ☐ Sign _____
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Other deck
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ 2
TOTAL FEE \$ 74.

U.C.C. F110
(rev. 3/90)

1. White = Inspector Copy
2. Grey = Office Copy
3. Pink = Office Copy
4. Hand = Applicant Copy

21 *Amurlock*



**BUILDING
SUBCODE
TECHNICAL SECTION**

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

Block 71 Lot 21

Work Site Location BACK YARD OF 21 HEMLICK ST.

HAZLET AVE 07730

Owner In Fee JOHN & RUCKLEY

Address 21 HEMLICK ST HAZLET NJ 07730

Tele. [REDACTED]

Contractor Amurlock Construction

Address [REDACTED]

Tele. () Fax ()

Lic. No. or Bldg. Reg. No. [REDACTED]

Federal Emp. No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required				Footings			<u>5/30/02</u>	<u>GT</u>
☐ All				Foundation				
☐ Footings				Slab				
☐ Foundation				Frame			<u>12/15/02</u>	<u>JS</u>
☐ Frame				Barrier-Free				
☒ Other		<u>4/17</u>		Insulation				
Joint Plan Review Required:				Finishes				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Energy				
SUBCODE APPROVAL				Mechanical				
☐ CO ☐ CCO ☐ CA				TCO				
Date: <u>8/22/03</u>				Other				
Approved by: <u>[Signature]</u>				Final			<u>6/15/03</u>	<u>JD</u>
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present <u>R-3</u>	Proposed <u>R-3</u>
Constr. Class	Present <u>5.1.2</u>	Proposed <u>5.1.2</u>
No. of Stories	<u>1</u>	
Height of Structure	<u>2</u>	
Area — Largest Floor	<u>374</u>	
New Bldg. Area/All Floors	<u>374</u>	
Volume of New Structure		
Total Land Area Disturbed		

Est. Cost of Bldg. Work:

1. New Bldg.	\$ <u>3,000.00</u>
2. Alteration	\$ <u> </u>
3. Total (1+2)	\$ <u> </u>



Date Received
Date Issued
Control #
Permit #

4-18-02
60-0305

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BUILD A 1 STORY DECK IN
BACKYARD 22' X 17'. SEVEN
FEET FROM HOUSE 10'6" FROM
SIDE FENCE AND 11' FROM
BACK FENCE AS SHOWN
ON PRINT

TYPE OF WORK:

☒ New Building	
☐ Addition	
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	Height (exceeds 6') Sq. Ft.
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☒ Other <u>Deck</u>	
☐ Demolition	

FEE (Office Use Only)

Administrative Surcharge	\$ <u> </u>
Minimum Fee	\$ <u> </u>
DCA Training Fee	\$ <u>2</u>
TOTAL FEE	\$ <u>74</u>

U.C.C. F110
(rev. 3/98)

1 White - Inspector Copy
2 Canary - Office Copy
3 Pink - Office Copy
4 Hard - Applicant Copy

**Hazlet Township, New Jersey
Application for Zoning Permit**

Date: 4/3/02

Application No. _____

Permit No. 02-218

Application is hereby made for a Zoning Permit in conformity with the requirements of the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name: JOHN C BUCKLEY

Address: 21 HEMLOCK ST

Block: 71 Lot: 21 Zone: R-70

The above named applicant hereby applies for a Zoning Permit to: BUILD A

DECK 22 W X 17 D 7 FEET FROM
HOUSE 10'6" FROM SIDE 11 FEET FROM BACK

Fill in the following items that apply to the property in question.

Size of Property

Area 7000 Sq.Ft.

Frontage 70 Ft.

Depth 100 Ft.

Principal Building

Type 2 Story

Gross Floor Area _____ Sq.Ft.

Lot Coverage 21 %

BLDG. HT. _____ Ft. (Max)

Accessory Building/Structure (s)

Deck 374 Sq.Ft. Shed

Min. Side Yard 10 Ft.

Min. Rear Yard 10 Ft.

Min. distance 7 Ft.
(from dwelling)

Signs: Type _____ Area Permitted _____ Area Requested _____ Ft.

Yard Dimensions (Not Required for Signs)

Front _____ Ft. Right Side _____ Ft. Left Side _____ Ft. Rear _____ Ft.

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

Owner John Buckley Address _____ Phone _____

Lessee _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

Est. Cost of Work \$ 3000.00

Zoning Permit Fee \$ 20.00

Signature of Applicant or Agent

Sharon A. Keegan
Sharon A. Keegan/Zoning Officer

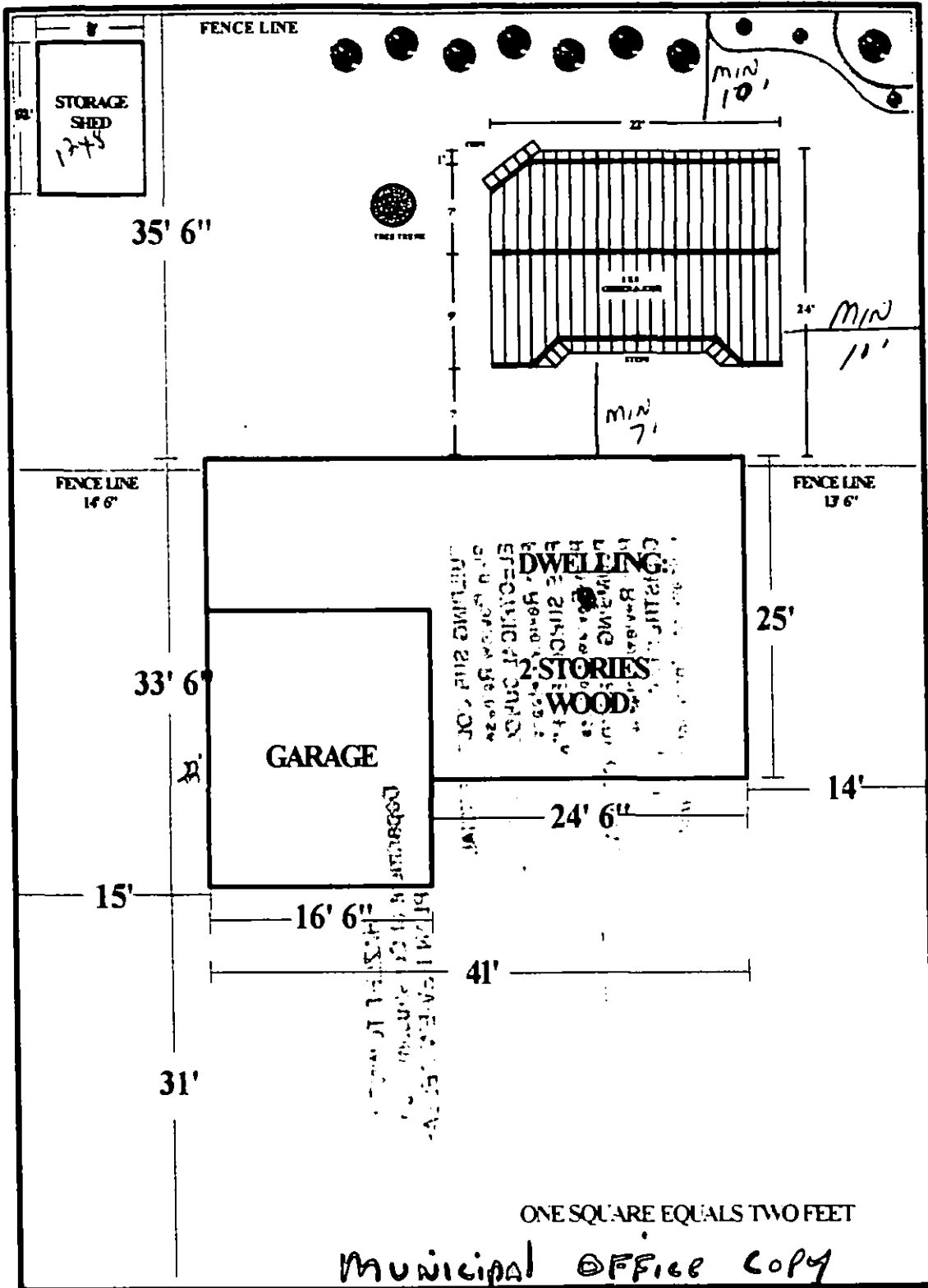
**APPROVED BY HAZLET
TOWNSHIP ZONING OFFICER**

THIS 9 DAY OF April 2002
S. Keegan 17x22 Deck
ZONING OFFICER

PROPERTY LINE
70'

10' 6"

11'



02-0325

HEMLOCK ST.

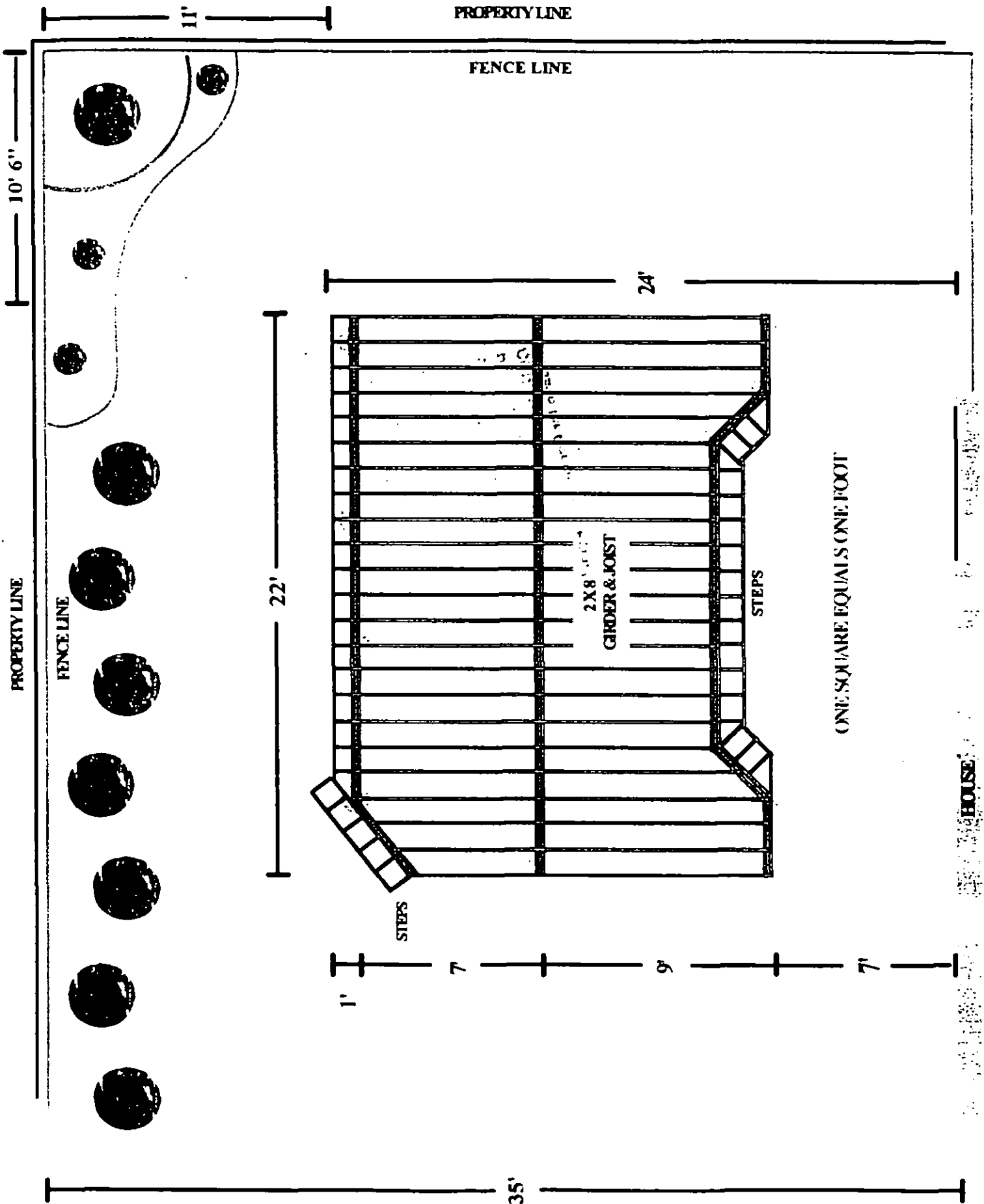
BLOCK: 71
OWNER: JOHN C BUCKLEY

APPROVED BY HAZLET
TOWNSHIP ZONING OFFICER
THIS 9 DAY OF April 2002
SKYR 17x22 Deck.
PAGE 1 OF 4
ZONING OFFICER

HAZLET TOWNSHIP
Department of Construction Code Enforcement
PLAN REVIEW RELEASE

BUILDING SUB CODE OFFICIAL
Plan Review Release
ELECTRICAL SUBCODE OFFICIAL
Plan Review Release
FIRE SUBCODE OFFICIAL
Plan Review Release
PLUMBING SUBCODE OFFICIAL
Plan Review Release
CONSTRUCTION OFFICIAL
Release for Construction Permit


Sharon 4/17/02



BUILDING SUB CODE OFFICIAL
Plan Review Release
ELECTRICAL SUBCODE OFFICIAL
Plan Review Release
FIRE SUBCODE OFFICIAL
Plan Review Release
PLUMBING SUBCODE OFFICIAL
Plan Review Release
CONSTRUCTION OFFICIAL
Release for Construction Permit

HAZLET TOWNSHIP
Department of Construction Code
PLAN REVIEW RELEASE

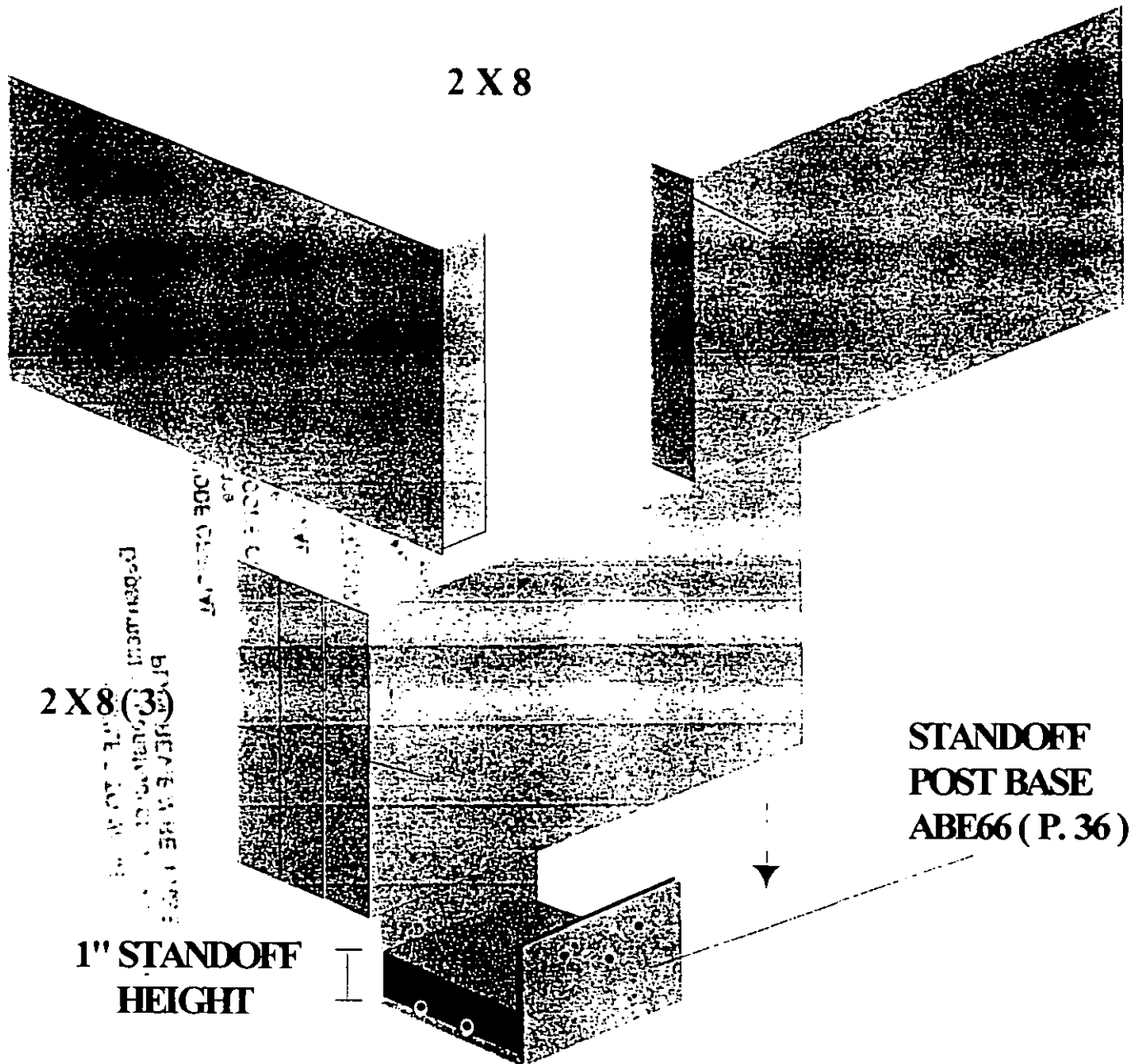
[Signature]
4/17/02

HAZLET TOWNSHIP
Department of Construction Code Enforcement
PLAN REVIEW RELEASE

BUILDING SUB CODE OFFICIAL
Plan Review Release
ELECTRICAL SUBCODE OFFICIAL
Plan Review Release
FIRE SUBCODE OFFICIAL
Plan Review Release
PLUMBING SUBCODE OFFICIAL
Plan Review Release
CONSTRUCTION OFFICIAL
Release for Construction Permit

 4/12/02

DECK CONSTRUCTION



: NOT TO SCALE

HAZLET TOWNSHIP
Department of Construction Code Enforcement
PLAN REVIEW RELEASE

BUILDING SUB CODE OFFICIAL
Plan Review Release
ELECTRICAL SUBCODE OFFICIAL
Plan Review Release
FIRE SUBCODE OFFICIAL
Plan Review Release
PLUMBING SUBCODE OFFICIAL
Plan Review Release
CONSTRUCTION OFFICIAL
Release for Construction Permit


4/12/02

HAZLET TOWNSHIP
3400 HIGHWAY 35 N. SUITE 9
HAZLET, NJ 07730
(732) 264-5707 FAX (732) 264-0659

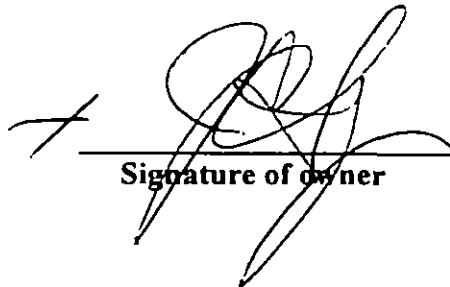
Request for a Zoning Permit

Certification of Homeowner Drawn Survey

In the absence of my property survey I, John C. Buckley being the owner
(name)

of the property located at 21 Hemlock St, Block 71, Lot 21
(address)

in the Township of Hazlet, present the attached sketch as an accurate representation
of my property. I have personally taken said measurements.



Signature of owner

Date

**HAZLET TOWNSHIP
CONSTRUCTION DEPARTMENT
3400 Highway 35, Suite 9
Hazlet, New Jersey 07730
(732) 264-5707**

Peter A. Terranova – Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR,

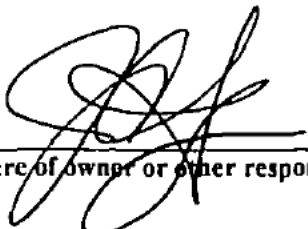
Address 21 HEMLOCK ST HAZLET NJ 07730

Type of Work _____

I will be responsible for requesting all required inspections at the above address in accordance with N.J.A.C. 5:23-2.18.

I further understand that failure to call for all required inspections will make me liable for a monetary penalty of \$500. The maximum in accordance with N.J.A.C. 5:23 – 2.31 (b) 1.

Failure to notify this office of the completion of the project will subject you to a monetary penalty of \$500. The maximum in accordance with N.J.A.C. 5:23 – 2.31 (b) 1.



Signature of owner or other responsible person in charge of work

21 HEMLOCK ST HAZLET NJ 07730
Address



Phone

8 4-9-02
Date

BLOCK 71 LOT 21 QUALIFICATION CODE _____ ADDRESS (SITE) 21 HEMLOCK ST PERMIT NO. 04-0050



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 21 HEMLOCK ST HAZLET NJ 07730

2. Name of Owner in Fee: JOHN C BUCKLEY Tel. [REDACTED]
Address 21 HEMLOCK ST HAZLET NJ 07730
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☐

4. Principal Contractor: Wunderlin A & Hunt Tel. (732) 583-1716
Address 67 Juniper Place Aberdeen, NJ 07747
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 Ken Dietrich Jr
Tel. (732) 583-1716 FAX () Same

1-16-04 L m m contractor ANS mach permit ready

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>46.</u>		
2. Electrical	<u>36</u>		
3. Plumbing	<u>85.00</u>		
4. Fire Protection	<u>82.</u>		
5. Elevator Devices			
6. Subtotal	\$ _____		
7. Less 20% for State Plan Review			
8. Subtotal	\$ _____		
9. DCA Training Fee	<u>15.</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>284.</u>		

CA 4/19/04

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories <u>2</u>	
2. Height of Structure <u>25</u> ft.	
3. Area — Largest Floor <u>800</u> 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	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
							Approval	Rejection	
1. ☒ Minor Work	<u>9.00</u>								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☒ Plumbing					<u>1-12-04</u>	<u>ELW</u>			
7. ☒ Electrical	<u>2.00</u>								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	<u>11,000.00</u>								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- | | |
|---|---|
| 1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks | 5. ☐ Cross-Connections/Backflow Preventers |
| 2. ☐ High Pressure Boilers | 6. ☐ Hazardous Uses/Places of Assembly |
| 3. ☐ Pressure Vessels | 7. ☐ Sprinklers |
| | 8. ☐ Smoke Control Systems in Open Wells |

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 R-5

No. of dwelling units:

Before Construction 1

After Construction 1

Net Gain or Loss 0

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

LDS HZ 103014

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 X [Signature] Date 12-31-03

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 Wunderair A/c + Heating
Address 67 Juniper Place
Aberdeen, NJ 07742
Telephone (732) 583-1716
Signature [Signature]

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

OFFICE DATE RECEIVED: 1-12-04

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)			
☐ Temporary Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____
☐ Temporary Certificate of Compliance	No. _____	DATE ISSUED _____	DATE EXPIRED _____
☐ Continued Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____
☐ Certificate of Compliance	No. _____	DATE ISSUED _____	DATE EXPIRED _____
☐ Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____
☐ Certificate of Approval	No. _____	DATE ISSUED _____	DATE EXPIRED _____



CONSTRUCTION PERMIT

Date Issued 1-16-04
Control #
Permit # 04-0050

IDENTIFICATION Block 71 Lot 21
Work Site Location 21 HEMLOCK ST
HAZLET NJ 07730
Owner in Fee JOHN C BUCKLEY
Address SAME
Tel. [REDACTED]
Contractor Wholesale A/c + Heating
Address 67 Tusper Place
Aberdeen NJ 07747
Tel. (202) 583-1716
Lic. No. or Bldrs. Reg. No. [REDACTED]
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 ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK: New HVAC System in Attic
New 200 amp Service

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 \$ 11,000

[Signature]
Construction Official

1/16/04
Date

PAYMENTS (Office Use Only)

Building 46
Electrical 36
Plumbing 85.00
Fire Protection 80
Elevator Devices _____
Other _____
DCA Training Fee 15
Cert. of Occupancy _____
Other _____
Total ~~250~~ 284
Check No. 101
Cash _____
Collected by MC

U.C.C. F170
(rev 3/02)

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

(see reverse side)

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.



PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

5-14-04
04-00501

IDENTIFICATION Block 21 Lot 21
Work Site Location 21 Hemlock
Contractor M12 CORP T/A Michael's Electric
Address 46 Birchwood Ct
Hackett NJ 07730
Owner in Fee John Buckley
Address 21 Hemlock St
Hackett NJ 07730
Tel. ()
Tel. (732) 566-3575
Lic. No. or Bldrs. Reg. No. 7063A
Fed. Emp. No. 2228762

Is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER _____ |
- (Subchapter B only)

DESCRIPTION OF WORK:

Up grade Electrical Service

Estimated Cost of Work

\$ ~~2000~~ 1500 -

Pete Terranova
Construction Official

3/8/04
Date

U.C.C. F100
(rev. 3/00)

PAYMENTS (Office Use Only)

Building _____
Electrical 46
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee 2
Cert. of Occupancy _____
Other _____
Total 48
Check No. 1356
Cash _____
Collected by J.F.

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

3-9-04 Michael's Electric ADV permit ready



BUILDING SUBCODE TECHNICAL SECTION

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

Block 71 Lot 21

Work Site Location 21 HENLOCK ST HAZLET NJ 07730

Owner in Fee JOHN C BUCKLEY

Address 21 HENLOCK ST HAZLET NJ 07730

Contractor ABDOUS N. T. B. & HASTING

Address 67 TUNICE PLACE 07747

Telephone (202) 583-1716 Fax () Some

Lic. No. or Bldg. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required	<u>1/16/04</u>	<u>MB</u>	Type:	Failure Approval Initial
☐ All			Footings	
☐ Foundation			Foundation	
☐ Slab			Slab	
☐ Frame			Frame	
☐ Other			Barrier-Free	
Joint Plan Review Required:			Insulation	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes	
SUBCODE APPROVAL			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date:			TCO	
Approved by:			Other	
			Final	
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	<u>VB</u>	<u>VB</u>
No. of Stories	<u>2</u>	
Height of Structure	<u>25</u>	
Area — Largest Floor	<u>800</u>	
New Bldg. Area/All Floors		
Volume of New Structure		
Total Land Area Disturbed		

Est. Cost of Bldg. Work:

1. New Bldg.	\$
2. Alteration	\$
3. Total (1+2)	\$



Date Received 1-16-04
Date Issued
Control #
Permit # 04-0050

BEFP

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK — New HVAC System in 2nd Floor Attic + Upgrade Existing for ceiling

Install duct system for Attic HVAC. System

(Removing Existing HVAC. System in Utility Room)

FEE (Office Use Only)

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

Handwritten signature



**BUILDING
SUBCODE
TECHNICAL SECTION**

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

Block 21 Lot 21
Work Site Location 21 BLOCK 5, 47711, 201 0736

Owner In Fee SCHEIDT & SOKKEE
Address 21 BLOCK 5, 47711, 201 0736

Tel. 201 931 1151
Contractor Wunderlic, Al & Honting
Address 67, Juniper Place
Neelandam, N.J. 07311

Tel. [REDACTED] Fax () [REDACTED]
Lic. No. or State Negative No. [REDACTED]
Federal Emp. No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date/Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☒ No Plans Required	<u>1/14/04</u>	Type:				
☐ All		Footling				
☐ Footling		Foundation				
☐ Foundation		Slab				
☐ Frame		Frame				
☐ Other		Barrier-Free				
Joint Plan Review Required:		Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Finishes				
SUBCODE APPROVAL		Energy				
☐ CO ☐ CCO <u>WEL CA</u>		Mechanical				
Date: <u>4/14/04</u>		TCO				
Approved by: <u>[Signature]</u>		Other				
		Final				
		Barrier-Free				<u>2/26/04</u>

B. BUILDING CHARACTERISTICS

Use Group Present 105 Proposed 105
Const. Class Present V Proposed V
No. of Stories 2
Height of Structure 6 Ft.
Area — Largest Floor 6 Sq. Ft.
New Bldg. Area/All Floors 6 Sq. Ft.
Volume of New Structure 6 Cu. Ft.
Total Land Area Disturbed 6 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Alteration \$
3. Total (1+2) \$



Date Received 1-16-14
Date Issued 04-0050
Control # BEFP
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

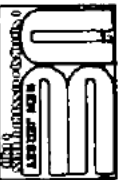
DESCRIPTION OF WORK — New HVAC system in 2nd floor Attic + Upgrade Service to existing
INSTALL COOL SYSTEM
FOR ATTIC HVAC SYSTEM
(REPAIR EXISTING HVAC SYSTEM IN Utility Room)

TYPE OF WORK	Height (exceeds 6') Sq. Ft.	FEE (Office Use Only)
☐ New Building		
☐ Addition		
☒ Alteration		
☐ Roofing		
☐ Siding		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz Abatement NJAC 5:17		
☒ Other <u>HVAC + Service Upgrade</u>		
☐ Demolition		

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

U.C.C. F110
(rev. 5/99)

1 Write — Inspector Copy
2 Copy — Office Copy
3 Print — Office Copy
4 Hard — Applicant Copy



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received 1-16-04
Date Issued
Control #
Permit #

04-0050 BEFP

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

Block 11 Lot 21
Work Site Location 21 HENLOCK ST
HAZLET NJ 07730
Owner in Fee/Occupant JOHN C. BUCKLEY
Address 21 HENLOCK ST
HAZLET NJ 07730
Tele. [REDACTED]
Contractor M12 1000 718-Michael's Electric
Address 410 Bedford Blvd
North Plainfield NJ 07067
Tele. (732) 546-3575 Fax (732) 533-0245
Lic. No. 1063
Federal Emp. No. 200872625
B. ELECTRICAL CHARACTERISTICS
Use Group Present Proposed
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 2600

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☒ No Plans Required	1-16-04	as	Rough				
Joint Plan Review Required:							
☐ Building	☐ Plumbing		Temp. Serv.				
☐ Fire	☐ Elevator		Constr. Serv.				
☐ Elec. Plans Approved			TCO				
Date:			Other				
Approved by:			Service				
			Final				
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
☐ CO 1-16-04	CA		Final Cut-in-Card Date Issued				
Date:	2-25-04	CA					
Approved by:	Ronald Mayak						

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: [Signature]
Applicant's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
1		Lighting Fixtures
1		Receptacles
1		Switches
5		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
TOTAL NUMBERS		
		Pool Permit/with UVW 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 1/4 HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
FEE (Office Use Only)		
		Administrative Surcharge
		Minimum Fee
		DCA Training Fee
		TOTAL FEE

Need HVAC in attic

EXTERIOR

U.C.C. F120 (rev 3/06)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

2-25-04

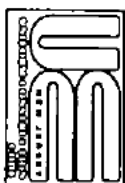
SRHP #6

GRD. IN MBTK

PERMIT

CAULK HOLES

UNDO



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-972-1000.

Block _____ Lot 21
Work Site Location 31 Hewlett

Owner in Fee Occupant Robert Buckley
Address 31 Hewlett

Tele. () _____
Contractor MJ2 Corp The Michael's Electric
Address 46 Boulevard of
Within 3000 ft of 01124

U.C. No. 20634
Federal Emp. No. 222812625

B. ELECTRICAL CHARACTERISTICS

Use Group Present RS Proposed RS
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 1500

JOB SUMMARY (Office Use Only)		PLAN REVIEW		DAILY INSPECTIONS	
		Date: Initial	Type:	Failure	Dates (Month/Day)
					Approval Initials
☒ No Plans Required	3/10/04				
Joint Plan Review Required:					
☐ Building	☐ Plumbing	Rough			
☐ Fire	☐ Elevator	Temp. Serv.			
☐ Elec. Plans Approved		Constr. Serv.			
Date: _____		TCO			
Approved by: _____		Other			
		Service			
		Final			
SUBCODE APPROVAL		Temp. Cut-In-Card Date Issued			
☐ CC	☐ CC	Final Cut-In-Card Date Issued			
Date: <u>7-2-04</u>	<u>11 CA</u>				
Approved by: <u>P. Michael Buckley</u>					

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 Electrical Contractor ☐ Exempt Applicant



Date Received 3-4-04
Date Issued 5-14-04
Control # _____
Permit # 04-00501

D. TECHNICAL SITE DATA

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 UV 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 1/2 HP
- KW Transformer/Generator
- AMP Service
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge	\$	<u>46</u>
Minimum Fee	\$	<u>2</u>
DCA Training Fee	\$	<u>2</u>
TOTAL FEE	\$	<u>50</u>



FIRE SUBCODE TECHNICAL SECTION

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

Block 71

Lot 21

Work Site Location

HAZLETT ST 07730

Owner in Fee

JOHN C. BUCKLEY

Address

21 HEMLOCK ST

Address

HAZLETT ST 07730

Telephone

617-267-1111

Contractor

W. J. Dugan, Inc.

Address

67 Dunbar Place

Telephone

Abundant, N.E. 07747

Telephone

(232) 583-1716

Fax

(232) 583-1716

License No.

[REDACTED]

Federal Emp. No.

[REDACTED]

B. FIRE PROTECTION CHARACTERISTICS

Use Group

Present R-5

Proposed R-5

Const. Class

Present 5-B

Proposed 5-B

Heating Systems

☒ New ☐ Existing ☒ HVAC

Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar

Location: 2nd Floor Attic

Total Cost of Fire Protection Work \$ 250

Location of Panel: New

Location of Main Control Valve: Existing

Location of Alarm System: Existing

Location of Standpipe System: Existing

Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing

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Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing

Location of Fire Alarm System: Existing



Date Received 1-16-04
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

NEED VALVE IN ATTIC

Water Supply Source

Method of Alarm/Suppression System Supervision

FEE (Office Use Only)

Storage Tanks

Type: ☐ Flammable Liquid ☐ Combustible Liquid

☐ LPG ☐ LNG Capacity _____ Fuel _____

Alarm Systems ☒ 110V Interconnected ☐ System

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., lamps, low/high air)

Signaling Devices (i.e., horns/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

CO₂ Suppression

Foam Suppression

Halon Suppression

Other

Kitchen Hood Exhaust System

Smoke Control System

Gas (N or Oil) Fired Appliances

Other

Gas Furnace in Attic

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

UCC F140
(rev. 3/99)

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



PLUMBING
SUBCODE
TECHNICAL SECTION

Union



Date Received 1-16-04
Date Issued
Control #
Permit # 04-0050 BEFP

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

Block 71 Lot 21
Work Site Location 21 HEMLOCK ST 07730
Owner in Fee JOHN C BUCKLEY
Address 21 HEMLOCK ST 07730
Telephone [REDACTED]
Contractor DAN STALON PLUMB & HEATING
Address 124 APPLE BLOSSOM LANE
MIDDLETOWN NJ 07748
Tele. (732) 671-6397 Fax () SAME
Lic. No. 8085
Federal Emp. No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present PS Proposed PS
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work \$ 800

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
Type: Failure		Failure	
☒ No Plans Required	Slab		
☐ Joint Plan Review Required:	Rough		
☐ Building	Electric		
☐ Fire	Elevator		
☐ Plumbing Plans Approved	Sewer		
Date: 1-12-04	Fixtures		
Approved by: [Signature]	Gas Equipment		
	Gas Piping		
	Solar		
	TCO		
	Final		
	2-25-04		

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) owner of record and am authorized to make this application and perform the work herein on this application.

Signature: [Signature]
Contractor's Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	DATE RECEIVED
	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	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

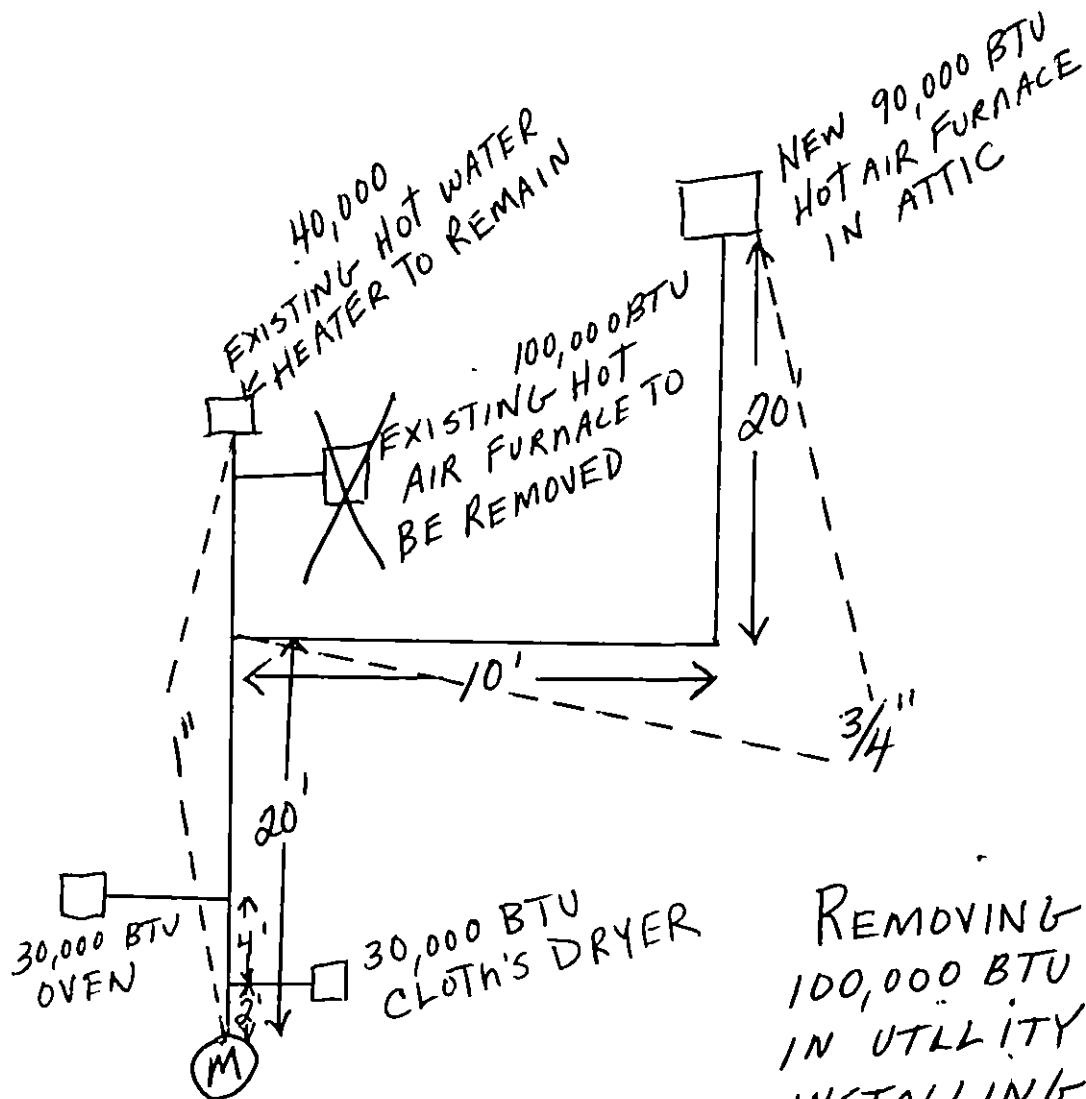
Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$

New HVAC in ATTIC

John C Buckley
21 HEMLOCK ST
HAZLET NJ 07730
BLK 71 LOT 21

FRANCIS D STAVOLA
124 APPLE BLOSSOM LANE
MIDDLETOWN NJ 07748
(732) 671-6397
PLMB LIC # 8025

GAS RISER DIAGRAM



REMOVING EXISTING
100,000 BTU HOT AIR FURNACE
IN UTILITY ROOM +
INSTALLING NEW 90000
BTU IN ATTIC

04-0050



CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

CK 71 LOT 21 PERMIT # 04-0050
WORK SITE ADDRESS 21 Hemlock Dr Hackett, VT.
Applicant _____
Certifying Individual Karl Dietrich Jr. Company Wunderlin A/C & Heat
Address 67 Juniper Place Aberdeen VT 05774
Tel. ([REDACTED])

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☒ Other New HVAC in Attic

Existing Vent/Chimney:

- ☒ B Label Vent
☐ L Label Vent
☐ Masonry Chimney — Tile Lined
☐ Flexible Liner
☐ Power Vent/Exhauster
☐ Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature _____

Date _____

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature _____

Date _____

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____

Date _____

Direct Vent Appliance:

No certification required:

Signature [Signature]

Date 1-5-04

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

**HAZLET TOWNSHIP
CONSTRUCTION DEPARTMENT
3400 HIGHWAY 35, SUITE 9
HAZLET, NEW JERSEY 07730
(732) 264-5707**

Peter A. Terranova – Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR:

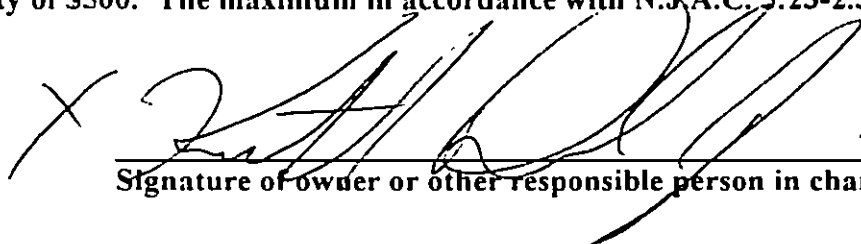
Address _____

Type of Work New HVAC System - Service ^{200 amp} Upgrade

I will be responsible for requesting all required inspections at the above address in accordance with N.J.A.C. 5:23-2.18.

I further understand that failure to call for all required inspections will make me liable for a monetary penalty of \$500. The maximum in accordance with N.J.A.C. 5:23-2.31(b) 1.

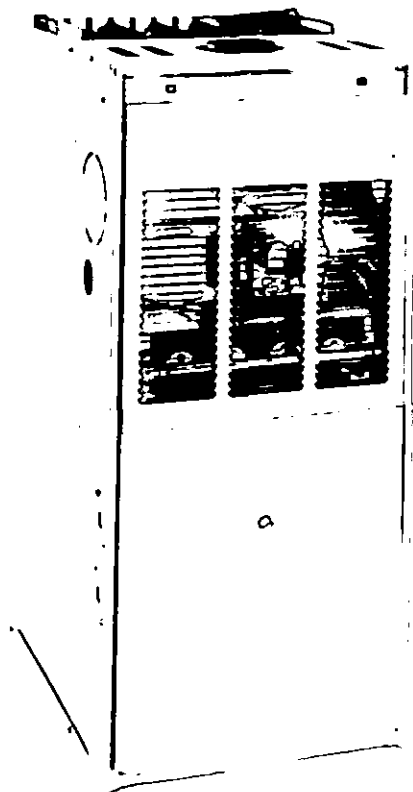
Failure to notify this office of the completion of the project will subject you to a monetary penalty of \$500. The maximum in accordance with N.J.A.C. 5:23-2.31 (b) 1.

X  1-5-04
Signature of owner or other responsible person in charge of work.

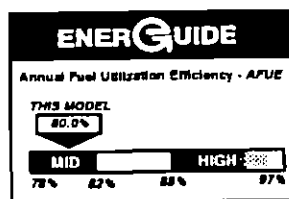
Address

Phone

Date



Multi-Position Induced Draft Gas Furnace GMP Series



Description / Application

- All models design certified by ETL and ETL_C testing laboratories to be in compliance with United States and Canadian Safety Standards.
- Completely assembled, factory tested furnace, for heating or combination heating / cooling application.
- For utility room, closet, alcove, basement or attic application.
- All models can be common vented with a water heater using B-1 vent.
- Capable of multiple position installation - upflow, downflow or horizontal (left side and right side application).
- This product must not be horizontally vented without the use of optional equipment SVB-80, Sidewall Venting Blower.

Construction

- Heavy gauge, reinforced, wrap-around insulated, steel cabinet with durable baked enamel finish.
- Aluminized steel heat exchanger cells featuring our "weld free" manufacturing process.
- Aluminized steel in-shot burners.
- Right hand or left hand connection for gas and electric service.

Standard Equipment

- Energy saving PSC, multi-speed, direct drive blower motors.
- Quiet operating, sound isolated blower assembly.
- 40va transformer for heating and air conditioning control service.
- Combination redundant gas valve and regulator.
- Integrated furnace control with diagnostics.
- Blower door safety switch.
- Energy saving hot surface ignition system.
- Alternate bottom, left or right side return air connection provision.
- Quiet operating vent motor.
- Easily removable base plate.
- Multiple flame roll-out switches.
- Outlet air limit switch.
- Pressure switch for proof of air.
- Complies with California LoNox Standards.

Optional Equipment

- L.P. conversion kit (LPM-01)
- Combustible floor base for downflow configuration (SBM).
- Sidewall Venting Blower (SVB-80) for horizontal venting.

PERFORMANCE RATINGS

Model No.	NAT GAS Input*+ BTUH	Heating Capacity BTUH	DOE** AFUE	Temp. Rise Range
GMP050-3	45,000	36,000	80.0	25-55
GMP075-3	75,000	60,000	80.0	35-65
GMP075-4	75,000	60,000	80.0	25-55
GMP100-3	100,000	80,000	80.0	45-75
GMP100-4	100,000	80,000	80.0	35-65
GMP100-5	100,000	80,000	80.0	35-65
GMP125-4	125,000	100,000	80.0	45-75
GMP125-5	125,000	100,000	80.0	45-75
GMP150-5	140,000	112,000	80.0	35-65

* For altitudes above 2,000 feet reduce input rating 4% for each 1,000 feet above sea level.

** DOE AFUE is based upon Isolated Combustion System (ICS).

+L.P. 20m/cell NORMAL INPUT

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

SPECIFICATION DATA

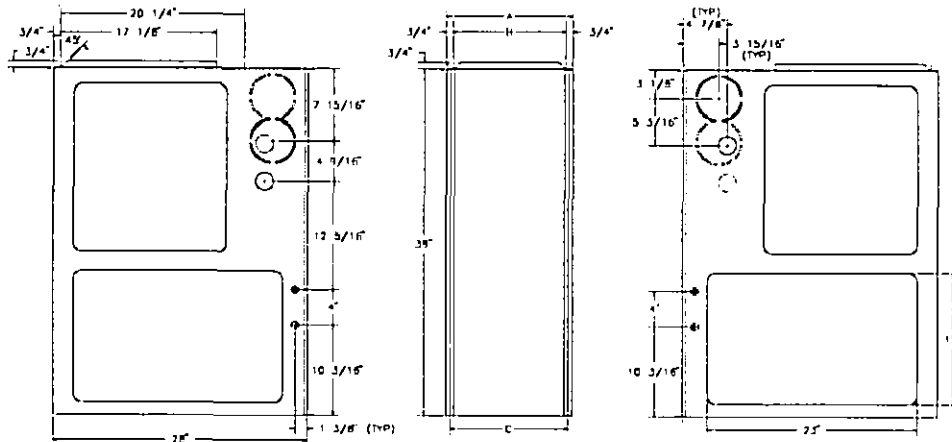
Electrical Characteristics 115/1/60 Gas Service Connection 1/2" FPT

Model GMP	BLOWER		Dia.	Width	Vent Dia. Metal	Filter** Size In	Electrical		Ship Wt. *
	Motor HP	Speeds					FLA	Max	
050-3	1/3	4	10	6	4	14 X 25	5.2	15	114
075-3	1/3	4	10	6	4	14 X 25	5.2	15	124
075-4	1/2	3	10	8	4	16 X 25	7.8	15	136
100-3	1/3	4	10	8	4	16 X 25	5.2	15	146
100-4	1/2	3	10	8	4	16 X 25	7.8	15	146
100-5	3/4	3	11	10	4	20 X 25	8.2	15	156
125-4	1/2	3	10	10	4	20 X 25	7.8	15	166
125-5	3/4	3	11	10	4	20 X 25	8.2	15	166
150-5	3/4	3	10	6(2)	4***	24 X 25	9.6	15	176

** Filter dimensions for bottom application. All models require 18" x 25" filter(s) for side air installations. Permanent air filters recommended. Both sides or bottom inlet(s) must be used for applications over 1800 c.f.m.

***GMP150-5 requires 5" diameter vent in downflow configuration.

DIMENSIONS



Clearances for Combustible Material (all models)

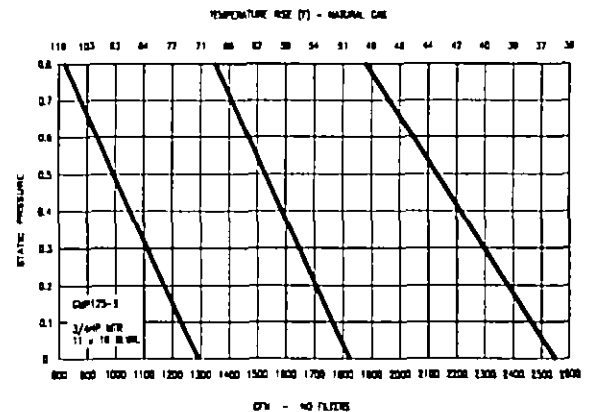
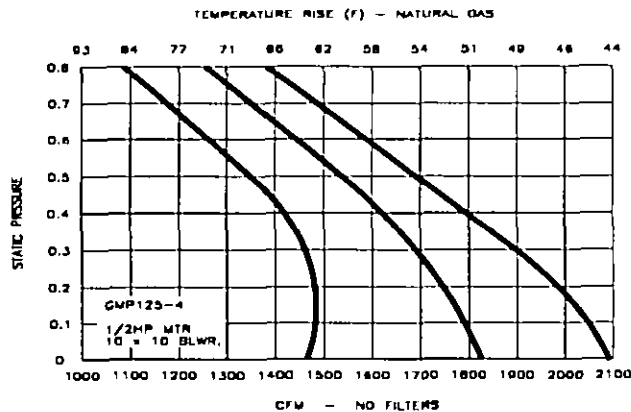
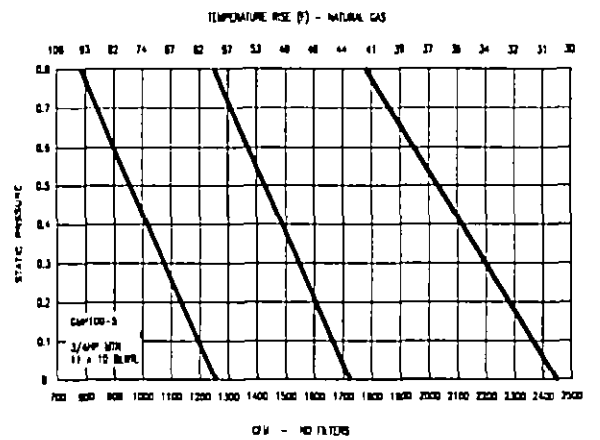
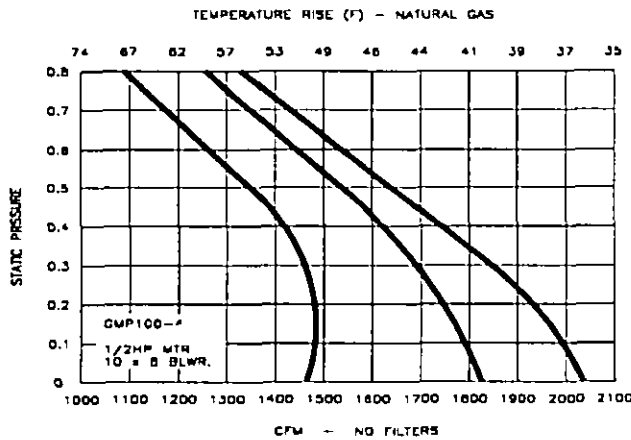
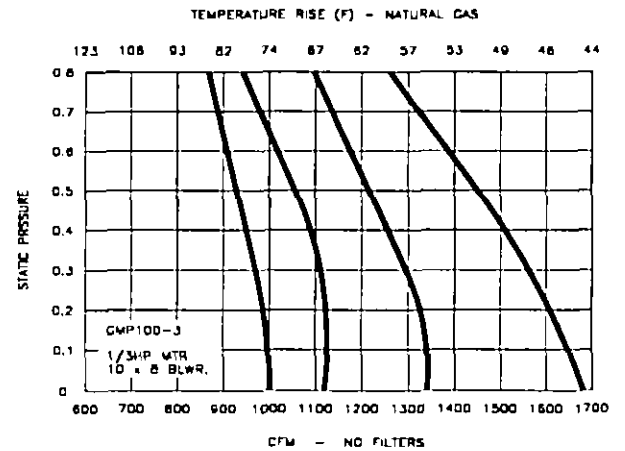
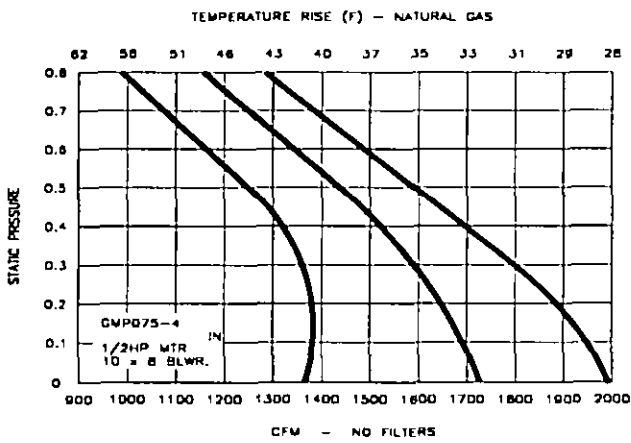
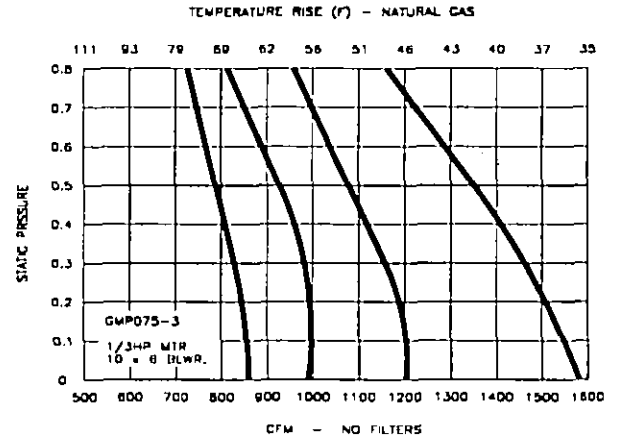
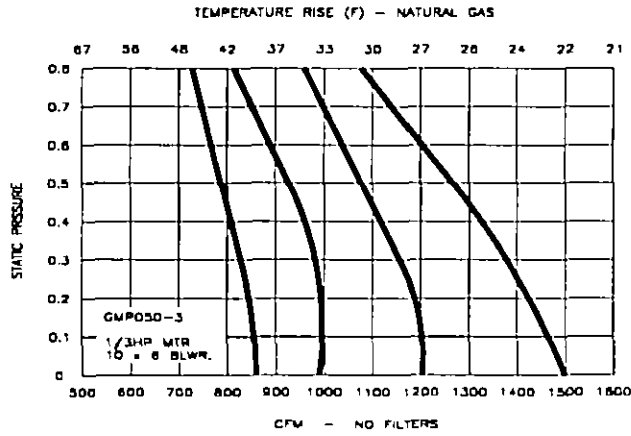
Sides	Rear	Top		Front*	Vent	
		Vert	Horiz		Single+	B-1
1"	0"	1"	8"	3"	6"	1"

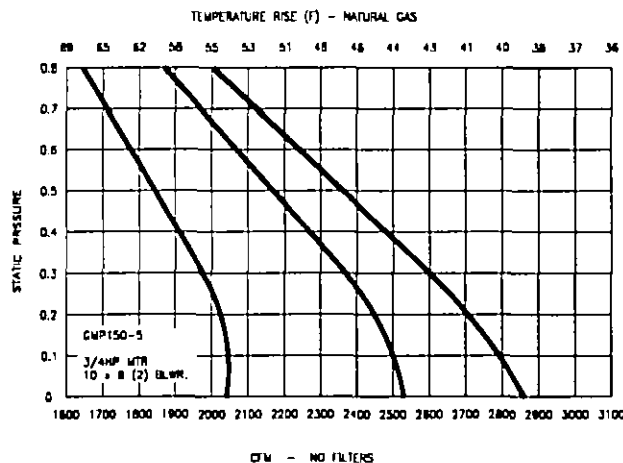
+ Vent connector only

MODEL	A	B	C	DOWNFLOW COMBUSTIBLE FLOOR BASE KIT
050-3 & 075-3	14.0	12.5	12.5	SBM14
075-4 & 100-3 & -4	17.5	16.0	16.0	SBM17
100-5 & 125-4 & -5	21.0	19.5	19.5	SBM21
150-5	24.5	23.0	23.0	SBM24

*Accessibility clearance shall take precedence where greater
Specifications and Performance Data are Subject to Change Without Notice.

AIRFLOW DATA





CASED (U) COIL APPLICATION OPTIONS

COIL MODEL NO.	FURNACE MODEL NO.	GMP050-3 GMP075-3 GMPN060-3 *GSU060-3	GMP075-4 GMP100-3 GMP100-4 GMPV075-1.5/3 GMPN080-4 *GSU080-4	GMP100-5 GMP125-4 GMP125-5 GMPV100-3/5 GMPV125-3/5 GMPN100-4 *GSU100-4	GMP150-5 GMPN120-5
	NOMINAL FURNACE WIDTH	14"	17 1/2"	21"	24 1/2"
	DFK MODEL NO.(3)	DFK-14	DFK-17	DFK-21	DFK-24
	NOMINAL COIL WIDTH				
U-18	14"	X			
U-29	14"	X			
U-30	17 1/2"	X(1)	X(2)		
U-31	14"	X			
U-32	17 1/2"	X(1)	X(2)		
U-35	14"	X			
U-36	17 1/2"	X(1)	X(2)		
U-42	17 1/2"	X(1)	X(2)		
U-47	17 1/2"		X		
U-49	21"		X(1)	X(2)	
U-59	21"		X(1)	X(2)	
U-60	24 1/2"			X(1)	X(2)
U-61	24 1/2"			X(1)	X(2)
U-62	21"		X(1)	X(2)	

(1) - Utilizing factory installed bottom cabinet filler plates.

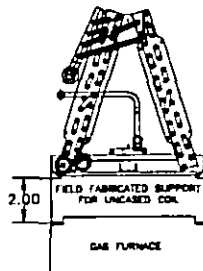
(2) - Discard bottom cabinet filler plates.

(3) - Downflow Coil Adapter Kit allows use of U coils in downflow applications.

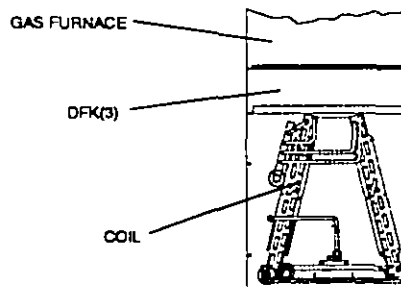
* - Upflow Application only

UC COIL INSTALLATION RECOMMENDATIONS:

MINIMUM DISTANCE BETWEEN
FURNACE AND COIL PAN : 2"

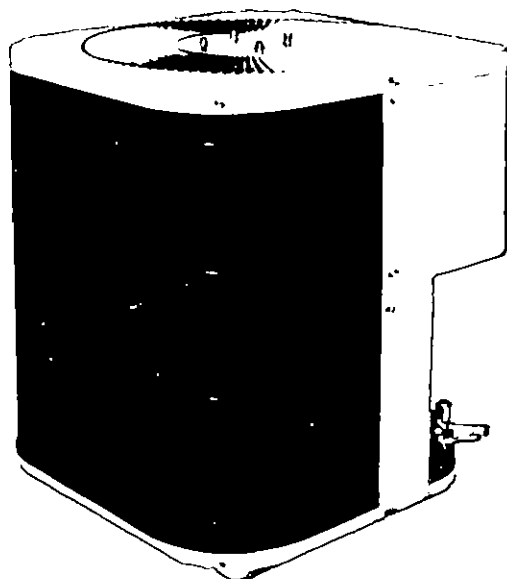


DOWNFLOW APPLICATIONS



Note:

- A. Do not use this coil on oil furnaces or any applications where the temperature on drain pan may exceed 300°F. Use the following metal drain pans: 15236-18 (U-18 thru U-32), 15236-19 (U-36 thru U-47), 15236-20 (U/JC-60 thru U-61), and 15236-12 (U/JC-49, U-58, and U-62) for those applications.
- B. Due to the rating mix/match of various coils with outdoor units it is important to match the furnace air flow for the total system capacity. (Refer to furnace spec. sheet & condenser/heat pump spec. sheet.)



**13 SEER
SPLIT SYSTEM HIGH EFFICIENCY
AIR CONDITIONING
2 THRU 5 TON**

DESCRIPTION / APPLICATION

- Outdoor Condensing Units for Ground Level or Rooftop Application
- Designed For Use With Evaporator Blowers and coils

CABINET CONSTRUCTION

- Powder Paint Finish with 500 hr. Salt Spray Approval
- Heavy Gauge/Zinc Clad

ACCESSORIES

- SK-X Hard Start Kit for systems where a Non Bleed Expansion Valve is applied

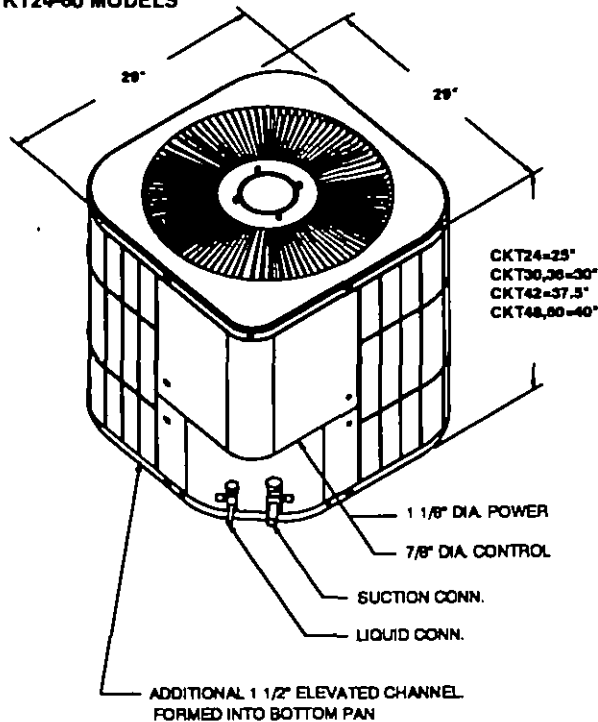
STANDARD EQUIPMENT

- Quiet Operating Top Discharge
- Copper Tube, Aluminum Fin Coil Construction
- Brass Suction and Liquid Line Shut Off Valves
- Sweat Connections
- Fully Charged For 25' Tubing Length
- Totally Enclosed Permanently Lubricated Condenser Motor
- Liquid Line Filter Drier-Factory Installed
- Hi Efficiency Performance
- Designed For PSC Operation
- Hermetically Sealed Compressor

Physical Data

Model	Condenser		Liquid	Suction	Type	Approx. Shipping Wt.
	Fan Dia. In.	Fan RPM				
CKT24-1	22	850	3/8	3/4	Sweat	173
CKT30-1	22	850	3/8	3/4	Sweat	206
CKT36-1	22	1075	3/8	3/4	Sweat	206
CKT42-1	22	1075	3/8	7/8	Sweat	256
CKT48-1	22	1075	3/8	7/8	Sweat	270
CKT80-1	22	1075	3/8	7/8	Sweat	271

DIMENSIONAL DATA KT24-80 MODELS



Performance Ratings

Condenser Model	Evaporator Model	Total BTUH	Sensible BTUH	SEER	SRM/BELS
CKT24-1	U31+EEP	22000	16500	13.00	8.0
	U32/UC32/H36F+EEP	22000	16500	13.00	
	H36F+GMPV075-1.5/3	22000	16500	14.00	
	U32/UC32+GMPV075-1.5/3	22000	16500	14.00	
	A32-XX	22000	16500	13.00	
	U42/UC42+GMPV075-1.5/3	22400	16800	14.00	
CKT30-1	H49F+GMPV075-1.5/3	22400	16800	14.00	8.2
	H49F/UC42+EEP	22400	16800	13.00	
	U32/UC32/H36F+EEP	26800	20100	13.00	
	A32-XX	26800	20100	13.00	
	U42/UC42/H49F+GMPV075-1.5/3	27000	20250	14.00	
	U42/UC42/H49F+GMPV100-3/5	27000	20250	14.00	
CKT36-1	AV36-60-XX	28000	21000	14.00	8.2
	U49/UC49+EEP	27000	20250	13.00	
	H80F+GMPV100-3/5	36000	26200	13.00	
	H80F+GMPV125-3/5	36000	26200	14.00	
	U49/UC49+GMPV100-3/5	36000	26200	14.00	
	U49/UC49+GMPV125-3/5	36000	26200	14.00	
CKT42-1	H80F+EEP	36000	26200	13.00	8.4
	U49/UC49+EEP	36000	26200	13.00	
	H80F+GMPV100-3/5	37000	27000	14.00	
	AV36-60-XX	41000	30000	14.00	
	A49-XX	41000	30000	13.00	
	U81/UC81/H81F+GMPV100-3/5	41000	30000	14.00	
CKT48-1	U81/UC81/H81F+GMPV125-3/5	41000	30000	14.00	8.4
	U82/UC82+GMPV100-3/5	41000	30000	14.00	
	U82/UC82+GMPV125-3/5	41000	30000	14.00	
	U81/UC81/H81F+GMPV100-3/5	41000	30000	14.00	
	U81/UC81/H81F+EEP	41000	30000	13.00	
	U82/UC82+EEP	41000	30000	13.00	
CKT80-1	A49-XX	44000	33000	13.00	8.4
	U82/UC82+EEP	44500	33400	13.00	
	AV36-60-XX	45000	33700	13.50	
	U81/UC81/H81F+GMPV100-3/5	45000	33700	13.50	
	U81/UC81/H81F+GMPV125-3/5	45000	33700	13.50	
	U82/UC82+GMPV100-3/5	45000	33700	13.50	
CKT80-1	U82/UC82+GMPV125-3/5	45000	33700	13.50	8.4
	U81/UC81/H81F+EEP	45000	33700	13.00	
	A81-XX	53000	39700	12.50	
	AV36-60-XX	53000	39700	13.00	
	U81/UC81/H81F+EEP	52000	39700	13.00	
	U81/UC81/H81F+GMPV100-3/5	53000	39700	13.00	
CKT80-1	U81/UC81/H81F+GMPV125-3/5	53000	39700	13.00	8.4
	U82/UC82+GMPV100-3/5	53000	39700	13.00	
	U82/UC82+GMPV125-3/5	53000	39700	13.00	
	U82/UC82+EEP	52000	39700	13.00	

1. Note: XX Of A Model Designate Electric Heat Quantity.

2. EEP - Order From Service Dept. Part No. B13707-38.

- The Goodman Gas Furnace contains the EEP cooling time delay.

3. When matching the outdoor unit to the indoor unit, use the piston supplied with the outdoor unit or that specified on the piston kit chart supplied with the indoor unit.

Electrical Data

Model	Volts	PH	Wire Ampacity	Maximum Overcurrent Protection	Max. Volts	Min. Volts	Compressor		Cond. Fan	
							RLA	LRA	FLA	HP
CKT24-1	208/230	1	11.3	15	253	197	8.3	48.0	.90	1/8
CKT30-1	208/230	1	14.5	25	253	197	10.9	59.0	.90	1/8
CKT36-1	208/230	1	21.8	35	253	197	16.0	87.0	1.8	1/4
CKT42-1	208/230	1	24.2	40	253	197	17.9	87.0	1.8	1/4
CKT48-1	208/230	1	24.2	40	253	197	17.9	87.0	1.8	1/4
CKT80-1	208/230	1	31.2	50	253	197	23.1	105.0	2.3	1/3

*May use fuses or HACR type Circuit Breakers of the same size as noted

NOTE: SPECIFICATIONS AND PERFORMANCE DATA LISTED HEREIN ARE SUBJECT TO CHANGE WITHOUT NOTICE.

Hazlet Township

Permits without a Jacket

HAZLET TOWNSHIP, NEW JERSEY
APPLICATION FOR ZONING PERMIT
FENCE

Date 5-16-05

Application No. 7 05-0387
Permit No. 05-00020387

Application is hereby made for a Zoning Permit in conformity with the requirements of the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name: JOHN BUCKLEY

(If Commercial or Industrial give name of store, company, etc)

Address: 21 HEMLOCK ST HAZLET NJ 07730

Block 71 Lot 21 Zone R70

The above named applicant hereby applies for a Zoning Permit to: REPLACE EXISTING FENCE WITH 6' VINYL FENCE

The following regulations shall govern the issuance of this permit:

- 1 1. Fence may not exceed the height applied for.
- 2 2. Supporting members of the fence must face the property upon which it is situated.
- 3 3. Fence must be totally erected inside the property lines of this lot.
- 4 4. Fence must remain open (minimum of 50% of fence area must not contain any material).
(Applicable only if initialed by Zoning Officer)
- 5 5. Applicant is responsible for maintenance between adjoining property fences. (Applicable only if initialed by Zoning Officer)
- 6 6. Chain link fence permitted, however, no screening may be installed.
(Applicable only if initialed by Zoning Officer)
- 7 7. Fence may not exceed the physical limits denoted on the attached plan.
- 8 8. Erection of fencing through and/or on any easement is at the homeowner's risk. The homeowner has been made aware that access to the particular easement is reserved by the owner of the easement and removal and replacement of the fence at the property owner's expense may be required.

Submitted herewith is a dimensional plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

Owner JOHN BUCKLEY Address 21 HEMLOCK ST HAZLET Tel. # [REDACTED]

Lessee _____ Address _____ Tel # _____

Contractor AFFORDABLE FENCE Co. Address _____ Tel # 732 738 6966

Estimated cost of work \$ 5,000 Zoning Permit Fee \$ 45.00

(Signature of Applicant or Agent)

Sharon A. Keegan, Zoning Officer

Notes:

APPROVED BY HAZLET

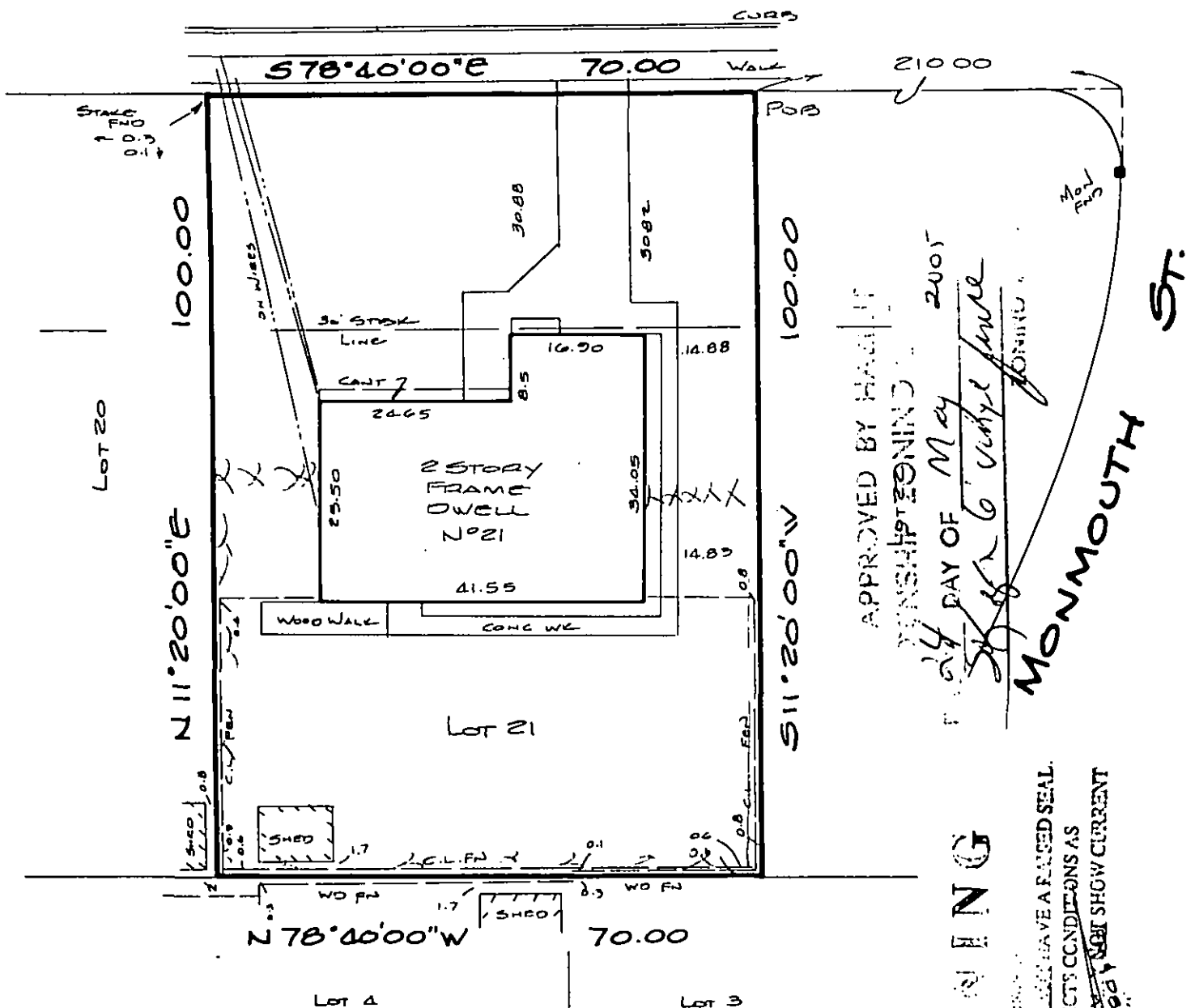
TOWNSHIP ZONING OFFICER

24 DAY OF May 2005
Sharon 6' Vinyl fence
20

HEMLOCK

STREET

(50)



I declare that to the best of my professional knowledge, information and belief, that this map or plan is the result of a field survey made 5/7/98 by me or under my direct supervision in accordance with the rules and regulations promulgated by the State Board of Professional Engineers and Land Surveyors, N.J.A.C. 13-40-5.1 "Land Surveyors, preparation of land surveys".

The information shown hereon correctly represents the conditions found at and as of the date of the field survey except such improvements or easements if any below the surface of the ground and not visible.

This declaration is given to parties named hereon solely for this transaction only and is not transferable except as follows:

- A) To the title insurer so it may insure title to the premises shown hereon.
B) To the mortgage holder, this declaration shall survive to its successors or assigns.

Caution: If this document does not contain the raised impression seal of the professional, it is not an authorized original document and may have been altered.

Offsets and building dimensions shown hereon shall not be used as a basis for construction of any permanent features including fences, sheds, buildings, etc., or property line location.

Note: Corner Markers not set at clients request.

ALSO KNOWN AS LOT 21, BLOCK 71
ON THE TOWNSHIP OF HAZLET
TAX MAP

SURVEY PLAT

LOT 21, BLOCK "F"
SUBDIVISION PLAT
WOODLAND PARK
SECTION SEVEN
TOWNSHIP OF HAZLET
MONMOUTH CO. N.J.
FILED: 7-1-98 CASE NO 66-19

TO: JOHN CHRISTOPHER BUCKLEY
COLUMBIA EQUITIES, LTD. ITS SUCCESSORS
AND ASSIGNS AS THEIR INTEREST MAY APPEAR
COUNTY LINE TITLE AGENCY, INC.
FIRST AMERICAN TITLE INSURANCE COMPANY
MELVIN W. WARREN ESQ.

WILLIAM J. FIORE, INC.

PROFESSIONAL LAND SURVEYORS
757 FISCHER BLVD., TOMS RIVER, NJ 08753
TEL. (732) 270-1488 FAX (732) 270-1194

William J. Fiore
WILLIAM J. FIORE, PROFESSIONAL LAND
SURVEYOR GS # 35362 DATE 5/8/98



UNIFORM CONSTRUCTION CODE

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

3-1-07 - spoke w/ ms. Buckley advised
permit ready. (14)

(office use only)

OPTIONAL (for office use only)

U.C.C. F100-1 (rev. 12/03)

CA 4114/69

LDS HZ-B 10307057

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 _____

4-26-06

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: 5-4-06 OK 11/8/07 2003 96000

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	Other
Building _____	Energy _____	
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. _____	_____	_____	_____

8/8/06

Provide details for construction of floor, walls, fire separation etc.

Only a floor plan submitted

5-22-06 - LM on H.O. VM need above info. (H)



- Above not provided, plans not revised to reflect construction details regarding the scope of the work. 

1-22-07 - Spoke w/ Terry Buckley advised of above. (H)

1/23/07 Gave H.O. Mr. Buckley
Copy of above notes

HAZLET TWP. 732-264-1700
1766 UNION AVENUE
HAZLET, NJ 07730

Date Issued 04/14/09
Control #
Permit # 07-0130

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 71 Lot 21 Qual
Work Site Location 21 HEMLOCK STREET
Owner in Fee/Occupant JOHN BUCKLEY
Address 21 HEMLOCK STREET
HAZLET, NJ 07730-
Telephone
Contractor H O M E O W N E R
Address
Telephone () - Fax () -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

[] 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 the owner will be subject to fine or order to vacate: _____

Home Warranty No. _____

[] State [] Private _____

Use Group R-5 _____

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy Load _____

Description of Work/Use: _____

ADDING BATHROOM INSIDE GARAGE

[] 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 _____, _____.

Construction Official
O.C.C. #280 (rev. 3/96)

Fee \$ _____ 0
Paid [X] Check No. 1578
Collected by: JEN



Construction PERMIT ~~UPDATE~~

C 71/21
Date Update Issued
Control #
Permit # 07-0130
Date Permit Issued 3/1/07

IDENTIFICATION Block 71 Lot 21
Work Site Location 21 HEMLOCK ST Contractor Self
Address _____
Owner in Fee JOHN BUCKLEY
Address 21 HEMLOCK ST
HAZLET NJ 07730
Tel. ([REDACTED]) _____
Tel. _____
Lic. No. or Bldrs. Reg. No. _____
Fed. Emp. No. _____

Is hereby granted permission to perform the following work:

☐ BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER _____

(Subchapter 8 only)

DESCRIPTION OF WORK: ADDING BATHROOM INSIDE NEXT TO GARAGE

Estimated Cost of Work \$ \$2.00

Construction Official

Date

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

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

PAYMENTS (Office Use Only)

Building 75
Electrical 75
Plumbing 75
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee 3
Cert. of Occupancy _____
Other _____
Total 228
Check No. 1578
Cash _____
Collected by Jer



PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

10/31/07
07-0130

IDENTIFICATION Block 71 Lot 21
Work Site Location 21 HEMLOCK ST Contractor HOME OWNER
Address _____
Owner in Fee JOHN BUCKLEY
Address 21 HEMLOCK ST
HARLET NJ 07730
Tel. _____ Tel. () _____
Lic. No. or Bldrs. Reg. No. _____
Fed. Emp. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

update to
~~ADDING~~ BATHROOM INSIDE OF GARAGE
Added extra outlets

Estimated Cost of Work \$ 2,000⁰⁰

Construction Official

Dennis Piro

Date

~~9-15-07~~
10/31/07

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occupancy _____
Other _____
Total fee paid
Check No. _____
Cash _____
Collected by _____

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

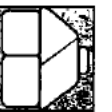
1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY



21Hemlock

BUILDING SUBCODE

TECHNICAL SECTION



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

Block 71 Lot 21 Qualification Code _____
 Work Site Location 21 Hemlock St

Owner in Fee 21 Hemlock St

Address 21 Hemlock St 07730

Tel. 21 Hemlock St

Contractor SELF

Address _____

Tel. (____) _____ FAX (____) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
No Plans Required			Type:		Failure	Approval
☒ All	<u>2/21/07</u>	<u>JS</u>	Footings			
☐ Footing			Footings Bonding			
☐ Foundation			Foundation			
☐ Frame			Slab			
☐ Other			Frame			
			Truss Sys./Bracing			
			Barrier-Free			
			Insulation			
			Finishes -Base Layer			
			Finishes -Final			
			Energy			
			Mechanical			
			TCO			
			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Rehabilitation \$ <u>9,000.00</u>
Height of Structure			3. Total (1+2) \$ <u>9,000.00</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
<u>ADDNG BATHROOM INSIDE TO GARAGE</u>

Date Received
Control #

Date Issued 3/11/07

Permit # 07-0130

BEER

FEE (Office Use Only)

Administrative Surcharge \$	<u>95</u>
Minimum Fee \$	<u>95</u>
State Permit Surcharge Fee \$	<u>0</u>
TOTAL FEE \$	<u>95</u>

8/22/07 1, Check for stepping
OK to Sample 83



21 Hemlock

BUILDING SUBCODE

TECHNICAL SECTION



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

Block 71 Lot 21 Qualification Code _____
Work Site Location 21 Hemlock St

Owner In Fee John Buckley
Address 21 Hemlock St

Tel. HAZLET NJ 07730

Contractor Self

Address _____

Tel. (_____) _____ FAX (_____) _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
☒ No Plans Required	<u>2/14/07</u>	<u>HB</u>	Type:	Failure	Failure	Approval
☐ All			Footings			
☐ Footing			Footings Bonding			
☐ Foundation			Foundation			
☐ Frame			Slab			
☐ Other			Frame			
			Truss Sys./Bracing			
			Barrier-Free			
			Insulation			
			Finishes -Base Layer			
			Finishes -Final			
			Energy			
			Mechanical			
			TCO			
			Other			
			Final			
			Barrier-Free			

SUBCODE APPROVAL
☐ CO ☐ CCO ☒ CA
Date: 2/14/07
Approved by: [Signature]

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class		
No. of Stories		
Height of Structure		
Area - Largest Floor		
New Bldg. Area/All Floors		
Volume of New Structure		
Total Land Area Disturbed		

Est. Cost of Bldg. Work:

1. New Bldg.	\$ <u>21,000.00</u>
2. Rehabilitation	\$ <u>15,000.00</u>
3. Total (1+2)	\$ <u>36,000.00</u>

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.

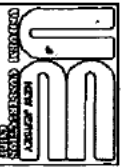
Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ADDING BATHROOM INSIDE TO GARAGE

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

Administrative Surcharge \$	<u>15</u>
Minimum Fee \$	<u>15</u>
State Permit Surcharge Fee \$	<u>17</u>
TOTAL FEE \$	<u>47</u>



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 76 Lot 21 Qualification Code 21
Work Site Location 21 Hemlock St

Owner in Fee JOHN BUCKLEY
Address 21 HEMLOCK ST
HARTFORD CT

Tel [REDACTED] FAX ()
Contractor SELF
Address [REDACTED]

Contractor License No. [REDACTED]
Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed [REDACTED]
☐ Pole/Pad # [REDACTED] ☐ Temporary ☐ Other [REDACTED]
Building Occupied as [REDACTED] Utility Co. [REDACTED]
Est. Cost of Elec. Work \$200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type: <u>11-507</u>	Failure <u>11-507 PM</u>
Joint Plan Review Required:			Rough <u>11-507</u>	Barrier-Free <u>11-507 PM</u>
☐ Building ☐ Plumbing			Trench <u>[REDACTED]</u>	Temp. Serv. <u>[REDACTED]</u>
☐ Fire ☐ Elevator			Canstr. Serv. <u>[REDACTED]</u>	Canstr. Serv. <u>[REDACTED]</u>
☐ Elec. Plans Approved			Canstr. Serv. <u>[REDACTED]</u>	Canstr. Serv. <u>[REDACTED]</u>
Date: <u>5-14-80</u>			Canstr. Serv. <u>[REDACTED]</u>	Canstr. Serv. <u>[REDACTED]</u>
Approved by: <u>Arnold Hyslop</u>			Canstr. Serv. <u>[REDACTED]</u>	Canstr. Serv. <u>[REDACTED]</u>
SUBCODE APPROVAL				
☐ CO ☐ CCO			Temp. Cut-in-Card Date Issued <u>11-507 PM</u>	Final Cut-in-Card Date Issued <u>11-507 PM</u>
Date: <u>11-13-80</u>			Annual Pool Inspection <u>[REDACTED]</u>	Annual Pool Inspection <u>[REDACTED]</u>
Approved by: <u>Arnold Hyslop</u>			Date Grounding and Bonding <u>[REDACTED]</u>	Date Grounding and Bonding <u>[REDACTED]</u>

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.

Date Received 3/1/07
Control # 07-0130

Date Issued 07-0130
Permit # 07-0130

Applicant's Signature/Contractor's Seal and Signature [REDACTED]

☐ Licensed Elec. Contractor ☒ Certified Landscape Irrigation Contr' ☒ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
1		Lighting Fixtures
1		Receptacles
2		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

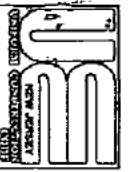
Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
KW Even/Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/Receptacle	
KW Dishwasher	
HP Garbage Disposal	
KW Central A/C Unit	
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/4 HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

FEE (Office Use Only)

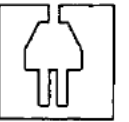
Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	<u>415</u>

MUST Follow 2008 NEC ON WIRING OF
BATH ROOM.

BEER



ELECTRICAL SUBCODE TECHNICAL SECTION



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

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.

Block 71 Lot 21 Qualification Code _____

Work Site Location 21 HENLOCK ST

Owner in Fee JOHN BUCKLEY

Address 21 HENLOCK ST

HAZLET NJ

Tel SELF

Contractor SELF

Address _____

Tel (_____) _____ FAX (_____) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ \$20.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
[] No Plans Required			Type:	Failure	Approval
Joint Plan Review Required:			Rough		
[] Building [] Plumbing			Barrier-Free		
[] Fire [] Elevator			Trench		
[] Elec. Plans Approved			Temp. Serv.		
Date: <u>5-4-96</u>			Constr. Serv.		
Approved by: <u>Amel Mawad</u>			IDO		
			Final		
			Service		
			Barrier-Free		
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued		
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued		
Date: _____			Annual Pool Inspection		
Approved by: _____			Date of Grounding and Bonding Certification		

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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 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 1/2 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

Date Received
Control #

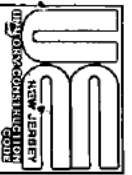
Date Issued
Permit #

3/1/07
07-0130

BEER

MUST FOLLOW 2002 NEC ON WIRING OF
BATH ROOM.

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



21 HEMLOCK ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 71 Lot 21 Qualification Code _____
 Work Site Location 21 HEMLOCK ST

Owner in Fee: JOHN BUCKLEY

Tel. [REDACTED] e-mail _____

Address 21 HEMLOCK ST street municipality zip code

Contractor: HOMEOWNER Tel. () e-mail _____

Address Stm E e-mail _____

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 \$ \$200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required _____ Date _____ Initial _____

Joint Plan Review Required: _____ Date _____ Initial _____

[] Building [] Plumbing _____ Rough _____

[] Fire [] Elevator _____ Trench _____

[] Elec. Plans Approved _____ Temp. Serv. _____

Date _____ Const. Serv. _____

Approved by: _____ TCO _____

Other _____

Service _____

Final _____

Barriers-Free _____

Temp. Out-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Rounding and Bonding _____

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 Elec. Contractor [] Certified Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW BATHROOM INSIDE OF GARAGE

Date Received _____
 Control # _____
 Date Issued 10/31/07
 Permit # 07-0130

FEE (Office Use Only)

QTY SIZE ITEMS
3 2 3 Lighting Fixtures
 Receptacles
 Switches
 Detectors
 Light Poles
 Motors—Fract. HP
 Emergency & Exit Lights
 Communications Points
 Alarm Devices/F.A.C. Panel

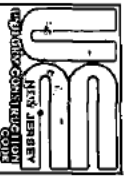
TOTAL NUMBERS

Pool Permit/with UV 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

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

11-507 METAL BOXES NOT GRD. PRO.
METAL BOX NOT DEEP.
MISSING GREEN GRD. SCREWS.

11-907 BOXES NOT GRD.
REMOVE CLAMP'S
NO TAILS ON GRD.



21 HEMLOCK ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 71 Lot 81 Qualification Code

Work Site Location 21 HEMLOCK ST

Owner in Fee: JOHN BUCKLEY

Tel. [REDACTED] e-mail

Address 21 HEMLOCK ST Street Municipality Zip code

Contractor: HOWIE OWLER Tel. () e-mail

Address Stan E e-mail

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 \$ \$200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Date (Month/Day)
☐ No Plans Required			Type:	
☐ Joint Plan Review Required			Rough	
☐ Building			Barrier-Free	
☐ Fire			Trench	
☐ Elec. Plans Approved			Temp. Serv.	
			Const. Serv.	
Date:			TGO	
Approved by:			Other	
			Service	
			Final	
			Barrier-Free	
SUBCODE APPROVAL				
☐ ECO			Temp. Cut-In-Card	
☐ ECO			Final Cut-In-Card	
☐ CA			Date Issued	
Date:			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 [REDACTED] and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW BATHROOM INSIDE OF GARAGE

Date Received 10/31/07
Control # 07-0130
Date Issued
Permit #

QTY	SIZE	ITEMS	FREE (Office Use Only)
3		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Erad/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	

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



PLUMBING
SUBCODE
TECHNICAL SECTION

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

Block 71 Lot 21

Work Site Location 21 HENLOCK ST

Owner in Fee JOHN BUCKLEY

Address 21 HENLOCK ST

City/State HAZLET NJ 07730

Tele. () [REDACTED]

Contractor BURHARD JONELIA PLUMBING

Address 532 KINGSLEY E

City/State MIDDLEBURN N.J. 07748

Tele. () 732-693-6936 Fax () 732-953-9668

Lic. No. 11198

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 \$ 13.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW ☒ No Plans Required

Joint Plan Review Required: ☐ Building ☐ Electric ☐ Fire ☐ Elevator

Plumbing Plans Approved OK

Date: 3/6/06

Approved by: [Signature]

SUBCODE APPROVAL ☐ CO ☐ CCO ☐ CA

Date: 11/26/07

Approved by: [Signature]

INSPECTIONS

Type: Slab Failure Approval 3/31/05 Initial [Signature]

Rough Failure Approval 11/26/07 Initial [Signature]

Water Failure Approval Initial

Sewer Failure Approval Initial

Fixtures Failure Approval Initial

Gas Equipment Failure Approval Initial

Gas Piping Failure Approval Initial

Solar Failure Approval Initial

TCO Failure Approval Initial

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 [Signature]

☒ Licensed Plumbing Contractor ☐ Exempt Applicant



Date Received 3/1/07
Date Issued 3/1/07
Control # 67-0130
Permit #

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

NO. 1

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

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greaselap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

FEE (Office Use Only) \$

BEER



PLUMBING
SUBCODE
TECHNICAL SECTION

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

Block 71 Lot 21

Work Site Location 21 Hemlock St

Owner in Fee WYNN BUCKLEY

Address 21 HEMLOCK ST

City/State/Zip HAZLET NJ 07730

Telephone () 932 693-6936 Fax () 932 957-9668

Contractor BUCKLEY JONELIN 111084 HTG

Address 530 Kung Hwy E

City/State/Zip Middlebury N.J. 07948

Telephone () 932 693-6936 Fax () 932 957-9668

Lic. No. 1198

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 \$ 1300

JOB SUMMARY (Office Use Only)

PLAN REVIEW ☒ No Plans Required ☐ Joint Plan Review Required

INSPECTIONS Type: Failure Failure Approval Initial

☐ Building ☐ Electric ☐ Rough ☐ Slab ☐ Fire ☐ Elevator ☐ Water ☐ Sewer ☐ Fixtures ☐ Gas Equipment ☐ Gas Piping ☐ Solar ☐ TCO

Approved by: Date: 5/6/06

Plumbing Plans Approved

Subcode Approval ☐ CO ☐ CCO ☐ CA

Approved by: Date:

Signature—Contractor's Seal

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



Date Received 3/1/07
Date Issued 3/1/07
Control # 67-0130
Permit #

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

NO. 0 FIXTURE/EQUIPMENT

0 Water Closet

0 Urinal/Bidet

0 Bath Tub

0 Lavatory

0 Shower

0 Floor Drain

0 Sink

0 Dishwasher

0 Drinking Fountain

0 Washing Machine

0 Hose Bibb

0 Water Heater

0 Fuel Oil Piping

0 Gas Piping

0 Steam Boiler

0 Hot Water Boiler

0 Sewer Pump

0 Interceptor/Separator

0 Backflow Preventer

0 Greasetrap

0 Sewer Connection

0 Water Service Connection

0 Stacks

0 Other

0 Other

0 Other

0 Other

0 Other

0 Other

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FEE (Office Use Only)

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FENCE LINE
14' 6"

FENCE LINE
13' 6"

DWELLING:

2

25'

33' 6"

UTILITY
CLOSET

removal
of wall

2 STORIES
WOOD

4 1/2 ft. → 5 ft. →

GARAGE

8 ft.

2 SWITCHES (LIGHT, EXHAUST)

24' 6"

OUTLET

LIGHTS

16' 6"

41'

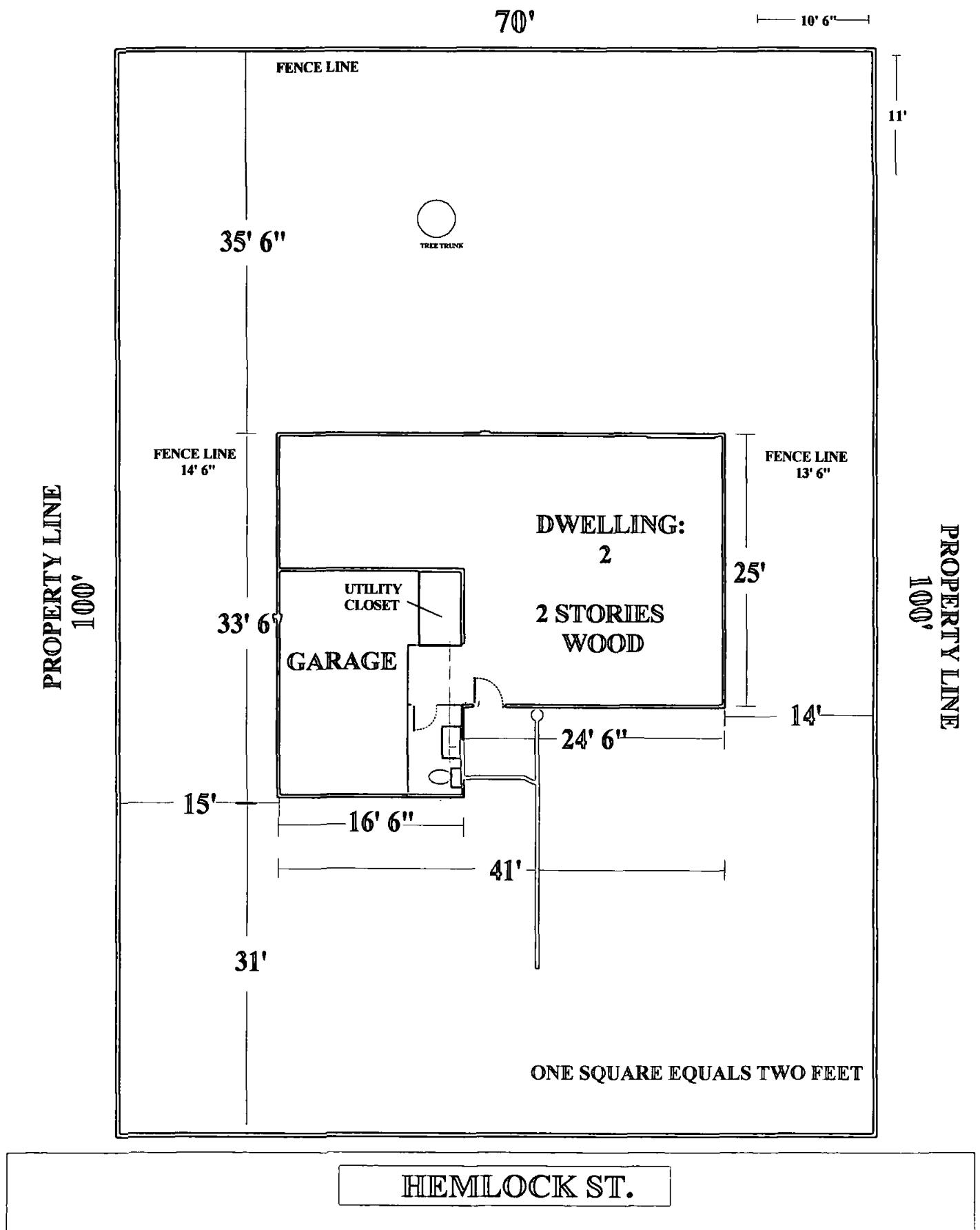
- * Bathroom is 5 ft. wide and 8 ft. deep
- * New foyer is 4 1/2 ft wide and 5 ft. deep
- * Raising floor to match rest of house
- * Wood frame construction

#07-0130
21 Newllock St.

DRAWN BY:

JOHN C BUCKLEY

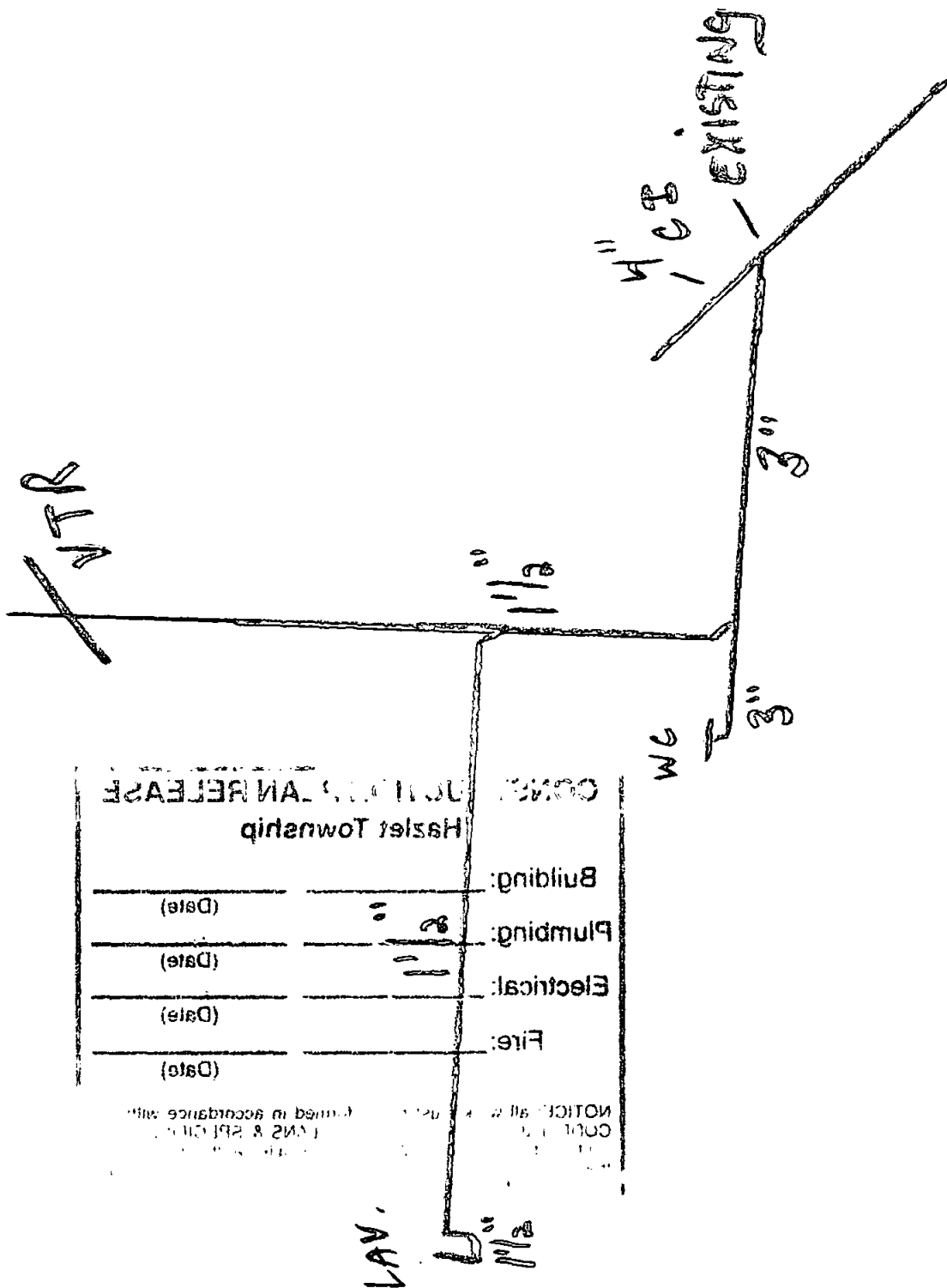




BLOCK : 71
OWNER: JOHN C BUCKLEY

LOT: 21

DRAWN BY:
JOHN C BUCKLEY
[Signature]



DRAWN BY:
JOHN BUCKLEY
[Signature]

CONSTRUCTION PLAN RELEASE
Hazlet Township

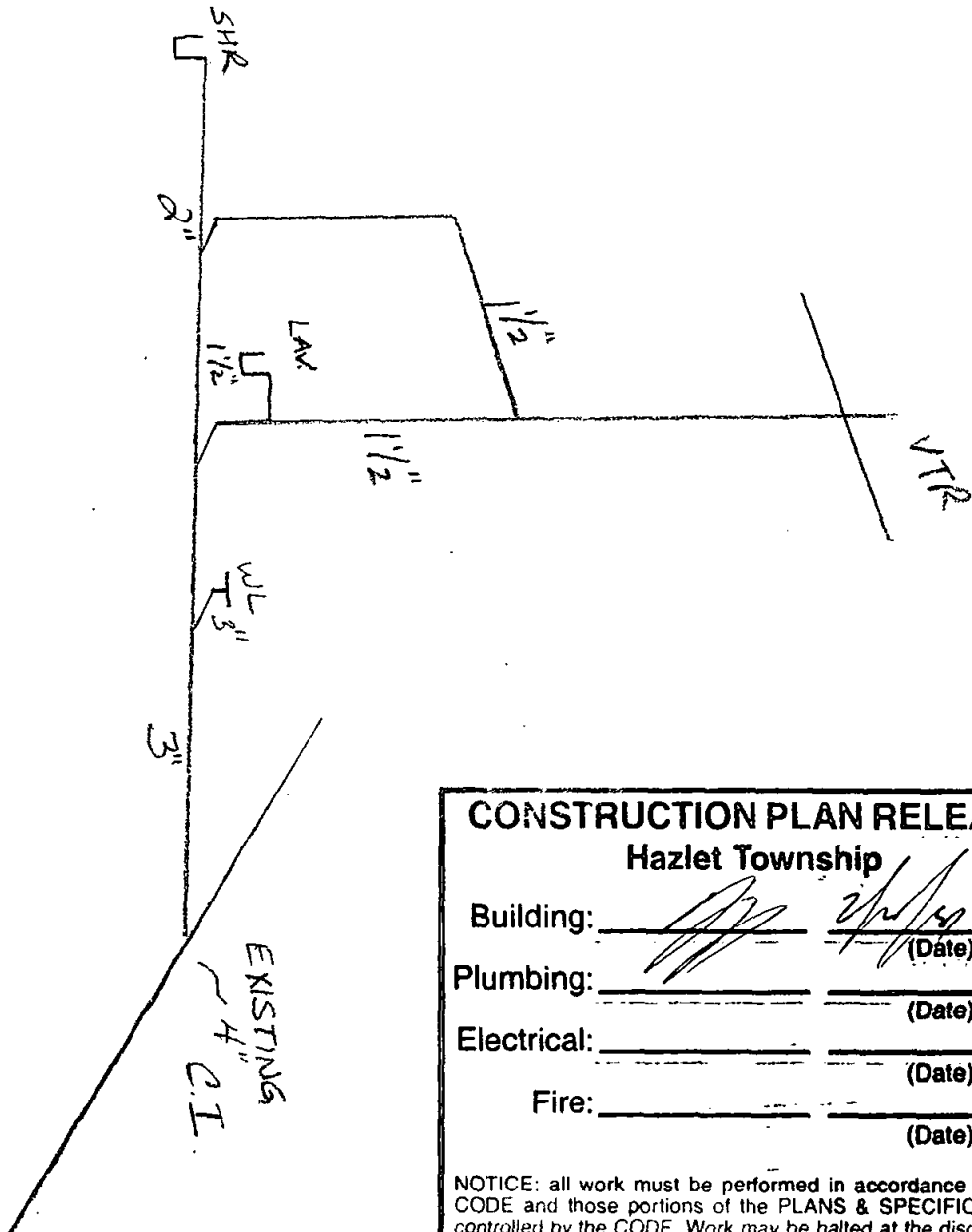
Building: _____ (Date) _____
Plumbing: *[Signature]* 5/8/06 (Date)
Electrical: *Ronald Hays* 5-14-06 (Date)
Fire: _____ (Date)

NOTICE: all work must be performed in accordance with the CODE and those portions of the PLANS & SPECIFICATIONS controlled by the CODE. Work may be halted at the discretion of the CODE OFFICIAL if substantial and/or major deviations are made that affect matters controlled by the CODE, and if revised plans are received and then RELEASED by the CODE OFFICIAL.

07-0130

Revised 1-18-07

David Beck.
5th Rockley



Hazlet Township

Building: _____ (Date) _____

Plumbing: _____ (Date) _____

Electrical: _____
(Date)

Fire: _____ (Date)

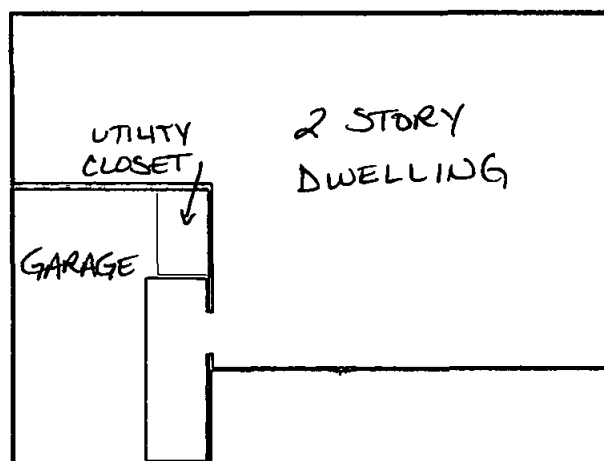
NOTICE: all work must be performed in accordance with the CODE and those portions of the PLANS & SPECIFICATIONS controlled by the CODE. Work may be halted at the discretion of the CODE OFFICIAL if substantial and / or major deviations are made that affect matters controlled by the CODE, until such time revised plans are reviewed and then RELEASED by this agency.

#07-0130

DRAWN BY: JOHN BUCKLEY (HOMEOWNER)

21 HEMLOCK ST

HARLET NJ



NOT TO SCALE!

5/8" FIRE RATED
DRYWALL TO CEILING
OF BATHROOM

5/8" FIRE
RATED DRYWALL
ON INTERIOR OF
ROOM.

5/8" FIRE
RATED DRYWALL

TYPICAL OF
EXISTING
OUTSIDE WALL
16" OC

3/4" PLYWOOD
SUB FLOOR

INSULATED BAYS

NEW CONSTRUCTION CONSISTS OF 2X4 16" OC WALL FACING
GARAGE FROM FLOOR TO EXISTING CEILING JOISTS AND
RAISING FLOOR TO HEIGHT OF REST OF HOUSE WITH
2X6 - 2X4 16" OC (WILL VARY DUE TO PITCH OF GARAGE FLOOR)
FLOOR JOISTS AND 3/4" SUB FLOOR.

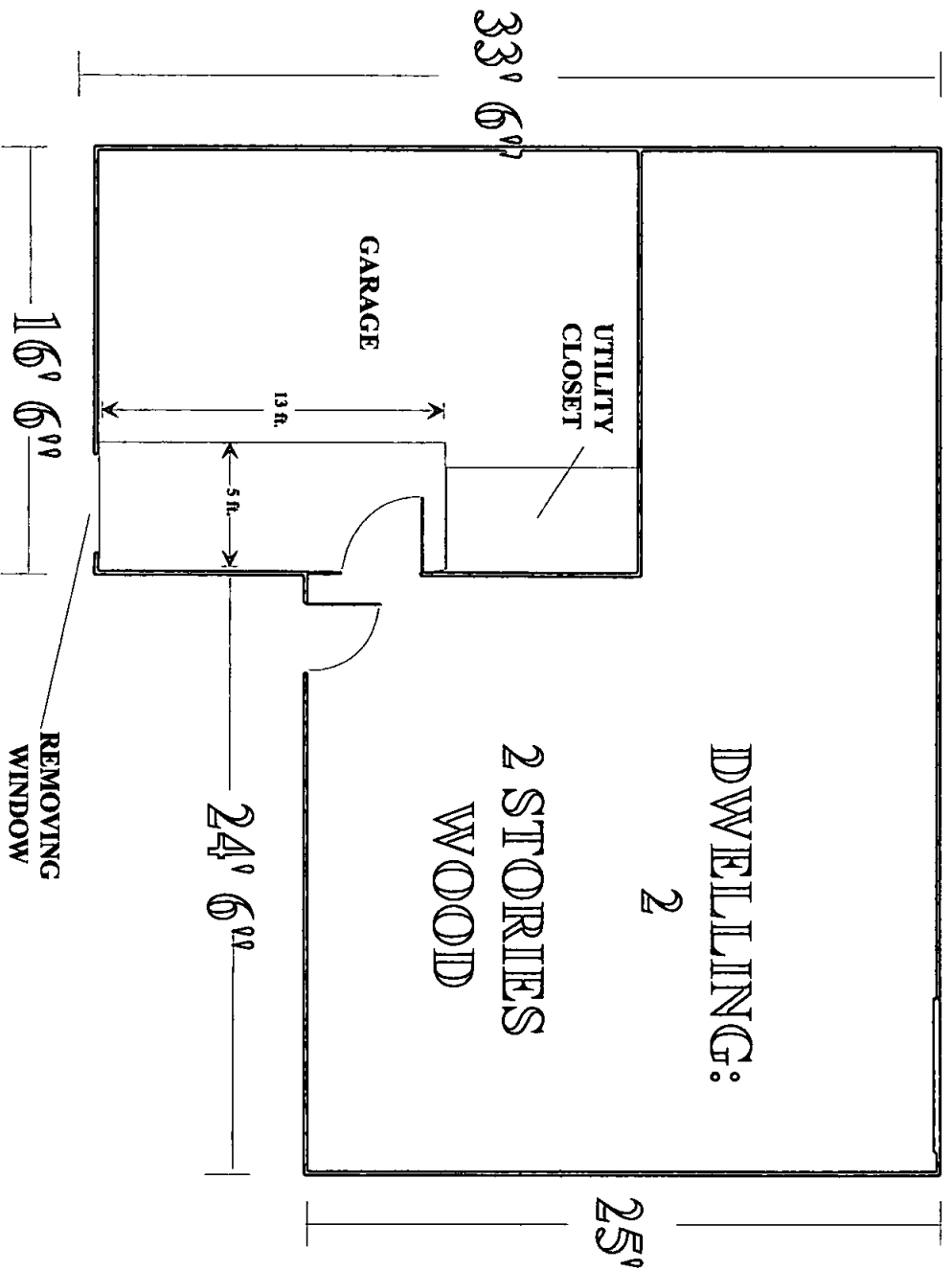
- CEMENT BOARD FOR SHOWER ENCLOSURE

BUCKLEY

21 HEMLOCK ST.
HAZLET MI

REVISED 1-18-07

Devon Day
John Buckley



- * BATHROOM IS 5 FT. WIDE AND 13 FT. DEEP
- * RAISING FLOOR TO MATCH REST OF HOUSE
- * WOOD FRAME CONSTRUCTION
- * CLOSING UP WINDOW TO ACCOMMODATE SHOWER



Christine Todd Whitman
Governor

State of New Jersey
Department of Community Affairs
Division of Codes and Standards
PO Box 802
Trenton, New Jersey 08625-0802



Jane M. Kenny
Commissioner

FTO-13

Date: June, 1999

Subject: Fire Separation Between Dwelling
Units and Attached Private Garages

References: N.J.A.C. 5:23-3.14 Building
Subcode Section 407.3 and
N.J.A.C. 5:23-3.21(c)3vi, One-and
Two-Family Dwelling Subcode

The Department has been made aware of inconsistent enforcement of the requirements for fire separation when private garages are located beneath living space in single-family home construction. This FTO is intended to deal with these misinterpretations and problems. The text that follows provides examples of construction practices that meet the intent of the code requirements and should be considered as acceptable methods of providing a one-hour fire-resistance-rated assembly when there is living space above an attached private garage in homes in Use Group R-3 or R-4.

The wall between the garage and the house shall be provided with one layer of $\frac{5}{8}$ -inch-thick, type X gypsum wallboard on the garage side of the wall. The wallboard shall be applied at right angles to each side of the stud and with $1\frac{1}{4}$ -inch drywall screws or nails at 12 inches on center. The joints of the gypsum wallboard shall be separated by at least one stud bay on opposite sides of the wall. The joints of the wallboard shall be taped and provided with one coat of spackle minimum. It is permissible to install insulation in this wall. This wall is required to be continuous to the underside of the ceiling membrane above. Membrane penetrations shall be as permitted in Section 714.1.6 of the Building Subcode.

The language above is from the Gypsum Association Fire Resistance Design Manual and provides a one-hour fire-resistance rating. This differs from the listed assembly by requiring the $\frac{5}{8}$ -inch type X gypsum wallboard on the garage side only. The protection needs to be provided from the garage side; there is no need to specify the type and thickness of gypsum on the house side.

The floor/ceiling assembly shall consist of two layers of $\frac{5}{8}$ -inch thick type X gypsum wallboard. The base layer shall be applied at right angles to the joists with $1\frac{1}{4}$ -inch minimum drywall screws or nails at 24 inches on center. The face layer shall be applied at right angles to the joists with $1\frac{7}{8}$ -inch minimum drywall screws or nails at 12 inches on center. The face layer joints shall be offset from the base layer joints by a minimum of one joist bay.

FORMAL TECHNICAL OPINION

FORMAL TECHNICAL OPINION

The joints of the face layer shall be taped and provided with a minimum of one layer of spackle. Insulation may be installed in this floor/ceiling assembly. There are no restrictions on the installation of the utilities above the ceiling membrane. There are no restrictions on the type of flooring to be used as the top membrane and if unusable space is located above a portion of the assembly, then no top membrane is required. Protection for any penetrations in the upper membrane of the assembly (i.e., heating and air conditioning registers) is not required. Membrane penetrations shall be as permitted in section 714.2.6 of the Building Subcode.

The language above is from the Gypsum Association Fire Resistance Design Manual and provides a one-hour fire-resistance rating. The Gypsum Association Manual states that the bottom membrane provides the one-hour fire-resistance rating for the structural members; therefore, there is no need to specify the material for the upper portion of the assembly.

The exterior load bearing wall is required to be provided with one layer of 5/8-inch-thick type X gypsum wallboard applied at right angles to the studs and secured with a minimum of 1 1/4-inch drywall screws or nails at 12 inches on center. The joints of the wallboard shall be taped and provided with a minimum of one coat of spackle. Insulation may be installed in this wall. This wall is required to be continuous to the underside of the ceiling membrane above.

The requirement stated above provides compliance with Section 716.1 of the 1996 BOCA National Building Code which requires structural elements that are supporting rated assemblies to have a rating of at least that of the assembly it is supporting. The load bearing exterior wall of a garage is required to be rated for one hour. The language in the text is from the same Gypsum Association assembly discussed above.

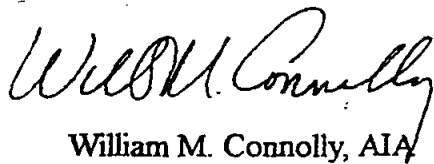
Any joints between the floor/ceiling assembly and the walls need only be provided with tape and spackle.

If there is a girder supporting the floor/ceiling assembly and the girder consists of a minimum of three 2-inch by 10-inch members, there is no additional protection required for the girder. If the girder is smaller than three 2-inch by 10-inch members, of engineered lumber or of steel construction, it must be encased in a minimum of two layers of 1/2-inch-thick type X gypsum wallboard. The base layer is required to be secured with a minimum of a one inch screw at 12 inches on center and the face layer is required to be secured with a minimum of a 1 5/8-inch screw at 12 inches on center. The face layer shall be provided with tape and one layer of spackle minimum. No additional protection is required for the column or wall supporting the girder.

The requirement stated above (that this member be provided with some level of fire-resistance rating) is based on the text of Section 716.1 of the 1996 BOCA National Building Code addressed above. The text that exempts the "three 2-inch by 10-inch members" from any protection is based on Section 2304.4.1 of the 1996 BOCA National Building Code. This section of the code deals with "Heavy

Timber Construction" (Type 4 construction). It is logical to equate a triple 2 inch by 10 inch to the nominal 6-inch by 10-inch which is required for a girder in Type 4 construction. If the girder is not the triple 2-inch by 10-inch specified, the specifications to obtain the rating of the girder from the Gypsum Association Fire Resistance Design Manual are used.

The door between the garage and adjacent interior space shall be a minimum of 1³/₄-inch solid core wood or 1³/₄ inch solid or honeycomb steel. There is no requirement for this door to be provided with a labeled jamb or with a door closer.



William M. Connolly, AIA
Director
Division of Codes and Standards

PURSUANT TO AUTHORITY OF N.J.S.A. 52:27D-119 ET SEQ., AS AMENDED, THE ABOVE FORMAL TECHNICAL OPINION IS CONSIDERED TO BE BINDING UPON ALL CODE OFFICIALS.

FTO-13

FORMAL TECHNICAL OPINION

**Hazlet Township, New Jersey
Application for Zoning Permit**

Date: 4-11-06

Application No. _____

Permit No. 06-0211

Application is hereby made for a Zoning Permit in conformity with the requirements of the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

✓ Name: JOHN C. BUCKLEY

✓ Address: 21 HEMLOCK ST HAZLET NJ 07730

Block: 71 Lot: 21 Zone: R70

The above named applicant hereby applies for a Zoning Permit to: _____

convert section of garage 5'x8' to 1/2 Bathroom

Fill in the following items that apply to the property in question.

<u>Size of Property</u>	<u>Principal Building</u>	<u>Accessory Building/Structure (s)</u>
Area <u>7000</u> Sq.Ft.	Type <u>2 story townhouse</u>	Total Area _____ Sq.Ft.
Frontage <u>70</u> Ft.	Gross Floor Area _____ Sq.Ft.	Min. Side Yard _____ Ft.
Depth <u>100</u> Ft.	Lot Coverage <u>plots</u> %	Min. Rear Yard _____ Ft.
	BLDG. HT. _____ Ft. (Max)	Min. distance _____ Ft. (from dwelling)

Signs: Type _____ Area Permitted _____ Area Requested _____ Ft.
Yard Dimensions (Not Required for Signs)

Front _____ Ft. Right Side _____ Ft. Left Side _____ Ft. Rear _____ Ft.

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

✓ Owner JOHN C. BUCKLEY Address 21 HEMLOCK ST Phone. [REDACTED]

Lessee _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

✓ Est. Cost of Work \$ 2000

Zoning Permit Fee \$ 1500

✓ [Signature]
Signature of Applicant or Agent

Sharon A. Keegan/Zoning Officer

Please note: New Procedure: Lot Grading & Elevation Plan prior to the issuance of zoning permit.

APPROVED BY HAZLET

TOWNSHIP ZONING OFFICER

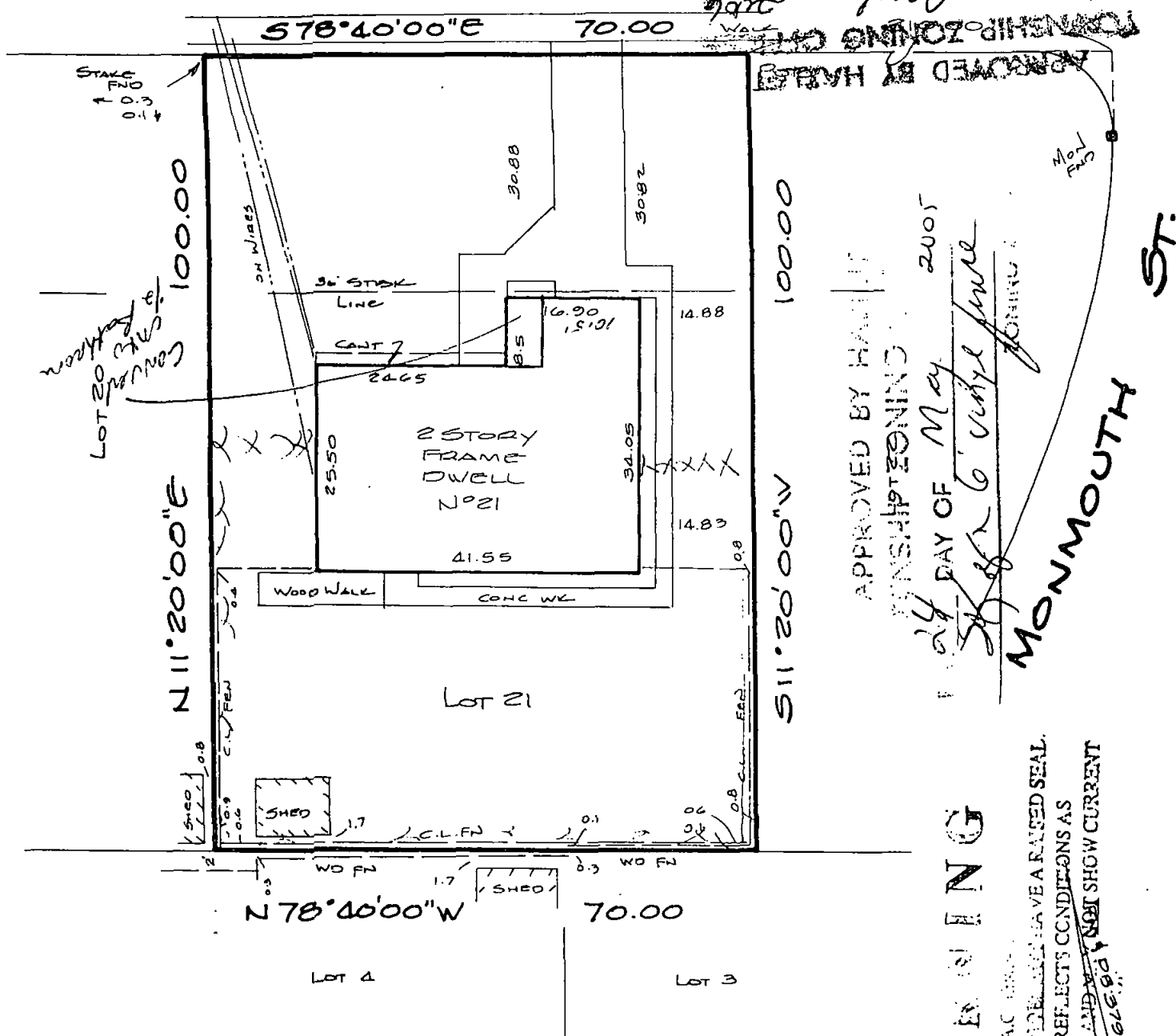
THIS 11 DAY OF April 2006
Sharon A. Keegan convert section of garage into 1/2 Bath
ZONING OFFICER

HEMLOCK

STREET

(50)

APPROVED BY HAZLET TOWNSHIP ZONING BOARD
 MAY 11, 2005
 ST. ANN'S CHURCH



I declare that to the best of my professional knowledge, information and belief, that this map or plan is the result of a field survey made 5/7/98 by me or under my direct supervision in accordance with the rules and regulations promulgated by the State Board of Professional Engineers and Land Surveyors, N.J.A.C. 13-40-5.1 "Land Surveyors, preparation of land surveys".

The information shown hereon correctly represents the conditions found at and as of the date of the field survey except such improvements or easements, if any below the surface of the ground and not visible.

This declaration is given to parties named hereon solely for this transaction only and is not transferable except as follows:

- A) To the title insurer so it may insure title to the premises shown hereon.
 B) To the mortgage holder, this declaration shall survive to its successors or assigns.

Caution: If this document does not contain the raised impression seal of the professional, it is not an authorized original document and may have been altered.

Offsets and building dimensions shown hereon shall not be used as a basis for construction of any permanent features including fences, sheds, buildings, etc., or property line location.

Note: Corner Markers not set at clients request.

ALSO KNOWN AS LOT 21, BLOCK 71
 ON THE TOWNSHIP OF HAZLET
 TAX MAP

SURVEY PLAT

LOT 21, BLOCK "F"
 SUBDIVISION PLAT
 WOODLAND PARK
 SECTION SEVEN
 TOWNSHIP OF HAZLET
 MONMOUTH CO., N.J.
 FILED: 7-1-58 CASE NO 66-15

TO: JOHN CHRISTOPHER BUCKLEY
 COLUMBIA EQUITIES, LTD. ITS SUCCESSORS
 AND ASSIGNS AS THEIR INTEREST MAY APPEAR
 COUNTY LINE TITLE AGENCY, INC.
 FIRST AMERICAN TITLE INSURANCE COMPANY
 MELVIN W. WARREN ESQ.

WILLIAM J. FIORE, INC.

PROFESSIONAL LAND SURVEYORS
 757 FISCHER BLVD., TOMS RIVER, NJ 08753
 TEL. (732) 270-1488 FAX (732) 270-1194

WILLIAM J. FIORE, PROFESSIONAL LAND
 SURVEYOR GS # 35362 DATE 5/8/98



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 21 Hemlock ST
2. Owner Name: John K. Buckley Tel. [REDACTED]
Address 21 Hemlock
3. Principal Contractor: SHORE Aluminum Tel. (201) 787-7878
Address 165 Hwy. 36 Wikeansburg N.J. 07734
Lic. No. or Builder Reg. No. 57176 Federal Emp. No. 222316777000
4. Architect or Engineer: 57176 Tel. ()
Address _____
5. Responsible Person in Charge of Work _____ Tel. ()

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☒ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

- | Permit/Category | Estimated |
|--|-------------------|
| 1. ☒ Building/Structural | <u>\$10,500.-</u> |
| 2. ☐ Plumbing | _____ |
| 3. ☐ Electrical | _____ |
| 4. ☐ Fire Protection | _____ |
| 5. ☐ Other _____ | _____ |
| 6. ☐ Other _____ | _____ |
| TOTAL COST <u>\$10,500.-</u> | |

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____
2. ☐ Multi-Family (R-2) HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☒ One-Family (R-3a) If other than new construction, enter no. of dwelling units: _____
- Before Construction: _____
- After Construction: _____
- Net Gain (or loss): _____

B. NON-RESIDENTIAL

- | | |
|---|---|
| 5. ☐ Theatres with Stage (A-1-A) | 16. ☐ Institutional Detention Center (I-1) |
| 6. ☐ Movie Theatres (A-1-B) | 17. ☐ Hospitals, Infirmeries (I-2) |
| 7. ☐ Night Clubs (A-2) | 18. ☐ Group Homes (I-3) |
| 8. ☐ Restaurants, Libraries, Museums (A-3) | 19. ☐ Mercantile (M) |
| 9. ☐ Religious Assembly (A-4) | 20. ☐ Moderate-Hazard Warehouse (S-1) |
| 10. ☐ Outdoor Assembly (A-5) | 21. ☐ Low-Hazard Warehouse (S-2) |
| 11. ☐ Business (B) | 22. ☐ Temporary, Misc. (U) |
| 12. ☐ Educational (E) | 23. ☐ Other _____ |
| 13. ☐ Moderate-Hazard Factory (F-1) | |
| 14. ☐ Low-Hazard Factory (F-2) | |
| 15. ☐ High-Hazard (H) | |

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

- | Principal | Secondary | Type |
|--|--------------------------|--------------------------|
| 3. ☒ | ☐ | Gas |
| 4. ☐ | ☐ | Oil |
| 5. ☐ | ☐ | Electric |
| 6. ☐ | ☐ | Solid (Wood, Coal, Etc.) |
| 7. ☐ | ☐ | Propane |
| 8. ☐ | ☐ | Solar |
| 9. ☐ | ☐ | Other _____ |

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 2
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
 B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 Shore Aluminum TEL. (201) 787-7878
 ADDRESS 165 Hwy. 36
W. Keansburg, N.J. 07734
 SIGNATURE Joanne Attobello

13-2186

PRIOR APPROVALS CHECKLIST

[illegible]

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

EDITION OF CODE		EDITION OF CODE	
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____
☐ Building	_____	☐ Energy	_____
☐ Electrical	_____	☐ Barrier Free	_____
☐ Plumbing	_____	☐ Other	_____
		☐ Flood Hazard	_____
		☐ As Built Elevation Certification	_____
		☐ Other	_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES

☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date Receiver	Approval Date	Reviewer	Comments
☐	BUILDING				
	Footings/Foundations				
	Framing				
	Architectural				
	Other _____				
☐	PLUMBING				
☐	ELECTRICAL				
☐	FIRE PROTECTION				
☐	OTHER _____				

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

Date Issued

- ☐ Temporary Certificate of Occupancy
Date Expired _____
- ☐ Temporary Certificate of Occupancy
Date Expired _____
- ☐ Certificate of Occupancy
No. _____
- ☐ Certificate of Continued Occupancy
No. _____
- ☐ Certificate of Approval
No. _____
- ☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required
(See Page 1, II.D.)

Date Posted to
Log and Ticker

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER _____	_____
SUBTOTAL	\$ _____
- LESS: 20% of subtotal (when plan review performed by state agency).	
	(_____)
D.C.A. TRAINING FEE .0008 x _____	= _____
CERTIFICATE OF OCCUPANCY	_____
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ _____
DATE _____ Collected By _____	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____	_____
OTHER	_____	_____	_____
OTHER	_____	_____	_____
- LESS: Refunds			(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED			\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	\$ _____

CERTIFICATE OF CONTINUED OCCUPANCY
TOWNSHIP OF HAZLET
MONMOUTH COUNTY, NEW JERSEY

DATE ISSUED 05/21/98

RESALE ☒ RENTAL

USE GROUP R-3 DESCRIPTION RESIDENTIAL
BLOCK 71 LOT 21

ADDRESS: 21 HEMLOCK STREET
CITY: HAZLET STATE: NJ ZIP 07730

OWNER: PURCHASER: ☒

NAME: JOHN CHRISTOPHER BUCKLEY
ADDRESS:

TENANT:
SELLER: JOHN AND VERONICA BUCKLEY

SMOKE DETECTOR APPROVED ☒

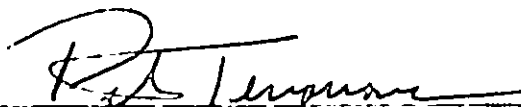
CERTIFICATE OF CONTINUED OCCUPANCY

This certifies 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/CONDITIONAL CERTIFICATE OF OCCUPANCY

*The following conditions must be met no later than _____
or the owner will be subject to fine or order to vacate.*

CONSTRUCTION OFFICIAL



Hazlet Township

Monmouth County, New Jersey

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Application is hereby made for a Certificate of Occupancy in accordance with the requirements of Section 1, Article XV subparagraph 2b of the Zoning Ordinance of the Township of Hazlet.

- A. Location of Property 21 HEMLOCK ST
STREET AND NUMBER
- B. Tax Map Description Lot 21 Block 71
- C. Description of Building – (Specify type of construction, number of stories, outside dimensions, and any other outstanding characteristics.)
FRAME; 2 STORY;
- D. Size of Property – (Give street frontage, depth, and approximate area.)
70' X 100'
- E. Describe Type of Present Occupancy – (i.e. one-family residential, two-family residential, commercial, industrial, etc.)
- F. Describe Proposed Occupancy – (Describe fully - see E above.)
ONE FAMILY RESIDENTIAL
- G. Property is Presently Zoned for RESIDENTIAL
- H. Certificate of Occupancy is required for the following reason:
- | | |
|--|--|
| ☐ New Building | ☐ Change in Use |
| ☐ Alteration | ☐ Extension of Use |
| ☒ Sale | ☐ Change in Occupancy |
| ☐ VA or FHA Requirement | ☐ Other (Explain below) |
- I. Present use (conforms) (does not conform) to the specifications of the Zoning Ordinance. If non-confirming, check below:
- | |
|--|
| ☐ Use predates zoning (give earliest date of present use.) |
| ☐ Variance granted (give year and case number of variance.) |
| ☐ Other (explain) |
- J. Structure (conforms) (does not conform) to the specifications of the Hazlet Township Building Code. (If non-conforming, explain.)

I, the undersigned, do hereby certify that all the statements contained herein are based on my own knowledge and are true and correct.

Dated: June 28, 1972

Richard Freire
SIGNATURE OF APPLICANT

DO NOT WRITE ON THIS SIDE - FOR OFFICE USE ONLY

APPROVED

Eugene D. Balestrione
Building Inspector

6/28/72
Date

~~DISAPPROVED~~

APPROVED

Fred M. Turner
Zoning Officer

6/28/72
Date

~~DISAPPROVED~~

Reason for Disapproval:

Signature of Disapproving Official

5/7

BUILDING

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

HAZLET TOWNSHIP CONSTRUCTION DEPARTMENT
3400 HIGHWAY 35 SUITE 9
HAZLET, NJ 07730
(908) 264-5707

BLOCK 71 LOT 21
FEE _____ CHECK NO. _____

DATE ISSUED 5-21-98
CCO NO. 130-98

BUILDING INSPECTOR Peter Terranova

ADDRESS TO BE INSPECTED 21 Hemlock ST HAZLET NJOWNER NAME John/Veronica Buckley

ADDRESS _____

(IF NOT THE SAME AS ADDRESS TO BE INSPECTED)

CITY, STATE, ZIP _____

Tel. _____

BUYER ☒ TENANT ☐NAME John Christopher Buckley

DATE

JOB CONDITION/COMMENTS

EARLY - Please - Some one housesitting
NO - Permits

5/5/98

1. 2nd fl bathroom - lavatory (sink) top not
properly fastened.

2. 2nd fl. repairs drywall around window

3. Repair holes in ceiling drywall.

4. door to garage from dwelling - holes in door

5. HOT WATER HEATER - PRESSURE RELIEF VALVE LACKS 3/4"

METAL EXTENSION PIPE (MUST TERMINATE WITHIN 6" OF FLOOR

6. 1st FL BATHROOM - FACET LEAKS

7. GAS CLOTHES DRYER LACKS METAL EXHAUST DUCT

8. REPAIR CRACKED SIDEWALKS - VEGETATION GROWING
THRU CRACKS

SIGNATURE

☒ OWNER☐ AGENT

DATE

4-28-98

PHONE NO. _____

USE GROUP _____

INSPECTED AND APPROVED BY _____

(NOTE* for Record - COMBUSTION AIR FOR FURNACE (CEILING) GRILL TO ATTIC)

ELECTRICAL

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

BLOCK _____ LOT _____

ELECTRICAL INSPECTOR: GEORGE MARTIN

ADDRESS TO BE INSPECTED 21 Hemlock ST HAZLET NJOwner John / Veronica Buckley

DATE

JOB CONDITION/COMMENTS

after 9:30 - Some-one house sitting
NO Permits

5-5-98

① outlets Required Bath ~~Bed Room~~
BATH Room

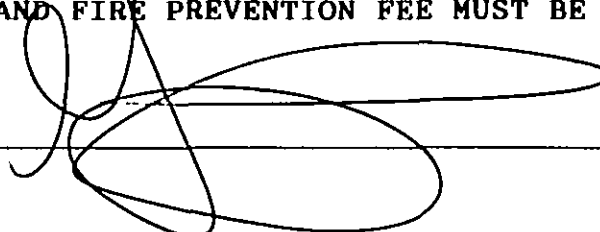
5-19-98

VIOLATION ~~con~~

A CHANGE IN OWNERSHIP OR TENANT REQUIRES A NEW CERTIFICATE

PRIOR TO ISSUANCE OF A COMMERCIAL CCO
A MUNICIPAL LICENSE AND FIRE PREVENTION FEE MUST BE PAID.

INSPECTED AND APPROVED BY



2/7

INSPECTION DATE

PAGE 2

ELECTRICAL

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

LOT BLOCK

ELECTRICAL INSPECTOR: GEORGE MARTIN

ADDRESS TO BE INSPECTED 81 Hemlock ST Hazel ST

Owner John Lawrence Buckley

JOB CONDITION/COMMENTS

DATE

After 2:30 - some one house sitting
no permits

2-2-28 1 outlets replaced
BATH room

A CHANGE IN OWNERSHIP OR TENANT REQUIRES A NEW CERTIFICATE

PRIOR TO ISSUANCE OF A COMMERCIAL CCO
A MUNICIPAL LICENSE AND FIRE PREVENTION FEE MUST BE PAID.

INSPECTED AND APPROVED BY

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730



CONSTRUCTION PERMIT

PERMIT NO. B-2186
DATE ISSUED May 21, 1986
Block 71 Lot 21
Subdivision _____

A. IDENTIFICATION

Owner John K. Buckley Agent SHORE ALUMINUM
Address 21 Hemlock St Address 165 Hwy 36
Wilkes N.J. 07734
Tel. (_____) _____ Tel. (201) 787-7878
Work Site Address 21 Hemlock Lic. No. 571176 57176
Federal Emp. No. 222316777

PAYMENTS

Permit Fee \$ 125⁰⁰
Fees Remitted \$ 125⁰⁰
☐ Check No. 634
☐ Cash
☐ Other _____
Collected By: L. Abush
Date: 5/21/86

is hereby granted permission
to perform the following work:

- ☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER _____

Description of work:

REPLACING WINDOWS
VINYL
PUTTING ON ALUMINUM
SIDING

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: \$ 10,000

Ernest P. Babatram
CONSTRUCTION OFFICIAL

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730



**BUILDING
SUBCODE**
TECHNICAL SECTION



PERMIT NO. 3-2186
DATE ISSUED May 24, 1988
REVISION DATE _____
Block 71 Lot 21
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner Tabu K. Buckley Contractor Shore Aluminum
Address 21 Hemlock St Address 165 Hwy. 36
Tel. HAZLET N.J. Tel. W. Keeganburg N.J.
Work Site Address 21 Hemlock St Lic. No. HAZLET 57176
Federal Emp. No. 222316 777000

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.
AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

REPLACING WINDOWS
PUTTING ON VINYL SIDING

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☒ Siding
☒ Other WINDOWS
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis

Fee

SUBTOTAL

Minimum Building Fee (if applicable)
Total Building Fee (Greater of Minimum or Subtotal)

\$ 100.00
\$ 25.00
\$ 125.00

C. BUILDING CHARACTERISTICS

USE GROUP: D32 Present K32 Proposed

No. of Stories _____ Total Building Area-All Floors _____ Sq. Ft.
Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
Area-Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: \$ 14000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730



**BUILDING
SUBCODE
TECHNICAL SECTION**



PERMIT NO. 2-214
DATE ISSUED 11-21-88
REVISION DATE 11-21-88
Block 71 Lot 21
Subdivision

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner Tobias Buckley Contractor Shane Alconero
Address 31 Healdock St Address West 11th St
Hazlet NJ Wiscasset, ME
Tel Tel. (201) 787-7878
Work Site Address 31 Healdock St Loc. No. 38-33 57176
Hazlet NJ Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

REPLACING WINDOWS
PUTTING ON VINYL SIDING

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☒ Siding
☒ Other Windows
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other

Fee Basis

Fee

SUBTOTAL

\$

Minimum Building Fee (if applicable)
Total Building Fee (Greater of Minimum or Subtotal)

\$ 111.00
\$ 125.00

C. BUILDING CHARACTERISTICS

USE GROUP: B3 Present Proposed K3

No. of Stories Total Building Area--All Floors Sq. Ft.
Height of Structure Ft. Volume of Structure Cu. Ft.
Area--Largest Floor Sq. Ft. Total Land Area Disturbed Sq. Ft.
Estimated Cost of Building Work: \$ 111.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE _____

JOB CONDITION/COMMENTS[illegible]

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

☐ No Plans Required _____

☐ All _____

☐ Footing/Foundation _____

☐ Frame _____

☐ Architectural _____

☐ Other _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Data		Approval Data
☐ Footing/Foundation			
☐ Slab			
☐ Frame			
☐ Architectural			
☐ Insulation			
☐ Finishes			
☐ Energy			
☐ Mechanical			
☐ TCO			
☐ Other _____			