BLOCK 10-3 LOT 9 ADDITION ADDRESS(site) 22 MOUNTAIN VIEW DR. PERMIT NO. 296-92

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work-site at: 22 MOUNTAIN VIEW DR.
2. Name of Owner in Fee: RICK ADEY Tel. [redacted]
   Address 22 MOUNTAIN VIEW DR. (street) CHESTER TWP. (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: DON HERRMANN Tel. (201) 543-7388
   Address BOX 318 BROOKSIDE, N.J. 07926
   License No. OR, if new home, Builder Reg. No. 05206 Exp. Date Aug. 31, 1993
   Federal Emp. No. _____ Social Security No. 158-38-7816
5. Architect or Engineer HEYRICH & DeCARLO Tel. (908) 879-2808
   Address 10 EAST MAIN ST. CHESTER
6. Responsible Person In Charge of Work DON HERRMANN Tel. (201) 543-7388

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☑ Addition	
5. ☐ Alteration	
6. ☑ Fire Protection	
7. ☑ Plumbing	$2100.00
8. ☑ Electrical	1600.00
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	$32,500.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			9/15/92	RD			
			9/15/92				
			9/15/92				

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

U.C.C. Form F-100A

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 244-		
2. Plumbing			
3. Electrical	49-		
4. Fire Protection	60		
5. Other			
6. Subtotal	$		
8. Subtotal	$		
9. DCA Training Fee	12-		
10. Subtotal	$		
11. Cert. of Occupancy	85-	5936	
12. Other			
13. TOTAL	$ 430		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 14 ft.	
3. Area—Largest Floor 526 sq. ft.	
4. Building Area—All Floors 526 sq. ft.	
5. Volume of Structure 7800 cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no ✓	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

PRO 101

FOLD FOLD

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 + Warren Richard Adley Date 9/9/92

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____ Date _____

FOLD

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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

	Name of Code & Edition		Name of Code & Edition
Building	12-31-92	Energy	
Electrical	12-17-92	Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	

X. CERTIFICATES ISSUED (office use only)

☐ Temporary Certificate of Occupancy No. ____
☐ Temporary Certificate of Occupancy No. ____
☐ Continued Certificate of Occupancy No. ____
☐ Certificate of Occupancy No. ____
☐ Certificate of Approval No. ____
☐ None

DATE EXPIRED

Other

PRO 101

FOLD

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 1-20-93
Control #
Permit # 296-92

IDENTIFICATION

Block 10:03 Lot 9
Work Site Location 22 Mountain View Drive
Chester Township
Owner in Fee Adey Rick
Address same
Tele. ( )
Contractor Herrmann Don
Address Box 318 Brookside, NJ.,
Tele. ( )
Lic. No. or Bldrs. Reg. No. 05206
Federal Emp. No.
or Social Security No.

Home Warrantly No.
Use Group R-3
Maximum Live Load
Description of Work/Use:

ADDITION

Type of Warranty Plan: [ ] State [xx] Private 526 Sq. Ft.,
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☑ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

MS- Control Person
Carol A. Isemann
CONSTRUCTION OFFICIAL
Deputy Clerk

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A 1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR PRO 123

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9/21/92
Date Issued
Control #
Permit # 296/92 1898

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

Block 10-3 Lot 9
Work Site Location 22 Mountain View Dr.
Chester Twp. N.J.
Owner in Fee Rick Ader
Address 22 Mountain View Dr.
Chester Twp. N.J.
[redacted]
Contractor D John Mechanic Inc
Address 8 Barbers Mill rd.
Hackettstown, N.J. 07840
Tele. (908) 637-4727
Lic. No. 4036
Federal Emp. No. 22-1928741 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as DWG. Utility Co. _____
Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 9/15/92
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 12-17-92
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			11-10-92	DR
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Line Dept.				

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.

Chas. Tournerod
Signature-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Fixtures (1)	
16		Receptacles (2)	
11		Switches (3)	
42		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	DG
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	6
		Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 43
Collected by: _____ TOTAL FEE $ 49

U.C.C. Form F-120A

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

PRO 103

DATE	JOB CONDITION / COMMENTS

#43

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/21/92
Date Issued
Control #
Permit # 296/92

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

Block 10-3 Lot 9
Work Site Location 22 MOUNTAIN VIEW DR. CHESTER TWP, N.J.
Owner in Fee RICK RIDEY
Address 22 MOUNTAIN VIEW DR. CHESTER TWP, N.J.
[redacted]
Contractor DON HERRMANN
Address Box 318 BROOKSIDE N.J. 07926
Tele. (201) 543-7388
Lic. No. or Bldrs. Reg. No. 05206
Federal Emp. No. _____ or Social Security No. 158-38-7816

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.
X Richard Ridey
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

ADDITION WITH RADON PIPE TO PUMP TO V.T.R. TO COVER

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All	9/11/92	RM	Footing	9/24/92		9/29/92	RS
[ ] Footing			Foundation			10/6/92	RDS
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date: 12/31/92			Other throat			10/27/92	LD
Approved By: G. Schmidt			Final				

TYPE OF WORK:
[ ] New Building
[✓] Addition
[ ] Alteration
[✓] Roofing
[✓] Siding
[✓] Other _____
[ ] Demolition
[ ] Miscellaneous
[ ] Fence _____ Height
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other _____

(Office Use Only)
FEE
$ 191
29
Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 224

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 14 Ft.
Area—Largest Floor 526 Sq. Ft.
Total Bldg. Area/All Floors 526 Sq. Ft.
Volume of Structure 7800 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 32,500
3. Total (1+2) $ 32,500

Bulletin 1

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

PRO 102

DATE	JOB CONDITION / COMMENTS

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control # MS
Permit #
Date Issued 296-92

IDENTIFICATION

Block 10:03 Lot 9
Work Site Location 22 Mountain View Drive
Chester Township
Owner in Fee Adey Rick
Address same
Tele. (____) ____

Contractor Don Herrmann
Address Brookside NJ.,
Tele. (____) ____
Lic. No. 05206
Federal Emp. No. ____
or Social Security No. ____

ACTION

☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP ____ Previous ____ Current

FINAL COST OF CONSTRUCTION: $ ____
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

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

DESCRIPTION OF WORK/USE:

ADDITION

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: ____
OWNER/AGENT

☐ Owner
☒ Agent

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/21/92

Control #

Permit # 296/92

IDENTIFICATION Block 10-3 Lot 9

Work Site Location 22 MOUNTAIN VIEW DR. CHESTER TWP., N.J.

Owner in Fee RICK ADEY

Address 22 MOUNTAIN VIEW DR. CHESTER TWP. N.J.

[redacted]

Contractor DON HERRMANN

Address BOX 318 BROOKSIDE N.J. 07826

Tele. (201) 543-7388

Lic. No. or Bldrs. Reg. No. 05206 Exp. Date 6/3/93

Federal Emp. No.

or Social Security No. 158-38-7816

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER

[✓] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

ADDITION

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 $ 32,500

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	224
Plumbing	
Electrical	49
Fire Protection	60
Other Elevator Dev.	
Other	
DCA Training Fee	1
Cert. of Occ.	85
Other	
Total	430
Check No.	
Cash	
Collected By:	

(see reverse side)

U.C.C. Form F-170C

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

PRO 108

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.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/21/92
Date Issued
Control #
Permit # 296/92

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

Block 10-3 Lot 9
Work Site Location 22 MOUNTAIN VIEW DR.
@ CHESTER TWP., N.J.
Owner in Fee RICK ADEY
Address 22 MOUNTAIN VIEW DR
[redacted], N.J.
Contractor DON HERRMANN
Address Box 218 BROOKSIDE N.J. 07926
Tele. (201) 543-7388
Lic. No. or Bldrs. Reg. No. 05206
Federal Emp. No. _____ or Social Security No. 158-38-7816

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.

X Warren Richard Adey
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

ADDITION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[✓] All	9/11/92	RH	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

TYPE OF WORK:
[ ] New Building
[✓] Addition
[ ] Alteration
  [✓] Roofing
  [✓] Siding
  [✓] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ 195
29
Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 224

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 14 Ft.
Area—Largest Floor 526 Sq. Ft.
Total Bldg. Area/All Floors 526 Sq. Ft.
Volume of Structure 7800 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 32,500

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PRO 102

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9-2-92
Date Issued
Control #
Permit # 296

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

Block 10-3 Lot 9
Work Site Location 22 MOUNTAIN VIEW DR.
CHESTER TWP. N.J.
Owner in Fee RICK ADEY
Address 22 MOUNTAIN VIEW DR
CHESTER TWP. NJ.
[redacted]
Contractor D John McCheckine Inc
Address 8 Barbers Mill Rd.
Hackettstown, N.J. 07840
Tele. (908) 637-4727
Lic. No. 4036
Federal Emp. No. 22-1928741 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as DWG. Utility Co.
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 9/15/92
Approved by:

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Line Dept.

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. Chas. Townsend
Signature-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Fixtures (1)	
16		Receptacles (2)	
11		Switches (3)	
42		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	6

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 43
Collected by: TOTAL FEE $ 49

U.C.C. Form F-120A

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

PRO 103

FIRE SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9/21/92
Control #
Permit # 296/92

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

Block 10-3 Lot 9
Work Site Location 22 MOUNTAIN VIEW DR. CHESTER TWP. N.J.
Owner in Fee RICK ADEY
Address 22 MOUNTAIN VIEW DR. CHESTER TWP. N.J.
[redacted]
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[✓] Fire Plans Approved
Date: 9/21/92
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL	✓	
Smoke Detectors		
Heat Detectors		60.00
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $ 60

U.C.C. Form F-140A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy **PRO 105**

Please have Radon

mitigation information

for George

BOCA
PLAN REVIEW RECORD

10.3 - 9

Plan Review # _____

Date 9/15/92

BASIC/NATIONAL BUILDING CODE

(All Articles except 15, 22 and 24)

Valuation = _____

Fee _____

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION _____
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

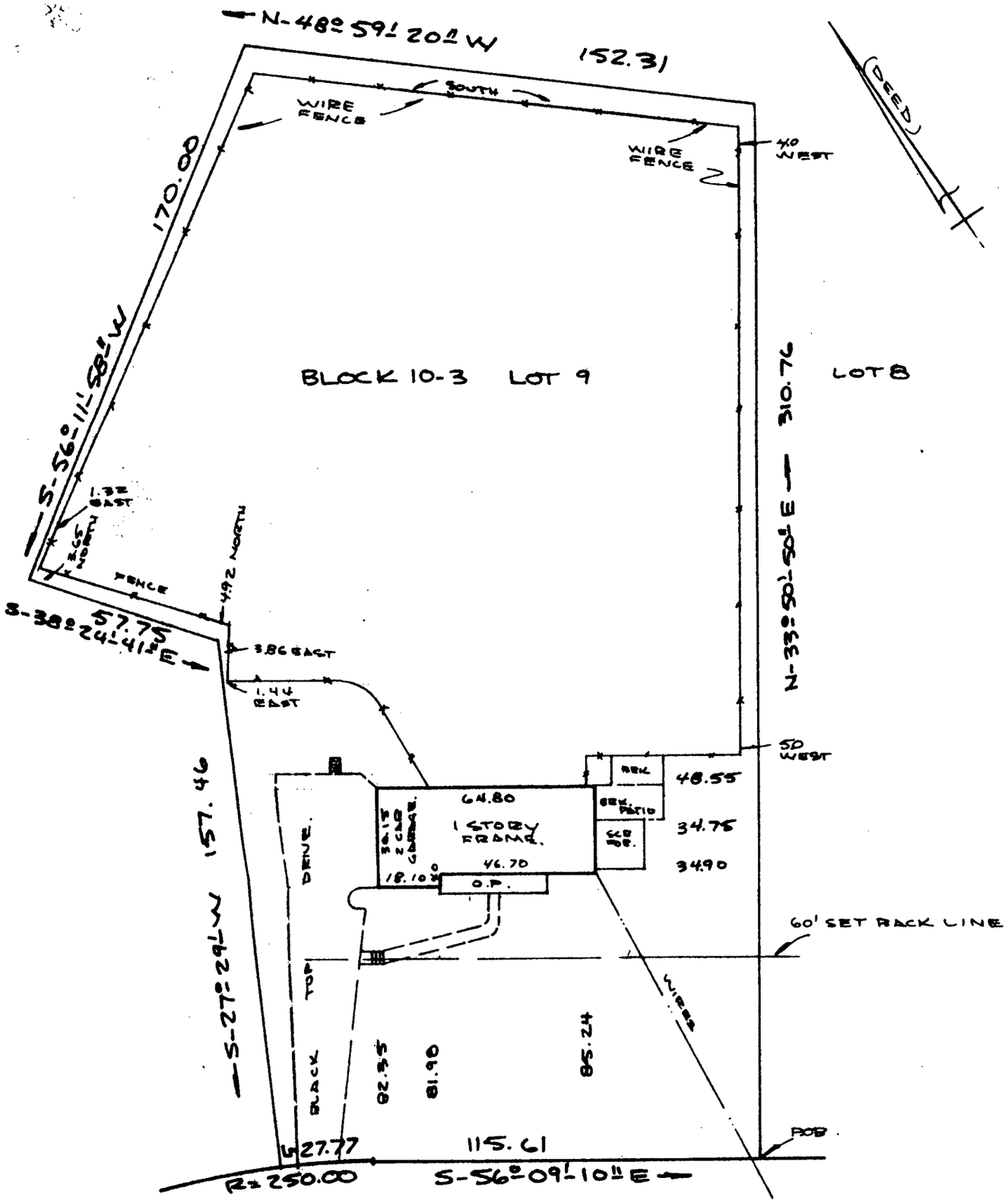
**Numerals indicated in parentheses are applicable code sections of 1984 Basic/National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
①	Supply radon evacuation system.	
	GEO -	
	Contractor installing Perimeter	
	Int. pipe to Sump with ~~Radon~~	
	~~Sump~~ Sump pump RADON vent to	
	V.T.R. Meets Code:	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477

ALS-11336



MOUNTAIN VIEW (50' ROW) **DRIVE.**

FINAL AREA = 54306.96 SQ FT
1.25 ACRES

OFFSETS SHOWN HEREON ARE FOR TITLE PURPOSES ONLY. ALTHOUGH ABSOLUTE, OFFSET DIMENSIONS ARE NOT TO BE USED FOR PERMANENT CONSTRUCTION

PROPERTY CORNERS SHALL BE SET ONLY IF SPECIFICALLY REQUESTED UNDER CONTRACTUAL AGREEMENT AND IF SAID CORNERS ARE PHYSICALLY ACCESSIBLE.

SURVEY OF PROPERTY SITUATED AT THE TOWNSHIP OF CHESTER, MORRIS COUNTY, NEW JERSEY.

BEING KNOWN AS LOT 9 IN BLOCK 10-3 ON MAP OF FOX CHASE FARMS TOWNSHIP OF CHESTER MORRIS CO, N.J FILED OCT. 6, 1964 MAP NO 2493 AKA LOT 9 IN BLOCK 10.03 ON THE TAX MAP.

CERTIFIED TO WARREN R. ADEY AND BETSEY R. ADEY HIS WIFE; PAUL M. BANGIOLI, ESQUIRE MERIDIAN TITLE INSURANCE COMPANY ARCHER LAWYERS SERVICE; WEICHERT MORTGAGE CO. INC. AND/OR THEIR SUCCESSORS OR ASSIGNS AS THEIR INTEREST MAY APPEAR.

KEELEN and PICA
LAND SURVEYORS & PLANNERS
P.O. BOX 171
BELLEVILLE, NEW JERSEY. 07109
TEL.: (201) 751-6498

DATE MAY 16, 1988
SCALE 1" = 40'
DRAWN BY JAK.
CHECKED BY J.K.
BK. 195
PG. 58

John J. Keelen
N.J. LIC. No. 19950
JOHN J. KEELEN