PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/11/99
Date Issued
Control #
Permit # 1000 11

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

Block 3107 Lot 10
Work Site Location 24 WOODLAND AVE
BUDD LAKE
Owner in Fee Yolanda D'AGOSTINO
Address 24 WOODLAND AVE
BUDD LAKE
Tele. (___)
Contractor Ken Best Plbg + Htg Inc
Address 43B OLD LEDGEWOOD RD
FLANDERS NJ
Tele. (___) 347-1879
Lic. No. 10213
Federal Emp. I ___ or Social Security No. ___

B. PLUMBING CHARACTERISTICS

Use Group Present ___ Proposed ___
Building Sewer Size 4" Public Sewer X Private Septic ___
Water Service Size ___ Public Water ___ Private Well ___
Estimated Cost of Plumbing Work $ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9/29/99
Approved by: MK

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By: KB
Date: 9-15-99

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Slab				
Rough				
Water				
Sewer - Horizontal ok			9-15-99 KB	
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

K. Best
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	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	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Reverse Plumbing only 30.00

Administrative Surcharge $ ___
Paid [ ] Check # ___ Minimum Fee $ ___
DCA Training Fee $ ___
Collected by: ___ TOTAL $ ___

PD

U.C.C. Form F-130B

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

WR 0060392

266 - 10

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6/20/94
Control #
Permit # 13180

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

Block 3107 Lot 10
Work Site Location 24 WOODLAND AVE BUDD LAKE

Owner in Fee V. D'ACOSTINO
Address 24 WOODLAND AVE BUDD LAKE NJ 07828

Tele. (
Contractor LAMP POST ELECT INC
Address 34 DRAKESDALE RD
FLANDERS NJ 07836
Tele. (201) 6919327
Lic. No. 5315
Federal Emp. N _ or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co. JCP&L
Est. Cost of Elec. Work $ 700

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6/24/94
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] DCA
Date: 6/24/94
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

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 Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	200 Amp	Service Entrance OUTSIDE ONLY	
		Other	

Administrative Surcharge	$ 5
Paid [ ] Check # Minimum Fee	$ 46
DCA Training Fee	$
Collected by: TOTAL FEE	$ 51

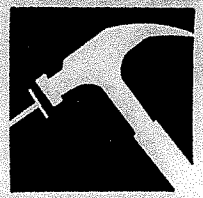
U.C.C. Form F-120B

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

Township of Mt. Olive

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY



PERMIT NO. E072
DATE ISSUED 11/14/86
REVISION DATE
Block 266 Lot 10
Subdivision

A. IDENTIFICATION

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

Owner Yolanda D'Agostino
Address 24 Woodland Dr
Budd Lake N.J.
Tel. ( )
Work Site Address Same

Contractor A. Joshnick & Son
Address 183 Drakertown rd
Long Valley N.J.
Tel. ( ) 852-0055
Lic. No.
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.

A. Joshnick Jr.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

Rip OFF old Roofing and Replace with 220 wt. Fibraglass shingles

☐ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☒ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other finishing

	Fee Basis	Fee
	5.00 per 1000	$ 15.00
	5.00	5.00
SUBTOTAL		$
Minimum Building Fee (if applicable)		$ 20.00
Total Building Fee (Greater of Minimum or Subtotal)		$

C. BUILDING CHARACTERISTICS

USE GROUP: ~~R-3A~~ Present ~~R-3A~~ 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: $ 3000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☒ No Plans Required	11/14/86	GJ
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

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

CONSTRUCTION PERMIT

Date Issued 8/26/2020
Control # C-20-01057
Permit # 20200977

IDENTIFICATION Block: 3107 Lot: 10 Qualifier
Work Site Location: 24 WOODLAND AVE Mount Olive Township, NJ
Owner in Fee LESSIG, DOUG
24 WOODLAND AVENUE LANDING NJ 07850
Telephone:

Contractor GALLAGHER'S PLUMBING
Address 115 RT. 46 EAST HACKETTSTOWN NJ 07840
Telephone: (908) 852-1700
Lic. No. or Bldrs. Reg. No 6853 4399 HTG 13VH03313100
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS LINE
GAS PIPING FOR RANGE

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 $525

Construction Official ____ Date ____

U.C.C. F170
equiv (rev 1/04)

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$60
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$61
Check No.	1665
Cash	$0
Credit	$0
Collected By	Christie Stachnick

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

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

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

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

If you do not understand any of this information, please ask.

TOWNSHIP OF MOUNT OLIVE
ATTN: TAX COLLECTOR
P.O. BOX 450
BUDD LAKE, NJ 07828
WWW.MOUNTOLIVETWPNJ.ORG
PHONE: (973)691-0900 FAX: (973)691-9257

TAX DELINQUENT NOTICE

NOTICE DATE: 12/08/20

ACCOUNT INFORMATION

BLOCK/LOT/QUAL: 3107. 10.
ACCOUNT ID: 1822
INTEREST THRU: 12/08/20
LOCATION: 24 WOODLAND AVE

OLD HICKORY ESTATES INC
PO BOX 224
KENVIL, NJ 07847

SPECIAL MESSAGE

YOUR TAX PAYMENT HAS NOT BEEN RECEIVED OR RECEIVED AFTER THE ALLOWED GRACE PERIOD. PLEASE PAY PROMPTLY TO AVOID ADDITIONAL INTEREST ACCRUING. POST MARKED PAYMENTS ARE NOT ACCEPTED. PAYMENTS MAY BE MADE ON OUR SECURE ONLINE WEBSITE at www.mountolivetwpnj.org. PLEASE BE SURE TO CHECK THE INFORMATION TYPED FOR ACCURACY OR IT WILL BE RETURNED AND A $30.00 FEE CHARGED.

DELINQUENT CHARGES

	YR/PRD		PRINCIPAL	INTEREST	TOTAL
Taxes	20	3	1,500.00	42.33	1,542.33
	20	3	736.87	46.79	783.66
	20	4	2,272.13	42.03	2,314.16
Total Taxes					4,640.15
Sewer	20	3	180.50	12.91	193.41
	20	4	180.50	4.78	185.28
Total Sewer					378.69
TOTAL DUE					5,018.84

ACCOUNT INFORMATION

BLOCK/LOT/QUAL: 3107. 10.
ACCOUNT ID: 1822
INTEREST THRU: 12/08/20
LOCATION: 24 WOODLAND AVE
NOTICE DATE: 12/08/20

AMOUNT DUE

	PRINCIPAL	INTEREST	TOTAL
Taxes	4,509.00	131.15	4,640.15
Sewer	361.00	17.69	378.69
Total	4,870.00	148.84	5,018.84

AMOUNT ENCLOSED:

MAKE CHECKS PAYABLE TO:

TOWNSHIP OF MOUNT OLIVE
ATTN: TAX COLLECTOR
P.O. BOX 450
BUDD LAKE, NJ 07828
WWW.MOUNTOLIVETWPNJ.ORG

OLD HICKORY ESTATES INC
PO BOX 224
KENVIL, NJ 07847