AVNIT



NEW JERSEY UNIFORM CONSTRUCTION CODE

# CONSTRUCTION PERMIT APPLICATION

## I. IDENTIFICATION

1. Proposed Work at: Pointe of Woods Casino Drive
2. Owner Name: Pointe of Woods Assoc. Tel. (201) 577-1000
   Address 198 Route 9 Manalapan, N.J. 07726
3. Principal Contractor: Same Tel. ( )
   Address
   Lic. No. or Builder Reg. No. 08294 Federal Emp. No. [redacted]
4. Architect or Engineer: Lalkens Group Tel. (215) 546-2414
   Address 528 Walnut St. Phila, Penna.
5. Responsible Person in Charge of Work Ray Kelly Tel. 201) 577-1000

## 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 | $ 62,806 |
| 2. ☑ | Plumbing | 3,500 |
| 3. ☑ | Electrical | 3,500 |
| 4. ☑ | Fire Protection | 200 |
| 5. ☐ | Other | |
| 6. ☐ | Other | |
| | TOTAL COST | $ 70,000 |

### 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)
2. ☑ Multi-Family (R–2)
   HMD Reg. No.: R-3
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units 1

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

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 31 Ft.
16. Area–Largest Floor 846 Sq. Ft.
17. Bldg. Area–All Fls. 1652 Sq. Ft.
18. Volume of Structure 20,656 Cu. Ft.
19. Total Land Area Disturbed 846 Sq. Ft.

BP no 150.07

LDS HW-B 10504066

# 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 Painte of Words Assoc. TEL. (201) 577-1000

ADDRESS 198 Route 9
Manalapan, N.J. 07726

SIGNATURE Roger T. Rowe, for Painte of Words Assoc.

BLOCK NO. 138 LOT NO. 150.08 SUBDIVISION _____ PERMIT NO. _____



# PRIOR APPROVALS CHECKLIST

| APPROVALS | LOCAL | | | | COUNTY | | | | REGIONAL | | | | STATE | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Prelim. Approval | | Final Approval | | Prelim. Approval | | Final Approval | | Prelim. Approval | | Final Approval | | Prelim. Approval | | Final Approval | | |
| | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | |
| ☐ Planning Board | | | | | | | | | | | | | | | | | |
| ☐ Zoning Board | | | | | | | | | | | | | | | | | |
| ☐ Sewer Authority | | | | | | | | | | | | | | | | | |
| ☐ Water Authority | | | | | | | | | | | | | | | | | |
| ☐ Fire Department | | | | | | | | | | | | | | | | | |
| ☐ Police Department | | | | | | | | | | | | | | | | | |
| ☐ Health Department | | | | | | | | | | | | | | | | | |
| ☐ Soil Conservation | | | | | | | | | | | | | | | | | |
| ☐ N.J. Dept. of Community Affairs | | | | | | | | | | | | | | | | | |
| ☐ N.J. Dept. of Transportation | | | | | | | | | | | | | | | | | |
| ☐ N.J. Dept. of Environmental Protection | | | | | | | | | | | | | | | | | |
| ☐ Other: _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |

## SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

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

## V. FEE SUMMARY

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

### A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

| | AMOUNT |
|---|---|
| BUILDING | $ 185.90 |
| PLUMBING | 190.— |
| ELECTRICAL | 50.— |
| FIRE PROTECTION | |
| OTHER _____ | |
| SUBTOTAL | $ |
| – LESS: 20% of subtotal (when plan review performed by state agency). | ( ) |
| D.C.A. TRAINING FEE .0006 x _____ | = 12.39 |
| CERTIFICATE OF OCCUPANCY | 20 |
| OTHER _____ | |
| OTHER _____ | |
| TOTAL COLLECTED WHEN PERMIT ISSUED | $ 458.29 |

DATE 12-15-86 Collected By RS

### 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

CERT. NO. 4760
DATE ISSUED 12-23-87
Block 138 Lot 150.06
Subdivision Pt. O' Woods

## IDENTIFICATION

Owner Pointe O' Woods Assn
Address 198 ROute #9
Manalapan, NJ 07726
Tel. ( ) 577-1021
Work Site Address 257 Sugar Maple Ct.
Howell

Agent Same
Address
Tel. ( )
Lic. No. 08294
Federal Emp. No. [redacted]

## PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By: mas
Date: 12-23-87

## CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ 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.

B. ☐ 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.

C. ☐ 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:

D. DESCRIPTION OF WORK:

Completion and approval of the construction of a single family dwelling - Building #34 - "A" Unit.

USE GROUP R-3 FIRE GRADING _____

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE _____

FINAL COST OF CONSTRUCTION: $ 70,150.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

# APPLICATION FOR CERTIFICATE

PERMIT NO. 4760
DATE ISSUED 12.15.86
Block 138 Lot 150.08
Subdivision POINT O' WOODS
Notice No.

## IDENTIFICATION

OWNER:
Name POINTE OF WOODS ASSOC.
Address 198 RT 9
Town/State/Zip MANALAPAN, N.J. 07726

CONSTRUCTION LOCATION:
Address 257 SUGAR MAPLE COURT
HOWELL, N.J.
Tel. (201) 577-1021

## ACTION

☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: R-2 Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 78,150.00
(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.

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: Ray Velez OWNER/AGENT
☐ Owner
☒ Agent

UCC Form F 270 (8/83)

# APPLICATION FOR CERTIFICATE

PERMIT NO. _____
DATE ISSUED _____
Block 138 Lot 150.05
Subdivision Pt. of Woods
Notice No. _____

## IDENTIFICATION

**OWNER:**

Name Pointe of Woods Associates
Address 198 Route 9
Town/State/Zip Manalapan, NJ 07726

**CONSTRUCTION LOCATION:**

Address Casino Drive

Tel. (201) 577-1000

## ACTION

☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: R-3 Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 70,000
(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.

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.

ROGER L. ROWE FOR POINTE OF WOODS ASSOCIATES

SIGNED: _____
OWNER/AGENT

☒ Owner
☐ Agent

U.C.C. Form F-270 (8/83)

A Unit

# CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 4760
DATE ISSUED 12-15-86
Block 138 Lot 150.08
Subdivision Pte of Woods

## A. IDENTIFICATION

Owner Pointe of Woods Assc. Agent Same
Address 198 Route 9, Manalapan, NJ 07726 Address
Tel. 201 577-1000 Tel. ( )
Work Site Address Casino Drive Lic. No. 08294
Federal Emp. No. [redacted]

## PAYMENTS

Permit Fee $ 458.29
Fees Remitted $
☑ Check No. 1556
☐ Cash
☐ Other
Collected By: PS
Date 12-15-86

is hereby granted permission to perform the following work:

☑ BUILDING ☑ ELECTRICAL
☑ PLUMBING ☑ FIRE PROTECTION
☐ OTHER

Description of work:
A-Unit Townhouse Bldg 34

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: $ 70,000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

# BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 4768
DATE ISSUED 12-15-86
REVISION DATE

Block 138 Lot 150.08
Subdivision Pte of Woods

## A. IDENTIFICATION

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

Owner ~~Pointe of Woods Assc.~~ Contractor Same
Address ~~198 Route 9~~ Address
Manalapan, NJ 07726
Tel. ( 201 ) 577-1000 Tel. ( )
Work Site Address Lic. No. 08294
Casino Drive Federal Emp. No. [redacted]

**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.*

Townhouse Model A

☑ See Plans

TYPE OF WORK:

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

| | Fee Basis | Fee |
|---|---|---|
| | | $ 185.90 |
| | [redacted] | [redacted] |
| | DCA | 12.39 |
| | [redacted] | [redacted] |
| | c/o | 20.— |
| SUBTOTAL | | $ |
| Minimum Building Fee (if applicable) | | $ |
| Total Building Fee *(Greater of Minimum or Subtotal)* | | $ 218.29 |

## C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present _____ Proposed

No. of Stories 2 Total Building Area—All Floors 1652 Sq. Ft.
Height of Structure 35 Ft. Volume of Structure 20,656 Cu. Ft.
Area—Largest Floor 846 Sq. Ft. Total Land Area Disturbed 846 Sq. Ft.
Estimated Cost of Building Work: $ 70,000

## D. COMMENTS

☐ Partial Releases ☑ Prototype Processin

# BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 476.0
DATE ISSUED 12-13-86
REVISION DATE
Block 44K Lot 17.01
Subdivision Pte of Woods

## A. IDENTIFICATION

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

Owner Points of Woods Assoc. Contractor Same
Address 198 Route 9 Address
Manalapan, N.J 07726
Tel. ( ) 201 577-1000 Tel. ( )
Work Site Address Casino Drive Lic. No. 08294 [redacted]
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.*

Technical Model A

☑ See Plans

TYPE OF WORK:

| | Fee Basis | Fee |
|---|---|---|
| ☑ New Building | | $ 185.90 |
| ☐ Addition | [redacted] | [redacted] |
| ☐ Alteration/Renovation | | |
| ☐ Roofing | | |
| ☐ Siding | 1JCH | 1239 |
| ☐ Other | | |
| ☐ Demolition | [redacted] | [redacted] |
| ☐ Miscellaneous | | |
| ☐ Fence | | |
| ☐ Sign | 1 | |
| ☐ Pool | C10 | 20.— |
| ☐ Elevator | | |
| ☐ Other | | |
| SUBTOTAL | | $ |
| Minimum Building Fee (if applicable) | | $ |
| Total Building Fee *(Greater of Minimum or Subtotal)* | | $ 218.39 |

## C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present Proposed

No. of Stories 2 Total Building Area–All Floors 1652 Sq. Ft.
Height of Structure 35 Ft. Volume of Structure 20656 Cu. Ft.
Area–Largest Floor 846 Sq. Ft. Total Land Area Disturbed 846 Sq. Ft.
Estimated Cost of Building Work: $ 70,000

## 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 | | |
| ☐ All | | |
| ☐ Footing/Foundation | | |
| ☐ Frame | | |
| ☐ Architectural | | |
| ☐ Other | | |

### INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: DEC 22 1987

Inspected By:

### INSPECTIONS

| Type | Failure Dates | | | Approval Date |
|---|---|---|---|---|
| ☒ Footing/Foundation | | | | 4-3-87 |
| ☒ Slab | | | | 5-18-87 |
| ☐ Frame | | | | SEP 28 1987 RHG. |
| ☐ Architectural | | | | |
| ☒ Insulation | | | | 10/5/87 |
| ☐ Finishes | | | | |
| ☐ Energy | | | | |
| ☐ Mechanical | | | | |
| ☐ TCO | | | | |
| ☐ Other | | | | |

U.C.C. Form F-110 (8/83)

(X) Heating

9/11/87

HOWELL TWP.

A Mud
Bldg. 34

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

PERMIT NO. 4760
DATE ISSUED 12-15-86
REVISION DATE

Block 138 Lot 150.08
Subdivision PT. OF WOODS

## A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner POINTE OF WOODS ASSOC.
Address 198 RT 9
MANALAPAN NJ 07726
Tel. ( ) 201 - 577-1000

Work Site Address 257 SUGAR MAPLE COURT

Contractor JOYCE ELECTRIC CO.
Address 105 EVESBORO-MEDFORD RD.
MARLTON, NJ 08053
Tel. ( ) 609 - 596-9550

Lic.No./Bus. Permit. 5413
Federal Emp. No. [redacted]

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.

Sheldon R Kauffman
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

*List all wiring and equipment and provide necessary data*

TYPE OF WORK:

| No. | Item | Fee | No. | Item | Fee |
|---|---|---|---|---|---|
| 18 | Switching Outlets | $ | | H.V.A.C. Equipment | $ |
| 15 | Lighting Outlets | | | Switching Devices | |
| 28 | Receptacle Outlets | | | Transformers | |
| | Range/Oven | | | Motors/Generators/ Compressors (state no. and size of each) | |
| | Dryer, Electric | | 3 | fractional fans | |
| | Water Heater, Electric | | 2 | smoke detectors | |
| | Heating, Electric | | 1 | furnace | |
| 18 | Switches | | 1 | Other A/C | |
| 15 | Lighting Fixtures | | | Other | |
| 28 | Receptacles | | | Other | |
| | Bonding, Pool/Vault | | | Other | |
| | Service/Feeders | | | | |
| | COLUMN 1 | $ | | COLUMN 2 | $ |

| Fee | |
|---|---|
| COLUMN 1 | $ |
| COLUMN 2 | |
| SUBTOTAL | $ |
| Minimum Electrical Fee (If applicable) | $ |
| Total Electrical Fee (Greater of Minimum or Subtotal) | $ 50.- |

## C. ELECTRICAL CHARACTERISTICS

USE GROUP: R-3 Present _____ Proposed
Service: 100 Amps 1 Phase _____ System Type
3 Wire 120/240 Volts _____ Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $ 2500

## D. COMMENTS

☐ Partial Releases ☑ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

HOWELL TWP.

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

PERMIT NO. 4760
DATE ISSUED 12-15-86
REVISION DATE
Block 148 Lot 17.18
Subdivision PT. OF WOODS

## A. IDENTIFICATION

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

Owner POINTE OF WOODS ASSOC.
Address 198 RT 9
MANALAPAN NJ 07726
Tel. ( ) 201 - 577-1000
Work Site Address 257 SUGAR MAPLE COURT

Contractor JOYCE ELECTRIC CO.
Address 105 EVESBORO-MEDFORD RD.
MARLTON, NJ 08053
Tel. ( ) 609 - 596-9550
Lic.No./Bus. Permit. 5413
Federal Emp. No. [redacted]

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.
Shulamit R. Kaufman
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

*List all wiring and equipment and provide necessary data*
TYPE OF WORK:

| No. | Item | Fee | No. | Item | Fee |
|---|---|---|---|---|---|
| 18 | Switching Outlets | $ | | H.V.A.C. Equipment | $ |
| 11 | Lighting Outlets | | | Switching Devices | |
| 58 | Receptacle Outlets | | 2 | Transformers | |
| | Range/Oven | | 1 | Motors/Generators/ Compressors (state no. and size of each) | |
| | Dryer, Electric | | 3 | Exhaust Fans | |
| | Water Heater, Electric | | 2 | Smoke Detectors | |
| | Heating, Electric | | 1 | Furnace | |
| 18 | Switches | | 1 | Other A/C | |
| 11 | Lighting Fixtures | | | Other | |
| 58 | Receptacles | | | Other | |
| | Bonding, Pool/Vault | | | Other | |
| | Service/Feeders | | | | |
| | COLUMN 1 | $ | | COLUMN 2 | $ |

| Fee | |
|---|---|
| COLUMN 1 | $ |
| COLUMN 2 | |
| SUBTOTAL | $ |
| Minimum Electrical Fee (If applicable) | $ |
| Total Electrical Fee (Greater of Minimum or Subtotal) | $ 50.00 |

## C. ELECTRICAL CHARACTERISTICS

USE GROUP: R-3 Present _____ Proposed
Service: 100 Amps 1 Phase _____ System Type
Wire NM-B Volts _____ Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $ 5000.00

## D. COMMENTS

☐ Partial Releases ☑ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

# PLAN REVIEW AND INSPECTION – ELECTRICAL

| DATE | JOB CONDITION/COMMENTS |
|---|---|
| 9-24-87 | MOVE BED ROOM OUTLET. MOVE WIRE AT BATH |
| | FAN UP-STAIRS. OKQ. |
| 12-7-87 | FINAL OK OKQ |

## JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

### INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 12-7-87

Inspected By: [signature]

### INSPECTIONS

| Type | Failure Dates | | | Approval Date |
|---|---|---|---|---|
| ☒ Rough | | | | 9-24-87 |
| ☐ Energy | | | | |
| ☐ Mechanical | | | | |
| ☐ TCO | | | | |
| ☐ Other _____ | | | | |

### CUT-IN

| | Date Issued | Expiration Date |
|---|---|---|
| Temporary Cut-in-Card | 9-24-87 | |
| Temporary Cut-in-Card | | |
| Final Cut-in-Card | 12-7-87 | |

A UNIT

# FIRE SUBCODE
## TECHNICAL SECTION

PERMIT NO.
DATE ISSUED
REVISION DATE
Block 135 Lot 15008
Subdivision Pt. of Woods

## A. IDENTIFICATION

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

Owner POINTE OF WOODS ASSOC.
Address 198 RT 9
MANALAPAN NJ 07726
Tel. ( 201 ) 577-1000
Work Site Address Casino Drive

Contractor Joyce Electric Co
Address 105 Evesboro-Medford Rd
Marlton, NJ 08053
Tel. ( 609 ) 596-9550
Lic. No. 5413
Federal Emp. No. [redacted]

**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.

Sheldon R. Kauffman
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

### B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

### B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ $CO_2$ ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

### B3. ALARM

TYPE: ☐ Manual ☑ Automatic 2 SMOKE DETECTORS
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ 200

FEE $

### B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

### B5. OTHER

$
$
$

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $

## C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-3 Present Proposed
Heating System – Location: UTILITY ROOM
Type: ☑ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $ 200

## D. COMMENTS

☐ Partial Releases ☑ Prototype Processing

A UNIT

# FIRE SUBCODE
## TECHNICAL SECTION

PERMIT NO. 4760
DATE ISSUED 12-15-86
REVISION DATE
Block 136 Lot 1008
Subdivision Pt of Woods

## A. IDENTIFICATION

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

Owner POINTE OF WOODS ASSOC.
Address 198 RT 9
MANALAPAN NJ 07726
201 - 577-1000
Tel. ( )
Work Site Address Casino Drive

Contractor Joyce Electric Co
Address 105 Evesboro-Medford Rd
Marlton, NJ 08053
Tel. ( 609 596-9550
Lic. No. 5413
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
*(Complete for Major 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.
Andrew C. Kaufman
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

### B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

### B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ $CO_2$ ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

### B3. ALARM

TYPE: ☐ Manual ☑ Automatic 2 SMOKE DETECTORS FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ 200 $ _____

### B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

### B5. OTHER

$ _____
$ _____
$ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

## C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-3 Present _____ Proposed
Heating Systems – Location: UTILITY ROOM
Type: ☑ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ 200

## D. COMMENTS

12-2-86

☐ Partial Releases ☑ Prototype Processing

# PLAN REVIEW AND INSPECTION – FIRE

| DATE | JOB CONDITION/COMMENTS |
|---|---|
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## JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

### INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 12-9-87

Inspected By: _____

### INSPECTIONS

| Type | Failure Date | | | Approval Date |
|---|---|---|---|---|
| ☐ Fire Suppression Test | | | | |
| ☐ Fire Alarm Test | | | | |
| ☐ Smoke Test | | | | |
| ☐ TCO | | | | |
| ☐ Other _____ | | | | |
| ☐ Other _____ | | | | |
| ☐ Other _____ | | | | |
| ☐ Other _____ | | | | |

U.C.C. Form F-140 (8/83)

HOWELL TOWNSHIP

# PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE

PERMIT NO. 760
DATE ISSUED 12-15-86
REVISION DATE
Block 138 Lot 150.08
Subdivision Pte of Woods

## A. IDENTIFICATION

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

Owner Pointe of Woods Assc.
Address 198 Route 9
Manalapan, NJ 07726
Tel. (201) 577-1000
Work Site Address Casino Drive

Contractor Rossi Bros. Plbg & Htg
Address Joysan Terr
Freehold, NJ 07728
Tel. (201) 462-1592
Lic.No./Bus. P 6852
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

*List all fixtures*

TYPE OF WORK:

| No. | Fixture | Fee | No. | Fixture | Fee |
|---|---|---|---|---|---|
| 3 | Water Closet/Bidet/Urinal | $ | | Garbage Disposal | $ |
| 2 | Bathtub | | | Air Conditioner Unit | |
| | Lavatory/Sink | | | Indirect Connection | |
| 1 | Shower/Floor Drain | | | Sewer Ejector | |
| 4 | Washing Machine | | | Grease Trap | |
| 1 | Dishwasher | | | Interceptor | |
| | Commercial Dishwasher | | | Backflow Device | |
| 1 | Water Heater | | | Reduced Pressure Backflow Device | |
| 1 | Domestic Boiler/ Furnace | | 9 | Vent Stack | |
| | Steam Boiler | | | Solar System | |
| 1 | Water Util. Connection | | | Other | |
| 1 | Sewer Util. Connection | | | Other | |
| | Hose Bibb | | | Other | |
| | Water Cooler | | | Other | |
| | COLUMN 1 | $ | | COLUMN 2 | $ |

| Fee | |
|---|---|
| COLUMN 1 | $ |
| COLUMN 2 | $ |
| SUBTOTAL | $ |
| Minimum Plumbing Fee (If applicable) | $ |
| Total Plumbing Fee (Greater of Minimum or Subtotal) | $ 190 |

## C. PLUMBING CHARACTERISTICS

USE GROUP: R-3 Present ____ Proposed

| | | | |
|---|---|---|---|
| Drainage — | Material ABS | Size 4" 3" 2" 1½" | |
| Building Sewer — | Material ABS | Size 4" | |
| Water Service — | Material COPPER | Size 1" | |
| Venting — | Material ABS | Size 3" 2" 1½" | |

Estimated Cost of Plumbing Work: $ 3500

## D. COMMENTS

☐ Partial Releases ☑ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

HOWELL TOWNSHIP

# PLUMBING SUBCODE
## TECHNICAL SECTION

PERMIT NO. 17611
DATE ISSUED 12-15-88
REVISION DATE
Block 148 Lot 150.02
Subdivision Lots of Woods

## A. IDENTIFICATION

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

Owner Lots of Woods Assc.
Address 398 Route 9
Manalapan, NJ 07726
Tel. (201) 577-1000
Work Site Address Casino Drive

Contractor Cecil Bros. Plbg & Htg
Address Joysan Terr
Freehold, NJ 07728
Tel. (201) 462-1592
Lic.No./Bus. 6852
Federal Emp. No. [redacted]

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

*List all fixtures*
TYPE OF WORK:

| No. | Fixture | Fee | No. | Fixture | Fee |
|---|---|---|---|---|---|
| 2 | Water Closet/Bidet/Urinal | $ | | Garbage Disposal | $ |
| 2 | Bathtub | | | Air Conditioner Unit | |
| | Lavatory/Sink | | | Indirect Connection | |
| 1 | Shower/Floor Drain | | | Sewer Ejector | |
| 4 | Washing Machine | | | Grease Trap | |
| 1 | Dishwasher | | | Interceptor | |
| | Commercial Dishwasher | | | Backflow Device | |
| 1 | Water Heater | | | Reduced Pressure Backflow Device | |
| 1 | Domestic Boiler/ Furnace | | 3 | Vent Stack | |
| | Steam Boiler | | | Solar System | |
| 1 | Water Util. Connection | | | Other | |
| 1 | Sewer Util. Connection | | | Other | |
| | Hose Bibb | | | Other | |
| | Water Cooler | | | Other | |
| | COLUMN 1 | $ | | COLUMN 2 | $ |

| Fee | |
|---|---|
| COLUMN 1 | $ |
| COLUMN 2 | $ |
| SUBTOTAL | $ |
| Minimum Plumbing Fee (If applicable) | $ |
| Total Plumbing Fee (Greater of Minimum or Subtotal) | $ 190.- |

## C. PLUMBING CHARACTERISTICS

USE GROUP: R-3 Present _____ Proposed

| | | | | |
|---|---|---|---|---|
| Drainage — | Material ABS | Size 4" 2" 2" 1½" | | |
| Building Sewer — | Material ABS | Size 4" | | |
| Water Service — | Material COPPER | Size 1" | | |
| Venting — | Material ABS | Size 2" 2" 1½" | | |

Estimated Cost of Plumbing Work: $ 5500

## D. COMMENTS

☐ Partial Releases ☑ Prototype Processing

# PLAN REVIEW AND INSPECTION — PLUMBING

| DATE | JOB CONDITION/COMMENTS |
|---|---|
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# JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

## INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 12-4-87

Inspected By: [signature]

## INSPECTIONS

| Type | Failure Dates | | | Approval Date |
|---|---|---|---|---|
| ☒ Slab | | | | 4-29-87 |
| ☐ Rough | | | | 5-22-87 |
| ☒ Water | | | | |
| ☒ Sewer | | | | |
| ☐ Energy | | | | 9-11-87 |
| ☒ Mechanical | | | | |
| ☐ TCO | | | | |
| ☐ Other _____ | | | | |

U.C.C. Form F-130 (8/83)

# ENGINEERING INSPECTION REPORT
## TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: [illegible] INSPECTION REQUESTED BY: [illegible]

CASE NUMBER: [illegible] DEVELOPMENT: [illegible]

BLOCK: 13 R LOT: 1407-12 SECTION: [illegible]

| ITEM | | ACCEPTABLE | UNACCEPTABLE | |
|---|---|---|---|---|
| 1. | **UTILITIES:** Water, Gas, Electric, Telephone, Sanitary Sewer | | | |
| 2. | **STREET RIGHT-OF-WAY:** | | | |
| | (a) Graded | | ✓ | a |
| | (b) Stabilized | | ✓ | b |
| | (c) Curb | Knifed | ✓ | c |
| | (d) Sidewalk | | ✓ | d |
| | (e) Driveway Apron | N.A. | | e |
| | (f) Obstructions | | ✓ | f |
| | (g) Drainage Facilities | Bonded | ✓ | g |
| | (h) Pavement (Base or Wearing Surface) | " | ✓ | h |
| | (i) Retaining Device(s) | N.A. | | i |
| | (j) Construction Debris Removed | | ✓ | j |
| | (k) Fire Hydrants-Constructed & Tested | CONST. | | k |
| 3. | **LIGHTING:** | | | |
| | (a) Parking Lot(s) Installed-Operational | LETTER FROM Bonding | ✓ | a |
| | (b) Walkway(s) Installed - Operational | " | ✓ | b |
| | (c) Street Installed - Operational | " | ✓ | c |
| 4. | **TRAFFIC CONTROL DEVICES:** | | | |
| | (a) Sign(s) Traffic Control | | ✓ | a |
| | (b) Sign(s) Street | | ✓ | b |
| | (c) Sign(s) Handicap | | ✓ | c |
| | (d) Marking(s) Pavement | | ✓ | d |
| | (e) Fire Lane | N.A. | | e |
| 5. | **SCREENING, FENCE(S) & LANDSCAPING:** | | | |
| | (a) Topsoil | | ✓ | a |
| | (b) Fertilizing & Seeding (Stabilized) | | ✓ | b |
| | (c) Shade Tree | Bonded | ✓ | c |
| | (d) Shrubs | | ✓ | d |
| | (e) Trash Screening | | ✓ | e |
| | (f) Screening (Fence or Plantings) | | ✓ | f |
| 6. | **SOIL EROSION & SEDIMENT CONTROL:** | | | |
| | (a) Compliance - Certified Plan | | ✓ | a |
| | (b) Site Conditions - Field Observation | | ✓ | b |
| | (c) Sediment Deposits | | ✓ | c |
| | (d) Erosion Problems | | ✓ | d |
| 7. | **SITE GRADING:** | | | |
| | (a) Graded to provide positive drainage | | ✓ | a |
| | (b) Certified Grading Plan demonstrating positive drainage | | ✓ | b |
| | (c) Steep slopes stabilized (Mechanical or Vegetative) | | | c |
| | (d) Retaining device(s) | N.A. | | d |
| 8. | **GENERAL CLEANUP** | | | |
| | (a) Lot | | ✓ | a |
| | (b) Adjoining buffer, open space, conservation area | | ✓ | b |
| | (c) Site Triangle | | ✓ | c |

RECOMMENDATION(S) AND/OR REQUIRED DOCUMENTATION:

✓ Meets engineering requirements - recommend consideration for issuance of Certificate of Occupancy.

____ Does not meet engineering requirements - recommend Certificate of Occupancy not be considered until site conforms.

COMMENTS: ALL OUTSTANDING WORK COMPLETED.

R7/28/87

[illegible] 12-21-87 [illegible]

INSPECTOR DATE

White-Engineering, Yellow-Construction Official, Pink-Applicant, Orange-File

# ENGINEERING INSPECTION REPORT
## TOWNSHIP OF HOWELL, N J

DATE RECEIVED 12/16/87 INSPECTION REQUESTED BY Paul

CASE NUMBER 3784 DEVELOPMENT Pointe of Woods

BLOCK 138 LOT 1500-12 SECTION Building 34

| ITEM | | ACCEPTABLE | UNACCEPTABLE | |
|---|---|---|---|---|
| 1 | UTILITIES Water, Gas, Electric, Telephone, Sanitary Sewer | ✓ | | |
| 2 | STREET RIGHT-OF-WAY | | | |
| | (a) Graded | ✓ | | a |
| | (b) Stabilized | ✓ | | b |
| | (c) Curb | Bonded | ✓ | | c |
| | (d) Sidewalk | ✓ | | d |
| | (e) Driveway Apron | NO | | e |
| | (f) Obstructions | ✓ | | f |
| | (g) Drainage Facilities | Bonded | ✓ | | g |
| | (h) Pavement (Base or Wearing Surface) | ✓ | | h |
| | (i) Retaining Device(s) | NA | ✓ | | i |
| | (j) Construction Debris Removed | ✓ | | j |
| | (k) Fire Hydrants-Constructed & Tested | Const | | k |
| 3 | LIGHTING | | | |
| | (a) Parking Lot(s) Installed-Operational | Letter From Bonnie | ✓ | | a |
| | (b) Walkway(s) Installed - Operational | ✓ | | b |
| | (c) Street Installed - Operational | ✓ | | c |
| 4 | TRAFFIC CONTROL DEVICES | | | |
| | (a) Sign(s) Traffic Control | ✓ | | a |
| | (b) Sign(s) Street | ✓ | | b |
| | (c) Sign(s) Handicap | ✓ | | c |
| | (d) Marking(s) Pavement | ✓ | | d |
| | (e) Fire Lane | NA | | e |
| 5 | SCREENING FENCE(S) & LANDSCAPING | | | |
| | (a) Topsoil | ✓ | | a |
| | (b) Fertilizing & Seeding (Stabilized) | ✓ | | b |
| | (c) Shade Tree | Bonded | ✓ | | c |
| | (d) Shrubs | ✓ | | d |
| | (e) Trash Screening | ✓ | | e |
| | (f) Screening (Fence or Plantings) | ✓ | | f |
| 6 | SOIL EROSION & SEDIMENT CONTROL | | | |
| | (a) Compliance - Certified Plan | ✓ | | a |
| | (b) Site Conditions - Field Observation | ✓ | | b |
| | (c) Sediment Deposits | ✓ | | c |
| | (d) Erosion Problems | ✓ | | d |
| 7 | SITE GRADING | | | |
| | (a) Graded to provide positive drainage | ✓ | | a |
| | (b) Certified Grading Plan demonstrating positive drainage | ✓ | | b |
| | (c) Steep slopes stabilized (Mechanical or Vegetative) | NA | | c |
| | (d) Retaining device(s) | | | d |
| 8 | GENERAL CLEANUP | | | |
| | (a) Lot | ✓ | | a |
| | (b) Adjoining buffer, open space, conservation area | ✓ | | b |
| | (c) Site Triangle | ✓ | | c |

RECOMMENDATION(S) AND/OR REQUIRED DOCUMENTATION

✓ Meets engineering requirements - recommend consideration for issuance of Certificate of Occupancy

____ Does not meet engineering requirements - recommend Certificate of Occupancy not be considered until site conforms

COMMENTS ALL OUTSTANDING WORK COMPLETED

12/28/87 INSPECTOR 12/21/87 DATE

White-Engineering Yellow-Construction Official, Pink-Applicant, Orange-File

FRAME

# BUREAU OF FIRE PREVENTION

P.O. BOX 580
HOWELL, N.J. 07731

CERTIFICATE # _____ DATE 9/28/87 MON.

RESIDENTIAL X COMMERCIAL _____ CONSTRUCTION _____

C.O. C.C.O. INSPECTION REPORT: BLOCK 138 LOT 150.08

HEATING _____ POINT O WOODS
NAME OF ESTABLISHMENT/OWNER

2
DISTRICT

ADDRESS

PHONE #

THE ABOVE PREMISES WAS INSPECTED FOR OCCUPANCY CERTIFICATION, AND THE FOLLOWING DISPOSITION WAS TAKEN:

C.O. C.C.O. RECOMMENDED _____ REINSPECTION NECESSARY YES _ NO ___

C.O. C.C.O. NOT RECOMMENDED _____ TEMP. ISSUED _____ 938-4500 EXT. 251

VIOLATIONS: OK

REINSPECTION DATE _____

REMARKS: _____

C.O. C.C.O. RECOMMENDED _____
C.O. C.C.O. NOT RECOMMENDED _____

CHIEF

RR

INITIALS OF INSPECTOR

F#2 - HTBFP

Jenial

**BUREAU OF FIRE PREVENTION**

P.O. BOX 580
HOWELL, N.J. 07731

CERTIFICATE # _____ DATE 12-9-87 and.

RESIDENTIAL ✓ COMMERCIAL _____ CONSTRUCTION _____

C.O. C.C.O. INSPECTION REPORT: BLOCK 138 LOT 150.68

GAS — HEATING

Pt. C woods — NAME OF ESTABLISHMENT/OWNER

2 — DISTRICT

Bldg. 34 — ADDRESS

PHONE #

THE ABOVE PREMISES WAS INSPECTED FOR OCCUPANCY CERTIFICATION, AND THE FOLLOWING DISPOSITION WAS TAKEN:

C.O. C.C.O. RECOMMENDED X REINSPECTION NECESSARY YES _ NO ___

C.O. C.C.O. NOT RECOMMENDED _____ TEMP. ISSUED _____

938-4500
EXT. 251

VIOLATIONS: _____

REINSPECTION DATE _____

REMARKS: _____

C.O. C.C.O. RECOMMENDED _____
C.O. C.C.O. NOT RECOMMENDED _____

CHIEF

RRh

INITIALS OF INSPECTOR

F#2 - HTBFP

**FREEHOLD SOIL CONSERVATION DISTRICT**
(Serving Middlesex and Monmouth Counties)
211 FREEHOLD ROAD
MANALAPAN, NEW JERSEY 07726
Tel: (201) 446-2300

## CERTIFICATE OF COMPLIANCE

TO: Construction Official MUNICIPALITY: Howell

PROJECT: Point o Woods

Application No. 86-414

Block No.(s) 138.01 Lot No.(s) 14.01-.08,150.07-.12,150.13-.18, 150.19=.24,150.25-.31

Block No.(s) 138 Lot No.(s) _____

Complete Compliance ☐ *Partial Compliance ☒

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Freehold Soil Conservation District and required by The Soil Erosion and Sediment Control Act of 1975 as amended (N.J.S.A. 4:24-39 et seq.)

Date 12-15-87 Authorized Signature _____

rh

*Subject to attached conditions *Pending establishment of permanent vegetation and comtinued compliance

DISTRIBUTION: WHITE - Municipal Construction Official CANARY - Developer PINK - District GOLDENROD - Other *A4723

POINT OF WOODS ASSOCIATES, INC.
198 ROUTE 9
MANALAPAN, NJ 07726

# REMITTANCE ADVICE

DETACH BEFORE DEPOSITING

VENDOR NO. 008705

VENDOR NAME HOWELL TOWNSHIP

| TRANSACTION DATE | REFERENCE NO. | VENDOR INV. NO. | INVOICE AMT. | DEDUCTIONS | BALANCE DUE | AMOUNT PAID |
|---|---|---|---|---|---|---|
| 12-03-86 | 120550 | P-10 | 458.29 | .00 | 458.29 | 458.29 |

| CHECK DATE | CHECK NO. | | INVOICE AMT. | DEDUCTIONS | BALANCE DUE | AMOUNT PAID |
|---|---|---|---|---|---|---|
| 12-04-86 | 001556 | | 458.29 | .00 | 458.29 | 458.29 |

HAPPY HOLIDAYS!!!

HOW Corp.
of New Jersey

**HOME OWNERS WARRANTY CORPORATION**
**of NEW JERSEY**

101 Morgan Lane, Suite 330
Plainsboro, N.J. 08536
1-800-982-5538

Block 138 Lot 150.08

# CERTIFICATION FORM

## Used to Obtain Certificates of Occupancy for HOW Multi-Family Builders

MUNICIPALITY: Howell

DEVELOPMENT NAME: Pointe of Woods

IDENTIFICATION OF STRUCTURE TO BE CERTIFIED: Building #34

(Building Name or Building Number)

ADDRESS OF STRUCTURE: 256 thru 261 Sugar Maple Court

NUMBER OF UNITS IN THIS STRUCTURE: six (6)

BUILDING FIRM NAME: Pointe of Woods Associates, Inc.

BUILDING FIRM ADDRESS: 198 Route 9
Manalapan, New Jersey 07726

NJ DCA BUILDER REGISTRATION NUMBER: 13040

HOW BUILDER NUMBER: 3100-14945

This is to certify that all homes eligible for warranty coverage under the **New Home Warranty and Builders' Registration Act** and subsequent Department of Community Affairs Regulations, in the municipality, the development and structure specified above have been enrolled for warranty/insurance coverage under the Home Owners Warranty (HOW) program.

The above referenced units have been previously enrolled on Notification of Starts (NOS) Form(s) # 48403

Date: November 6, 1987 Signed: [signature] Executive Director

WHITE-Municipality Copy GREEN-DCA Copy CANARY-NJHOW Copy PINK-Builder Copy GOLD-National HOW Copy

NEW DEVELOPMENT/COMMERCIAL/NEW CONSTRUCTION

Building Dept. Check List/Certificate of Occupancy

Prior to issuance of Certificate of Occupancy

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Final Building Inspection _____

Final Plumbing Inspection 12-11-87

Final Electrical Inspection 12-7-87

Final Fire Inspection 12-9-87

Soil Conservation Approval 12-15-87

MUA/MCBOH/WELL/SEPTIC 12-4-87 (LTR)

HOW Certificate Date 12-6-87

Final Survey 12-12-87

Engineering Release 12-21-87

COMMERCIAL

Site Plan Fire Lanes/Zones _____

Site Plan Compliance _____

Food Handlers License (if applicable) _____

BLOCK _____ LOT _____

NAME _____

DATE ISSUED _____

final

**BUREAU OF FIRE PREVENTION**

P.O. BOX 580
HOWELL, N.J. 07731

CERTIFICATE # 87-991 DATE 12-9-87 wed

RESIDENTIAL ✓ COMMERCIAL _____ CONSTRUCTION _____

C.O. C.C.O. INSPECTION REPORT: BLOCK 138 LOT 150.08

GAS — HEATING

Pt. C woods — NAME OF ESTABLISHMENT/OWNER

2 — DISTRICT

Bldg. 34 — ADDRESS

PHONE #

THE ABOVE PREMISES WAS INSPECTED FOR OCCUPANCY CERTIFICATION, AND THE FOLLOWING DISPOSITION WAS TAKEN:

C.O. C.C.O. RECOMMENDED X REINSPECTION NECESSARY YES _ NO ___

C.O. C.C.O. NOT RECOMMENDED _____ TEMP. ISSUED _____ 938-4500 EXT. 251

VIOLATIONS: _____

REINSPECTION DATE _____

REMARKS: _____

C.O. C.C.O. RECOMMENDED _____
C.O. C.C.O. NOT RECOMMENDED _____

CHIEF

RRH

INITIALS OF INSPECTOR

F#2 - HTBFP