

Donna Belton

19-738

From: Susan E Payne <opra+request-5505-02240b40@requests.opramachine.com>
Sent: Monday, May 20, 2019 2:28 PM
To: clerkforms
Subject: OPRA request - 273 Stuart Street, Howell copy of permit #2005-0691

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Howell 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:

Copy of Permit #2005-0691 plus update that is ready for pick up.

BL 148
L 4

Yours faithfully,

Susan E Payne

TOWNSHIP OF HOWELL
RECEIVED
2019 MAY 20 P 2:38
CLERK'S OFFICE

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-5505-02240b40@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:

https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,FE6HQVBwRksB72AbY1vDygA3wSH4VQZga4XmQIH0Yb19p3Rx8yJVdHph_8QkVfv_hKcA1dQgVn0yFBy4pLphQ74v3NU2qbvfs-OwovUG54Z_09digK3KzULqull,&typo=1

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

<https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelpp%2fofficers&c=E,1,RljqJ-DTJqXXP6o5VxgjRtLXuw4VvZFvKSSUZZPIPCDezAST4JCRFanuhrI4O86wEs2VaW25kIXcPU6k2ux1psvj3mTaE5ltfl7Pb3Q5vQ,&typo=1>

View this OPRA request & responses online:

https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2f273_stuart_street_howell_copy_of&c=E,1,uswRSsHPoNKN3QDdtFOHtzM1YD5LJUn957hXJualtM-ueV6G_fIMcBjkZEoxXwln083c9jamsajN_qfHigRsjitl-0CeUEXu-ZpTuF_I-3AoWUnz3mcsLtWK&typo=1

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.

Donna Belton

From: Janine Martuscelli
Sent: Monday, May 20, 2019 3:42 PM
To: Donna Belton
Subject: RE: OPRA 19-738
Attachments: SCommunity 19052014490.pdf

Donna,

Attached are copies of the requested permits.

Janine

From: Donna Belton
Sent: Monday, May 20, 2019 2:57 PM
To: Janine Martuscelli
Cc: Brian Geoghegan; Jim Herrman
Subject: OPRA 19-738

Good Afternoon,

Attached please find OPRA 19-738 for your review. Please forward your findings to me no later than 5/30/2019.

Thank you.

Regards,

Donna Belton

**Administrative Assistant
Clerk's Office
4567 Route 9 North
Howell, NJ 07731
732-938-4500, ext. 2000
dbelton@twp.howell.nj.us**

NOTICE OF CONFIDENTIALITY

This message, including any prior messages and attachments, may contain advisory, consultative and/or deliberative material, confidential information or privileged communications of the Township of Howell. Access to this message by anyone other than the sender and the intended recipient(s) is unauthorized. If you are not the intended recipient of this message, any disclosure, copying, distribution or action taken or not taken in reliance on it, without the expressed written consent of the Township, is prohibited. If you have received this message in error, you should not save, scan, transmit, print, use or disseminate this message or any information contained in this message in any way and you should promptly delete or destroy this message and all copies of it. Please notify the sender by return e-mail if you have received this message in error.

NOTICE OF CONFIDENTIALITY

This message, including any prior messages and attachments, may contain advisory, consultative and/or deliberative material, confidential information or privileged communications of the Township of Howell.



CONSTRUCTION PERMIT

Date Issued

3/24/05

Permit #

32623

20050691

IDENTIFICATION Block 14F

Lot 4

Qualification Code

Work Site Location 273 Stuart St

Contractor Stephen Mikulok / Pat Gagliano

Township 15

Address 273 Stuart St

Owner in Fee Stephen Mikulok / Pat Gagliano

Address 273 Stuart St

Tel. (201) 463-3550

Township 15

Lic. No. or Bldrs. Reg. No.

Tel. (201) 463-3550

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: Clean up house Roof, siding, vinyl windows Bathroom in Basement Electrical A/C Trenching 20' x 11'

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

6,000.00

3/24/05

Construction Official

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

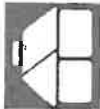
PAYMENTS (Office Use Only)

Building	66
Electrical	52
Plumbing	145
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	8
Cert. of Occupancy	
Other	
Total	271
Check No.	1459
Cash	
Collected by	KW

(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 141 Lot 4 Qualification Code
Work Site Location 272 Street 8
Owner in Fee Stephen Mikol's Det Garage
Address 273 Street 8
Tel. 410-272-1000
Contractor Anne G. Abouk
Address
Tel. () FAX ()
Contractor License No. or Builder Registration No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type	Failure	Approval	Initial
☐	No Plans Required	3/14/05	CG	Footings			
☒	All			Footings Bonding			
☐	Footings			Foundation			
☐	Foundation			Slab			
☐	Frame			Frame			
☐	Other			Truss-Sys./Bracing			
Joint Plan Review Required:				Barrier-Free			
☒	Elec.	☒	Plumb.	Insulation			
☐	Fire	☐	Elevator	Finishes - Base Layer			
SUBCODE APPROVAL				Finishes - Final			
☐	CO	☐	CCO	Energy			
☒	CA			Mechanical			
Date:				TCO			
Approved by:				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 \$
Height of Structure			3. Total (1+2) \$ 3,000
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

Date Received
Control #

Date Issued
Permit #

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

Reclining Siding
Windows, Doors, Central Air
Bathroom in Basement
Vinyl Siding
Timber Line 20 Year

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☒ Roofing
- ☒ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

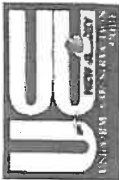
\$ 66

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

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



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 14F Lot 4 Qualification Code _____
 Work Site Location 273 Stuart St
 Owner in Fee Stuart Melnikoff / Pat Gagliano
 Address 273 Stuart St
 Tel 410-380-3438
 Contractor Same as above
 Address _____

Tel (____) _____ FAX (____) _____
 Contractor License No. _____
 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 \$ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Slab	Failure	Approval	Initial	
☐ No Plans Required					
Joint Plan Review Required:					
☐ Building	☐ Electric				
☐ Fire	☐ Elevator				
☐ Plumbing Plans Approved					
Date: <u>3/14/05</u>					
Approved by: <u>Pat Gagliano</u>					
SUBCODE APPROVAL					
☐ CO	☐ CCO	☐ CA			
Date: <u>3/14/05</u>					
Approved by: <u>Pat Gagliano</u>					
Failure _____ Approval <u>7/1/05</u> Initial <u>7/1/05</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 Plumbing Contractor ☒ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	\$ 10
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
1	Shower	10
1	Floor Drain	10
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
2	Hose Bibb	20
1	Water Heater <u>Replace electric</u>	10
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	65
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks <u>(2) per plans</u>	20
	Other	
	Other	

Administrative Surcharge \$ 145
 Minimum Fee \$ 3
 State Permit Surcharge Fee \$ 148
 TOTAL FEE \$ 148

All work shall comply with the National Standard P186 Code 2000.

U.C.C. F130 (rev. 1/04)

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



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 148 Lot 4 Qualification Code _____

Work Site Location 273 Street 28

Owner in Fee Howard NG

Address 273 Street 28

Tel 732-610-3880 732-616-3453

Contractor same as above

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 \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type: Rough <u>NAJH</u>	Failure <u>7-11-05</u>
Joint Plan Review Required:			Barrier-Free	Approval <u>7-18-05</u>
[] Building [] Plumbing			Trench	
[] Fire [] Elevator			Temp. Serv.	
[] Elec. Plans Approved			Constr. Serv.	
Date: <u>3/4/05</u>			TCO	
Approved by: <u>[Signature]</u>			Other	
			Service	
			Final	
			Barrier-Free	
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued	
Date: <u>10-3-05</u>			Annual Pool Inspection	
Approved by: <u>[Signature]</u>			Date of Grounding and Bonding	
			Certification	

U.C.C. F-20 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Date Received
Control #

Date Issued
Permit #

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 [] Certifd Landscape Irrigation Contr' ~~[] Exempt Applicant~~

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

2 Lighting Fixtures

2 Receptacles

1 Switches

1 Detectors

1 Light Poles

1 Motors—Fract. HP

1 Emergency & Exit Lights

1 Communications Points

1 Alarm Devices/F.A.C. Panel

1 TOTAL NUMBERS

1 Pool Permit/with UW Lights

1 Storable Pool/Spa/Hot Tub

1 KW Elec. Range/Receptacle

1 KW Oven/Surface Unit

1 KW Elec. Water Heater

1 KW Elec. Dryer/Receptacle

1 KW Dishwasher

1 HP Garbage Disposal

1 KW Central A/C Unit

1 HP/KW Space Heater/Air Handler

1 KW Baseboard Heat

1 HP Motors 1/4 HP

1 KW Transformer/Generator

1 AMP Service

1 AMP Subpanels

1 AMP Motor Control Center

1 KW Elec. Sign/Outline Light

FEE (Office Use Only)

40

12

Administrative Surcharge \$

Minimum Fee \$

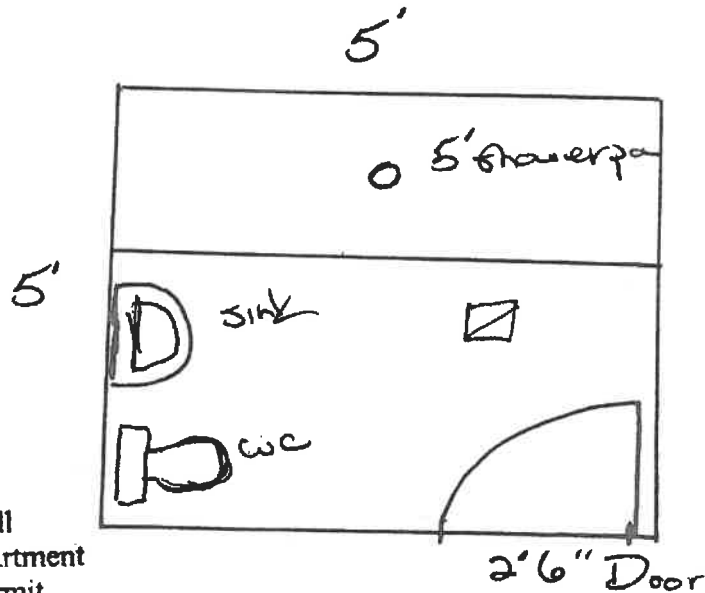
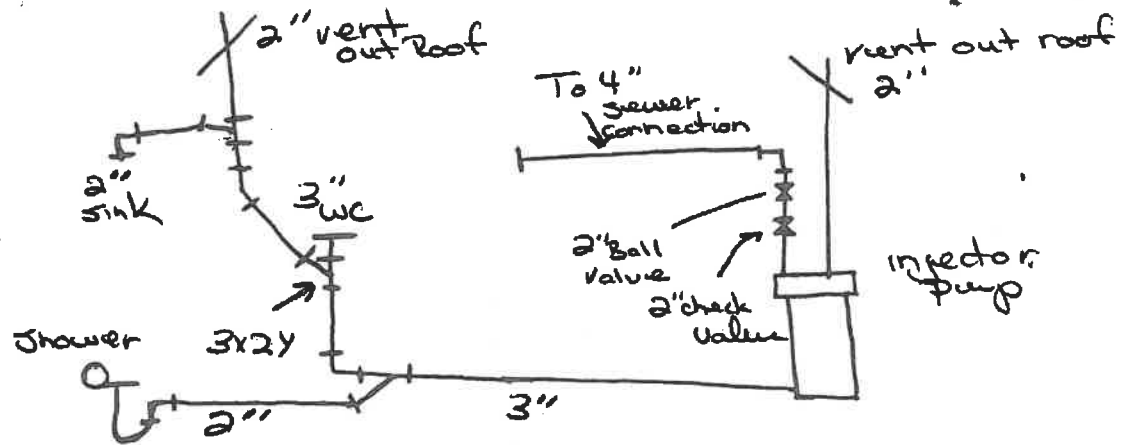
State Permit Surcharge Fee \$

TOTAL FEE \$

55

FILE COPY

Plumbing Riser Diagram New Basement Bath Room



Township of Howell
Construction Code Department
Plans released for Permit

Date: 3/16/05 Permit # ~~32623~~ 32623
Block: 148 Lot 4
Sub-code Official ADD [Signature]

Exhaust

A COPY OF THESE PLANS
MUST BE KEPT ON CONSTRUCTION SITE UNTIL
FINAL APPROVAL
(732) 938-4500

REVISED: _____

Received
7-5-05



PERMIT UPDATE

Date Update Issued 7-13-05
Control # 34612
Permit # 20050691-1
Date Permit Issued

IDENTIFICATION Block 14F Lot 41
Work Site Location 273 Stuart St
House 01 101
Owner in Fee Stephen Mikulak
Address 15 Grand Blvd
Jackson NJ 07032
Tel. 932 1610 - 3980

Contractor Amc
Address _____
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: update service
electrical in house

Estimated Cost of Work \$ 1000.00
CP1
Construction Official

Date _____

PAYMENTS (Office Use Only)	
Building	
Electrical	<u>169</u>
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	<u>169</u>
Check No.	<u>1566</u>
Cash	
Collected by	<u>[Signature]</u>

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

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



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 148 Lot 4 Qualification Code 4
Work Site Location 273 Street 87
Owner in Fee House 00 NW
Address 273 Street 87
Contractor Garrett & Son
Address Garrett & Son

Tel () FAX ()
Contractor License No. 1000
Federal Emp. No. 0000

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Temporary [] Other []
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type: Rough	Failure Approval Initial
Joint Plan Review Required:			Barrier-Free	
[] Building [] Plumbing			Trench	
[] Fire [] Elevator			Temp. Serv.	
[] Elec. Plans Approved			Constr. Serv.	
Date: <u>7-10-05</u>			TCO	
Approved by: <u>[Signature]</u>			Other	
			Service Final	
			Barrier-Free	
			Temp. Cut-in-Card Date Issued	
			Final Cut-in-Card Date Issued	
			Annual Pool Inspection	
			Date of Grounding and Bonding Certification	

SUBCODE APPROVAL

178 CO [] CCC [] CA

Date: 10-3-05

Approved by: [Signature]

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

QTY.	SIZE	ITEMS
<u>18</u>		Lighting Fixtures
<u>26</u>		Receptacles
<u>15</u>		Switches
<u>3</u>		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

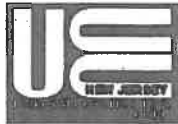
<u>1</u>	Pool Permit/with UW Lights
<u>1</u>	Storable Pool/Spa/Hot Tub
<u>50 amp</u>	KW Elec. Range/Receptacle
<u>30 amp</u>	KW Oven/Surface Unit
<u>30 amp</u>	KW Elec. Water Heater
<u>30 amp</u>	KW Elec. Dryer/Receptacle
<u>30 amp</u>	KW Dishwasher
<u>1</u>	HP Garbage Disposal
<u>1</u>	KW Central A/C Unit
<u>1</u>	HP/KW Space Heater/Air Handler
	KW Baseboard Heat
	HP Motors 1/4 HP
	KW Transformer/Generator
<u>150</u>	AMP Service
	AMP Subpanels
	AMP Motor Control Center
<u>1</u>	KW Elec. Sign/Outline Light

Administrative Surcharge \$ 169
Minimum Fee \$
Permit Surcharge Fee \$
TOTAL FEE \$

visual insp.

ONLY, HOUSE RE-WIRED WITHOUT ROOMS INSPECTION

Received
10-3-05



PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

10-25-05

35937

20050691-2

IDENTIFICATION Block 14F Lot 4
Work Site Location 273 3rd St Contractor JAME
Hannell MS Address _____
Owner in Fee Stephen Mikulak
Address 573 W. Vassar Ave Tel. (____) _____
Jackson NJ 07507 Lic. No. or Bldrs. Reg. No. _____
Tel. (____) 398-3980 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:

Replace existing Deck

Estimated Cost of Work

300.00

Construction Official

10-25-05
Date

PAYMENTS (Office Use Only)

Building 22
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee 1
Cert. of Occupancy _____
Other _____
Total 23
Check No. 1817
Cash _____
Collected by (Signature)

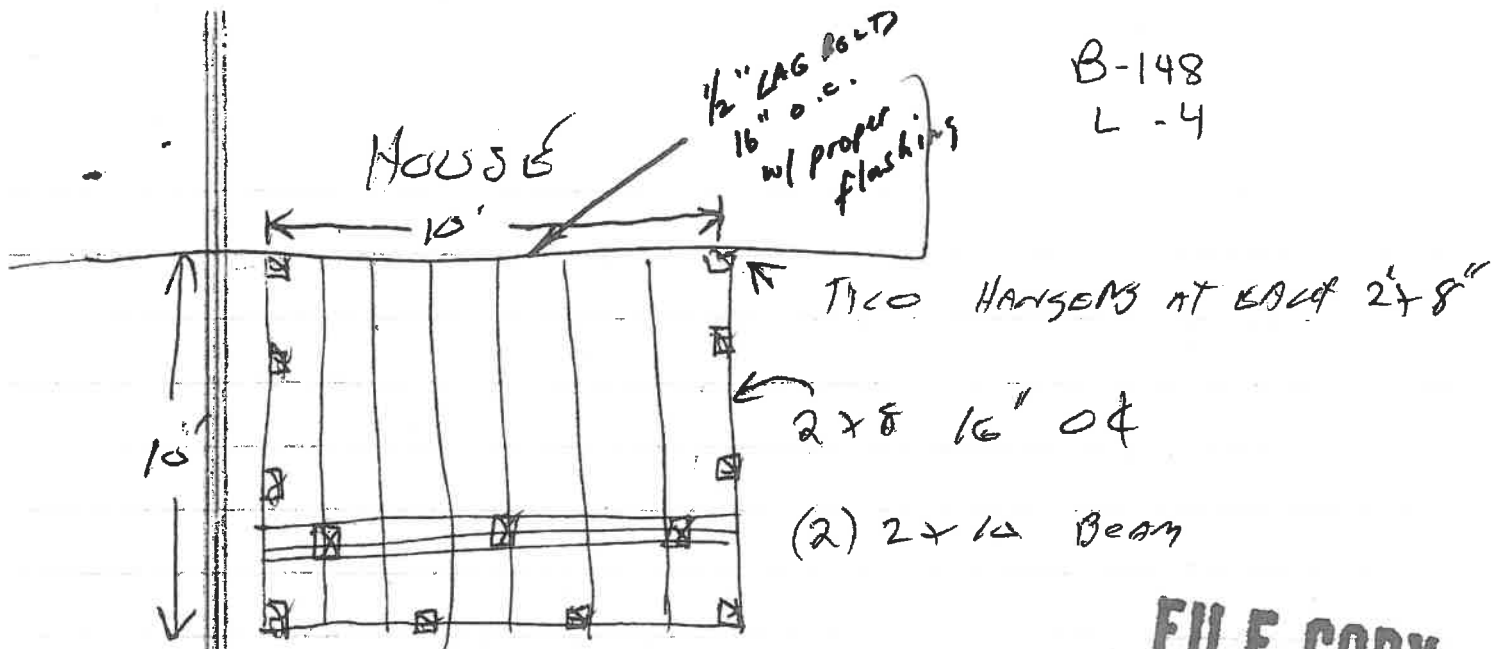
U.C.C. F190
(rev. 3/96)

1 WHITE—INSPECTOR COPY

2 CANARY—OFFICE COPY

3 PINK—OFFICE COPY

4 GOLD—APPLICANT COPY



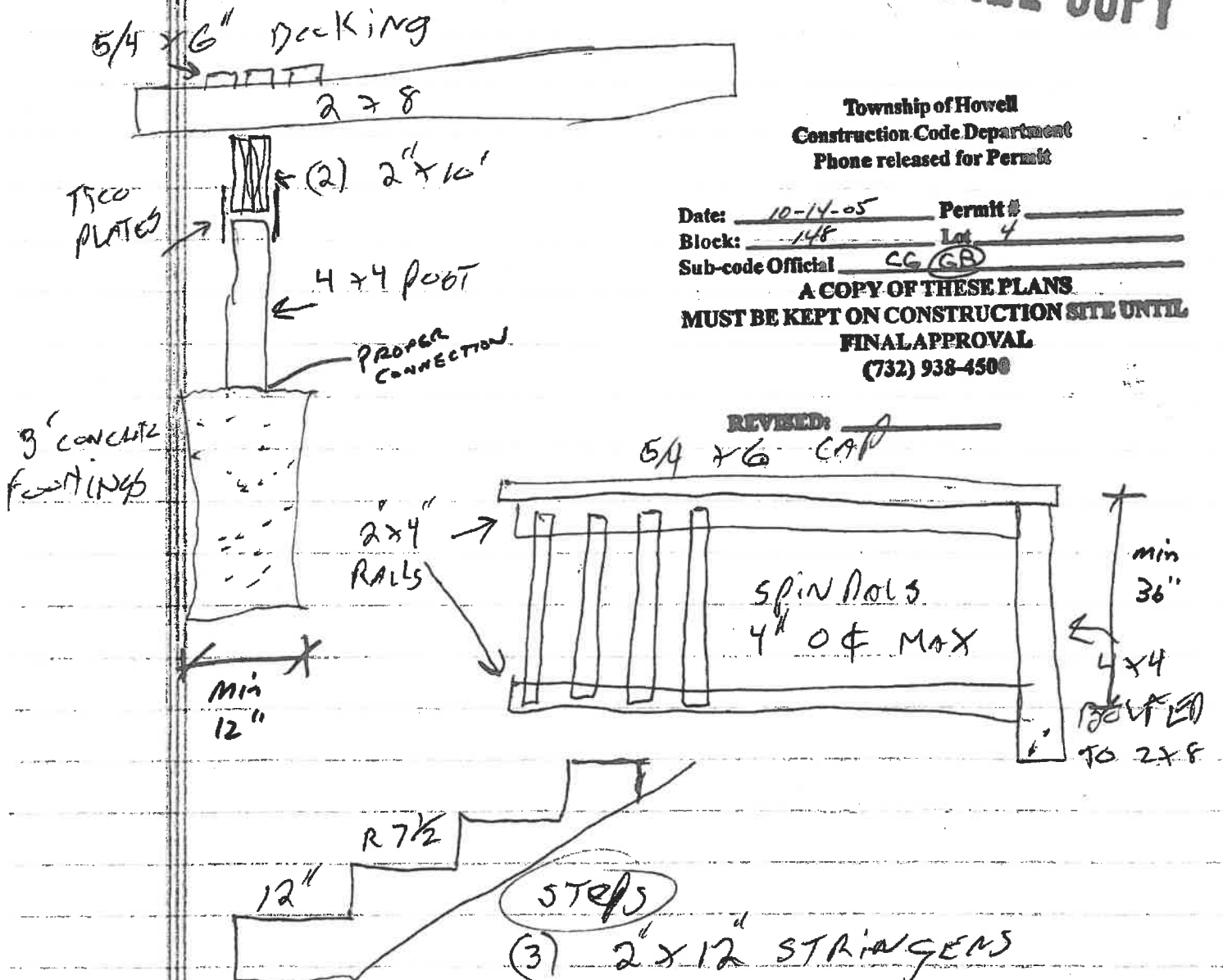
B-148
L-4

FILE COPY

Township of Howell
Construction Code Department
Phone released for Permit

Date: 10-14-05 Permit #
Block: 148 Lot 4
Sub-code Official CG GR

**A COPY OF THESE PLANS
MUST BE KEPT ON CONSTRUCTION SITE UNTIL
FINAL APPROVAL
(732) 938-4500**





PERMIT UPDATE

Date Update Issued
Control # 36826
Permit #
Date Permit Issued
20050611 + C

IDENTIFICATION Block 14F Lot 4
Work Site Location 273 Stuart St Contractor JAME
Hewell NJ Address _____
Owner in Fee Stephen Mikulak
Address 573 West Victorian Ave Tel. (321 925-0260)
Jackson NJ 08527 Lic. No. or Bids. Reg. No. _____
Tel. (321 928-0205) 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: VAULT CEILING

Estimated Cost of Work \$ 500.00
CPE(KH)

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

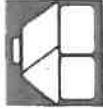
PAYMENTS (Office Use Only)

Building	<u>35</u>
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	<u>3</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>58</u>
Check No.	_____
Cash	_____
Collected by	_____

This update needs to
be picked up & paid
for



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 148 Lot 04 Qualification Code _____
Work Site Location 273 S. 1st St. Haddonfield, NJ 08033
Owner in Fee Stephen M. Velez
Address 573 West Velez Ave. Haddonfield, NJ 08033
Tel. [REDACTED]
Contractor SAWAL
Address _____
Tel. (____) _____ FAX (____) _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

Date Received
Control # 36526
Date Issued
Permit # 20050691+L

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

Vault + Ceiling in 1st Floor + Kitchen

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Required	<u>11/14/05</u>	<u>RM</u>	Type:	Failure	
☒ All			Footing		
☐ Footing			Footing 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		

Joint Plan Review Required: ☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>2,500</u>
No. of Stories			2. Rehabilitation \$ <u>2,500</u>
Height of Structure			3. Total (1+2) \$ <u>5,000</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

FEE (Office Use Only)

\$ 55.00

TYPE OF WORK:

☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Demolition

Administrative Surcharge \$

Minimum Fee \$

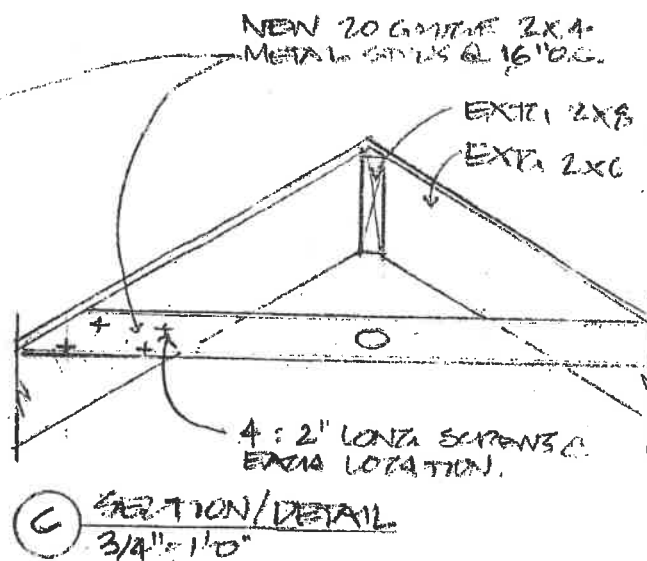
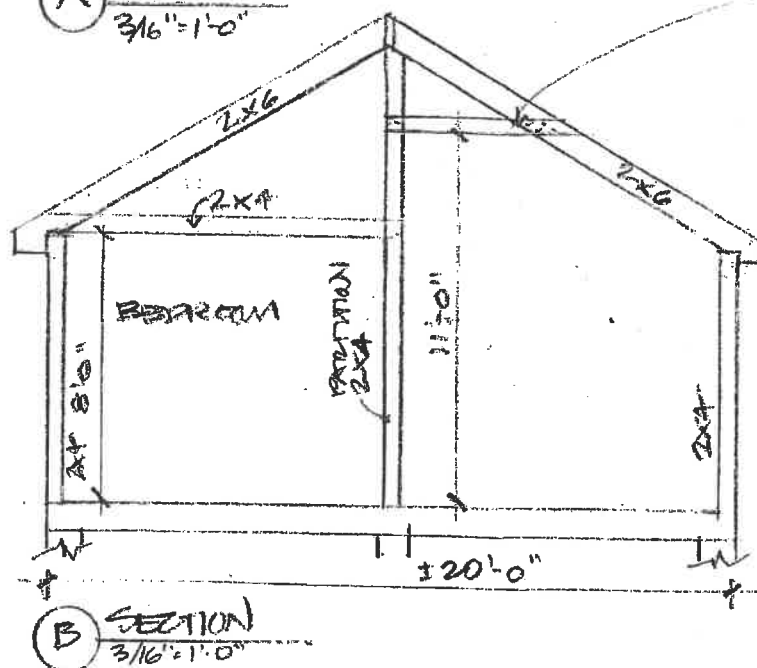
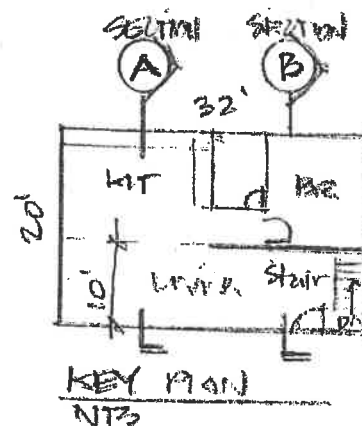
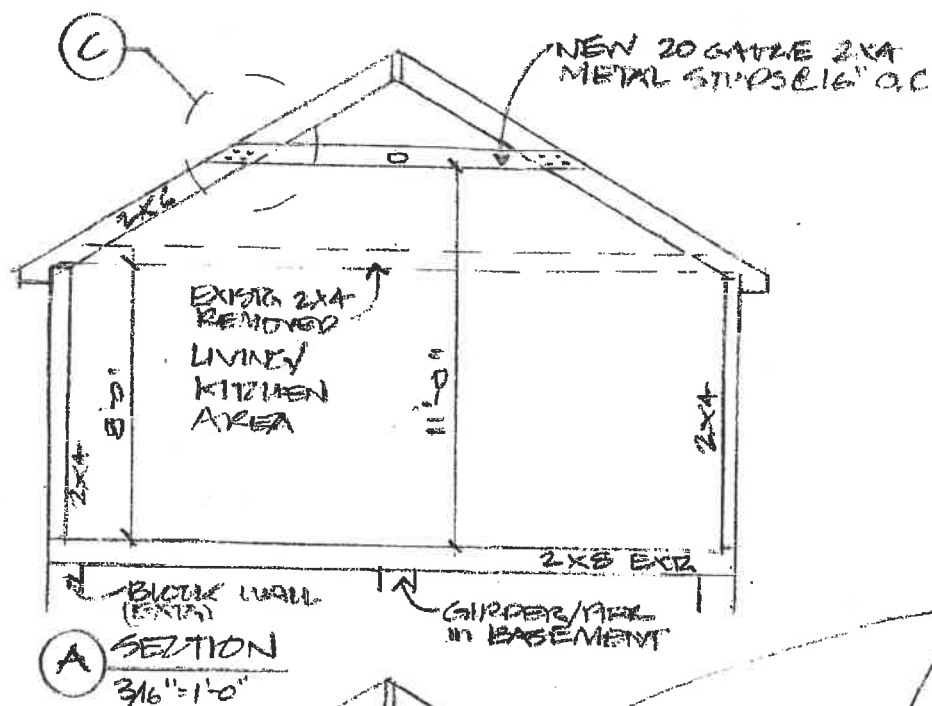
State Permit Surcharge Fee \$ 50.00

TOTAL FEE \$

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



Lawrence S. Chirantz
LAWRENCE S. CHIRANTZ NJ#10617

MIKULAK RESIDENCE
273 STUART STREET
BLOCK 148, LOT 4
HOWELL, NJ

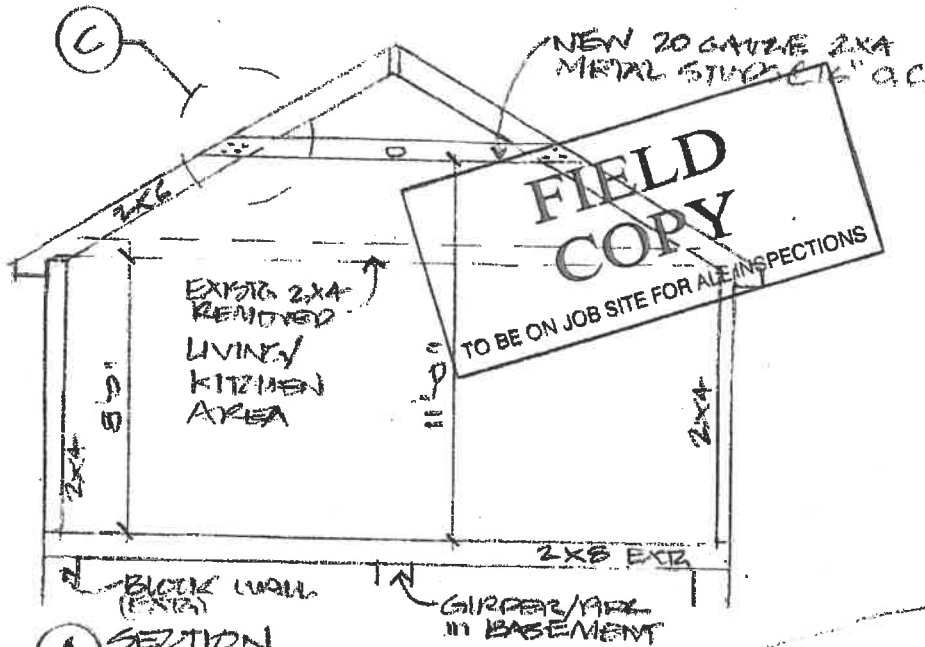
1104.05

SK-1

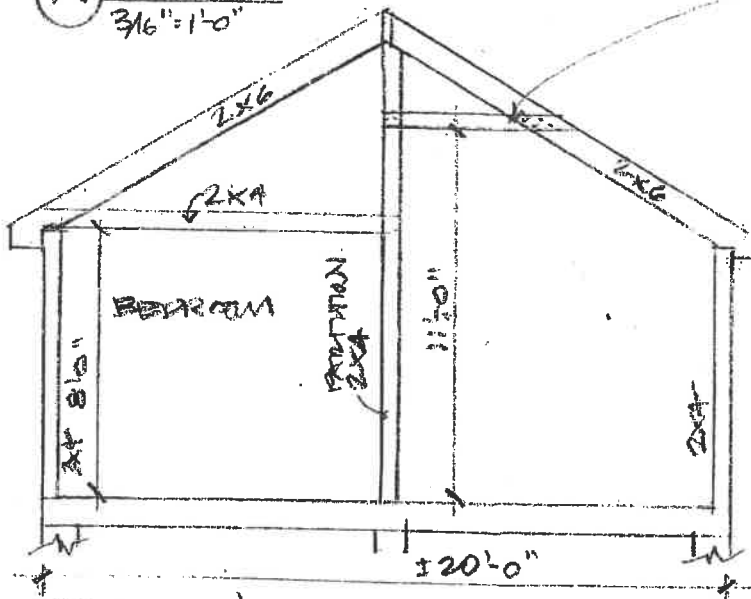


**CIRANGLE
ARCHITECTS**

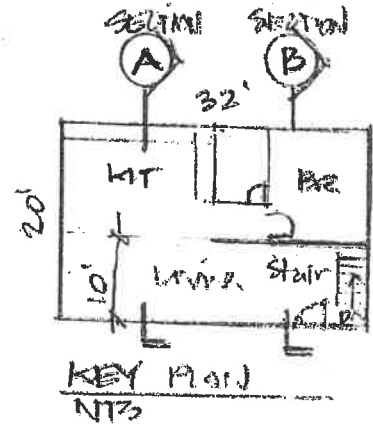
14 PLAZA NINE
MANALAPAN, NJ 07726
732-303-7822 PHONE
732-303-7833 FAX



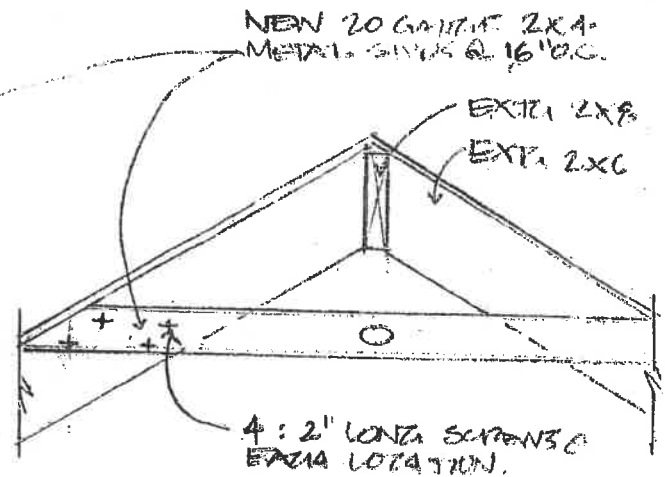
A SECTION
3/16" = 1'-0"



B SECTION
3/16" = 1'-0"



KEY PLAN
NTS



C SECTION/DETAIL
3/4" = 1'-0"

Lawrence S. Cirangle
LAWRENCE S. CIRANGLE NO #10677

MIKULAK RESIDENCE
273 STUART STREET
BLOCK 148, LOT 4
HOWELL, NJ

11.04.05

SK-1