CONSTRUCTION PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/29/19

Permit # 19-219+A

IDENTIFICATION Block 46 Lot 45 Qualification Code

Work Site Location 281 Beechwood Dr

Owner in Fee Jennifer & Kuhn

Address 281 Beechwood Dr

Tel. ( )

Contractor myself

Address

Tel. ( )

Lic. No. or Bldrs. Reg. 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: Interior renovation - new Heater Between Kit/Sunroom - new AC - 2 Skylights - 22 high hat

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 $ 20,000 approved 17,752

Construction Official

8/13/19

Date

PAYMENTS (Office Use Only)

Building	340
Electrical	~~102~~
Plumbing	102
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	34
Cert. of Occupancy	
Other	
Total	476
Check No.	169
Cash	
Collected by	JCM

(see reverse side)

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

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

Shrewsbury Borough
Borough Of Shrewsbury Construction Dept.
419 Sycamore Ave
Shrewsbury NJ 07702

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 6/10/2020
Control Number 11286
Permit Number 19-219+A
Permit Issue Date 8/29/2019
Certificate Number 19-219+A

Identification

Block: 46 Lot: 45 Qual:

Work Site Location: 281 BEECHWOOD DR. , NJ

Owner in Fee: Jennifer Kuhn
Owner Address: 281 Beechwood Shrewsbury NJ 07702
Telephone: (732) 300-5630

Contractor
Address
Telephone: Fax:
License Number or Builders Registration Number:
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
INTERIOR RENO- New header between Kitchen/sunroom. New A/C and 2 skylights

Certificate Comments:

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

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

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

U.C.C. F260 (rev. 08/05)

Fee: $0.00

Check Number:

Collected By:

Date Printed: 6/10/2020

Shrewsbury Borough
Borough Of Shrewsbury Construction Dept.
419 Sycamore Ave
Shrewsbury NJ 07702

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 6/10/2020
Control Number 11318
Permit Number 19-219
Permit Issue Date 8/2/2019
Certificate Number 19-219

Identification

Block: 46 Lot: 45 Qual:

Work Site Location: 281 BEECHWOOD DR. , NJ

Owner in Fee: Jennifer Kuhn
Owner Address: 281 Beechwood Shrewsbury NJ 07702
Telephone: (732) 300-5630

Contractor
Address
Telephone: Fax:
License Number or Builders Registration Number:
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
ELECTRIC - 22 Highhats

Certificate Comments:

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

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

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

U.C.C. F260 (rev. 08/05)

Fee: $0.00

Check Number:

Collected By:

Date Printed: 6/10/2020

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 19-219
Date Issued
Permit # 8/2/19

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

Block 46 Lot 45 Qualification Code

Work Site Location 281 Beechwood Dr

Owner in Fee: Jennifer L Kuhn

Tel. (732) 3005030 e-mail Jennifer@JLKsalonGroup.com

Address Same (street) (municipality) (zip code)

Contractor: Me Tel. (732) 3005030

Address e-mail "Same"

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ Same 750

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8/6/19

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO 6-4-20 CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure Dates (Month/Day)	Approval	Initial
Rough		11-14-19		
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final		6-4-20		
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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 sign/Contractor sign and seal here:

Print name here: Jennifer L Kuhn

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add 22 High Hats

QTY.	SIZE	ITEMS	FEE (Office Use Only)
22		Lighting Fixtures	
18		Receptacles	
10		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	36
		Storable Pool/Spa/Hot Tub	
1		KW Elec. Range/Receptacle New	50
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	✓
1		KW Dishwasher New	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
			86

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

PSE&G # 752 Beechwood

Date Received
Control #
Date Issued 8/29/19
Permit # 19-219-A

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

Block 46 Lot 45 Qualification Code

Work Site Location 281 Beechwood Dr

Owner in Fee: Jennifer Kuhn

Tel. ( ) e-mail Jennifer@sc(Save)Group.ca

Address 281 Beechwood Dr Brielle
street municipality zip code

Contractor: Tel. (732) 3885203

Address e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed New Central Air.

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-18-19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-4-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	11/19			
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO Home				

6-4-20

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

DESCRIPTION OF WORK
Hot/Cold Supply/Waste line
Install central air 4 Ton overhead - Air Handler in garage. Condenser on opposite of Driveway

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
✓	Washing Machine	20
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
✓	Other Air Handler	82
✓	Other Condenser	102

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

Change Rubber Y 7"
Reroute Condensate line A/C

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 8/29/19
Permit # 19-219+A

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

Block 46 Lot 45 Qualification Code

Work Site Location 281 Beech Wood Pl

Owner in Fee: Jennifer C Kuhn

Tel. ( ) e-mail Jennifer@JCKSale Group.com

Address

Contractor: Jennifer C Kuhn "Homeowner" Tel. (732) 3805430

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

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
Removal of Kitchen Wall and Living room wall / and a closet In between Kithchen and family room
Added (2) skylights in Sunroom

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation BEAM
- [✓] Roofing Added 2 skylights
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [✓] Demolition

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 8/13/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/4/2019
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame BEAMS			11/18/19	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/4/2019	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ✓ Proposed
No. of Stories 2
Height of Structure ft.
Area — Largest Floor 500 sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 10,000
3. Total (1+ 2) $

FEE (Office Use Only)
$ 340

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

U.C.C. F110
(rev. 12/07)

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 19-219

Permit # 8/21/19

IDENTIFICATION Block 46 Lot 45 Qualification Code

Work Site Location 281 Beechwood Dr.

Owner in Fee Kuhn

Address

Tel. (732) 300-5630

Contractor

Address H/O

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING	[ ] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:

Electric

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 $ 1750

Cary Costa (JCM)
Construction Official

7/31/19
Date

PAYMENTS (Office Use Only)

Building	
Electrical	86
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	3
Cert. of Occupancy	
Other	
Total	89
Check No.	279
Cash	
Collected by	

(see reverse side)

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 19-219
Date Issued 8/2/19
Permit #

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

Block 44 Lot 45 Qualification Code

Work Site Location 281 Beechwood Dr

Owner in Fee: Jennifer Clarke

Tel. (732) 3005030 e-mail Jennifer@JLRSalonGroup.com

Address same (street) (municipality) (zip code)

Contractor: Mel Tel. (732) 3005030

Address e-mail "same"

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ ~~5,000~~ 1750

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by: Heidi

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/6/19
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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 sign/Contractor sign and seal here:

Print name here: Jennifer L Clarke

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add 22 High Hats

QTY.	SIZE	ITEMS
22		Lighting Fixtures
18		Receptacles
10		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
1		KW Elec. Range/Receptacle new
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
1		KW Dishwasher new
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

$ 36
50
2
86

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

CERTIFICATE

Date Issued 9622307
Control #
Permit # 96-236

IDENTIFICATION

Block 46 Lot 45
Work Site Location 281 Beechwood Drive
Shrewsbury, N.J.
Owner in Fee Beth Sheehan
Address Same

Tele. (——)
Contractor W.T. Sage Construction Inc
Address PO Box 295
Leonardo, N.J. 07737

Tele. (——)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2953353
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Remove Old Roof Install New

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

Fee $ N/A
Paid [ ] Check No.
Collected by:

Gary Coste
CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/13/96
Date Issued 8/13/96
Control #
Permit # 96-236

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

Block 46 Lot 45
Work Site Location 281 BEECHWOOD DR

Owner in Fee BETH SHEEHAN
Address 281 BEECHWOOD DRIVE
SHREWSBURY, NJ 07702
Tele. (908) 842-3597
Contractor W. T. SAGE CONST. INC.
Address P.O. BOX 295
LEONARDO, NJ 07737
Tele. (908) 291-7443
Lic. No.
Federal Emp. No. 22-2953353 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 $ INCL IN BLDG [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 8/13/96
Approved by: A. Fiske
SUBCODE APPROVAL
[ ] CO [ ] COA [ ] CA
Date: 8/19/96
Approved by:

Provided Copy of Safety Regulations

INSPECTIONS:

Type:	Failure Dates (Month/Day)	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.

X William T. Sage
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		
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 Replace Vent for New Roof		35

Paid [X] Check # 3853
Collected by: A. Fiske

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 35

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/13/96

Control #

Permit # 96-236

IDENTIFICATION Block 46 Lot 45

Work Site Location 281 Beechwood Dr. Shrewsbury, N.J.

Owner In Fee Beth Sheehan

Address 281 Beechwood Dr. Shrewsbury, N.J.

Tele. (908) 842-3592

Contractor N.T. Sage Const. Inc.

Address P.O. Box 295 Leonardo, N.J. 07737

Tele. (908) 291-7443

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. 22-2953353

or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] OTHER Roofing

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Remove old Roof + Replace with New

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 $ 3000.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	30
Plumbing	
Electrical	
Fire Protection	35
Other	
Other	
DCA Training Fee	2
Cert. of Occ.	
Other	
Total	$67
Check No.	3853
Cash	
Collected By:	

U.C.C. Form F-170A

(see reverse side)

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

PRO 108

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/13/96
Date Issued 8/13/96
Control #
Permit # 96-236

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

Block 41 Lot 45
Work Site Location 251 Beechwood Dr. Shrewsbury, N.J.
Owner in Fee Beth Sheehan
Address 281 Beechwood Dr. Shrewsbury, N.J.
Tele. (908) 842-3592
Contractor M. T. Sagi Const. Inc.
Address P.O. Box 295 Leonardo, N.J. 07737
Tele. (908) 291-7443
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2953353 or Social Security No.

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 William T. Sagi

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove old Roof + Replace with New

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			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: 4-12 97			Other				
Approved By: JW			Final			4-12 97	JW

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[X] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only) FEE

$ 30

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 3,000.00
2. Alteration $
3. Total (1+2) $ 3,000

Paid [X] Check # 3853
Collected by: L. Archer DCA

Administrative Surcharge	$
Minimum Fee	$
TRAINING FEE	$ 2
TOTAL FEE	$ 32

U.C.C. Form F-110B

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

BOROUGH OF SHREWSBURY
419 SYCAMORE AVE.
SHREWSBURY NJ 07702

Date Issued 09/14/05
Control #
Permit # 05-174

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 46 Lot 45 Qual B
Work Site Location 281 BEECHWOOD DR

Owner in Fee/Occupant SHEEHAN
Address
-
Telephone ( ) -
Contractor
Address
-
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REMOVE UST

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Fee $ 0
Paid [X] Check No. 2432
Collected by: NB

Construction Official

U.C.C. F260 (rev. 3/96)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6/23/05

Permit # 05-174

IDENTIFICATION Block 46 Lot 45 Qualification Code

Work Site Location 281 Beechwood Dr

Owner in Fee Beth Sheehan

Address same

Tel. ( ) 842-3592

Contractor ~~LAWES ENVIRONMENTAL SERVICES, LLC~~

Address ~~P.O. BOX 258~~ ~~SHREWSBURY NJ 07702~~

Tel. ( ) ~~732-530-4333 FAX:741-8527~~

Lic. No. or Bldrs. Reg. No. ~~DEP LIC.# 00706~~ ~~FED ID# 223363157~~

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [X] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Removal of (1) 290-gall #2 oil UST

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 $ 1250.00

Construction Official

Date 6/22/05

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing 75

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 2

Cert. of Occupancy

Other

Total 77

Check No. 2432

Cash

Collected by NB

(see reverse side)

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6/23/05
Control # 05-174
Date Issued
Permit #

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

Block 46 Lot 45 Qualification Code
Work Site Location 281 Beechwood Dr
Owner in Fee ~~Shane~~ Beth Sheehan
Address same
Tel ( ) Fax ( )
Contractor LAWES ENVIRONMENTAL SERVICES, LLC
Address P.O. BOX 258 SHREWSBURY NJ 07702
732-530-4333 FAX:741-8527
DEP LIC.# 00796 FED ID# 223663157
Tel ( ) Fax ( )
Fire Protection Equipment, NJ Div of Fire Safety Exp. Date / No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System: [ ] New OR [ ] Existing
Location of Main Control Valve:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [X] Combustible *Capacity* 290 gall

Total Cost of Fire Protection Work $ 1250.00

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. R Lawes
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Removal of (1) 290 gallon UST - #2 Oil
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $
Minimum Fee $ 75
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 6/30/05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/20/05
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Leaks

U.C.C. F140 (rev. 1/04)

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

BOROUGH OF SHREWSBURY
419 SYCAMORE AVE.
SHREWSBURY NJ 07702

Date Issued 06/25/09
Control #
Permit # 09-048

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 46 Lot 45 Qual B
Work Site Location 281 BEECHWOOD DR

Owner in Fee/Occupant SHEEHAN
Address
-
Telephone ( ) -
Contractor
Address
-
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

ROOF

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Fee $ 0
Paid [X] Check No. 3916
Collected by: NB

Construction Official

U.C.C. F260 (rev. 3/96)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 3/31/09

Permit # 09-048

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 281 Beechwood Dr
Shrewsbury NJ

Owner in Fee B. Sheehan

Address 281 Beechwood Dr
Shrewsbury NJ

Tel. (_____) _____

Contractor Glen Patterson Const. Co Inc.

Address 5 Island View Way 16
Sea Bright NJ

Tel. (732) 266 1303

Lic. No. or Bldrs. Reg. No. 13VH01511500

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) [X] OTHER ROOFING

DESCRIPTION OF WORK: Remove Roof to decking
INSTALL Ice + water - 6 ix Nails
GM3462 Timberline

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 $ 2,000.-

Construction Official Costen (AB)

3/31/09
Date

PAYMENTS (Office Use Only)

Building	50
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	3
Cert. of Occupancy	
Other	
Total	53
Check No.	3916
Cash	
Collected by	MB

(see reverse side)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/31/09
Control #
Date Issued
Permit #

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

Block 46 Lot 45 Qualification Code

Work Site Location 281 Beechwood Dr Shrewsbury

Owner in Fee: B. Shelnutt

Tel. ( ) e-mail

Address 281 Beechwood Dr Shrewsbury NJ
street municipality zip code

Contractor: Clr Portfolio Const. Co Inc Tel. (732) 216-1303

Address 5 Island View Way 16 e-mail SMARIGET NJ

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01511800

Federal Emp. ID No. 22-3345263 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-20-09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			5-20-09	
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 2,000.—
3. Total (1+ 2) $ 2,000.—

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
Remove Roof to decking
Install ice & water
Six Nail
DM3462 Timberline

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F110 (rev. 7/06)

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

BOROUGH OF SHREWSBURY
419 SYCAMORE AVE.
SHREWSBURY NJ 07702

Date Issued 06/16/16
Control #
Permit # 11-018

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 46 Lot 45 Qual F
Work Site Location 281 BEECHWOOD DR.

Owner in Fee/Occupant SHEEHAN
Address
-
Telephone ( ) -
Contractor
Address
-
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

WATER HEATER

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Fee $ 0
Paid [X] Check No. 10777
Collected by: NB

Construction Official

U.C.C. F260 (rev. 3/96)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/20/11
Control #

Date Issued
Permit #

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

Block 46 Lot 45 Qualification Code

Work Site Location 281 Beechwood Drive
Shrewsbury Boro NJ

Owner in Fee: Elizabeth Sheehan

Tel. (732) 842-3592 e-mail

Address 281 Beechwood Drive Shrewsbury NJ 07702
street municipality zip code

Contractor: General Sewer & plumbing Tel. (732) 671-2226

Address P.O. Box 335 Farmingdale NJ 07727 e-mail

Contractor License No. 8596 Exp. Date

Federal Employee No. 33-1063645 FAX: (732) 938-7699

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 $ 1175.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 11-9-10

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 5/4/16

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			5.4.16	

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)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
X	Water Heater 40 gallon gas	
	Fuel Oil Piping replacement	
	Gas Piping emergency	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $ 35
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

U.C.C. F130
(rev. 05/05)

Reorder from OCS Printing (609) 398-4375

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 1/20/11

Permit # 11-08

IDENTIFICATION Block 46 Lot 45 Qualification Code

Work Site Location 281 Beechwood Drive
Shrewsbury Boro nJ

Owner in Fee Elizabeth Sheehan

Address 281 Beechwood Drive
Shrewsbury NJ 07702

Tel. (732) 842-3592

Contractor General Sewer & Plumbing

Address P.O. Box 335
Farmingdale nJ 07727

Tel. (732) 671-2226

Lic. No. or Bldrs. Reg. No. 8596

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Hot water heater replacement. Emergency

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 $ 1175.00

Construction Official

11/9/10
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	35
Elevator Devices	
Other	
DCA State Permit Fee	2
Cert. of Occupancy	
Other	
Total	37
Check No.	1077
Cash	
Collected by	LB

(see reverse side)

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

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

BOROUGH OF SHREWSBURY
419 SYCAMORE AVE.
SHREWSBURY NJ 07702

Date Issued 06/16/16
Control #
Permit # 16-106

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 46 Lot 45 Qual EP
Work Site Location 281 BEECHWOOD DR.

Owner in Fee/Occupant SHEEHAN
Address
-
Telephone ( ) -
Contractor
Address
-
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REPLACE BOILER

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Fee $ 0
Paid [X] Check No. 57159
Collected by: NB

Construction Official

U.C.C. F260 (rev. 3/96)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/21/16

Permit # 16-106

IDENTIFICATION Block 46 Lot 45 Qualification Code

Work Site Location 281 Beechwood

Owner in Fee

Address Sheehan

Tel. ( )

Contractor

Address

Tel. ( )

Lic. No. or Bldrs. Reg. 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:

BOILER

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 $ 7600

Construction Official

4/14/16

Date

PAYMENTS (Office Use Only)

Building

Electrical 50.64

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 14

Cert. of Occupancy

Other

Total 228

Check No. 57159

Cash

Collected by MS

(see reverse side)

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

white

Date Received 4/21/16
Control #
Date Issued
Permit # 16-106

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

Block 46 Lot 45 Qualification Code

Work Site Location 281 BEECHWOOD DR
SHREWSBURY 07702

Owner in Fee: ELIZ. SHEEHAN

Tel. (732) 842-3592 e-mail

Address 281 BEECHWOOD DR, SHREWSBURY BORO 07702
street municipality zip code

Contractor: EDISON HTG & COOLING Tel. (732) 372-7161

Address 191 VINEYARD RD e-mail
EDISON 08817

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05731600

Federal Emp. ID No. 27-2084715 FAX: ( )

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 $ 3,500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] ~~No~~ Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4-14-16
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] ~~CO~~ [ ] CCO [ ] CA
Date: 5-4-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			5-4-16	

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 [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE HW BOILER

QTY.	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	
1	Gas Piping RETIE	82
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	82
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	164.-
	Other	

BWDAA rep $6,000 NTS

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

4/3/16

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received: 4/21/16
Control #: 16-106
Date Issued:
Permit #:

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

Block 46 Lot 45 Qualification Code

Work Site Location 281 BEECHWOOD DR
SHREWSBURY 07702

Owner in Fee: ELIZ. SHEEHAN

Tel. (732) 842-3592 e-mail

Address 281 BEECHWOOD DR SHREWSBURY BORO 07702
street municipality zip code

Contractor: EDISON HTG + COOLING Tel. (732) 372-7161

Address 191 VINEYARD RD e-mail
EDISON 08817

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05731600

Federal Emp. ID No. 27-2084715 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as RESIDENTIAL Utility Co.

Est. Cost of Elec. Work $ 3,500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/25/16
Approved by: OK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 5-4-16
Approved by: Oak

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-4-16	DW
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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 [ ] Certif'd Landscape Irrigation Cont'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE HW BOILER

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $ 50.-
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

4/3/16