BLOCK 185 LOT 40.25 ADDRESS (SITE) 37 NICKLAUS LN PERMIT NO. _____

[redacted]

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 37 NICKLAUS LANE
2. Name of Owner in Fee: PAM & ROBERT COAKLEY Tel. ([redacted]
   Address ABOVE (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: _____ Tel. (___) _____
   Address EDWARD OKUNIEWICZ 602 HIGH MEADOW DR. TOMS RIVER, NJ 08753
   License No. OR, if new home, Builder Reg. No. 908-506-0229 Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer HOMEOWNER Tel. [redacted]
   Address _____
6. Responsible Person in Charge of Work ED OKUNIEWICZ Tel. (506-0229

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	$6000 —
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places Of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

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

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

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

LDS HW-B 10602997

U.C.C. Form 100B

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other t single family residential use. I attest that all construction, plumbing, or electrical work will be done, in wl or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; a I further acknowledge that said new home is not covered under the New Home Warranty and Builc Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purcha: this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBIL FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURI AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HI EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WOR AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alterati renovation, or repair to an existing single family residence owned and occupied by myself and located the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will deemed part of, an existing single family residence that is owned and occupied by myself and located the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jer Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required St county, and local prior approvals have been given, including such certification as the construction official may requ

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature Pam Coakley Date 6/10/96

II. AGENT SECTION

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

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required S county, and local prior approvals have been given, including such certification as the construction official may req

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Div 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 EDWARD OKUNIEWICZ

Address 802 HIGH MEADOW DR.
TOMS RIVER, NJ 08753

Telephone ( ) 908-506-0229

Signature Edward Okuniewicz Date 6/10/96

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

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

U.C.C. Form 170B

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6-12-96
Control #
Permit # 96-1035

IDENTIFICATION Block 185 Lot ~~40-45~~ 40

Work Site Location 37 NICKLAUS LN

Owner in Fee DAN & ROBERT COMLEY

Address ABOVE

Tele. (____) [redacted]

Contractor EDWARD OKUNIEWICZ

Address 802 HIGH MEADOW DR.
TOMS RIVER, NJ 08753
908-506-0229

Tele. (____)

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

Federal Emp. No. [redacted]

or Social Security No. ____

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER ____

[ ] ELECTRICAL [✓] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: DECK @ 840 SQ FT
42' x 27'6" IRREGULAR SHAPE

PAYMENTS (Office Use Only)	
Building	68.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other CC	5.00
DCA Training Fee	
Cert. of Occ.	
Other	
Total	73.00
Check No.	3077
Cash	
Collected By:	6-14-96

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 $ 16000 -

CONSTRUCTION OFFICIAL

(see reverse side)

U.C.C. Form F-170C

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

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

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

U.C.C. Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-12-96
Date Issued
Control #
Permit # 96-1035

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

Block 185 Lot 40.25
Work Site Location 37 NICKLAUS LANE
HOWELL NJ
Owner in Fee DAN & ROBERT COAKLEY
Address ABOVE
Tele: ( )
Contractor EDWARD OKUNIEWICZ
Address 802 HIGH MEADOW DR.
TOMS RIVER, NJ 08753
Tele. (908-506-0229)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted] 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.

E Okuniewicz
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DECK 12 x 27'6"
IRREGULAR SHAPE
@ GROUND FT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			7/22/96	DE
Foundation				
Slab				
Frame			10/25/96	CC
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	10/25/96 APPROVED NR		VENT TO FURNACE ROOM 3/25/97 7/16/96 RH6	

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

(Office Use Only)
FEE
$ 18.00
40
20.00

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

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. Alteration $
3. Total (1+2) $

U.C.C. Form F-110B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy

10/25/99 - SUNBURST (Need Plexiglass)
CG grespable handrails on steps

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-12-96
Date Issued
Control #
Permit # 96-1135

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

Block 165 Lot 4 & 25
Work Site Location 37 NICKLAUS LANE
HOWELL NJ
Owner in Fee JOHN & ROBERT CONKLIN
Address HOME
Tele. ( )
Contractor EDWARD OKUNIEWICZ
Address 802 HIGH MEADOW DR.
TOMS RIVER, NJ 08753
908-506-0229
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted] 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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DECK 12 x 12'6"
IRREGULAR SHAPE
@ GRADE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Footing			7/2	
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	AGENT		VENT TO	

NC 7/16/96 KH

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other FURNACE UCCOM 3/25/97
[ ] Demolition

(Office Use Only)
FEE

	$
	60
	18 00
	45
	20 00

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. Alteration $ _____
3. Total (1+2) $ _____

Administrative Surcharge $ 20 00
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

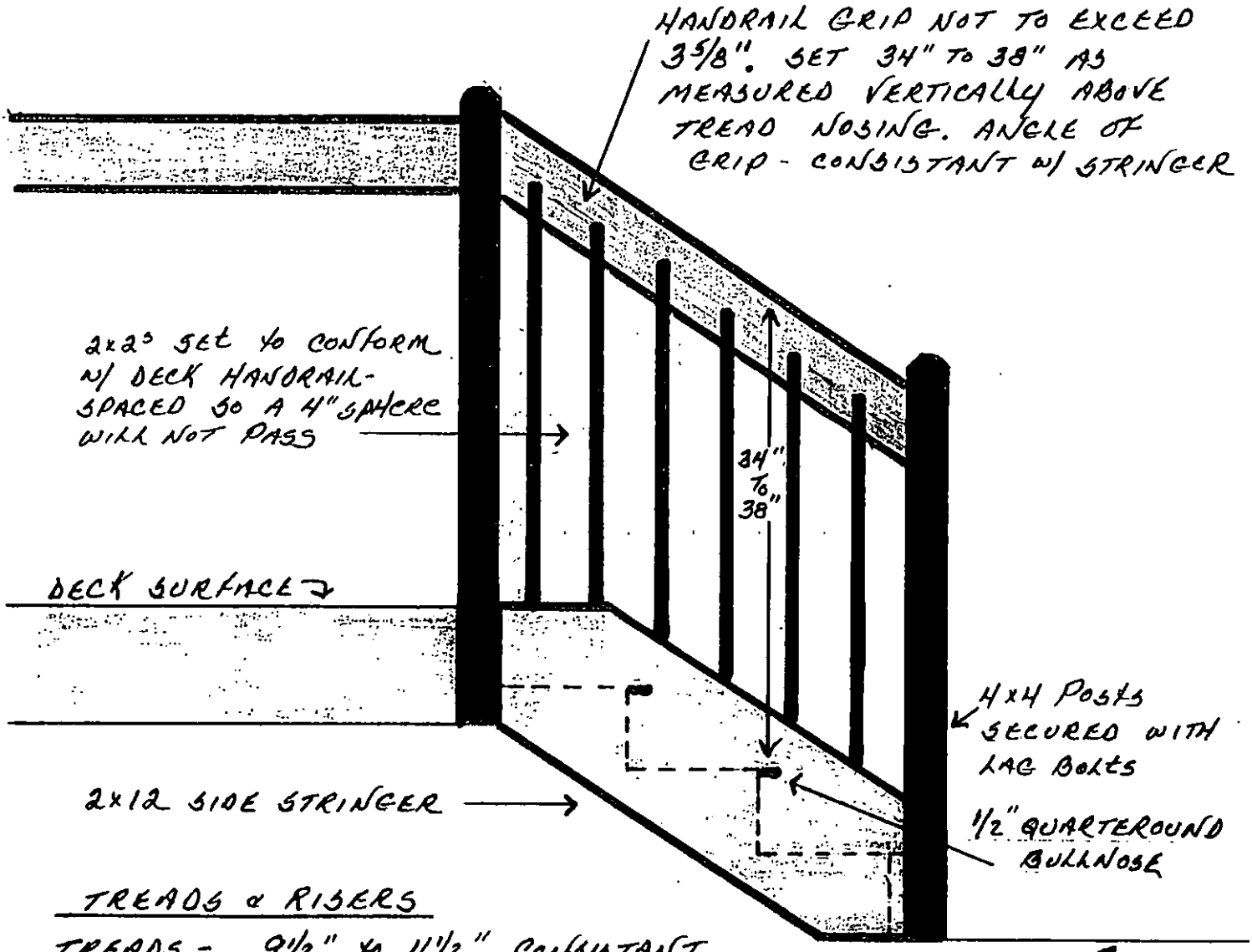
U.C.C. Form F-110B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy

NAME: COAKLEY

ADDRESS: 37 NICKLAUS LN

LOT: 40.25 BLOCK: 185

STAIR PROFILE



TREADS & RISERS

TREADS - 9 1/2" TO 11 1/2" CONSISTANT

RISERS - 5" TO 8" CONSISTANT - SOLID BACK RISERS TO FORM CLOSED STAIRCASE

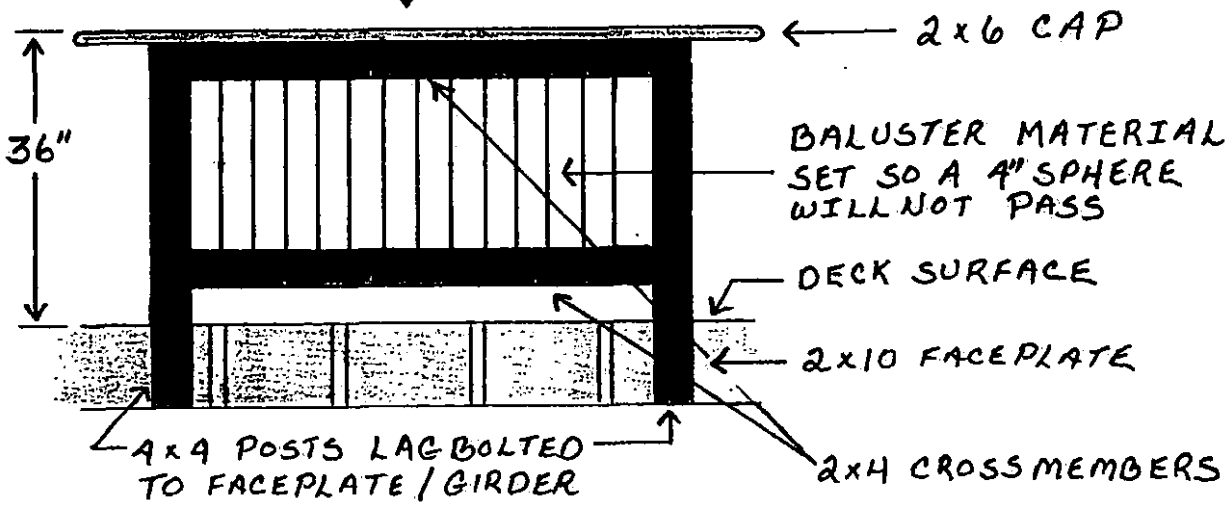
SCALE 1" = 1'

NAME: COAKLEY

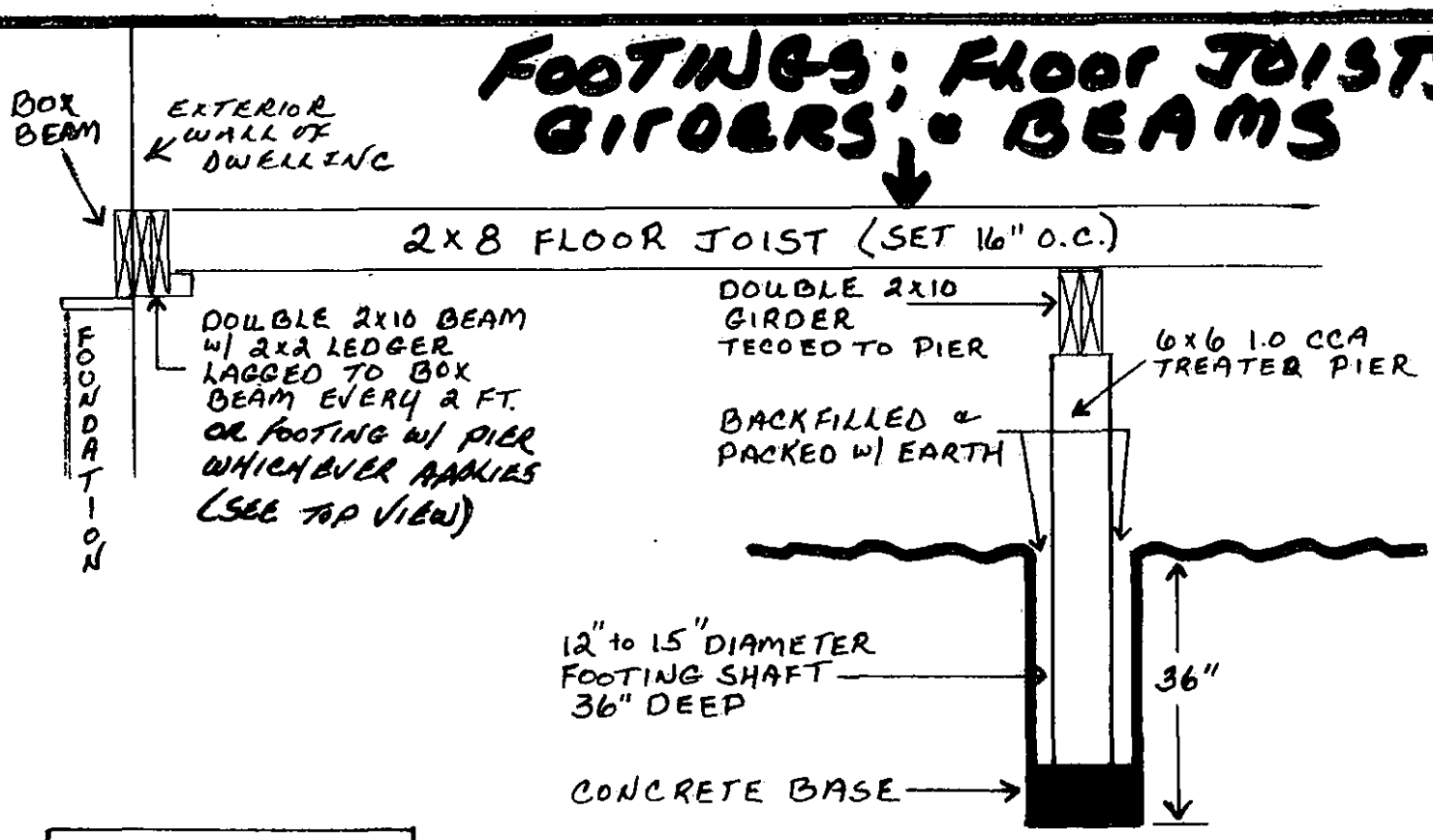
ADDRESS: 37 NICKLAUS LN

BLOCK: 185 LOT: 40.25

HANDRAIL



FOOTINGS: FLOOR JOISTS GIRDERS & BEAMS



SCALE 1" = 2'

TOWNSHIP of HOWELL

251 Preventorium Road
Post Office Box 580
Howell, New Jersey 07731-0580

(732) 938-4500
FAX (732) 938-6492
Web site: www.twp.howell.nj.us

THIS PERMIT IS PAST THE TIME THAT WE CAN LEGALLY REINSTATE.

WE HAVE FOUND THAT THE RECORD KEEPING OF PERMITS OF THIS AGE IS SO INADEQUATE THAT WE CAN NOT DETERMINE IF THE FINAL INSPECTIONS WERE DONE OR NOT.

Edward S. Mack

EDDIE MACK/CONSTRUCTION OFFICIAL
EM/lg
DATE: 11-8-02
INITIAL: EM

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

PLAN REVIEW CHECK LIST

NAME Coakley BLOCK 185 LOT 40.25

ADDRESS 37 Nicklaus ZONING RELEASE

DATE SUBMITTED 6-11-96 Dock

DEVELOPMENT

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING	6/11/96		OK	
PLUMBING				
FIRE				
ELECTRICAL				
MECHANICAL				
SEPTIC				
OTHER				

CODE1.FRM

HOWELL TOWNSHIP

LAND USE CERTIFICATE

The undersigned hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all of which applicant swears to be true:

PROPERTY: BLOCK 185 LOT(S) 40.25 STREET 37 NICKLAUS LN

TELEPHONE # [redacted]

NAME DANIEL ROBERT CONKLEY

ADDRESS 37 NICKLAUS LN
HOWELL NJ

PHONE [redacted]

USES
Principal _____
Accessory _____
New Construction _____ Existing Structure _____
Interior Remodeling _____

FOR OFFICE USE ONLY:
ZONE R-1
USE PERMITTED: Yes ☒ No ☐

DESCRIPTION OF LOT: Corner lot: Yes ☐ No ☐
Frontage _____ feet Depth _____ feet
On an improved street: Yes ☐ No ☐
Total lot area _____ square feet

LOCATION OF STRUCTURES: Principal structure
Setback from right of way: _____ feet
(and _____ feet if corner lot)
Sideyard clearances: _____ feet & _____ feet
Rearyard clearances: _____ feet

Accessory structure:
Setback from right of way: _____ feet
(and _____ if corner lot)
Sideyard clearances: 12' feet & 20' feet
Rearyard clearances: 38' feet

DESCRIPTION OF STRUCTURES: Principal
Height _____ feet to highest point
Length _____ feet Width _____ feet
Useable floorspace _____ square feet
Number of stories _____ Basement: Yes ☐ No ☐
Number of apartments _____ Number of Bedrooms _____

Accessory structure: DECK @ 800 SQ FT.
Height @ 5' feet to highest point
Length 42 feet Width 21'6" feet

PARKING: Number of off-street parking spaces _____
Percentage of lot covered by parking areas, walkways, etc. _____ %.

SURFACE COVERAGE: Percentage of lot covered by buildings:
_____ %
Percentage of lot covered by other impervious surfaces: _____ %

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: ✓ $10.00 residential
FEE: _____ $20.00 non-residential
DATE FEE PAID: 6/11/96

E R Conkley 6/10/96
SIGNATURE OF APPLICANT DATE

Based on the above application and the statements which are made part thereof, the proposed usage is found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved.

6/11/96
DATE

HOWELL TOWNSHIP LAND USE OFFICE

COMMENTS/EXPLANATIONS: _____

REFERRALS: ☐ To Building Dept. ☐ To Zoning Bd. ☐ To Engineering
☐ To Planning Bd. ☐ To Bd. of Health ☐ To _____