Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
HOWELL, NJ 07731

Date Issued 8/30/2023
Control Number C-59657
Permit Number 20222465
Permit Issue Date 10/17/2022
Certificate Number 20222465

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 384 ALDRICH ROAD Howell Township, NJ 07731 Block: 59 Lot: 1.17 Qual:

Owner in Fee: SUCHECKI, KYLE RAY & HARDEE, TAYLOR

Owner Address: 384 ALDRICH RD HOWELL NJ 07731

Telephone: [redacted]

Contractor SUCHECKI, KYLE RAY & HARDEE, TAYLOR

Address 384 ALDRICH RD HOWELL NJ 07731

Telephone: [redacted] Fax: Federal Emp. Number:

License Number or Builders Registration Number:

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

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: Maximum Occupancy Load:

Description of Work/Use: BASEMENT RENOVATION - RECREATIONAL ROOM

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/30/2023

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # C-59657
Date Issued 10/17/22
Permit # 20222465

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

Block 59 Lot 1.17 Qualification Code
Work Site Location 334 ALDRICH RD Howell NJ 07731

Owner in Fee Kyle Suchecki
Address 334 ALDRICH RD Howell NJ 07731

Tel. [redacted]
Contractor Self
Address

Tel. ( ) FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. 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
Frame, Drywall All walls to finish basement.
Add drop ceiling in basement

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
No Plans Required		
All		
Footing		
Foundation		
Frame		
X Other	10/3/22	SD

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

SUBCODE APPROVAL
CO CCO X CA
Date: 8-29-23
Approved by: SD

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			12-16-22	XC
Truss Sys./Bracing				
Barrier-Free				
Insulation			4-19-23	X.C.
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ MOREFRME	3/1/23		4.19.23	XC
Mechanical				
TCO				
Other				
Final	8-4-23		8-24-23	XC
Barrier-Free				

TYPE OF WORK:
- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence ____ Height (exceeds 6')
- Sign ____ Sq. Ft.
- Pool
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Other finish basement.
- Demolition

FEE (Office Use Only)

$	85-
Administrative Surcharge $	
Minimum Fee $	4-
State Permit Surcharge Fee $	
TOTAL FEE $	89-

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-5
Constr. Class	Present	Proposed	VB
No. of Stories			
Height of Structure			Ft.
Area — Largest Floor		N/A	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 $
3. Total (1+ 2) $ 2000

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # C-59657
Date Issued 10/17/22
Permit # 20222465

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

Block 59 Lot 1.17 Qualification Code

Work Site Location 334 ALDRICH RD Newell NJ 07733

Owner in Fee Kyle Juchecki

Address 334 ALDRICH RD Newell NJ 07733

Tel [redacted]

Contractor SELF

Address

Tel ( ) FAX ( )

Fire Protection Equipment, NJ Div of Fire Safety Permit 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: [X] New OR [ ] Existing [ ] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Location: BASEMENT

Fire Alarm System: [X] 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 [ ] Combustible *Capacity*

Total Cost of Fire Protection Work $ 60.00

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: smoke detectors added to finished basement.

Water Supply Source

Method of Alarm/Suppression System Supervision

No Bedrooms
No Kitchen

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		85
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	3	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices Verify existing		
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 $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 9/20/22

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] COO [X] CA

Date: 8/20/23

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			8/4/23	
Suppression Sys.	SD must be five inches from wall			
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			8/24/23	
Other				

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/9/2022
Date Issued 10/17/2022
Control # C-59657
Permit # 20222465

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

Block 59 59 Lot 1.17 1.17 Qualification Code

Work Site Location: 384 ALDRICH ROAD Howell Township, NJ 07731

Owner in Fee: SUCHECKI, KYLE RAY & HARDEE, TAYLOR

Address 384 ALDRICH RD HOWELL NJ 07731

Email [redacted]

Tel. [redacted]

Contractor: SUCHECKI, KYLE RAY & HARDEE, TAYLOR

Address 384 ALDRICH RD HOWELL NJ 07731

Email [redacted]

Tel. [redacted] Fax.

Lic No. Exp. Date

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 8-24-23

Approved by:

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough	12-16-22		3-1-23	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
~~Service~~	8-4-23		8-24-23	
Final				
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 certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BASEMENT RENOVATION, RECREATIONAL ROOM

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
12		Receptacles	
3		Switches	
3		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
24		TOTAL NUMBERS	$75
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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	$85
State Permit Surcharge Fee	$4
TOTAL FEE	$89

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

59 - 1.17

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # C-59657
Date Issued 10/17/22
Permit # 20222465

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

Block 59 Lot 1.17 Qualification Code
Work Site Location 384 ALDRICH RD

Owner in Fee Kyle Jochecki
Address 384 ALDRICH RD 384

Tel ([redacted]
Contractor SELF
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 $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9-28-22
Approved by: Jim Wolfe

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 4-19-23
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	4-10-23		4-19-23	TS

C. CERTIFICATION IN LIEU OF OATH * NO ACCESS TAGGED DOOR-4-10-23-TS

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	
	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	
X	Other Water heater closed behind other [redacted] New door boeing added.	

Administrative Surcharge $
Minimum Fee $ 85
State Permit Surcharge Fee $
TOTAL FEE $

NO PLUMBING - COMBUSTION AIR NOT NEEDED
* SEE ATTACHED PLAN FOR LOCATION OF WASHER + DRYER
ELECTRIC WATER HEATER
ELECTRIC DRYER
4-19-23 TS

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

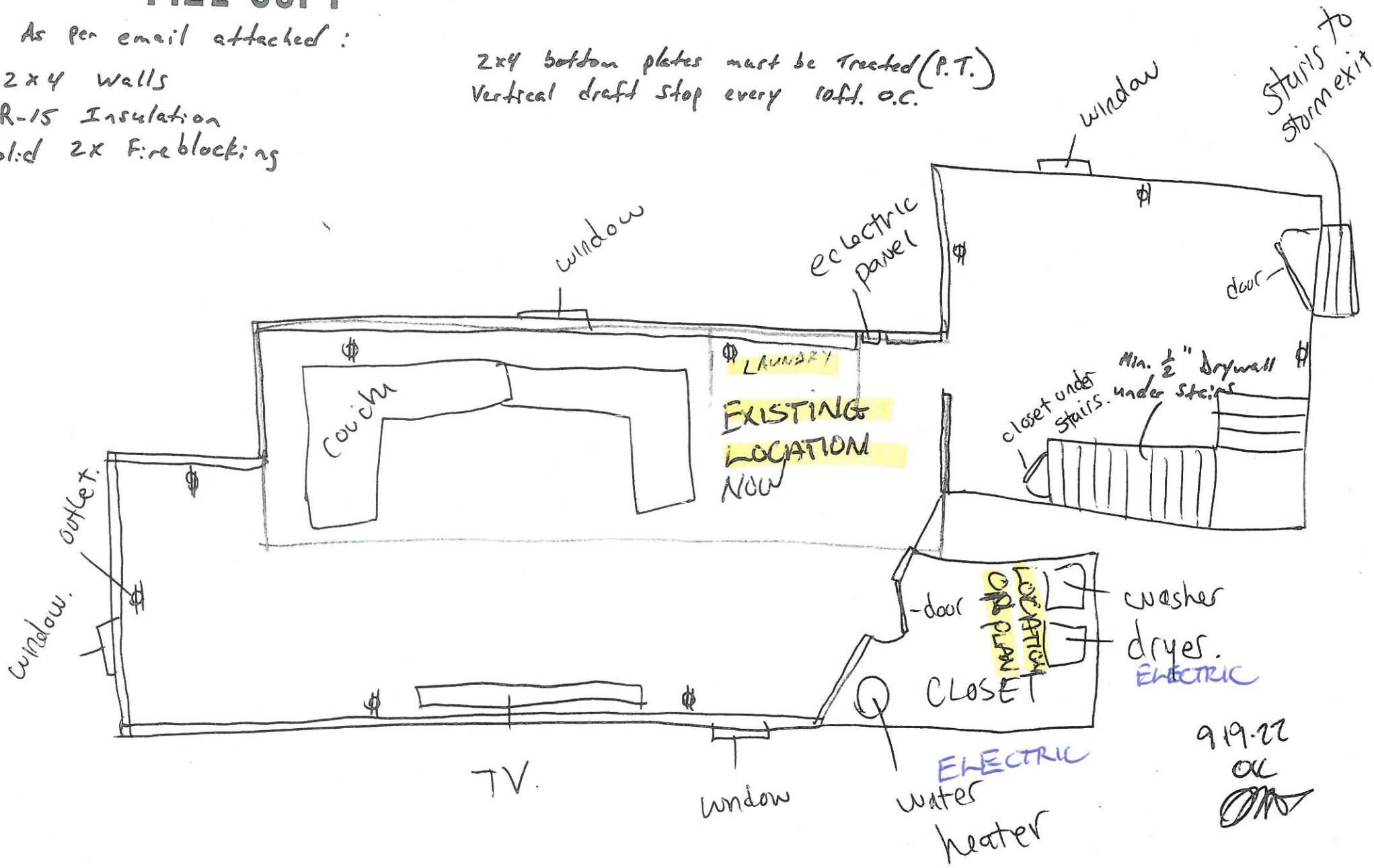
B-59 4-1.17

FILE COPY

As per email attached :

2x4 walls
R-15 Insulation
Solid 2x Fireblocking

2x4 bottom plates must be Treated (P.T.)
Vertical draft stop every 10ft. o.c.



9.19.22
OC

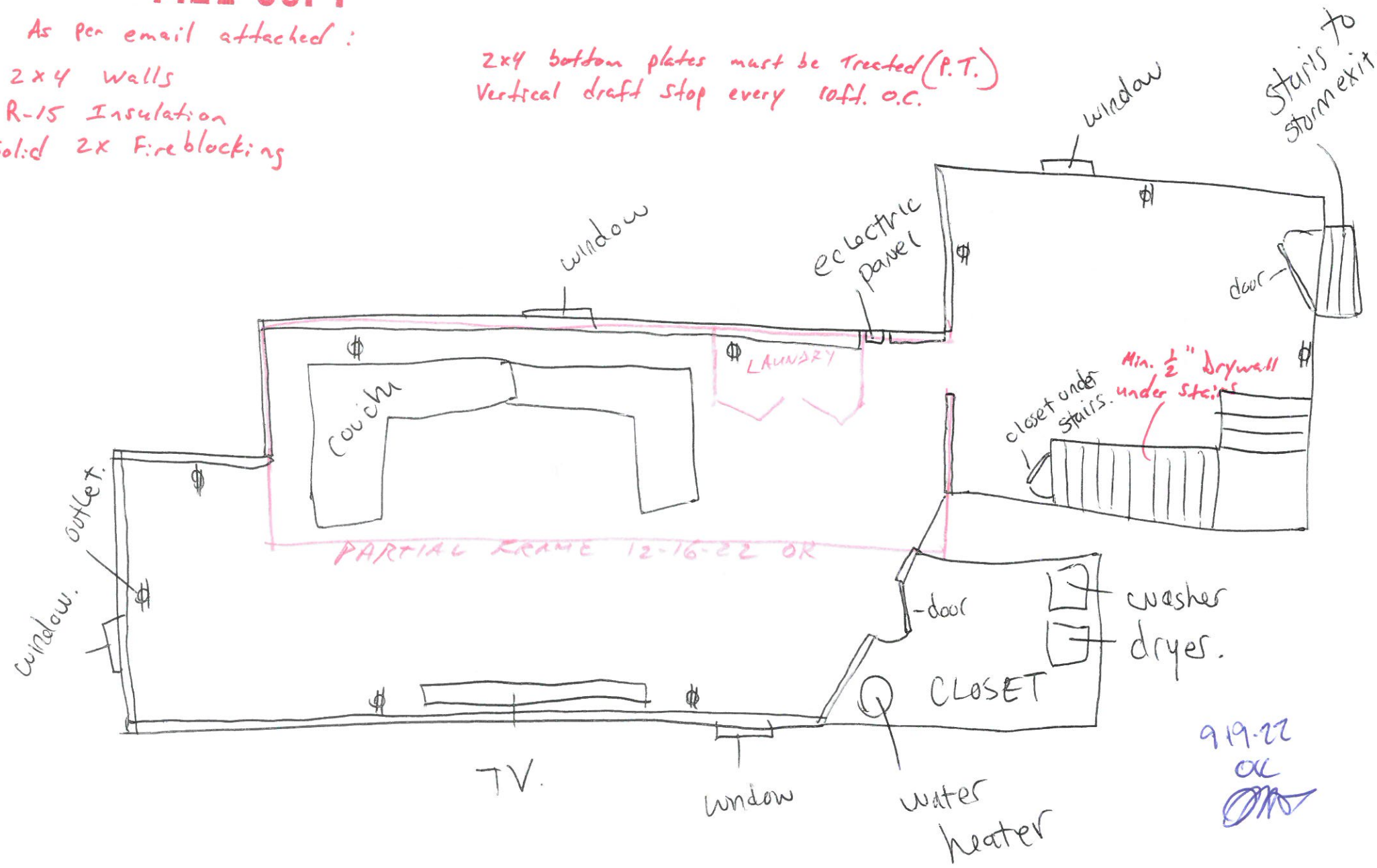
B-59 L-1.17

FILE COPY

As per email attached :

2x4 Walls
R-15 Insulation
Solid 2x Fireblocking

2x4 bottom plates must be Treated (P.T.)
Vertical draft stop every 10ft. o.c.



9.19.22
OK

Melissa Hadgkiss

From: C4xox [redacted]
Sent: Wednesday, September 28, 2022 2:56 PM
To: Melissa Hadgkiss
Subject: Re: Construction Plan Reviews C-59657

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

I will use 2x4 plates and studs.
Fire blocking will be solid wood
Insulation will be R15 - 3.5"x15"x24' rolls.

On Wed, Sep 28, 2022, 11:33 AM mhadgkiss@twp.howell.nj.us <mhadgkiss@twp.howell.nj.us> wrote:

SDL | PORTAL

Control Number: C-59657
Location: 384 ALDRICH ROAD
BLQ: 59/1.17
Work: Alteration
Description: RECREATIONAL ROOM

Plan Review: Building
Type: Initial
Submitted: 9/9/2022
Result: Fail
Result Date: 9/26/2022
Subcode Notes:
Denial Notes: