Gail 5/5/20
Kim/Joyce 5/5/20
Laura 5/5/20

Annie Eng

Jennifer 5/5/20
Annie 5/5/20

Subject: FW: OPRA request - 3 California Ave, Hazlet

RECEIVED
MAY 05 2020
MUNICIPAL CLERK

RECEIVED
MAY
ZONING / PLANNING

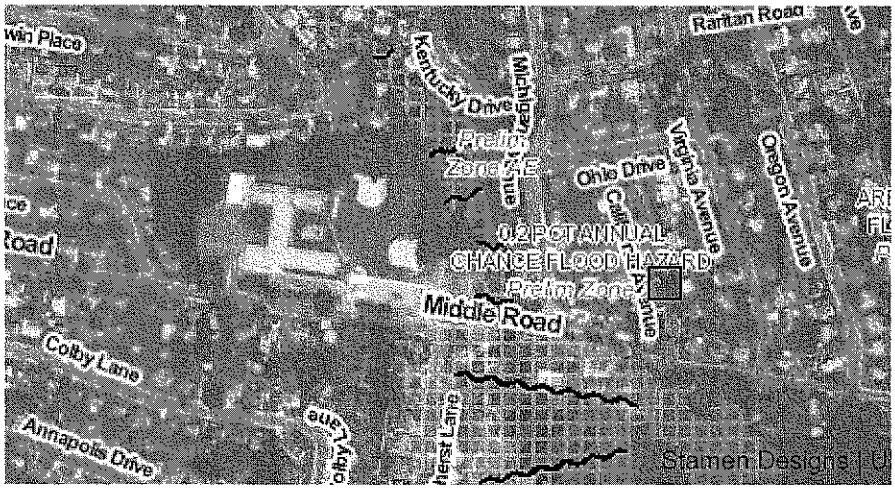
> ---------- Original Message ----------
> From: Susan E Payne
> <opra+request-11034-eecd6f82@requests.opramachine.com>
> To: OPRA requests at Hazlet Township <EGrandi@Hazlettwp.org>
> Date: May 5, 2020 1:36 PM
> Subject: OPRA request - 3 California Ave, Hazlet
>
>
> Dear Hazlet Township,
>
> This is 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:
> PROPERTY RECORD CARD
> SUBSTANTIAL DAMAGE LETTER
> OPEN LIENS, OPEN VIOLATIONS
> All OPEN AND CLOSED BUILDING PERMITS, PERMIT/INSPECTIONS REPORTS,
> ZONING/ENGINEERING APPROVALS/REJECTIONS SURVEYS/ELEVATION CERTIFICATES
> ANYTHING REGARDING SEPTIC OR OIL TANKS
>
> PROPERTY INFORMATION
> Property Location 3 CALIFORNIA AVENUE
> County 13 - Monmouth
> District 18 - Hazlet Twp
> Block Number 117
> Lot Number 13
>
> Yours faithfully,
>
> Susan E Payne
>
> ---
>
> Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
> opra+request-11034-eecd6f82@requests.opramachine.com
>
> Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:
> https://opramachine.com/change_request/new?body=hazlet_township
>
> Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
> https://opramachine.com/help/officers
>
> View this OPRA request & responses online:

5-20-20
Zoning records do not reflect any open violations or surveys on file.

Enter an address to view effective and updated flood risk information for that location:

3 California Ave, Hazlet, New Jersey | Clear Details

Approximate Address Identified: *3 California Ave, Hazlet, New Jersey*



Updated FEMA Flood Hazard Data

FEMA flood hazard data currently available for coastal areas of New York and New Jersey is provided below to help you understand the current flood risk to your property and to guide Sandy recovery and rebuilding efforts. Note: This tool provides flood zone and Base Flood Elevation (BFE) information for areas affected by ***coastal flood risk****. However,* ***riverine flood zone*** *information will also be returned by the tool in communities where preliminary FIRMs have been released.*

Attribute Name	Attribute Value
What is the most recent FEMA flood hazard data source available for this location?	PRELIMINARY FLOOD INSURANCE RATE MAP (FIRM)
What is my property's Base Flood Elevation (BFE)? (For AO Zones, the flood depth will be shown instead of an elevation; For N/A results, please contact your local floodplain administrator for more information.)	N/A
What is my property's Flood Zone? (For N/A results, please contact your local	X

HAZLET | Land Desc: 77X101 IRR .1785 AC | Owners Name: U.S. BANK TRUST NA, TRUSTEE | Land: 208,500
Block: 117 | Bldg Desc: 1S-F-R-1CP | Street Address: 13801 WIRELESS WAY | Impr: 57,900 | Reval Date: 2019/10/01
Lot: 13 | Addl Lots: THE RANCH MODEL | City & State: OKLAHOMA CITY, OK Zip: 73134 | Total: 266,400 | Map: 42
Qual: | Acreage: 0.178 Class: 2 | Property Location: 3 CALIFORNIA AVENUE | Exempt: | Seq#: 2217 (#1 of 1)

SALES HISTORY

Grantor	Date	Book/Page	Price	Nu#
GOLDEN, SHAUN, SHERIFF	08/09/19	9368 /7004	1000	12

ASSESSMENT HISTORY

Year	Land	Impr	Total
2012	158500	57500	216000
2013	133500	55200	188700
2015	169500	57900	227400

BUILDING PERMITS/REMARKS

Date	Work Description	Amount	Compl.

LAND CALCULATIONS

Frt	Eff D	Back L	Tri	Dpf	FFF	Dep	Reason	Value
77	101			1.00		1.00		38500
1	LOT(S)			1.00		1.00		170000

Neigh: FS10
VCS: FS10 Front Ft Value: 500
Zone: R70 Acre Value:
Min Front: 70 Lot Value: 170000
Std Depth: 100 Land Value: 208,500

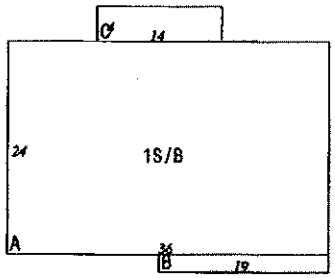
SITE INFORMATION

Road:	PAVED	Util:	SEW/WATER
Curbs:	YES	Gas:	YES
Sidewalk:	YES	Elec:	YES
Loc:		Topo:	LEVEL

STAFF CONTROL

Info By:	OTHER	Date:	03/26/18
Visits:	1	Collector:	19
Old B:		Prtd:	05/07/20
Old L:		Card:	M DD

BUILDING SKETCH



A: 1S/B	cd24r36	864
B: 1SOH	d24r17cd2r19	38
C: 1SOH	u4r10cd4r14	56
D:		0
E:		0
F:		0
G:		0
H:		0
I:	M:	
J:	N:	
K:	O:	
L:	P:	

Scale: 20

BUILDING INFORMATION

Class: 16	Roof Type: GABLE
Age/Eff Age: 59 / 35 (Y)	Roof Material: SHINGLE
Exterior Walls: FRAME	Room Count: Total Rooms: 6 Bed Rooms: 3
Style: RANCH	Row/End: N.A.
Story Height: ONE STORY	Conversion:
Exterior Condition: FAIR	Number of Units: 1
Interior Condition: FAIR	Heat Source: GAS
Foundation: CONCRETE BLOCK	Livable Area: 958 SF

DEPRECIATION

Physical:	49 %	Auto:	Y
Func Obs:	20%	Over Imp:	%
Econ Obs:	%	Under Imp:	%
		Final Net:	0.41

Baths: M: A: O: 1
Kitchens: M: A: 1 O:

NOTES

FFV
REMIVED AC
VACAN PROPERTY
REMOCED 1SC TO OVERHANG

RESIDENTIAL COST APPROACH

Basement	Area	Rate	Const	Q/F	Mult	Value
BASEMENT	864 x	9.520 +	2160	x1.00	x1.00=	10385
Main Bldg						
FIRST STORY	958 x	49.390 +	22230	x1.00	x1.00=	69546
Heat/AC						
FORCED HOT AIR	958 x	2.380 +	960	x1.00	x1.00=	3240
AC (COMB DUCTS)	958 x	0.830 +	2200	x1.00	x1.00=	2995
Plumbing						
3 FIXTURE BATH	1- 2 x	2595.000 +	0	x1.00	x1.00=	-2595
2 FIXTURE BATH	0- 1 x	1895.000 +	0	x1.00	x1.00=	-1895

Fireplace

Attic

Deck/Patio

Garage

Base Cost: 81676 CCF: 1.73 Cost New: 141299
Net Cond: 0.41 Bldg Value: 57933

Detached Items:

Land: 208,500 Impr: 57,900 Total: 266,400

5/7/20

Request for Public Record

Address: 3 California Avenue
Block #: 117, Lot #: 13

Evelyn Grandi
Annie Eng

See attached.

Thank you.

Jennifer O'Keeffe
Construction Department
732-264-1700 X8664
732-264-0659 (FAX)
jokeeffe@hazlettwp.org

Gail 5/5/20
Kim/Joyce 5/5/20
Laura 5/5/20

Annie Eng

Jennifer 5/5/20
Annie 5/5/20

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> PROPERTY INFORMATION
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> Block Number 117
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>
> Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:
> https://opramachine.com/change_request/new?body=hazlet_township
>
> Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
> https://opramachine.com/help/officers
>
> View this OPRA request & responses online:

> https://opramachine.com/request/3_california_ave_hazlet
>
>
> 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.
>
> ---

OPEN PERMITS

Block 117 Lot 13 Qualification Code ID # 206 Site Address 3 California Avenue Permit No E2011-0166

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

Proposed Work Site at: 3 California Avenue, Hazlet, NJ 07730
Name of Owner in Fee: DAVID REISMAN
Tel. [redacted] e-mail
Address 3 California Avenue, Hazlet, NJ 07730
Ownership in Fee: Public Private X
Principal Contractor: NJR HOME SERVICE
Tel. 7329198172 e-mail SDAVIS@NJRSOURCES.COM
Address 1415 Wyckoff Road, Wall, NJ 07719
License No. OR, if new home, Builder Reg. No. 13VH00361500 Exp. Date 12/31/2011
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 223609886 Fax
Architect or Engineer Contact
Address e-mail
Tel. FAX
Responsible Person in Charge once Work has Begun Sandy Davis
Tel. 7329198172 FAX

V. FEE SUMMARY (office use only)

		Update	Update
1.	Building		
2.	Electrical		
3.	Plumbing	$95.00	
4.	Fire Protection		
5.	Elevator Devices		
6.	Subtotal	$95.00	
7.	Less 20% for State Plan Review		
8.	Subtotal		
9.	State Permit Surcharge Fee	$1.00	
10.	Subtotal		
11.	Cert. of Occupancy		
12.	Other		
13.	TOTAL	$96.00	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories
2. Height of Structure
3. Area — Largest Floor
4. New Building Area
5. Volume of New Structure
6. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved
9. Total Land Area Disturbed
10. Flood Hazard Zone
11. Base Flood Elevation
12. Wetlands yes no

IIa. PROPOSED WORK

X	Minor Work	New Building	Addition	Demolition
	Repair	Alteration	Renovation	Reconstruction
	Asbestos Abat. -Subch. 8	Lead Hazard Abatement	Radon Remediation	Annual Permit

FOR OFFICE USE ONLY (Optional)

IIb. SUBCODES (Check all that apply)	Est Cost	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-Viewr	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
Building									
Electrical									
X Plumbing	$495.00								
Fire Protection									
Elevator									
Total Cost	$495.00								

III. PLAN REVIEW (optional)

Direct Replacement of Gas Water Heater

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed: R-5
3. Change in Use Group, Indicate Present:
List secondary use(s):
Const. Class: Present Proposed
4. No. of dwelling units: Total Units - Income-restrict
Gained, Sale
Gained, Rental
Lost, Sale
Lost, Rental
B. NON-RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
C. MIXED USE - List secondary use(s):
D. Construct. Classification: Present Proposed

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 use and occupancy.

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

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I 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.C. 5:23-2.15(f)1.ix:

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

C. I further certify that I will perform or supervise the following work:

C1 ( ) Building C2 ( ) Fire Protection

I further certify that I will perform the following work:

C3 ( ) Electrical C4 (X) Plumbing

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

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

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

Signature _____ Date 9/13/2011

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this 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 State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

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

(X) Check if contractor.

Agent Name Sandy Davis

Address 1415 Wyckoff Road, Wall, NJ 07719

Telephone [redacted]

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

CONSTRUCTION PERMIT

Date Issued 9/15/2011
Permit # e2011-0166

IDENTIFICATION Block: 117 Lot: 13 Qualification Code: ID # 206

Work Site Location: 3 California Avenue, Hazlet, NJ 07730
Owner in Fee: DAVID REISMAN
Address:
Tel: [redacted]

Contractor: NJR HOME SERVICE
Address: 1415 Wyckoff Road, Wall, NJ 07719
Tel: 7329198172
Lic. No./Builders. Reg. No. 13VH00361500

Is hereby granted permission to perform the following work:

BUILDING	X PLUMBING	LEAD HAZARD ABATEMENT
ELECTRICAL	FIRE PROTECTION	DEMOLITION
ELEVATOR DEVICES	ASBESTOS ABATEMENT	OTHER - Mechanical

DESCRIPTION OF WORK:

Number of Gas HWH replacement: 1
DIRECT REPLACEMENT OF GAS WATER HEATER

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 $ 495

Dennis Pino Dennis Pino/SD **9/15/2011**
Construction Official Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	$95.00
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	$1.00
Cert. of Occupancy	
Other	
Total	$96.00
Check No.	20416
Cash	
Collected by	Jennifer

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

3 California Avenue

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9/13/2011 Control # 206

Date Issued 9/15/2011 Permit # E2011-0166

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING

CONTRACTORS NOTIFY THIS OFFICE CALL UTILITY DIG NO: 1-800-272-1000

Block 117 Lot 13 Qualif. Code:

Work Site Location 3 California Avenue, Hazlet, NJ 07730

Owner in Fee DAVID REISMAN

Address 3 California Avenue, Hazlet, NJ 07730

Telephone [redacted] e-mail:

Contractor NJR HOME SERVICE

Address 1415 Wyckoff Road, Wall, NJ 07719

Telephone 7329198172 Fax: e-mail: SDAVIS@NJRSOURCES.COM

Contractor License No. 13VH00361500 Exp. Date: 12/31/2011

Federal Employer No. 223609886

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Estimate Cost of Plumbing Work $ 495

JOB SUMMARY (Office Use Only)

Plan Review

[X] No Plan Required

[ ] Partial-Underslab Utilities Approved

Date Approved By

[ ] Plumbing Plans Approved

Date Approved By

Join Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date 9/15/11

Approved By: B. Faye / JA

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date

Approved BY:

Inspections	Date (Month/Day)			
Type	Failed	Failed	Approv.	Init.
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar				

C: CERTIFICATION IN LIEU OF OATH

I hearby certify that I am the (agent of) owner of record and am authorized to make the application

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SECTION

Description of Work:

Number of Gas HWH: 1

QTY	FIXTURE/EQUIPMENT	FEE (Office Use)
	Water Closet	
	Urinal / Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Furnace	
	AC	
	Furnace with AC	
	Hose Bibb	
1	Water Heater (Gas)	$95.00
	Fuel Oil Piping	
	LPGas Tank	
	Water Heater (Electric)	
	Electrical Water Boiler	
	Sewer Pump	
	Interceptor / Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Administrative Surchages $	
	Minimum Fee $	$95.00
	State Permit Surcharg Fee $	$1.00
	TOTAL FEE $	$96.00

U.C.C. F130 (rev.12/07)

3 California Avenue

(P)

PLUMBING SUBCODE

TECHNICAL SECTION

Copy

Date Received 9/13/2011 Control # 206

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A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING

CONTRACTORS NOTIFY THIS OFFICE CALL UTILITY DIG NO: 1-800-272-1000

Block 117 Lot 13 Qualif. Code:

Work Site Location 3 California Avenue, Hazlet, NJ 07730

Owner In Fee DAVID REISMAN

Address 3 California Avenue, Hazlet, NJ 07730

Telephone [redacted] e-mail:

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Telephone 7329198172 Fax: e-mail: SDAVIS@NJRSOURCES.COM

Contractor License No. 13VH00361500 Exp. Date: 12/31/2011

Federal Employer No. 223609886

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Estimate Cost of Plumbing Work $ 495

JOB SUMMARY (Office Use Only)

Plan Review

[X] No Plan Required

[ ] Partial-Underslab Utilities Approved

Date Approved By

[ ] Plumbing Plans Approved

Date Approved By

Join Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date 9/15/11

Approved By: B Faye/JO

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date

Approved BY:

Inspections	Date (Month/Day)			
Type	Failed	Failed	Approv.	Init.
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar				

D. TECHNICAL SECTION

Description of Work:

Number of Gas HWH: 1

QTY	FIXTURE/EQUIPMENT	FEE (Office Use)
	Water Closet	
	Urinal / Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Furnace	
	AC	
	Furnace with AC	
	Hose Bibb	
1	Water Heater (Gas)	$95.00
	Fuel Oil Piping	
	LPGas Tank	
	Water Heater (Electric)	
	Electrical Water Boiler	
	Sewer Pump	
	Interceptor / Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Administrative Surchages $	$ 95.00
	Minimum Fee $	
	State Permit Surcharg Fee $	$1.00
	TOTAL FEE $	$96.00

C: CERTIFICATION IN LIEU OF OATH

I hearby certify that I am the (agent of) owner of record and am authorized to make the application

Applicant's Signature/Contractor's Seal and Signature

U.C.C. F130 (rev.12/07)

CLOSED PERMITS

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 3 California Ave Atlantic Hgl
2. Name of Owner in Fee: DAVID ARISMAN Tel. ([redacted]
   Address 3 California Ave Atlantic Hgl NJ 07730
   (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓ 0027
4. Principal Contractor: COASTAL & SON, LLC Tel. 732-573-~~1149~~
   Address 3324 WINDSOR AVE., TOMS RIVER, NJ 08753
   License No. OR, if new home, Builder Reg. No. 1809 Exp. Date _____
   Federal Employee No. 22-3795085 FAX: 732-573-1149
5. Architect or Engineer _____ Tel. _____
   Address _____
6. Responsible Person in Charge of Work DOUG CONBOY
   Tel. 732-573-~~1149~~ 0027 FAX: 732-573-1149

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		75	
4. Fire Protection		70	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		1	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	146	

OK 3/5/

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	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☑ Plumbing	485 -								
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	485 -								

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 1
After Construction 1
Net Gain or Loss 0

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. F100-1 (rev. 3/96)

Printed on Recycled Paper

LDS HZ 10/10/97

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

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I 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.C. 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, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on 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 Jersey 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 State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature David Reisman Date 2/1/07

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this 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 State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

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

(✓ Check if contractor.

Agent Name DOUG CONBOY

Address 3324 WINDSOR AVE.

TOMS River N.J. 08753

Telephone [redacted]

Signature

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: 07/19/01

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	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department									
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

HAZLET TWP. 732-264-5707
3400 HIGHWAY 35, SUITE 9
HAZLET,NJ 07730

Date Issued 03/05/07
Control #
Permit # 07-0102

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 117 Lot 13 Qual
Work Site Location 3 CALIFORNIA AVENUE

Owner in Fee/Occupant REISMAN
Address 3 CALIFORNIA AVENUE
HAZLET, NJ 07730-
Telephone [redacted]
Contractor COASTAL & SON LLC
Address 3324 WINDSOR AVE.
TOMS RIVER, NJ 08753-
Telephone (732)573-1149 Fax (732)573-1149
Lic. No. or Bldrs. Reg. No. 1807
Federal Emp. No. 22-3795085

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

REPLACE HOT 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. 3351
Collected by: US

Construction Official

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

C117/13

CONSTRUCTION PERMIT

Date Issued 2-16-07
Control #
Permit # 07-0102

IDENTIFICATION Block 117 Lot 13

Work Site Location 3 California Ave. Ocean Gate, N.J. 08740

Owner in Fee DAVID KEISMAN

Address 3 California Ave. Ocean Gate, N.J. 08740

Tele. [redacted]

Contractor COASTAL & SON, LLC

Address 3324 WINDSOR AVE. TOMS RIVER, NJ 08753

Tele. (732) 573-0027 FAX 573-1149

Lic. No. or Bldrs. Reg. No. 1809 Exp. Date

Federal Emp. No. 22-3795085

or Social Security No.

is hereby granted permission ~~to perform~~ the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Direct Replacement of Hot Water Heater

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 $ 485.00

CONSTRUCTION OFFICIAL 2/15/07

PAYMENTS (Office Use Only)

Building	
Plumbing	75
Electrical	
Fire Protection	70
Other	
Other	
DCA Training Fee	1
Cert. of Occ.	
Other	
Total	146
Check No.	3351
Cash	
Collected By:	US Mail

U.C.C. Form F-170A

(see reverse side)

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

MTBD 1

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.

3 California

FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received 2/16/07
Date Issued
Control #
Permit # 07-0102

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

Block 117 Lot 13
Work Site Location 3 California Ave. Hazlet, N.J.

Owner in Fee DAVID REISMAN
Address 3 California Ave
Hazlet N.J. 07730-2238
Tele. [redacted]

Contractor COASTAL & SON, LLC
Address 3324 WINDSOR AVE.
TOMS RIVER, NJ 08753
Tele. 732-573-0027
Lic. No. 1809
Federal Emp. No. 22-3795085 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R5 Proposed R5
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 100 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] LCA
Date: 2/5/07
Approved by:

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.

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		

Paid [ ] Check #
Collected by:

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 40

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

3 California

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2/16/07
Date Issued
Control #
Permit # 07-0102

FP

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

Block 117 Lot 13
Work Site Location 3 California Ave Hazlet
Owner in Fee Reisman
Address Same
Tele. ( ) [redacted]
Contractor COASTAL & SON, LLC
Address 3324 WINDSOR AVE.
TOMS RIVER, NJ 08753
Tele. 732-573-1149- FAX Office 732-573-0027
Lic. No. [redacted]
Federal Emp. No. 22-3795085 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 485.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 3/5/07

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
			3/5	

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.

Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 75
Collected by: TOTAL $

U.C.C. Form F-1308 1 White • Inspector Copy 2 Canary • Office Copy 3 Pink • Office Copy 4 Gold • Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/16/07
Date Issued
Control #
Permit # 07-0102

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

Block 117 Lot 13
Work Site Location 3 California Ave. Hoyt, N.J.

Owner in Fee DAVID REISMAN
Address 3 California Ave.
Hoyt, N.J. 07730-3236
Tele. [redacted]

Contractor COASTAL & SON, LLC
Address 3324 WINDSOR AVE.
TOMS RIVER, NJ 08753
Tele. 732-573-0027
Lic. No. 1809
Federal Emp. No. 22-3795085 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R5 Proposed R5
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 100 — [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	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.

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		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 10
Collected by: TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 119 LOT 13 PERMIT # _____

WORK SITE ADDRESS 3 California Ave - Hazlet, NJ 07730-2230

Applicant REISMAN

Certifying Individual DOUG CONBOY Company COASTAL SON LLC

Address 3324 WINDSOR AVE TOMS RIVER N.J. 08753
Street City State Zip Code

Tel. [redacted]

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

Direct Vent Appliance:

No certification required.

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F379
(rev. 3/96)

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Coastal & Son LLC
Douglas Conboy
3324 Windsor Avenue
Toms River NJ 08753

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/25/2006 TO 12/31/2007
VALID

13VH01647800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

THIS IS TO CERTIFY THAT THE Division of Consumer Affairs HAS REGISTERED Coastal & Son LLC FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor VALID 10/25/2006 TO 12/31/2007 SIGNATURE ACTING DIRECTOR 13VH01647800

BLOCK 117 LOT 13 ADDRESS (SITE) 3 California PERMIT NO. 95-0025

HAZLET

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 3 California Avenue Hazlet
2. Name of Owner Reaman Tel. ( ) [redacted]
   Address same (street / municipality / zip code)
3. Ownership Public ____ Private ✓
4. Principal Contractor: Richard Futch Inc Tel. ( ) 291-8614
   Address PO Box 355 Leonardo NJ 07737
   License No. OR, if new home, Builder Reg. No. 7654 Exp. Date ____
   Federal Emp. No. 22 2786990 Social Security No. ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work ____ Tel. ( ) ____

8/5/94
10-6-94
called for info
1/12/95
Call Mrs Reaman
will send new
check for 53.00

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$			
2. Electrical				
3. Plumbing		33		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee				
10. Subtotal	$	30		
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	63		

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)	450 —
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 1
After Construction 1
Net gain or loss 0

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

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

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I 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.C. 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, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on 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 Jersey 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 State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ *Date* _____

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): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this 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 State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

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

( ) Check if contractor.

Agent Name Richard Sutch Inc

Address PO Box 355
Leonardo NJ 07737

Telephone ( ) [redacted]

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	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ *Sewer Authority*									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____			
☐ Certificate of Approval	No. _____	_____			

Hazlet

Township of Middletown

CONSTRUCTION PERMIT

Date Issued 1/12/95
Control #
Permit # 95-0025

IDENTIFICATION Block 117 Lot 13

Work Site Location 3 California Ave Hazlet

Owner In Fee Reomad

Address Same

Tele. ( ) [redacted]

Contractor Richard Sutch Inc

Address PO Box 355
Leonardo NJ 07737

Tele. ( ) 291-8614

Lic. No. or Bldrs. Reg. No. 7654 Exp. Date

Federal Emp. No. 22 2786996
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

emergency replacement water heater
ready for inspection

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 $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	33
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	50
Cert. of Occ.	
Other	53
Total	53
Check No.	4522
Cash	
Collected By:	

(see reverse side)

U.C.C. Form F-170A

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

MTBD 1

Township of
Middletown

PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1/12/95
Control #
Permit # 95-0025

Hazlet
3 California

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

Block 117 Lot 13
Work Site Location 3 California Ave Hazlet
Owner in Fee Reisman
Address same
Tele. ( ) [redacted]
Contractor Richard Putch Inc
Address PO Box 1355
Leonardo NJ 07737
Tele. ( ) 291-8614
Lic. No. 7654
Federal Emp. No. 22 2786990 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 450

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Approved by: EWZ
Date: 1-14-95

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				
Final			1-14-95	EWZ

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.

Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 33
Collected by: TOTAL $

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

MBD 4

Hazlet

Township of Middletown

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1/12/95
Control #
Permit # 95-0025

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

Block 117 Lot 13
Work Site Location 3 California Ave Hazlet
Owner in Fee Ruoman
Address same
Tele. ( ) [redacted]
Contractor Richard Dutch Inc
Address PO Box 1355 Leonardo NJ 07737
Tele. ( ) 291-8614
Lic. No. 7654
Federal Emp. No. 22 2786990 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 1450

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date:
Approved by:

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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.

Signature-Contractor Seal

[√] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
11	Dishwasher	53
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 33
Collected by: TOTAL $

U.C.C. Form F-130A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

MIBD 4

BLOCK ~~00117~~ LOT 00013 ADDRESS (SITE) 3 California Ave. PERMIT NO. 90-745-E

E

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 3 California Ave
2. Name of Owner in Fee: David Reisman Tel. ([redacted])
   Address 3 California ave (street) Hazlet (municipality) (zip code)
3. Ownership in Fee: Public _____ Private T
4. Principal Contractor: H.A.L. Electric Tel. (609) 971-2877
   Address P.O. Box 4802 Toms River N.J. 08753
   License No. OR, If new home, Builder Reg. No. 9258 Exp. Date _____
   Federal Emp. No. [redacted] Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work Harry Lecuyer Tel. (609) 971-2877

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 7		
2. Electrical	33		
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	10		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	43		
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. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☒ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ 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 HZ 10402285

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

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I 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.C. 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, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on 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 Jersey 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 State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

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): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this 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 State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

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

(X) Check if contractor.

Agent Name H.A.L. Electric

Address P.O. Box 4802 Toms River N.J. 08753

Telephone (609) 971-2877

Signature _____ Date 9/21/90

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.		

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CONSTRUCTION PERMIT

Date Issued 7/21/90
Control #
Permit # 90-745

IDENTIFICATION Block 00117 Lot 00013

Work Site Location 3 California Ave. Hazlet

Owner in Fee David Gorman

Address 3 California Ave

Tele. [redacted]

Contractor H.A.C. Electric

Address P.O. Box 480 Toms River N.J.

Tele. (609) 971-2877

Lic. No. or Bldrs. Reg. No. 9258 Exp. Date

Federal Emp. No. 226-66[illegible]

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[X] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
Service Change

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	33
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	10
Other	
Total	43
Check No	10
Cash	
Collected By:	[illegible]

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 $ 650

Peter Tomasunas
CONSTRUCTION OFFICIAL

(see reverse side)

U.C.C. Form F-170A

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.

ORIGINAL

ILLEGIBLE

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CONSTRUCTION PERMIT

Date Issued 9/12/90
Control #
Permit # 90-730

IDENTIFICATION Block ______ Lot 13

Work Site Location ______ Contractor ______

Address ______

Owner In Fee David Krykman

Address ______ Tele. (908) ______

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

Tele. ([redacted] Federal Emp. No. 22-8__-387

Social Security No. ______

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ______

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

PAYMENTS (Office Use Only)	
Building	
Plumbing	25
Electrical	25
Fire Protection	25
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	75
Check No.	
Cash	
Collected By	

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 $ 3200

CONSTRUCTION OFFICIAL

(see reverse side)

U.C.C. Form F-170A

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.

Hazlet

Township of Middletown

CONSTRUCTION PERMIT

Date Issued 1/12/95
Control #
Permit # 95-0025

IDENTIFICATION Block 117 Lot 13

Work Site Location 3 California Ave Hazlet

Owner in Fee Reisman

Address Same

Tele. ( ) [redacted]

Contractor Richard Sutch Inc.

Address PO Box 355
Leonardo NJ 07737

Tele. ( ) 291-5614

Lic. No. or Bldrs. Reg. No. 7654 Exp. Date

Federal Emp. No. 22-2786990

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

emergency replacement water heater
ready for inspection

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 $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	33
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	20
Other	
Total	53
Check No.	4522
Cash	
Collected By:	Sam

(see reverse side)

U.C.C. Form F-170A

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

MTBD 1

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7/21/90
Date Issued
Control #
Permit # 90-745

R# 1589571

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

Block 117 Lot 13
Work Site Location 3 California Ave
Hazlet N.J. 07730
Owner in Fee David Roman
Address 3 California Ave
Hazlet N.J. 07730
Tele. [redacted]
Contractor H.A.L. Electric
Address P.O. Box 480
Toms River N.J. 08753
Tele. (609) 971-2877
Lic. No. [redacted]
Federal Emp. No. [redacted] or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [X] Other Service Change
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 650-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 7-18-90
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other			9-28	
Service			9-28	
Final				

Temp. Cut-in-Card Date Issued 9-28-90
Final Cut-in-Card Date Issued
Line Dept.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of
and am authorized to make this application
perform the work listed on this application.

[X] Electrical Contractor [ ] Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $ 10
Paid [ ] Check # Minimum Fee $ 40
Collected by: TOTAL FEE $ 50

U.C.C. Form F-120A 1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9/21/90
Control #
Permit # 90-745

B# 1589571

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

Block 117 Lot 13
Work Site Location 3 California Ave
Hazlet N.J. 07730
Owner in Fee David Risman
Address 3 California Ave
Hazlet NJ 07730
Tele. ([redacted]
Contractor H.G.L. Electric
Address P.O. Box 480
Toms River N.J. 08753
Tele. (908) 341-2872
Lic. No. 5288
Federal Emp. No. [redacted] or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [X] Other Service Change
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 600-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-In-Card Date Issued
Final Cut-In-Card Date Issued
Line Dept.

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.

Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
		Fixtures (1)
		Receptacles (2)
		Switches (3)
		Total 1 + 2 + 3
		Range
		Oven(s)
		Surface Unit
		Dishwasher
		Garbage Disposal
		Dryer
		A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		Whirlpool/spa
		Pool Bonding
		Pool Filter Motor
		Pool Lights
		Water Heater(s)
		Central heat: oil, gas or elec.
		Baseboard Heat Units
		Thermostats
		Heat Pump
		Pump(s)
		Motor Control Center/Sub Panels
		Signs
		Light Standards
		Motors—Fractional H.P.
		Motors—All Others
		Transformers
		Generators
		Service Entrance
		Other

FEE (Office Use Only)

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 33.00
Collected by: TOTAL FEE $ 49.50

U.C.C. Form F-120A 1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9/13/90
Control #
Permit # 90-736

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

Block 77-7 Lot 13
Work Site Location 3 California Av
Hazlet, N.J.
Owner in Fee Edward Krzeminski
Address 3 California Av
Hazlet N.J.
Tele. ([redacted])
Contractor Air Comfort
Address P.O Box 1112
Union N.J.
Tele. (908) 920-5844
Lic. No.
Federal Emp. No. 222-850-389 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3a Proposed R-3a
Constr. Class. Present 5-B Proposed 5-B
Heating Systems [ ] New [+] Existing
Type: [+] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other Furnace replacement
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	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.

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		

Administrative Surcharge $ 35
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $

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

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 9/12/96
Date Issued
Control #
Permit # 96-730 117/13

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

Block 117 Lot 13
Work Site Location 3 Ashbourne
Owner In Fee [illegible]
Address 3 Ashbourne Ave Hazlet NJ
Tele. ( ) [illegible]
Contractor [illegible]
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date:
Approved by:

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

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
X	Other Kitchen fixtures	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 75
Collected by: TOTAL $

U.C.C. Form F-130A

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

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
318 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

R-158957

CUT-IN-CARD

MUNICIPALITY HAZLET

LOCATION 3 CALIFORNIA AVE UTILITY CO JCP&L

BLK 117 LOT 13

OWNER ROSMAN OCCUPANT SAME

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 100 AMP

INSTALLED BY H.A.L. LICENSE NO 5258

DATE 9-28-90 PERMIT # 90-745 INSPECTOR Thomas Ballard

Lic. No: 1393

U.C.C. Form F-350A 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

BLOCK 117 LOT 13 ADDRESS (SITE) 3 Cal. PERMIT NO. 90-120

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 3 California Av Hazlet, N.J.
2. Name of Owner in Fee: David Reisman Tel. ([redacted])
   Address 3 California Av (street) Hazlet, N.J. (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Air Comfort Tel. (908) 920-5874
   Address P.O. Box 1112 Brick, N.J. 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 222-850-387 Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work David Reisman Tel. (908) 264-7681

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		25	
3. Plumbing			
4. Fire Protection		25	
5. Other			
6. Subtotal	$	50	
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$	50	
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

3/5

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area—Largest Floor sq. ft.	
4. Building Area—All Floors sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ 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
DD	3/5/91		3/6/91	DS			

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 1 After Construction 1 Net gain or loss 0

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

U.C.C. Form F-100A

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

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I 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.C. 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, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on 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 Jersey 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 State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature David Reisman Date 8/27/90

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): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this 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 State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

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									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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

Name of Code & Edition

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Mechanical _____

Name of Code & Edition

Energy _____
Barrier Free _____
Flood Hazard _____
As Built Elevation Cert. _____
Other _____

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

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CONSTRUCTION PERMIT

Date Issued 9/12/90
Control #
Permit # 90-720

IDENTIFICATION Block ~~117~~ 117 Lot ~~13~~ 13

Work Site Location 3 California Av
Hazlet, N.J.

Owner In Fee David Reisman
Address 3 California Av.
Hazlet, N.J.
Tele. ([redacted]

Contractor Air Comfort
Address P.O. Box 1112 Brick, N.J.

Tele. (908) 920-5884
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. 222-850-387
or Social Security No. _____

is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER _____
[✓] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:
New electrical service - electric will be brought in underground
Furnace replacement
A/C add-on

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 $ 3200.00

Peter Terranova
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	25
Electrical	25
Fire Protection	25
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	75
Check No.	
Cash	
Collected By:	AMB

(see reverse side)

U.C.C. Form F-170A

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.

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/12/90
Date Issued
Control #
Permit # 90-730

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

Block ~~80~~ 117, Lot ~~80~~ 13
Work Site Location 3 California Av Hazlet, N.J.
Owner in Fee David Reisman
Address 3 California Av. Hazlet, N.J.
Tele. ([redacted]
Contractor Air Comfort
Address P.O. Box 1112 Brick, N.J.
Tele. (908) 920-5844
Lic. No.
Federal Emp. No. 222-850-387 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3a Proposed R-3a
Constr. Class. Present 5-B Proposed 5-B
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other Furnace replacement
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 7/26/90
Approved by: John Beatty

INSPECTIONS: Type:	Dates (Month/Day) Failure	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.

David P. Reisman
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		

Administrative Surcharge $ 25
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $

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

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

3 California Hue

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9/12/20
Date Issued
Control #
Permit # 20-720

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

Block 117 Lot 13
Work Site Location 3 California
Owner in Fee David Kussman
Address 3 California Ave Hazlet NJ
Tele. ( )
Contractor Air Comfort
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date: 9/30

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				
			9/25	

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.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use O
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
X	Active Solar System	
	Other replace furnace	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 75
Collected by: TOTAL $

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

HAZLET TOWNSHIP
319 MIDDLE ROAD
(P.O. BOX 371)
HAZLET, N.J. 07730

TELEPHONE (201) 264-1700

EMILY L. BEAM, C.T.C.
Tax Collector

DATE 9-12-90

RE: BLOCK 117 LOT 13

OWNER Reussman

PROPERTY LOCATION 3 Cathy

To Whom It May Concern:

Taxes for the above referenced property are paid :

To Date X

Past Due _____

Very truly yours

Emily L. Beam
Tax Collector

Permit _____
CCO _____
Other _____