Donna Belton 21-937

From: Amy Burr Esq. <opra+request-24893-9b35dd11@requests.opramachine.com>
Sent: Tuesday, July 27, 2021 3:08 PM
To: clerkforms
Subject: OPRA request - 3 Tamarack Street, Howell, N.J. 07731 Block: 2.29 Lot: 39

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

Dear Howell Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:
Entire Bldg file including any & all permits (Open & Closed) variance Applications Violation Notices Letters of No Interest Information confirming home does not have to be lifted Any other records contained in the bldg file

TOWNSHIP OF HOWELL
RECEIVED
2021 JUL 28 A 3:31
CLERK'S OFFICE

Yours faithfully,
Amy P. Burr, Esq
20 Bingham Ave, Suite A
Rumson, N.J. 07760
732-741-1435

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-24893-9b35dd11@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,b2jCD1eXCr1phvAnCFIE8q2QuGZxbjYMu4ZbKpKPMlVwT1ic67MTQp5wZdv7Y7Jk1tOL3fu8A_WTf40ECG1oDPL7P_QKeTbXB9NbdG671BwoQSinUlA,&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,a4jso8odaMSXOoqHfGji30R-2kJ0XCBZDvo-pQHGEl278rf1kDH1Zz9zUC_19McK6cw14l8ruxABrd0ftckUetWh-69WkjRdFCyZkoPfVK8X&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2f3_tamarack_street_howell_nj_0773&c=E,1,_n-7kD-oPRaZcnMHLJ7FB5LsK9q0zuGca9KZzbEzbSHBDZaJcDnNZrtXbNV0sXKlvuiS3ECPibi8OvY51gormpHV5JxjJehtkIDvxEcwLfeHYJtBdFVv_B38jw,,&typo=1

Please note that in some cases publication of requests and responses will be delayed.

Donna Belton

From: Janine Martuscelli
Sent: Wednesday, July 28, 2021 9:07 AM
To: Donna Belton
Cc: Justin Meyer
Subject: RE: OPRA 21-937
Attachments: SKM_C754e21072808021.pdf; 3 Tamarack (1).pdf; 3 Tamarack (2).pdf; 3 Tamarack (3).pdf; 3 Tamarack (4).pdf; SKM_C754e21072808020.pdf

Donna

Attached are all closed permits for the above. There are no violations. There are 2 open permits
2015-3189 – Electric Receptacles – needs final inspection
2015-2524 – Service panel – Needs final inspection

This response is for construction, land use and engineering.

Janine

From: Donna Belton
Sent: Tuesday, July 27, 2021 3:47 PM
To: Paul Orlando; Janine Martuscelli; Matthew Howard; Claire Petruzzella; Justin Meyer
Cc: Brian Geoghegan; Justin Yost; Dwayne Harris
Subject: OPRA 21-937

Good Afternoon,

Attached please find OPRA 21-937 for your review. Please forward your findings to me no later than 8/5/2021.

Thank you.

Regards,

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

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 3/13/2014
Control Number C-13833
Permit Number 20101981
Permit Issue Date 9/30/2010
Certificate Number 20101981

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 3 TAMARACK STREET Howell Township, NJ Block: 2.29 Lot: 38 Qual:

Owner in Fee: HRATKO, WAYNE R & JILL W

Owner Address: 3 TAMARACK STREET HOWELL NJ 07731

Telephone: [redacted]

Contractor DREAM HOUSE WINDOWS

Address 141 COOPER RD W BERLIN NJ 08091

Telephone: (806) 235-7499 Fax:

License Number or Builders Registration Number: 13VH00336900 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: Type V

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIDING

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/13/2014

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9.30.10
Control # C13833
Date Issued
Permit # 10/01/1981

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

Block 2.29 Lot 38 Qualification Code

Work Site Location 3 TAMARACK ST, HOWELL, NJ, 07731

Owner in Fee: WAYNE HARTKO

Tel. [redacted] e-mail

Address SAME
street municipality zip code

Contractor: DREAM HOME WINDOWS Tel. (866) 235-7499

Address 141 COOPER RD W BERLIN, NJ 08091 e-mail

Contractor License No. or Builder Registration No. 13VH00336900 Exp. Date 12-31-10

Federal Employee No. [redacted] FAX: (856) 767-8069

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

INSTALL VINYL SIDING

SPRAY SIDING
WHITE TRIM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	9/23/10	CG
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 3-12-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3/11/14	
Barrier-Free				

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

FEE (Office Use Only)

	$
	504.-

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 31.-
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 15000.00

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

U.C.C F110
(rev. 05/05)

Reorder from OCS Printing (609) 396-4375

BLOCK 2.29 LOT 38 ADDRESS (SITE) 3 TAMARACK ST. PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 3 TAMARACK ST.
2. Name of Owner in Fee: WAYNE + JILL HRATKO Tel. [redacted]
   Address 3 TAMARACK ST. 0773 1
   (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: WAYNE HRATKO Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer WAYNE HRATKO Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work WAYNE HRATKO Tel. (____) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. 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:

U.C.C. Form F-100A

DS HW-B 10701241

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 [signature] Date 6/30/90

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

X. CERTIFICATES ISSUED (office use only)

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

CERTIFICATE

Date Issued 6-4-91
Control #
Permit # 3206-1

IDENTIFICATION

Block 2-29 Lot 38
Work Site Location Same as below

Owner In Fee Wayne Hratko
Address 3 Tamarack St
Howell, NJ 07731
Tele. ( ) [redacted]
Contractor
Address Same
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group U
Maximum Live Load
Description of Work/Use:

Completion and approval of shed 10' x 18'

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

Est. Cost 550.00

Edward S. Solom
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 9-5-90
Control #
Permit # 3206-1

IDENTIFICATION Block 2-29 Lot 38

Work Site Location 3 TAMARACK ST.

Owner in Fee WAYNE & JILL HEATH

Address 3 TAMARACK ST.
WEST FILL, N.J. 07731

Tele. ([redacted])

Contractor SELF.

Address

Tele. ( )

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

Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

10' x 18' SHED

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 $ 550.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	25.00
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	20.00
Other	
Total	45.00
Check No.	# 204
Cash	
Collected By:	BA 9-5-90

(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.

U.C.C. Form 170B

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-31-90
Date Issued 9-5-90
Control #
Permit # 3206-1

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

Block 2.29 Lot 38
Work Site Location 3 TAMARACK ST.

Owner in Fee WAYNE + JILL HRATKO
Address 3 TAMARACK ST.
HOWELL, N.J. 07731
Tele. [redacted]
Contractor SELF
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 6-4-91		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			9/11/90	
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			6/4/91	

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 550.00
2. Alteration $ 0
3. Total (1+2) $ 550.00

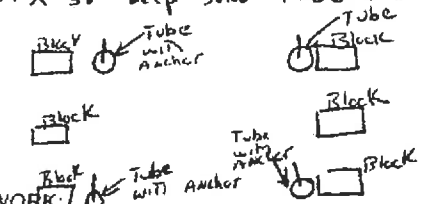
C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Will erect 10'x18' shed (wood) kit on floor structure with sill anchored with bolts in 4" dia. x 36" deep sono tube filled with cement.



TYPE OF WORK
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE
$

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

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

RECEIVED
AUG 31 1990

PLAN REVIEW CHECK LIST

NAME HRATKO

Block 2-29 Lot 38

ADDRESS 3 TAMARACK

Zoning Release 8/31/90

Date Submitted 8-31/90

Development

SHED
3206-1

	Reviewed By		Approved	Comments
Building	8/31/90		OK	
Plumbing				
Fire				
Electrical				
Mechanical				
Septic				
Other				

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

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

PROPERTY: BLOCK 2-29 LOT(S) 38 STREET TAMARACK ST.

APPLICANT: NAME WAYNE + JILL HRATKO

ADDRESS 3 TAMARACK ST.

PHONE [redacted]

PROPOSED USE: ____ Fence ____ Detached garage ✓ Shed

ZONE: R7 ____ Pool ____ Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

____ Other: Specify ____

LOCATION OF STRUCTURE: Setback from right of way ____ feet (and ____ feet if a corner lot)
Side yard clearances 5 feet and 65 feet
Rear yard clearances 5 feet

DESCRIPTION OF STRUCTURE: Height ____ feet to highest point
Length 8 feet Width 10 feet

Type of fence: ____ (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: ✓ $10.00 residential
FEE: ____ $20.00 non-residential

Wayne Hratko 8/31/90
SIGNATURE OF APPLICANT DATE

Based on the above application and the statements which are made part thereof, the proposed usuage is/is not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

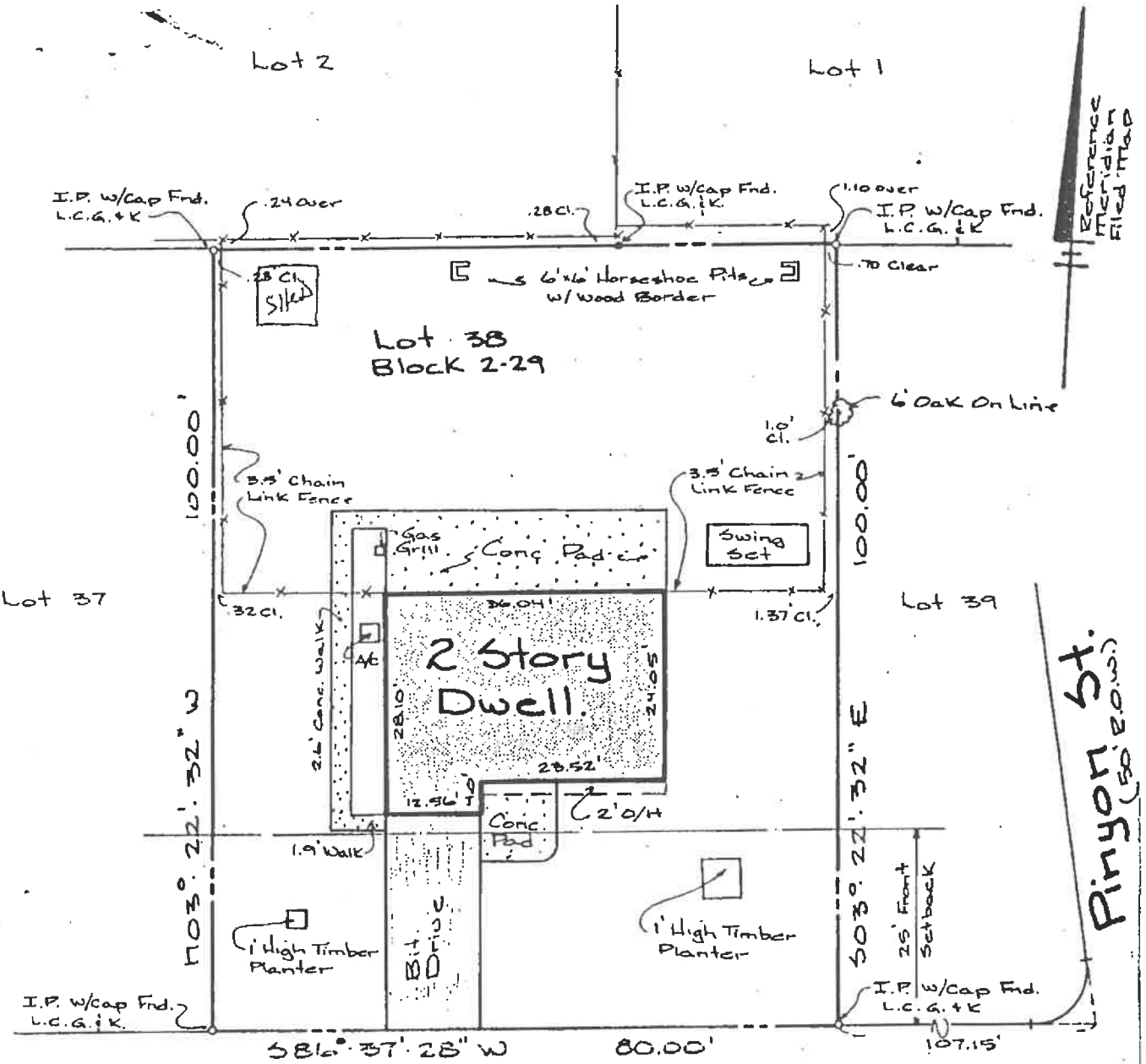
8/31/90
Date

HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: ____

REFERRALS: ✓ To Building Dept. ____ To Zoning Bd. ____ To Engineering
____ To Planning Bd. ____ To Bd. of Health ____ To ____
____ To Fire Prevention ____ To M.U.A. ____ ____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE



Tamarack Street

(50' R.O.W.)

Only copies from the original of this survey marked with an original of the Land Surveyor's embossed seal shall be considered to be valid copies.
Signature and embossed seal signify that this survey was prepared in accordance with the existing code of practice adopted by the N.J. State Board of Professional Engineers and Land Surveyors. Certifications indicated hereon shall run only to the person for whom the survey is prepared, and on his behalf to the title company, governmental agency and lending institution listed hereon. Certifications are not transferable to additional institutions or subsequent owners.
Underground improvements or encroachments, if any, are not shown hereon, nor are any easements not recorded in this title search supplied by property owner.
Unauthorized alteration or addition to a survey map bearing a licensed Land Surveyor's seal is illegal and punishable by law.
Property subject to documents of record.

Certified To:
Wayne R. Hratko and Jill W. Hratko, his wife;
Mortgage One;
Lawyers Title Insurance Corporation;
David Hango, Esq.

F 25'	R 25'	S 10'	C		R	FL.P.S.	F	D

PLAN OF

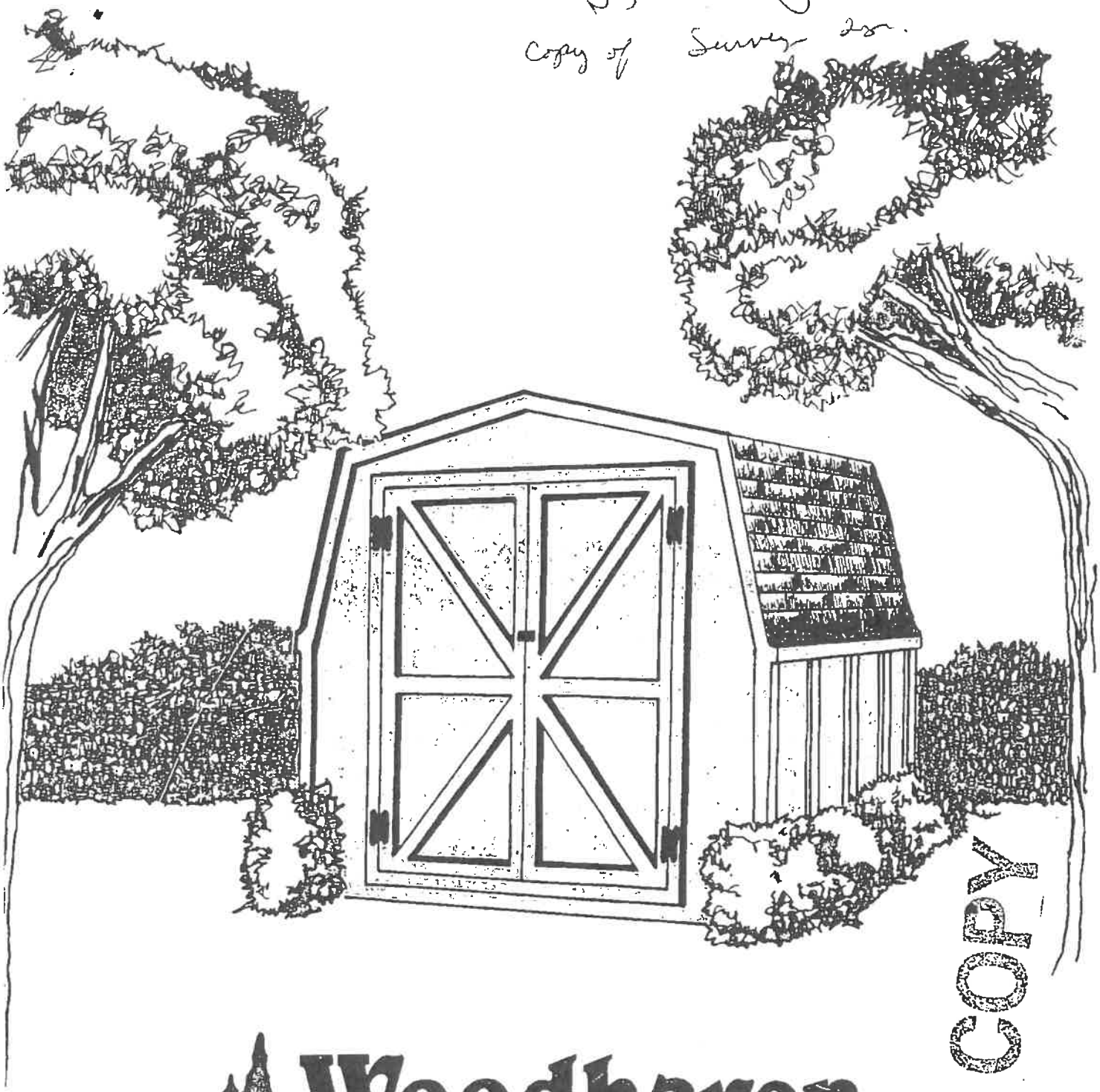
LOT 38 BLOCK 2-29

SITUATED IN

BRIARCREST, SECTION 5, HOWELL TOWNSHIP, MONMOUTH COUNTY, NEW JERSEY

PREPARED BY

35 ft. 10' tree
Copy of Survey 2pc.



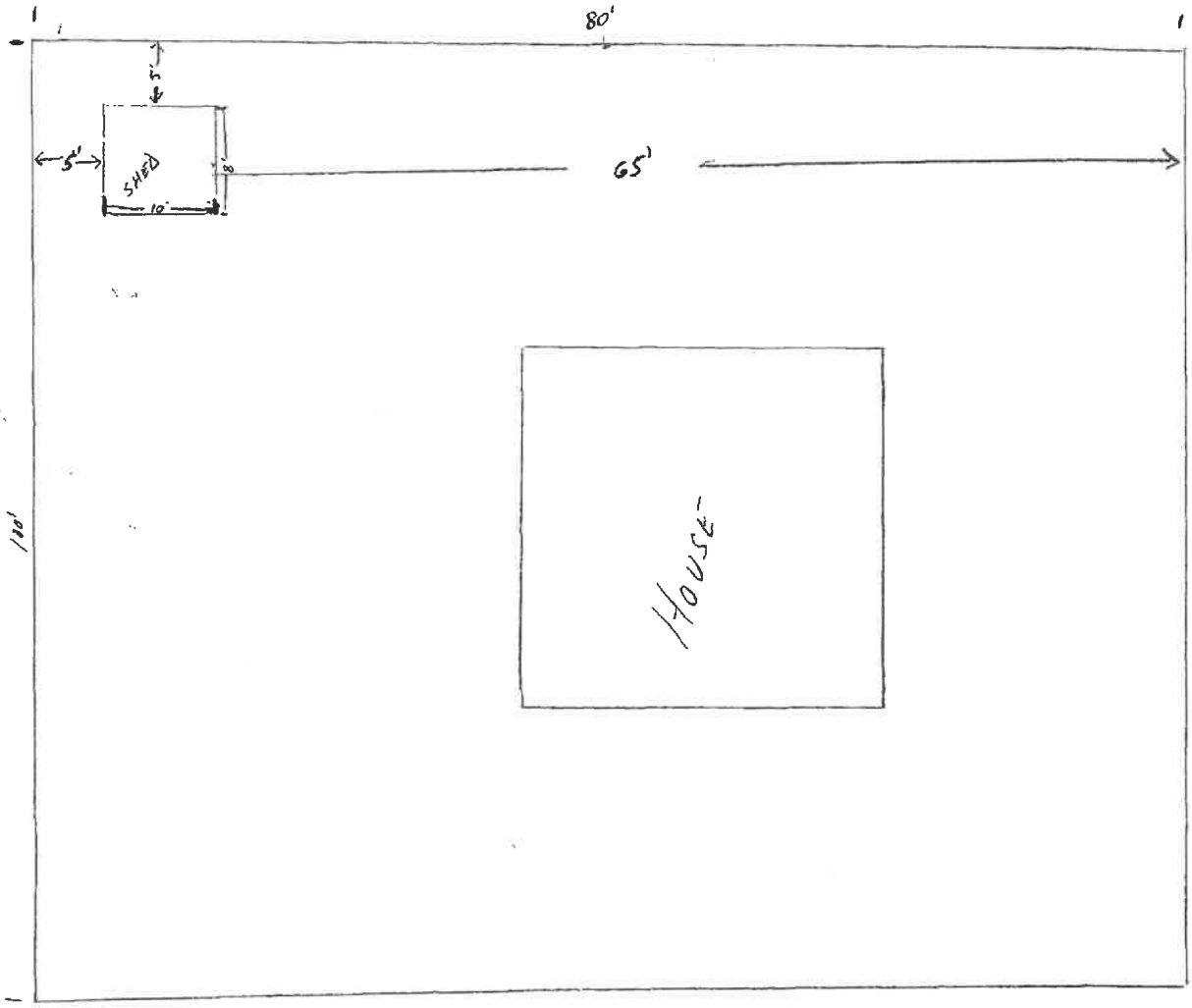
Woodhaven
LUMBER & MILLWORK Inc.

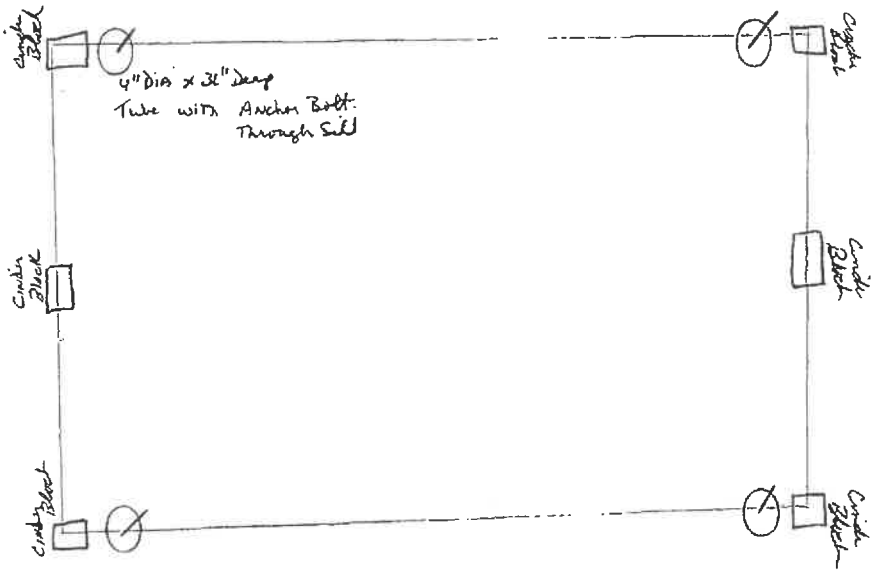
Assembling Your Backyard Barn

- *Simple assembly and tight waterproof construction*
- *All framing members are pre-assembled*
- *Erected quickly and easily even by someone with limited experience*

COPY
YELLOW

Block 2-29 Lot 38





CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: _____
2. Owner Name: _____ Tel. (___) _____
   Address _____
3. Principal Contractor: _____ Tel. (___) _____
   Address _____
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work _____ Tel. (___) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood,Coal,Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 2-29 LOT NO. 38 SUBDIVISION 3 TAMARACK PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	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. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER _____	_____
SUBTOTAL	$ _____
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____ =	_____
CERTIFICATE OF OCCUPANCY	_____
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	$ _____

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$
COLLECTED AFTER PERMIT (VB)	
TOTAL	$

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

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

PROPERTY: BLOCK 2-29 LOT(S) 38 STREET 3 TAMARACK ST.

APPLICANT: NAME MR + MRS. WAYNE HRATH

ADDRESS 3 TAMARACK ST HOWELL

PHONE [redacted]

PROPOSED USE: ✓ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool ____ Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

____ Other: Specify ____

LOCATION OF STRUCTURE: Setback from right of way ____ feet (and ____ feet if a corner lot) 22' back of house

Side yard clearances 44 - both sides feet and ____ feet

Rear yard clearances ____ feet

DESCRIPTION OF STRUCTURE: Height 4 feet to highest point

Length 131 feet Width ____ feet

Type of fence: chain link (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: ____ $10.00 residential
FEE: ____ $20.00 non-residential

JOHN W. HRATH May 29, 1986
SIGNATURE OF APPLICANT DATE

Based on the above application and the statements which are made part thereof, the proposed usuage is/is not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

Date HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: ____

REFERRALS:
X To Building Dept.
____ To Planning Bd.
____ To Fire Prevention
____ To Zoning Bd.
____ To Bd. of Health
____ To M.U.A.
____ To Engineering
____ To ____

Ck #249 5-29-86

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE

Township of Howell
Office of Code Enforcement

LOT 38
BLK 2-29

CERTIFICATE OF APPROVAL

PERMIT Nº 121

ISSUED TO Mr. & Mrs. Wayne Hratko

LOCATION: 3 Tamarack St.

DATE: 5-29-86 Phone: 840-4382

FOR THE FOLLOWING:

Alter ..... Repair ..... Remove .....

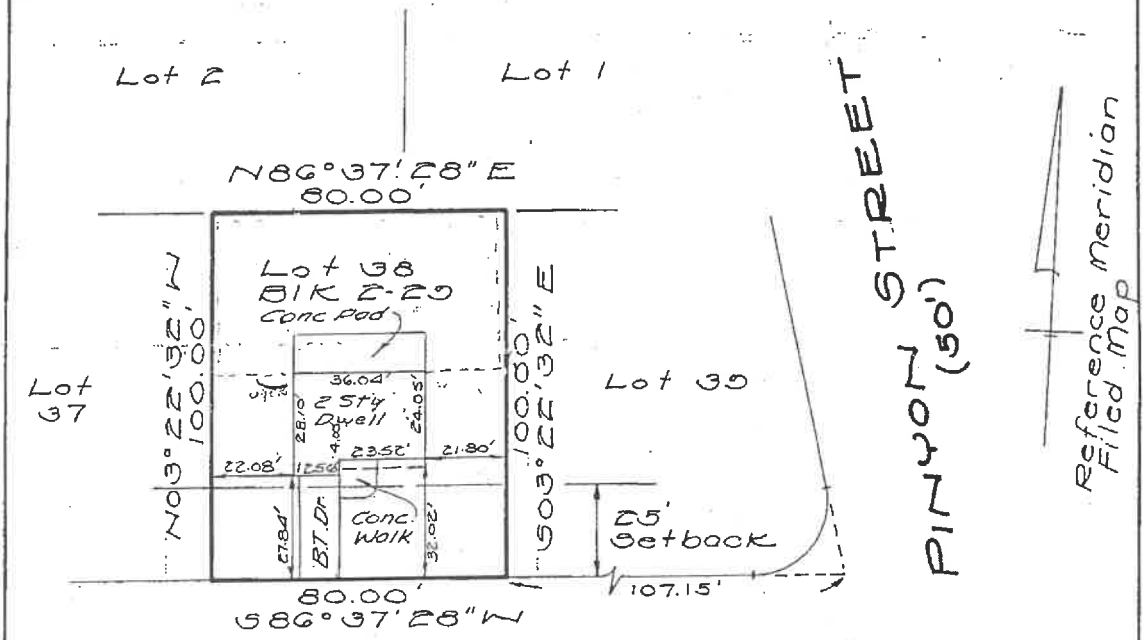
Construct 4' fence .....

SPECIAL CONDITIONS, if any: Chain link

Fee $10.00

Approx. Cost $541.00

Robert Lock
Code Administrator



TAMARACK STREET

(50')

Corner markers have not been set as per contract agreement with Laurel Manor Associates.

Known and designated as Lot 38 in Block 2-29 as shown on a map entitled "Final Map for Major Subdivision of Briarcrest Section 5, Lot 8-1 and p/o Lot 7, Block 2", situated in Howell Township, Monmouth County, New Jersey
Filed: M.C.C.O. 5/9/84
Case No. 192 Sheet No. 26

Certified To:
Wayne R. Hratko & Jill W. Hratko, his wife; Residential Financial Corp.; Lawyers Title Insurance Corporation; Samuel V. Convery, Jr., P.A.

F 25'	R 25'	S 10'	C -

R	FMN	F-K	D B

PLAN OF
LOT 38 BLOCK 2-29
SITUATED IN
BRIARCREST, SECTION 5, HOWELL TOWNSHIP, MONMOUTH COUNTY, NEW JERSEY

PREPARED BY
LYNCH, CARMODY, GIULIANO & KAROL, P.A.
CONSULTING ENGINEERS LAND PLANNERS LAND SURVEYORS

THOMAS F. LYNCH, L.S.
LAND SURVEYOR N.J. Lic. NJ 15558
Date OCT 8 1985

Thomas F. Lynch L.S.No. 15558
Cornelius P. Carmody L.S.No. 14806
Michael J. Giuliano, Jr. P.E. No. 23314
John D. Karol L.S.No. 23945

Terrace Professional Building
582 Plaza Terrace East
Brick Town, N.J. 08723
Tel: (201) 477-3330

Plot Plan	Fnd. Loc.	Final	Update	Full Survey	File No. 80-0303-1	
6/18/84	8/27/84	7/31/85			Scale: 1" = 40'	Seq.

Brantley 1 car / 2 sto

$ 152.82

TOWNSHIP OF HOWELL
P.O. BOX 580
HOWELL, NEW JERSEY 07731

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 3 Tamarack Ct.
2. Owner Name: Laurel Manor Assoc Tel. (201) 458-1990
   Address PO Box 9 Brick NJ 08723
3. Principal Contractor: Same Tel. (___) ___
   Address ___
   Lic. No. or Builder Reg. No. 04323 Federal Emp. No. ___
4. Architect or Engineer: Ronald Leon & Assoc PA Tel. (609) 424-6060
   Address 1940 E Marlton Pike Cherry Hill NJ 08003
5. Responsible Person in Charge of Work Robert Kanies Tel. (201) 458-1990

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☑ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: ___

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☑	Building/ Structural	$ ___
2. ☐	Plumbing	___
3. ☐	Electrical	___
4. ☑	Fire Protection	___
5. ☐	Other ___	___
6. ☐	Other ___	___
	TOTAL COST	$ 29000 —

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: ___
3. ☐ Two Family (R–3b)
4. ☑ One-Family (R–3a)

If new construction, enter no. of dwelling units ___

If other than new construction, enter no. of dwelling units:
Before Construction: ___
After Construction: ___
Net Gain (or loss): ___

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other ___

State Specific Use: ___

If Change in Use Group, Indicate Former: ___

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☑	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other ___

C. TYPE OF SEWAGE DISPOSAL

10. ☑ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☑ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 2
15. Height of Structure ___ Ft.
16. Area–Largest Floor ___ Sq. Ft.
17. Bldg. Area–All Fls. ___ Sq. Ft.
18. Volume of Structure 15,443 Cu. Ft.
19. Total Land Area Disturbed ___ Sq. Ft.

-DS HW-B 10701243

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 2-29 LOT NO. 38 SUBDIVISION Briarcrest PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	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. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____		_____		_____

PERMIT CONTROL

F

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler
Plbg O.H. 8/6/84 M.S.	
Bldg O.H. 8/6/84 M.S.	

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 125.50
PLUMBING	
ELECTRICAL	
FIRE PROTECTION	
OTHER _____	
SUBTOTAL	$
– LESS: 20% of subtotal (when plan review performed by state agency)	
D.C.A. TRAINING FEE .0006 x 15,143,200	9.20
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	
OTHER _____	
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 152.70

DATE 9/18/84 Collected By Nicole

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$
COLLECTED AFTER PERMIT (VB)	
TOTAL	$

CERTIFICATE

CERT. NO. 808
DATE ISSUED 10/28/85
Block 2-29 Lot 38
Subdivision Briarcrest

IDENTIFICATION

Owner Laurel Manor Assoc.
Address P.O. Box 9
Brick, New Jersey
Tel. ( ) 458-1990
Work Site Address 3 Tamarack St.
Howell, New Jersey

Agent Laurel Manor Assoc.
Address P.O. Box-9
Brick, NJ
Tel. ( ) 458-1990
Lic. No. 04323
Federal Emp. No.

PAYMENTS

Fees Remitted $ 152.82
☐ Check No. 1731
☐ Cash
☒ Other
Collected By: E. Acosta
Date: 7-18-84

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

Permit to be used for a new construction of a one family dwelling.
(Brantley,1-car,slab,proto'type)

USE GROUP R-3 FIRE GRADING _____

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE _____

FINAL COST OF CONSTRUCTION: $ 29,000.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

CERTIFICATE

CERT. NO. 808-1
DATE ISSUED 6-16-86
Block 2-29 Lot 38
Subdivision

IDENTIFICATION

Owner Wayne R. Hratko
Address 3 Tamarack Street
Howell, NJ 07731
Tel. ( ) 840-4382
Work Site Address Same

Agent Same
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other

Collected By: C. Benedict
Date: 6-16-86

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

Completion and approval of installation of an a/c unit

USE GROUP _____ FIRE GRADING _____

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE _____

FINAL COST OF CONSTRUCTION: $ 2800.00

William H. [illegible]
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

APPLICATION FOR CERTIFICATE

PERMIT NO.
DATE ISSUED 7-18-94
Block 2.29 Lot 38
Subdivision Briarcrest
Notice No.

OWNER:
Name Laurel Manor Assoc.
Address PO Box 9
Town/State/Zip Brick NJ 08723

CONSTRUCTION LOCATION:
Address 3 Tamarack Dr.
Tel. (201) 458-1996

☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Patricia A. Lee
OWNER/AGENT

☐ Owner
☒ Agent

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 808
DATE ISSUED 7-18-84
Block 2-29 Lot 38
Subdivision Briarcrest

A. IDENTIFICATION

Owner: Laurel Manor Assoc.
Address: P.O. Box-9
Brick, NJ
Tel. ( ) 458-1990

Agent: Owner
Address:
Tel. ( )

Work Site Address: 3 Tamarack st.
Lic. No. 04323
Federal Emp. No.

PAYMENTS

Permit Fee $ 152.82
Fees Remitted $
☐ Check No. 1731
☐ Cash
☐ Other

Collected By: E. Acosta
Date: 7-18-84

is hereby granted permission to perform the following work:

- [X] BUILDING
- [ ] ELECTRICAL
- [ ] PLUMBING
- [X] FIRE PROTECTION
- [ ] OTHER

Description of work:

Permit to be used for a new construction of a one family dwelling.

(Brantley,1-car,slab,proto'type

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: $ 29,000.00

J. Stupack
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. _____
DATE ISSUED 7-14-84
REVISION DATE _____
Block 2-29 Lot 38
Subdivision Briarcrest

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Laurel Manor Assoc.
Address PO Box 9
Beach Haven 08723
Tel. (201) 458-4990
Work Site Address 3 Tamarack Ct.

Contractor _____
Address _____
Tel. (___) _____
Lic. No. 04323
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Patricia A. Hall
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Brantley
1 car / slab

☒ See Plans

TYPE OF WORK:
- ☑ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other _____

15,443.28

	Fee Basis	
		$ 163.55
SUBTOTAL		$ 9.27
Minimum Building Fee (if applicable)		$ 20.00
Total Building Fee (Greater of Minimum or Subtotal)		$ 152.82

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present R-3 Proposed

No. of Stories 2
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Building Area—All Floors _____ Sq. Ft.
Volume of Structure 15,443 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: $ 29,000.-

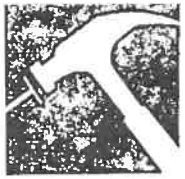
D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

BUILDING SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____

Block _____ Lot _____
Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner _____
Address _____
Tel. (___) _____
Work Site Address _____

Contractor _____
Address _____
Tel. (___) _____
Lic. No. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Brantley
rear / slab

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other _____

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Building Area—All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 10/22/85

Inspected By: [signature]

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				[illegible]
☒ Slab				9/6/84
☒ Frame				5/31/85
☐ Architectural				
☒ Insulation				6-13-85
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ [illegible]	Heathing 4/22/85			

U.C.C. Form F-110 (8/83)

(71) HOWELL TWP.

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 808
DATE ISSUED 4-12-85
REVISION DATE
Block 2-29 Lot 38
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner BRIARCREST
Address BOX 9
BRICK
Tel. ( )
Work Site Address 3 TAMARACK ST.
HOWELL

Contractor BAYSHORE ELECTRIC
Address 1100 BEACH AVE
BEACHWOOD NJ
Tel. ( ) 244-1554
Lic.No./Bus. Permit. 7292
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Stephen Bozsak
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
23	Switching Outlets	$		H.V.A.C. Equipment	$
14	Lighting Outlets			Switching Devices	
34	Receptacle Outlets			Transformers	
GAS	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
GAS	Dryer, Electric		1.2 HP	DISHWASHER	
GAS	Water Heater, Electric				
GAS	Heating, Electric				
23	Switches		2	Other SMOKE DET.	
14	Lighting Fixtures		1	Other BATH FAN	
31	Receptacles		1	Other HOOD FAN	
	Bonding, Pool/Vault			Other	
150	Service/Feeders				
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$ 50
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$

C. ELECTRICAL CHARACTERISTICS

USE GROUP: ____ Present R Proposed
Service: 150 Amps 1 Phase UG System Type
3 Wire 120/230 Volts ____ Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $ 1400

D. COMMENTS

ROUGH-IN PROG- READY 4-10-85
FINAL-WILL CALL

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 808-1
DATE ISSUED 5-7-86
REVISION DATE
Block 2-29 Lot 38
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner WAYNE R. HRATKO
Address 2 TAMARACK ST. Howell, N.J.
Tel. (201) 840-4782
Work Site Address Same As Above

Contractor SELF
Address
Tel. ( )
Lic.No./Bus. Permit.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

X Wayne Hratko
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$	1	H.V.A.C. Equipment	$ 20.00
	Lighting Outlets		1-FUSED	Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 20.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters: _____
Estimated Cost of Electrical Work: $ 2800.00

D. COMMENTS

PD CK#219 CAB

☐ Partial Releases ☐ Prototype Processing

(71) HOWELL TWP.

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 808
DATE ISSUED 4-17-85
REVISION DATE
Block 2-29 Lot 38
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner BRIARCREST
Address BOX 9
BRICK
Tel. ( )
Work Site Address 3 TAMARACK ST.
HOWELL

Contractor BAYSHORE ELECTRIC
Address 1100 BEACH AVE
BEACHWOOD NJ
Tel. ( ) 244-1554
Lic.No./Bus. Permit. 7292
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
23	Switching Outlets	$		H.V.A.C. Equipment	$
14	Lighting Outlets			Switching Devices	
34	Receptacle Outlets			Transformers	
GAS	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
GAS	Dryer, Electric				
GAS	Water Heater, Electric		12 KW	DISHWASHER	
GAS	Heating, Electric				
23	Switches				
14	Lighting Fixtures		2	Other SMOKE DET	
31	Receptacles		1	Other BATH FAN	
	Bonding, Pool/Vault		1	Other HOOD FAN	
150	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$ 50
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$

C. ELECTRICAL CHARACTERISTICS

USE GROUP: ____ Present R Proposed
Service: 150 Amps 1 Phase UG System Type
3 Wire 120/240 Volts ____ Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $ 1400

D. COMMENTS

ROUGH + PROG- READY 4-10-85
FINAL- WILL CALL

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS
4-22-85	ROUGH WIRING O.K. TO COVER
10-8-85	FINAL

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 10-8-85

Inspected By: Vasily Serge

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Rough				4-22-85
☐ Energy				
☐ Mechanical				
☐ TCO				
☒ Other FINAL				10-8-85

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card	4-22-85	
Temporary Cut-in-Card		
Final Cut-in-Card	10-8-85	

U.C.C. Form F-120 (8/83)

ELECTRICAL SUBCODE
TECHNICAL SECTION

PERMIT NO. 808-1
DATE ISSUED 5-1-86
REVISION DATE
Block 2-24 Lot 38
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

Owner WAYNE R. HRATKO
Address 2 TAMARACK ST. Howell, N.J.
Tel. (201) 840-4382
Work Site Address Same as Above

When changing contractors, notify this office

Contractor SELF
Address
Tel. ( )
Lic.No./Bus. Permit.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

X Wayne Hratko
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$	1	H.V.A.C. Equipment (2)	$ 20.00
	Lighting Outlets	1	1	FUSED Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 20.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R-3 Present Proposed
Service: 100 Amps Phase System Type
Wire Volts Wiring Method
Total No. of Meters:
Estimated Cost of Electrical Work: $ 2800.00

D. COMMENTS

PD CK#219 CAB

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – ELECTRICAL

DATE	JOB CONDITION/COMMENTS
5-12-86	CENTRAL A/C VIOLAT OF 440-21
6-11-86	FINAL – VIOLAT CORRECT

JOB SUMMARY

☒ No Plans Required
☐ Plan Review Approved
Date: 5-7-86
Approved By: Vasiley Sergo

INSPECTIONS FINAL
☒ CO ☐ CCO ☐ CA
Date: 6-11-86
Inspected By: Vasiley Sergo

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Rough				
☐ Energy				
☐ Mechanical				
☐ TCO				
☒ Other FINAL	5-12-86			6-11-86

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card		

U.C.C. Form F-120 (8/83)

FIRE SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 278-84
DATE ISSUED 2-28-84
REVISION DATE _____
Block 2-29 Lot 38
Subdivision Briarcrest

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Laurel Marie Jesse
Address PO Box 49
Buck NJ 08723
Tel. 201 758-1990
Work Site Address 3 Tamarack Dr.

Contractor Same
Address _____
Tel. ( ) 04323
Lic. No. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Patricia A. Hall
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM Smoke Detectors

TYPE: ☐ Manual ☑ Automatic FEE
Supervision Type: ☑ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present R-3 Proposed
Heating Systems – Location: Utility Room
Type: ☑ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

71

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 888
DATE ISSUED 8-28-84
REVISION DATE

Block 2-29 Lot 38
Subdivision BRIARCREST

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Briarcrest
Address Newtons Corner Rd
Howell, NJ
Tel. (201) 458-1990
Work Site Address

Contractor Ronald Weiss
Address 1 Bethel ct.
Jackson, N.J.
Tel. (201) 363-0423
Lic.No./Bus. Permit 4185
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
1	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine			Grease Trap	
1	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		3	Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection			Other	
1	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 71.00

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

		Present	Proposed
Drainage —	Material	ABS	
	Size	1½-2-3	
Building Sewer —	Material	SDR	
	Size	4	
Water Service —	Material	Poly	
	Size	3/4	
Venting —	Material	ABS	
	Size	1½-3	

Estimated Cost of Plumbing Work: $2,500

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

7'

PLUMBING SUBCODE
TECHNICAL SECTION

PERMIT NO. [illegible]
DATE ISSUED [illegible]
REVISION DATE

Block 239 Lot 25
Subdivision [illegible]

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner [illegible]
Address [illegible] Howell, NJ
Tel. (201) 458 1990
Work Site Address

Contractor [illegible]
Address [illegible] Jackson, NJ
Tel. (201) 363-4112
Lic.No./Bus. Permit [illegible]
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
1	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine			Grease Trap	
1	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
1	~~Sewer~~ Boiler/			~~Vent~~ Stack	
	Hose Bibb		2	Other	
	Water Cooler				
10PC-2	COLUMN 1	$		COLUMN 2	$ X

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 71 00

C. [illegible]

	Present	Proposed
Use Group: Dwelling-SFD		
Building Sewer– Material	ABS	
Size	4"	4"
Water Service– Material	PVC	
Size	1"	1"
Venting – Material	PVC	
Size	1½"	1½"

Estimated Cost of Plumbing Work: $ 2,000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 9-25-85

Inspected By: D S Golom jms

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				8-29-84
☒ Rough				2-20-85
☒ Water				8-29-84
☒ Sewer				5-9-85
☐ Energy				
☒ Mechanical				2-20-85
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

BUILDING INSPECTORS REPORT

BUILDING PERMIT NO: 808 DATE: 7/18/84

BUILDER OR OWNER: BRIARCREST JOB NO: BRANTLEY, ICOR, SCAR.

ADDRESS: 3 TAMARACK ST. BLOCK # 2-29 LOT # 38

PLEASE NOTE: Builder's copy must be retained by the builder and presented at each & every inspection for certification by the Building Inspector.

	App.	Rej.
1. FOOTING INSPECTION		
A. Type of footing		
1. Trench	OK	
2. Form	N/A	
B. Depth	OK	
C. Width	OK	
D. Reinforcing	N/A	
E. Type of soil on site at footing grade	SAND	
Date: 8/6/84		
Inspector: D.D. Sr.		
2. SECOND INSPECTION		
Foundation		
A. Block work		
B. Pile-asters		
C. Cap block		
D. Bolts		
E. Cove		
F. Plaster		
G. Water proofing		
Date: 8/16/84		
Inspector: RM		
3. THIRD INSPECTION-Slab		
A. Gravel	OK	
B. Polyethylene		
C. Perimeter Insulation		
D. Reinforcing Wire		
Date: 9/6/84		
Inspector: D.D. Sr.		
4. GARAGE FLOOR		
A. Thickness	OK	
Date: 9/6/84		
Inspector: D.D. Sr.		
BASEMENT FLOOR		
A. Gravel		
1. Thickness N/A		
Date:		
Inspector:		
5. FOURTH INSPECTION		
A. Basement		
1. Termite Prevention		
2. Girder		
3. First floor beams		
4. Blocking and Bridging		
5. Species of material		
6. Double beams under non-bearing partitions		

	App.	Rej.
B. First level framing	✓	
1. Sheathing		
2. Studding		
C. Second Deck Framing		
1. Double beams under non-bearing partitions		
D. Second Level Framing		
1. Blocking		
2. Studding		
3. Sheathing ✓ 11/28/84 OK		
4. Wall ties		
E. Ceiling Beams		
1. Species		
2. Strong backs		
3. Gable ties		
F. Rafters		
1. Species		
2. Spacing		
3. Collar ties		
Date: 5/31/85		
Inspector:		
6. INSULATION INSPECTION		
6/13/85 OK		
7. FIFTH INSPECITON		
A. Exterior wall finish		
B. Exterior trim		
C. Roof shingles		
D. Porch posts		
E. Miscellaneous (flashings, etc.)		
Date:		
Inspector:		
8. FINAL INSPECTION		
A. Trim		
B. Doorstops, saddles, etc.		
C. Fire wall & fire door		
D. Appliances		
E. Gas shut-offs		
F. Handrails, etc.		
G. Accessories:		
Date:		
Inspector:		

S/P 8/29/84 DRUS GOCOM

PLUMBING INSPECTION PRELIMINARY DATE: 2/20/85 INSPECTOR: Dalon FINAL DATE _____ INSPECTOR: _____

ELECTRICAL INSPECTION PRELIMINARY DATE: 4/22/85 Serge FINAL DATE: _____

Hyatt's

HOME OWNERS WARRANTY CORPORATION
of NEW JERSEY
1000 Route 9
Woodbridge, N.J. 07095
800-982-5538

CERTIFICATION FORM

(Used to obtain Certificate of Occupancy)

JUL 29 1985

HOW Builder Approval No. 8478
(obtained by NJ HOW)

MUNICIPALITY Howell

LOT NO. 38 BLOCK NO. 2-29

ADDRESS 3 Tennant St.

BUILDING FIRM NAME Laurel Manor - Brian Ard.

BUILDING FIRM ADDRESS HOW CORP. OF N.J. P.O. Box 9
Brick, N.J. 08723

HOW BUILDER NO. 3100-08148

NJ DCA BUILDER REGISTRATION NO. 04323

ENROLLMENT # OR NOTIFICATION OF STARTS# 26492

This is to certify that the above referenced premises has been enrolled for warranty/insurance coverage under the Home Owners Warranty (HOW) program.

TO BE VALID, FORM MUST BE STAMPED AND DATED BY THE HOW CORP. OF NEW JERSEY NOT MORE THAN (20) TWENTY DAYS BEFORE C. OF O. IS ISSUED.

NOTE: BUILDERS WHO FAIL TO ENROLL HOMES WITH HOW ONCE THIS FORM IS VALIDATED, C. OF O. IS OBTAINED, AND CLOSING/SETTLEMENT OCCURS, FACE TERMINATION FROM THE HOW PROGRAM AND SUSPENSION OF THEIR NJ STATE BUILDER REGISTRATION BY THE DEPARTMENT OF COMMUNITY AFFAIRS (N.J.A.C. 5:25-2.5)

MUNICIPALITY COPY

2c

HOME OWNERS WARRANTY CORPORATION
of NEW JERSEY
1000 Route 9
Woodbridge, N.J. 07095
800-982-5538

CERTIFICATION FORM

(Used to obtain Certificate of Occupancy)

OCT 10 1985

HOW Builder Approval No. 230 R
(obtained by NJ HOW)

MUNICIPALITY Howell

LOT NO. 38 BLOCK NO. 2-29

ADDRESS 3 Tamarack St.

BUILDING FIRM NAME Laurel Manor - Brookwood

BUILDING FIRM ADDRESS HOW CORP. OF NJ P.O. Box 9
Brick, N.J. 08723

HOW BUILDER NO. 3100 - 0814 8

NJ DCA BUILDER REGISTRATION NO. 0933

ENROLLMENT # OR
NOTIFICATION OF STARTS # 26492

This is to certify that the above referenced premises has been enrolled for warranty/insurance coverage under the Home Owners Warranty (HOW) program.

TO BE VALID, FORM MUST BE STAMPED AND DATED BY THE HOW CORP. OF NEW JERSEY NOT MORE THAN (20) TWENTY DAYS BEFORE C. OF O. IS ISSUED.

NOTE: BUILDERS WHO FAIL TO ENROLL HOMES WITH HOW ONCE THIS FORM IS VALIDATED, C. OF O. IS OBTAINED, AND CLOSING/SETTLEMENT OCCURS, FACE TERMINATION FROM THE HOW PROGRAM AND SUSPENSION OF THEIR NJ STATE BUILDER REGISTRATION BY THE DEPARTMENT OF COMMUNITY AFFAIRS (N.J.A.C. 5:25-2.5)

7C

MUNICIPALITY COPY

TO THE ADMINISTRATIVE OFFICE: #140 DATE: 7/11/84

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

1. Location of Property 3 Tamarack St.

   Blk 229 Lot 38

2. Name of Land Owners Laurel Manor Assoc

3. Occupant

4. Proposed Use:

X New Construction	X Residence-Number of Families 1
Remodeling	Business
Accessory Building	Manufacturing
	Sign Board - Size

5. Survey of lot, showing public roads, existing buildings and proposed construction or use for which this application is made. Fill in all dimensions below:

   (a) Name of road or street Tamarack St.

   (b) Main road frontage 80 Feet.

   (c) Set back from side of road right of way Feet.

   (d) Side yard clearance 22 Feet.

   (e) Rear yard clearance 44 Feet.

   (f) Depth of lot from right of way 100 Feet.

   (g) Dimensions of building: Width 36 Feet Depth 28 Feet.

   (h) Highest point of building above established grade Feet.

   (i) Area of lot - square feet or acres Feet.

   (j) Sketch showing existing buildings and proposed construction (indicating which direction is North).

6. Buildings: Use

   Number of stories Basement Apartments

   Useable floor space designed for use as living quarters, exclusive of basements, porches, garage, breezeways, terraces, attics or partial stories.

   First floor square feet Second floor square feet.

   Off-street parking space square feet.

7. REMARKS

WITNESS:

Patricia A. Hall
APPLICANTS SIGNATURE

Date filed with Administrative Officer 7/17/84 Fee $10

8. Complies with the provisions of the Howell Township Land Use Ordinance:

(a) Review of other agencies:

(b) Revisions made:

(c) Bonds Posted:

(d) Taxes and assessments paid:

(e) DOT approval, if any:

(f) Soil Conservation, if any: O.K.

(g) Monmouth County Planning Board:

(h) Howell Township Municipal Utilities Authority:

PERMIT APPROVAL GRANTED:

PERMIT APPROVAL DENIED:

Upon the basis of the above applications, the statements which are made part hereof, the proposed usage is found to be in accordance with the Township Zoning Ordinance and is hereby approved for the following zone: R-3.

ADMINISTRATIVE OFFICER

Date Application was received 7/17/84 Date ruled on 7/17/84

If certification is refused, reason for refusal:

FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)
35 COURT STREET
FREEHOLD, NEW JERSEY 07728
TELEPHONE: (201) 431-3850

CERTIFICATE OF COMPLIANCE

TO: Construction Official MUNICIPALITY: Howell Twp.

PROJECT: Briarcrest

Application No. 80-313

Block No.(s) 2-29 Lot No.(s) 29, 30, 31, 36, 37 & 38

Block No.(s) 2-28 Lot No.(s) 4 - 12

Complete Compliance ☐ *Partial Compliance ☒

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Freehold Soil Conservation District and required by The Soil Erosion and Sediment Control Act of 1975 as amended (N.J.S.A. 4:24-39 et seq.).

Date August 12, 1985 Authorized Signature

*Subject to attached conditions. * Pending establishment of permanent vegetative cover.

DISTRIBUTION: White - Municipal Construction Official Canary - Developer Pink - District Goldenrod - Other

A4261

BUREAU OF FIRE PREVENTION

P.O. BOX 580
HOWELL, N.J. 07731

CERTIFICATE # _____ DATE 10/24/85 THUR.

RESIDENTIAL X COMMERCIAL _____ CONSTRUCTION _____

C.O. C.C.O. INSPECTION REPORT: BLOCK 2-29 LOT 38

CAS
HEATING

BRIARCREST
NAME OF ESTABLISHMENT/OWNER

4
DISTRICT

3 TAMARACK STREET
ADDRESS

KEITH ORTNER 458-3880
PHONE #

THE ABOVE PREMISES WAS INSPECTED FOR OCCUPANCY CERTIFICATION, AND THE FOLLOWING DISPOSITION WAS TAKEN:

C.O. C.C.O. RECOMMENDED _____ REINSPECTION NECESSARY YES _ NO ___

C.O. C.C.O. NOT RECOMMENDED _____ TEMP. ISSUED _____ 938-4500 EXT. 251

VIOLATIONS: _____

SEAL GARAGE CEILING BY OLD BRACKETS

REINSPECTION DATE 10-25-85

REMARKS: APPROVED

C.O. C.C.O. RECOMMENDED X
C.O. C.C.O. NOT RECOMMENDED _____

Robert H. Holmes
CHIEF

CO
INITIALS OF INSPECTOR

F#2 - HTBFP

NEW DEVELOPMENTS

CHECK LIST CERTIFICATE of OCCUPANCY

FINAL BUILDING INSPECTION 10/24/85

FINAL PLUMBING INSPECTION 9/25/85

FINAL ELECTRICAL INSPECTION 10/8/85

SOIL CONSERVATION APPROVAL ✓

MUA APPROVAL ✓ Verbal

FIRE APPROVAL ✓

H. O. W. CERTIFICATE ✓

FINAL SURVEY ✓

DRIVEWAY APPROVAL/
LETTER STATING WILL BE DONE ✓

BLOCK 2-29 LOT 38

DEVELOPMENT NAME Briarcrest

DATE C/O'd 10/28/85

TOWNSHIP of HOWELL

Post Office Box 580 Howell, New Jersey 07731 201-938-4500

replied permit issued 5/7/86

May 5, 1986

Kratko
Resident at
3 Tamarack Street
Howell, New Jersey
07731
Block 2-29 Lot 38

Dear Sir:

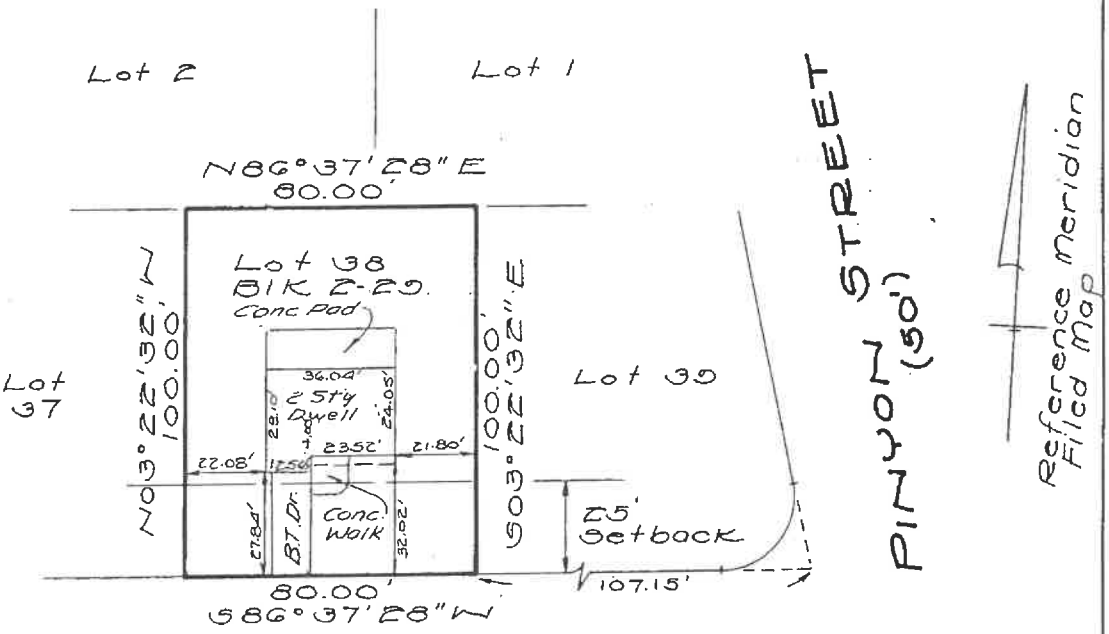
It has come to the attention of this department that you installed an air conditioning unit without a permit.

Please come in to this office Monday - Friday 9-5 (Building Department) to obtain a permit. If you have not come in within 5 working days you will be fined.

Sincerely yours,

William L. Klumb
Construction Official

WK/cab



TAMARACK STREET
(50')

Corner markers have not been set as per contract agreement with Laurel Manor Associates.

Known and designated as Lot 38 in Block 2-29 as shown on a map entitled "Final Map for Major Subdivision of Briarcrest Section 5, Lot 8-1 and p/o Lot 7, Block 2", situated in Howell Township, Monmouth County, New Jersey
Filed: M.C.C.O. 5/9/84
Case No. 192 Sheet No. 26

FOR CERTIFICATE OF OCCUPANCY ONLY

F 25'	R 25'	S 10'	C -

PLAN OF
LOT 38 BLOCK 2-29
SITUATED IN
BRIARCREST, SECTION 5, HOWELL TOWNSHIP, MONMOUTH COUNTY, NEW JERSEY

R	FMN	FJK	D B

PREPARED BY

LYNCH, CARMODY, GIULIANO & KAROL, P.A.
CONSULTING ENGINEERS LAND PLANNERS LAND SURVEYORS

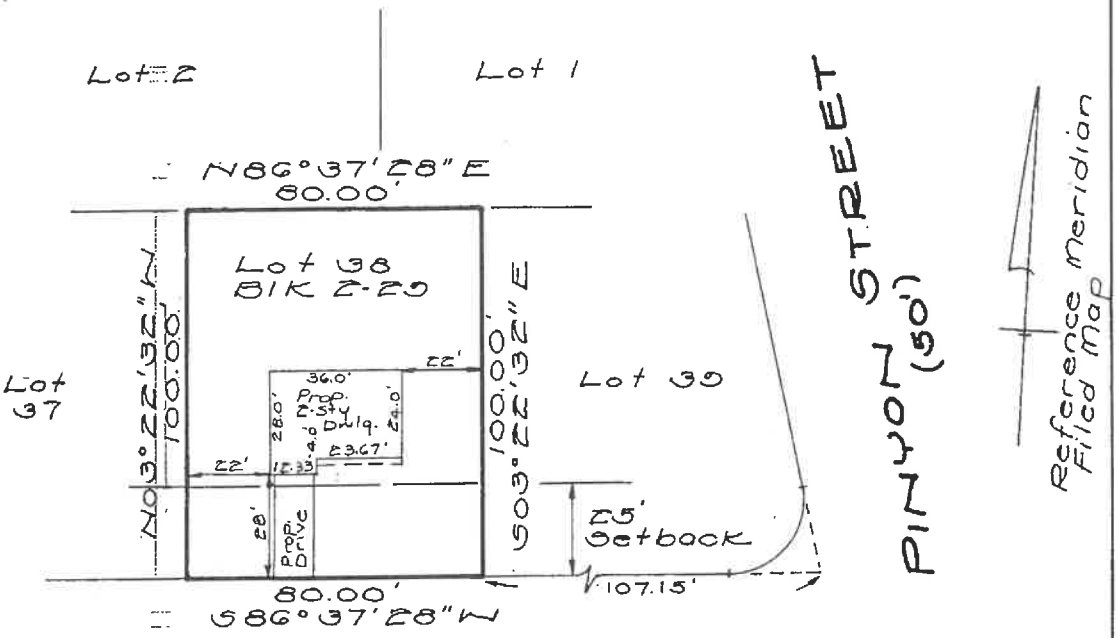
THOMAS F. LYNCH, L.S.

Thomas F. Lynch L.S.No. 15558 LAND SURVEYOR N.J. Lic. N.J. 15558
Cornelius P. Carmody L.S.No. 14806
Michael J. Giuliano, Jr. P.E. No. 23314
John D. Karol L.S.No. 23945

Terrace Professional Building
582 Plaza Terrace East
Brick Town, N.J. 08723
Tel: (201) 477-3330

Date 8/1/85

Plot Plan	Fnd. Loc.	Final	Update	Full Survey	File No. 80-0303-1	
6/18/84	8/27/84	7/31/85			Scale: 1" = 40'	Seq.



TAMARACK STREET

(50')

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Known and designated as Lot 38 in Block 2-29 as shown on a map entitled "Final Map for Major Subdivision of Briarcrest Section 5, Lot 8-1 and p/o Lot 7, Block 2", situated in Howell Township, Monmouth County, New Jersey
Filed: M.C.C.O. 5/9/84
Case No. 192 Sheet No. 26

FOR BUILDING PERMIT ONLY.

F 25'	R 25'	S. 10'	C -

R	F	F	D

PLAN OF

LOT 38 BLOCK 2-29

SITUATED IN

BRIARCREST, SECTION 5, HOWELL TOWNSHIP, MONMOUTH COUNTY, NEW JERSEY

PREPARED BY

LYNCH, CARMODY, GIULIANO & KAROL, P.A.
CONSULTING ENGINEERS LAND PLANNERS LAND SURVEYORS

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LAND SURVEYOR N.J. Lic. NJ. 15558

Terrace Professional Building
582 Plaza Terrace East
Brick Town, N.J. 08723
Tel: (201) 477-3330

Date JUN 19 1984

Plot Plan	Fnd. Loc.	Final	Update	Full Survey	File No. 80-0303-1	
6/18/84					Scale: 1" = 40'	Seq.

Blk 239
Lot 38

ACKNOWLEDGMENT AND WAIVER

WE, the undersigned do hereby acknowledge that we are the purchasers and intended occupants of 3 Tamarack Street, Howell Township, New Jersey. We took title to the said premises on December 5, 1985 and have been advised by the Township of Howell that the developer has not installed or completed the improvements required in the approvals secured for this development. We further understand that the Township of Howell has not as yet accepted the streets, curbs, sidewalks or other improvements relative to said development and that the Township is not obligated to repair, maintain, clean, remove snow and ice from, provide lighting for or otherwise attend to any of said improvements. We acknowledge that the responsibility for these items rest with the developer.

In consideration of the Township of Howell issuing a certificate of occupancy so as to permit us to occupy the premises which certificate was specifically issued as a result of our request and the request of the developer, we do hereby forever waive and release any and all claims of whatever nature against the Township of Howell based upon the defect, deficiency, incompleteness, failure or absence of any facility, improvement or service described herein. We further acknowledge that the responsibility for site improvements on our particular lot such as paving of driveways, grading, seeding and landscaping are the responsibility of the developer, not the Township of Howell.

DATED: December 5, 1985

Wayne R. Hratko
Wayne R. Hratko

Jill W. Hratko
Jill W. Hratko, his wife

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 3 TAMARACK ST. HOWELL, N.J. 07731
2. Owner Name: WAYNE + JILL HRATKO Tel. [redacted]
   Address 3 TAMARACK ST.
3. Principal Contractor: SAME AS #2 Tel. (___)
   Address
   Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: SAME AS #2 Tel. (___)
   Address
5. Responsible Person in Charge of Work SAME AS #2 Tel. (___)

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☑ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☑	Building/ Structural	$ 8,000.00
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 8,000

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☑ One-Family (R–3a)

If new construction, enter no. of dwelling units ___

If other than new construction, enter no. of dwelling units:
Before Construction: ___
After Construction: ___
Net Gain (or loss): ___

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use: ___

If Change in Use Group, Indicate Former: ___

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☑	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other ___

C. TYPE OF SEWAGE DISPOSAL

10. ☑ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☑ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 1
15. Height of Structure 13 Ft.
16. Area–Largest Floor 408 Sq. Ft.
17. Bldg. Area–All Fls. 408 Sq. Ft.
18. Volume of Structure ___ Cu. Ft.
19. Total Land Area Disturbed 408 Sq. Ft.

DS HW-B 10701242

CERTIFICATION IN LIEU OF OATH

I OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than *single family residential* use.

A. ☒ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☒ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE Wayne Heath DATE 8-14-84

II AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

***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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. _____ LOT NO. _____ SUBDIVISION _____ PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	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. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____		_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 640.00
PLUMBING	.00
ELECTRICAL	.00
FIRE PROTECTION	250.00
OTHER _____	.00
SUBTOTAL	$ .00
– LESS: 20% of subtotal (when plan review performed by state agency).	(.00)
D.C.A. TRAINING FEE .0006 x 4896	= 2.94
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	.00
OTHER _____	.00
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 111.94

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.00
OTHER			.00
OTHER			.00
– LESS: Refunds			(.00)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ .00

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ .00
COLLECTED AFTER PERMIT (VB)	.00
TOTAL	$ .00

CERTIFICATE

CERT. NO. 808-1
DATE ISSUED 5-4-89
Block 2-29 Lot 38
Subdivision

IDENTIFICATION

Owner Wayne Hratko
Address 3 Tamarack St Howell, NJ 07731
Tel. ( ) 840-4382

Agent Same
Address
Tel. ( )
Lic. No.
Federal Emp. No.

Work Site Address Same as above

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other

Collected By: BF
Date: 5-4-89

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

Completion and approval of addition 34' x 12' (shell only- no interior finish)

USE GROUP R-3 FIRE GRADING

MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD

SPECIFIC USE

FINAL COST OF CONSTRUCTION: $ 8000.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF HOWELL
POST OFFICE BOX 580
HOWELL, NEW JERSEY 07731-0580
(201) 938-4500

CONSTRUCTION PERMIT

PERMIT NO. 808-1
DATE ISSUED 9/1/88
Block 2-29 Lot 38
Subdivision

A. IDENTIFICATION

Owner Wayne Hratko
Address 3 Tamarack Street
Howell, NJ 07731
Tel. ( ) 840-4382

Agent Self
Address
Tel. ( )
Lic. No.
Federal Emp. No.

Work Site Address Same as above

PAYMENTS

Permit Fee $111.94
Fees Remitted $
☒ Check No. 231
☐ Cash
☐ Other
Collected By:
Date: 9-1-88

is hereby granted permission
to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☒ FIRE PROTECTION
☐ OTHER

Description of work:

34' x 12' Addition
(Shell only - no interior finish)

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: $ 8,000.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

HOWELL TWP.

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 805-1
DATE ISSUED 9-1-88
REVISION DATE
Block 2-29 Lot 38
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner WAYNE HRATKO
Address 3 TAMARACK ST.
HOWELL, N.J.
Tel. [redacted]
Work Site Address SAME AS ABOVE

Contractor SELF
Address
Tel.
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Wayne Hratko
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

ADDition FAMILY ROOM

34'X12'

*HEATing SYSTEM:
EXSISTing HEATING/AC UNIT will be USED. Will UPGRADE WITH Larger BLOWER FAN/MOTOR.

☑ See Plans

TYPE OF WORK:

- ☐ New Building
- ☑ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		64.00
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 4,000

D. COMMENTS

SHELL ONLY

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

HOWELL TWP.

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 808-1
DATE ISSUED 4-1-88
REVISION DATE
Block 2-29 Lot 38
Subdivision

A. IDENTIFICATION

APPLICANT. – *Complete unshaded areas only* — When changing contractors, notify this office

Owner: WAYNE HEATKO
Address: 3 TAMARACK ST.
HOWELL N.J.
Tel. [redacted]
Work Site Address: SAME AS ABOVE

Contractor: SELF
Address:
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

X Wayne Heatko
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description, including materials used, dimensions, etc.

ADDition Family Room
34'x12'
Heating System: [upside-down note:] Follows due to sign off
Exsisting Heating/AC unit will be used. will upgrade with Larger Blower Fan/Motor.

☑ See Plans

TYPE OF WORK:
- ☐ New Building
- ☑ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☑ Sign off
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	6400
3/86	20.00
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee (Greater of Minimum or Subtotal)	$ X

C. BUILDING CHARACTERISTICS

USE GROUP: ______ Present ______ Proposed
No. of Stories ______
Height of Structure ______ Ft.
Area—Largest Floor ______ Sq. Ft.
Total Building Area—All Floors ______ Sq. Ft.
Volume of Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.
Estimated Cost of Building Work: $ X 8,000

D. COMMENTS

SHELL ONLY

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

8-30-88 — SHELL ONLY NO ELECTRIC OR PLUMBING

Fire Grading | Maximum Live Load | Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	8-30-88	WIC
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 11-1-88

Inspected By: John E. Hall

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				9-12-88 9-16-
☐ Slab				
☒ Frame				OCT - 4 1988
☐ Architectural				
☒ Insulation				OCT 11 1988
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☒ Other Sheathing				OCT - 4 1988

U.C.C. Form F 110 (8/83)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 808-12
DATE ISSUED 9-21-88
REVISION DATE
Block 2.29 Lot 38
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner WAYNE + JILL HRATKO
Address 3 TAMARACK ST.
HOWELL, N.J. 07731
Tel. ([redacted])
Work Site Address SAME AS ABOVE

Contractor A. J. RAGUCCI
Address 712 CORAL AVE.
LAKEWOOD, N.J.
Tel. ( ) 363-5491
Lic.No./Bus. Permit. 7671
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

A. J. Raguccci
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
5	Switching Outlets	$		H.V.A.C. Equipment	$
9	Lighting Outlets			Switching Devices	
7	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric			NO-SPA	
	Heating, Electric				
5	Switches			Other G.F.I-SPA. LINE.	
9	Lighting Fixtures			Other	
7	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders				
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 40 00

Pd 9/22/88 40.00
Ck #258.

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters: _____
Estimated Cost of Electrical Work: $ 990.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Pink = Office Copy Tag = Inspector Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 808-22
DATE ISSUED 4-21-88
REVISION DATE
Block 229 Lot 38
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner [illegible] Hinkle
Address [illegible] Brunswick 57
Howell, N.J. 07731
Tel. [redacted]
Work Site Address Same As Above

Contractor A. J. Ralucci
Address 712 Coral Ave.
Lakewood, N.J.
Tel. (___) 363-5491
Lic.No./Bus. Permit. 7671
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

A. J. Ralucci
AGENT'S SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
5	Switching Outlets	$		H.V.A.C. Equipment	$
9	Lighting Outlets			Switching Devices	
7	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric			NO-SPA	
5	Switches				
9	Lighting Fixtures			Other G.F.I-SPA LINE.	
7	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 40.00

PCI 4/22/88 40.00
Ck #258

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters: _____
Estimated Cost of Electrical Work: $ 990.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Pink = Office Copy Tag = Inspector Copy

FIRE SUBCODE
TECHNICAL SECTION

AM

PERMIT NO. 8[illegible]
DATE ISSUED 9-7-8[illegible]
REVISION DATE
Block 2-29 Lot 38
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner WAYNE HIATKO
Address 3 TAMARACK ST
HOWELL, N.J. 07731
Tel. [redacted]
Work Site Address SAME

Contractor SELF
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Wayne Hiatt
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

FEE

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $ $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $ $

B3. ALARM

FEE

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ $

B5. OTHER

$
$
$

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 525-1
DATE ISSUED 9-1-88
REVISION DATE
Block 2-24 Lot 38
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner WAYNE KRATKO
Address 3 TAMARACK ST
HOWELL, N.J. 07731
Tel. ([redacted])

Work Site Address SAME

Contractor SELF
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Wayne Kratko
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ 52.50
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 8-17-88
Approved By:

INSPECTIONS FINAL

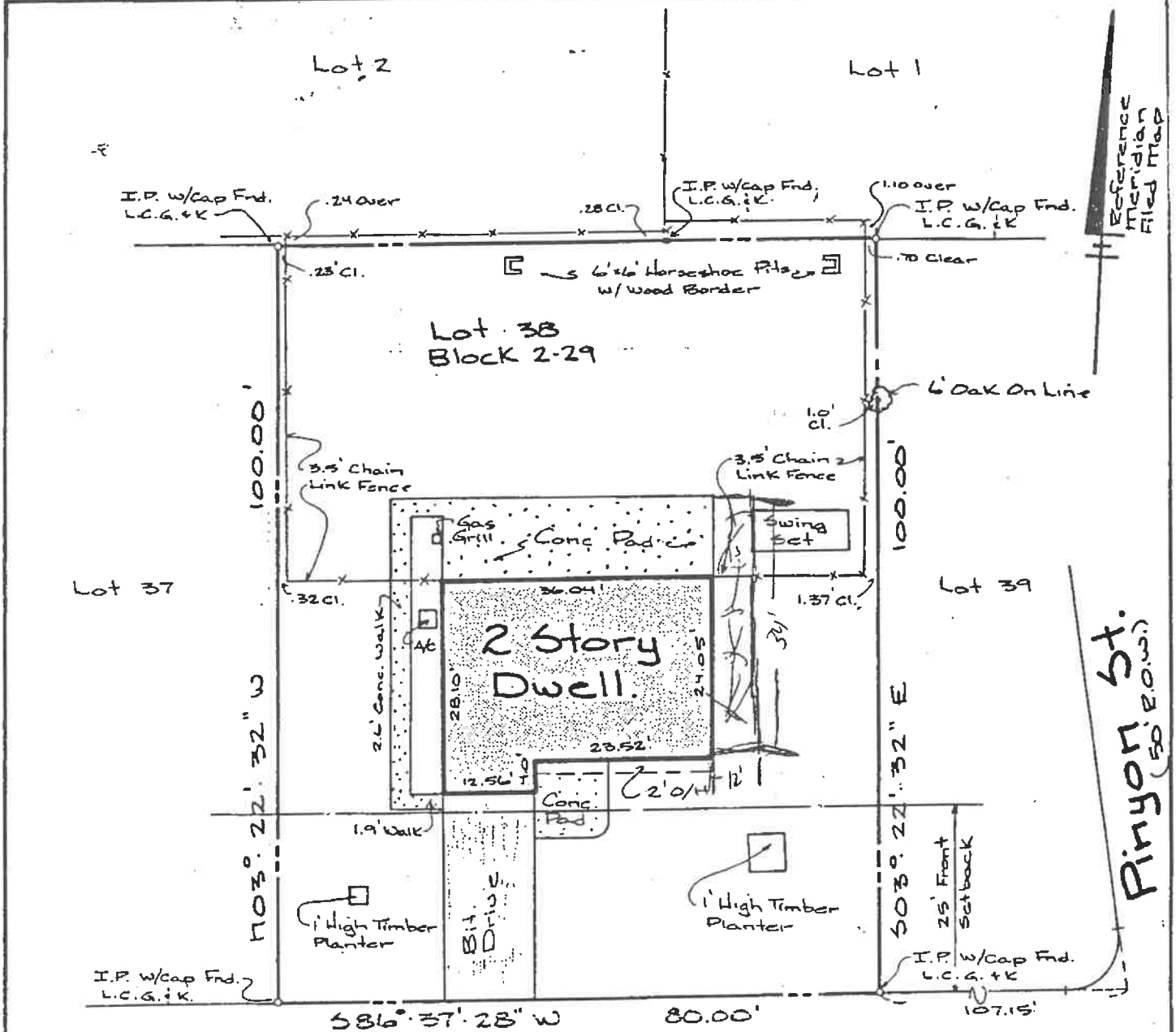
☐ CO ☐ CO ☐ CA
Date: 11-4-88
Insp.

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other				
☐ Other				
☐ Other				
☐ Other				

C Form 1 140 3/83)

1495



Tamarack Street

(50' R.O.W.)

Certified To:
Wayne R. Hratko and Jill W. Hratko, his wife;
Mortgage One;
Lawyers Title Insurance Corporation;
David Hango, Esq.

F 25'	R 25'	S 10'	C	R	FL.P.S.	F	D

PLAN OF

LOT 38 BLOCK 2-29

Final AM

BUREAU OF FIRE PREVENTION
P.O. BOX 580
HOWELL, N.J. 07731

CERTIFICATE # 88-930 DATE 11-4-88 F

RESIDENTIAL ✓ COMMERCIAL _____ CONSTRUCTION _____

C.O. / C.C.O. INSPECTION REPORT: BLOCK 29 LOT 38

GAS Hratko
HEATING NAME OF ESTABLISHMENT/OWNER

4 3 - Tamarack
DISTRICT ADDRESS

PHONE #

THE ABOVE PREMISES WAS INSPECTED FOR OCCUPANCY CERTIFICATION, AND THE FOLLOWING DISPOSITION WAS TAKEN:

C.O. C.C.O. RECOMMENDED X REINSPECTION NECESSARY YES _ NO ___

C.O. C.C.O. NOT RECOMMENDED _____ TEMP. ISSUED _____ 938-4500 EXT. 262

VIOLATIONS: _____

REINSPECTION DATE _____

REMARKS: _____

C.O. C.C.O. RECOMMENDED _____
C.O. C.C.O. NOT RECOMMENDED _____

CHIEF

INITIALS OF INSPECTOR

F#2 - HTBFP

Proposal

Page No. of Pages

A.J. RAGUCCI
Electrical Contractor
712 Coral Avenue
LAKEWOOD, NEW JERSEY 08701
(201) 363-5491

PROPOSAL SUBMITTED TO		PHONE	DATE 8/25/88
STREET 3 TAMARACK		JOB NAME	
CITY, STATE AND ZIP CODE HOWELL		JOB LOCATION 3-TAMARACK.	
ARCHITECT	DATE OF PLANS	B 229 - 238.	JOB PHONE

We hereby submit specifications and estimates for: LABOR + MATERIAL:

1. WIRE SEPERATE - CIRCUIT FOR SPA - 110/220 20AMP.
2. 6 Recess Fixtures, 2 - Shower type with 2 - switches + dimmer. 4 - Step Baffle.
3. 1 - LANTERN on side of slider. with switch.
4. Pedelle Fan, with light + 2 switches.
5. 7 - display wall outlets.
6. Move Vanity light to wall by window with switch in B.R.

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

Nine Hundred Ninety ——— dollars ($ 990.00)

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature Wayne A Ragucci

Note: This proposal may be withdrawn by us if not accepted within ——— days.

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature Wayne Ragucci

Date of Acceptance: ———

Signature ———

RECEIVED
AUG 25 1988

(No Int. finish Shell) Resubmit

PLAN REVIEW CHECK LIST

NAME Kratko Block 2-29 Lot 38

ADDRESS 3 Tamarack St Zoning Release

Date Submitted 8-25-88

Development 808-1

Addition
Shell Only

	Reviewed By		Approved	Comments
Building ✓	8-30-88		OK	
Plumbing				
Fire ✓	8/24/88			
Electrical	9-21-88 Jcrgr		O.K	
Mechanical				
Septic				
Other				

RECEIVED AUG 16 1988

PLAN REVIEW CHECK LIST

NAME HRATKO

ADDRESS 3 TAMARACK

Date Submitted 8-16-88

Development

Block 2-29 Lot 38

Zoning Release

Addition

Get new Electrical App.

	Reviewed By		Approved	Comments
Building ✓			NOT	① PLANS ARE NOT COMPLETE A. MORE DETAIL FOR INSULATION AND FINISH ② HEATING. ③ ANY AND ALL STRUCTURAL DETAILS
Plumbing ✓	8/16/88		OK	
Fire ✓	8/17/88		OK	
Electrical	8/18/88 OK		NOT	NO ELECTRICAL PLAN ADDITION 34 X 12 PLANS SHOW 24 X 12
Mechanical		Roof 2x10 ridge 2x8 Rafter		12 FT off front line Grade
Septic			~~Anchor Bolts~~	* BLOCK VENTS FOUND. 1 sq ~~FT per~~ 150 sq FT.
Other			1/2" Ply TUCH SANDED FINISH Floor	* ~~Floor Joist 16"~~ O.C. * ~~6" ins. on ceiling~~

8" CLEARENCE FROM 2x10 GirDer

~~Anchor Bolts 18"~~ 11 X 15

FONDATION VENTING

FiberglASS Shingles

1/2" sheet rock

Clam Shell molding

around base board + (corner sliders)

Worl 675 1600

Alex 763-1616 SPA

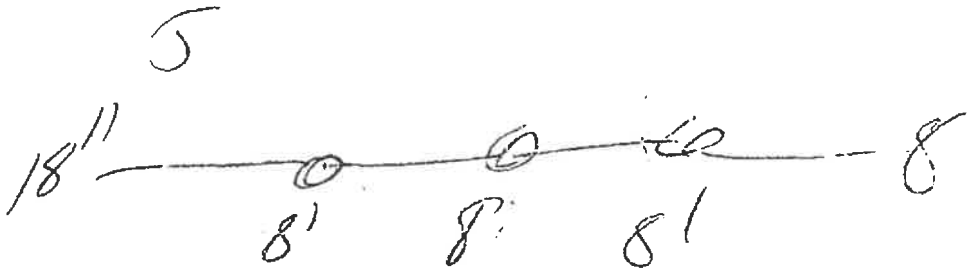
539-8599 roofer

TOMMY DEVINE

21 hrs. to 36 hrs.

15" Anchor Bolts 8' OC.
outside corner

8'—OC



16 1/2 ÷ 5

16 2/3 · 5/1 7/33

HOWELL TOWNSHIP

LAND USE CERTIFICATE

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

PROPERTY: BLOCK 2-29 LOT(S) 38 STREET 3 TAMARACK

TELEPHONE # 840-4382

NAME WAYNE & JILL HRATKO

ADDRESS 3 TAMARACK ST.

HOWELL, N.J. 07731

PHONE [redacted]

USES Principal _____

Accessory _____

New Construction ADDITION Existing Structure _____

Interior Remodeling _____

FOR OFFICE USE ONLY:
ZONE R3
USE PERMITTED: Yes ☒ No ☐

DESCRIPTION OF LOT: Corner lot: Yes ☐ No ☒

Frontage 80 feet Depth 100 feet

On an improved street: Yes ☒ No ☐

Total lot area 8,000 square feet

LOCATION OF STRUCTURES: Principal structure

Setback from right of way: _____ feet

(and _____ feet if corner lot)

Sideyard clearances: _____ feet & _____ feet

Rearyard clearances: _____ feet

Accessory structure:

Setback from right of way: _____ feet

(and _____ if corner lot)

Sideyard clearances: 9.80 feet & _____ feet

Rearyard clearances: 25 feet

DESCRIPTION OF STRUCTURES: Principal

Height _____ feet to highest point

Length _____ feet Width _____ feet

Useable floorspace _____ square feet

Number of stories _____ Basement: Yes ☐ No ☐

Number of apartments _____ Number of Bedrooms _____

Accessory structure:

Height 13' feet to highest point

Length 34 feet Width 12 feet

PARKING: Number of off-street parking spaces _____

Percentage of lot covered by parking areas, walkways, etc. _____ %.

SURFACE COVERAGE: Percentage of lot covered by buildings:

_____ %

Percentage of lot covered by other impervious surfaces: _____ %

R3

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:

FEE: ✓ $10.00 residential

FEE: _____ $20.00 non-residential

DATE FEE PAID: _____

Wayne Hratko 8-16-88

SIGNATURE OF APPLICANT DATE

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

8-16-88 Julie Leary

DATE HOWELL TOWNSHIP/LAND USE OFFICE

COMMENTS/EXPLANATIONS: _____

REFERRALS: ☐ To Building Dept. ☐ To Zoning Bd. ☐ To Engineering

☐ To Planning Bd. ☐ To Bd. of Health ☐ To _____

Township of Howell Township

Building Department
PO Box 580
Howell, NJ 07731
732-938-4500, ext. 2401/2402
Construction/code@twp.howell.nj.us

REQUEST FOR LETTER OF NO INTEREST

There is a **$50.00** processing fee for all **Letters of No Interest.** The fee must be paid at the time the request is made.

(PLEASE PRINT ALL INFORMATION)

All Checks must be made payable to the Township of Howell.

Date Received: 5/5/15 Closing Date: 6/1/15 Non-UCC # NC-15-00235

Block: 2-29 Lot: 38 Check # 2112 Cash _____

Property Owner: WAYNE & JILL HEATH

Property Address: 3 TAMARACK ST HOWELL, NJ. 07731

Name and Address of Person Requesting Letter: LIZ DeMARCO - Century Action Plus Realty

5 RT 33 FREEHOLD, NJ. 07728

Phone Number: 732-462-9510 - office Cell 732-861-5010

Fax Number: 732-414-3516 Email: edemarco@actionplusrealty.com

Response Preference: _____ Mail _____ Fax X Email

For Office Use Only

✓ No Open Permits

Paul J. Adamo 5/6/15

Construction Official

The following are permits that are open for the above property: