Annie Eng 2021-1108-112

From: Evelyn Grandi
Sent: Monday, November 8, 2021 8:19 AM
To: Annie Eng
Subject: FW: OPRA request - 56 Fleetwood Drive, Hazlet

RECEIVED
NOV 08 2021
MUNICIPAL CLERK

Annie:

Please see the below OPRA request.

Evelyn A. Grandi
Evelyn A. Grandi
Municipal Clerk/Deputy Registrar
Hazlet Township
1766 Union Avenue
Hazlet, NJ 07730
(732) 264-1700 Ext. 8686
(732) 264-1785 (Fax)
egrandi@hazletnj.org

Hazlet Township Municipal
Offices are closed on Fridays

-----Original Message-----
From: Evelyn Grandi
Sent: Monday, November 08, 2021 8:18 AM
To: 'Karen Williams' <opra+request-26851-00642877@requests.opramachine.com>
Subject: RE: OPRA request - 56 Fleetwood Drive, Hazlet

Received.

Evelyn A. Grandi
Evelyn A. Grandi
Municipal Clerk/Deputy Registrar
Hazlet Township
1766 Union Avenue
Hazlet, NJ 07730
(732) 264-1700 Ext. 8686
(732) 264-1785 (Fax)
egrandi@hazletnj.org

Hazlet Township Municipal
Offices are closed on Fridays

-----Original Message-----
From: Karen Williams <opra+request-26851-00642877@requests.opramachine.com>
Sent: Thursday, November 04, 2021 2:45 PM

To: OPRA requests at Hazlet Township <EGrandi@Hazlettwp.org>
Subject: OPRA request - 56 Fleetwood Drive, Hazlet

Dear Hazlet Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

Any open permits
All closed permits
Any violations
any documentation re UST (oil tank removal)
Address: 56 Fleetwood Drive, Hazlet, New Jersey
Block 192.01 Lot 2

Yours faithfully,

Karen Williams

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-26851-00642877@requests.opramachine.com

Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hazlet_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/56_fleetwood_drive_hazlet

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

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

CLOSED PERMITS

BLOCK 192.01 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Fleetwood PERMIT NO 02-1369

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 56 Fleetwood Dr
2. Name of Owner in Fee: FRANK FUSCO Tel. [redacted]
   Address 56 Fleetwood Dr (street) HAZLET (municipality) 07730 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Budget Const. Tel. (732) 618-2444
   Address 849 Palmer Ave
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Anthony Salerno
   Tel. (732) 618-2444 FAX (732) 671-2314

1:35 PM 11/13 Called Mike Cotter - told permit was ready and fee. JB

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 72.		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	3.		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 75.		

B.W. verbally Rel. 12/4/02

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction 1

After Construction 1

Net Gain or Loss 0

B. NON-RESIDENTIAL

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

LDS HZ 10304394

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the 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 Anthony Salerno

Address 849 Palmyra Ave

Holander, NJ

Telephone (732) 618-2404

Signature _____

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

OFFICE DATE RECEIVED: 11-7-02

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

CONSTRUCTION PERMIT

Date Issued 11/14/02
Control #
Permit # 02-1369

IDENTIFICATION Block 192.01 Lot 2
Work Site Location 56 Fleetwood Dr Howell
Owner in Fee Frank Fusco
Address 56 Fleetwood Dr. Howell
Tel. ([redacted]

Contractor Budget Cont.
Address 899 Palma Ave Holmdel NJ
Tel. (732) 618-2244
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: (RE-ROOF)
Remove Ext. Roof Shingles And Install Ridge And Install Timberline Shingles

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 $ 2700

Construction Official

11/8/02
Date

PAYMENTS (Office Use Only)

Building	72.
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	3.
Cert. of Occupancy	
Other	
Total	75.
Check No.	1478
Cash	
Collected by	

8/1477

(see reverse side)

U.C.C. F170
(rev. 5/2K)

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

U.C.C. Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/14/02
Date Issued
Control #
Permit # 02-1369

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

Block 192.01 Lot 2
Work Site Location 56 Fleetwood Dr. Hazlet
Owner In Fee Frank C Fusco
Address 56 Fleetwood Dr. Hazlet
Tele. (732) [redacted]
Contractor Budget Const.
Address 249 Palmer Ave Holmdel
Tele. (732) 618-2744 Fax (732) 671-2307
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11/6	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5-B Proposed 5B
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 2700

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove Ext. Roof Shingles And Install Ridge Vent And Timberline Shingles

Re-roof - Remove existing shingles

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [X] 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)

	$
	72.
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 3
TOTAL FEE	$ 75.

U.C.C. F110
(rev. 3/96)

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

56 Fleetwood

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/14/02
Date Issued
Control #
Permit # 02-1369

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

Block 192.01 Lot 2
Work Site Location 56 Fleetwood Dr. Hazlet
Owner in Fee Frank F. Esco
Address 56 Fleetwood Dr. Hazlet
Tele. [redacted]
Contractor Right Coast
Address 249 Palmer Ave Holmdel
Tele. (732) 671-7411 Fax (732) 671-2316
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11/4/02	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/4/02
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			11/Before FD	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5-B Proposed 5B
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 2700

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove Ext. Roof Shingles And INSTALL Ridge Vent And Timberline Shingles

Re-Roof - Remove existing shingles

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] 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)

	$
	72
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 3
TOTAL FEE	$ 75

U.C.C. F110
(rev. 3/96)

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

HAZLET TOWNSHIP
CONSTRUCTION DEPARTMENT
3400 Highway 35, Suite 9
Hazlet, New Jersey 07730
(732) 264-5707

Peter A. Terranova – Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR,

Address 56 Fleetwood Dr.

Type of Work Take off Ext. Shingles install Ridge Vent & Fiberglass Shingles

I will be responsible for requesting all required inspections at the above address in accordance with N.J.A.C. 5:23-2.18.

I further understand that failure to call for all required inspections will make me liable for a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23 – 2.31 (b) 1.

Failure to notify this office of the office of the completion of the project will subject you to a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23 – 2.31 (b) 1.

Signature of owner or other responsible person in charge of work

8 49 Pleasure Ave.
Address

[redacted]
Phone

11/6/07
Date

PERMIT=_____ DATE_____
PROPERTY OWNER Frank Fusco
ADDRESS 56 Fleetwood Dr.
BLOCK 192.01 LOT 2
APPLICANT Budget Cont.

NOTICE TO ALL CONSTRUCTION PERMIT APPLICANTS

IN COMPLIANCE WITH THE MONMOUTH COUNTY SOLID WASTE MANAGEMENT PLAN (MAY 1993) AND MUNICIPAL ORDINANCE 1000-95 THE APPLICANT SHALL IDENTIFY TO THE BUILDING DEPARTMENT ALL DISPOSAL AND RECYCLING ARRANGEMENTS BEFORE A CONSTRUCTION OR DEMOLITION PERMIT WILL BE ISSUED. THE APPLICCANT SHALL PROVIDE APPROPRIATE RECORDS DOCUMENTING THE QUANITIY AND DESPOSITION OF ALL MATERIALS. A DEPOSIT OF $ 50 SHALL BE HELD BY THE BOROUGH UNTIL SUCH TIME AS PROPER RECORDS ARE SUBMITTED FOR SMALL QUANITIES OF DEBRIS. A HOMEOWNER EXEMPTION MAY APPLY:

THE FOLLOWING MATERIALS ARE RECYCLABLE:
CONCRETE, ASPHALT, BRICK, CINDER BLOCK, STUMPS, TREE PARTS, CLEAN DEMOLITION WOOD, LEAVES, GRASS, APPLIANCES, OIL, BATTERIES AND ALL HOUSEHOLD RECYCLABLES.

Prior to the issuance of a construction permit for any work where there is a presence of materials classified as hazardous by any regulatory government agency, the applicant shall provide the Construction Official with a statement specifying the type and quantity of hazardous materials, the method of disposal and an approval from the Monmouth County Health Department on the method of handling, transporting and disposing.

In the case of underground storage tanks or contaminated soil, the appropriate regulatory procedures shall be followed as a prerequisite to the issuance of a removal permit.

Please complete the reverse side of this form to indicate disposal arrangements.

ANTICIPATED DISPOSAL ARRANGEMENTS (check appropriate lines)

DISPOSAL BY CONTRACTOR ✓ HOMEOWNER _____ OTHER _____

NAME OF CONTRACTOR Budget Cont.

CONTAINER (S) DUMPSTER 10 yards SIZE _____ HAULER Bridge Disp

OTHER _____

ESTIMATED TONNAGE OR CUBIC YARDAGE OF DEBRIS GENERATED BY PROJECT 3 Tons EST. AMOUNT TO BE RECYCLED 3 Tons

MATERIALS TO BE DISPOSED:	DESTINATION:
1. Roof Shingles.	Tiston Falls Landfill
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Date recycling deposit received: _____

Date recycling records received: _____

Date recycling deposit returned: _____

BLOCK 192.01 LOT 2 ADDRESS (SITE) 56 Fleetwood PERMIT NO. 05-0711

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 56 Fleetwood Dr, Hazlet
2. Name of Owner in Fee: Fusco Tel. [redacted]
   Address: Same (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: ____ Tel. ( ) ____
   Address: A.J. Perri, 401 Highway 35, Red Bank NJ 07701
   License No. OR if new home, Builder Reg. No. ____ Exp. Date ____
   732-747-3131
   Federal Emp. No. ____ Social Security No. 36-427609-7
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work: Rich Holman Tel. ( ) ____

6/21 adv. owner permit ready, mainwaring permit needed. Said work done Fri.
" adv. contr. permit ready/cost.

V. FEE SUMMARY (for office use only)

		$	Update	Update
1.	Building	$		
②	Electrical	46		
③	Plumbing	46		
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	6		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 98		

CA 7/20/05

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☑ Plumbing	2857
8. ☑ Electrical	1225
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	4082

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

VII. DESCRIPTION OF BUILDING USE

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

No. of dwelling units:
Before Construction 1
After Construction 1
Net gain or loss 0

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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

LDS HZ 10304396

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 us and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other tha single family residential use. I attest that all construction, plumbing, or electrical work will be done, in who or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; an I further acknowledge that said new home is not covered under the New Home Warranty and Builde Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasir 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 RESPONSIBILIT FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURIN AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIR EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. 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, alteratior renovation, or repair to an existing single family residence owned and occupied by myself and located o the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will b deemed part of, an existing single family residence that is owned and occupied by myself and located o 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 Jerse 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 Stat county, and local prior approvals have been given, including such certification as the construction official may requir

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

Signature _____ Date _____

II. AGENT SECTION

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

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

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Divisi 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 A.J. Perri

Address 401 Highway 35
Red Bank NJ 07701
732-747-3131
36-427609-7

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: 12-17-05 by mail

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

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

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

X. CERTIFICATES ISSUED **(office use only)**

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

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

Date Issued 07/20/05
Control #
Permit # 05-0711

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 192.01 Lot 2 Qual
Work Site Location 56 FLEETWOOD

Owner in Fee/Occupant FUSCO
Address 56 FLEETWOOD DR.
HAZLET, NJ 07730-
Telephone ( ) -
Contractor A.J. PERRI
Address 401 HWY 35
RED BANK, NJ 07701-
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

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

AC

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Construction Official

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

Fee $ 0
Paid [X] Check No. 72301
Collected by: TF

CONSTRUCTION PERMIT

Date Issued 6-28-05

Permit # 05-0711

IDENTIFICATION Block 92-01 Lot 9 Qualification Code

Work Site Location 56 Fleetwood Dr.

Owner in Fee FUSCO

Address Same

Tel. ( )

Contractor A.J. Perri

Address 401 Highway 35
Red Bank, NJ 07701

Tel. (732) 747-3131

Lic. No. or Bldrs. Reg. No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Replace A/C

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 $ 4052

Peter Terranova
Construction Official

6-20-05
Date

PAYMENTS (Office Use Only)

Building	
Electrical	46
Plumbing	46
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	6
Cert. of Occupancy	
Other	
Total	98
Check No.	72301
Cash	
Collected by	Amb - MAIL

(see reverse side)

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6-28-05
Control #

Date Issued
Permit # 05-0711

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

Block 192-01 Lot 2 Qualification Code
Work Site Location 516 Fleetwood Dr.

Owner in Fee FUSCO
Address Same

Tel ( )
Contractor A.J.Perri, Inc.
Address 401 Highway 35
Red Bank, NJ 07701
Tel (732) 747-3131 FAX (732) 747-9743
Contractor License No. Electric License # 13296B
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1225

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	8ot	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $ 46
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	6/30/05	[illegible]

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7-20-05
Approved by: Ronald Mayo

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-20-05	RM
Barrier-Free				

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

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

All Conditions Replace

Date Received 6-28-05
Control #

Date Issued
Permit # 05-0711

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 192.01 Lot 2 Qualification Code

Work Site Location 510 Hazelwood Dr.

Owner in Fee HOSCO

Address Same

Tel ( )

Contractor A.J.Perri, Inc.

Address 401 Highway 35
Red Bank, NJ 07701

Tel (732) 747-3131 FAX (732) 747-9743

Contractor License No. Electric Liense # 13296B

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1225

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	8ct	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $ 46

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required Date 6/30/05 Initial

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

All Condotioner Replace

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/28/05
Date Issued
Control #
Permit # 05-0711

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

Block 192-01 Lot 2
Work Site Location 56 Fleetwood Dr.

Owner in Fee FUSCO
Address same

Tele. ([redacted]
Contractor A.J. Perri
Address 401 Highway 35
Red Bank NJ 07701
732-747-3131
Tele. ( ) 36-427609-7
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 2857

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date: 7/28/05

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO			7/10	

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 46
Collected by: TOTAL $

Air Cond replacement

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/28/05
Date Issued
Control #
Permit # 05-0711

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

Block 192.01 Lot 2
Work Site Location 56 Fleetwood Dr.

Owner in Fee USCO
Address Same

A.J. Perri
401 Highway 35
Red Bank NJ 07701
732-747-3131
36-427609-7

Tele. ( )
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 2857

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 46
Collected by: TOTAL $

Air Cond replacement

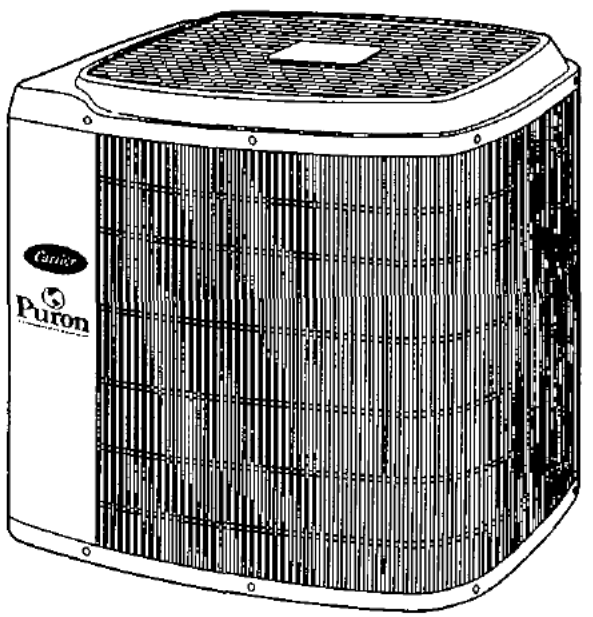
U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Carrier
HEATING & COOLING

Product Data

Performance™ 14 38TSA (60 Hz) Air Conditioner with Puron® Refrigerant

Sizes 024 thru 060



Performance SERIES

Carrier's Performance™ 14 Air Conditioners with Puron® refrigerant provide a collection of features unmatched by any other family of equipment. The 38TSA family has been designed utilizing Carrier's Puron refrigerant. The environmentally sound refrigerant allows you to make a responsible decision in the protection of the earth's ozone layer. Carrier's Performance 14 systems with Puron refrigerant meet the Energy Star® guidelines for energy efficiency.

FEATURES

Puron® Environmentally Sound Refrigerant — Is Carrier's unique refrigerant designed to help protect the environment. Puron is an HFC refrigerant that does not contain chlorine which is damaging to the ozone layer. The most important advantage of Puron refrigerant is that it has not been banned in future air conditioning systems as the traditional refrigerant R-22 has been. Puron refrigerant is in service in thousands of systems providing highly reliable, environmentally sound performance. For specific R-22 phase out information see your Carrier distributor.

Carrier's Infinity® Controls — These industry-leading controls, when installed with Carrier's Ideal Humidity™ variable-speed furnaces or fan coils, provide the homeowner with:

–unparalleled control of temperature, humidity, indoor air quality, and zoning

–unprecedented ease of use

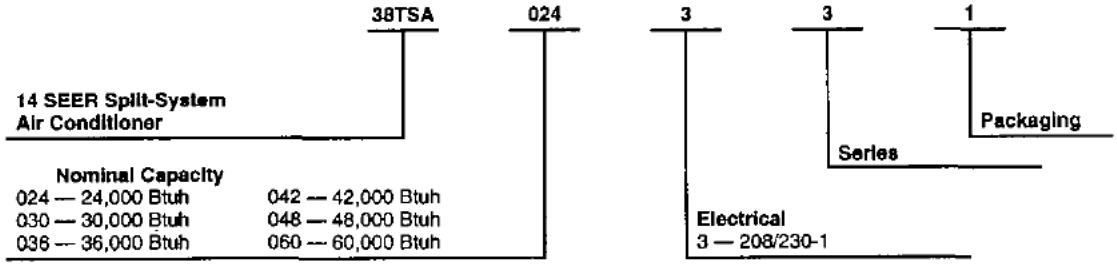
–simple operation through on-screen, text-based service reminders

Optional remote access through telephone or Internet is also available when combined with a remote connectivity kit.

WeatherArmor™ III Protection Package — This three-part protection system begins with the galvanized steel cabinet. Once coated with a layer of zinc phosphate, a modified polyester powder coating is then applied and baked on, providing each unit with a hard, smooth finish that will last for many years. Additionally, the coil protector, made of a coated steel wire grid with vertical 3/8 in. spacing, is designed to help protect the coil from inclement weather, vandalism and incidental damage. It provides protection

Copyright 2004 Carrier Corporation

Model number nomenclature



Physical data

Unit Size-Series	024-34	030-33	036-33	042-33	048-31	060-30
Operating Weight (Lb)	290	290	293	294	312	362
COMPRESSOR Type	Scroll					
REFRIGERANT	Puron® (R-410A)					
Control	TXV (Hard Shutoff)†					
Charge (Lb)	9.35	9.11	9.83	9.68	12.00	15.00
COND FAN	Propeller Type, Direct Drive					
Air Discharge	Vertical					
Air Qty (CFM)	2400	2400	2800	2800	2800	3800
Motor HP	1/8	1/8	1/5	1/5	1/15	1/5
Motor RPM	825	825	825	825	825	825
COND COIL	Copper Tube, Aluminum Plate Fin					
Face Area (Sq ft)	15.2	18.25	18.25	18.25	18.3	24.5
Fins per In.	20	20	20	20	20	20
Rows	2	2	2	2	2	2
Circuits	4	4	4	4	4	6
VALVE CONNECT. (In. ID)	Sweat					
Vapor	5/8	3/4		7/8		
Liquid	3/8					
REFRIGERANT TUBES* (In. OD)						
Vapor (0–50 Ft Tube Length)	5/8	3/4		7/8		1-1/8
Vapor (Max Diameter for Long-Line Applications)	3/4	7/8		1-1/8		
Liquid (0–50 Ft Tube Length)	3/8					
Liquid (For Long-Line Applications)	3/8					

NOTE: See unit installation instructions for proper installation.

* For tubing sets greater than 50 ft horizontal and/or 20 ft vertical differential, consult Residential Split System Long-Line Application Guideline and Service Manual.

†TXV not factory supplied.

CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE*)

UNIT SIZE-SERIES	REQUIRED SUBCOOLING (°F)
024-34	10
030-33	8
036-33	9
042-33	7
048-31	10
060-30	10

* Must be a Puron® approved hard shutoff TXV.

Accessories

ORDERING NO.	DESCRIPTION
KAATD0101TDR	Time-Delay Relay — All Sizes
KSALA0301410	Low-Ambient Pressure Switch — All Sizes
KSALA0401AAA*	MotorMaster® Low-Ambient Controller — All Sizes
KAAFT0101AAA†	Evaporator Freeze Thermostat — All Sizes
KAAWS0101AAA†	Winter Start Control — All Sizes
KSACY0101AAA	Cycle Protector — All Sizes

Electrical data

UNIT SIZE-SERIES	V/PH	OPER VOLTS*		COMPR		FAN FLA	MCA	60°C MIN WIRE SIZE†	75°C MIN WIRE SIZE†	60°C MAX LENGTH (Ft)‡	75°C MAX LENGTH (Ft)‡	MAX FUSE** CKT BKR AMPS
		Max	Min	LRA	RLA							
024-34	208/230/1	253	187	60.0	12.8	0.8	16.8	14	14	46	44	25
030-33				72.5	14.7	0.8	19.2	14	14	41	39	30
036-33				83.0	15.4	1.1	20.4	12	12	62	59	30
042-33				105.0	18.6	1.1	24.4	10	10	81	77	40
048-31				109.0	20.5	1.1	26.7	10	10	74	70	40
060-30				145.0	26.9	1.4	35.0	8	8	89	84	60

* Permissible limits of the voltage range at which unit will operate satisfactorily.

† If wire is applied at ambient greater than 30°C (86°F), consult Table 310-16 of the NEC (ANSI/NFPA 70). The ampacity of nonmetallic-sheathed cable (NM), trade name ROMEX, shall be that of 60°C (140°F) conductors, per the NEC (ANSI/NFPA 70) Article 336-26. If other than uncoated (non-plated), 60 or 75°C (140 or 167°F) insulation, copper wire (solid wire for 10 AWG and smaller, stranded wire for larger than 10 AWG) is used, consult applicable tables of the NEC (ANSI/NFPA 70).

‡ Length shown is as measured 1 way along wire path between unit and service panel for voltage drop not to exceed 2%.

** Time-delay fuse.

FLA — Full Load Amps
LRA — Locked Rotor Amps
MCA — Minimum Circuit Amps
RLA — Rated Load Amps

NOTE: Control circuit is 24-v on all units and requires external power source. Copper wire must be used from service disconnect to unit. All motors/compressors contain internal overload protection.

A-weighted sound power (dBA)

UNIT SIZE-SERIES	STANDARD RATING	TYPICAL OCTAVE BAND SPECTRUM (without tone adjustment)						
		125	250	500	1000	2000	4000	8000
024-34	71	54.5	64.0	64.5	63.5	61.0	56.0	48.0
030-33	70	55.5	60.5	63.0	65.0	63.0	58.0	51.0
036-33	72	56.5	64.0	65.0	67.0	63.0	58.5	50.0
042-33	73	58.5	66.5	66.0	66.5	64.5	59.0	50.5
048-31	76	57.0	66.0	69.0	70.0	66.0	58.0	53.0
060-30	78	56.5	67.0	71.5	70.5	70.5	60.5	53.0

NOTE: Tested in accordance with ARI standard 270.95. (Not listed with ARI.)

BLOCK NO. 192.01 LOT NO. 2 56 Fleetwood PERMIT NO 93-0584

JERSEY CENTRAL POWER and LIGHT COMPANY
Powerplus Savers Club

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work-site at:
2. Name of Owner in Fee: FRANK FUSCO — Tel.(908) 739-0732
   Address: 56 FLEETWOOD DR (street) Hazlet Township (municipality) 07730 (zip co)
3. Ownership in Fee: Public Private
4. Principal Contractor: MCM Electric — Tel.(908) 291-3425
   Address: 58 Burlington Avenue Leonardo, NJ 07737
   License No. 11402 Exp. Date 5/01/94
   Federal Emp. No. Social Security [redacted]
5. Architect or Engineer — Tel.( )
   Address
6. Responsible Person In Charge of Work — Tel.( )

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost
1. ☒ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	110

JCP&L

OPTIONAL (for office use only)

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

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction 1
After Construction 1
Net gain or loss 0

B. NON-RESIDENTIAL
1. State Specific Use: R3
2. Use Group: 999
3. Change in Use Group, Indicate Former:

LDS HZ 10600839

F-100B Rev for JCP&L

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name DMC SERVICES, INC.

Address 150 BRICK BLVD.

BRICK, NJ 08723

Telephone (908) 920-3000

Signature Anne Marie Giuricco Date _____

OFFICE DATE RECEIVED: _____

VII. PRIOR APPROVALS CHECKLIST (OFFICE USE ONLY)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ NJ Department of Community Affairs									
☐ NJ Department of Transportation									
☐ NJ Department of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED **(office use only)**

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

Hazlet Township

JERSEY CENTRAL POWER and LIGHT COMPANY

Powerplus Savers Club

CONSTRUCTION PERMIT

Date Issued 7/26/93

Control #

Permit # 93-0584

IDENTIFICATION Block 192 01 Lot 2

Work Site Location 56 Fleetwood Dr. HAZLET NJ 07730

Owner in fee FRANK FUSCO

Address 56 FLEETWOOD DR HAZLET NJ 07730

Tele. ([redacted])

Contractor MCM Electric

Address 58 Burlington Avenue Leonardo, NJ 07737

Tele. (908) 291-3425

Lic. No. or Bldrs. Reg. No. 11402 Exp. Date 5/01/94

Federal Emp. No.

or Social Security No. [redacted]

is hereby granted permission to perform the following work:

( ) BUILDING ( ) PLUMBING ( ) OTHER

(X) ELECTRICAL ( ) FIRE PROTECTION ( ) ELEVATOR DEVICES

DESCRIPTION OF WORK:

INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR JERSEY CENTRAL POWER and LIGHT COMPANY'S

Powerplus Savers Club

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 $ 110.00

CONSTRUCTION OFFICIAL

F-170C/REV forJCP&L 7/92

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	10
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	10
Check No.	5926
Cash	
Collected By:	BMB

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

Hazlet Township

JERSEY CENTRAL POWER and LIGHT COMPANY
Powerplus Savers Club

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7/26/93

Date Issued

Control #

Permit # 93-0584

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

Block 192 01 Lot 2

Work Site Location HAZLET NJ 07730

Owner in Fee FRANK FUSCO

Address 56 FLEETWOOD DR

HAZLET NJ 07730

Tele. ([redacted]

Contractor MCM Electric

Address: 58 Burlington Avenue

Leonardo, NJ 07737

Tele. (908 291-3425

Lic. No. 11402

Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present R3 Proposed R3

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 110.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[X] No Plans Required

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb.

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

Approved by: _____

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Line Dept.

C. CERTIFICATION IN LIEU OF OATH

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

[ ] Licensed Electrical Contractor

[ ] Exempt Applicant

Mark Mancuso

Signature-Contractor Seal

F-120B/REV forJCP&L 7/92

D. TECHNICAL SITE DATA: INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR JERSEY CENTRAL POWER & LIGHT COMPANY'S ***Powerplus Savers Club***

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

Administrative Surcharge $ _____

Paid [ ] Check # _____ Minimum Fee $ _____

DCA Training Fee $ _____

Collected by: _____ TOTAL FEE $ 10

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

Hazlet Township

JERSEY CENTRAL POWER and LIGHT COMPANY
Powerplus Savers Club

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7/26/93
Date Issued
Control #
Permit # 93-0584

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

Block 192 01 Lot 2
Work Site Location
HAZLET NJ 07730
Owner in Fee FRANK FUSCO
Address 56 FLEETWOOD DR
HAZLET NJ 07730
Tele. ([redacted]
Contractor MDM Electric
Address 58 Burlington Avenue
Leonardo, NJ 07737
Tele. (908 291-3425
Lic. No. 11402
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS
Use Group Present R3 Proposed R3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 110.00

JOB SUMMARY (Office Use Only)

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

[ ] CO [ ] CCO [ ] CA
Date: 8-3-93
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-3	

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept.

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Mark Macaca
Signature-Contractor Seal
[ ] Licensed Electrical Contractor
[ ] Exempt Applicant

F-120B/REV forJCP&L 7/92

D. TECHNICAL SITE DATA: INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR JERSEY CENTRAL POWER & LIGHT COMPANY'S ***Powerplus Savers Club***

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

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

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

BLOCK 192.01 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 56 FLEETWOOD PERMIT NO. 98-0992

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 56 FLEETWOOD DR.
2. Name of Owner in Fee: FUSCO Tel. ( ) _____
   Address 56 FLEETWOOD DR (street) HAZLET (municipality) NJ 07730 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: PETER MANEKAS Tel. ([redacted]
   Address 54 STAMFORD DR.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer PETER MANEKAS Tel. ( ) SAME
   Address _____
6. Responsible Person in Charge of Work SAME
   Tel. ( ) _____ FAX ( ) _____

10/12/98 6:00P.M. - called no one home PLACE DETAIL ON PLAN. WILL GIVE RESULTS TO DEAN FROM FPP.

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 33.		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	1.		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 34		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

CA 12-2-98

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☑ Alteration				10/12/98		FPP			
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL ✓

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

No. of dwelling units:

Before Construction 1
After Construction 1
Net Gain or Loss 0

B. NON-RESIDENTIAL

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

LDS HZ 10304395

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the 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 PETER MANOKAS

Address 54 STANFORD DR
HAZLET N.J. 07730

Telephone (732) 739-2280

Signature Peter Manokas

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

OFFICE DATE RECEIVED: 10/9/98

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

CONSTRUCTION PERMIT

Date Issued 10-14-98
Control #
Permit # 98-0092

IDENTIFICATION Block A 19201 Lot 56 2

Work Site Location 56 FLEETWOOD DR. HAZLET NEW JERSEY

Owner in Fee

Address

Tel. [redacted]

Contractor PETER MANEKAS

Address 54 STANFORD DR

Tel. (732) 739 2280

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HANDICAP RAMP

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 $ 600.00

Construction Official

10/14/98
Date

PAYMENTS (Office Use Only)

Building	33.
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.
Cert. of Occupancy	
Other	
Total	34.
Check No.	
Cash	T.F.
Collected by	T.F.

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

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.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10-14-98
Date Issued
Control #
Permit # 98-0992

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

Block A 192.01 Lot #16 2
Work Site Location 56 FLEETWOOD DR.
HAZLET NEW JERSEY 07730
Owner in Fee FRANK & ANTOINETTE FUSCO
Address SAME
Tele. [redacted]
Contractor PETER MANEKAS
Address 56 STANFORD DR
HAZLET N.J. 07730
Tele. (732) 739-2280 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HANDICAP RAMP

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	10/14	

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5B Proposed 5B
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 6000.
3. Total (1+ 2) $

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

[ ] Demolition

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$ 33.
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F110
(rev. 3/96)

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

56 FLEETWOOD

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10-14-98
Date Issued
Control #
Permit # 98-0992

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

Block A 192.01 Lot #16 2

Work Site Location 56 FLEET WOOD DR.
HAZLET NEW JERSEY 07730

Owner in Fee FRANK + ANTOINETTE FUSCO

Address SAME 739-0732

Tele. ([redacted]

Contractor PETER MANEKAS

Address 54 STANFORD DR
HAZLET NJ. 07730

Tele. (732.) 739 2280 Fax (_____)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HANDICAP RAMP

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	10/14	OM.

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12/2/98
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			10/19/98	OM.
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	11/4/98		11/5/98	TP
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present R 3	Proposed	R 3
Constr. Class	Present 5B	Proposed	5B
No. of Stories			
Height of Structure		Ft.	
Area — Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	
Volume of New Structure		Cu. Ft.	
Total Land Area Disturbed		Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 600
3. Total (1+ 2) $

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

[ ] Demolition

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$ 33
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F110
(rev. 3/96)

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

11/14/98 Will check DRAWINGS NOT ON SITE FFO

11/15/98 SPOKE TO MRS. FOSCO TOLD HER DIDN'T comply w/ HANDICAP FOR SINGLE FAMILY RESIDENCE. FFO

APPROVED BY HAZLET TOWNSHIP ... THIS ... DAY OF ...

HAZLET TOWNSHIP, NEW JERSEY

APPLICATION FOR ZONING PERMIT

ZONING OFFICER

Date 10/6/98 Application No. X

Permit No. 6861

Application is hereby made for a Zoning Permit in conformity with the requirements the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name F.W.S. CO.
(If Commercial or Industrial give name of store, company, etc.)

Address 58 FLEETWOOD DRIVE

Block 19201 Lot 2 Zone R-70

The above named applicant hereby applies for a Zoning Permit to: 4' WIDE X 32' LONG HANDICAP RAMP W/ TOP 4' X 4' LANDING

Fill in the following items that apply to the property in question.

SIZE OF PROPERTY	PRINCIPAL BUILDING	ACCESSORY BUILDING(S)
Area 7,000 Sq. Ft.	Type 1 STY FRAME	Total Area .... Sq. Ft.
Frontage 70 Ft.	Gross Floor Area ..... Sq. Ft. (EXIST.)	Min. Side Yard .... Ft.
Depth 100 Ft.	Lot Coverage ..... Percent	Min. Rear Yard .... Ft.
	Building Height 35 Ft.(Max.)	

SIGNS: Type X Area permitted X Area requested ---

YARD DIMENSIONS (Not required for signs)

Front 27.4 Ft. Right Side X Ft. Left Side 8.75 Ft. Rear 25 Ft.

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

Owner SAME Address ..... Tel. No. 739-0734

Lessee ..... Address ..... Tel. No.....

Contractor ..... Address ..... Tel. No.....

Estimated cost of work $ 600

Zoning Permit Fee $ 10.00 PAID CASH G.M.

Signature of Applicant or Agent

NOTES:

Gregory F. Maryak - Zoning Officer

official's presence to confirm that the system is operating in compliance with these requirements.

SECTION 1016.0 RAMPS

1016.1 Capacity: The capacity of a ramp used as a *means of egress* component shall be computed in accordance with Section 1009.0.

1016.2 Minimum dimensions: The minimum dimensions of *means of egress* ramps shall comply with Sections 1016.2.1 through 1016.2.3.

1016.2.1 Width: The minimum width of a *means of egress* ramp shall not be less than that required for *corridors* by Section 1011.3. 36"

1016.2.2 Headroom: The minimum headroom in all parts of the *means of egress* ramp shall not be less than 80 inches (2032 mm).

1016.2.3 Restrictions: *Means of egress* ramps shall not reduce in width in the direction of egress travel. Projections into the required ramp and landing width are prohibited except at and below handrail height where, at each handrail, the projections shall not exceed 3½ inches (89 mm) into the required width. Doors opening onto a landing shall not reduce the clear width to less than 42 inches (1067 mm).

1016.3 Maximum slope: The maximum slope of *means of egress* ramps in the direction of travel shall be one unit vertical in 12 units horizontal (1:12); except the maximum slope shall be one unit vertical in eight units horizontal (1:8) if the rise is limited to 3 inches (76 mm); one unit vertical in ten units horizontal (1:10) if the rise is limited to 6 inches (152 mm). The maximum slope across the direction of travel shall be one unit vertical in 48 units horizontal (1:48).

Exception: Aisles in areas of Use Group A shall comply with Section 1012.0.

1016.4 Landings: Ramp slopes of one unit vertical in 12 units horizontal (1:12) or steeper shall have landings at the top, bottom, all points of turning, entrance, *exit* and at doors. Ramps shall not have a vertical rise greater than 30 inches (762 mm) between landings. The maximum slope of landings shall be one unit vertical in 48 units horizontal (1:48). The least dimension of a landing shall not be less than the required width of the ramp, except that the landing dimension in the direction of travel is not required to exceed 4 feet (1219 mm) where the travel from one ramp to the next ramp is a straight run.

Exception: Aisles in areas of Use Group A shall comply with Section 1012.0.

1016.5 Guards and handrails: Guards shall be provided where required by Section 1005.5 and shall be constructed in accordance with Section 1021.0. Handrails conforming to Section 1022.0 shall be provided on both sides of every ramp. Handrails are not required on curb ramps or on ramps where the vertical rise between landings is 6 inches (152 mm) or less and the ramp run is 72 inches (1829 mm) or less.

Exception: Handrails in aisles in occupancies in Use Group A shall comply with Section 1012.0.

1016.5.1 Drop-offs: The sides of ramps and landings with a drop-off shall have a curb with a minimum 4-inch (102 mm) height above the walking surface or shall be provided with ramp edge protection as required by CABO A117.1 listed in Chapter 35.

1016.6 Ramp construction: Ramps used as an *exit* shall conform to the applicable requirements of Section 1014.9 as to materials of construction and enclosure.

1016.6.1 Surface: For all slopes exceeding one unit vertical in 20 units horizontal (1:20) and where the use is such as to involve danger of slipping, the ramp shall be surfaced with approved slip-resistant materials.

1016.6.2 Exterior ramps: Exterior ramps and landings shall be designed and constructed to prevent water from accumulating on the walking surface.

SECTION 1017.0 MEANS OF EGRESS DOORWAYS

1017.1 General: The requirements of this section shall apply to all doorways serving as a component or element of a *means of egress*, except as provided for in Sections 1014.8, 1014.12.2, 1015.5.1, 1015.5.2 and 1015.6.1.

1017.1.1 Floor surface: The floor surface on both sides of a door shall be at the same elevation. The floor surface over which the door swings shall be at the same elevation as the floor level at the threshold and shall extend from the door in the closed position a distance equal to the door width.

Exception: This requirement shall not apply to:

1. Exterior doors, as provided for in Section 1005.6, which are not on an accessible route.
2. Variations in elevation due to differences in finish materials, but not more than ½ inch (13 mm).

Thresholds at doorways shall not exceed ¾ inch (19 mm) in height above the finished floor surface for exterior residential sliding doors or ½ inch (13 mm) for all other doors. Raised thresholds and floor level changes greater than ¼ inch (6 mm) at doorways shall be beveled with a slope not greater than one unit vertical in two units horizontal (1:2).

1017.2 Number of doorways: Each occupant of a room or space shall have access to at least two *exits* or *exit access* doors from the room or space where the occupant load of the space exceeds that listed in Table 1017.2, or where the travel distance from any point within the space to an *exit* or *exit access* door exceeds that listed in Table 1017.2. Where the occupant load of a room or space is between 501 and 1,000, a minimum of three *exits* or *exit access* doors shall be provided. Where the occupant load of a room or space exceeds 1,000, a minimum of four *exits* or *exit access* doors shall be provided.

Exceptions

1. Occupancies in Use Group R-3.
2. Boiler, incinerator and furnace rooms shall be provided with two egress doorways where the area exceeds 500 square feet (47 m^2) and individual fuel-fired equipment exceeds 400,000 Btuh (117 kW) input capacity. Doorways shall be separated by a horizontal distance equal to not less than one-half of the diagonal dimension of the room. Where two doorways are required by this

mm) long minimum located on each side of the curb ramp and within the marked crossing. See Fig. B4.7.9(c).

4.7.11 Islands. Raised islands in crossings shall be cut through level with the street or have curb ramps at both sides, and a level area 48 in (1220 mm) long minimum by 36 in (915 mm) wide minimum, in the part of the island intersected by the crossing. See Fig. B4.7.9(a) and (b).

4.8 Ramps

4.8.1* General. A slope steeper than 1:20 shall be considered a ramp and shall comply with 4.8.

4.8.2* Slope and Rise. Ramps in new construction shall have a slope not steeper than 1:12. The rise for any ramp run shall be 30 in (760 mm) maximum. See Fig. B4.8.2. Curb ramps and ramps constructed on existing sites or existing buildings or facilities shall be permitted to have slopes and rises as shown in Table 4.8.2 provided space limitations prohibit use of a 1:12 slope or less.

4.8.3 Clear Width. The clear width of a ramp shall be 36 in (915 mm) minimum. See Fig. B4.8.3.

4.8.4 Landings. Ramps shall have level landings at bottom and top of each run. Landings shall have the following features:

- landing width shall be at least as wide as the widest ramp run leading to it.
- landing length shall be 60 in (1525 mm) minimum clear.
- ramps that change direction at landings shall have a 60 in by 60 in (1525 mm by 1525 mm) minimum landing.
- doorways located at a landing shall have an area in front of the doorway which shall comply with 4.13.6.

4.8.5 Handrails. Ramps with a rise greater than 6 in (150 mm) or a run greater than 72 in (1830 mm) shall have handrails complying with 4.3.10 and 4.3.11.

4.8.6* Cross Slope and Surfaces. Cross slope of ramp surfaces shall not be steeper than 1:48. Ramp surfaces shall comply with 4.5.

4.8.7 Edge Protection. Ramps and landings shall have curbs, walls, or railings that prevent people from traveling off the ramp or landing or shall protrude 12 in (305 mm) minimum beyond the inside face of the railing. Curbs or barriers shall be 4 in (100 mm) high minimum. See Fig. B4.8.3.

4.8.8 Outdoor Conditions. Outdoor ramps and approaches to them shall be designed so that water will not accumulate on walking surfaces.

4.9 Stairs

4.9.1 General. Accessible stairs shall comply with 4.9.

4.9.2 Treads and Risers

4.9.2.1 Dimensions. All steps on a flight of stairs shall have uniform riser heights and uniform tread depth. Risers shall be 7 in (180 mm) maximum and 4 in (100 mm) high minimum. Treads shall be 11 in (280 mm) deep minimum, measured from riser to riser. See Fig. B4.9.2.1.

4.9.2.2 Open Risers. Open risers are not permitted.

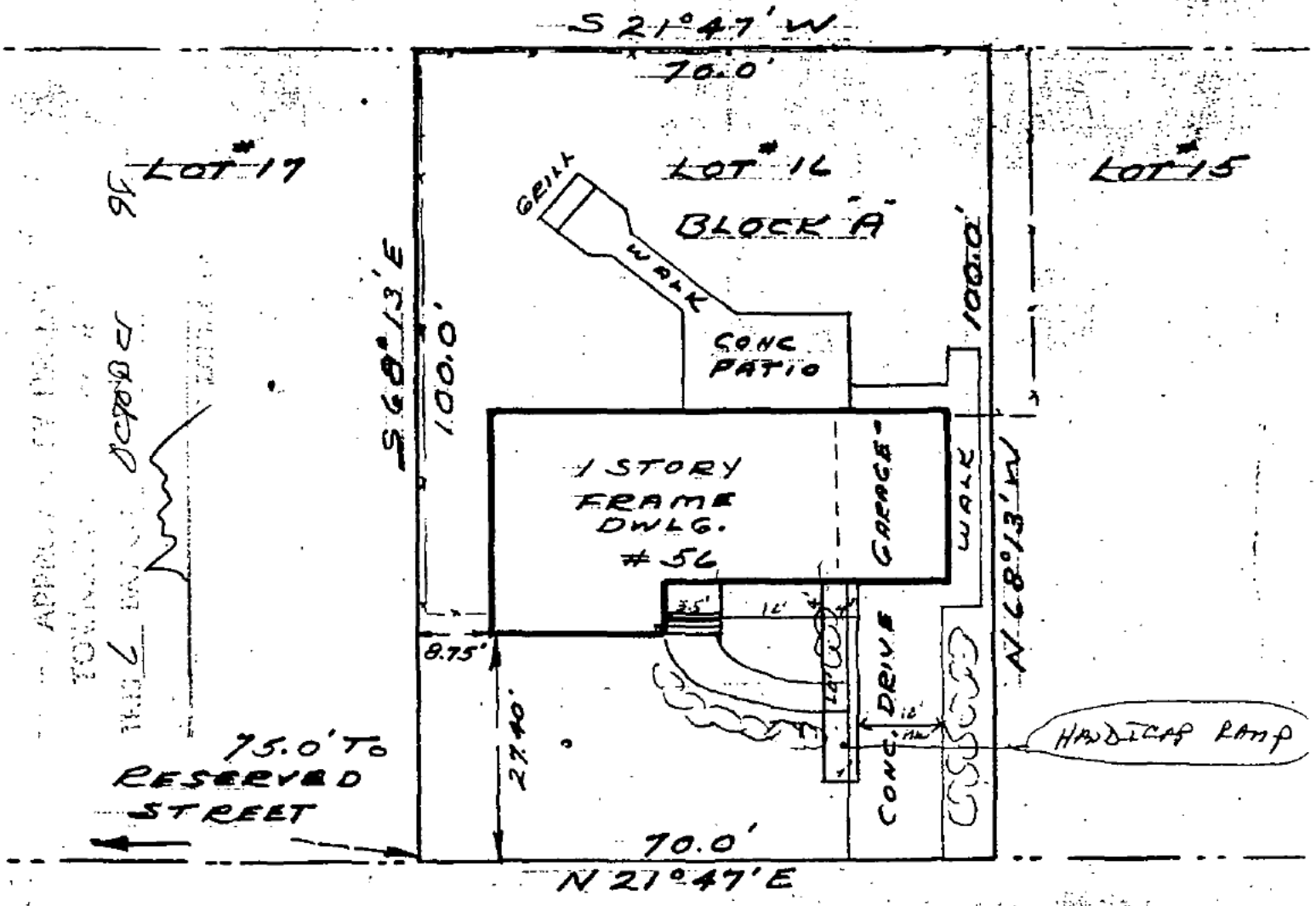
4.9.3 Nosings. Undersides of nosings shall not be abrupt. The radius of curvature at the leading edge of tread shall be 1/2 in (13 mm) maximum. Risers shall be sloped or the underside of the nosing shall have an angle of 60 degrees minimum from the horizontal. Nosings shall protrude 1 1/2 in (38 mm) maximum. See Fig. B4.9.2.1.

4.9.4 Handrails. Stairs shall have handrails complying with 4.3.10 and 4.3.11.

Table 4.8.2 – Allowable ramp dimensions for construction in existing sites, buildings and facilities

Slope[1)]	Maximum Rise	
Steeper than 1:10 but not steeper than 1:8	3 in	75 mm
Steeper than 1:12 but not steeper than 1:10	6 in	150 mm

[1)] A slope steeper than 1:8 shall not be permitted.



Location Survey for Frank & Antoinette Fusco

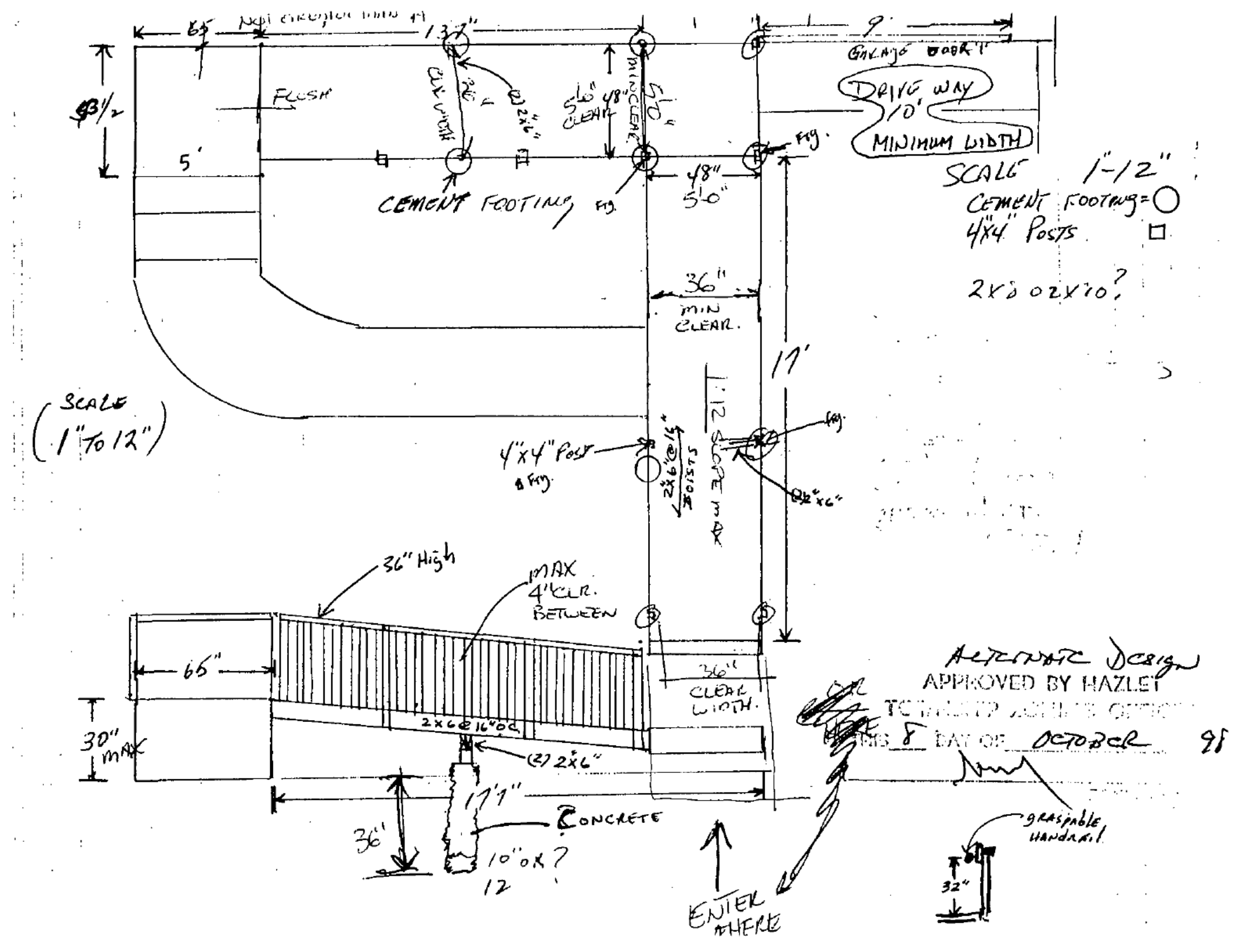
Being Lot 16, Block A, on Map of Fleetwood Park, Raritan Township, (now Hazlet Monmouth County, New Jersey, Section 2, dated May 1956 and Filed October 10, 1956 in Case 55-24.

" Certified to the First Savings and Loan Association of Perth Amboy, Pioneer National Title Insurance Co. and all parties in interest. There are no encroachments except as shown above."

Scale 1"-20'

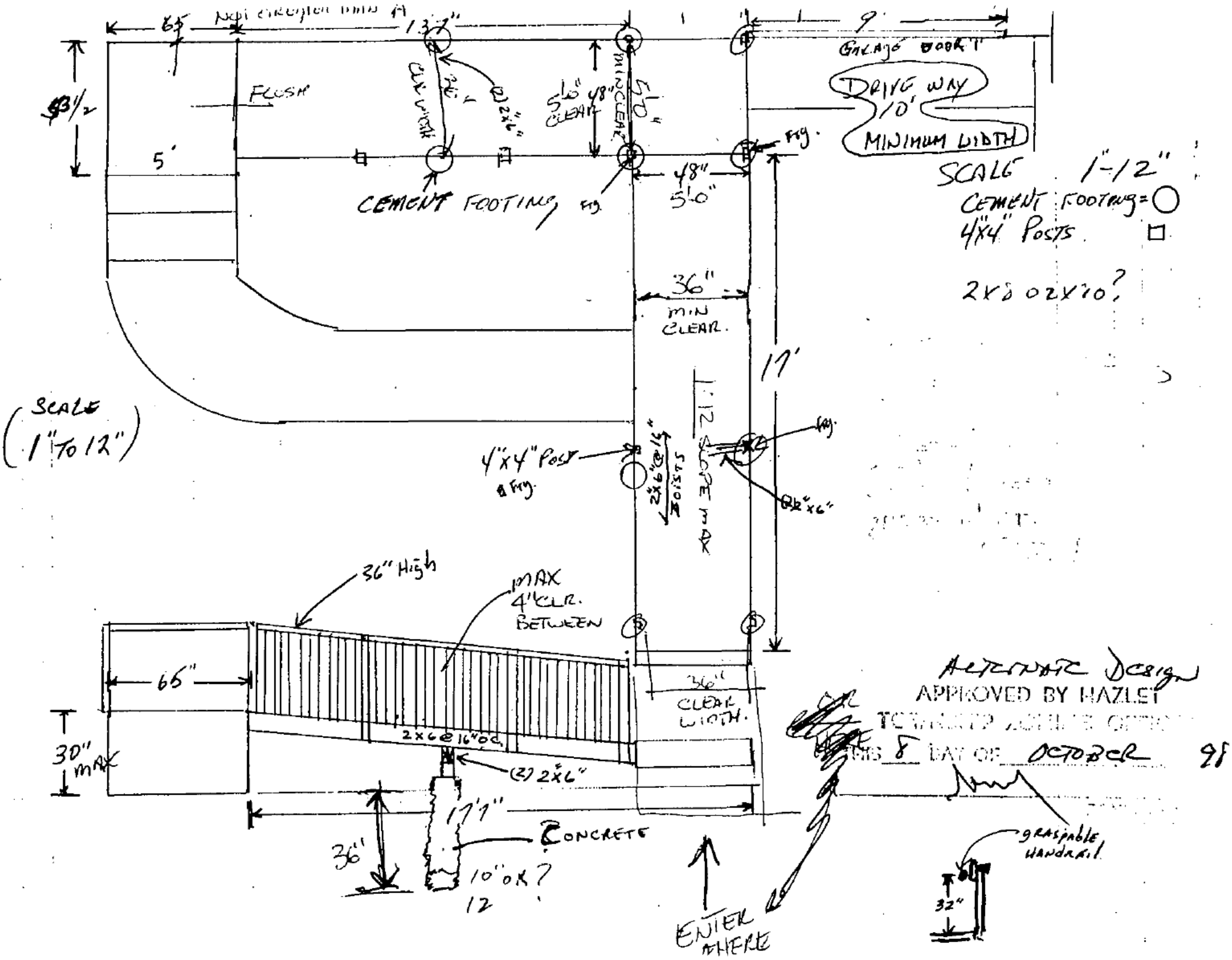
November 30, 1971

Thomas A. Finnegan, L. S.
Belford, N. J. Lic. No. 10624


65
137"
9'
GARAGE DOOR
DRIVE WAY
10'
MINIMUM WIDTH
FLUSH
5'
CLR WIDTH
2x6"
48" CLEAR
MIN CLEAR
SLOPE
Fdg.
48"
5'0"
CEMENT FOOTING
SCALE 1"=12"
CEMENT FOOTING = ○
4"X4" POSTS □
2X8 OR 2X10?
36"
MIN CLEAR.
17'
1:12 SLOPE MAX
(SCALE 1" TO 12")
4"X4" POST
2x6"@16" JOISTS
2x6"
36" High
MAX 4' CLR. BETWEEN
65"
2x6 @ 16" OC
(2) 2x6"
30" MAX
36"
CLEAR WIDTH.
17'1"
CONCRETE
36"
10" OR 12
ENTER HERE
ALTERNATE DESIGN
APPROVED BY HAZLET
8 DAY OF OCTOBER 98
GRASPABLE HANDRAIL
32"

HAZLET TOWNSHIP
Department of Construction Code Enforcement
PLAN REVIEW RELEASE

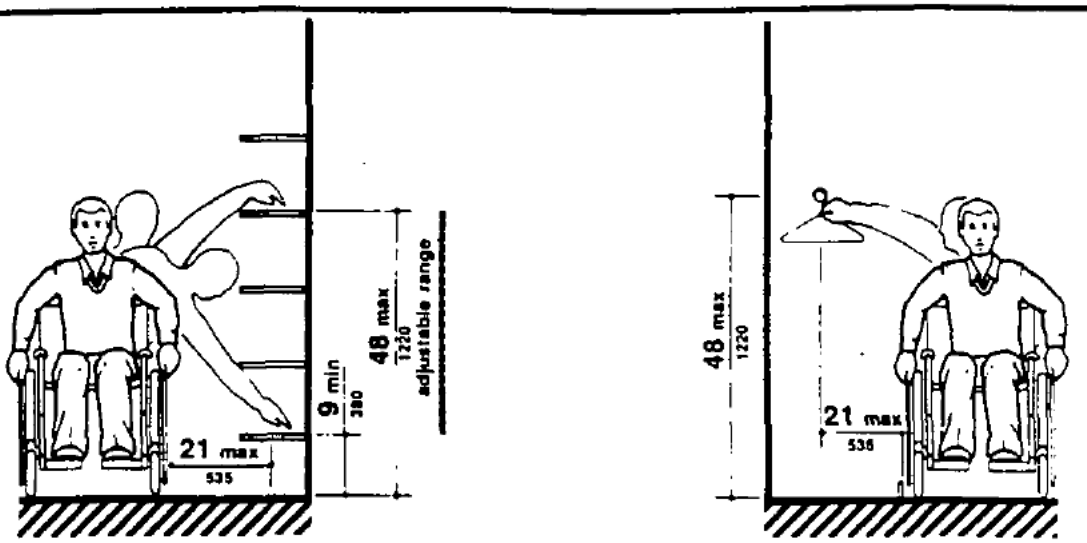
BUILDING SUB CODE OFFICIAL — P. Tenn 10/14/98
Plan Review Release
ELECTRICAL SUBCODE OFFICIAL
Plan Review Release
FIRE SUBCODE OFFICIAL
Plan Review Release
PLUMBING SUBCODE OFFICIAL
Plan Review Release
CONSTRUCTION OFFICIAL
Release for Construction Permit



SCALE 1" TO 12"
65
13'7"
9'
GARAGE DOOR
FLUSH
5'
5'0" CLEAR
48" MIN CLEAR
5'0"
(2) 2x6"
CEMENT FOOTING
Ftg.
48"
5'0"
DRIVE WAY 10' MINIMUM WIDTH
SCALE 1"-12"
CEMENT FOOTING =
4"x4" POSTS
2x8 or 2x10?
36" MIN CLEAR
17'
1:12 SLOPE MAX
2x6"@16" JOISTS
4"x4" POST & Ftg.
36" High
MAX 4' CLR. BETWEEN
65"
30" MAX
2x6 @ 16" oc.
(2) 2x6"
17'1"
36"
CONCRETE
10" OK?
12
36" CLEAR WIDTH.
ENTER HERE
ALTERNATE DESIGN
APPROVED BY HAZLET
THIS 8 DAY OF OCTOBER 98
graspable handrail
32"

HAZLET TOWNSHIP
Department of Construction Code Enforcement
PLAN REVIEW RELEASE

BUILDING SUB CODE OFFICIAL Plan Review Release	P. Tam 10/14/98
ELECTRICAL SUBCODE OFFICIAL Plan Review Release	
FIRE SUBCODE OFFICIAL Plan Review Release	
PLUMBING SUBCODE OFFICIAL Plan Review Release	
CONSTRUCTION OFFICIAL Release for Construction Permit	



(a) Shelves

(b) Closets

Fig. 38
Storage Shelves and Closets

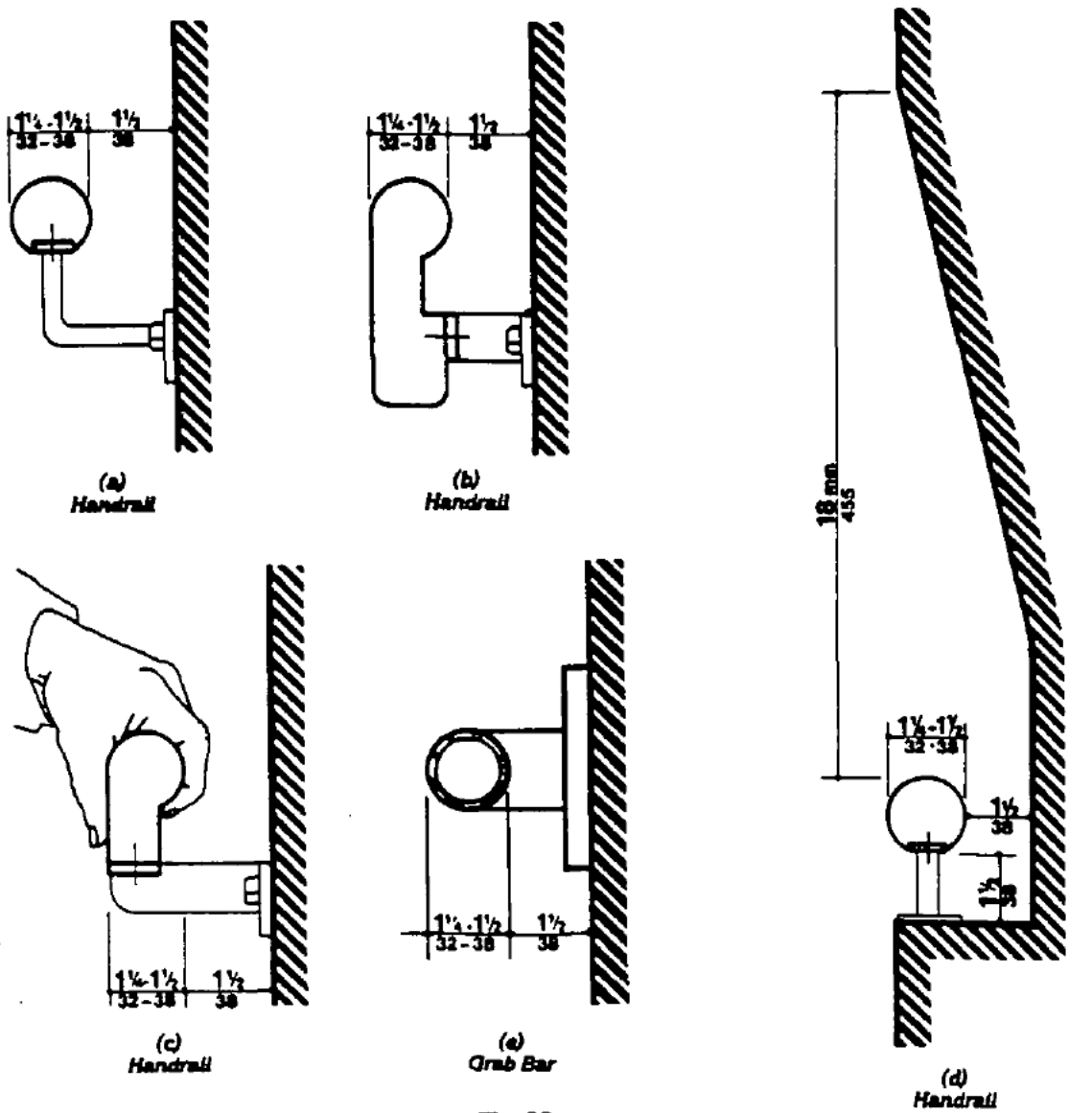


Fig. 39
Size and Spacing of Handrails and Grab Bars