BLOCK 103 LOT 3 ADDRESS (SITE) 5 WINTHROP PL. PERMIT NO. 95-0849

9-25-95 Glucl - message

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 5 WINTHROP PL.
2. Name of Owner in Fee: AL ISNETTO Tel. ( ) 264-7888
   Address 5 WINTHROP PL (street) HAZLET (municipality) 07730 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: GLUCK RENOVATIONS Tel. ( ) 591-0616
   Address 55 TENNENT RD. MORGANVILLE
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-2685747 Social Security No. _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Joseph Gluck Tel. ( ) 591-0616

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	68		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review		4		
8. Subtotal	$	20		
9. DCA Training Fee				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	92		

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	3850

OPTIONAL (for office use only)

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

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

(✓) Check if contractor.

Agent Name Gluck Renovators

Address 55 Tennent Rd.

Morganville N.J.

Telephone ( ) 591-0666

OFFICE DATE RECEIVED: 11/19/96

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

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.				

Construction PERMIT ~~UPDATE~~

~~Date Update Issued~~
~~Control #~~
Permit # 95-0849
Date Permit Issued

IDENTIFICATION Block 103 Lot 3
Work Site Location 5 Winthrop Rd Egg Harbor
Owner in Fee AZ Isabel To
Address SAME
Tele. (___) 264-7488

Contractor Glen's Renovations
Address 65 Teagette Mays Landing
Tele. (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2685747
or Social Security No.

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

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: V/A Vinyl siding

Estimated Cost of Work $ 3857

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	68
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4
Cert. of Occ.	
Other	20
Total	92
Check No.	6104
Cash	
Collected By:	

U.C.C. Form F-190B

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

Construction PERMIT ~~UPDATE~~

~~Date Update Issued~~
~~Control #~~
Permit # 95-08479
Date Permit Issued

IDENTIFICATION Block 103 Lot 3
Work Site Location 5 Winthrop Pl
Owner in Fee AZ Isabel TO
Address SAME
Tele. (___) 764-7488

Contractor Glucks Renovations
Address 35 Tennyson
Maplewood
Tele. (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2685747
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: V.S. Vinyl Siding

Estimated Cost of Work $ 3857

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	68
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4
Cert. of Occ.	
Other	20
Total	92
Check No.	6104
Cash	
Collected By:	

U.C.C. Form F-190B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-19-95
Date Issued
Control #
Permit # 95-0849

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

Block 103 Lot 3
Work Site Location 5 WINTHROP PL. (AZIOF)
Owner in Fee AL ISNETTO
Address SAME AS ABOVE
Tele. ( ) 264-7488
Contractor EWCIC RENOVATORS
Address 55 TENNENT RD MORGANVILLE
Tele. ( ) 591-0616
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 226454707 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Vinyl Siding

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Req.	7/19	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R3
Constr. Class Present 5-B Proposed 5B
No. of Stories
Height of Structure 1 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) $ 3850.00

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

[ ] Demolition

(Office Use Only) FEE

$ 68

Paid [ ] Check #
Collected by:

Administrative Surcharge	$
Minimum Fee	$ 40
DCA TRAINING FEE	$ 20.04
TOTAL FEE	$ 92

U.C.C. Form F-110B

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

S Winthrop Pl
Middle Rd
Brookside

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-19-95
Date Issued
Control #
Permit # 95-0849

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

Block 103 Lot
Work Site Location S Winthrop Pl.

Owner in Fee Al. Isnetto
Address Same as above

Tele. ( ) 267-7488
Contractor Gluck Renovations
Address 55 Tennent Rd
Morganville

Tele. ( ) 591-0616
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2687141 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Vinyl Siding

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Req.	7/14	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4/8/96
Approved By: D. Tum

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	10/24/95 770	/	3/28/96	770

(Dates (Month/Day))

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

(Office Use Only)
FEE
$ 68

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R3
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 $ 3850.
3. Total (1+2) $ 3850.

Paid [ ] Check #
Collected by:

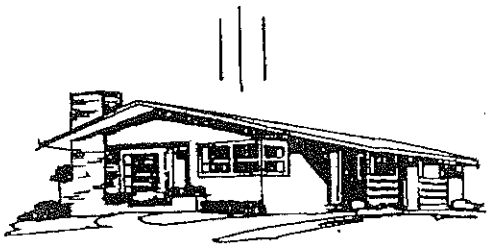
Administrative Surcharge $ 4
Minimum Fee $ 20
DCA TRAINING FEE $
TOTAL FEE $ 92

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

10/24/95 water meter not properly secured to house, secured to SIDING LOOSE TAG

Hazlet Township

Permits without a Jacket



687-8416

9468

Mark Four Enterprises Inc.

T/A David C. Dunhill Company
Division Home Remodeller's Group
1511 STUYVESANT AVENUE
UNION, NEW JERSEY 07083

March 4, 1981

Building INspector
Hazlet Township, N.J.

Dear Sir:

Enclosed please find application for installation of aluminum siding to the front of house only for Mr. Lemole, Jr., of 5 Winthrop Place, Hazlet, N.J. The cost of the installation is $2700.00, and we have enclosed our check for $30.00.

Please send permit to our office. Thank you for your kind cooperation.

Yours truly,

MARK FOUR ENTERPRISES, INC.

I.J. Serle, Off. Mgr.

ijs:enc.

3/6/81

HAZLET TOWNSHIP

MONMOUTH COUNTY, NEW JERSEY

8468

APPLICATION TO BUILDING ENFORCEMENT AGENCY

FOR PERMIT FOR THE CONSTRUCTION OF A BUILDING
BY THE OWNER, BUILDER OR ARCHITECT

No. .....

Certificate No. ..... Board of Health Permit No. ..... Hazlet Township, N. J., 3/2/81, 19.....

The undersigned in compliance with the Building Ordinance files the following report of a NEW Building:

Reported by ..... Jerome M. Leen
(Applicant sign here)
President, Mark Four Enterprises, Inc.

THE FOLLOWING INFORMATION IS REQUIRED FOR THE CONSTRUCTION OF BUILDINGS:
Two Sets Plans - Specifications - Plot Plans Must Be Submitted with Application

1. Location 5 Winthrop Place ..... Street Block No. 103 ..... Lot No. 3
2. Size of Lot ..... Name of Owner Dan Lemole, Jr.
3. Address of Owner 5 Winthrop Pl. ..... Contractor's Name Mark Four Enterprises, Inc.
4. Contractor's Address 1511 Stuyvesant Ave. Union, N.J. 07083 201-687-8416
5. Distance from Property Line, Front ..... Sides ..... Rear .....
6. Size of Building, Width ..... Depth ..... No. of Stories .....
7. Height of Building ..... Size of Footing .....
8. No. of Rooms ..... Interior Finish .....
9. Thickness of Foundation Wall ..... Material .....
10. Support under Girders ..... Style of Roof .....
11. Material of Roof ..... Size of Rafters .....
12. Rafters Center ..... Size of Beams 1st Tier ..... 2nd Tier .....
13. 3rd Tier ..... What Centers 1st Tier ..... 2nd Tier ..... 3rd Tier .....
14. Size of Girders ..... Sills ..... Post .....
15. Ties ..... Plates ..... Studding ..... Centers .....
16. Size of Bridging ..... How many Rows .....
17. Distance of Woodwork from inside of any flue .....
18. Chimney where started from ..... Size of flue .....
19. Scuttle in Roof ..... Bulkhead on Roof .....
20. Will floors be doubled 1st ..... 2nd ..... 3rd .....
21. Will Building be sheathed under outside covering .....
22. Outside enclosure, clapboards, stucco, shingles, etc. .....

23. Any Fire Escapes ..... Any other Building on Lot .....
24. Interior or Corner Lot ..... Use of Building .....
25. Date of Commencement ..... Estimated Cost of Building $2,700.00
26. Remarks ..... fee $30.00

ADDITIONS OR WINGS

Give under this heading all information that can be used as regards to questions enumerated above:

REPAIRING WORK

Give under this heading all information that can be used as regards to questions enumerated above:
Install aluminum siding for front of house only, gutters and leaders for front

REPORT OF

Building Enforcement Agency
Hazlet Township

Monmouth County, N. J.

Of Application for New Building

LOCATION ..... ST.

LOT NO. .....

BLOCK NO. .....

OWNER Dan Lemole, Jr.

ADDRESS 5 Winthrop Pl.

Hazlet

XXXXXXBUILDER .....

ADDRESS .....

.....

Office of Sub Code Building Official

I have this day received and examined the enclosed application and find that it is in accordance with the Building Code of the Township of Hazlet.

Hazlet Twp., N. J., ..., 19.....

.....

Sub Code Building Official

Hazlet Twp., N. J., ..., 19.....

This certifies that on the above date I made application at the Office of the Sub Code Building Official for a PERMIT to erect a building in accordance with the enclosed statement and I agree to construct said Building in conformity with the said statement and in compliance with all the provisions of the Building Code and that the statement of the estimated cost is correct.

.....

Owner and Builder

Per .....

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 5 WINTHROP PL
2. Owner Name: LEMOLO, D. Tel. (201) 264-5903
   Address 5 WINTHROP PL
3. Principal Contractor: OWNER Tel. ( )
   Address
   Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work OWNER Tel. (201) 264-5903

II. PROPOSED WORK

A. TYPE OF WORK

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

B. CATEGORIES OF WORK

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

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

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

If new construction, enter no. of dwelling units

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

B. NON-RESIDENTIAL

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

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

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

B. HEATING FUEL

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

C. TYPE OF SEWAGE DISPOSAL

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

D. TYPE OF WATER SUPPLY

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

E. BUILDING CHARACTERISTICS

14. No. of Stories

LDS HZ 1061

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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

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

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

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

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

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

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

SIGNATURE Daniel A. Lemole Jr. DATE 4/25/84

II. AGENT SECTION

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

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

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

☐ **Check if contractor.**

AGENT NAME _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 103 LOT NO. 3 SUBDIVISION _____ PERMIT NO. E 4(

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ *Planning Board*																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

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

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

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

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

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

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

III. CERTIFICATES ISSUED

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

IV. ON-GOING INSPECTIONS

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

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ _____ .
PLUMBING	_____ .
ELECTRICAL	21 . 00
FIRE PROTECTION	_____ .
OTHER _____	_____ .
SUBTOTAL	$ 21 . 00
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____ .)
D.C.A. TRAINING FEE .0006 x _____	= _____ .
CERTIFICATE OF OCCUPANCY	_____ .
OTHER _____	_____ .
OTHER _____	_____ .
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 21 . 00

DATE 4/26/89 Collected By [illegible]

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED

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

APPLICATION FOR CERTIFICATE

PERMIT NO. CCC-2840
DATE ISSUED 11/21/88
Block 103 Lot 3
Subdivision
Notice No.

IDENTIFICATION

OWNER:
Name Mr. & Mrs. Daniel A Lemole Sr.
Address 5 Winthrop Place
Town/State/Zip Hazlet, N.J 07730

~~CONSTRUCTION LOCATION~~
Buyer's Name.... Mr. + Mrs Alfred Isneth
65th ST. Brooklyn, N.Y
Tel. (___) ___

ACTION

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

USE GROUP: R-3 Previous R-3 Current

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

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

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

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

SIGNED: Dolores M. Lemole
OWNER/AGENT

☒ Owner
☐ Agent

U.C.C. Form F-270 (8/83)

approved: Eugene D. Babstiens 11/28/88

Hazlet Township

Monmouth County, New Jersey

APPLICATION FOR CERTIFICATE OF OCCUPANCY

SMOKE DETECTORS MANDATORY ON ISSUANCE OF ALL CERTIFICATES OF OCCUPANCY"

Application is hereby made for a Certificate of Occupancy in accordance with the requirements of Section 1, Article XV subparagraph 2b of the Zoning Ordinance of the Township of Hazlet.

Name of buyer (Please print) DANIEL A. & DOLORES M. LEMOLE

Name of seller (Please print) ROBERT G. & SANDRA E. BLOMSTROM

Telephone 264-4812

A. Location of Property 5 WINTHROP PL.
STREET AND NUMBER

B. Tax Map Description Lot 3 Block 103

C. Description of Building – (Specify type of construction, number of stories, outside dimensions, and any other outstanding characteristics.)

2 STORY CAPE COD WITH BASEMENT

D. Size of Property – (Give street frontage, depth, and approximate area.)

70 X 100

E. Describe Type of Present Occupancy – (i.e. one-family residential, two-family residential, commercial, industrial, etc.)

ONE FAMILY RESIDENTIAL

F. Describe Proposed Occupancy – (Describe fully - see E above.)

ONE FAMILY RESIDENTIAL

G. Property is Presently Zoned for RESIDENTIAL

H. Certificate of Occupancy is required for the following reason:

- ☐ New Building
- ☐ Alteration
- ☑ Sale
- ☐ VA or FHA Requirement
- ☐ Change in Use
- ☐ Extension of Use
- ☑ Change in Occupancy
- ☐ Other (Explain below)

I. Present use (conforms) (does not conform) to the specifications of the Zoning Ordinance. If non-confirming, check below:

- ☐ Use predates zoning (give earliest date of present use.)
- ☐ Variance granted (give year and case number of variance.)
- ☐ Other (explain)

I, the undersigned, do hereby certify that all the statements contained herein are based on my own knowledge and are true and correct.

Dated: MAY 7, 1979

Sandra E. Blomstrom
SIGNATURE OF APPLICANT

DO NOT WRITE ON THIS SIDE – FOR OFFICE USE ONLY

APPROVED

~~DISAPPROVED~~

Eugene D. Balestrieri
Building Inspector

May 10, 1979
Date

Reason for Disapproval:

Signarure of Disapproving Official

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

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. E-40
DATE ISSUED Jan 26 1984
REVISION DATE
Block 103 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner LEMOLE, D
Address 5 WINTHROP PL
Tel. (201) 264-5903
Work Site Address

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

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

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

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

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R3a Present R3a Proposed
Service: 100 Amps 1Ø Phase OH System Type
3 Wire 120/240 Volts Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

PERMIT NO. E-60
DATE ISSUED 2/26/84
REVISION DATE
Block 13 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner LEMOLE, D
Address 5 WINTHROP PL

Tel. (201) 264-5903

Work Site Address

Contractor OWNER
Address

Tel. ( )

Lic.No./Bus. Permit.

Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment, and provide necessary data

TYPE OF WORK:

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

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

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R-3 Present R-3 Proposed
Service: 100 Amps 1Ø Phase 0H System Type
3 Wire 120/240 Volts Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS
4/30/84	12:00 Noon inc. E.D.B.
4/30/84	o.k. 100 Serv. ∇ change Final E.D.B.

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Rough				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card #32		
Temporary Cut-in-Card		
Final Cut-in-Card	5/1/84	

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

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. ~~ELEC - 0870~~
DATE ISSUED 1/29/88
REVISION DATE
Block 103 Lot 3
Subdivision

A. IDENTIFICATION

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

Owner Mr. + Mrs. Daniel A. Lemolese
Address 5 Winthrop PLACE
Hazlet, N.J 07730
Tel. (201) 264-5903
Work Site Address

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

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

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

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

C. ELECTRICAL CHARACTERISTICS

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

D. COMMENTS

Electrical wiring adequate
1/28/88 EJB

☐ Partial Releases ☐ Prototype Processing

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

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 5 Winthrop Pl. Haslet
2. Owner Name: Daniel Lemale Tel. (___) _____
   Address 5 Winthrop Pl.
3. Principal Contractor: Vito Modernizing Tel. (___) 739-0913
   Address 28 Birch Ave Haslet NJ.
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work Vito Modernizing Tel. (___) 739-0913

II. PROPOSED WORK

A. TYPE OF WORK

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

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$6,000. W
2. ☐	Plumbing	_____
3. ☒	Electrical	200 W
4. ☐	Fire Protection	_____
5. ☐	Other _____	_____
6. ☐	Other _____	_____
	TOTAL COST	$6,200. W

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

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

If new construction, enter no. of dwelling units _____

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

Before Construction: 1

After Construction: 1

Net Gain (or loss): _____

B. NON-RESIDENTIAL

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

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

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

B. HEATING FUEL

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

C. TYPE OF SEWAGE DISPOSAL

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

D. TYPE OF WATER SUPPLY

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

E. BUILDING CHARACTERISTICS

14. No. of Stories 1

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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

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

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

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

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

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

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

SIGNATURE Mr. Daniel A. Linale, Jr DATE 2/7/84

II. AGENT SECTION

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

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

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

☒ **Check if contractor.**

AGENT NAME W.E. Callant II TEL.( ) 739-0913

ADDRESS 28 Birch Ave

Hazlet NJ.

SIGNATURE W.E. Callant II

BLOCK NO. 103 LOT NO. 3 SUBDIVISION _____ PERMIT NO. BE-

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

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

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

☐ PARTIAL RELEASES

☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

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

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

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

III. CERTIFICATES ISSUED

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

IV. ON-GOING INSPECTIONS

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

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 26.00
PLUMBING	.
ELECTRICAL	21.00
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	$ 46.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(.)
D.C.A. TRAINING FEE .0006 x _____	= 1.00
CERTIFICATE OF OCCUPANCY	25.00
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 71.00

DATE 2/6/8 Collected By YB

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. BE-20
DATE ISSUED Feb 6, 1984
Block 163 Lot 3
Subdivision

A. IDENTIFICATION

Owner David Jemole Agent V&E Ballantyne
Address 3 Winthrop Pl. Address 28 Birch Ave.
Haylet NJ Haylet NJ
Tel. ( ) Tel. ( )
Work Site Address 3 Winthrop Place Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 21.00
Fees Remitted $ 21.00
☑ Check No. 1165
☐ Cash
☐ Other
Collected By: L. Abruzzo
Date: 2/6/84

is hereby granted permission
to perform the following work:

☒ BUILDING ☒ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

8'x10' addition - rear
14'x14' wood deck

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: $ 6,000 00

Eugene P. Balentine
CONSTRUCTION OFFICIAL

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

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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. BE-20
DATE ISSUED Feb 4, 1987
REVISION DATE
Block 103 Lot 3
Subdivision

A. IDENTIFICATION

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

Owner David Lemale
Address 5 Winthrop Pl. Hazlet NJ.
Tel. ( )
Work Site Address

Contractor Vito's Landscaping
Address 28 Birch Ave Hazlet NJ.
Tel. ( ) 739-0913
Lic. No.
Federal Emp. No.

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

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

V D Collandra Jr.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc. 8-10

8X10 addition rear of house.
14x14 deck. wood.

☐ See Plans

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

	Fee Basis	Fee
	6.00 Sq.	$ 25.00
	7.5	1.00
SUBTOTAL		$ 26.00
Minimum Building Fee (if applicable)		$/a 25.00
Total Building Fee (Greater of Minimum or Subtotal)		$ 51.00

C. BUILDING CHARACTERISTICS

USE GROUP: R3a Present R3a Proposed

No. of Stories
Height of Structure Ft.
Area--Largest Floor Sq. Ft.
Total Building Area--All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.
Estimated Cost of Building Work: $ 6,000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. BE 24
DATE ISSUED 4-1-87
REVISION DATE
Block 13 Lot 5
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner David Lovale
Address 5 Winthrop Pl.
Hazlet NJ.
Tel. ( )
Work Site Address

Contractor Vito's Construction
Address 28 Birch Ave
Hazlet NJ.
Tel. ( ) 739-0913
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc. 8 - 10

8 x 10 addition on rear of house.
14 x 11 deck. wood.

8

☐ See Plans

TYPE OF WORK:

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

Fee Basis	Fee
	$
1	24.00
75	27.00
SUBTOTAL	$ 51.00
Minimum Building Fee (if applicable)	$ 25.00
Total Building Fee *(Greater of Minimum or Subtotal)*	$ 51.00

C. BUILDING CHARACTERISTICS

USE GROUP: R3 Present R3 Proposed

No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Estimated Cost of Building Work: $ 6,000.00
Total Building Area—All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
2/9/84	O.K. Footing E.D.B
2/23/84	" Foundation E.D.B
2/23/84	" Framing E.D.B

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

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

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date:

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				2/9/84
☐ Slab				
☒ Frame				2/23/84
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

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

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. BE-20
DATE ISSUED Feb 6, 1987
REVISION DATE
Block 103 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

Owner Donald Lemole
Address 5 Huntington Pl
Hazlet NJ
Tel. ( )
Work Site Address

When changing contractors, notify this office

Contractor VITO Landscaping
Address 28 Birch Ave
Hazlet
739-0913
Lic.No./Bus. Permit.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

Donald A. Lemole Jr.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

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

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

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters:
Estimated Cost of Electrical Work: $ 200.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

PERMIT NO. 136 20
DATE ISSUED Feb 2. 1987
REVISION DATE
Block 103 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner David Lemke
Address 5 Winthrop Pl. Hazlet NJ.
Tel. ( )
Work Site Address

Contractor Vito Mordenegro
Address 28 Birch Ave Hazlet
739-0913
Lic.No./Bus. Permit.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

By David A. Lemke Jr.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

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

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

C. ELECTRICAL CHARACTERISTICS

USE GROUP: Present Proposed
Service: Amps Phase System Type
Wire Volts Wiring Method
Total No. of Meters:
Estimated Cost of Electrical Work: $ 200.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS
2/24/84	R.W. o.k. EDB

JOB SUMMARY

- [x] No Plans Required
- [ ] Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

- [ ] CO
- [ ] CCO
- [ ] CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
[x] Rough				2/23/84
[ ] Energy				
[ ] Mechanical				
[ ] TCO				
[ ] Other _____				

CUT-IN

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

HAZLET TOWNSHIP, NEW JERSEY

APPROVED BY HAZLET
APPLICATION FOR ZONING PERMIT
TOWNSHIP ZONING OFFICER

Date 2/7/1984 THIS 7 DAY OF FEB. 1984 Application No. 1851

Harry A. Baum Permit No. 1701

ZONING OFFICER

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 D. LEMOLE
(If Commercial or Industrial give name of store, company etc.)

Address 5 WINTHROP PL

Block 103 Lot 3 Zone R-70

The above named applicant hereby applies for a Zoning Permit to: ERECT A DINING ROOM 8' X 12' AND A DECK 14' X 14'

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

SIZE OF PROPERTY	PRINCIPAL BUILDING	ACCESSORY BUILDING(S)
Area 7000 Ft.	Type R	Total Area ..... Sq.
Frontage 70 Ft.	Gross Flor Area 700 Sq. Ft.	Min. Side Yard .... Feet
Depth 100 Ft.	Lot Coverage 20 Percent	Min. Rear Yard ..... Feet
	Building Height 14 Feet	

SIGNS: Type ../.. Area permitted ../.. Area Requested ../..

YARD DIMENSIONS (Not required for signs)

Front 27.65 Ft. Right Side 10 Ft. Left Side 30 Ft. Rear 45 Ft.

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

Owner D. LEMOLE Address ..... Tel. No. .....

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

Contractor VITOS MODERN Address ..... Tel. No. .....

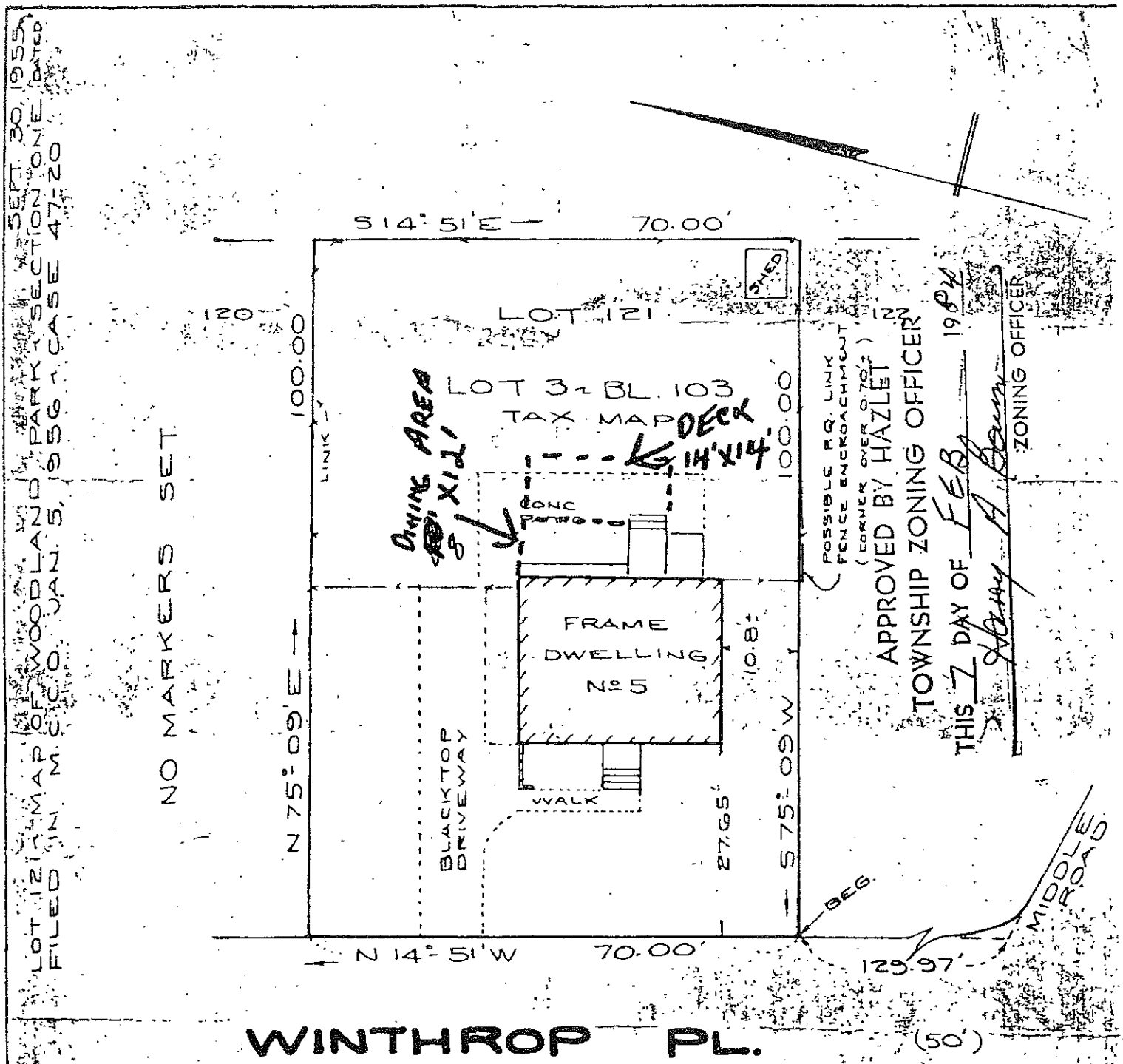
Estimated cost of work $ 6,000.00

Zoning Permit Fee $ 35.00

V B Ballard PP
Signature of Applicant or Agent

Harry A. Baum
Harry A. Baum - Zoning Officer

NOTES:



CERTIFIED TO: DANIEL A. (JR.) & DOLORES M. LEMOLE, H/W, ST. PAUL TITLE INSURANCE CORP AND MARGARETTEN & COMPANY, INC. AND/OR IT'S ASSIGNEE.

This certification is made only to above named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility or liability is assumed by Surveyor for use of survey for any other purpose including but not limited to use of survey for survey affidavit results of property, or to any other person not listed in certification, either directly or indirectly.

George T. Lucas
LIS. 21507 N.J.

TITLE/MORTGAGE SURVEY OF

PROPERTY SITUATED IN

HAZLET TWP. MONMOUTH CO. N.J.

PREPARED FOR

DANIEL A. (JR.) & DOLORES M. LEMOLE

PREPARED BY

GEORGE T. LUCAS — PLANNER & SURVEYOR

530 HAZEL AVE. — PERTH AMBOY - N.J.

LICS. IN: NJ-PA-MD-DL-WV-TN-NC-SC-NH-VT

SCALE 1" = 20'

DATE MAY 23, 1979

MAP BY: ROBERT SCHWARTZ ESQ.