SPARTA TOWNSHIP
WATER/SEWER UTILITIES

NEW Customer Account Control Form

THIS SECTION TO BE COMPLETED BY APPLICANT:

Property Location: 60 (House #) Trafalgar Court (Street Name) Sparta (Township)

Block: 16009 **Lot:** 14

Builder: Ryan Homes **Plumber:** _____

Intended Buyer's Name: _____

FOR DEPARTMENT USE ONLY

Water

Meter Size: 1"

Meter Registration #: 54570663

Location of Meter: Basement

Service Line: size 1" Material copper

PRV installed BEFORE meter: X YES ____ NO

Fire Protection: size ____ Material ____

Standpipe: Yes ____ How many ____ No ____

Curb Box: ☒ Buffalo box ☐ Mueller box

☐ Rod missing or bent ☐ Booster Pump

Sewer

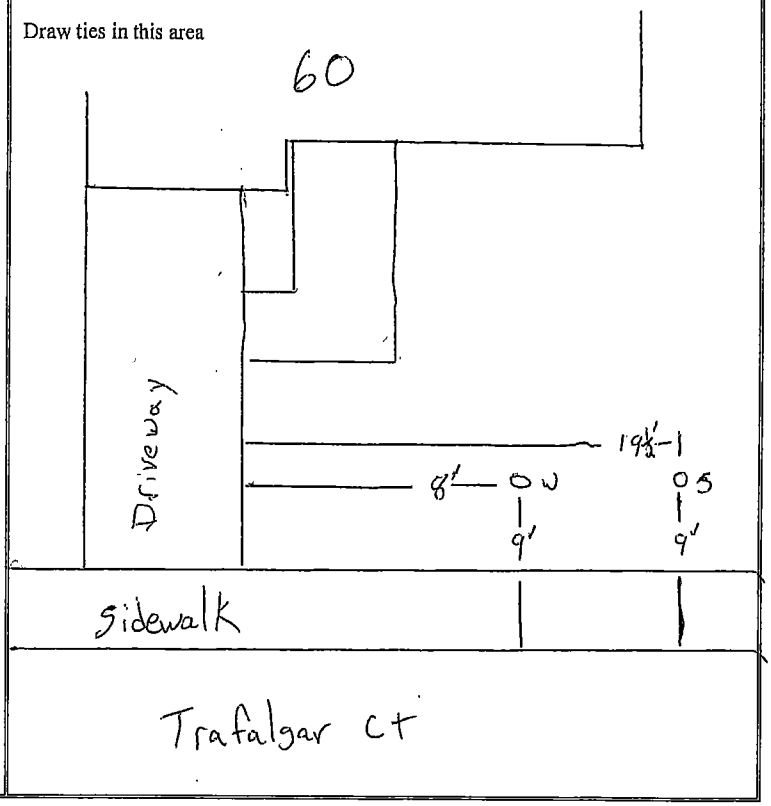
Cleanout: ☒ in Right of Way ☐ to Grade w/metal lid

☐ Concrete collar

Comments:

Field work completed by ED

Draw ties in this area



SPARTA TOWNSHIP DEPARTMENT OF UTILITIES
CERTIFICATE OF COMPLIANCE FOR UTILIZATION

The property located at # 60 Trafalgar Court known as Block 16009 Lot 14, in the Township of Sparta, has been inspected and certified to be ready for water turn on, on this DATE 6/19/19

I therefore authorize the release and utilization of the water and/or sewer conveyed as governed by the Township of Sparta

Philip Spaldi,
Utilities Superintendent

WATER SERVICE — CUSTOMER ACCOUNT SERVICE ORDER

DO	DONE	SERVICE INFORMATION
		TURN @ Curb - OFF $30 ON $30
		TURN OFF/ON @ Curb $30 (1x trip)
		TURN @ Curb - OFF $100* ON $100*
		TURN OFF/ON @ Curb $100* (1x trip)
		TEMPORARY WATER SERVICE $100
		Tap - 3/4" Line $1,200#/CustomExcav
		Tap - 1" Line $1,400#/CustomExcav
		Tap - 2" Line $1,800#/CustomExcav
		# - Pavement Restoration Security $500
		FROZEN METER SERVICE CHARGE
		Regular Hrs $50 After Hrs/Holiday $100
		* METER REPLACEMENT/NEGLIGENCE
APPLY		____ 5/8" x 3/4" ____ 3/4" x 3/4"
CURRENT PRICES		____ 5/8" x 5/8" ____ 1"
		Private Pipe Thawing Inspection $30 or $100*
		WATER METER INSTALLATION $100*
		SERVICE METER TEST $75
		MISC. SERVICE CALL $30 or $100*
		READ METER (non-routine) $40
		FINAL READ - Resale $40 Tenant $40
		NO SHOW Service Fee $30 or $100*
		Water Quality Sampling (Admin. Fee) $25
		Water Meter Inspection or Re-inspection $25
		(Meters installed by others)
		**Fees outside of normal business hours*
		Set Meter
		Remove Meter
		Change Meter
		Change Meter/Transponder
CHECK FOR:		
		Leaky Meter
		Noisy Meter
		Stuck Meter
		FIRE PROTECTION Yes ____ No ____
	✓	FIRE HYDRANTS ____# Yes___ No___
5	✓	Other (see below)

METER INFORMATION

NEPTUNE	
OTHER:____________	
METER: 6 Digit	
7 Digit	
8 Digit	
9 Digit	
METER: Sealed	
Unsealed	
Installed Properly	
TRANSPONDER:	
Tampered	
Replaced	
Installed Properly	
MATCHES METER READING	
LOCATION OF METER:	
Basement	
______ft Crawlspace	
Dirt ______ Concrete ______	Floor
Pit	
OTHER:____________	
NON METERED	
VALVES:	
Below/Before Meter	
Above/After Meter	
PRV Before Meter	
PRV After Meter	
Double Check	
NO INSIDE SHUT OFF	
SEASONAL USE	
LAWN SPRINKLERS SYSTEM	
CONVERSION FROM WELL	
Well Sealed	
Well Kept For Irrigation	
Well Pipe Removed From Interior	
______" FIRE SERVICE LINE	

Neptune Transponder RFID sticker	PLACE STICKERS HERE	
RFID#		
Meter In	No.	
	Size	Mfr.
	Read	
Existing Meter	No.	
	Size	Mfr.
	Read	
Meter Out	No.	
	Size	Mfr.
	Read	
Tap	Size	
	Service Line Material:	
	Copper	
	Poly Pipe	
	Galvanized	
	Curb Box To Grade	
	Curb Box Operates	
	Curb Box Needs Repair	
	Multi Service Curb Box	

Customer Name: Ryan Horner

Service Address: 60 Nebelsen

Mailing Address: Ralph

Final bill mailing address:

Account No. 99160.0

Date Scheduled: 3-20-19

Time: 10-12

Telephone: 848-307-6518

Block:

Lot:

OFFICE NOTES:

new water line inspection

CLOSING DATE:

SA:
(T)
(F)

BA:
(T)
(F)

N/T: N/O:

Processed By	Date Taken	
JJ	3.15.19	✓

FIELD NOTES:

1" COPPER SERVICE. MUELLER SHUT OFF VALVE. NO COUPLINGS. 4' DEPTH.

3/21 EDS

Completed By	Date Completed		Approved
TM	3/20/19		MS

REV 3/2/16 MGL PRINTING SOLUTIONS (908) 665-1999 5077-23

WATER SERVICE

CUSTOMER ACCOUNT SERVICE ORDER

DO	DONE	SERVICE INFORMATION
✓	X	TURN @ Curb - **OFF $30 ON $30**
		TURN **OFF/ON** @ Curb **$30 (1x trip)**
		TURN @ Curb - **OFF $100* ON $100***
		TURN **OFF/ON** @ Curb **$100* (1x trip)**
		TEMPORARY WATER SERVICE $100
		Tap
APPLY CURRENT PRICES		**3/4"** LINE BY TOWNSHIP
		1" LINE BY TOWNSHIP
		2" LINE BY TOWNSHIP
		FROZEN METER SERVICE CHARGE
		Regular Hrs **$50** After Hrs/Holiday **$100**
		*** METER REPLACEMENT/NEGLIGENCE**
APPLY CURRENT PRICES		_____ 5/8" x 3/4" _____ 3/4" x 3/4"
		_____ 5/8" x 5/8" _____ 1"
		Private Pipe Thawing Inspection **$30** or **$100***
		WATER METER INSTALLATION **$100***
		SERVICE METER TEST **$75**
		MISC. SERVICE CALL **$30** or **$100***
		READ METER **(non-routine) $40**
		FINAL READ - **Resale $40 Tenant $40**
		NO SHOW Service Fee **$30** or **$100***
		Water Quality Sampling **(Admin. Fee) $25**
		Water Meter Inspection or Re-inspection **$25**

(Meters installed by others)

**Fees outside of normal business hours*

✓	X	Set Meter: trans
		Remove Meter
		Change Meter
		Change Meter/Transponder

CHECK FOR:

		Leaky Meter
		Noisy Meter
		Stuck Meter
		FIRE PROTECTION Yes _____ No _____
		FIRE HYDRANTS _____# Yes___ No___
		Other (see below)

METER INFORMATION

		NEPTUNE
X		**OTHER:**_____
		METER: 6 Digit
		7 Digit
		8 Digit
X		9 Digit
X		**METER:** Sealed
		Unsealed
X		Installed Properly
		TRANSPONDER:
		Tampered
		Replaced
X		Installed Properly
		MATCHES METER READING
		LOCATION OF METER:
X		Basement
		_____ft Crawlspace
		Dirt _____ Concrete _____ **Floor**
		Pit
		OTHER:_____
		NON METERED
		VALVES:
X		Below/Before Meter
X		Above/After Meter
X		2X PRV Before Meter
		PRV After Meter
		Double Check
		NO INSIDE SHUT OFF
		SEASONAL USE
		LAWN SPRINKLERS SYSTEM
		CONVERSION FROM WELL
		Well Sealed
		Well Kept For Irrigation
		Well Pipe Removed From Interior
		_____" **FIRE SERVICE LINE**

Neptune Transponder RFID sticker: 1562257514 ERE 1562257514

RFID# 1562257514

Meter In: No. 54570663 Size 5/8x1 Mfr. Nep Read 0,000,203.32

Existing Meter: No. Size Mfr. Read

Meter Out: No. Size Mfr. Read

Tap: Size

Service Line Material:

	Copper
	Poly Pipe
	Galvanized
	Curb Box To Grade
	Curb Box Operates
	Curb Box Needs Repair
	Multi Service Curb Box

Final bill mailing address

Customer Name: Ryan Jones

Mailing Address

Service Address: 60 Trafalgar Court

Account No. 99160-0

Block:

Lot:

Telephone:

Time: 10-2

Date Scheduled: 6/11/19

OFFICE NOTES:

set meter > get info
install trans
turn on

CLOSING DATE:

SA:

(T)

(F)

BA:

(T)

(F)

N/T: N/O:

Processed By	Date Taken	
EB	6/10/19	✓

FIELD NOTES:

Nep ISR 0.000.203.32

on at curb

Missing meter tags

6/20 EDS EB

Completed By	Date Completed		Approved
Ed	6/19/19		

REV 3/5/19

Construction - Fwd: OPRA request - 60 Trafalgar Ct

From: Kathleen Chambers
To: Construction; Michele Landtau; Phil Coleman; Phil Spaldi
Date: 6/21/2022 2:52 PM
Subject: Fwd: OPRA request - 60 Trafalgar Ct

Please see the following request.
TY

Kate Chambers
Sparta Township
Municipal Clerk
(973) 729-4493

>>> Jill Kornas <opra+request-32859-b795e6a0@requests.opramachine.com> 6/21/2022 2:37 PM >>>
Dear Sparta 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:
All - Application drawings & spec sheets, Building permits, plans, inspections of water/sewer, all signed final inspections of Plumbing, electrical, sewer, building & zoning

Yours faithfully,

Jill Kornas

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-32859-b795e6a0@requests.opramachine.com

Is kathleen.chambers@spartanj.org the wrong address for OPRA requests to Sparta Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=sparta_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/60_trafalgar_ct

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.

Sparta Township
65 Main St
Sparta NJ 07871

Date Issued 6/27/2019
Control Number C-19-0106
Permit Number 19-0106
Permit Issue Date 2/8/2019
Certificate Number 19-0106

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 60 TRAFALGAR CT SPARTA, NJ Block: 16009 Lot: 14 Qual:

Owner in Fee: RYAN HOMES

Owner Address: 3349 HIGHWAY 138 WALL NJ

Telephone:

Contractor RYAN HOMES

Address 3349 HIGHWAY 138 BLDG C STE D WALL NJ 07720-

Telephone: (848) 220-9500 Fax: (848) 220-9501

License Number or Builders Registration Number: Federal Emp. Number: 54-1394360

Home Warranty Number: PROFESSIONAL WARRATNY SERVICE - 220103606

Type of Warranty Plan: ☐ State ☑ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 40 Maximum Occupancy Load: 4

Description of Work/Use: NEW SINGLE FAMILY DWELLING - 4 BEDROOM WITH NATURAL GAS

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $50.00
Check Number: 246653
Collected By: Pattie Brown

Date Printed: 6/27/2019

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

APPLICATION FOR CERTIFICATE

Permit # 190106
Date Issued
-or-
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 60 Trafalgar Court Block 16009 Lot 14 Qualification Code _____

Contractor RYAN HOMES

Owner.In.Fee RYAN HOMES

Address 3349 HWY 138, BLDG B - STE D

WALL, NJ 07719

Tel. _____

License No. _____

Federal Employee No. 541394360

Address 3349 HWY 138, BLDG B - STE D

WALL, NJ 07719

Tel. _____

ACTION

- ☑ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP R-5 Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 390,115.00

(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.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

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

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

☐ OWNER ☒ AGENT

U.C.C. FZ70 (rev. 8/2011)

Professional Warranty Service CORPORATION

PROFESSIONAL WARRANTY SERVICE CORPORATION

P.O. Box 800 Annandale, VA 22003-0800

Phone: 1-800-850-2799 | Fax: 1-800-851-2799

To: Municipal Construction Official

From: Professional Warranty Service Corporation

Subject: Confirmation of home enrollment and warranty coverage

This shall serve as verification that the home (structure) identified below has been accepted for final enrollment in the Professional Warranty 10-Year Limited Warranty Program. This form is validated by the signature of a PWSC representative and the PWSC seal affixed below. This form also affirms that the Limited Warranty document will be transmitted to the purchaser upon closing /final settlement.

Builder Name:	NVR, INC (t/a RYAN HOMES)
PWSC Builder Participation	NVRNJC
NJ DCA Registration Number:	28372
Purchaser(s) Name:	JOSEPH C. KORNAS JILL S. KORNAS
Municipality:	SPARTA TWP
Legal Address of Home Enrolled:	Lot: 14 Block: 16009
Street Address:	60 TRAFALGAR CT
City / State / Zip:	SPARTA NJ 07871
County:	Sussex
PWSC Approval Number and Builder's Limited Warranty Number:	20103606
Date:	05/16/2019

PWSC Representative:

Stephanie Barnes

PWSC Seal:

Township of Sparta

65 Main Street • Sparta, New Jersey 07871

Department of Engineering
Phone: (973) 726-3608
Fax: (973) 729-3653

DRIVEWAY INSPECTIONS
SITE-WORK SIGN OFF FOR CERTIFICATION OF OCCUPANCY
SPARTA TOWNSHIP, NEW JERSEY

Developer/Owner:	Ryan Homes		Inspection Date: 6/20/2019	By:	EGP
Telephone Number:			Inspection Date:	By:	
Street Address:	60 Trafalgar Ct		Inspection Date:	By:	
Block:	16009	Lot: 14	Inspection Date:	By:	

Approved:

☑	1). Curb Cut OK
☑	2). Driveway Paving Did not see DGA installed, paving complete
☑	3). Driveway Grade 5.0%
☐	4). Guide Rail N\A
☑	5). Mailbox Common mailbox area\House number installed
☑	6). Foundation Drains OK
☑	7). Drainage & General Site Final grading underway
☐	8). Miscellaneous

Approved:

Engineering: E-LPK Date: 6·20·19

PLANNING/ZONING AND ENGINEERING DEPARTMENTS

CERTIFICATE OF OCCUPANCY SIGN OFF

RE: Application Name and # Ryan Homes

Property Location 60 Trafalgar Ct Block and Lot 16009/14

Zoning Coordinator
Compliance with Zoning Permit Approval, Impervious Coverage, etc.

Janice Stevens 6-27-19
Janice Stevens Date

Township Engineer
Drainage, Height, Driveway/Parking/Walls Compliance

6-25-19
Eric Powell Date

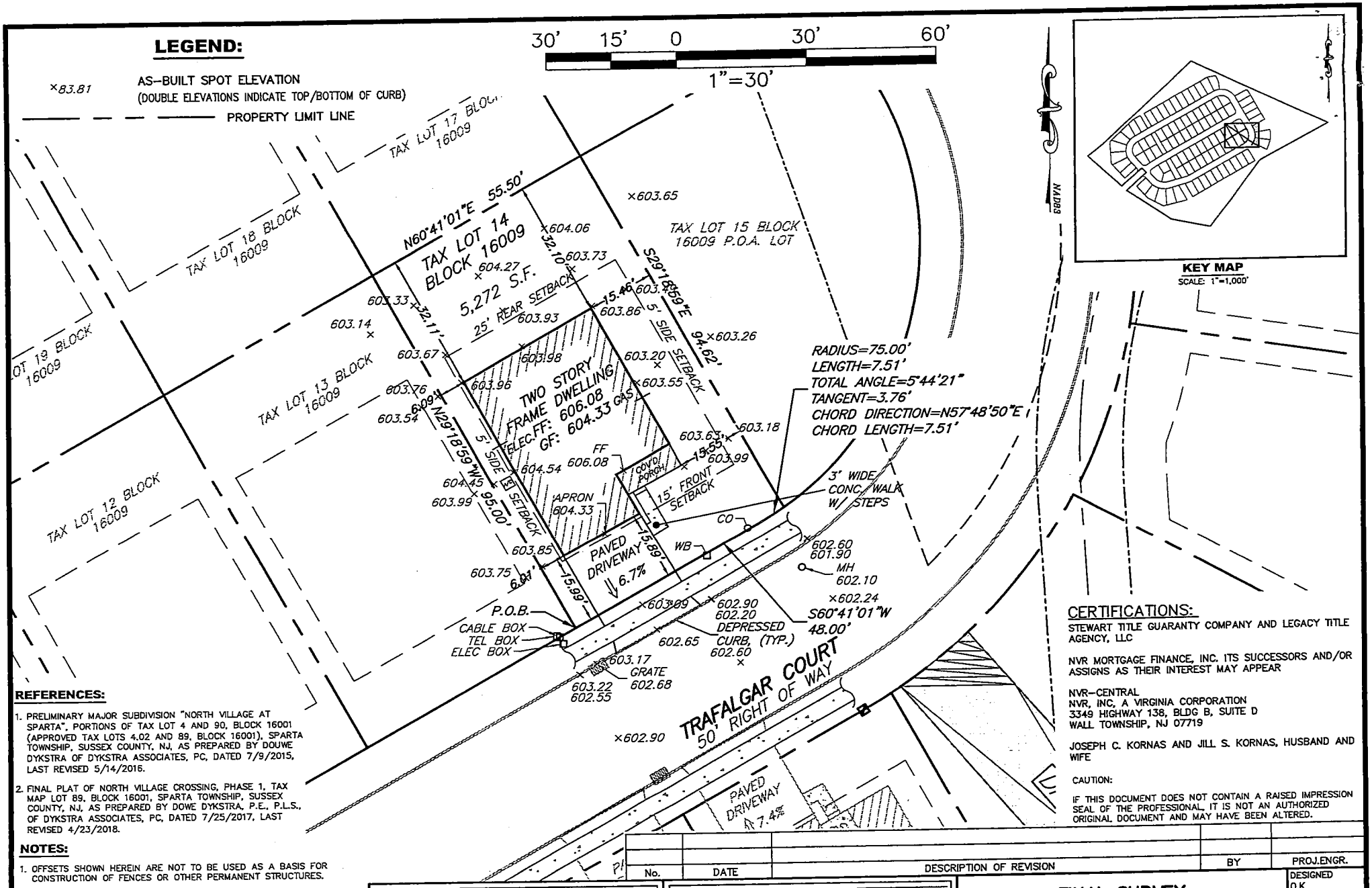
Zoning Officer
Compliance with Board Approvals, COAH Fees, etc.

Maureen Donnelly 6-27-19
Maureen Donnelly Date

LEGEND:

×83.81 AS-BUILT SPOT ELEVATION
(DOUBLE ELEVATIONS INDICATE TOP/BOTTOM OF CURB)
PROPERTY LIMIT LINE

30' 15' 0 30' 60'
1"=30'



KEY MAP
SCALE: 1"=1,000'

REFERENCES:

1. PRELIMINARY MAJOR SUBDIVISION "NORTH VILLAGE AT SPARTA", PORTIONS OF TAX LOT 4 AND 90, BLOCK 16001 (APPROVED TAX LOTS 4.02 AND 89, BLOCK 16001), SPARTA TOWNSHIP, SUSSEX COUNTY, NJ, AS PREPARED BY DOUWE DYKSTRA OF DYKSTRA ASSOCIATES, PC, DATED 7/9/2015, LAST REVISED 5/14/2016.
2. FINAL PLAT OF NORTH VILLAGE CROSSING, PHASE 1, TAX MAP LOT 89, BLOCK 16001, SPARTA TOWNSHIP, SUSSEX COUNTY, NJ, AS PREPARED BY DOWE DYKSTRA, P.E., P.L.S., OF DYKSTRA ASSOCIATES, PC, DATED 7/25/2017, LAST REVISED 4/23/2018.

NOTES:

1. OFFSETS SHOWN HEREIN ARE NOT TO BE USED AS A BASIS FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.
2. THE SURVEY DOES NOT PURPORT TO IDENTIFY ENCROACHMENT, UTILITIES, SERVICE LINES, OR STRUCTURES BELOW GRADE, IF ANY, EXCEPT AS SPECIFICALLY NOTED HEREON.
3. THE CERTIFICATION, IF APPLICABLE, IS MADE ONLY TO PARTIES NAMED HEREON FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY THE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE SURVEYOR FOR THE USE OF THE SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF THE SURVEY FOR A SURVEY AFFIDAVIT, THE RESALE OF PROPERTY, OR CERTIFICATION TO ANY OTHER PERSON NOT LISTED IN THE CERTIFICATION SHOWN HEREON EITHER DIRECTLY OR INDIRECTLY.
4. REFER TO FINAL MAP REFERENCED BELOW FOR EASEMENT DESCRIPTIONS.

CERTIFICATIONS:

STEWART TITLE GUARANTY COMPANY AND LEGACY TITLE AGENCY, LLC

NVR MORTGAGE FINANCE, INC. ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTEREST MAY APPEAR

NVR-CENTRAL
NVR, INC, A VIRGINIA CORPORATION
3349 HIGHWAY 138, BLDG B, SUITE D
WALL TOWNSHIP, NJ 07719

JOSEPH C. KORNAS AND JILL S. KORNAS, HUSBAND AND WIFE

CAUTION:

IF THIS DOCUMENT DOES NOT CONTAIN A RAISED IMPRESSION SEAL OF THE PROFESSIONAL, IT IS NOT AN AUTHORIZED ORIGINAL DOCUMENT AND MAY HAVE BEEN ALTERED.

No.	DATE	DESCRIPTION OF REVISION	BY	PROJ.ENGR.

Michael T. Armstrong, P.L.S.
N.J. PROFESSIONAL LAND SURVEYOR
Lic. No. GS 35820
DATE: 6/19/2019

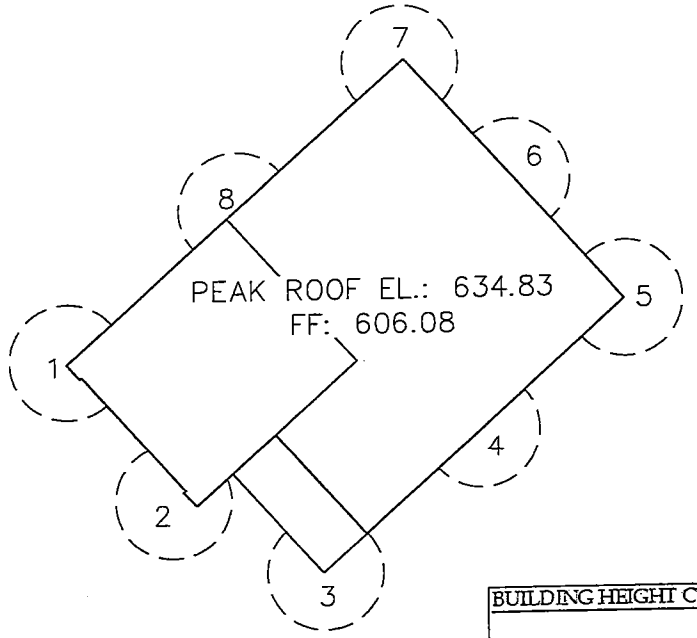
C | E
Civil & Environmental Engineering, Inc.
ENGINEERING
SURVEYING
ENVIRONMENTAL
LANDSCAPE DESIGN
CERTIFICATE OF AUTHORIZATION #24GA28267600
[P] 609.497.1379
[F] 609.497.1679
RESEARCH PARK
322 WALL STREET
PRINCETON, NJ 08540
WWW.CEENJ.COM

FINAL SURVEY
BLOCK 16009, LOT 14
60 TRAFALGAR COURT – RYAN LOT B014
PREPARED FOR
"NORTH VILLAGE AT SPARTA"
TOWNSHIP OF SPARTA
SUSSEX COUNTY NEW JERSEY

DESIGNED	O.K.
FILE	FS – B014
CHECKED(PM)	R.K.
CHECKED(PE)	R.K.
DRAWING #	1 OF 2

IMPERVIOUS SURFACE CALCULATION

TYPE	AREA (S.F)
Building	1,524.00
Driveway	322.00
Walkway	37.00
Wall	0.00
Total	1,883.00
Lot Area	5,272.00
Impervious Percentage	35.72%



ZONING COMPLIANCE TABLE

	Required	Proposed
Lot Frontage (ft)	40'	55.51'
Front Yard Setback (ft)	15'	15.89'
Side Yard Setback (ft)	5'	6.01'
Rear Yard Setback (ft)	25'	32.10'
Deck Side Yard Setback (ft)	5'	0.00
Deck Rear Yard Setback (ft)	15'	0.00
Impervious Coverage	45%	35.72%
Building Height (ft)	35 max.	30.84

APPROVED
6.25.19 Height ok
EVP

BUILDING HEIGHT CALCULATION

Point	Elevation
1	603.85
2	604.20
3	603.99
4	603.55
5	603.86
6	603.98
7	603.96
8	604.54
Average	603.99
Peak Roof to FF	28.75
FF	606.08
Roof Peak	634.83
Bldg Height	30.84

No.	DATE	DESCRIPTION OF REVISION	BY	PROJ.ENGR.

Michael T. Armstrong, P.L.S.
N.J. PROFESSIONAL LAND SURVEYOR
Lic. No. GS 35820
DATE: 6/19/2019

C | E
Civil & Environmental Engineering, Inc.
ENGINEERING
SURVEYING
ENVIRONMENTAL
LANDSCAPE DESIGN
CERTIFICATE OF AUTHORIZATION #24GA28257600
[P] 609.497.1379
[F] 609.497.1879
RESEARCH PARK
322 WALL STREET
PRINCETON, NJ 08540
www.CEENJ.com

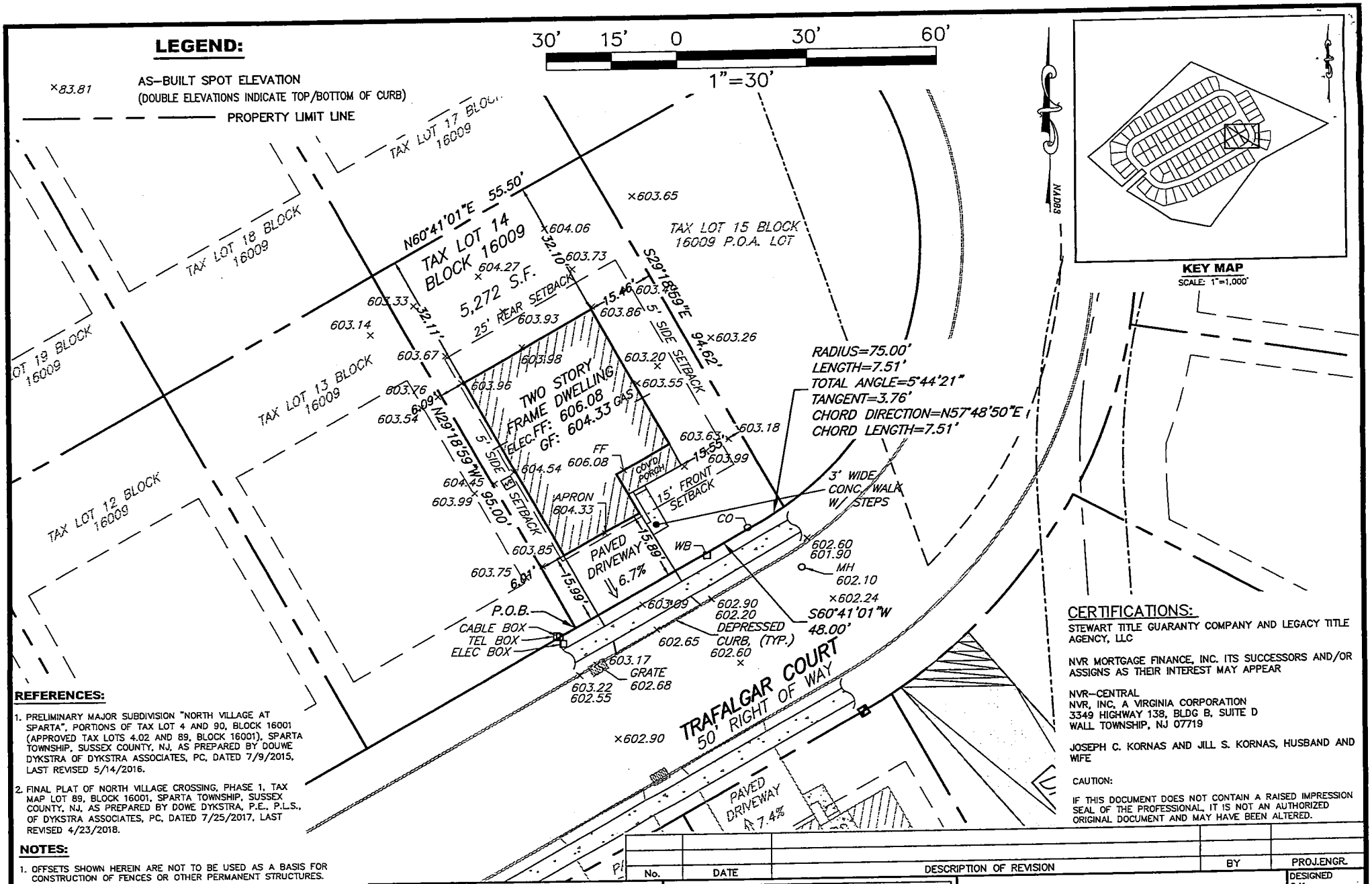
FINAL SURVEY
BLOCK 16009, LOT 14
60 TRAFALGAR COURT – RYAN LOT B014

PREPARED FOR

"NORTH VILLAGE AT SPARTA"

TOWNSHIP OF SPARTA
SUSSEX COUNTY NEW JERSEY

DESIGNED O.K.
FILE FS – B014
CHECKED(PM) R.K.
CHECKED(PE) R.K.
DRAWING # 2 OF 2



KEY MAP
SCALE: 1"=1,000'

REFERENCES:

1. PRELIMINARY MAJOR SUBDIVISION "NORTH VILLAGE AT SPARTA", PORTIONS OF TAX LOT 4 AND 90, BLOCK 16001 (APPROVED TAX LOTS 4.02 AND 89, BLOCK 16001), SPARTA TOWNSHIP, SUSSEX COUNTY, NJ, AS PREPARED BY DOUWE DYKSTRA OF DYKSTRA ASSOCIATES, PC, DATED 7/9/2015, LAST REVISED 5/14/2016.
2. FINAL PLAT OF NORTH VILLAGE CROSSING, PHASE 1, TAX MAP LOT 89, BLOCK 16001, SPARTA TOWNSHIP, SUSSEX COUNTY, NJ, AS PREPARED BY DOWE DYKSTRA, P.E., P.L.S., OF DYKSTRA ASSOCIATES, PC, DATED 7/25/2017, LAST REVISED 4/23/2018.

NOTES:

1. OFFSETS SHOWN HEREIN ARE NOT TO BE USED AS A BASIS FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.
2. THE SURVEY DOES NOT PURPORT TO IDENTIFY ENCROACHMENT, UTILITIES, SERVICE LINES, OR STRUCTURES BELOW GRADE, IF ANY, EXCEPT AS SPECIFICALLY NOTED HEREON.
3. THE CERTIFICATION, IF APPLICABLE, IS MADE ONLY TO PARTIES NAMED HEREON FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY THE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE SURVEYOR FOR THE USE OF THE SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF THE SURVEY FOR A SURVEY AFFIDAVIT, THE RESALE OF PROPERTY, OR CERTIFICATION TO ANY OTHER PERSON NOT LISTED IN THE CERTIFICATION SHOWN HEREON EITHER DIRECTLY OR INDIRECTLY.
4. REFER TO FINAL MAP REFERENCED BELOW FOR EASEMENT DESCRIPTIONS.

CERTIFICATIONS:

STEWART TITLE GUARANTY COMPANY AND LEGACY TITLE AGENCY, LLC

NVR MORTGAGE FINANCE, INC. ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTEREST MAY APPEAR

NVR-CENTRAL
NVR, INC, A VIRGINIA CORPORATION
3349 HIGHWAY 138, BLDG B, SUITE D
WALL TOWNSHIP, NJ 07719

JOSEPH C. KORNAS AND JILL S. KORNAS, HUSBAND AND WIFE

CAUTION:

IF THIS DOCUMENT DOES NOT CONTAIN A RAISED IMPRESSION SEAL OF THE PROFESSIONAL, IT IS NOT AN AUTHORIZED ORIGINAL DOCUMENT AND MAY HAVE BEEN ALTERED.

No.	DATE	DESCRIPTION OF REVISION	BY	PROJ.ENGR.

Michael T. Armstrong, P.L.S.
N.J. PROFESSIONAL LAND SURVEYOR
Lic. No. GS 35820
DATE: 6/19/2019

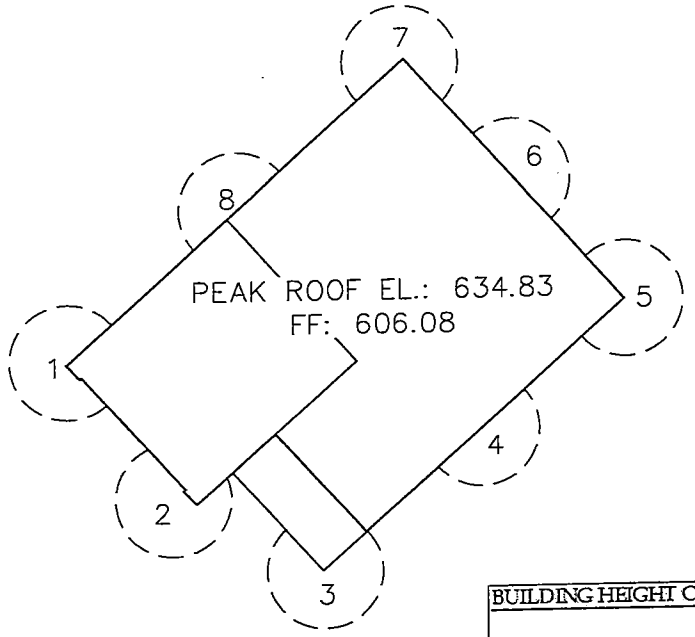
C | E
Civil & Environmental Engineering, Inc.
ENGINEERING
SURVEYING
ENVIRONMENTAL
LANDSCAPE DESIGN
CERTIFICATE OF AUTHORIZATION #24GA28267600
[P] 609.497.1379
[F] 609.497.1379
RESEARCH PARK
322 WALL STREET
PRINCETON, NJ 08540
WWW.CEENJ.COM

FINAL SURVEY
BLOCK 16009, LOT 14
60 TRAFALGAR COURT – RYAN LOT B014
PREPARED FOR
"NORTH VILLAGE AT SPARTA"
TOWNSHIP OF SPARTA
SUSSEX COUNTY NEW JERSEY

DESIGNED O.K.
FILE FS – B014
CHECKED(PM) R.K.
CHECKED(PE) R.K.
DRAWING # 1 OF 2

IMPERVIOUS SURFACE CALCULATION

TYPE	AREA (S.F)
Building	1,524.00
Driveway	322.00
Walkway	37.00
Wall	0.00
Total	1,883.00
Lot Area	5,272.00
Impervious Percentage	35.72%



ZONING COMPLIANCE TABLE

	Required	Proposed
Lot Frontage (ft)	40'	55.51'
Front Yard Setback (ft)	15'	15.89'
Side Yard Setback (ft)	5'	6.01'
Rear Yard Setback (ft)	25'	32.10'
Deck Side Yard Setback (ft)	5'	0.00
Deck Rear Yard Setback (ft)	15'	0.00
Impervious Coverage	45%	35.72%
Building Height (ft)	35 max.	30.84

APPROVED
6.25-19 Height ok
ESP

BUILDING HEIGHT CALCULATION

Point	Elevation
1	603.85
2	604.20
3	603.99
4	603.55
5	603.86
6	603.98
7	603.96
8	604.54
Average	603.99
Peak Roof to FF	28.75
FF	606.08
Roof Peak	634.83
Bldg Height	30.84

No.	DATE	DESCRIPTION OF REVISION	BY

PROJ.ENGR.
DESIGNED O.K.
FILE FS – B014
CHECKED(PM) R.K.
CHECKED(PE) R.K.
DRAWING # 2 OF 2

Michael T. Armstrong, P.L.S.
N.J. PROFESSIONAL LAND SURVEYOR
Lic. No. GS 35820
Michael T. Armstrong
DATE: 6/19/2019

C | E
Civil & Environmental Engineering, Inc.
ENGINEERING
SURVEYING
ENVIRONMENTAL
LANDSCAPE DESIGN
CERTIFICATE OF AUTHORIZATION #24GA28257600
[P] 609.497.1379
[F] 609.497.1679
RESEARCH PARK
322 WALL STREET
PRINCETON, NJ 08540
www.CEENJ.com

FINAL SURVEY
BLOCK 16009, LOT 14
60 TRAFALGAR COURT – RYAN LOT B014

PREPARED FOR

"NORTH VILLAGE AT SPARTA"

TOWNSHIP OF SPARTA
SUSSEX COUNTY NEW JERSEY

Sussex Soil Conservation District
186 Halsey Road, Suite 2
Newton, NJ 07860
(973)579-5074
Fax (973)579-7846

New Jersey Natural Resources Conservation Program

State Soil Conservation Committee

REPORT OF COMPLIANCE

This certifies that the Soil Erosion and Sediment Control measures to the extent indicated comply with the Soil Erosion and Sediment Control Plans as certified by the Soil Conservation District pursuant to Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (NJSA 4:24-39 et seq.)

Municipality: Sparta

Project Name: North Village SCD Application No: SP761

Block(s): 16.09 Lot(s): 14 Street Address: 60 Trafalgar

Block(s): _____ Lot(s): _____ Street Address: _____

☐ CONDITIONAL COMPLIANCE* (CRC) ☐ REPORT OF COMPLIANCE - NO CONDITIONS (ROC)

Date: _____ Signature of District Official: _____

*CONDITIONS:

1. Establishment of permanent stabilization of all disturbed areas in accordance with the certified soil erosion and sediment control plan.

Conditions above must be satisfied no later than _____

☒ FINAL REPORT OF COMPLIANCE
(invalid if checked in addition to the CRC and/or ROC boxes unless authorized by district official)

THE OWNER IS RESPONSIBLE FOR THE MAINTENANCE OF ALL PERMANENT EROSION CONTROL MEASURES.

Date: 6/24/09 Signature of District Official: _____

Distribution: Municipal Construction Office, Developer/Owner, District, Other

TOWNSHIP OF SPARTA

65 Main Street
Sparta, New Jersey 07871
Fax (201) 729-0063

REQUEST FOR PROPERTY TAX STATUS

(Use a separate request for each lot)

See attached sheets

Block _____ Lot _____ Property Location 8 properties

Owner(s) Name _____

Owner(s) Address _____
(if different)

_____

_____ _____
Applicant/Owner's Signature Date

OFFICE USE ONLY

This is to certify that the taxes on the above-referenced property are:

☑ paid to date

☐ not paid to date

☐ delinquent for the past three consecutive quarters

Particulars _____

_____

_____

_____

_____

Virginia Fuchsvo _____ 6/11/19
Tax Collector, Township of Sparta Date

Inspection Report

☐ Pre-Drywall ☑ Final Inspection ☐ Re-inspection

Date: 06/19/2019

Model: BLG00-01 Division: NJC Community: N3-North Village Lot# B014

Address: [redacted] City: Sparta

Orientation: N. State: New Jersey Zip code: 07871 Electrical Meter # S326516947 Gas Meter # 3723728

Foundation: ☐ Slab ☐ Crawl Space* ☑ Basement** ☐ Above Conditioned Space

*If Crawl Space: ☐ Enclosed Vented ☐ Conditioned **If Basement: ☑ 50 percent below grade

Deficient items, general notes, and recommendations are listed on page 2 of this inspection report

☑ 1. Duct Leakage @ 25 Pascal*:

	Total (cfm_{25})	Unconditioned (cfm_{25})	Cond. Area (ft^2)	Total Leakage (%)	Leakage to Unconditioned (%)
System 1)	[131 cfm_{25}	26 cfm_{25}] ÷ 3,516 ft^2 =	3.73% % Total	0.74% % to Unconditioned	
System 2)	[cfm_{25}	cfm_{25}] ÷ ft^2 =	0.00% % Total	0.00% % to Unconditioned	
System 3)	[cfm_{25}	cfm_{25}] ÷ ft^2 =	0.00% % Total	0.00% % to Unconditioned	

☑ 2. Multi-Point Infiltration:

Pressure (Pa)	Flow (CFM)	Pressure (Pa)	Flow (CFM)
1. 60 Pa	1. 1196	5. 31 Pa	5. 821
2. 52 Pa	2. 1160	6. 24 Pa	6. 694
3. 45 Pa	3. 1066	7. 17 Pa	7. 567
4. 38 Pa	4. 972	8. 10 Pa	8. 377

Altitude (Ft): 50
Exterior Temperature (F): 60
Interior Temperature (F): 68

Corrected CFM50*: 850.11 * 60 / 31,644 (Cu. Volume) = 1.61 (ACH50) (Final)

☑ 3. Access panels (including stairs) in ceilings and knee walls are sealed and insulated: ☑ Yes ☐ No ☐ N/A (Final)

☑ 4. All penetrations between conditioned and unconditioned space are sealed: ☑ Yes ☐ No ☐ N/A (Final)

☑ 5. Drywall is sealed to the top plate at all interfaces with unconditioned areas: ☑ Yes ☐ No ☐ N/A ☐ Builder Verified

ASHRAE 62-2-2010 Calculation: *(equation 7.5cfm) / person + (1cfm / 100 s.f. conditioned space)* *Quantity of bedrooms +1 = # of people

Number of Bedrooms: 4 Total conditioned s.f. of Lot: 3,516 *Total ventilation needed:* = 72.66

**Testing procedures compliant with 2015 IBC R402.4.1.2 Envelope and R403.3.3 Duct Leakage and 2015 IECC R402.4.1.2 Envelope and R403.3.3 Duct Leakage.*

(See local code official and code book for specific parameters.)

Inspection Result: ☑ PASS ☐ FAIL ☐ N/A (Re-inspection Required if Fail is Checked)

Duct Blaster Result: ☑ PASS ☐ FAIL ☐ N/A (Re-inspection Required if Fail is Checked)

Infiltration (Final Inspection): ☑ PASS ☐ FAIL ☐ N/A (Re-inspection Required if Fail is Checked)

HERS Provider: PEG HERS Co. Name: PJIM

HERS Rater Signature: [signature] Builder Company Name: Ryan Homes

Date: 06/19/2019

SPARTA TOWNSHIP DEPARTMENT OF UTILITIES
CERTIFICATE OF COMPLIANCE FOR UTILIZATION

The property located at
60 Trafalgar Court,
known as Block 16004 Lot 14,
in the Township of Sparta,
has been inspected and certified to be
ready for water turn on, on this
DATE 6/19/19

I therefore authorize the release
and utilization of the water and/or
sewer conveyed as governed
by the Township of Sparta

Philip Spaldi,
Utilities Superintendent

SERVING SPARTA, BYRAM, ANDOVER, LAFAYETTE TOWNSHIPS

60 TRAFALGAR

DR 3423176G

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/8/2019
Date Issued 5/9/2019
Control # 19-0106+A
Permit # 19-0106+A

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

Block 16009 Lot 14 Qualification Code

Work Site Location: 60 TRAFALGAR CT SPARTA, NJ

Owner in Fee: CC HOLDINGS, LLC % NORTH VILLAGE

Address 334 SPARTA AVE. SUITE B SPARTA NJ 07871

Email

Tel.

Contractor: APS ELECTRIC LLC

Address 345 BELVIDERE AVE WASHINGTON NJ 07882

Email

Tel. (908) 619-1312 Fax.

Lic No. 34EI01621000 Exp. Date 3/31/2021

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

Federal Employee No. 463346890

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		
Partial Underslab Utilities Approved		
Date: by:		
Electric Plans Approved		
Date: by:		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
☐ Electrical Plans Approved		
SUBCODE APPROVAL for PERMIT		
Date: by:		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☒ CA		
Date: 6/24/19		
Approved by:		

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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				

C. CERTIFICATION IN LIEU OF OATH
I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CHANGE OF CONTRACTOR,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Change of Contractor	$25

Administrative Surcharge
Minimum Fee $50
State Permit Surcharge Fee
TOTAL FEE $25

Applicant: When submitting this form to your Local Construction Code

60 TRAFALGAR CT

FIRE SUBCODE
TECHNICAL SECTION

Date Received 1/29/2019
Control # C-19-0106
Date Issued 2/8/2019
Permit # 19-0106

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

Block 16009 Lot 14 Qualification Code

Work Site Location: 60 TRAFALGAR CT SPARTA, NJ

Owner in Fee: CC HOLDINGS, LLC % NORTH VILLAGE

Address 334 SPARTA AVE. SUITE B SPARTA NJ 07871 Email

Tel.

Contractor: RYAN HOMES Tel. (848) 220-9500

Address 3349 HIGHWAY 138 BLDG C STE D WALL NJ 07720- Email

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. 54-1394360 Fax. (848) 220-9501

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $1,500

Fuel Storage Tank:

Fuel Type ☐ *Flammable* or ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New or ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

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

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW SINGLE FAMILY DWELLING,

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	7	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL	7	$50.00
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☑ Gas ☐ Oil ☐ Solid	4	$200
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		
TOTAL FEE		$250

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing ☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 6/29/19 by: TD

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final	6/17/19		6/29/19	TD
Other				

~~Ad Ready~~

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide

60 TRAFALGAR CT

PLUMBING SUBCODE
TECHNICAL SECTION

Control # C-19-0106
Date Issued 2/8/2019
Permit # 19-0106

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

Block 16009 Lot 14 Qualification Code

Work Site Location: 60 TRAFALGAR CT SPARTA, NJ

Owner in Fee: CC HOLDINGS, LLC % NORTH VILLAGE

Address 334 SPARTA AVE. SUITE B SPARTA NJ 07871

Email

Tel.

Contractor: GALLAGHER'S PLUMBING

Address 32 ASBURY ROAD HACKETTSTOWN NJ 07840-

Email

Tel. (908) 852-1700 Fax. (908) 852-0458

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

Contractor License No. 36BI00685300 Expiration Date: 6/30/2019

Federal Employee No. 22-2790132

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $7,649

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 6-20-19

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval (Dates (Month/Day))	Initial
Slab			5/1/19	
Rough			5/20/19	
Water			5/20/19	
Sewer				
Fixtures				
Gas Equipment			5/1/19	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			6-20-19	
Final				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

C. CERTIFICATION IN LIEU OF OATH

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

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

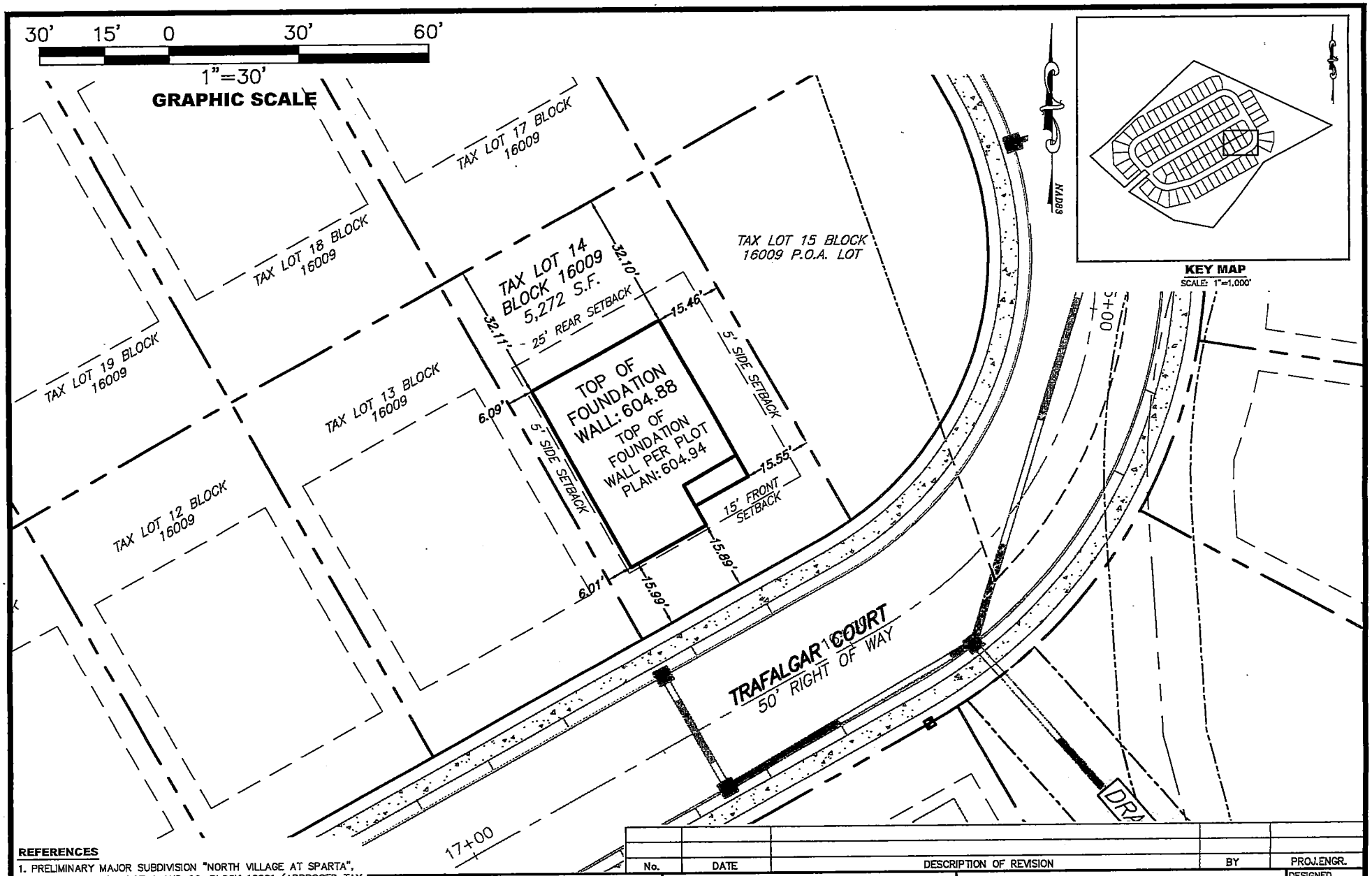
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW SINGLE FAMILY DWELLING,

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$45
	Urinal/Bidet	
1	Bath Tub	$15
4	Lavatory	$60
1	Shower	$15
	Floor Drain	
1	Sink	$15
1	Dishwasher	$15
	Drinking Fountain	
1	Washing Machine	$15
2	Hose Bibb	$30
1	Water Heater	$15
	Fuel Oil Piping	
1	Gas Piping	$50
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
1	Sewer Connector	$50
1	Water Service Connection	$50
4	Stacks	$60
1	Other A/C DRAIN	$15

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$515

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



REFERENCES

1. PRELIMINARY MAJOR SUBDIVISION "NORTH VILLAGE AT SPARTA", PORTIONS OF TAX LOT 4 AND 90, BLOCK 16001 (APPROCED TAX LOTS 4.02 AND 89, BLOCK 16001), SPARTA TOWNSHIP, SUSSEX COUNTY, NJ, AS PREPARED BY DOUWE DYKSTRA OF DYKSTRA ASSOCIATES, PC, DATED 7/9/2015, LAST REVISED 5/14/2016.
2. PLOT PLAN PREPARED FOR BLOCK 16009, LOT 14, NORTH VILLAGE AT SPARTA BY RADIM KUCERA, P.E. OF C&E ENGINEERING, INC., PREPARED 1/16/2019, LAST REVISED 2/26/2019.

BUILDING HEIGHT

1. BASED UPON PLOT PLAN BUILDING HEIGHTS AND TOP OF FOUNDATION WALL LOCATED DURING THIS SURVEY THE ANTICIPATED BUILDING HEIGHT FOR THIS DWELLING IS 30.68'.

No.	DATE	DESCRIPTION OF REVISION	BY	PROJ.ENGR.

Michael T. Armstrong, P.L.S.
N.J. PROFESSIONAL LAND SURVEYOR
Lic. No. 24GS03582000

DATE: 3/19/2019

C | E
Civil & Environmental Engineering, Inc.
ENGINEERING
SURVEYING
ENVIRONMENTAL
LANDSCAPE DESIGN
CERTIFICATE OF AUTHORIZATION #24GA28257600

FOUNDATION LOCATION
BLOCK 16009, LOT 14

60 TRAFALGAR COURT – NVR LOT B014

PREPARED FOR

"NORTH VILLAGE AT SPARTA"

BLOCK 16001, LOT 89

TOWNSHIP OF SPARTA

SUSSEX COUNTY NEW JERSEY

DESIGNED	O.K.
FILE	FND – B014
CHECKED(PM)	R.K.
CHECKED(PE)	R.K.
DRAWING #	1 OF 1

PERMIT UPDATE

5919
Date Update Issued
Permit # 19 0106 A
Date Permit Issued

IDENTIFICATION Block 16009 Lot 14 Qualification Code

Work Site Location 60 TRAFALGAR

Owner In Fee RYAN HOMES

Address

Tel. ( )

Contractor DP

Address

Tel. ( )

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:

Change of Contractor

Estimated Cost of Work $

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.

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical 25
Plumbing
Fire Protection
Elevator Devices
Other
State Permit Surcharge Fee
Cert. of Occupancy
Other
Total 25
Check No.
Cash
Collected by

U.C.C. F190 (rev. 1/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

DR 3423176660

Date Received 5-111
Control #
Date Issued
Permit # 19-0106-1

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

Block 10009 Lot 14 Qualification Code _____

Work Site Location 60 Trafalgar

Owner in Fee: Ryan Homes
3349 Highway 138
Bldg B, Suite D
Wall, NJ 07719
street municipality zip code

Tel. (_____) _____ e-mail _____

Address _____

Contractor: APS Electric LLC Tel. (908) 619-[illegible]1312

Address 345 Belvidere Ave e-mail anthony@apselectricalservices.com
Washington NJ 07882

Contractor License No. 16210 Exp. Date 03/2021

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH07656900

Federal Emp. ID No. 46-3346890 FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

[ ] Electric Plans Approved
Date: _____ Approved by: _____

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/1/19
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

I hereby 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 sign/Contractor sign and seal here: [signature]

Print name here: Anthony Sbrisaia

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Change of Contractor

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	
		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	
1		C of C	25.00

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

U.C.C. F120 (rev. 11/09)

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

CONSTRUCTION PERMIT

Date Issued 3-8-19

Permit # 19-0106

IDENTIFICATION Block 16009 Lot 14 Qualification Code

Work Site Location 60 Tenafly Ave

Owner in Fee Ryan Homes

Address

Tel. ( )

Contractor Ryan Homes

Address

Tel. ( )

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:

New SFD

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 $ 130,000

Construction Official

Date

PAYMENTS (Office Use Only)

Building	1532
Electrical	285
Plumbing	515
Fire Protection	250
Elevator Devices	
Other	
DCA State Permit Fee	172
Cert. of Occupancy	50
Other	
Total	2804
Check No.	
Cash	
Collected by	

(see reverse side)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 3219

Date Issued
Permit # 190106

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

Block 12009 Lot 15 Qualification Code _____

Work Site Location 100 Trattenger ct.

Owner in Fee: Ryan Homes
Tel. (_____) 3349 Highway 138 e-mail _____
Address Bldg B, Suite D
municipality Wall, NJ 07719 zip code

Contractor: _____ Tel. (_____) _____
Address _____ e-mail _____

Contractor License No. or Builder Registration No. 0220372 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 54-1204310 FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	1-30-19	JA
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5
No. of Stories 2
Height of Structure 26.74 ft.
Area — Largest Floor 1484 sq. ft.
New Bldg. Area/All Floors 2968 sq. ft.
Volume of New Structure 46424 cu. ft.
Max. Live Load _____
Max. Occupancy Load 4 BDRM

Constr. Class Present _____ Proposed 5B

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 114,274
2. Rehabilitation $ _____
3. Total (1+ 2) $ 114,274

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.

Sign here: A. James

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SFD. Ballenger Elev B, unfinished basement 2 car front entry 4 Bed 2.5 Bath

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

FEE (Office Use Only)
$ 1932

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 1932

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 19-0106
Permit #

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

Block 11.0009 Lot 13 Qualification Code

Work Site Location 100 Trafalgar Ct

Owner in Fee: Ryan Homes
3349 Highway 138
Bldg B, Suite D
Wall, NJ 07719

Tel. ( ) e-mail

Address street municipality zip code

Contractor: S. Van Houten Electric, Inc. Tel. ( )

Address 27 Ironia Road e-mail
Flanders, NJ 07836

973 584-8441 973 584-7804

Contractor License No. 4437 Exp. Date 3/31/2021

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 2/11/21 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2/11/21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] 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

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 sign/Contractor sign and seal here:

Print name here: Dan Van Houten

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Addition

QTY.	SIZE	ITEMS	FEE (Office Use Only)
20		Lighting Fixtures	
5		Receptacles	
2		Switches	
1		Detectors	
		Light Poles	
4		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
158		TOTAL NUMBERS	$ 95.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
W		KW Elec. Range/Receptacle	15.00
1		KW Oven/Surface Unit	
		KW Elec. Water Heater	
W		KW Elec. Dryer/Receptacle	15.00
1		KW Dishwasher	
		HP Garbage Disposal	
1	30	KW Central A/C Unit	6.00
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1	.33	HP Motors 1/+ HP	15.00
		KW Transformer/Generator	
1	200	AMP Service	6.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Furnace	15.00

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 225.00

U.C.C. F120 (rev. 11/09)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9-6-19
Control #
Date Issued
Permit # 19.0106

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

Block 16.0009 Lot 14 Qualification Code

Work Site Location 60 Tratalgar Ct.

Owner in Fee:

Tel. ( ) e-mail

Address (street) (municipality) (zip code)

Ryan Homes
3349 Highway 138
Bldg B, Suite D
Wall, NJ 07719

Contractor: Tel. ( )

Address e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R5

Building Sewer Size 5 Public Sewer Private Septic

Water Service Size 1 Public Water Private Well

Est. Cost of Plumbing Work $ 7459

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 sign/Contractor sign and seal here:

Print name here:

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Challenger

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	45 —
	Urinal/Bidet	
1	Bath Tub	15 —
4	Lavatory	60 —
1	Shower	15 —
	Floor Drain	
1	Sink	15 —
1	Dishwasher	15 —
	Drinking Fountain	
1	Washing Machine	15 —
2	Hose Bibb	30 —
1	Water Heater gas	
	Fuel Oil Piping	
1	Gas Piping Natural	50 —
	LPGas Tank (1½ MAIN)	
	Steam Boiler	
	Hot Water Boiler	
1	Sump Sewer Pump	50 —
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	50 —
1	Water Service Connection	50 —
4	Stacks	60 —
1	Other Icemaker Rough	15 —
1	A/C Drain	15 —
	Administrative Surcharge	$ 5.15 —
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$ 5.15 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9/11/19
Approved by:

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

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

U.C.C. F130(State) (rev. 11/09)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit # 19-0106

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

Block 16009 Lot 14 Qualification Code

Work Site Location 40 Trafalgar ct.

Owner in Fee:

Tel. Ryan Homes e-mail

Address 3349 Highway 138 Bldg B, Suite D Wall, NJ 07719
street municipality zip code

Contractor: Tel.

Address e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 54-1892300 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [✓] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 1500

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2/4/19
Approved by: TC

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: A. Homes

Print name here:

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Furnace . water heater
Water Supply Source Range . Dryer
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected		
[✓] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	7	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	7	50—
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	4	200—
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		250—

U.C.C. F140 (rev. 02/11)
Internet version

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

BLOCK 6009 LOT 14 QUALIFICATION CODE _____ ADDRESS (SITE) 60 Trafalgar ct PERMIT NO. 19-1427

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: New Deck 16x24
2. Name of Owner in Fee: Jill / Joe Kornas
   Tel. (973) 886-2891 e-mail _____
   Address 60 trafalgar ct (street) Sparta (municipality) 07871 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Shuflat Home + Property LLC Tel. (973) 534-7066
   Address 29 Beaver Run Rd e-mail _____
   Lafayette N.J. 07848
   License No. OR, if new home, Builder Reg. No. 13VH07277200 Exp. Date 3/21/2020
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Shuflat Home + Property LLC
   Tel. (973) 534-7066 FAX: ( ) _____

Called 10-24-19

V. FEE SUMMARY (for office use only) 19-1427

		Update	Update
1. Building	$ 200		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	14		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 234.00		

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

OCT 22 2019

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building					10/22/19	PS			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

Sparta Township
65 Main St
Sparta, NJ 07871

Date Issued 1/15/2020
Control Number C-19-1427
Permit Number 19-1427
Permit Issue Date 11/5/2019
Certificate Number 19-1427

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 60 TRAFALGAR CT SPARTA, NJ Block: 16009 Lot: 14 Qual:

Owner In Fee: KORNAS

Owner Address: 60 TRAFALGAR CT SPARTA NJ 07871

Telephone: (973) 886-2891

Contractor SHUFLAT HOME & PROPERTY IMPROVEMENTS

Address 29 BEAVER RUN ROAD LAFAYETTE NJ 07848

Telephone: (973) 534-7066 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 461830170

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: DECK - 16 X 24

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $20.00
Check Number: 1229
Collected By: Pattie Brown

Date Printed: 1/15/2020

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

60 TRAFALGAR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/22/2019
Control # C-19-1427
Date Issued 11/5/2019
Permit # 19-1427

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

Block 16009 Lot 14 Qualification Code

Work Site Location: 60 TRAFALGAR CT SPARTA, NJ

Owner in Fee: KORNAS

Address 60 TRAFALGAR CT SPARTA NJ 07871

Tel. (973) 886-2891 Email

Contractor: SHUFLAT HOME & PROPERTY IMPROVEMENTS

Address 29 BEAVER RUN ROAD LAFAYETTE NJ 07848

Email

Tel. (973) 534-7066 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

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

Federal Emp. ID No. 461830170

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DECK, 16 X 24

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☒ CA
Date: 1.14.20
Approved by: PS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			11/24/19	PE
Footing Bonding				
Foundation				
Slab				
Frame			12/6/19	PE
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			1/3/20	PE
Barrier-Free				

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$14
TOTAL FEE	$214

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation
3. Total (1+2) $7,500

Applicant: When submitting this form to your Local Construction Code

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11-5-19

Permit # 19-1427

IDENTIFICATION Block 16009 Lot 14 Qualification Code

Work Site Location 60 trafalgar court Sparta

Owner in Fee Jill/Joe Rothas

Address 60 trafalgar ct Sparta N.J 07871

Tel. (973) 886-2891

Contractor Shaftal home + property Imp LLC.

Address 29 Beaver Run R.D. Lafayette NJ. 07848

Tel. (973) 534-7066

Lic. No. or Bldrs. Reg. No. 13VH07277200

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: New Deck 16x24

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 $ 1500.00

Pct Smith — Construction Official

10.22.19 — Date

PAYMENTS (Office Use Only)

Building	200
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	14
Cert. of Occupancy	20
Other	
Total	234
Check No.	
Cash	
Collected by	

(see reverse side)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

_____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

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

U.C.C. F110
(rev. 11/09)

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

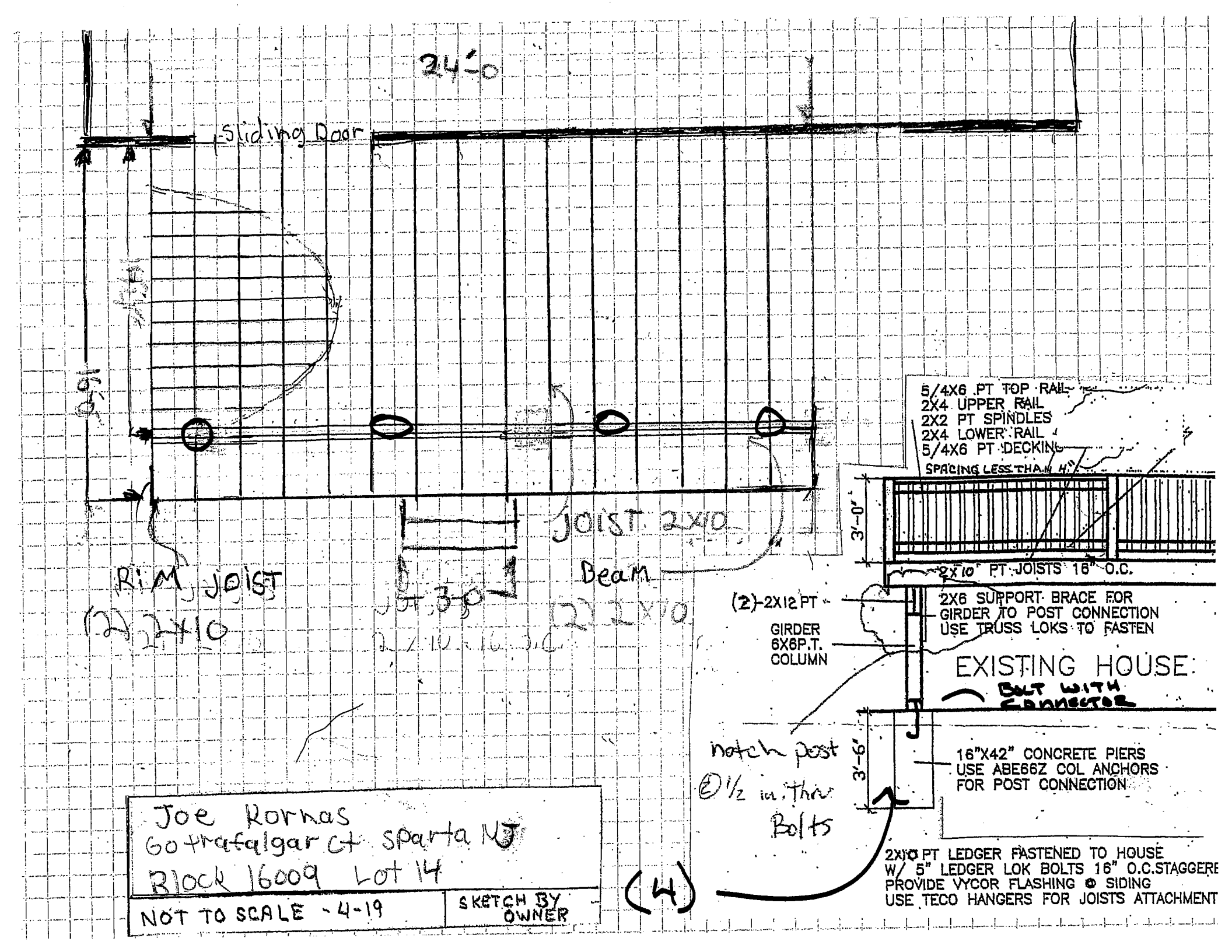
DESCRIPTION OF WORK

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

FEE (Office Use Only)
$ _____

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

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


24'-0
Sliding Door
Joist 2x10
Rim Joist
(2) 2x10
Beam
(2) 2x10
5/4X6 PT TOP RAIL
2X4 UPPER RAIL
2X2 PT SPINDLES
2X4 LOWER RAIL
5/4X6 PT DECKING
SPACING LESS THAN 4"
3'-0"
2X10 PT JOISTS 16" O.C.
(2)-2X12 PT
GIRDER
6X6P.T.
COLUMN
2X6 SUPPORT BRACE FOR
GIRDER TO POST CONNECTION
USE TRUSS LOKS TO FASTEN
EXISTING HOUSE:
BOLT WITH
CONNECTOR
notch post
Ø 1/2 in. Thru
Bolts
3'-6"
16"X42" CONCRETE PIERS
USE ABE66Z COL ANCHORS
FOR POST CONNECTION
2X10 PT LEDGER FASTENED TO HOUSE
W/ 5" LEDGER LOK BOLTS 16" O.C.STAGGERE
PROVIDE VYCOR FLASHING @ SIDING
USE TECO HANGERS FOR JOISTS ATTACHMENT
Joe Kornas
60 trafalgar ct sparta NJ
Block 16009 Lot 14
NOT TO SCALE - 4-19
SKETCH BY OWNER
(4)

APPLICATION FOR A ZONING PERMIT

TOWNSHIP OF SPARTA, 65 MAIN STREET
Tel: (973) 729-8093 Fax: (973) 726-3653
MAUREEN DONNELLY, ZONING OFFICER, JANICE STEVENS, ZONING COORDINATOR

Please Print or Type

Date:	Block: 16009	Lot: 14	Zone:
Property Location:	60 trafalgar ct	Sparta	N.J.
Name of Applicant:	Joe Kornas		
Address of Applicant:	60 trafalgar ct	Sparta 07871	973-886-2891
	Street	Town	Zip Code / Phone
Name of Owner (if different from Applicant):			
Address of Owner:			
	Street	Town	Zip Code / Phone
Description of Proposed Use or Structure (what is it you want to do and/or build?)	build new Deck 16x24		

*Please attach a Site Plan showing: Distances to all property lines, septic tank & field locations, impervious coverage calculation, type and location of existing and proposed structures, fences, or signs where applicable. A letter of approval from your Homeowners' Association, if applicable.

Prior Approvals on Subject Premises:

Planning Board: _____ Date of Approval: _____
Zoning Board: _____ Date of Approval: _____

Contractor or Person Doing Work (if different than Owner):	Shutlat home + property Inv LLC.		
Address:	29 Beaver Run Rd Lafayette 07848		973-534-7066
	Street	Town	Zip Code / Phone

** I hereby certify that I am the (agent of) owner of record and am authorized to make this application and give permission for the Sparta Township Zoning Official to come upon and inspect these premises with respect to this application.*

Date: 10/14/19 Print Name: Stephen Shutlat Signature: Stephen Shutlat

$30.00 Fee for Residential Properties and $60.00 Fee for Commercial Properties **MUST** Accompany this Application: Paid 10-14-19 30.00 Check No. 1438 Receipt No. 14885

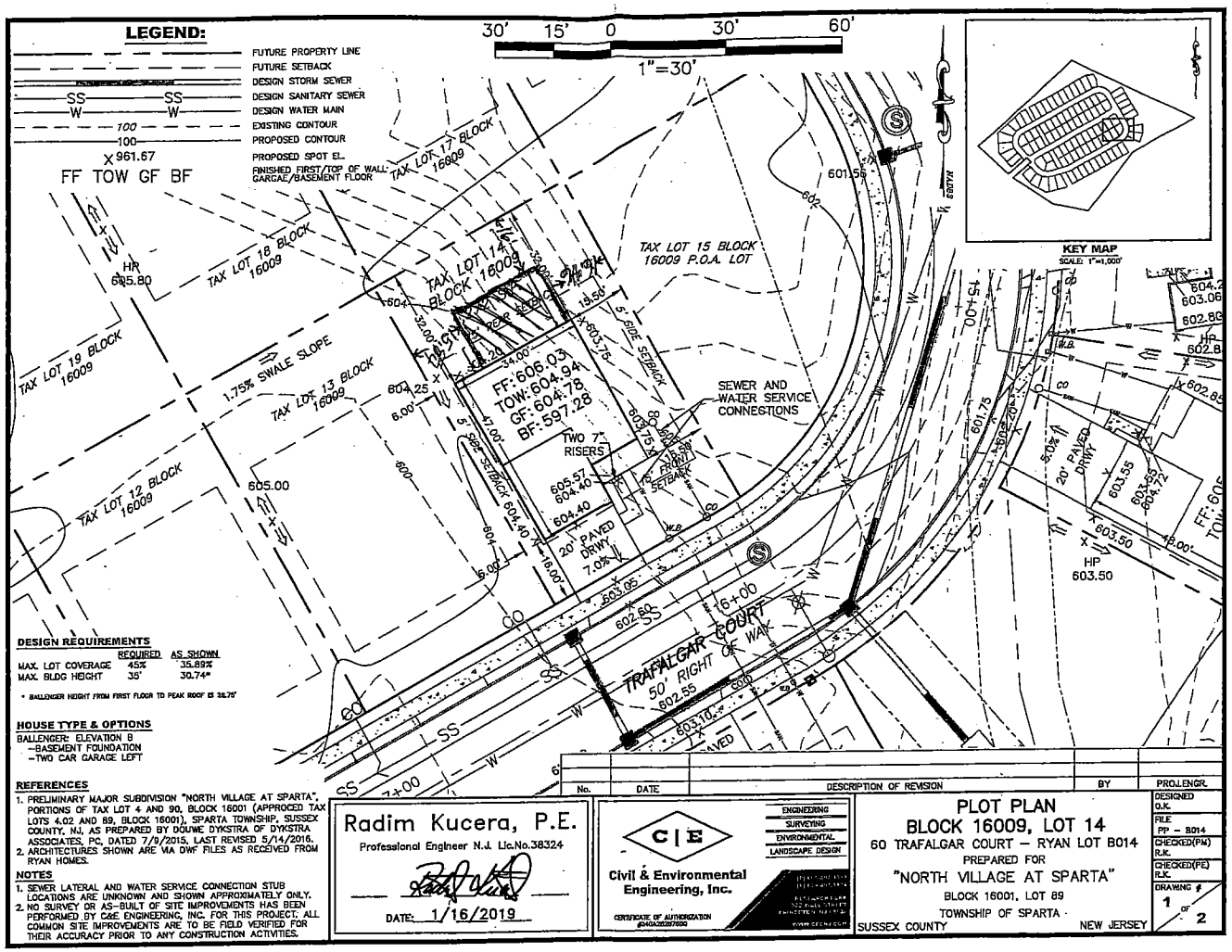
*Failure to provide all requested documents will halt the processing of this application and will be deemed incomplete.
* It is the responsibility of the applicant to obtain any permits required by NJDEP.

X **DENIED DATE:** 10-14-19 **REASON:** HOA approval. Deck not drawn to scale, no setbacks provided

X **APPROVED DATE:** 10-22-19 **SPECIAL CONDITIONS:** H/o to provide HOA approval. Must maintain side yd setback of 8ft and rear yd. of 15 ft w/ deck placement. Deck cannot be covered. Any deviation from the plan submitted will require further approval by the Zoning Dept.. No other improvements are permitted under this approval.

ZONING PERMIT # 19-449

Janice Stevens
JANICE STEVENS
ZONING COORDINATOR



APPROVED
16'x24' Deck
See conditions noted on the Zoning Permit.
10-22-19 JS

Sparta Township
65 Main St
Sparta NJ 07871

Date Issued 9/17/2020
Control Number C-20-0203
Permit Number 20-0203
Permit Issue Date 2/14/2020
Certificate Number 20-0203

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 60 TRAFALGAR CT SPARTA, NJ 07871 Block: 16009 Lot: 14 Qual:
Owner in Fee: KORNAS, JOSEPH C & JILL S
Owner Address: 60 TRAFALGAR CT SPARTA NJ 07871
Telephone: (973) 886-2891
Contractor DOMINIQUE NADEAU
Address 19 DEER RUN ANDOVER NJ 07821-
Telephone: (973) 786-5609 Fax: (973) 786-0324 Federal Emp. Number: 262215053
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: BASEMENT RENOVATION

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Fee: $20.00
Check Number: 1048
Collected By: Pattie Brown

Construction Official
Date Printed: 6/22/2022

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

CONSTRUCTION PERMIT

Date Issued 2/14/2020
Control # C-20-0203
Permit # 20-0203

IDENTIFICATION Block: 16009 Lot: 14 Qualifier
Work Site Location: 60 TRAFALGAR CT SPARTA, NJ 07871

Owner in Fee: KORNAS, JOSEPH C & JILL S
60 TRAFALGAR CT SPARTA NJ 07871
Telephone: (973) 886-2891

Contractor: DOMINIQUE NADEAU
Address: 19 DEER RUN ANDOVER NJ 07821-
Telephone: (973) 786-5609
Lic. No. or Bldrs. Reg. No.: 13VH02972200
Federal Employee. No.: 262215053

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
BASEMENT RENOVATION

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 $10,200

Construction Official

2/14/2020
Date

PAYMENTS (Office Use Only)

Building	$225
Electrical	$50
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$16
CO Fee	$20.00
Other	$0
Total	$311
Check No.	1048
Cash	$0
Credit	$0
Collected By	Pattie Brown

U.C.C. F170
equiv (rev 1/04)

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 the work installed conforms with 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 granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released 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 2/4/2020
Control # C-20-0203
Date Issued 2/14/2020
Permit # 20-0203

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

Block 16009 Lot 14 Qualification Code ____

Work Site Location: 60 TRAFALGAR CT SPARTA, NJ 07871

Owner in Fee: KORNAS, JOSEPH C & JILL S

Address 60 TRAFALGAR CT SPARTA NJ 07871

Tel. (973) 886-2891 Email ____

Contractor: DOMINIQUE NADEAU

Address 19 DEER RUN ANDOVER NJ 07821-

Email DHL_1977@YAHOO.COM

Tel. (973) 786-5609 Fax. (973) 786-0324

Contractor License No. or, if new home, Bldrs Reg. No. 13VH02972200 Exp. 3/31/2020

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

Federal Emp. ID No. 262215053

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: ____
Approved by: ____

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: ____
Approved by: ____

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

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R-5

Constr. Class Present ____ Proposed ____

Number of Stories ____

Height of Structure ____ Ft.

Area - Largest Floor ____ Sq. Ft.

New Blbg. Area / All Floors ____ Sq. Ft.

Volume of New Structure ____ Cu. Ft.

Total Land Area Disturbed ____ Sq. Ft.

If Industrial Building:
State Approved ____
HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. ____
2. Rehabilitation $8,600
3. Total (1+2) $8,600

C. CERTIFICATION IN LIEU OF OATH

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

Signature ____

Print Name Here: ____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BASEMENT RENOVATION,

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilitation	$215
☐ Roofing	
☐ Siding	
☐ Fence ____ Height (exceeds 6')	
☐ Sign ____ Sq. Ft.	
☐ Pool	
☐ Retaining Wall ____ Sq. Ft.	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other ____	
☐ Demolition	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$16
TOTAL FEE	$241

U.C.C F110 (rev. 11/09)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2/4/2020
Date Issued 2/14/2020
Control # C-20-0203
Permit # 20-0203

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

Block 16009 Lot 14 Qualification Code

Work Site Location: 60 TRAFALGAR CT SPARTA, NJ 07871

Owner in Fee: KORNAS, JOSEPH C & JILL S

Address 60 TRAFALGAR CT SPARTA NJ 07871

Email

Tel. (973) 886-2891

Contractor: PRECISION ELECTRICAL SERVICE

Address 48 GREEN LANE RANDOLPH NJ

Email

Tel. (201) 274-4654 Fax.

Lic No. 34EI01325400 Exp. Date 3/31/2021

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

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

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

C. CERTIFICATION IN LIEU OF OATH

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

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BASEMENT RENOVATION,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
8		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
14		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	$50
State Permit Surcharge Fee	$16
TOTAL FEE	$66

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