20-1803

Donna Belton

From: Jared Tamasco <opra+request-18824-824d9e70@requests.opramachine.com>
Sent: Thursday, December 03, 2020 12:48 PM
To: clerkforms
Subject: OPRA request - 63 E. 5th Street

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

Dear Howell Township,

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

1. open and closed permits
2. Age of roof
3. Evidence of UST
4. Survey
5. Updated tax card
6. Violations on property.

Any other documents on file for this property

Yours faithfully,

Jared Tamasco

TOWNSHIP OF HOWELL
RECEIVED
2020 DEC -3 P 12:58
CLERK'S OFFICE

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-18824-824d9e70@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,wUIpSz19DPpnhu1ibF-h9pLzehnXDJjnYvThMhW3-03tEo2FRjP16YvJlQolTAAXQFAfTKq9wLQi0AdaD7PaUFAbMXGabi6N6loiuppPFlXkBGwjt-jXvKwF05w,&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,cSp0HjeMRGZq38XH0n51DvXWfbYG8-FaY-Th_pCtaZBb3FXFl89Io4xI2tYEaT4mRNqScONp3oajVEMCHV9Pr7-KV9s2anLHoOqktrM4umhlzw,,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2f63_e_5th_street&c=E,1,1mIXlwKTwUjh6Q3Pn5upoI2BLJrS2s3aWAUv80QoJiVX7p0eLMzoZH_8KJKqIT41rv4dTllOKzyMYZi1qpEJvJLoY7u10Ok_Nm9jEiN2EF_nMugrBA7kQw,,&typo=1

Donna Belton

From: Paul Orlando
Sent: Monday, July 06, 2020 2:43 PM
To: Donna Belton
Subject: RE: OPRA
Attachments: 99-0805.pdf; 99-1053.pdf; 5854.pdf; 60337-Block 124 Lot 11.01.pdf

NO OPEN UCC PERMITS OR VIOLATIONS FOUND AT THIS PLEASE FIND ATTACHED.

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Monday, July 06, 2020 9:35 AM
To: Paul Orlando <porlando@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>
Subject: OPRA

Good Morning,

Attached please find OPRA 20-875 for your review. Please forward your findings to me no later than 7/15/2020.

Thank you.

Regards,

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

NOTICE OF CONFIDENTIALITY
This message, including any prior messages and attachments, may contain advisory, consultative and/or deliberative material, confidential information or privileged communications of the Township of Howell. Access to this message by anyone other than the sender and the intended recipient(s) is unauthorized. If you are

BLOCK 124 LOT 11.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 63 E 5TH. ST.
2. Name of Owner in Fee: FELICIANO Tel. ([redacted]
   Address 63 E. 5TH ST. HOWELL NJ 07731
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: C & C AIR COND. & HEAT Tel. ( ) 995-0600
   Address 394 HWY 34 FARMD. NJ 07018
   License No. OR, if new home: Builder Reg. No. _____ Exp. Date _____
   Federal Employee, N[redacted] FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work C BAKER
   Tel. ( ) 995-0600 FAX ( ) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

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

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

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

LDS HW-B 10412938

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name C & C AIR CONDITIONING & HEAT

Address 354 Hwy 36

Telephone (732) 495-0600

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued 3/20/2007
Tracking Number 8669
Permit Number 19990805
Permit Issue Date 5/6/1999
Certificate Number 19990805

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 63 E 5TH ST HOWELL, NJ 07731 Block: 124 Lot: 11.01 Qual:

Owner in Fee: FELICIANO

Owner Address: 63E 5TH ST FARMINGDALE NJ 07727

Telephone:

Contractor C & C AIR CONDITIONING AND HEATING

Address 754 HIGHWAY 36 BELFORD NJ 07718

Telephone: 7324950600 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

CENTRAL AC INSTALLATION

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:

C. Phillips 3/21/07
Construction Official

Fee: $0.00
Check Number: 8567
Collected By: BF

Date Printed: 3/20/2007

CONSTRUCTION PERMIT

Date Issued 5-6-99
Control #
Permit # 99-805

IDENTIFICATION Block 124 Lot 11.01

Work Site Location 63 E. 5th St
Howell. N.J.

Owner in Fee Feliciano
Address Same

Tele. (____) [redacted]

Contractor C&C Air Cond + Heat
Address 354 Hwy 36
Belford, N.J. 07718
Tele. (____) 495-0600
Lic. No. or Bldrs. Reg. No [redacted]
Federal Emp. No [redacted]

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: Installation of central air conditioning.

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 $ 4,560.00

Date

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	25.00
Plumbing	35.00
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4.00
Cert. of Occ.	
Other	
Total	64.00
Check No.	8567
Cash	
Collected By:	5-6-99

(see reverse side)

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

UCC/PRO170 (REV3/96)

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

UCC/PRO170 (REV3/96)
Professional Printing
(609) 468-7933

CONSTRUCTION PERMIT

Date Issued 5-6-99
Control #
Permit # 99-805

IDENTIFICATION Block 124 Lot 11.01

Work Site Location 63 E. 5th x 1st
Hawser. NJ.

Owner in Fee Feliciano
Address " same "

Tele. (____) [redacted]

Contractor C&C Air Cond & Heat
Address 354 Hwy 36
Keyport. NJ 07735
Tele. (____) 495-0600
Lic. No. or Bldrs. Reg. No. ____
Federal Emp. No. [redacted]

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 5 only) [ ] OTHER ____

DESCRIPTION OF WORK: Installation of central air conditioning

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 $ 4,560.00

Date

CONSTRUCTION OFFICIAL (AP BR)

PAYMENTS (Office Use Only)	
Building	
Electrical	35.00
Plumbing	35.00
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4.00
Cert. of Occ.	
Other	
Total	64.00
Check No.	8567
Cash	
Collected By:	5-6-99

(see reverse side)

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

UCC/PRO1.70 (REV3/96)

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

UCC/PRO170 (REV3/96)
Professional Printing
(609) 468-7933

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5-6-99
Date Issued
Control #
Permit # 99-805

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

Block 124 Lot 11.01
Work Site Location 93 E. 5th Street
Howell, NJ.
Owner in Fee/Occupant Feliciano
Address "same"
Tele. ( ) [redacted]
Contractor Lee West Inc
Address P.O. Box 891
New Monmouth, NJ.
Tele. ( ) 747-2843 Fax ( )
Lic. No. 9099[illegible]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as R-3 Utility Co.
Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/3/99
Approved by: C. Phillips

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3-14-07
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	3/8/07 PD		3-14-07	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	25-
		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	
		.....	
		.....	

$ 25

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

UCC/PRO F-120 (REV3/96)
Professional Printing
(609) 468-7933

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

3/12/07 cancelled 8 40 am

3/8/07 PD
no ins & homeless
10:41 am

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 5-6-99
Date Issued
Control #
Permit # 99-805

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

Block 124 Lot 11.01
Work Site Location 63 E 5th Street
Howell. NJ.
Owner in Fee/Occupant Feliciano
Address same
Tele. ([redacted]
Contractor Del West Inc.
Address P.O. Box 891
New Monmouth. NJ.
Tele. ( ) 747-7843 Fax ( )
Lic. No. 9099(1)
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as R-3 Utility Co.
Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/3/99
Approved by: C. Phillips

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	25
		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	
		.....	
		.....	
			$ 25

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

UCC/PRO F-120 (REV3/96)
Professional Printing
(609) 468-7933

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5-6-99
Date Issued
Control #
Permit # 99-805

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

Block 124 Lot 11.01
Work Site Location 63 E 5th Street
Howell, NJ
Owner in Fee Feliciano
Address "Same
Tele. ([redacted]
Contractor Cal Air Cond & Heat
Address 354 Hwy 36
Hilfordale 07718
Tele. ( ) 495-8600 Fax ( )
Lic. No.
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5-3-99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/10/01
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
FINAL			5/10/01	

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other A/C	35
	Other	
	Other	

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

UCC/PRO F-130 (REV3/96)
Professional Printing
(609) 468-7933

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5-6-99
Date Issued
Control #
Permit # 99-805

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

Block 124 Lot 11.01
Work Site Location 103 E. 5th Street
Howell NJ
Owner in Fee Feliciano
Address "Krome"
Tele. ( ) [redacted]
Contractor C&C Plumbing & Heat
Address 354 Hurley
Lakewood 08701
Tele. ( ) 905-8600 Fax ( )
Lic. No.
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5-3-99
Approved by:

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

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

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other A/C	35
	Other	
	Other	

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

UCC/PRO F-130 (REV3/96)
Professional Printing
(609) 468-7933

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3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received 5-6-99
Date Issued
Control #
Permit # 99-805

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

Block 124 Lot 11.01
Work Site Location 103 E 5th Street
[illegible] NJ
Owner in Fee [illegible]
Address "[illegible]"

Tele. ( ) [redacted]
Contractor [illegible]
Address 354 [illegible]
[illegible] 07718
Tele. ( ) [illegible] 495-0600 Fax ( )
Lic. No.
Federal.Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed ______
Building Sewer Size ______ Public Sewer ______ Private Septic ______
Water Service Size ______ Public Water ______ Private Well ______
Est. Cost of Plumbing Work $ ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5-3-99
Approved by: [signature]

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other A/C	35
	Other	
	Other	

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

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1

(Fiennas Gift cert Fiennas $ per Dave)

QUOTATION

START DATE
MAY 7th
Completion By May 8Th-5th

Date: April 22, 1999 — *Proposal #* 99D223
Homeowner Name: Feliciano
Address: 63E 5th St.
Town: Howell N.J.
Contact Number: 367-1294 *Fax Number:*
Contact Name: Mary/Miguel

PRICE INCLUDES THE FOLLOWING:

1).One-LENNOX 13 SEER 2 Ton Air Handler

2).One-LENNOX 13 SEER 2 Ton Outdoor Condensing Unit Mdl# 12ACB24

3).One-LENNOX Elite Indoor Evaporator Coil 2 Ton

4).One-HONEYWELL Programable Thermostat Mdl# T8112

5).All Refrigerant and condensate piping required

6).Run new electric for new Air Handler and outdoor unit

7).Install 8 ceiling supplies / 1 ceiling Filterd Return

8).Complete Air distribution System

9).Set Attic unit on support legs in Saftey Drain Pan with independant drain

Paid Agent 500.00 4/24/99

WARRANTY:
One Year Labor
Five Years LENNOX Parts
Five Years LENNOX Compressor

PERMIT FEES NOT INCLUDED	LENNOX 13 SEER	GOODMAN 13 SEER
Job Amount	$ 4,560.00	$ 4,330.00
C & C Rebate	$ - 100.00	$ - 100.00
Total Due Upon Completion	$ 4,460.00	$ 4,230.00
Utility Co. Rebates	$ - 370.00	$ - 370.00
Total Job After All Rebates.	$ 4,090.00	$ 3,860.00

This Quote is Valid for 30 Days
Quote Authorized By _____ *Date* _____

I agree with the above described quotation and authorize C & C HEATING / AIR CONDITIONING Inc. to complete it.

Authorized Signature Mary Feliciano *Date* 4/24/99

BLOCK: 124 LOT: 11.01 PERMIT NO: 99-801

DATE ISSUED: 5/6/99

WORK SITE LOCATION: 63-E. 5th AVE

Howell

OWNER IN FEE: Felicianos

TELEPHONE: ( ) 367-1294

CONTRACTOR: C&C A.C cond.

TELEPHONE: ( )

DESCRIPTION OF WORK: A/c Replacement

1ST NOTIFICATION DATE: 5/9/01 BY: JP

COMMENTS: Insp on 5/10/01

2ND NOTIFICATION DATE. BY:

COMMENTS.

DATE OF INSPECTION:

CODE VIOLATIONS.

DATE OF FINAL INSPECTION: 5/10/01

BY. JP

Final
5/10/01

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

PLAN REVIEW CHECK LIST

NAME Feliciano, BLOCK 124 LOT 11.01

ADDRESS 63 & 5th ZONING RELEASE

DATE SUBMITTED 5-3-99

DEVELOPMENT

AC

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING				
PLUMBING	5/3/99		OK	
FIRE				
ELECTRICAL	5/3/99		OK	
MECHANICAL				
SEPTIC				
OTHER				

RECEIVED
MAY 3 - 1999

CODEL.FRM

BLOCK 124 LOT 11.01 QUALIFICATION CODE _____ ADDRESS (SITE) 124 N. 4TH ST. PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 124 N. 4TH ST.
2. Name of Owner in Fee: MGT. MRS. LAUCIANO Tel. [redacted]
   Address SAA (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: BRIGHTHEART Tel. (732) 341-6174
   Address 81 SOUTH SHORE RD. TOMS RIVER
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (_____) _____ FAX (_____) _____

DECK

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure 10 ft.	
3.	Area — Largest Floor 136 sq. ft.	
4.	New Building Area 136 sq. ft.	
5.	Volume of New Structure _____ cu. ft.	
6.	Construction Classification _____	
7.	Total Land Area Disturbed _____ sq. ft.	
8.	Flood Hazard Zone _____	
9.	Base Flood Elevation _____ ft.	
10.	Wetlands yes _____ no _____	
11.	Max. Live Load _____	
12.	Max. Occupancy Load _____	

II. PROPOSED WORK

		Est. Cost
1.	☐ Minor Work	
2.	☐ New Building	
3.	☑ Addition	2000.00
4.	☐ Alteration	
5.	☐ Fire Protection	
6.	☐ Plumbing	
7.	☐ Electrical	
8.	☐ Elevator Devices	
9.	☐ Asbestos Abat. Subch. 8	
10.	☐ Lead Hazard Abatement	
11.	☐ Demolition	
	TOTAL COSTS	

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
			5/16/55	DTH			

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

U.C.C. F100-1 (rev. 3/86)

LDS HW-B 10412934

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 5/19/99

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

Date Issued 5-1-00
Control #
Permit # 99-1053

CERTIFICATE

IDENTIFICATION

Block 124 Lot 11.01
Work Site Location Same as below

Owner in Fee/Occupant Feliciano
Address 124 E Fifth St
Howell, NJ 07731
Tele. ( ) [redacted]
Contractor Keith Vrith
Address 81 South Shore Dr
Toms River, NJ
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Compeltion and approval of deck 17' x 8'

☐ **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.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

Edward S. Mark
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

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

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

CERTIFICATE

Date Issued 5-1-00
Control #
Permit # 99-1053

IDENTIFICATION

Block 124 Lot 11.01
Work Site Location Same as below

Owner in Fee/Occupant Feleciano
Address 124 E Fifth St
Howell, NJ 07731
Tele. ( ) [redacted]
Contractor Keith Vrith
Address 81 South Shore Dr
Toms River, NJ
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Compeltion and approval of deck 17' x 8'

☐ **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.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per *NJAC 5:17, to the following extent:*

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

Edward S. Mark
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

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

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

CONSTRUCTION PERMIT

Date Issued 6-2-99
Control #
Permit # 99-1053

IDENTIFICATION Block 12 Lot 11.01

Work Site Location E. 11th St

Owner in Fee Mr. & Mrs. Fabiano

Address 124 E. 11th St.

Tel. ( ) [redacted]

Contractor Saint Vincent

Address 81 South Shore Dr.
Toms River NJ.

Tel. (732) 341-6174

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No. [redacted]

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Deck 17'x8'

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 $ 2000

(CP (BK)

Construction Official

Date

PAYMENTS (Office Use Only)

Building	25.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2.00
Cert. of Occupancy	
Other	
Total	27.00
Check No.	
Cash	
Collected by	6-2-99

U.C.C. F170
(rev. 3/95)

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

(see reverse side)

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

U.C.C. Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-2-99
Date Issued
Control #
Permit # 99-1053

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

Block 124 Lot 11.01
Work Site Location ~~111~~ 63 N. FIFTH ST. HOWELL
Owner in Fee MR + MRS FALCIANO
Address SAME
Tele. [redacted]
Contractor KEITH WHITE
Address 91 SOUTH SHORE DR.
TOMS RIVER, NJ.
Tele. (732) 341-6674 Fax ( ) ____
Lic. No. or Bldrs. Reg. No. ____
Federal Emp. No. ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

COVERED DECK
17' X 8'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[X] Footing		
[ ] Foundation		
[X] Frame	5/24/99	DMR
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/14/99
Approved by: GB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing			6/16	DMR
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	7/Fire	2/28/00	5/11/00	PAO
Barrier-Free				

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

[ ] Demolition

FEE (Office Use Only)

	$
	25-
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 2-
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		R-3
Constr. Class		5-B
No. of Stories		1
Height of Structure		10 Ft.
Area — Largest Floor		136 Sq. Ft.
New Bldg. Area/All Floors		136 Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 2000-
2. Alteration $ ____
3. Total (1+2) $ ____

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

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

① STNP SHINGLES NG. Less than 2" 17

OK ② STEPS more than 3/16 RISE / RUN

③ Corrosion resist nails in CCA

OK nails are pneumatic

pfo ____

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-2-99
Date Issued
Control #
Permit # 99-1053

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

Block 124 Lot 11.01
Work Site Location 124 N. FIFTH ST. HAWLEY
Owner in Fee MR + MRS. FALICIANO
Address [redacted]
Tele. [redacted]
Contractor KEITH SMITH
Address 81 SOUTH SHORE DR.
TOMS RIVER NJ.
Tele. (732) 341-6174 Fax ( ) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[S] Footing		
[ ] Foundation		
[S] Frame	5/24/99	DMB
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] DCA
Date: 5/14/99
Approved by: GB

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-3
Constr. Class Present _____ Proposed 5-B
No. of Stories 1
Height of Structure 10 Ft.
Area — Largest Floor 136 Sq. Ft.
New Bldg. Area/All Floors 1367 Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 2000
2. Alteration $ _____
3. Total (1+ 2) $ _____

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

Covered Deck
17' X 8'

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

FEE (Office Use Only)

$	25-
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 2-
TOTAL FEE	$

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING CODE

TOWNSHIP of HOWELL

251 Preventorium Road
Post Office Box 580 Howell, New Jersey 07731-0580

MONMOUTH P&DC 07799
PM
12 MAY
2000

HOWELL
MAY-8 00
PO METER
N J

MONMOUTH P&DC ISS#3122 01 05/12/00 U.S.POSTAGE 0.33

Feliciano
124 E 5th St
Howell, NJ 07731

- ☐ INSUFFICIENT ADDRESS
- ☐ NO SUCH STREET ☐ NUMBER
- ☐ NO MAIL RECEPTACLE ☐ VACANT
- ☐ MOVED LEFT NO ADDRESS
- ☐ ATTEMPTED NOT KNOWN
- ☐ REFUSED ☐ UNCLAIMED
- ☐ RETURNED FOR BETTER ADDRESS
- ☐ NOT DELIVERABLE AS ADDRESSED
- UNABLE TO FORWARD

HOWELL TOWNSHIP
Encourages Recycling

NS#

07731-8603 01

63 E. FIFTH ST. 4-28-00
HOWELL
BLK. 124
LOT. 1101

TO WHOM IT MAY CONCERN,

THIS NOTE IS TO CERTIFY THAT A FRONT COVERED DECK WAS CONSTRUCTED AT THIS PROPERTY.

THE ROOF WAS CONSTRUCTED W/ 1/2" CDX PLYWOOD - 15# FELT. GAF ICE & WATERSHIELD - AND 90# ROLLED ROOFING. ROOF IS A 3½" TO 12" PITCH.

THANK YOU.

KEITH VELTH

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

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

PROPERTY: BLOCK 124 LOT(S) 11.01 STREET N. FIFTH ST.

APPLICANT: NAME Mr & Mrs FALICIANO

ADDRESS N. FIFTH ST.

PHONE [redacted]

PROPOSED USE: ____ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool X Deck (Covered porch) ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

____ Other: Specify ____

LOCATION OF STRUCTURE: Setback from right of way 46' feet (and ____ feet if a corner lot)
Side yard clearances 8'8" feet and N/A feet
Rear yard clearances ____ feet

DESCRIPTION OF STRUCTURE: Height 10' feet to highest point
Length 8' feet Width 17 feet

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

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

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

[signature] 5/16/99
SIGNATURE OF APPLICANT DATE

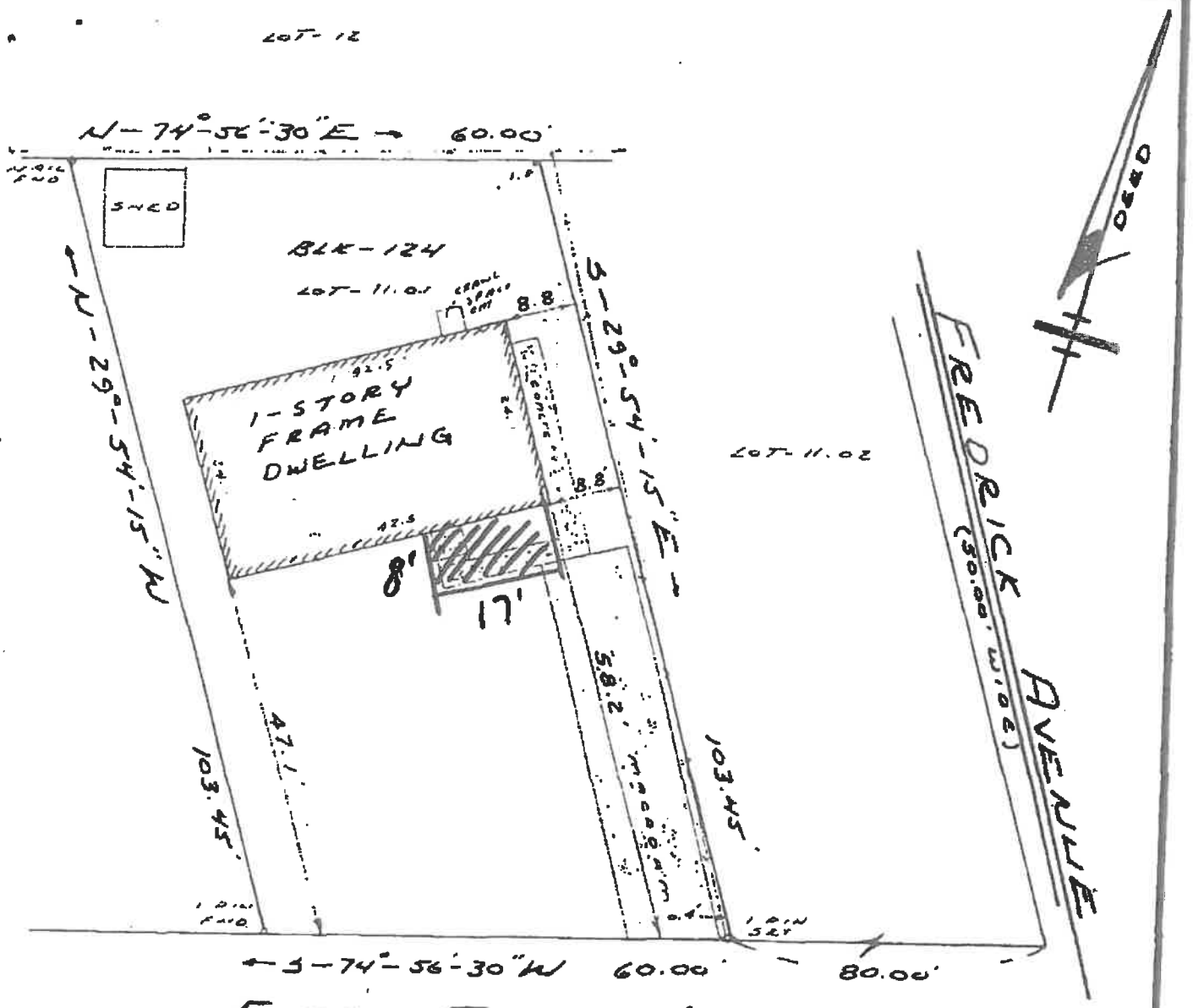
Based on the above application and the statements which are made part thereof, the proposed usuage is/is not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

5/19/99 Vito Manarera
Date HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: Receipt #2685

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

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE



Property known as Lot-11.01, Blk.- 124 as shown on Sheet No. 29 of the Howell Township Tax Map.

This survey is certified to;
Robert T. Blewett & Mary B. Blewett, h/w;
Provident Savings Bank its successors and/or assigns;
Alliance Title Agency;
Security Title & Guaranty Company;
Peter S. Palvo, JR. Esq.

Robert S. YURO L.S. #19463

SURVEY OF PROPERTY
prepared for
ROBERT T. BLEWETT & MARY B. BLEWETT, H/W
situated in
HOWELL TOWNSHIP MONMOUTH COUNTY, N.J.

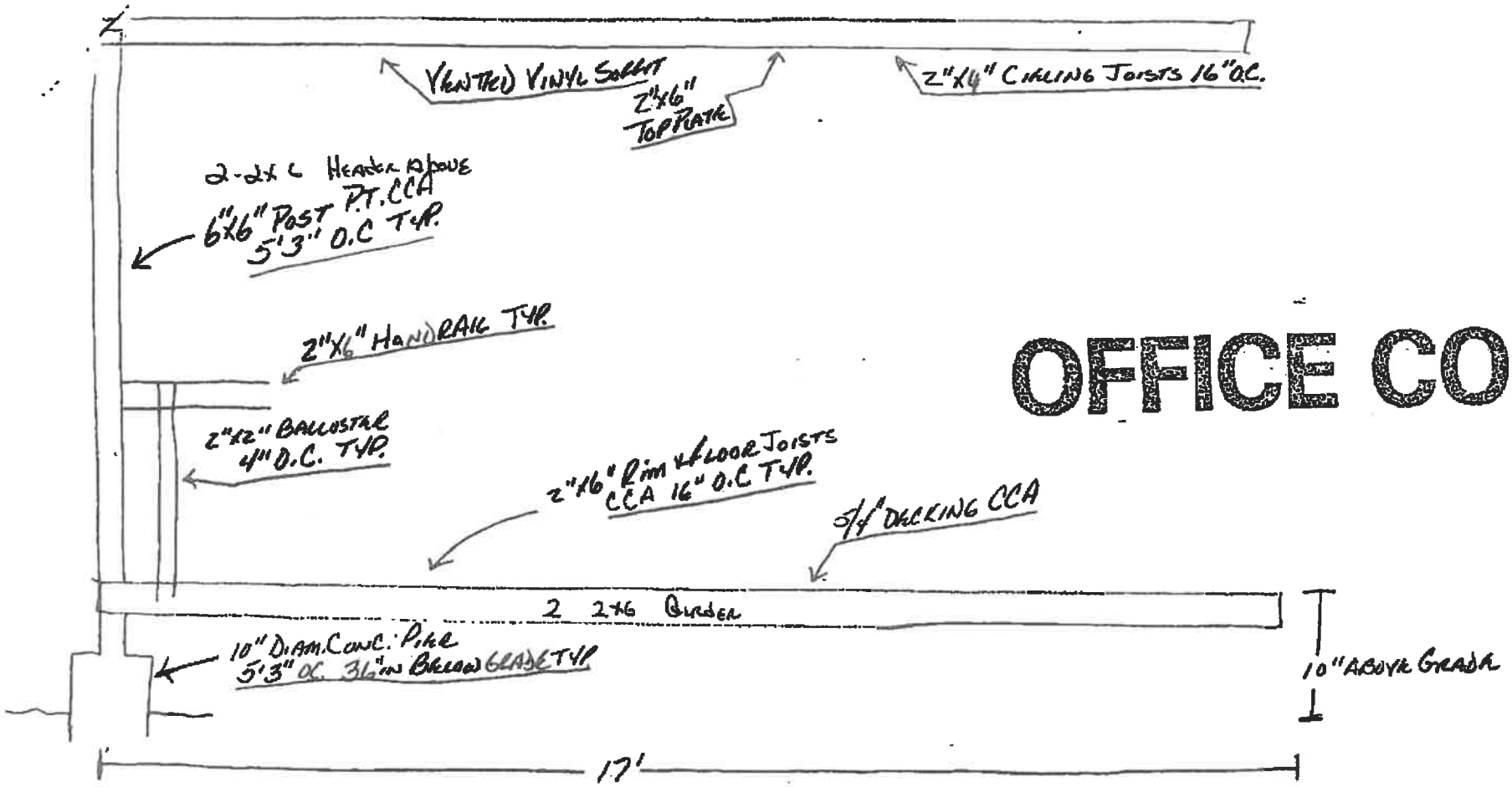
prepared by
ROBERT S. YURO ASSOCIATES INC.
Professional Land Surveyors
382 Hulse's Corner Rd., Howell Twp., N.J.
367-0447

OCTOBER 13, 1987

scale: 1" = 20'

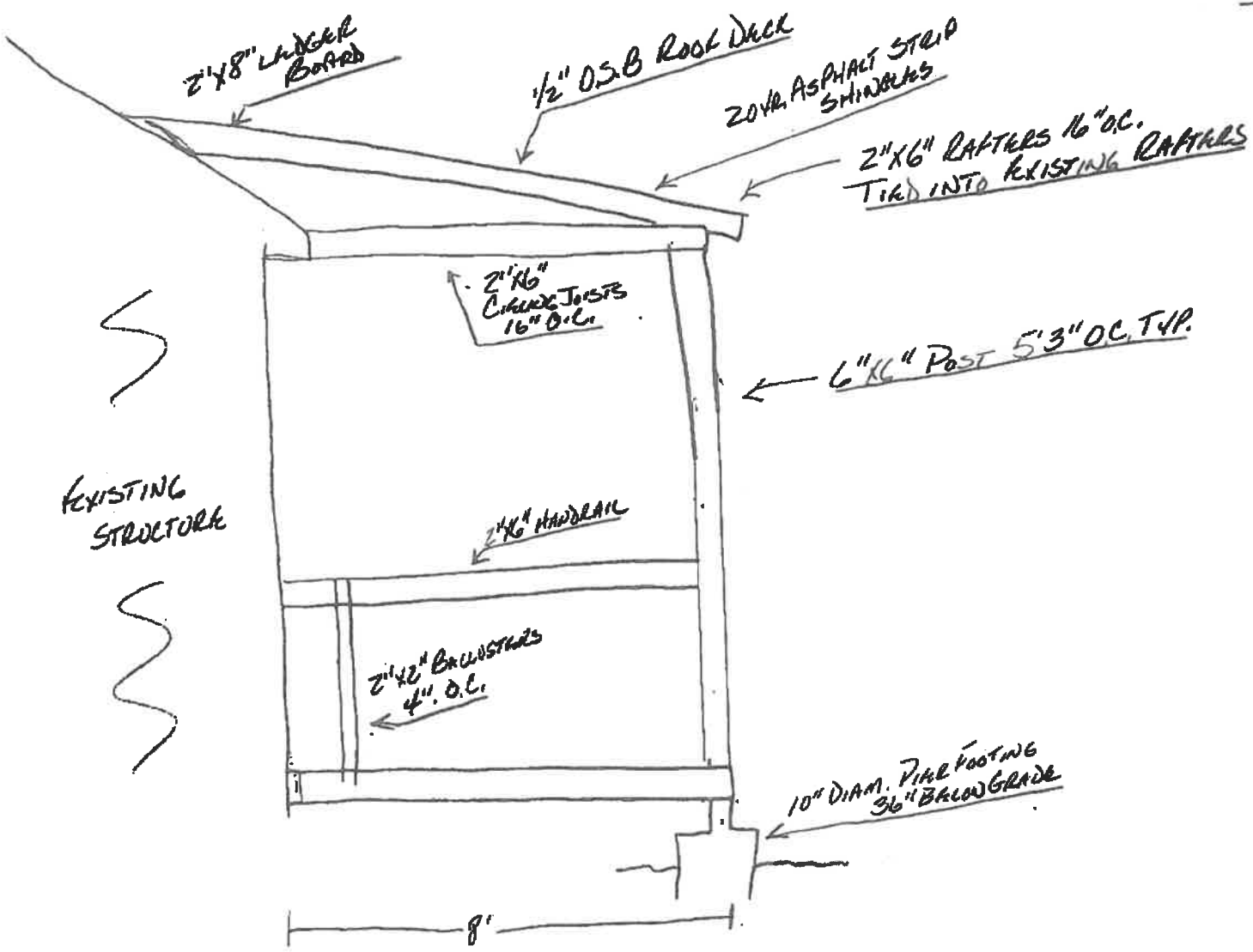
FRONT PORCH (FRONT VIEW)

Lloyd A. Fikes
HOMEOWNER



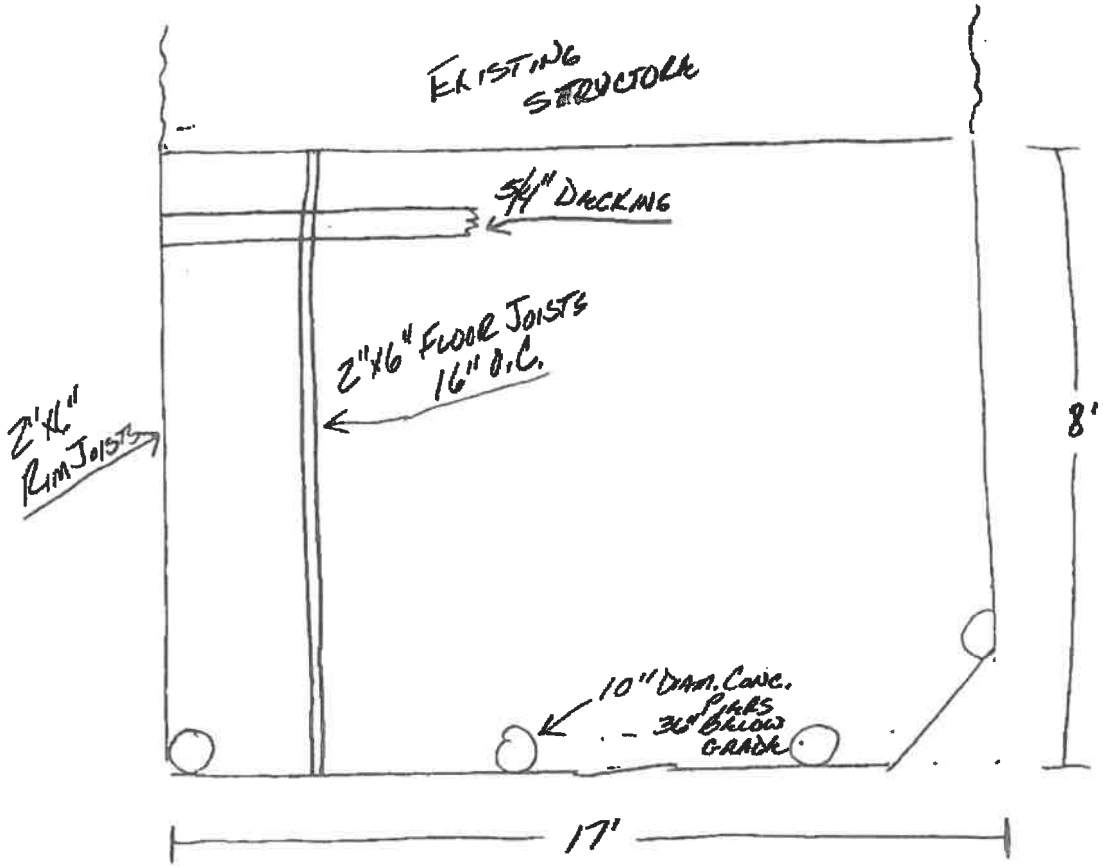
FRONT PORCH (SIDE VIEW)

HOMEOWNER



FRONT PORCH (SIDE VIEW)

Homeowner



TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

PLAN REVIEW CHECK LIST

NAME Feliciano BLOCK 124 LOT 11.01

ADDRESS E 4th St. ZONING RELEASE

DATE SUBMITTED 5-18-99 Deck

DEVELOPMENT

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING	5/26/99	DMB	OK	
PLUMBING				
FIRE				
ELECTRICAL				
MECHANICAL				
SEPTIC		RECEIVED MAY 18 1999		
OTHER				

CODELFRM

HOWELL, TOWNSHIP OF
(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

Township of Howell

Certificate of Continued Occupancy A - 5854

Date Oct. 19, 1987

Property Address: 86B East Fifth St. Block 124 Lot 11.01

Property Owners Name: Michael & Juliana Dela Cruz

Address: 86B East Fifth St. Howell NJ

Person Making Application: Juliana Dela Cruz

Attorney or Real Estate Broker: Mr. Casadonte 1 Broad St. Freehold NJ

☒ DWELLING 1-Family ☐ COMMERCIAL ☐ INDUSTRIAL

TO WHOM IT MAY CONCERN: Resale

This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE $35.00 Inspected By Patricia L. Hoover

Oct. 19, 1987 Patricia L. Hoover

DATE ISSUED ACTING CODE ENFORCEMENT OFFICER

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

Township of Howell

Certificate of Continued Occupancy A 5854

Date Oct 19 1987

Property Address: 86B East Fifth St. Block 124 Lot 11.01

Property Owners Name: Michael & Juliana Dela Cruz

Address: 86B East Fifth St., Howell, NJ

Person Making Application: Juliana Dela Cruz

Attorney or Real Estate Broker: Mr. Casadonte, 1 Broad St., Freehold, NJ

[x] DWELLING 1-Family [ ] COMMERCIAL [ ] INDUSTRIAL

TO WHOM IT MAY CONCERN: Resale

This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE $35.00 Inspected By Patricia L. Hoover

Oct. 19, 1987 [signature]

DATE ISSUED ACTING CODE ENFORCEMENT OFFICER

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

HOWELL TOWNSHIP CODE ENFORCEMENT OFFICE

APPLICATION FOR

CERTIFICATE OF CONTINUED OCCUPANCY

1.) OWNER'S NAME & ADDRESS:

Michael A. Dela Cruz
Juliana R Dela Cruz
86 B East Fifth St.

2.) PROPERTY LOCATION:

86 B. East Fifth St.

BLOCK: 124 LOT: 11A

(RESIDENTIAL) COMMERCIAL APARTMENT

TELEPHONE: [redacted]

3.) DOES THE PROPERTY HAVE A WELL? yes SEPTIC SYSTEM? yes

4.) OCCUPANCY CHANGE DUE TO SALE X RENT ____ OTHER ____

5.) NAME, ADDRESS AND TELEPHONE NUMBER (DAYTIME) OF PERSON TO BE CONTACTED REGARDING THE INSPECTION:

Julie Dela Cruz 86 B East Fifth St. 363-8491

6.) NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR REALTOR:

~~FRANK FREIDMAN~~ MR. CASADONTE 431-4545 - 1 Broad St. Freehold

THE PURPOSE OF THE MUNICIPAL INSPECTION FOR A CONTINUED CERTIFICATE OF OCCUPANCY IS TO DETERMINE IF THE HOUSING UNIT COMPLIES WITH THE MINIMAL REQUIREMENTS OF THE NEW JERSEY STATE HOUSING CODE ; WHICH CODE HAS BEEN ADOPTED BY THE TOWNSHIP OF HOWELL. ALTHOUGH THE PROPERTY OWNER MIGHT INCIDENTALLY BENEFIT FROM THE INSPECTION, THE PROPERTY OWNER OR PURCHASER SHOULD INDEPENDENTLY PROTECT HIMSELF WITH THE REGARD TO THE PREMISES BEING OCCUPIED, AS INSPECTIONS SUCH AS THESE REQUIRE JUDGEMENT IN DIFFICULT AREAS AND AS THE WHOLE AND NOT FOR THE BENEFIT OF THE PARTICULAR OWNER. THE MUNICIPALITY ASSUMES NO LIABILITY BY REASON OF THE ISSUANCE OF A CERTIFICATE OF CONTINED OCCUPANCY.

THE SECOND RE-INSPECTION WILL REQUIRE AN ADDITIONAL FEE OF $25.00

FEE SCHEDULE IS AS FOLLOWS:

RESIDENTIAL:	($25.00)	CHECK# ____
COMMERCIAL:	$50.00	CASH $35.00
SEPTIC SYSTEMS:	($10.00)	

PAYMENT OF $ 35.00 IS ENCLOSED WITH THIS APPLICATION

DATE: 10/16/87 Sent 10-7-87 X Juliana R. Dela Cruz SIGNATURE

DEPARTMENT: Code/Hlth INSPECTION DATE: 10-16-87

NOTE: APPLICANT MUST CALL 431-7456 BETWEEN 9 & 9:30 A.M. TO ARRANGE APPOINTMENT WITH THE MONMOUTH CO. BOARD OF HEALTH WHEN WELL & SEPTIC IS INVOLVED

I HEREBY GIVE PERMISSION TO AUTHORIZED PERSONNEL FROM THE TOWNSHIP OF HOWELL TO INSPECT THE ABOVE PREMISES AT ANY REASONABLE TIME.

OTE: BECAUSE OF TIME AND PAPERWORK INVOLVED IN SETTING UP INSPECTIONS, THERE WILL BE NO REFUNDS OF THE APPLICATION FEE IN THE EVENT OF CANCELLATION OF THE INSPECTION.

REV. 7-2-87

HOWELL TOWNSHIP CODE ENFORCEMENT OFFICE

APPLICATION FOR

CERTIFICATE OF CONTINUED OCCUPANCY

1.) OWNER'S NAME & ADDRESS:

Michael A. Dela Cruz
Juliana R Dela Cruz
86 B East Fifth St

2.) PROPERTY LOCATION:

86 B East Fifth St.
BLOCK: 124 LOT: 11A
(RESIDENTIAL) COMMERCIAL APARTMENT

TELEPHONE: [redacted]

3.) DOES THE PROPERTY HAVE A WELL? yes SEPTIC SYSTEM? yes

4.) OCCUPANCY CHANGE DUE TO SALE X RENT ____ OTHER ____

5.) NAME, ADDRESS AND TELEPHONE NUMBER (DAYTIME) OF PERSON TO BE CONTACTED REGARDING THE INSPECTION:

Julie Dela Cruz 86 B East Fifth St. 363-8491

6.) NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR REALTOR:

mr. Casadonte
~~Frank Freidman~~ 431-4545 1 Broad st Freehold

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FEE SCHEDULE IS AS FOLLOWS:

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DEPARTMENT: Code Hlth INSPECTION DATE: 10-16-87

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OTE: BECAUSE OF TIME AND PAPERWORK INVOLVED IN SETTING UP INSPECTIONS, THERE WILL BE NO REFUNDS OF THE APPLICATION FEE IN THE EVENT OF CANCELLATION OF THE INSPECTION.

P&V 7-7-87

HOWELL TOWNSHIP

DEPARTMENT OF CODE ENFORCEMENT INSPECTION REPORT

NAME De la Cruz — BLOCK 124 LOT 11.01

ADDRESS 96 B East 5th St. — 10-16-07

BUILDING TYPE: TOWN HOUSE | ONE FAMILY | ✓ APARTMENT | COMMERCIAL | OFFICE | TRAILER | NO ADMITTANCE

NJHC No.	STRUCTURE INTERIOR	VIOLATION
1	Potable — Approved Water Supply	
2	Flow Rate Min. 1 Gal Per Minute	
1	Kitchen Sink — Flush Toilet — Stove — Tub — Shower	
3	Toilet — Tub — Shower Affords Privacy	
4	Plumbing Fixtures in Good Working Order Properly Connected	
5	Sinks — Tubs — Showers Hooked to Hot & Cold Water	
6	Water Heater Properly Installed Able to Heat Water to 120° F.	
.1	Minimum Window Area 10% of Floor Area	
.3	Each Room to Have 2 Electrical Outlets or 1 Outlet — One Wall Switch or Pullchain	
4	All Electric Wiring to Meet Codes	
.5	Common Stairways Min. Light 2 Lumens. Bathroom Min. Lumens 3	
.6	Bathroom Light to be Controlled by Wall Switch	
.1	Habitable Rooms to Have 2 Air Changes an Hour — Bathrooms Need 6 Changes Per Hour	
1	Heating Equipment Properly Installed and In Good Working Order 70° Min. Heat	
2	Space Heaters to be Vented	
2-9	Smoke Detectors on all Levels	
1	Egress Safe and Unobstructed	
2	Below Ground Sleeping Room — Proper Egress	
0.1	Floors — Foundation — Walls — Ceilings — Doors — Windows — Glass in Clean and Good Condition	
0.2	3 or More Steps To Have Hand Rails	
0.5	Foundation — Floors — Walls Free of Dampness	
0.6	Free From Rodents — Vermin — Insects. Windows Screened May 1 to Oct. 1	
0.8	Paint — Wallpaper in Good Condition	
0.9	Kitchen — Bathroom Floors Water Impervious	
1.1	Dwelling to Have 150 sq ft 1st Occupant; 100 sq ft for Each Additional Occupant	
1.2	Sleeping Area 70 sq ft For One Occupant 50 sq ft For Each Additional Occupant. Trailers 30 sq ft For 1 Occ.; 60 sq ft For Each Occ. Over 1.	
1.3	Min. Ceiling Height 7' for 50% of Floor Area	
1.5	Sleeping Room Not To Be More Than 3'6" below Ground	
0.1	Clean — Repair Furnace	
0.1	Trailers to Have 5 lb ABC Fire Extinguisher	

NJHC No.	STRUCTURE EXTERIOR	VIOLATION
5.1	Trash Properly Stored in Containers	
10.1	Windows — Roof — Other Parts of Building in Good Repair	
10.3	Porch — Balcony Has Safe Railings	
10.4	Roof — Walls — Windows — Exterior Doors Free From Holes and Leaks	
10.7	Premises Free From Litter — Garbage — Rubbish — Junk. Lawns — Hedges — Bushes Trimmed — Fences in Good Repair	
10.7	Repair Steps — Sidewalk — Driveway	
10.5	Correct Improper Drainage	
10.1	Point up Brickwork	
10.5	Repair Masonary Walls	
10.1	Repaint Trim	
10.1	Repaint House	
10.1	Repair — Replace Gutters — Down Spouts	
10.1	Place Street Number on Building	
10.1	Pool Fencing to Meet Code	
10.1	Clean Rain Gutters of Debris	

	COMMERCIAL — OFFICES	
25.9	Provide Electric Smoke — Fire Alarm System	
25.10	Provide — Repair Exit Signs	
17.1	Storage Area Fire Rated 1 Hour	
8.4	Means of Egress Readily Openable	
19.2	Entry Door Self Closing or Self Locking	
3.1-18	Provide Ample Trash Container Fence Enclosed	
3.13-6	Front and Rear Outside Areas to be clean	
3.13-6	Repair — Paint Siding	
3.13-6	Signs to be in Good Condition	
3.13-6	Repair Electric Fixture — Wiring	
3.13-6	Repair Entrance Door	
3.13-6	2 Means of Unobstructed Egress	
8.1	Heating System in Good Condition	
3.13-6	Hallways Free of Obstructions	
3.13-6	Sidewalk in Good Condition	
3.13-6	Parking Area in Good Condition	
3.13-6	Parking Area Free of Litter; Parking Space for Handicap if Lot Parks 12 or More Cars	
13.2	Hallway Illumination Adequate	
3.13-6	Windows, Roof, Other Parts of Building In Good Repair	
3.13-6	Correct Water Drainage	

10-16-07

HOWELL TOWNSHIP

DEPARTMENT OF CODE ENFORCEMENT INSPECTION REPORT

NAME De la Cruz — BLOCK 124 LOT 11.01

ADDRESS 96 B East 5th St. — Tel. 10-16-87

BUILDING TYPE: TOWN HOUSE | ONE FAMILY | APARTMENT ✓ | COMMERCIAL | OFFICE | TRAILER | NO ADMITTANCE

NJHC No.	STRUCTURE INTERIOR	VIO-LA-TION
3.1	Potable — Approved Water Supply	
3.2	Flow Rate Min. 1 Gal Per Minute	
4.1	Kitchen Sink — Flush Toilet — Stove — Tub — Shower	
4.3	Toilet — Tub — Shower Affords Privacy	
4.4	Plumbing Fixtures in Good Working Order Properly Connected	
4.5	Sinks — Tubs — Showers Hooked to Hot & Cold Water	
4.6	Water Heater Properly Installed Able to Heat Water to 120° F.	
6.1	Minimum Window Area 10% of Floor Area	
6.3	Each Room to Have 2 Electrical Outlets or 1 Outlet — One Wall Switch or Pullchain	
6.4	All Electric Wiring to Meet Codes	
6.5	Common Stairways Min. Light 2 Lumens, Bathroom Min. Lumens 3	
6.6	Bathroom Light to be Controlled by Wall Switch	
7.1	Habitable Rooms to Have 2 Air Changes an Hour — Bathrooms Need 6 Changes Per Hour	
8.1	Heating Equipment Properly Installed and in Good Working Order 70° Min. Heat	
8.2	Space Heaters to be Vented	
8.2-9	Smoke Detectors on all Levels	
9.1	Egress Safe and Unobstructed	
9.2	Below Ground Sleeping Room — Proper Egress	
10.1	Floors — Foundation — Walls — Ceilings — Doors — Windows — Glass in Clean and Good Condition	
10.2	3 or More Steps To Have Hand Rails	
10.5	Foundation — Floors — Walls Free of Dampness	
10.6	Free From Rodents — Vermin — Insects. Windows Screened May 1 to Oct. 1	
10.8	Paint — Wallpaper in Good Condition	
10.9	Kitchen — Bathroom Floors Water Impervious	
11.1	Dwelling to Have 150 sq ft 1st Occupant; 100 sq ft for Each Additional Occupant	
11.2	Sleeping Area 70 sq ft For One Occupant 50 sq ft For Each Additional Occupant. Trailers 30 sq ft For 1 Occ.; 60 sq ft For Each Occ. Over 1.	
11.3	Min. Ceiling Height 7' for 50% of Floor Area	
11.5	Sleeping Room Not To Be More Than 3'6" below Ground	
10.1	Clean — Repair Furnace	
10.1	Trailers to Have 5 lb ABC Fire Extinguisher	

NJHC No.	STRUCTURE EXTERIOR	VIO-LA-TION
5.1	Trash Properly Stored in Containers	
10.1	Windows — Roof — Other Parts of Building in Good Repair	
10.3	Porch — Balcony Has Safe Railings	
10.4	Roof — Walls — Windows — Exterior Doors Free From Holes and Leaks	
10.7	Premises Free From Litter — Garbage — Rubbish — Junk. Lawns — Hedges — Bushes Trimmed — Fences in Good Repair	
10.7	Repair Steps — Sidewalk — Driveway	
10.5	Correct Improper Drainage	
10.1	Point up Brickwork	
10.5	Repair Masonary Walls	
10.1	Repaint Trim	
10.1	Repaint House	
10.1	Repair — Replace Gutters — Down Spouts	
10.1	Place Street Number on Building	
10.1	Pool Fencing to Meet Code	
10.1	Clean Rain Gutters of Debris	

	COMMERCIAL — OFFICES	
25.9	Provide Electric Smoke — Fire Alarm System	
25.10	Provide — Repair Exit Signs	
17.1	Storage Area Fire Rated 1 Hour	
8.4	Means of Egress Readily Openable	
19.2	Entry Door Self Closing or Self Locking	
3.1-18	Provide Ample Trash Container Fence Enclosed	
3.13-6	Front and Rear Outside Areas to be clean	
3.13-6	Repair — Paint Siding	
3.13-6	Signs to be in Good Condition	
3.13-6	Repair Electric Fixture — Wiring	
3.13-6	Repair Entrance Door	
3.13-6	2 Means of Unobstructed Egress	
8.1	Heating System in Good Condition	
3.13-6	Hallways Free of Obstructions	
3.13-6	Sidewalk in Good Condition	
3.13-6	Parking Area in Good Condition	
3.13-6	Parking Area Free of Litter; Parking Space for Handicap if Lot Parks 12 or More Cars	
13.2	Hallway Illumination Adequate	
3.13-6	Windows, Roof, Other Parts of Building in Good Repair	
3.13-6	Correct Water Drainage	

10-16-87

RECEIPT NO: № 10228

TOWNSHIP OF HOWELL

P.O. Box 580

Howell, N.J. 07731

DATE 10-6 19 97

NAME Delacruz

ADDRESS 86 B E. 5th St.

CITY STATE, ZIP Howell

☑ CASH ☐ CHECK $ 35.00

thirty five dollars and no/cts DOLLARS

☐ OTHER

REMARKS c/o/a for blk. 124

lt. 11.01

RECEIVED BY FOR TOWNSHIP OF HOWELL, N.J.

WHITE - ORIGINAL CANARY - DUPLICATE

VERBAL APPROVAL

GIVEN BY: Alice

DEPARTMENT: Mon Cty Bd Health

DATE: 10-19-87

TIME: 9:40 AM

REC. BY: Marge

TYPE: Well & Septic

OWNER: Juliana & Michael A. Dela Cruz

ADDRESS: 86 B East Fifth St

BLOCK: 124 **LOT:** 11 A (11.01)

Heater

TOWNSHIP of HOWELL

Post Office Box 580 Howell, New Jersey 07731-0580 (201) 938-4500

10-7-87

Dale Craig

BLOCK 124 LOT 11.A

ADDRESS: 86 B. E. 5th St.

THIS IS TO VERIFY THAT THERE ARE NO OPEN PERMITS ON THE ABOVE REFERENCED PROPERTY.

DATE OF INSPECTION IF THERE ARE OPEN PERMITS: _____

BUILDING DEPT. VERIFIED

DATE 10/8/87

VERBAL APPROVAL

GIVEN BY: Alice

DEPARTMENT: Mon Cty Bd Health

DATE: 10-19-87

TIME: 9:40 AM

REC. BY: Marge

TYPE: Well & Septic

OWNER: Juliana & Michael A Dela Cruz

ADDRESS: 86 B East Fifth St

BLOCK: 124 **LOT:** 11 A (11.01)

Heather

TOWNSHIP of HOWELL

Post Office Box 580 Howell, New Jersey 07731-0580 (201) 938-4500

Dale Craig 10-7-87

BLOCK 124 LOT 11.A

ADDRESS: 86 B. E. 5th St.

THIS IS TO VERIFY THAT THERE ARE NO OPEN PERMITS ON THE ABOVE REFERENCED PROPERTY.

DATE OF INSPECTION IF THERE ARE OPEN PERMITS: _____

BUILDING DEPT. VERIFIED

DATE 10/8/87

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

Date Issued 8/26/2015
Control Number C-25655
Permit Number 20151862
Permit Issue Date 8/3/2015
Certificate Number 20151862

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 63 EAST FIFTH STREET Howell Township, NJ 07731 Block: 124 Lot: 11.01 Qual:

Owner In Fee: FELICIANO, MIGUEL & MARY

Owner Address: 63 EAST FIFTH ST HOWELL NJ 07731

Telephone: [redacted]

Contractor BLUE SKY ELECTRICAL CONTR. INC.

Address 314 ALEXANDER AVE. Howell NJ 07731

Telephone: (732) 308-1001 Fax: (732) 901-2246

License Number or Builders Registration Number: 34EI01184500 34EB01184500 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: METER PAN

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/26/2015

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8-3-15
Control # C-25655
Date Issued
Permit # 2015/862

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

Block 124 Lot 11.01 Qualification Code ____

Work Site Location 63 E 5th St Howell, NJ 07731

Owner in Fee: MIGUEL + MARY FELICIANO

Tel. ([redacted]) ____ e-mail [redacted]

Address 63 E 5th St Howell 07731
(street, municipality, zip code)

Contractor: Blue Sky Electric Tel. (732) 948-6011

Address 314 Adams Ave e-mail ____
Howell NJ 07731

Contractor License No. 13545 Exp. Date 3/15

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

Federal Emp. ID No. [redacted] FAX: ( ) ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ 300.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: ____

Print name here: ____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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	200	MAIN PAN	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] 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: 12-23-15
Approved by: ____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO
Date: 8-10-16
Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	____	____	____	____
Barrier-Free	____	____	____	____
Trench	____	____	____	____
Temp. Serv.	____	____	____	____
Constr. Serv.	____	____	____	____
T&O	____	____	____	____
Other	____	____	____	____
Service	____	____		
Final	____	____	8-10-16	
Barrier-Free	____	____	____	____

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

Administrative Surcharge $ 75
Minimum Fee $ ____
State Permit Surcharge Fee $ ____
TOTAL FEE $ ____

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

Donna Belton

From: Eileen Cusa
Sent: Friday, July 10, 2020 1:23 PM
To: Donna Belton
Subject: RE: OPRA
Attachments: CASE FILE 1999.pdf

Good afternoon,

Attached are Land Use files for OPRA 20-875.

Eileen Cusa
Administrative Assistant

Township of Howell
4567 Route 9 North, 2nd Floor
Howell, NJ 07731
Phone: (732) 938-4500 x 2335
Fax: (732) 414-3243

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Monday, July 6, 2020 9:35 AM
To: Paul Orlando <porlando@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>
Subject: OPRA

Good Morning,

Attached please find OPRA 20-875 for your review. Please forward your findings to me no later than 7/15/2020.

Thank you.

Regards,

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

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

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

PROPERTY: BLOCK 124 LOT(S) 11.01 STREET N. FIFTH ST.

APPLICANT: NAME Mr & Mrs FALICIANO

ADDRESS N. FIFTH ST.

PHONE [redacted]

PROPOSED USE: ____ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool X Deck (Covered porch) ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

____ Other: Specify ____

LOCATION OF STRUCTURE: Setback from right of way 46' feet (and ____ feet if a corner lot)

Side yard clearances 8'8 feet and N/A feet

Rear yard clearances ____ feet

DESCRIPTION OF STRUCTURE: Height 10 ft. feet to highest point

Length 8' feet Width 17 feet

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

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

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

[signature] 5/6/99
SIGNATURE OF APPLICANT DATE

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

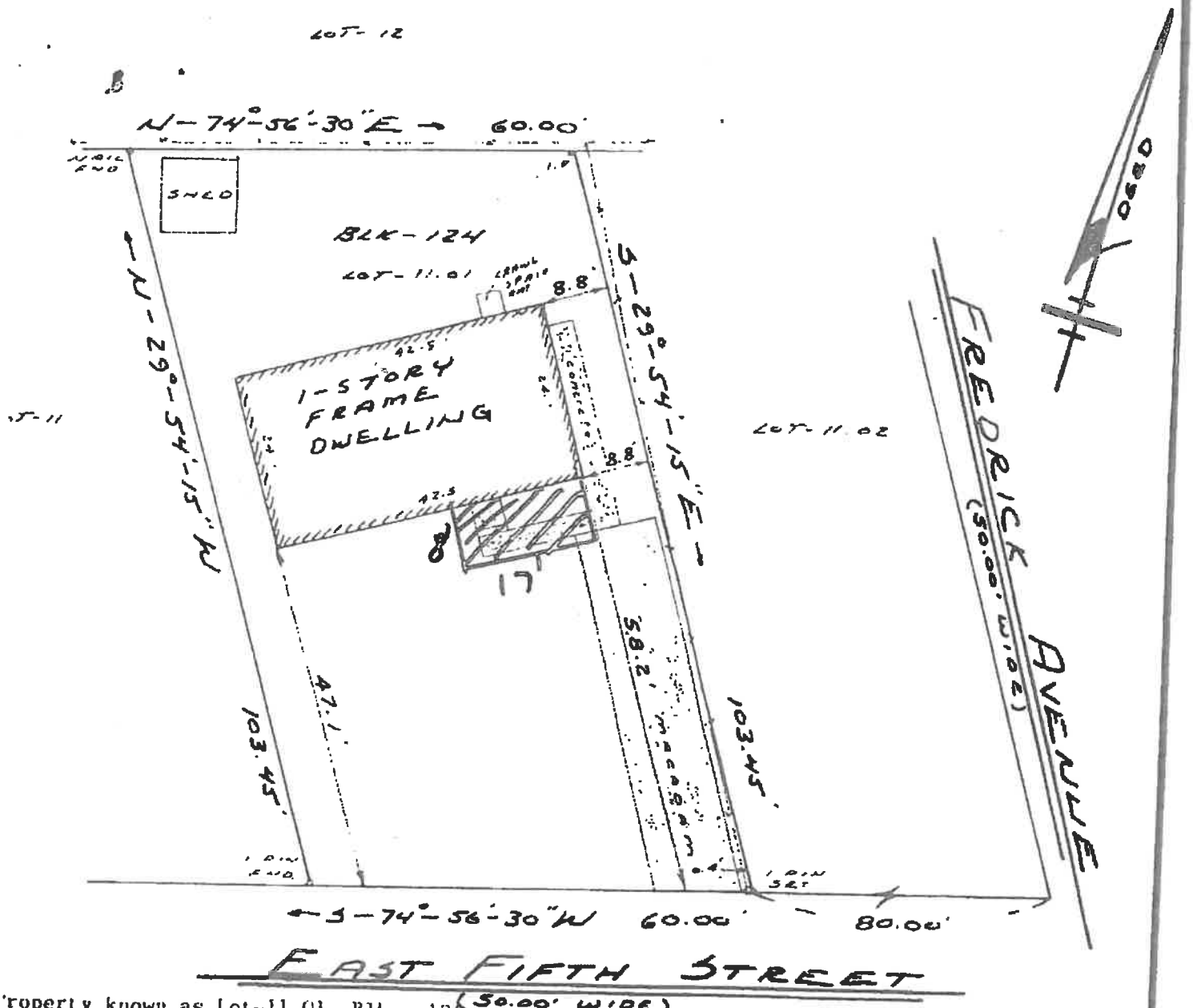
5/19/99 [signature]
Date HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: ____

Receipt #2685

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

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE



Property known as Lot-11.01, Blk.- 124 as shown on Sheet No. 29 of the Howell Township Tax Map.

This survey is certified to;
Robert T. Blewett & Mary B. Blewett, h/w;
Provident Savings Bank its successors and/or assigns;
Alliance Title Agency;
Security Title & Guaranty Company;
Peter S. Falvo, JR., Esq.

Robert S. YURO L.S. #19463

SURVEY OF PROPERTY
prepared for
ROBERT T. BLEWETT & MARY B. BLEWETT, H/W
situated in
HOWELL TOWNSHIP MONMOUTH COUNTY, N.J.
prepared by
ROBERT S. YURO ASSOCIATES INC.
Professional Land Surveyors
382 Hulse's Corner Rd., Howell Twp., N.J.
367-0447

OCTOBER 13, 1987

scale: 1" = 20'

HOWELL | Land Desc: 60X103 | Owners Name: FELICIANO, MIGUEL & MARY | Land: 97,100
Block: 124 | Bldg Desc: RANCH | Street Address: 63 EAST FIFTH ST | Impr: 94,600 | Reval Date: 2020/10/01
Lot: 11.01 | Addl Lots: | City & State: HOWELL, NJ | Zip: 07731 | Total: 191,700 | Map: 7.12
Qual: | Acreage: 0.142 | Class: 2 | Property Location: 63 EAST FIFTH STREET | Exempt: | Seq#: 15551 (#1 of 1)

SALES HISTORY

Grantor	Date	Book/Page	Price	Nu#
BLEWETT, ROBERT & MARY B	08/04/03	8277 /2324	1	1

ASSESSMENT HISTORY

Year	Land	Impr	Total
2011	127100	69300	196400
2015	62100	87300	149400
2017	83500	92500	176000
2018	87100	87600	174700

BUILDING PERMITS/REMARKS

Date	Work Description	Amount	Compl.

LAND CALCULATIONS

Frt	Eff D	Back L	Tri	Dpf	FFF	Dep	Reason	Value
0.142 AC	@ 50000	+ 90000	100%					97100

Neigh: FREE
VCS: FREE
Zone: R-50
Min Front: 50
Std Depth: 100
Front Ft Value:
Acre Value: 50000
Lot Value:
Land Value: 97,100

SITE INFORMATION

Road:	PAVED	Util:	SEPTIC ONLY
Curbs:	NO	Gas:	YES
Sidewalk:	NO	Elec:	YES
Loc:		Topo:	LEVEL

STAFF CONTROL

Info By:	OWNER	Date:	08/12/15
Visits:	2	Collector:	15
Old B:	124	Prtd:	12/09/20
Old L:	11.A	Card:	M KF

BUILDING INFORMATION

Class: 16	Roof Type: GABLE
Age/Eff Age: 40 / 30 (Y)	Roof Material: SHINGLE
Exterior Walls: ALUM/VINYL	Room Count: Total Rooms: 6 Bed Rooms: 3
Style: RANCH	Row/End: N.A.
Story Height: ONE STORY	Conversion:
Exterior Condition: NORMAL	Number of Units: 1
Interior Condition: NORMAL	Heat Source: ELECTRIC
Foundation: CONCRETE BLOCK	Livable Area: 1008 SF

DEPRECIATION

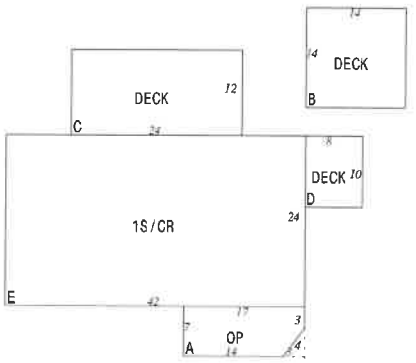
Physical:	33 %	Auto:	Y
Func Obs:	%	Over Imp:	%
Econ Obs:	%	Under Imp:	%
		Final Net:	0.67

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

NOTES

1980: TWF
SRC: MOTHER
SHED N/V

BUILDING SKETCH



A: OP	u-7r25u7r17d3s4w3l14	113
B: DECK	u28r42cu14r14	196
C: DECK	u24r9cr24u12	288
D: DECK	u24r42cr8d10	80
E: 1S/CR	u0r0cr42u24	1008
F:		0
G:		0
H:		0
I:	M:	
J:	N:	
K:	O:	
L:	P:	

Scale: 20

RESIDENTIAL COST APPROACH

	Area	Rate	Const	Q/F	Mult	Value
Basement						
Main Bldg						
FIRST STORY	1008 x	49.180	+22440	x1.00	x1.00 =	72013
Heat/AC						
ELECTRIC BASEBD	1008 x	1.620	+ 780	x1.00	x1.00 =	2413
AC (SEP DUCTS)	1008 x	1.600	+ 2340	x1.00	x1.00 =	3953
Plumbing						
3 FIXTURE BATH	1- 2 x	2595.000	+ 0	x1.00	x1.00 =	-2595
2 FIXTURE BATH	0- 1 x	1895.000	+ 0	x1.00	x1.00 =	-1895
Fireplace						
Attic						
Deck/Patio						
OPEN PORCH	113 x	10.760	+ 456	x1.00	x1.00 =	1672
DECK	564 x	5.610	+ 0	x1.00	x1.00 =	3164
Garage						

Base Cost: 78725 CCF: 1.77 Cost New: 139343
Net Cond: 0.67 Bldg Value: 93360

Detached Items:

SHED 1STY	120 x	15.480	+ 890	x1.00 x0.25	x1.77 =	1216

Land: 97,100 Impr: 94,600 Total: 191,700