

Construction

From: [Shuman, Jennifer](#)
To: [Florio, Kathy](#); [Rhead Amy](#)
Subject: RE: OPRA 20201116-004 Cicienia (78 North Hillside Ave; B4001-L4)
Date: Tuesday, November 17, 2020 4:14:49 PM
Attachments: [78 N Hillside Ave B4001 L4.pdf](#)

Kathy,

Attached is the Construction Department's response to OPRA 20201116-004 Cicienia (78 North Hillside Ave; B4001-L4).

Have a nice day,
Jennifer Shuman
Administrative Assistant
Construction Department
Township of Roxbury
1715 Route 46
Ledgewood, NJ 07852
973-448-2011



Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 5/29/2020
Control Number C-20-00459
Permit Number 20-0369
Permit Issue Date 5/20/2020
Certificate Number 20-0369

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 78 N HILLSIDE AVE KENVIL, NJ 07847 Block: 4001 Lot: 4 Qual: _____

Owner in Fee: SHAFFER, STEVEN G/RANDILYN J

Owner Address: PO BOX 213 KENVIL NJ 07847

Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor _____

Address _____

Telephone: _____ Fax: _____ Federal Emp. Number: _____

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: - UNDERGROUND ELECTRIC TO SHED

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: \$0.00

Check Number: _____

Collected By: _____

Construction Official _____

Date Printed: 11/17/2020

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

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Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 10/8/2019
Control Number C-19-00912
Permit Number 19-0805
Permit Issue Date 7/26/2019
Certificate Number 19-0805

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 78 N HILLSIDE AVE KENVIL, NJ 07847 Block: 4001 Lot: 4 Qual: _____

Owner in Fee: SHAFFER, STEVEN G/RANDILYN J

Owner Address: PO BOX 213 KENVIL NJ 07847

Telephone: **REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1**

Contractor _____

Address _____

Telephone: _____ Fax: _____ Federal Emp. Number: _____

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: POOL DEMOLITION

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: \$0.00

Check Number: _____

Collected By: _____

Construction Official _____

Date Printed: 11/17/2020

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

Page 1



PERMIT UPDATE

Date Update Issued 4/24/2009
Control # C-09-00409
Permit # 05-1137+B

IDENTIFICATION Block: 4001 Lot: 4 Qualifier _____
Work Site Location: 78 NORTH HILLSIDE AVE., NJ Contractor SHAFFER, GREG
Address P.O. BOX 213 KENVIL NJ 07847-
Owner in Fee SHAFFER, GREG
P.O. BOX 213 KENVIL NJ 07847- Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1
Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1 Lic. No. or Bids. Reg. No. _____
Federal Employee 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:

Add 10 Detectors

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 \$275

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$6
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$5
Total	\$11
Check No.	5296
Cash	\$0
Credit	\$0
Collected By	Jan Ribe

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.

- ☐ 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:

- ☐ 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".

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

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



Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Inspection Activity Report

Inspections for Permit Number 05-1137+B

Permit Number

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
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Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 2/13/2009
Control Number C-09-00105
Permit Number 05-1137+A
Permit Issue Date 2/11/2009
Certificate Number 05-1137+A

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 78 NORTH HILLSIDE AVE. , NJ Block: 4001 Lot: 4 Qual: _____

Owner in Fee: SHAFFER, GREG

Owner Address: P.O. BOX 213 KENVIL NJ 07847-

Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor _____

Address _____

Telephone: _____ Fax: _____ Federal Emp. Number: _____

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: - PLUMBING AND ELECTRICAL ALTERATIONS

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: \$0.00

Check Number: _____

Collected By: _____

Construction Official _____

Date Printed: 11/17/2020

U.C.C. F280 (rev. 08/05)

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Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 5/19/2008
Control Number C-08-00235
Permit Number 08-0261
Permit Issue Date 3/28/2008
Certificate Number 08-0261

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 78 N HILLSIDE AVE KENVIL, NJ 07847 Block: 4001 Lot: 4 Qual: _____

Owner in Fee: SHAFFER, STEVEN G & RANDILYN J

Owner Address: 78 N HILLSIDE AVE KENVIL NJ 07847

Telephone: **REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1**

Contractor _____

Address _____

Telephone: _____ Fax: _____ Federal Emp. Number: _____

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: - INSTALLATION OF 48 SOLAR ELECTRIC PANELS
ON EXISTING ROOFTOP

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
Date Printed: 11/17/2020

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

Fee: \$0.00
Check Number: _____
Collected By: _____

Page 1



CONSTRUCTION PERMIT

Date Issued 9/28/2005
Control # _____
Permit # 05-1137

IDENTIFICATION Block: 4001 Lot: 4 Qualifier _____
Work Site Location: 78 NORTH HILLSIDE AVE., NJ Contractor SHAFFER, GREG
Address P.O. BOX 213 KENVIL NJ 07847-
Owner in Fee SHAFFER, GREG
P.O. BOX 213 KENVIL NJ 07847- Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1
Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1 Lic. No. or Bldrs. Reg. No. _____
Federal Employee 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:

ADDITION

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 \$167,000

PAYMENTS (Office Use Only)

Building	\$1,246
Electrical	\$166
Plumbing	\$130
Fire Protection	\$85
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$104
CO Fee	
Other	\$25
Total	\$1,756
Check No.	1033
Cash	\$0
Credit	\$0
Collected By	

Construction Official _____

Date _____

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.

☐ 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:

☐ 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".

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

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



Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Inspection Activity Report

Inspections for Permit Number 05-1137

Permit Number
05-1137

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
10/20/2005	FOOTING		Building	Not Ready	SHAFFER, GREG 78 NORTH HILLSIDE AVE.	Addition/Alteration		FOOTING Inspector Initials: BO
10/25/2005	FOOTING		Building	Fail	SHAFFER, GREG 78 NORTH HILLSIDE AVE.	Addition/Alteration		FOOTING Inspector Initials: BO
10/26/2005	FOOTING		Building	Pass	SHAFFER, GREG 78 NORTH HILLSIDE AVE.	Addition/Alteration		FOOTING Inspector Initials: BO
11/04/2005	FOOTING		Building	Pass	SHAFFER, GREG 78 NORTH HILLSIDE AVE.	Addition/Alteration		FOOTING Inspector Initials: BO
11/08/2005	FOOTING		Building	Pass	SHAFFER, GREG 78 NORTH HILLSIDE AVE.	Addition/Alteration		FOOTING Inspector Initials: BO
11/14/2005	FOUNDATION		Building	Fail	SHAFFER, GREG 78 NORTH HILLSIDE AVE.	Addition/Alteration		FOUNDATION Inspector Initials: BO
11/15/2005	FOUNDATION		Building	Not Ready	SHAFFER, GREG 78 NORTH HILLSIDE AVE.	Addition/Alteration		FOUNDATION Inspector Initials: BO
11/21/2005	FOUNDATION		Building	Pass	SHAFFER, GREG 78 NORTH HILLSIDE AVE.	Addition/Alteration		FOUNDATION Inspector Initials: BO
11/21/2005	SLAB		Building	Pass	SHAFFER, GREG 78 NORTH HILLSIDE AVE.	Addition/Alteration		SLAB Inspector Initials: BO



Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Inspection Activity Report

Inspections for Permit Number 05-1137

05-1137

12/22/2005			Building	Not Ready	SHAFFER, GREG	Addition/Alteration	
					78 NORTH HILLSIDE AVE.		
							FRAME
							Inspector Initials: BO
02/15/2006	FOOTING	Brendhan O'Connor	Building	Pass	SHAFFER, GREG	Addition/Alteration	
					78 NORTH HILLSIDE AVE.		
04/07/2006	FRAMING	Brendhan O'Connor	Building	Pass	SHAFFER, GREG	Addition/Alteration	
					78 NORTH HILLSIDE AVE.		check at insulation lag bolts sill to steel beam ledgers and ridge washers on lag bolts deck 2x6 strap girder to post
08/04/2006	FRAMING	Brendhan O'Connor	Building	Pass	SHAFFER, GREG	Addition/Alteration	
					78 NORTH HILLSIDE AVE.		
03/02/2007	BACKFILL	Brendhan O'Connor	Building	Not Done	SHAFFER, GREG	Addition/Alteration	
					78 NORTH HILLSIDE AVE.		framing around kitchen area
03/05/2007	ROUGH	Robert O'Connor InActive	Plumbing	Fail	SHAFFER, GREG	Addition/Alteration	
					78 NORTH HILLSIDE AVE.		no excavation on site
03/16/2007	ROUGH	Robert O'Connor InActive	Plumbing	Pass	SHAFFER, GREG	Addition/Alteration	
					78 NORTH HILLSIDE AVE.		
03/30/2007	ROUGH	Frank Lanza	Electrical		SHAFFER, GREG	Addition/Alteration	
					78 NORTH HILLSIDE AVE.		PARTIAL
04/04/2007	FRAMING	Brendhan O'Connor	Building	Pass	SHAFFER, GREG	Addition/Alteration	
					78 NORTH HILLSIDE AVE.		PARTIAL FRAME
03/14/2008	ROUGH	Frank Lanza	Electrical		SHAFFER, GREG	Addition/Alteration	
					78 NORTH HILLSIDE AVE.		kitchen --bath and hall----frame and insul passed
04/18/2008	FRAMING	Brendhan O'Connor	Building	Pass	SHAFFER, GREG	Addition/Alteration	
					78 NORTH HILLSIDE AVE.		
02/09/2009	HEATING UNIT	Robert O'Connor InActive	Plumbing	Fail	SHAFFER, GREG	Addition/Alteration	
					78 NORTH HILLSIDE AVE.		frame insp no 2 passed



Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Inspection Activity Report

Inspections for Permit Number 05-1137

05-1137

02/13/2009	Final	Robert O'Connor InActive	Plumbing	Pass	SHAFFER, GREG	Addition/Alteration 78 NORTH HILLSIDE AVE.
04/24/2009	Final	William Paterson	Fire	Pass	SHAFFER, GREG	Addition/Alteration 78 NORTH HILLSIDE AVE.
04/24/2009	Alarm Devices	William Paterson	Fire	Cancelled	SHAFFER, GREG	Addition/Alteration 78 NORTH HILLSIDE AVE.



Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 6/30/2010
Control Number _____
Permit Number 05-1003
Permit Issue Date 9/2/2005
Certificate Number 05-1003

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 78 NORTH HILLSIDE AVE. , NJ Block: 4001 Lot: 4 Qual: _____

Owner in Fee: SHAFFER, GREG

Owner Address: P.O. BOX 213 KENVIL NJ 07847-

Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor _____

Address _____

Telephone: _____ Fax: _____ Federal Emp. Number: _____

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: - replace pool fence

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: \$0.00

Check Number: _____

Collected By: _____

Construction Official _____

Date Printed: 11/17/2020

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

Page 1



Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 8/27/2004
Control Number _____
Permit Number 04-0849
Permit Issue Date 8/2/2004
Certificate Number 04-0849

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 78 NORTH HILLSIDE AVE. KENVIL, NEW JERSEY, NJ Block: 4001 Lot: 4 Qual: _____

Owner in Fee: SHAFFER, GREG

Owner Address: P.O. BOX 213 KENVIL NJ 07847-

Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor _____

Address _____

Telephone: _____ Fax: _____ Federal Emp. Number: _____

License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - REMOVAL OF EXTERIOR ASBESTOS SHINGLES

Certificate Comments: REMOVAL OF EXTERIOR ASBESTOS SHINGLES

☐ **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: \$0.00

Check Number: _____

Collected By: _____

Construction Official _____

Date Printed: 11/17/2020

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

Page 1



CONSTRUCTION PERMIT

Date Issued 7/22/2004
Control #
Permit # 04-0803

IDENTIFICATION Block: 4001 Lot: 4 Qualifier
Work Site Location: 78 NORTH HILLSIDE AVE. KENVIL, NEW Contractor
JERSEY, NJ Address
Owner in Fee SHAFFER, GREG Telephone:
P.O. BOX 213 KENVIL NJ 07847- Lic. No. or Bldrs. Reg. No.
Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1 Federal Employee, 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:

REMOVING SMALL ROOF OVER THE DOOR AND REPLACING IT WITH NEW ROOF
REMOVE
REAR PORCH IN PREPARATION FOR PROPOSED ADDITION

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 \$200

PAYMENTS (Office Use Only)

Building	<u>\$4</u>
Electrical	<u>\$0</u>
Plumbing	<u>\$0</u>
Fire Protection	<u>\$0</u>
Elevator Devices	<u>\$0</u>
Other	<u>\$0.00</u>
DCA Training Fee	<u>\$0</u>
CO Fee	<u> </u>
Other	<u>\$0</u>
Total	<u>\$4</u>
Check No.	<u> </u>
Cash	<u>\$4</u>
Credit	<u>\$0</u>
Collected By	<u> </u>

Construction Official

Date

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.

- ☐ 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:
- ☐ 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".
- ☐ A complete copy of released plans must be kept on the job site.
- If you do not understand any of this information, please ask.



Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Inspection Activity Report

Inspections for Permit Number 04-0803

Permit Number

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
-----------------	-----------------	-----------	---------	--------	-------------------	-----------	------------------	---------------------



Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 2/18/2004
Control Number _____
Permit Number 03-0523
Permit Issue Date 5/30/2003
Certificate Number 03-0523

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 78 NORTH HILLSIDE AVE. KENVIL, NEW JERSEY, NJ Block: 4001 Lot: 4 Qual: _____
Owner in Fee: SHAFFER, GREG
Owner Address: P.O. BOX 213 KENVIL NJ 07847-
Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1
Contractor _____
Address _____
Telephone: _____ Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration 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: - VINYL SIDING EXISTING HOUSE

Certificate Comments: VINYL SIDING EXISTING HOUSE

☐ **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**

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☐ **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

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☐ Partial or limited time period (years); see file

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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: \$0.00
Check Number: _____
Collected By: _____

Construction Official
Date Printed: 11/17/2020

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

Page 1



Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 11/30/2001
Control Number _____
Permit Number 01-1147
Permit Issue Date 11/8/2001
Certificate Number 01-1147

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 78 N HILLSIDE AVE KENVIL, NEW JERSEY, Block: 4001 Lot: 4 Qual: _____
NO
Owner in Fee: SHAFFER, BARBARA J, STEVEN G, RAN
Owner Address: 78 N. HILLSIDE AVE, KENVIL NJ 07847
Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1
Contractor _____
Address _____
Telephone: _____ Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration 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: - REROOFING EXISTING HOUSE [11 S.F.]

Certificate Comments: REROOFING EXISTING HOUSE [11 S.F.]

☐ **Certificate of Occupancy**

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☒ **Certificate of Approval**

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This certificate has an expiration date of:

Conditions to be met:

Fee: \$0.00
Check Number: _____
Collected By: _____

Construction Official
Date Printed: 11/17/2020

U.C.C. F280 (rev. 08/05)

Page 1

Engineering

From: [Johnson, Patricia](#)
To: [Florio, Kathy](#)
Cc: [Rhead Amy](#)
Subject: RE: OPRA 20201116-004 Cicenía (78 North Hillside Ave; B4001-L4)
Date: Friday, November 20, 2020 2:08:50 PM
Attachments: [SKM_C65920112014110.pdf](#)

Attached please find information from the Engineering Department.

Thank You.

Patricia A. Johnson
Engineering Department
Administrative Assistant
Township of Roxbury
1715 Route 46
Ledgewood, NJ 07852
973 448-2018

RESOLUTION NO. 2020-240

**A RESOLUTION AUTHORIZING A REFUND OF THE UNUSED
ENGINEERING INSPECTION FEES IN CONNECTION WITH WORK
PERFORMED AND ACCEPTED FOR MINOR SOIL RELOCATION PERMITS**

WHEREAS, engineering inspection fees were posted with the Township of Roxbury pursuant to the provisions of Chapter XVII of the Revised General Ordinances of the Township of Roxbury; and

WHEREAS, the soil relocation has been completed and this Department recommends the refund of the unused portion of the engineering inspection fees; and

WHEREAS, pursuant to the Township ordinance, the within named residents/contractors are entitled to a refund of the unused portion of the engineering inspection fees.

NOW, THEREFORE, BE IT RESOLVED, by the Township Council of the Township of Roxbury, in the County of Morris and State of New Jersey, that a refund of the balance of the unused portion of the engineering inspection fees deposited for minor soil relocation regarding the referenced properties in the amounts herein stated, be made to the following:

✓ Gregory Shaffer P.O. Box 213 Kenvil, NJ 07847	\$ 80.00	INP02550 TD7765163741	MinSoil 07-19-020 78 N. Hillside Avenue
Benjamin Waller 28 Springtown Rd Long Valley, NJ 07853	\$ 119.20	INP02553 TD7765163975	MinSoil 09-19-024 18 Mildred Terrace
James Stoltz 15 N. Hillside Ave Succasunna, NJ 07876	\$ 78.80	INP02561 TD7765164056	MinSoil 10-19-029
Beata Czupryna 297 Emmans Rd Flanders, NJ 07836	\$ 98.00	INP02578 TD7765480337	MinSoil 03-20-002

BE IT FURTHER RESOLVED, that a copy of this resolution be provided to the Township Engineer/Director of Utilities and Chief Financial Officer for their information and guidance.

ADOPTED: September 8, 2020

Attest:


Amy E. Rhead, RMC
Township Clerk

PAJ/Engineering

**TOWNSHIP OF ROXBURY
ENGINEERING DEPARTMENT
1715 ROUTE 46, LEDGEWOOD, N. J. 07852
Telephone: 973-448-2018 ~ Fax: 973-448-2119**

**Applicant
Inspector
File**
Construction

APPLICATION FOR MINOR SOIL RELOCATION PERMIT

CHECKLIST: The following must be provided in order for the application to be considered complete. Incomplete applications will not be processed. Checks are to be made payable to "Township of Roxbury".

- a) Approved Zoning Permit N/A
- b) Application Fee - \$50 for projects less than 500CY or \$100 for projects between 500-1000CY ☒
- c) Escrow Fee - \$200 for projects less than 500 CY or \$400.00 for projects 500 CY or greater.
for Engineering Inspection (If Applicable) ☒
- d) Survey/Grading Plan ☒
- e) Insurance Certificate (Must be Attached from Contractor) ☒
- f) Certified Mail Notifications (Projects greater than 250 CY) N/A

******* HOURS OF OPERATION: NO MATERIAL SHALL BE MOVED / RELOCATED BETWEEN THE HOURS OF 4:00 PM AND 8:00 AM, NOR AT ANY TIME ON SUNDAY OR LEGAL HOLIDAYS, NOR ON SATURDAY AFTER OF THE HOUR OF 12:00 NOON.**

DATE OF APPLICATION: 7-28-19 APPLICATION NO.: Am Sol 07-19-020

1) OWNERS NAME: Shaffer TELEPHONE NO.: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

ADDRESS: 78 NO. HILLSIDE AVE KENVIL NJ 07847

E-Mail Address: nicroquet1@yahoo.com (For Township notification purposes only)

2) CONTRACTOR NAME: ALL POOL DEMOLITION TELE. NO. 201-652-1299

CONTRACTOR ADDRESS: 80 West St. MIDLAND PK NJ 07432

3) CONTACT PERSON: GREG Shaffer

TELEPHONE: Business: / / Emergency: / /

REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Fax: / /

4) WORK SITE ADDRESS: 78 NO. HILLSIDE AVE KENVIL NJ.

BLOCK 4001 LOT 4

5) DESCRIPTION OF WORK IN DETAIL: REMOVAL of inground Pool
Concrete bottom / concrete patio broken up
& mixed with Fill; Topsoil, seed

6) ANTICIPATED START DATE: 8/26/19 COMPLETION DATE: / /

7) FILL TO BE MOVED:	TOP SOIL	<u>20</u>	C.Y.
	OTHER	<u>190</u>	C.Y.
	TOTAL		C.Y.
MAXIMUM AMOUNT PER DAY			C.Y.

8) NUMBER, TYPE, AND LOCATION OF TREES TO BE AFFECTED: N/A

9) ORIGIN/DESTINATION OF FILL/CUT: 511 MILLBROOK RD. SUCCASUNNA

10) ROUTE OF TRAVEL: ATLAS Rd - ONCIDA - HOWARD BLVD - US 46

11) **OWNER'S AFFIDAVIT**

- a. To accept and abide by all provisions of CHAPTER XVII, "Soil Removal and Soil Relocation", of the General Ordinances of the Township of Roxbury and all other pertinent Township Ordinances, rules and regulations.
- b. To furnish any additional information relating to the work to be performed as may be requested from time to time by the Township Engineer of the Township of Roxbury.
- c. To cooperate at all times with the Township Engineer, Road Supervisor and Engineering Inspector of the Township of Roxbury in the inspection and examination of the work being performed, and to comply with all instructions and directives issued by said officials with reference to the manner and completion of such work.
- d. All excavation requires a utility MARKOUT for all underground utilities which must be completed by calling 1-800-272-1000 or 811, a minimum of three (3) working days before commencement of work.
- e. To call the Engineering Department 24 hours before commencement of work and also after completion of work for a final inspection at (973) 448-2018.
- f. To agree to reimburse the Township of Roxbury for all costs incurred by the Township in the emergency repair, maintenance and/or restoration of any damage to Township property due to the work cited in this Application.
- g. To indemnify and save harmless the Township, its Officers and Employees from all suits, actions, or claims of any character brought because of any injuries or damage received or sustained by any person, persons, or property on account of the operations of said owner or on account of, or in consequence of, any neglect in safeguarding the work; and through use of unacceptable materials in constructing the work; or because of any act of omission, neglect or misconduct of said owner.
- h. That the permit granted hereunder is subject to revocation by the Township of Roxbury in the event any of the provisions of the application or the aforementioned ordinances, rules or regulations are violated.

OWNER: Steven J. Shuff DATE: 7-25-19

*CONTRACTOR: John J. Porcino DATE: 7-19-19

* If signature by contractor is on behalf of a corporation, signature represents that the contractor acts as an agent for the corporation and assigns all liabilities to said corporation.

APPROVED BY TWP. ENGINEER: Michael A. Kolybay DATE: 7/25/19

COMMENTS: _____

INSPECTION REPORT

Date: _____ Inspector Signature _____

Excavation/Backfill: _____

Plan Compliances: _____

COMMENTS: _____

Final Acceptance By Township: _____ Date _____

DISTRIBUTION ORIGINAL TO OWNER, COPIES TO: CONSTRUCTION CODE OFFICIAL, ENGINEERING INSPECTOR, PERMIT FILE



SWIM&TR-01

MZELENA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/29/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 8041621

Rue Insurance
3812 Quakerbridge Road
Hamilton, NJ 08619

CONTACT

NAME:

PHONE

(A/C, No, Ext): (609) 586-7474

FAX

(A/C, No): (609) 586-3991

E-MAIL

ADDRESS: cmailto:RUEINSURANCE.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: National Specialty Ins. Co.

22608

INSURER B: State National Insurance Company

12831

INSURER C: Chubb Insurance Co.

41386

INSURER D:

INSURER E:

INSURER F:

INSURED

Swim & Trim, LLC T/A
All Pool Demolition
80 West Street
Midland Park, NJ 07432

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☐ GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY ☒ PROJECT ☐ LOC ☐ OTHER	☒	MEE0272605	4/1/2019	4/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 POLLUTION \$ 100,000
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY		MEF0272605	4/1/2019	4/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	☐ UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	☐ OCCUR ☐ CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ Y N/A	NFA0272605	4/1/2019	4/1/2020	☒ PER STATUTE OTH-ER E L EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000
C	Equipment Floater		0663-43-40 ECE	4/1/2019	4/1/2020	Sched Equip

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Township of Roxbury is included as Additional Insured under the General Liability policy if required by written contract.

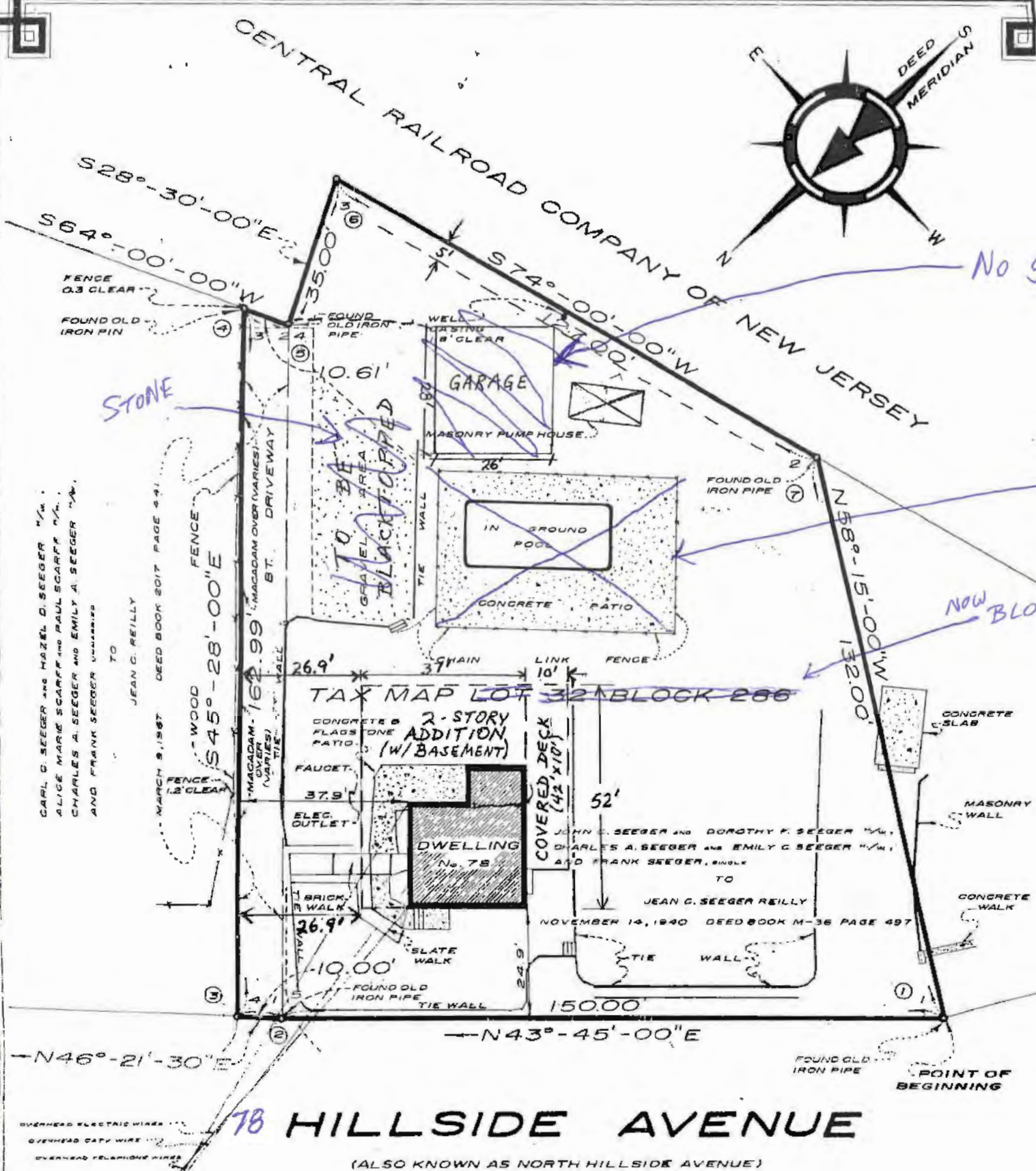
CERTIFICATE HOLDER

Township of Roxbury
1716 Route 46
Ledgewood, NJ 07852

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



SURVEY OF
PROPERTY TO BE CONVEYED TO
STEVEN GREGORY SHAFFER

RANDILYN J. SHAFFER ^{AND} _W

ROXBURY TOWNSHIP

MORRIS COUNTY, N.J.

SCALE 1" = 30'

MAY 24, 1996

EDWARD F. SECCO, SURVEYOR, LIC. No. 18607
459 U.S. HWY. ROUTE 46, KENVIL, N.J.

CERTIFIED TO:

STEVEN GREGORY SHAFFER AND RANDILYN J. SHAFFER _W
WM. K. FULLERTON, ESQ.
PROGRESSIVE TITLE AGENCY, INC.
VALLEY NATIONAL BANK, ITS SUCCESSORS AND/OR ASSIGNS

Edward F. Secco

EDWARD F. SECCO, Surveyor, Lic. No. 18607
CORNERS NOT SET-FOUND AS INDICATED

Fire Prevention

From: [Vanklengeren, Crystal](#)
To: [Florio, Kathy](#)
Cc: [Pellek, Mike](#); [Rhead Amy](#)
Subject: FW: OPRA 20201116-004 Cicenla (78 North Hillside Ave; B4001-L4)
Date: Wednesday, November 18, 2020 9:51:23 AM

Property: 78 North Hillside Ave; B4001-L4

Please be advised that the Fire Prevention Bureau searched for any information on the above listed property, and have found no records currently exist in this office.

Thank you,
Crystal Van Klinger
Fire Prevention Bureau

Township of Roxbury
1715 Route 46
Ledgewood, NJ 07852
Vanklengerenc@roxburynj.us
973-448-2012

From: [Montgomery Abigail](#)
To: [Florio, Kathy](#); [Zachok Matt](#)
Cc: [Rhead Amy](#)
Subject: RE: OPRA 20201116-004 Cicienia (78 North Hillside Ave; B4001-L4)
Date: Tuesday, November 17, 2020 4:13:35 PM
Attachments: [block 4001 lot 4 well.pdf](#)

Abigail M. Montgomery, SR. REHS
Roxbury Township Health Department
72 Eyland Avenue
Succasunna, NJ 07876
973-448-2028 Phone
973-252-6079 Fax

ROXBURY TOWNSHIP HEALTH DEPARTMENT

WATER SAMPLE AND ACTIVITY REPORT

Owner Gregory Skubler
 Block 4001 Lot 4
 Street 78 No. Hillside Kenvil

Inspector/Sampler A. Montgomery
 Sampling Point Outside tap.
 Date and Time of Sample 10/28/20 10:05 am
 Collection _____

REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Watercourse _____

Reasons for Sample/Inspection

- () Individual Supply
- () Semipublic Supply
(2-14 units: 25 persons)
- () Public Non-Community Supply
- () Public Community Supply
- () New System
- ☒ Existing System *VOA*
- () Routine Sample
- () Resample
- () Hot Tub
- () Complaint:
- () Not Sampled, Reason:
- () Well Site (sketch location)

for DEP Compliance

Conditions

Well Head:
☒ Installation ☒ Above Grade () Buried
 () In pit
 Accessible for Inspec. ☒ Yes () No
 Seal Apparently Intact ☒ Yes () No
 Sanitized prior to sampling? no
 free of chlorine? no
 Treatment devices installed:

Residual Chlorine:
 Iodine:
 Sample consists of () raw water
 () treated water

- () Lake Bathing Place
- () Swimming Pool
- () Stream
- () Lake

Bathing Places:
 Bathing activity:
 Pool free () Cl Residual () pH
 Precipitation intensity within last
 24 hours:
 48 hours:
 Stream flow:

Remarks: Home owner was granted permission to drill irrigation well in Kenvil Ground water impact areas He is to monitor for VDs + submit to DEP. Ann.

11/17/20 Called lab. She will email report to home owner.
J. Ann

Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044

Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037

Tel. 800-273-8901/908-688-8900 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Office and Drop off Locations

North Jersey Office: 225 Sparta Avenue, Sparta, NJ 07871 Tel. 973-729-1827

West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: S. Gregory Shaffer

Contact/Authorized by: AN. Thomas / Randolph

Mailing Address: P.O. Box 213

REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

City/State/Zip: Kennil, NJ 07847

Email:

SAMPLE INFORMATION

SAMPLE TYPE: Irrigation

SAMPLE LOCATION: 78 North Hillside Ave. Kennil

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)		CONTAINER INFORMATION			
			Date	Time	AM	PM	☐ List attached	Total Pages	No.	Type*	Size	Pres.*
☒		<u>outside tap</u>	<u>10/28/20</u>	<u>10:05</u>	☒		<u>UOA</u>		<u>3</u>	<u>V</u>		<u>E</u>

*Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

*Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid
E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by: _____

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify: _____

☐ Standard Report + E2 PWS ID#: _____

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: \$ ☐ Composite Fee: \$ ☐ Rush Fee: \$ Amount Due: \$

Payment Method: ☐ Credit Card Type: ☒ Check # 11973 ☐ Other: See Quote

Note: \$195.00 price as per Henry Kenil

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION

PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT): <u>Abigail Montgomerie, Randolph Co. H.D.</u>	Signature: <u>[Signature]</u>	Date/Time: <u>10/28/20 10:05</u>
Client/Client's Representative (PRINT):	Signature:	Date/Time:
1. Received/Relinquished by (PRINT): <u>[Signature]</u>	Signature: <u>[Signature]</u>	Date/Time: <u>10/28/20 11:05</u>
2. Received/Relinquished by (PRINT):	Signature:	Date/Time:

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

Page of

GSL CLIENT #

MICRO #

CHEM. #

SAMPLE REC'D BY:

☐ GSL FIELD SAMPLER/PICK-UP

☐ PICK-UP AT DROP OFF LOCATION

☐ DELIVERED BY CLIENT

☐ SUBCONTRACTED WORK

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

DWR-020
9/05

New Jersey Department of Environmental Protection
Division of Water Supply - Bureau of Water Systems & Well Permitting

WELL ABANDONMENT REPORT

MAIL TO: Bureau of Water Systems & Well Permitting
PO Box 426
Trenton, NJ 08625-0426

WELL PERMIT # 12A2007
of well sealed
03/09/07 HEALTH DEPT.
ROXBURY TOWNSHIP

PROPERTY OWNER Greg Shaffer

ADDRESS P.O. Box 213, Kenil, N.J. 07847

WELL LOCATION 78 North Hillside Ave., Roxbury Township, Morris County

Street & No., Township, County

Well No. 1 Lot No. 4 Block No. 4001

USE OF WELL PRIOR TO ABANDONMENT: Domestic - Point Well

REASON FOR ABANDONMENT: No longer in use

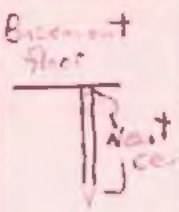
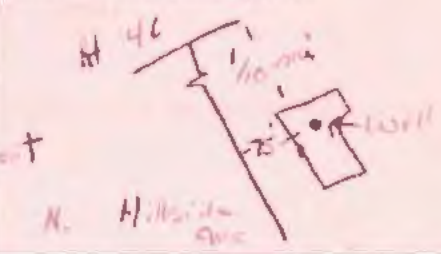
WAS A NEW WELL DRILLED? ☐ YES ☒ NO PERMIT # OF NEW WELL 125-38729

TOTAL DEPTH OF WELL 15'
DIAMETER 1 1/2"
CASING LENGTH 15'
SCREEN LENGTH 2'
NUMBER OF CASINGS 1

MATERIAL USED TO DECOMMISSION WELL:

1 Gallons of Water
15 Lbs. of Cement
— Lbs. of Bentonite
— Lbs. of Sand/Gravel
(none if well is contaminated)

FORMATION: — Consolidated
— Unconsolidated

Cross-section of sealed well 	Draw a sketch showing distance and relations of well site to nearest roads, buildings, etc. 
AS-BUILT WELL LOCATION (NAD 83 HORIZONTAL DATUM) NJ STATE PLACE COORDINATE IN US SURVEY FEET	
NORTHING: _____ EASTING: _____ OR LATITUDE: _____ LONGITUDE: _____	

To permit adequate grouting, the casing should remain in place, but ungrouted liner pipes or any other obstructions must be removed. Pressure grouting is the only accepted method.

WAS CASING LEFT IN PLACE? ☐ YES ☒ NO CASING MATERIAL: Steel

WERE OTHER OBSTRUCTIONS LEFT IN WELL? ☐ YES ☒ NO WHAT WERE THE OBSTRUCTIONS: None

IF "YES", AUTHORIZATION GRANTED BY _____ ON _____
(NJDEP Official) (Date)

Was an alternative decommissioning method used and/or approval to decommission granted by a DEP official? ☐ YES ☒ NO

IF "YES", authorization granted by _____ ON _____
(NJDEP Official) (Date)

I certify that this well was sealed in accordance with N.J.A.C. 7:9D-3 et seq.

Performing Work (Print or Type)
Name of NJ Licensed Well Driller

Address

Signature of NJ Licensed Well Driller Performing Work

Mailing Date

Registration #

COPIES: White - Water Allocation Yellow - Owner Pink - Health Dept. Goldenrod - Driller

Planning/Zoning

From: [Osetec, Tracy](#)
To: [Florio, Kathy](#)
Cc: [Tardive Dee](#); [Rhead Amy](#)
Subject: RE: OPRA 20201116-004 Cicensia (78 North Hillside Ave; B4001-L4)
Date: Thursday, November 19, 2020 4:22:33 PM
Attachments: [OPRA - 78 N Hillside Avenue, Block 4001, Lot 4.pdf](#)

Kathy,

Attached, please find requested zoning information for property known as 78 North Hillside Ave; B4001-L4.

Regards,

Tracy Osetec
Zoning Board Secretary
Township of Roxbury
1715 Route 46
Ledgewood, NJ 07852
973-448-2008
osetec@roxburynj.us



Roxbury Township
1715 Route 46
Ledgewood, NJ 07852
(973) 448-2013

Date Issued:	9/11/2020
Application Number:	ZA-08-20-557
Application Date:	9/4/2020
Project Number:	
Permit Number:	ZP-09-20-0384
Fee:	\$30.00 CHK 6826

FILE

Zoning Permit



Worksite: **78 N HILLSIDE AVE**
Location: **Roxbury Township, NJ**

Contractor:

Owner: **SHAFFER, STEVEN G/RANDILYN J**
Address: **PO BOX 213**
KENVIL, NJ 07847

Applicant: **SHAFFER, STEVEN G/RANDILYN J**
Address: **PO BOX 213**
KENVIL, NJ 07847

Block: 4001 Lot: 4 Qualifier: _____ Zone: R-3

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: R-3

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: R-3

Work Description:

- Repaving existing driveway as depicted on the marked-up survey prepared by Lee E. Amerspek, Dated 6/22/2020.

Note: Gravel are on survey cannot be paved with a new zoning permit application review and approvals.

Application Approved Date: 9/13/2020

Upon review it was determined that the Zoning Permit:

☐ Permitted by Ordinance

☐ Permitted by Variance approved on: _____

☒ Approved with Conditions

☐ Valid Nonconforming Use/Structure is established by

☐ Zoning Board of Adjustment

☐ Zoning Officer

9/13/2020

Date

Tom Potere, Zoning Officer

This zoning permit does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, Engineering approvals, or other permits as required by Municipal, County, State or Federal agencies. Any incorrect or falsified information will render this permit void and any approvals based on it. Any changes to this approval or plans must be resubmitted for review prior to the installation. **All zoning permits expire within two year of issuance if work is not completed. ** Additional permits will be required from: Engineering Dept.: X, Health Dept.: , Building Dept.: Clerk:

TOWNSHIP OF ROXBURY

APPLICATION FOR ZONING PERMIT

Date: SEPT. 4, 2020 Block: 4001 Lot: 4 Zone: RESIDENTIAL R-3

Physical Location / Street Address: 78 NO HILLSIDE AV, KENVIL, NJ 07847

Sewer ☒ Septic ☐ Public Water ☒ Well ☐ Historic District: yes ☐ no ☒

A) Applicant's Name: STEVEN SHAFER

B)

Owner's Name: JAME

Address: PO BOX 213

Address: _____

City/State/zip: KENVIL NJ 07847

City/State/Zip: _____

Phone Number: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Phone Number: _____

Email: nicroquet1@yahoo.com

Email: _____

We will send permit approval/denial via email

Email date: _____

C) Describe in detail the purpose for which Zoning Permit is requested (change in use / tenancy, addition, shed, pool and any new construction): (See attached checklist)

RE-PAVE EXISTING DRIVEWAY - SEE SURVEY

D) Has the above-referenced property been subjected to any prior application to the Zoning or Planning Boards to the applicant's knowledge? (If so which Board, when and attach Resolution):

YES, BACK IN 2005 FOR HOUSE ADDITION

E) Attach a current survey map or plot plan to scale showing size of property, lot dimensions and dimensions of all existing and proposed improvements. Label distances to all property lines and streets. All new construction; attach an elevation plan to scale showing number of stories; and below grade construction. Change in use/tenancy; attach a floor / seating plan and parking plan showing seating, parking stalls & dumpster location.

F) Percentage of Building Coverage: 9.8% AS 21.6% % Percentage Lot Coverage: 18.4 %

Note: Building and Lot Coverage form must be filled in as required on checklist for new home construction, additions, covered decks, accessory structures (hot tubs, sheds, detached garages, gazebos, patios sidewalks and driveways).

The form is attached and a custom formatted excel version is available at: <http://www.roxburynj.us/71/Planning-and-Zoning-Forms>

G) I certify that the answers to the above-referenced questions and any statements made on the survey map, plot plan and seating and parking plans are true and complete to the best of my knowledge. I authorize Township Municipal Employees to conduct a site visit of the subject property. I understand that this permit does not exempt the bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits as required by municipal, county, state or federal agencies.

Steven A. Shaffer
Signature of applicant

9/4/2020
Date

Steven A. Shaffer
Signature of owner

9/4/2020
Date

Application Permit Fee: Residential: \$ 30.00 ☒ Commercial: \$ 60.00 _____ Dock, Piers, & Boat House: \$100.00 _____
After-the-fact permit fee: _____

Date paid: 9/4/2020 Check #: 6826 Collected By: DT CJ: ☒ No CJ: ☒

Approved: ☒ Denied: ☐

Thomas P. Puccio
Zoning Officer

9/11/2020
Date

See attached Zoning Permit for details

BUILDING AND LOT COVERAGE WORKSHEET. Available on line at www.roxburynj.us, Services, Forms, Planning & Zoning Forms "Building Impervious Coverage Tool"

THIS WORKSHEET WILL ASSIST YOU IN CALCULATING THOSE PERCENTAGES.

Step 1: Determine total square footage of property.

Identify lot measurements on your survey. If total square footage is not calculated, identify either:

Total Acreage <u> .531 </u> multiply by x <u> 43,560 </u> = <u> 23,130 </u>	or	Length <u> </u> Width x <u> </u> = <u> </u> Total Square Feet
---	----	---

Step 2: Determine building coverage %.

A: Combine total existing and proposed square footage of "covered" structures.

	Existing +	Proposed	Total
House	<u>1763</u>		
Shed	<u>128</u>		
Garage			
Covered Deck			
Covered Porch	<u>370</u>		
Sunroom			
Other			
TOTAL	<u>2261</u>		

B: Divide by Total Square Footage.

C: Multiply by 100.

divided by 23,130 = .098 x 100 = 9.8 %
 (from step 1) **Building Coverage**

Step 3: Determine lot coverage % (also known as Impervious Cover).

A: Combine total existing and proposed square footage of impervious areas.

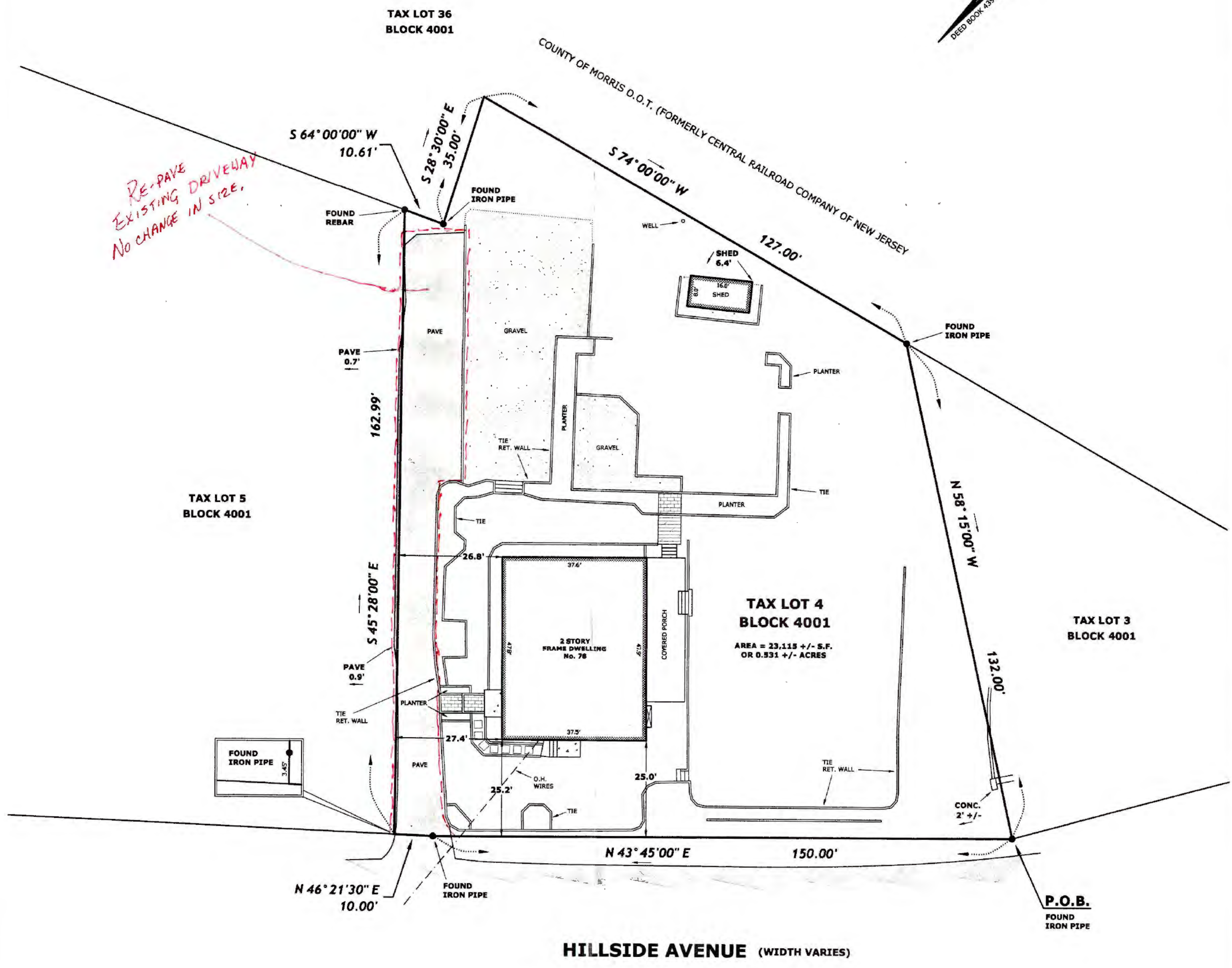
	Existing +	Proposed	Total
House	<u>1763</u>		
Shed	<u>128</u>		
Garage			
Covered Deck			
Covered Porch	<u>370</u>		
Sunroom			
Walkway			
Sidewalk			
Patio			
Driveway	<u>2000</u>		
Other			
**Pool Patio			
Other			
TOTAL	<u>4261</u>		

B: Divide by Total Square Footage.

C: Multiply by 100.

divided by 23,130 = .184 x 100 = 18.4 %
 (from step 1) **Lot or Impervious Coverage**

**The pool itself does not count to coverage.



TOWNSHIP OF ROXBURY
USE PERMIT
ZONE: B-3
USE: *Re-paving Existing Driveway*
APPROVED: *11*
APPROVED AS NOTED: *11*
RESTRICTIONS: *See Zoning Permit*

DEED REFERENCE: BOOK 4390 PAGE 138

DATE: *9/11/2020*
LOCATION SURVEY
ZONING OFFICER: *[Signature]*

TAX LOT 4 BLOCK 4001

No. 78 N. Hillside Avenue

TOWNSHIP OF ROXBURY
MORRIS COUNTY NEW JERSEY

LEE E. AMERSPEK
PROFESSIONAL LAND SURVEYOR N.J. LIC. # 37935

WUNNER ENGINEERING ASSOCIATES
ENGINEERS-LAND SURVEYORS-PLANNERS
P.O. BOX 303 SUCCASUNNA, N.J. 07876
PHONE # (973) 584-2233 FAX # (973) 584-6646

SCALE: 1" = 20'	DESIGNED BY: LA	DRAWN BY: LA
DATE: 06-22-2020	SURVEYED BY: LA	FILE #: 20-6015

GENERAL NOTES:

- 1) A WRITTEN WAIVER AND DIRECTION NOT TO SET CORNER MARKERS HAS BEEN OBTAINED FROM THE ULTIMATE USER PURSUANT TO P.L. 2003, c.14 (C45-8-36.3) AND N.J.A.C. 13:40-5.1(i).
- 2) PROPERTY SUBJECT TO DOCUMENTS OF RECORD.
- 3) THE PROPERTY IN QUESTION IS SUBJECT TO ANY EASEMENTS, RESTRICTION, EXCEPTIONS OR COVENANTS THAT MAY EXIST.
- 4) ONLY SURFACE CONDITIONS ARE SHOWN, NO RESPONSIBILITY IS TAKEN FOR BURIED PIPES, WIRES, SEPTICS, WELLS, ETC.
- 5) THE PROPERTY IN QUESTION IS SUBJECT TO THE RIGHTS OF THE PUBLIC IN ANY PORTION THEREOF LYING WITHIN THE RIGHTS OF WAY OF THE ROADS SHOWN.
- 6) PROPERTY IS SUBJECT TO AN ACCURATE TITLE SEARCH.
- 7) THIS MAP IS INTENDED FOR USE BY ONLY THOSE PARTIES TO WHOM IT IS CERTIFIED AND SHALL BE DEEMED INVALID UNLESS AFFIXED WITH A RAISED SEAL.

CERTIFIED TO:

- 1) **Steven Gregory Shaffer and Randilyn J. Shaffer,**
husband and wife

Township of Roxbury

1715 Route 46

Ledgewood, New Jersey 07852

INFORMATION 448-2000
CONSTRUCTION/BLDG. 448-2009
COURT 448-2034
ENGINEER 448-2018
FIRE OFFICIAL 448-2012
HEALTH 448-2028
MANAGER 448-2002
MAYOR & COUNCIL 448-2001
POLICE 448-2100

PLANNING/ZONING 448-2008
PUBLIC WORKS 448-2069
RECREATION 448-2015
TAX ASSESSOR 448-2021
TAX COLLECTOR 448-2022
TOWNSHIP CLERK 448-2001
TREASURER 448-2006
WASTEWATER TREATMENT PLANT 584-5360
ZONING OFFICER 448-2013

June 10, 2003

S. G. Shaffer
78 North Hillside Avenue
Kenvil NJ 07847

RE: Block 4001, Lot 4 Zone: R-3
78 North Hillside Avenue

I have reviewed your zoning permit application for the above-referenced property and hereby deny the proposed 2-story addition with basement/covered deck/2-car attached garage for the following reasons.

	Section	Required	Existing	Proposed
Lot Area				
Lot Width				
Lot Frontage				
Rear Yard				
Front Yard	13-7.1301D4	35 feet	24'9"	24'9"
Right Side Yard				
Left Side Yard				
Impervious Coverage	13-7.1301D8	25 percent	21.3%	38.9%
Building Coverage				
Accessory structure				
Pools				
Building Height				
Accessory Height				
Other	13-7.905B	2 Accessory Structures Maximum	2 Accessory Structures	3 Accessory Structures

This letter of denial is based on information you supplied with your application and a survey prepared by Edward F. Secco, dated May 24, 1996.

You have the right to appeal this denial to the Zoning Board of Adjustment or apply for a variance to the Zoning Board of Adjustment. Should you have any questions on how to appeal or apply for a variance please contact Dolores DeMasi at 973-448-2008 or questions on this denial letter you can contact me at 973-448-2013.

Sincerely,



Tom Potere
Zoning Officer

CC: Russell Stern, Director of Planning
Dolores DeMasi, Land Use Administrator

TOWNSHIP OF ROXBURY

APPLICATION FOR ZONING PERMIT

Date: MAY 21, 2003 Block: 4001 Lot: 4 Zone: R-3

Physical Location / Street Address: 78 NO. HILLSIDE AV., KENVIL

Nearest Cross Street: RT 46

A) Applicant's Name: S.G. SHAFFER
Street: 78 NO. HILLSIDE AV.
City / State: KENVIL, NJ
Zip Code: 07547
Phone Number: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

B) Owner's Name: SG SHAFFER
Street: 78 NO. HILLSIDE AV.
City / State: KENVIL, NJ
Zip Code: 07547
Phone Number: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

C) Describe in detail the purpose for which Zoning Permit is requested (change in use / tenancy, addition, shed, pool and any new construction):

2-STORY ADDITION WITH BASEMENT APPROX 1200 S.F.
COVERED DECK (42x16) 420 S.F.
2-CAR DETACHED GARAGE (OPTIONAL)
2 CAR DETACHED GARAGE 650 S.F.

D) Has the above-referenced property been subjected to any prior application to the Zoning or Planning Boards to the applicant's knowledge (If so which board and when):

NO

E) Attach two survey maps or plot plans to scale showing size of property, lot dimensions and dimensions of all existing and proposed improvements. Label distances to all property lines and streets. All new construction must show elevations plan; number of stories; and below grade construction.

F) Percentage of Building Coverage: 138/9 % Percentage Lot Coverage: 38.9%

Note: Building and Lot Coverage must be filled in; attached is a form for your assistance in calculating coverages.

G) I certify that the answers to the above-referenced questions and any statements made on the survey map or plot plan are true and complete to the best of my knowledge. I understand that this permit does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits as required by municipal, county, state or federal agencies.

SG Shaffer
Signature of applicant

5-21-03
Date

SG Shaffer
Signature of owner

5-21-03
Date

Application Permit Fee – Resident \$ 25.00 Commercial \$ 50.00 (fee must accompany application)

Paid: 25.00 cash # Date: 5/21/03 RESUBMITTED
5/31/03

Collected By: T. POTER

Approved: ✓

Denied: ✓

Section: ✓

Tom Poter
Zoning Officer

6/5/03
Date

NO
BT

6/10/03 Building and Impervious Coverage Worksheet

To calculate building and lot coverage you must find the total square footage of your property by multiplying the length times the width of the property, which will give you the total square footage or if you know the acreage of your the property you can multiply it by 43,560, which will also give you the total square footage. Total square footage of lot can be obtained from your survey of your property.

Example: Length X Width = Total Square Footage
Acreage X 43,560 = Total Square Footage

Building coverage percentage is calculated when you measure the square footage of all buildings; home, shed, garages, covered porches or covered decks, sunrooms and any structure that has a roof. To calculate building coverage you add all the measurements from all buildings then divide the sum by the total square footage of your property then times it by 100, which will give you the building coverage percentage.

Example:

Sum of square footage of all above-referenced + total square footage of lot x 100 = percentage of building coverage

	Existing	Proposed
Home	746	1178 (52x37)
Shed	128	
Garage		728
Covered Deck		420 (42x10)
Covered Porch		
Sunroom		
Other		
TOTAL	874	2326

Existing & Proposed Square Footage + Total Lot Square Footage x 100 = Building Coverage Percentage

3200	23,117	13.8%
------	--------	-------

Impervious cover percentage (Lot coverage) is calculated when you measure the square footage of all buildings, home, shed, garages, covered porches or covered decks, sunrooms, any structure that has a roof, driveway, patio, walkway or sidewalk and pool. To calculate lot coverage you add all the measurements from all the above items then divide the sum by the total square footage of your property then times it by 100, which will give you the lot coverage percentage.

Example:

Sum of square footage of all above-referenced + total square footage of lot x 100 = percentage of lot coverage

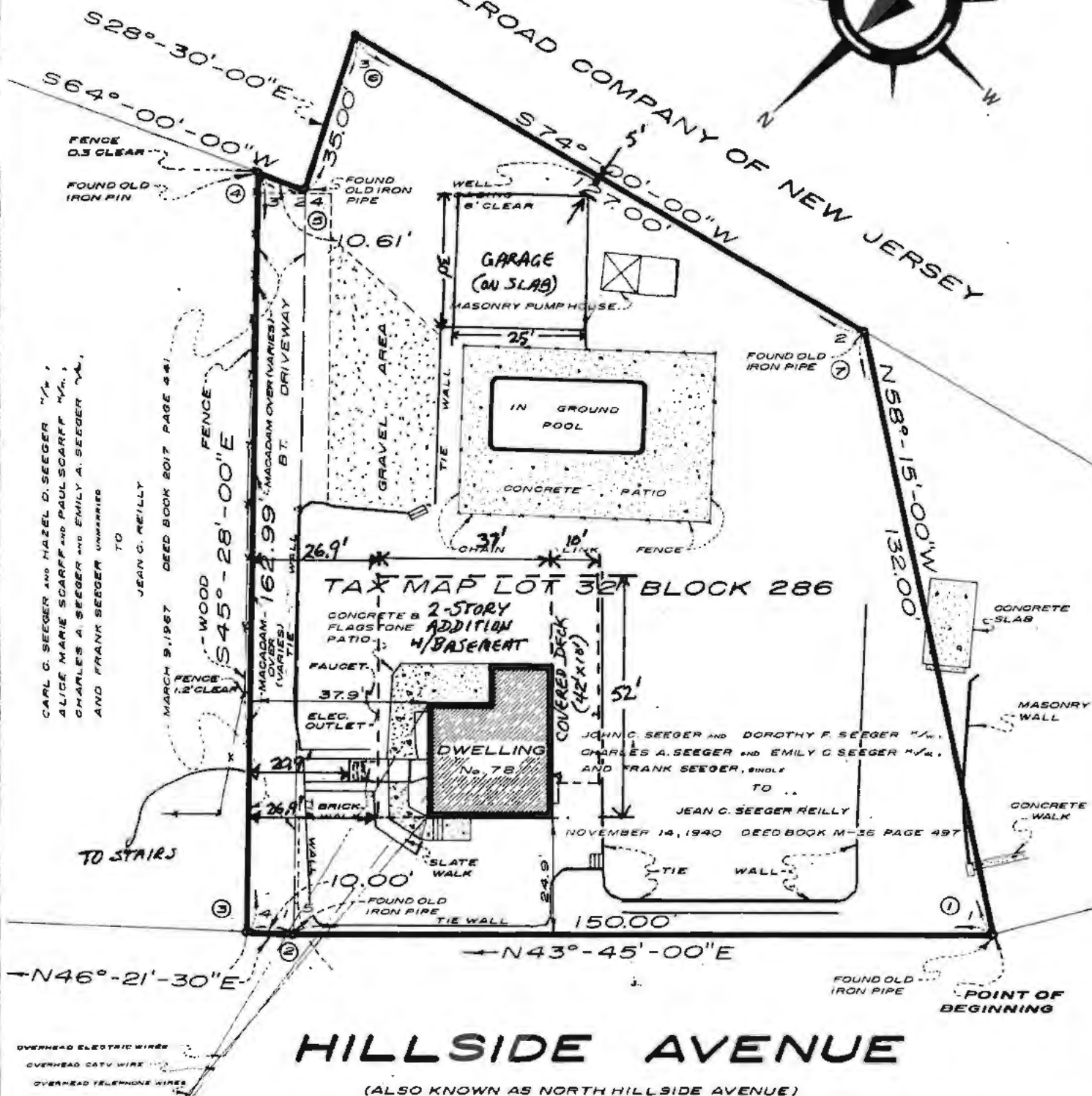
	Existing	Proposed
Home	746	1178
Shed	128	
Garage		728 (28x26)
Covered Deck		420
Covered Porch		
Sunroom		
Walkway & Sidewalk	260	(-230)
Patio	1405	
* Pool *	512 (16x32)	
Driveway	1880	1970
Other		
TOTAL	4931	4066

Existing & Proposed Square Footage + Total Lot Square Footage x 100 = Lot Coverage Percentage

8997	23,117	38.9%
------	--------	-------

*Notes: Pool square footage is calculated by taking half of the diameter of the pool times it by itself then times that number by 3.14, which will equal the pool square footage. Example: 1/2 of diameter X 1/2 diameter x 3.14 = square footage. It is the responsibility of the applicant to provide the coverage calculations.

CENTRAL RAILROAD COMPANY OF NEW JERSEY



Block 4001, Lot 4

SURVEY OF
PROPERTY TO BE CONVEYED TO
STEVEN GREGORY SHAFFER

RANDILYN J. SHAFFER ^{AND} $\frac{1}{2}$

ROXBURY TOWNSHIP

MORRIS COUNTY, N.J.

SCALE 1" = 30'

MAY 24, 1996

EDWARD F. SECCO, SURVEYOR, LIC. NO. 18607
459 U.S. HWY. ROUTE 46, KENVIL, N.J.

TO:
STEVEN GREGORY SHAFFER AND RANDILYN J. SHAFFER
ATTORNEYS, ESQ.
BY: EDWARD F. SECCO, SURVEYOR, INC.
ITS SUCCESSOR

ASSIGNED
BY: EDWARD F. SECCO, SURVEYOR, INC.
ITS SUCCESSOR

EDWARD F. SECCO
EDWARD F. SECCO, SURVEYOR, INC.
CORNERS NOT INDICATED

VINYL SIDING OVER 15#
FELT OVER 1/2" PLYWOOD
OVER 2x4 WOOD STUDS
w/3-1/2" R-13 INSULATION

TOP OF
PLATE

TOP OF
CONC. SLAB

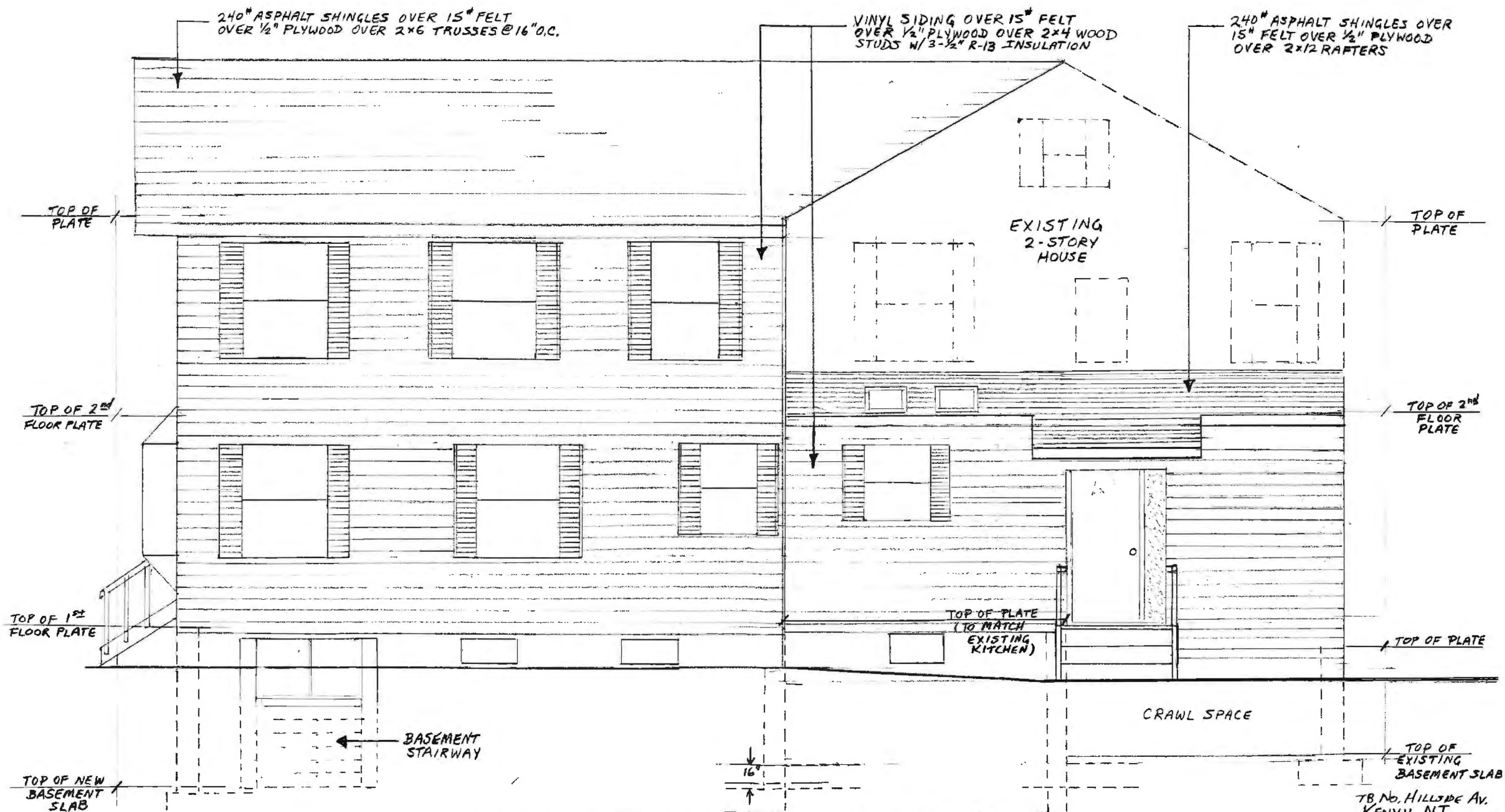
CRAWL SPACE

EXISTING
2-STORY
HOUSE

FRONT ELEVATION
N.T.S.

APPROX. SCALE = 1/4" = 1'-0"

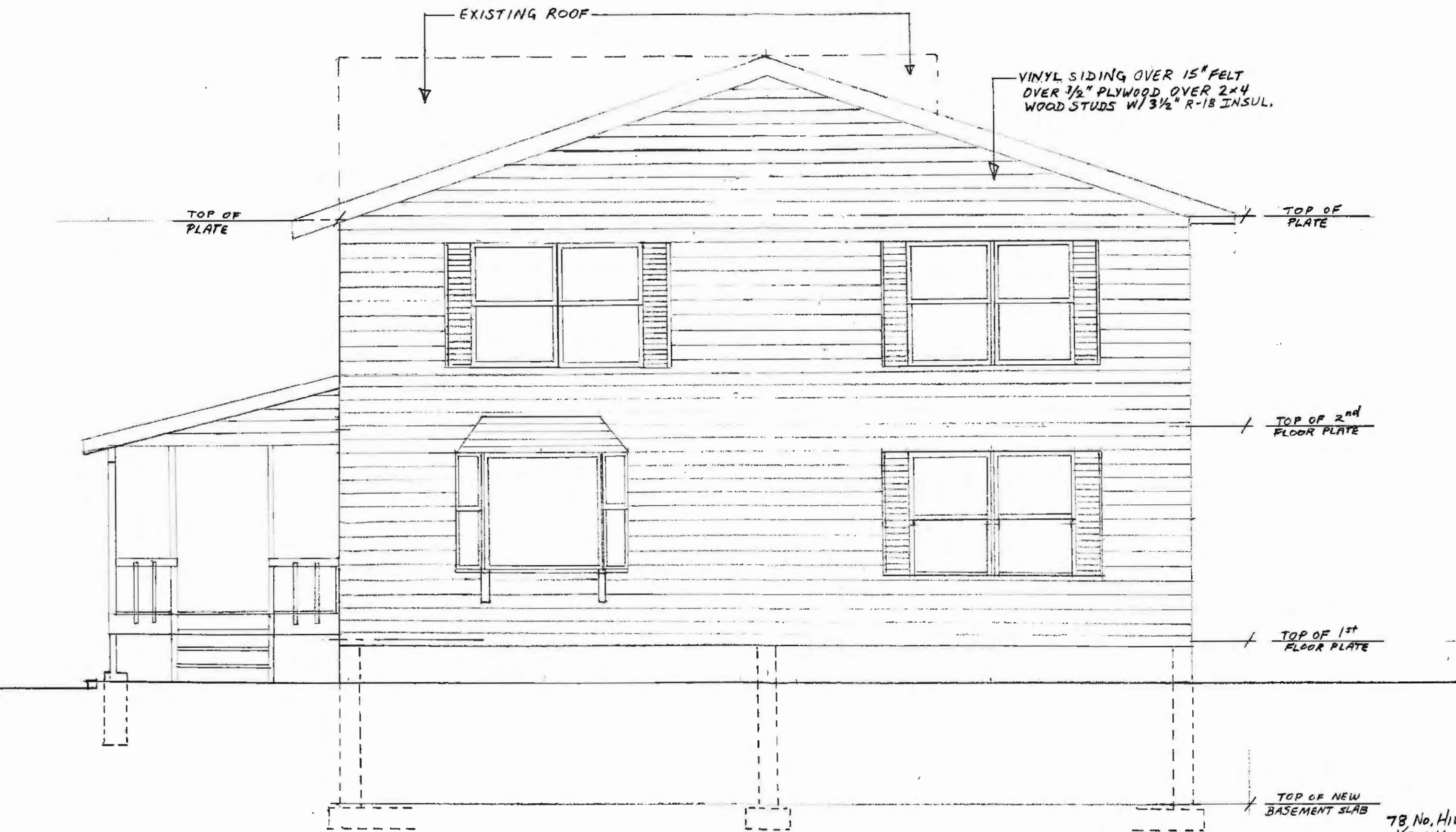
5/19/03
78 No. HILLSIDE AV.
KENVIL, NJ
BLOCK 4001, LOT 4
F.L.B.



LEFT SIDE ELEVATION
N.T.S.

APPROX. SCALE: $\frac{1}{4}" = 1'0"$

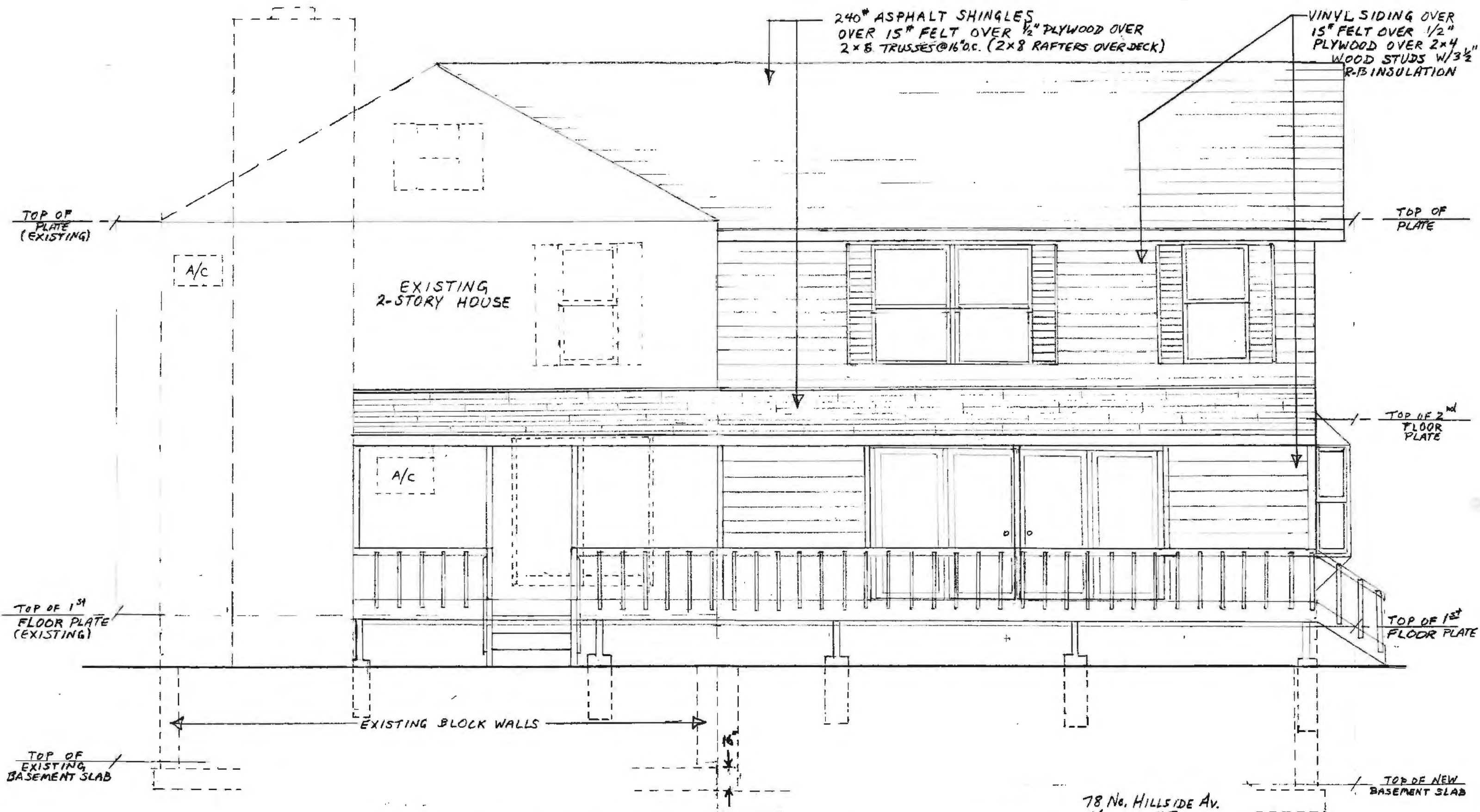
TB No. HILLSIDE AV.
KENNIL, NJ
BLOCK 4001, LOT 4
5/19/03



REAR ELEVATION

APPROX. SCALE = 1/4" = 1'0"

78 No. HILLSIDE AV.
KENVIL, NJ
BLOCK 4001, LOT 4
5/19/03



RIGHT SIDE ELEVATION

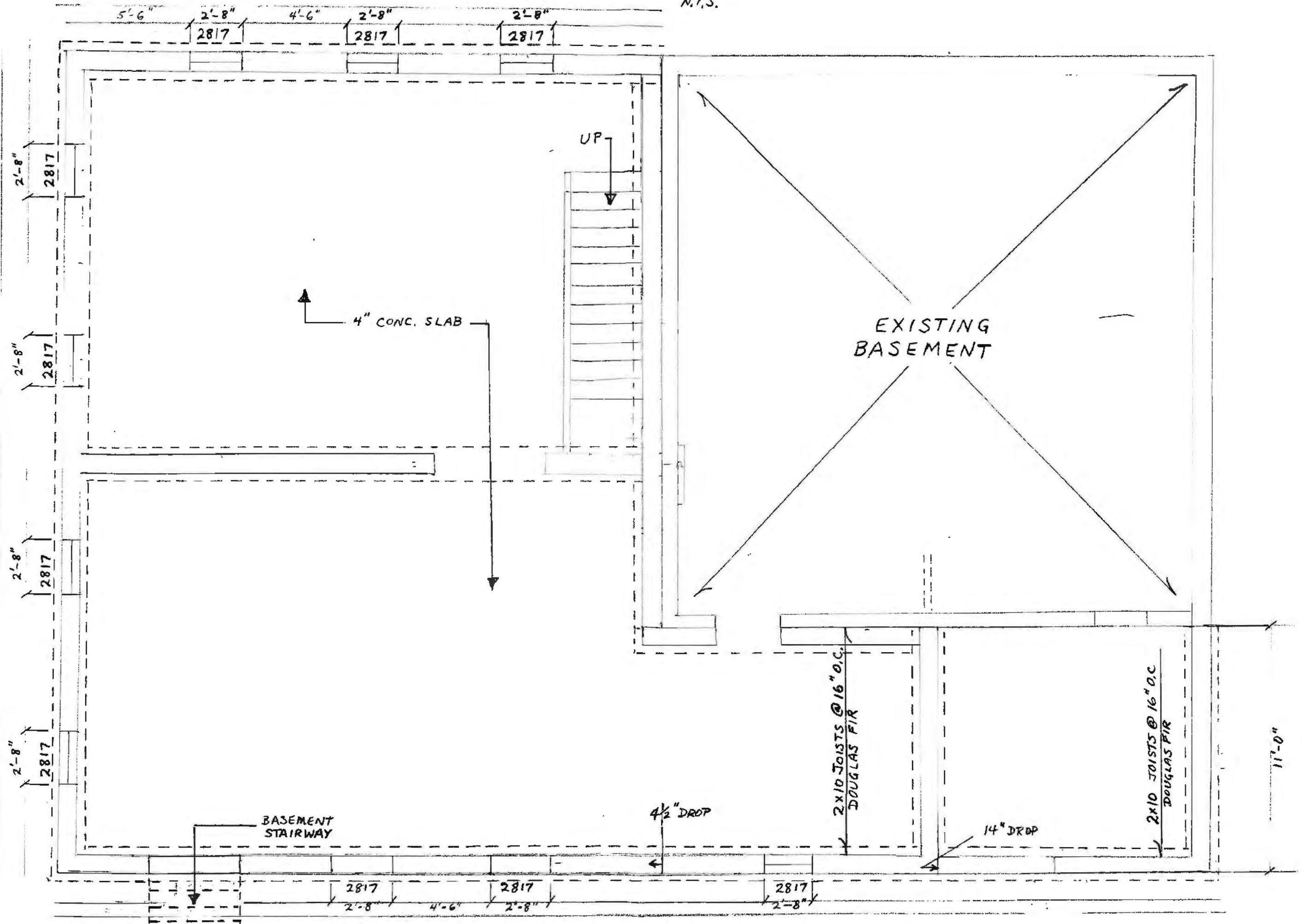
N.T.S.

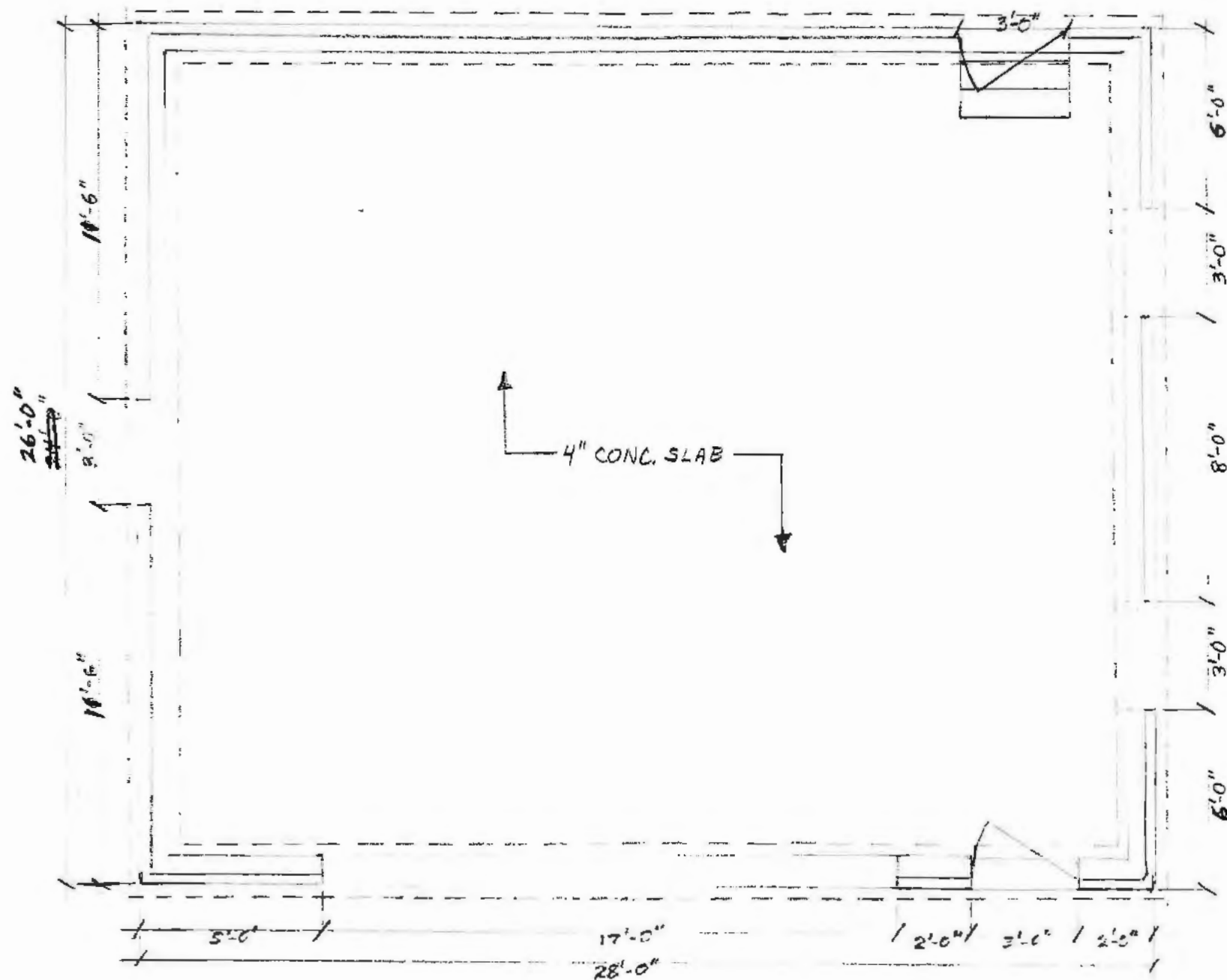
APPROX. SCALE = 1/4" = 1'0"

78 No. HILLSIDE AV.
KENNIL NJ
BLOCK 4001, LOT 4
5/19/03

BASEMENT PLAN

N.T.S.





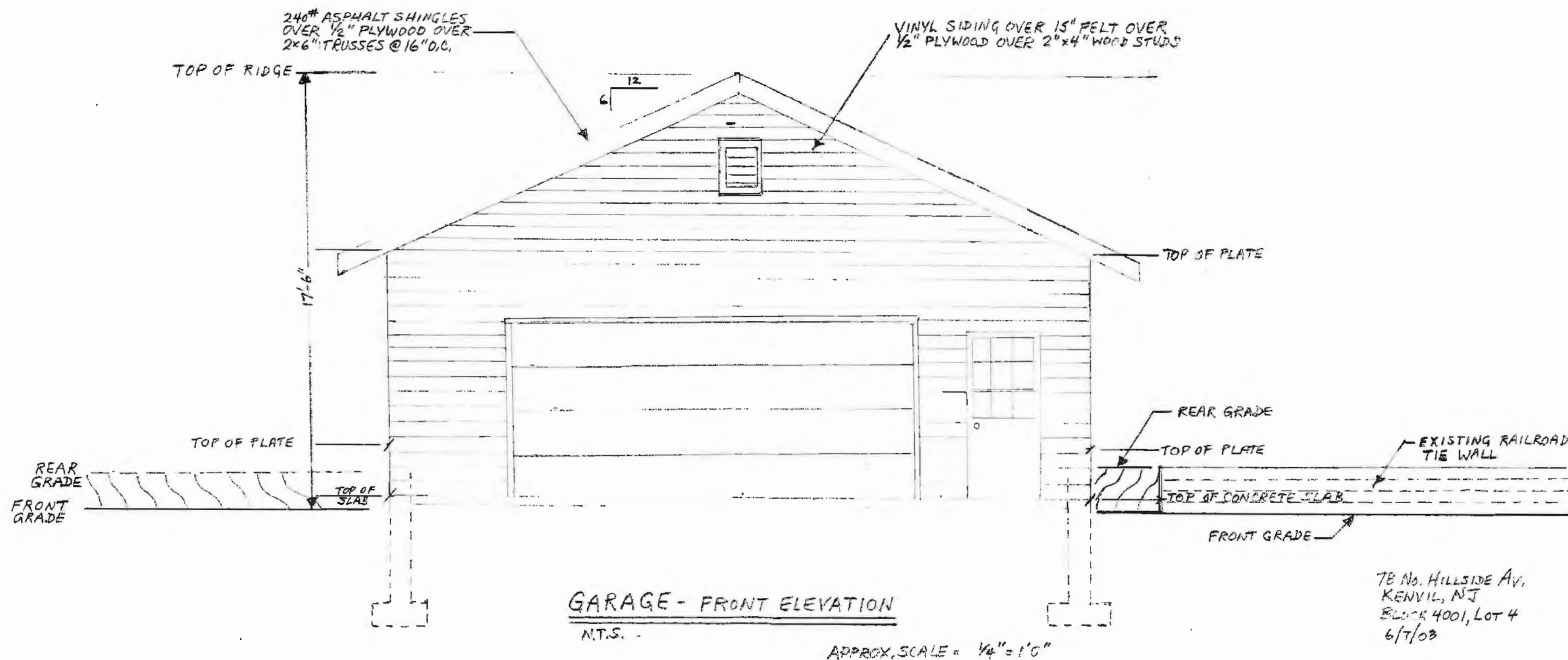
GARAGE - FLOOR PLAN
N.T.S.

APPROX. SCALE = $\frac{1}{4}" = 1'-0"$



78 No. HILLSIDE AV.
KENVIL, NJ
BLOCK 4001, LOT 4
6/7/03

JUN 10 2003



In the matter of Steven Gregory Shaffer and Randilyn J. Shaffer
Case No. BA-37-03

**RESOLUTION OF FINDINGS AND CONCLUSIONS
BOARD OF ADJUSTMENT
TOWNSHIP OF ROXBURY
RESOLUTION**

**Approved: August 11, 2003
Memorialized: September 8, 2003**

WHEREAS, Steven Gregory Shaffer and Randilyn J. Shaffer have applied to the Board of Adjustment, Township of Roxbury for permission to construct two additions requiring bulk variance(s) for premises located at 78 North Hillside Avenue and known as Block 4001, Lot 4 on the Tax Map of the Township of Roxbury which premises are in a "R-3" Zone; said proposal required relief from Section 13-7.1301D4, 13-7.1301D8, and 13-7.905B of the Roxbury Township Land Use Ordinance; and

WHEREAS, the Board, after carefully considering the evidence presented by the applicant and having conducted a public hearing has made the following factual findings:

1. The applicants are the owners and occupants of the single-family home on-site.
2. The applicants were proposing to enlarge the existing modest 1,100 square foot home. The applicants were also proposing to construct a 28'x26' garage in the rear of the house.
3. The location of the applicant's proposed improvements was depicted on a colorized plot plan attached to the application. In addition, the applicant provided building elevation plans.

4. The applicant's received a letter of denial dated 6/10/03 from Tom Potere, the Zoning Officer. Mr. Potere noted the need for the following variances:
 - a. Front yard setback – 35' required, 24'9" proposed
 - b. Impervious coverage – 25% maximum permitted, 38.9% proposed
 - c. Accessory Structures – maximum of 2 permitted, 3 proposed
5. During the public hearing, it was determined that there might be the need for 2 additional variances. One would be building setback from a railroad right-of-way, which requires 100'. The applicant's improvement would be within that setback. In addition, there was an existing pump house on-site and a swimming pool and thus, the proposed garage would be considered a fourth accessory structure.
6. The applicant noted that the proposal would result in increasing the 1,100 square foot home to 3,700 square feet.
7. During the course of the hearing, there was a considerable discussion about the possibility of re-locating either the parking area and/or garage and/or adjusting the size of the garage. It was noted that at 28'x26' this was an oversized 2 car garage.
8. The Board notes that the subject premises, at just over 23,000 square feet, contain 150% of the lot area size of the R-3 Zone.

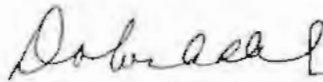
WHEREAS, the Board has determined that the relief requested by the applicant cannot be granted without substantial detriment to the public good and without substantially impairing the intent and purpose of the Zone Plan and Zoning Ordinance of the Township of Roxbury for the following reasons:

1. As noted above, the applicant's proposal is a significant increase in impervious coverage. The existing impervious coverage is just over 21%. The applicant's

proposal would result in almost doubling the coverage. This is even more troublesome as the applicant's property exceeds the square footage of the zone by over 50%.

2. The Board agrees that some relief might be appropriate. The proposed relief is clearly inappropriate and flies in the face of the zoning. The applicant did not make out a case as to the need for such extensive deviations from the Zoning Ordinance. Clearly, the scope of these deviations would have a negative impact on the Zone Plan and Zone Scheme. The applicant's suggested basis for relief (other properties that may have pre-dated changes to the Zoning Ordinance were not in conformance) is clearly not a basis for relief.

NOW, THEREFORE, BE IT RESOLVED by the Board of Adjustment of the Township of Roxbury on the 11th day of August, 2003 that this application is denied without prejudice.



Dolores A. DeMasi, Secretary

TOWNSHIP OF ROXBURY

APPLICATION FOR ZONING PERMIT

Date: 8/5/05 Block: 4001 Lot: 4 Zone: R-3

Physical Location / Street Address: 78 NO. HILLSIDE AV.

Nearest Cross Street: RT. 46 OR HIGH ST.

A) Applicant's Name: JG SHAFFER
Street: 78 NO. HILLSIDE AV.
City / State: KENVIL, N.J.
Zip Code: 07847

B) Owner's Name: SAME
Street: _____
City / State: _____
Zip Code: _____
Phone Number: _____

REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

C) Describe in detail the purpose for which Zoning Permit is requested (change in use / tenancy, addition, shed, pool and any new construction): (See attached forms)

REPLACE EXISTING POOL FENCE 60" - ALTERNATE FENCE 1-1/2
8/18/05

D) Has the above-referenced property been subjected to any prior application to the Zoning or Planning Boards to the applicant's knowledge (If so which board and when):

YES, CASE NO. BA-40-03, APPROVED 9/8/03

E) Attach two current survey maps or plot plans to scale showing size of property, lot dimensions and dimensions of all existing and proposed improvements. Label distances to all property lines and streets. All new construction; attach two elevation plans to scale showing number of stories; and below grade construction. Change in use/tenancy attach a seating and parking plan showing seating, parking stalls & dumpster location. Building & impervious coverage worksheet must be submitted with application.

F) Percentage of Building Coverage: N/A % Percentage Lot Coverage: N/A %

Note: Building and Lot Coverage must be filled in; attached is a form for your assistance in calculating coverages. Include attached calculation form with submission of application.

G) I certify that the answers to the above-referenced questions and any statements made on the survey map, plot plan and seating and parking plans are true and complete to the best of my knowledge. I understand that this permit does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits as required by municipal, county, state or federal agencies.

JG Shaffer 8/5/05
Signature of applicant Date

Signature of owner Date

Application Permit Fee – Resident \$ 25.00 Commercial \$ 50.00 (fee must accompany application)

Paid: ☒ Date: 8/5/05

Collected By: J. Muller

Approved: ☒ See Notes: _____

Denied: _____

Section: _____

Tom Potter
Zoning Officer

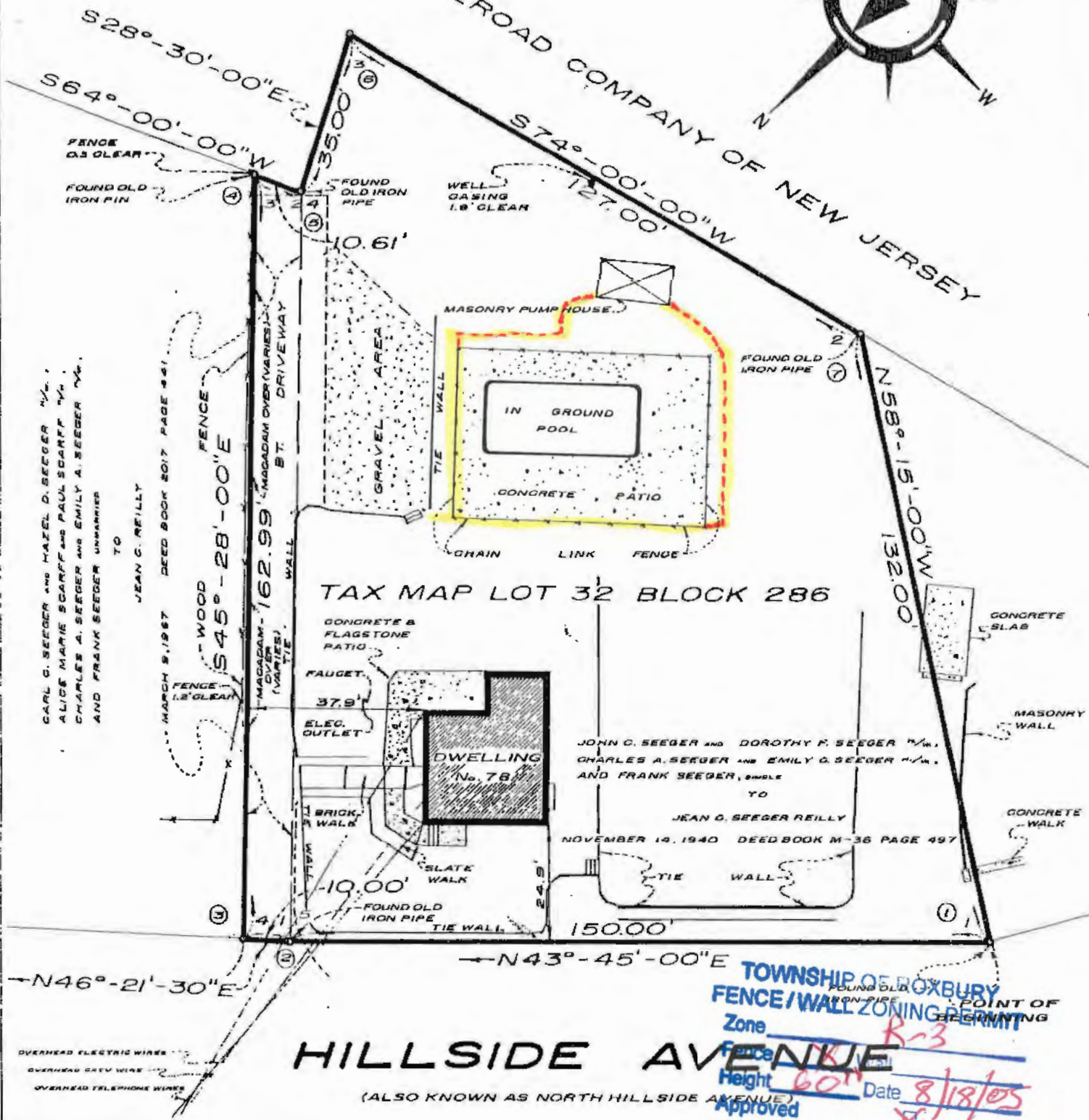
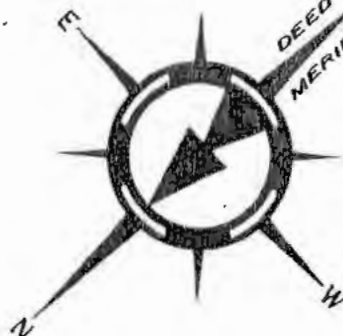
8/18/05
Date

Note: _____

NO
BT

CENTRAL RAILROAD COMPANY OF NEW JERSEY

ALTERNATE
FENCE
LAYOUT



TOWNSHIP OF ROXBURY
FENCE / WALL ZONING PERMIT
Zone R-3
Fence Height 60" Date 8/18/05
Approved ☒
Approved as Noted ☐
Restrictions:
Zoning Officer: Tom Petrucci
All fences and walls must comply with 10-6.809.

SURVEY OF
PROPERTY TO BE CONVEYED TO
STEVEN GREGORY SHAFFER
AND
RANDILYN J. SHAFFER "W"

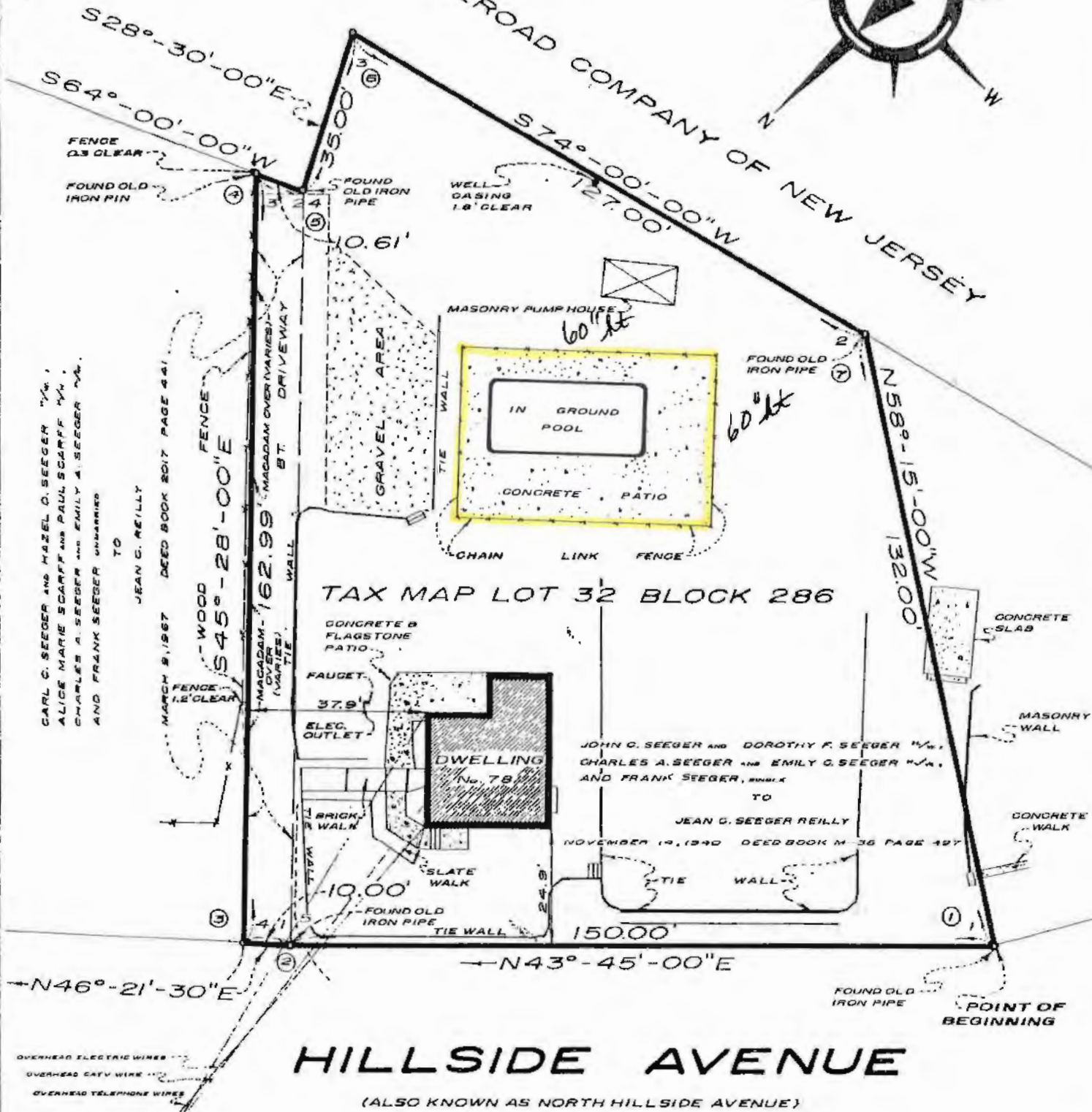
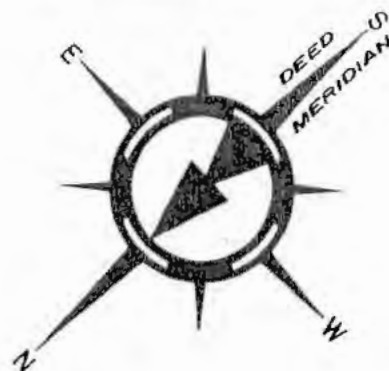
ROXBURY TOWNSHIP MORRIS COUNTY, N.J.
SCALE 1" = 30' MAY 24, 1996

EDWARD F. SECCO, SURVEYOR, L.C. No. 18607
459 U.S. HWY. ROUTE 46, KENVIL, N.J.

CERTIFIED TO:
STEVEN GREGORY SHAFFER AND RANDILYN J. SHAFFER "W"
WM. K. FULLERTON, ESQ.
PROGRESSIVE TITLE AGENCY, INC.
VALLEY NATIONAL BANK, ITS SUCCESSORS AND/OR ASSIGNS

Edward F. Secco
EDWARD F. SECCO, Surveyor, L.C. No. 18607
CORNERS NOT SET-FOUND AS INDICATED

CENTRAL RAILROAD COMPANY OF NEW JERSEY



SURVEY OF

PROPERTY TO BE CONVEYED TO

STEVEN GREGORY SHAFFER

AND

RANDILYN J. SHAFFER "W

ROXBURY TOWNSHIP

MORRIS COUNTY, N.J.

SCALE 1" = 30'

MAY 24, 1996

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Edward F. Secco

EDWARD F. SECCO, Surveyor, Lic. No. 18607
CORNERS NOT SET-FOUND AS
INDICATED

TOWNSHIP OF ROXBURY
APPLICATION FOR ZONING PERMIT

*** INTERNET FORM: MUST PROVIDE 3 COPIES OF THIS FORM WHEN SUBMITTED***

Date: 8/5/05 Block: 4001 Lot: 4 Zone: R-3

Physical Location / Street Address: 78 No. Hillside Av.

Nearest Cross Street: Rt. 46 OR High St.

A) Applicant's Name: S.G. Shaffer
Street: 78 No. Hillside Av.
City / State: KENVIL, NJ
Zip Code: 07847

B) Owner's Name: SAME
Street: _____
City / State: _____
Zip Code: _____
Phone Number: _____

REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

C) Describe in detail the purpose for which Zoning Permit is requested (change in use / tenancy, addition, shed, pool and any new construction): (See attached forms)

2 STORY ADDITION WITH BASEMENT

FUTURE GARAGE IN REAR OF PROPERTY

D) Has the above-referenced property been subjected to any prior application to the Zoning or Planning Boards to the applicant's knowledge (If so which board and when):

YES, CASE NO. BA-40-03, APPROVED 9/8/03

E) Attach two current survey maps or plot plans to scale showing size of property, lot dimensions and dimensions of all existing and proposed improvements. Label distances to all property lines and streets. All new construction; attach two elevation plans to scale showing the number of stories; and below grade construction. Change in use/tenancy attach a seating and parking plan showing seating, parking stalls & dumpster location. Building & impervious coverage worksheet must be submitted with application.

F) Percentage of Building Coverage: 12.2 % Percentage Lot Coverage: 31.6 %

Note: Building and Lot Coverage must be filled in; attached is a form for your assistance in calculating coverage's. Include attached calculation form with submission of application.

G) I certify that the answers to the above-referenced questions and any statements made on the survey map, plot plan and seating and parking plans are true and complete to the best of my knowledge. I understand that this permit does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits as required by municipal, county, state or federal agencies.

S.G. Shaffer
Signature of applicant

8-5-05
Date

S.G. Shaffer
Signature of owner

8-5-05
Date

Application Permit Fee - Resident \$ 25.00 Commercial \$ 50.00 (fee must accompany application)

Paid: ✓ Date: 8/5/05

Collected By: L. Muller

Approved: ✓ See Notes: ✓

Denied: _____

Section: _____

Zoning Officer

Date

Note: APPROVED BY ZBA ON Sep. 8, 2003. See ATTACHED RESOLUTION.

Building and Impervious Coverage Worksheet

To calculate building and lot coverage you must find the total square footage of your property by multiplying the length times the width of the property, which will give you the total square footage or if you know the acreage of your the property you can multiply it by 43,560, which will also give you the total square footage. Total square footage of lot can be obtained from your survey of your property.

Example: Length X Width = Total Square Footage
 Acreage X 43,560 = Total Square Footage

Building coverage percentage is calculated when you measure the square footage of all buildings, home, shed, garages, covered porches or covered decks, sunrooms and any structure that has a roof. To calculate building coverage you add all the measurements from all buildings then divide the sum by the total square footage of your property then times it by 100, which will give you the building coverage percentage.

Example: Sum of square footage of all above-referenced ÷ total square footage of lot x 100 = percentage of building coverage

	Existing	Proposed
Home	746	1044
Shed	128	
Garage		528 (24x22)
Covered Deck		380 (38x10)
Covered Porch		
Sunroom		
Other		
TOTAL	874	1952

Existing & Proposed Square Footage ÷ Total Lot Square Footage x 100 = Building Coverage Percentage		
2826	23,117	12.2%

Impervious cover percentage (Lot coverage) is calculated when you measure the square footage of all buildings, home, shed, garages, covered porches or covered decks, sunrooms, any structure that has a roof, driveway, patio, walkway or sidewalk and pool. To calculate lot coverage you add all the measurements from all the above items then divide the sum by the total square footage of your property then times it by 100, which will give you the lot coverage percentage.

Example: Sum of square footage of all above-referenced ÷ total square footage of lot x 100 = percentage of lot coverage

	Existing	Proposed
Home	746	1044
Shed	128	
Garage		528
Covered Deck		380
Covered Porch		
Sunroom		
Walkway & Sidewalk	260	(.230)
Patio	1405	
* Pool *	512 (16x32)	
Driveway	1880	648
Other		
TOTAL	4931	2370

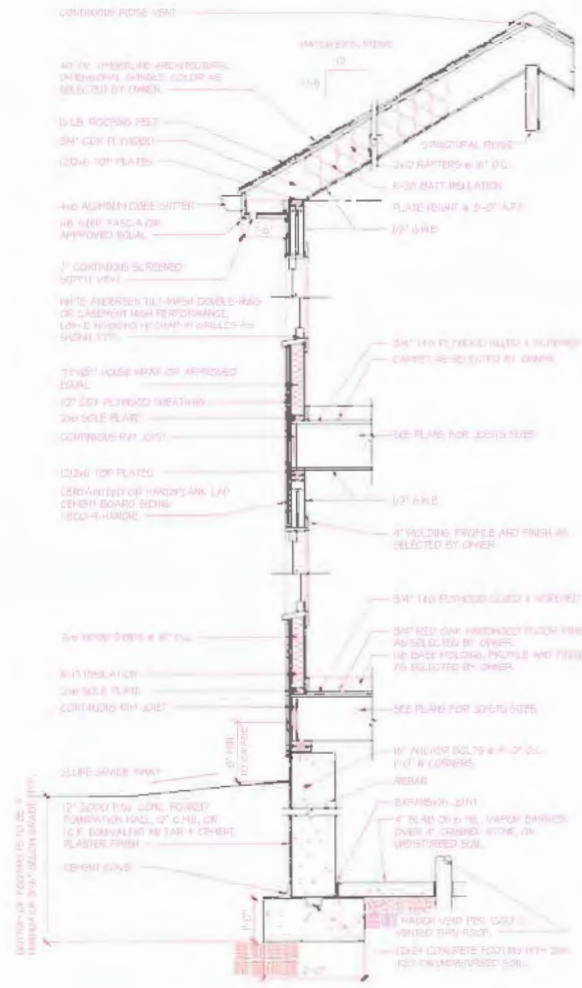
Existing & Proposed Square Footage ÷ Total Lot Square Footage x 100 = Lot Coverage Percentage		
7301	23,117	31.6%

*Notes: Pool square footage is calculated by taking half of the diameter of the pool times it by itself then times that number by 3.14, which will equal the pool square footage. Example: ½ of diameter X ½ diameter x 3.14 = pool square footage. It is the responsibility of the applicant to provide the coverage calculations.

Revised 10/14/04

planning/forms/lotcoverage

THE SHAFFER RESIDENCE



TYPICAL WALL SECTION
SCALE: 1/2" = 1'-0"

INDEX OF DRAWINGS		BUILDING DATA			
A-1	SITE PLAN, TYPICAL WALL SECTION CALCULATIONS	AREA - SQ. FT.	FOUND.	ROOF	TOTAL
A-2	FOUNDATION PLAN	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR
A-3	FIRST FLOOR PLAN AND FLOOR	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR
A-4	SECOND FLOOR AND ROOF PLAN	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR
A-5	FRONT ELEVATION	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR
A-6	REAR ELEVATION	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR
A-7	LEFT SIDE ELEVATION	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR
A-8	RIGHT SIDE ELEVATION	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR
A-9	SECTION ON A-A	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR
A-10	SECTION ON B-B	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR
		BUILDING AREA REQUIREMENTS: A-10			
A-11	SECTION ON C-C	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR
A-12	FIRST FLOOR ELECTRICAL PLAN	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR
A-13	SECOND FLOOR ELECTRICAL PLAN	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR	FOUND. FLOOR

- CONSTRUCTION TO CONFORM TO PRESCRIPTIVE PACKAGE FOR HEATING & COOLING TO BE COMPLETED BY OWNER. DOUBLE GLAZED WINDOWS AS SHOWN IN ELEVATIONS. SEE "A-10" AND "A-11" FOR DETAILS.
- CONSTRUCT GLAZING AREA TO MAINTAIN GLAZING VALUE OF 0.25. SEE "A-10" AND "A-11" FOR DETAILS.
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GLAZING AREAS AND U-VALUES ARE MINIMUM ACCEPTABLE LEVELS. U-VALUES ARE MINIMUM ACCEPTABLE LEVELS.

HEAT HEATING HEATS & HEATS ARE OF 10% OR MORE.

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NOTE: DOUBLE GLAZED WINDOWS (GLAZED AND INSULATED).

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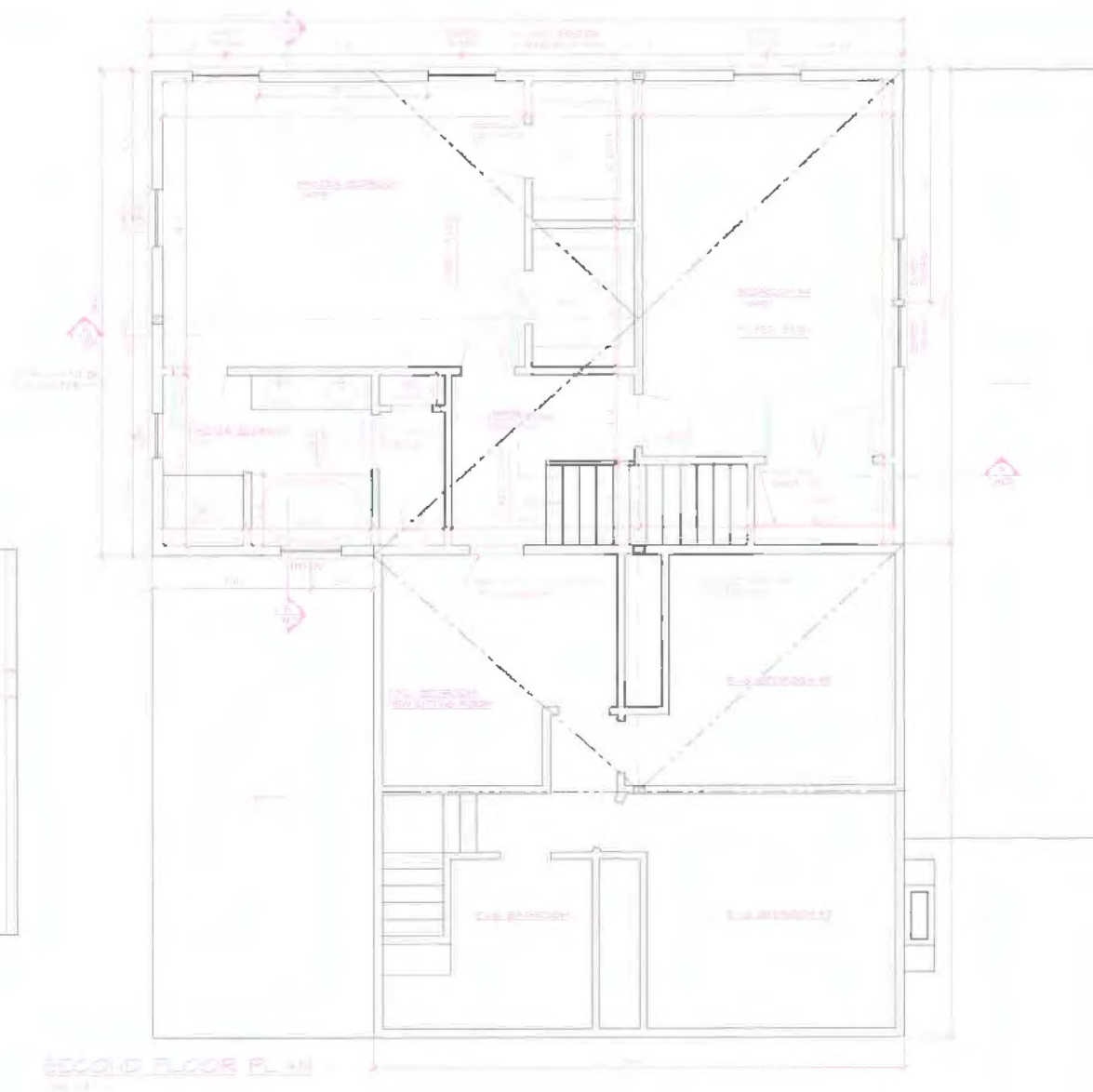
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CONSTRUCTION MUST CONFORM TO:			
2000 INTERNATIONAL RESIDENTIAL CODE, SECTION 2000	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE
2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE
2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE
2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE
2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE
2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE
2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE
2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE
2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE	2000 INTERNATIONAL MECHANICAL CODE

LOADS:			
TYPE	LL	DL	TOTAL
TYPICAL FLOOR	40 P.S.F.	5 P.S.F.	45 P.S.F.
SLEEPING ROOMS	50 P.S.F.	5 P.S.F.	55 P.S.F.
ROOFS	20 P.S.F.	5 P.S.F.	25 P.S.F.





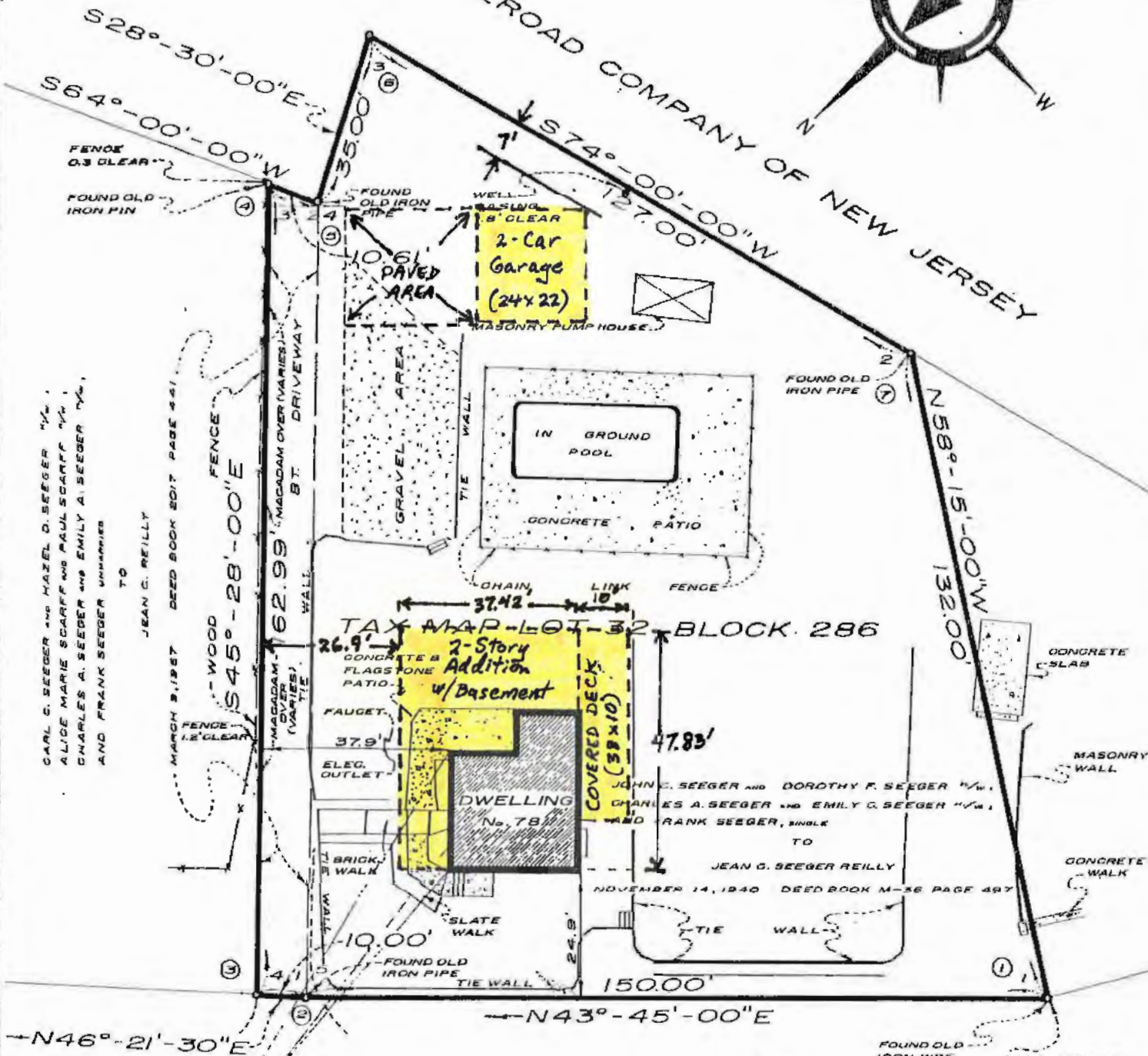
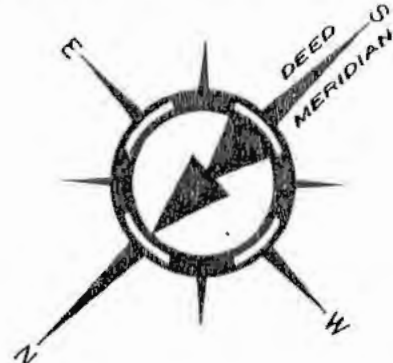


LEFT SIDE ELEVATION
SCALE: 1/4" = 1'-0"



RIGHT SIDE ELEVATION

CENTRAL RAILROAD COMPANY OF NEW JERSEY



HILLSIDE AVENUE

(ALSO KNOWN AS NORTH HILLSIDE AVENUE)

TOWNSHIP OF ROXBURY
USE PERMIT

ZONE: R-3
USE: ADDITION & GARAGE
APPROVED ☒
APPROVED AS NOTED ☒
RESTRICTIONS: APPROVED BY
DATE: 8/19/05
ZONING OFFICER: Tom Poter

SURVEY OF
PROPERTY TO BE CONVEYED TO
STEVEN GREGORY SHAFFER

AND
RANDILYN J. SHAFFER

ROXBURY TOWNSHIP

MORRIS COUNTY, N.J.

SCALE 1" = 30'

MAY 24, 1996

EDWARD F. SECCO, SURVEYOR, LIC. No. 18607
459 U.S. HWY. ROUTE 46, KENVIL, N.J.

CERTIFIED TO:

STEVEN GREGORY SHAFFER AND RANDILYN J. SHAFFER ^{1/2}W
WM. K. FULLERTON, ESQ.
PROGRESSIVE TITLE AGENCY, INC.
VALLEY NATIONAL BANK, ITS SUCCESSORS AND/OR ASSIGNS

Edward F. Secco

EDWARD F. SECCO, Surveyor, Lic. No. 18607
CORNERS NOT SET-FOUND AS INDICATED

In the matter of Steven Gregory and Randilyn J. Shaffer
Case No. BA-40-03

**RESOLUTION OF FINDINGS AND CONCLUSIONS
BOARD OF ADJUSTMENT
TOWNSHIP OF ROXBURY
RESOLUTION**

**Approved: September 8, 2003
Memorialized: October 16, 2003**

WHEREAS, Steven Gregory Shaffer and Randilyn J. Shaffer have applied to the Board of Adjustment, Township of Roxbury for permission to construct two additions requiring bulk variance(s) for premises located at 78 North Hillside Avenue and known as Block 4001, Lot 4 on the Tax Map of the Township of Roxbury which premises are in a "R-3" Zone; said proposal required relief from Section 13-7.1301D4, 13-7.1301D8, and 13-7.905B of the Roxbury Township Land Use Ordinance; and

WHEREAS, the Board, after carefully considering the evidence presented by the applicant and having conducted a public hearing has made the following factual findings:

1. The applicants are the owners and occupants of the single-family home located on-site. The applicants previously made application for similar relief (BA-37-03). That application was denied without prejudice.
2. The applicants were proposing to enlarge the existing modest 1,100 square foot home. The applicants were also proposing to construct a 24'x22' garage in the rear of the premises. The height of the garage would be 15'.
3. The location of the applicant's proposed improvements was depicted on a colorized plot plan attached to the application showing the location of the

proposed infrastructure as well as architectural hand drawn building elevations showing the nature and character of the proposed improvements.

4. The applicants received a letter of denial dated 8/25/03 from Tom Potere, the Zoning Officer.
5. The Board's notes that the present iteration of this application is a much better version of the original plan. There is significantly less impact and the Board agrees that some type of relief is warranted.

WHEREAS, the Board has determined that the relief requested by the applicant can be granted without substantial detriment to the public good and without substantially impairing the intent and purpose of the Zone Plan and Zoning Ordinance of the Township of Roxbury for the following reasons:

1. As noted above, the applicant has established that the existing location of infrastructure constitutes a hardship peculiar to the within premises.
2. The variance for setback to the railroad is clearly warranted. This is essentially an existing condition.
3. The deviation from front yard setback and impervious coverage are within the scope of this application minimal.

NOW, THEREFORE, BE IT RESOLVED by the Board of Adjustment of the Township of Roxbury on the 8th day of September, 2003 that the approval of the within application be granted subject, however, to the following conditions:

1. Addition to be sized and located on the exhibits attached to the application. Front yard setback shall be maintained at 24'9" as proposed. Impervious coverage shall be no greater than 32.3% as requested.

Dolores A. DeMasi, Secretary

Tax Assessor

From: [Fariello, Lydia](#)
To: [Florio, Kathy](#)
Cc: [McKeon Joe](#); [Rhead Amy](#)
Subject: RE: OPRA 20201116-004 Cienia (78 North Hillside Ave; B4001-L4)
Date: Tuesday, November 17, 2020 12:40:11 PM
Attachments: [pdftemp.pdf](#)

Hi Kathy,
Please find prc attached.
Thanks.

Sincerely,

Lydia Fariello
Assistant to the Tax Assessor
Township of Roxbury
1715 Route 46
Ledgewood, NJ 07852
Phone: 973-448-2021
Email: fariello1@roxburynj.us

Block: 4001
Lot: 4
Qual:
Card: M (#1 of 1)

Land Desc: 150X146
Bldg Desc: 2SF
Addl Lots:
Acreage: 0.503

Class: 2
Owners Name: SHAFFER,STEVEN G/RANDILYN J
Street Address: PO BOX 213
City & State: KENVIL, NJ
Property Loc: 78 N HILLSIDE AVE

Bank: 00660
Zip: 07847
Zone: R-3

Land: 88,100
Impr: 415,500
Total: 503,600

Exemption Code:
Value: 0

Net Taxable Value
Deductions Cd No-Ow
503,600

Map: G4NW
ROXBURY

SALES HISTORY										ASSESSMENT HISTORY				BUILDING PERMITS/REMARKS						
Grantor					Date	Book/Page	Price	Nu#	Year	Land	Impr	Total	Date	Work Description		Amount	Compl.			
									1998	30000	35500	65500	07/26/19	POOL DEMO - 0805		7450	10/08/19			
									2000	93900	64100	158000	09/28/05	ADDITION 1137		167000	05/15/08			
									2008P	93900	200100	294000	07/22/04	REMOVE REAR PORCH 0803		0	05/15/08			
													05/30/03	VINYL SIDING NC REPLACEMENT		10000	02/18/04			
LAND CALCULATIONS										SITE INFORMATION				RESIDENTIAL COST APPROACH						
Frnt	Rr	SB	T	FF	Avgd	Tabl	EqF	Rate	Site	Cond		Value	Road:		Utilities:		Basement			
													PAVED		Sewer: YES		BASEMENT			
													Curbs:		Water: YES		BASEMENT FIN			
													Sidewalk:		Gas: YES					
TRAF / LOC					85	Units		Rate	Site	Cond		Value	Measured: DM		Topo:		Main Bldg			
ECONOMIC DEPR					90	0.500 AC		80000	75000	100	100	100	115000	Info:		LEVEL		FIRST STORY		
						0.003 AC		40000		100	100	100	120	Inspected: E		Neigh: 854		UPPER STORY		
														03/19/18		VCS: ARIC				
										BUILDING INFORMATION										
POOL DEMO 38 24 2S/B A 11 24 1S/B B 11 27 38 OP 48 C 10					Type and Use:		Class/Quality:		Heat/AC											
					ONE FAMILY		17		HW BASEBOARD		5153 x 3.760 + 0 x1.15 x1.00= 22282									
					Story Height:		Condition:		AC SEPARATE DUC		5153 x 2.520 + 0 x1.12 x1.00= 14544									
					TWO STORY		GOOD		Plumbing											
					Style:		Year Built/EffA:		5 FIXTURE BATH		1 x4095.000 + 0 x1.12 x1.00= 4586									
					COLONIAL		1940 / 78 (Y)		4 FIXTURE BATH		1 x3185.000 + 0 x1.12 x1.00= 3567									
					Exterior Finish:		Info By:		3 FIXTURE BATH		2- 2 x2595.000 + 0 x1.12 x1.00= 0									
					ALUM/VINYL SIDI				2 FIXTURE BATH		0- 1 x1895.000 + 0 x1.12 x1.00= -2122									
					Roof Type:		Livable Area:		Fireplace											
					GABLE		3384 SF		FIREPLACE 2STY		1 x4850.000 + 0 x1.15 x1.00= 5578									
					Roof Material:		Interior Cond:		Attic											
					ASPHALT SHINGLE		GOOD		Deck/Patio/Garage/Misc											
Foundation:		Interior Wall:		OPEN PORCH		380 x 10.773 + 453 x1.15 x1.00= 5229														
CONC/CIND BLK		SR/PL																		
Baths: M:1		A:3		O:																
Kitchens: M:31		A:		O:																
ROOM COUNT																				
					B	1	2	3/A	Tot	Base Cost: 313135				CCF: 163 CLA:100						
Living Rm						1			1	Phys Depr: 19.15 (Y)				Cost New: 510410						
Dining Rm						1			1	Func Depr:				Net Depr: 80.85						
Kitchen						1			1	Loc Depr:				Mkt+: Mkt-: Bldg Value: 412656						
Dinette										Detached Items:										
5 Fixt Bath							1		1	SHED 1STY				128 x 15.480 + 890 x1.20 x0.50 x1.63= 2808						
4 Fixt Bath							1		1											
3 Fixt Bath					1	1			2											
2 Fixt Bath																				
Bed Room							4		4											
Fam Room						1			1											
Den/Other							1		1											
Old B:					286				9				Land: 88,100				Impr: 415,500			
Old L:					32				11/17/20				Total: 503,600							

A: 2S/B
B: 1S/B
C: OP
D:
E:
F:
G:
H:
I:
J:
K:
L:

cd24r11d24r27u48l38
d24cd24r11
r38cd38r10

M:
N:
O:
P:

1560
264
380
0
0
0
0
0

Scale: 20

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A: 2S/B
B: 1S/B
C: OP
D:
E:
F:
G:
H:
I:
J:
K:
L:

cd24r11d24r27u48l38
d24cd24r11
r38cd38r10

M:
N:
O:
P:

1560
264
380
0
0
0
0
0

Scale: 20