

Evelyn Grandi

From: Karen Williams <opra+request-9701-f527df24@requests.opramachine.com>
Sent: Tuesday, February 18, 2020 12:52 PM
To: OPRA requests at Hazlet Township
Subject: OPRA request - 8 Monterery Drive, Hazlet, NJ Block 68.03 Lot 6

Jennifer 2/18/20

Dear Hazlet Township,

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

Records requested: Please provide our office with all open permits on premises: 8 Monterery Drive, Hazlet, NJ Block 68.03 Lot 6.

Thank you,

Karen Williams

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-9701-f527df24@requests.opramachine.com

Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=hazlet_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

<https://opramachine.com/help/officers>

View this OPRA request & responses online:

https://opramachine.com/request/8_monterery_drive_hazlet_nj_bloc

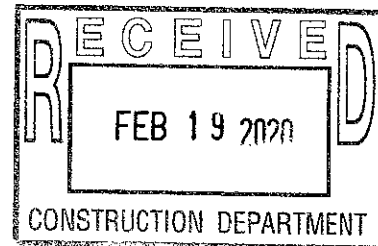
Please note that in some cases publication of requests and responses will be delayed.

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

RECEIVED

FEB 18 2020

MUNICIPAL CLERK



Please be advised that this may not be a complete list.

Construction permit applications have been removed from the building for scanning purposes.

I do not have a date of when these construction permit applications will be available.

OPEN PERMITS

BLOCK 48.03 LOT 6 QUANTIFICATION CODE 10897 ADDRESS (SITE) 8 Monterey Dr PERMIT NO. E2016-1



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION
1. Proposed Work Site at: 8 Monterey Dr. Closings 11/30/16
2. Name of Owner in Fee: Anthony Horath
Tel. [redacted] e-mail [redacted]
Address 8 Monterey Dr. Marina 07730
3. Ownership in Fee: Public Homeowner Private municipality zip code
4. Principal Contractor: Homeowner Tel. () e-mail ()
Address ()
License No. OR, if new home, Builder Reg. No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ()
5. Architect or Engineer Address Contact e-mail
Tel. () FAX: ()
6. Responsible Person in Charge once Work has Begun
Tel. () FAX: ()

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

IIb. SUBCODES
(Check all that apply)
☒ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Elevator
Est. Cost 2500 Plans Recd by [redacted] Date Recd [redacted] Rejection Date [redacted] Approval Date [redacted] Re-submission Dates [redacted] Re-viewer [redacted]
100
TOTAL COST 2500

V. FEE SUMMARY (for office use only)

1. Building	\$ <u>125</u>	Update	Update
2. Electrical	\$ <u>5</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ <u>200</u>		
7. Less 20% for State Plan Review	\$ <u>5</u>		
8. Subtotal	\$ <u>195</u>		
9. State Permit Surcharge Fee	\$ <u>5</u>		
10. Subtotal	\$ <u>200</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>205</u>		

VI. BUILDING/SITE CHARACTERISTICS

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

III. PLAN REVIEW (optional)

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

1. ☐ Elevators/Escalators/Lifts/	4. ☐ Refrigeration Systems
2. ☐ Partial Releases	5. ☐ Cross-Connections/Backflow Preventers
3. ☐ Prototype Processing	6. ☐ Hazardous Uses/Places of Assembly
	7. ☐ Sprinklers/Standpipes
	8. ☐ Smoke Control Systems in Open Wells
	9. ☐ Underground Storage Tanks
	10. ☐ Swimming Pools, Spas and Hot Tubs
	11. ☐ PG&S Tanks
	12. ☐ Fire Alarm

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: [redacted]
2. Use Group, Proposed: [redacted]
3. Change in Use Group, Indicate Present: [redacted]
C. MIXED USE - List secondary use(s):
D. Construct. Classification: Present [redacted] Proposed [redacted]

11/3/16
Call delayed
permits ready

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature

Date

11/1/16

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☐ Check if contractor.

Agent Name

Address

Telephone

Signature

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

IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



CONSTRUCTION PERMIT

Date Issued 11/7/14
Permit # 2014-1161

IDENTIFICATION Block 68-03 Lot 6
Work Site Location 8 Monterey Dr. Contractor Self 10-4 10897
Owner in Fee Harriet Anthony Harsh Address _____
Address 8 Monterey Dr. Tel. (_____) _____
Tel. _____ Lic. No. or Bldrs. Reg. No. _____

- Is hereby granted permission to perform the following work:
- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
 - ☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
 - ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER CO. RELATED
- (Subchapter 8 only)

DESCRIPTION OF WORK: INSTALLED PRIOR TO OBTAINING PERMITS
18x24 oval above ground pool

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 \$ 2,600.00

Construction Official _____
U.C.C. Form (rev. 01/04) _____
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

PAYMENTS (Office Use Only)	
Building	<u>185</u>
Electrical	<u>75</u>
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	<u>5</u>
Cert. of Occupancy	
Other	
Total	<u>265</u>
Check No.	<u>1671</u>
Cash	
Collected by	<u>[Signature]</u>

(see reverse side)



BUILDING SUBCODE TECHNICAL SECTION



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

Block 08-03 Lot 4 Qualification Code CO RELATED
 Work Site Location 8 Montecy Dr.
 Owner In Fee: Anthony Horath
 Tel. [redacted] e-mail [redacted]
 Address 8 Montecy Dr. Municipality Hazlet Zip code 07730
 Contractor: Self Tel. () e-mail
 Address _____

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

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type	Failure	Approval
☒ No Plans Required	<u>11/10/09</u>	<u>[Signature]</u>	Footing		
☐ All			Footing Bonding		
☐ Footings/Foundations			Foundation		
☐ Structural/Framework			Slab		
☐ Exterior			Frame		
☐ Interior			Truss Sys./Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation		
SUBCODE APPROVAL PERMIT			Finishes -Base Layer		
Date: <u>11/10/09</u>			Finishes -Final		
Approved by: <u>[Signature]</u>			Energy		
SUBCODE APPROVAL FOR CERTIFICATE			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date: _____			Other		
Approved by: _____			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
 No. of Stories _____
 Height of Structure _____ ft.
 Area — Largest Floor _____ sq. ft.
 New Bldg. Area/All Floors _____ sq. ft.
 Volume of New Structure _____ cu. ft.
 Max. Live Load _____
 Max. Occupancy Load _____
 U.C.C. F110 (rev. 11/09)

Const. Class Present _____ Proposed _____
 If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+2) \$ 2,500.00

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
 Sign here: [Signature]
 Print name here: Anthony Horath

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

18x24 oval above ground

INSTALLED PRIOR TO OBTAINING PERMITS

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	\$ _____
☐ Addition	\$ _____
☐ Rehabilitation	\$ _____
☐ Roofing	\$ _____
☐ Siding	\$ _____
☐ Fence _____ Height (exceeds 6')	\$ _____
☐ Sign _____ Sq. Ft.	\$ _____
☒ Pool	\$ <u>125</u>
☐ Retaining Wall _____ Sq. Ft.	\$ _____
☐ Asbestos Abatement Subchapter 8	\$ _____
☐ Lead Haz. Abatement NJAC 5:17	\$ _____
☐ Radon Remediation	\$ _____
☐ Other _____	\$ _____
☐ Demolition	\$ _____

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
 TOTAL FEE \$ 125



ELECTRICAL SUBCODE



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

Block 08-03 Lot 1 Qualification Code CO RELATED

Work Site Location Haled 8 Monterey Dr.

Owner in Fee: Anthony Horath e-mail [redacted]
 Address 8 Monterey Dr. Monmouth 07730
street municipality zip code

Contractor: Self Tel. () e-mail
street municipality

Address e-mail

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

Federal Emp. ID No. FAX: ()

B. ELECTRICAL CHARACTERISTICS
 Use Group Present Proposed
☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.
 Est. Cost of Elec. Work \$ 1100.00

JOB SUMMARY (Office Use Only)		INSPECTIONS				
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☒ No Plans Required		Rough				
☐ Partial - Underslab Utilities Approved		Barrier-Free				
Date <u>11-11-16</u> Approved by: <u>AM</u>		Trench				
☐ Electric Plans Approved		Temp. Serv.				
Date <u> </u> Approved by: <u> </u>		Const. Serv.				
☐ Joint Plan Review Required		TCO				
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		Other				
SUBCODE APPROVAL FOR PERMIT		Service				
Date: <u>11-11-16</u>		Fire				
Approved by: <u>Anthony Horath</u>		Barrier-Free				
SUBCODE APPROVAL FOR CERTIFICATE		Temp. Cut-in-Card Date Issued				
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued				
Date: <u> </u>		Annual Pool Inspection				
Approved by: <u> </u>		Date of Grounding and Bonding				
		Certification				

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
 Applicant sign/Contractor Anthony Horath
 sign and seal here: Anthony Horath

Print name here: Anthony Horath
☐ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK: ABOVE GROUND POOL
 INSTALLED PRIOR TO OBTAINING PERMITS

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

To reorder call: ALLEGRA Marketing • Print • Mail (609) 390-1400

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	<u>75</u>

Date Received 10/24/16
 Control # 1117116
 Date Issued 11/11/16
 Permit # 2016-1161

OFFICE DATE RECEIVED: 11/11/16

For Record Counter

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

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

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

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

CLOSED PERMITS

6/15/05 sent David notice to owner of Rental on permit application
A COPY TO LAWRENCE W. LUTTRELL 65 14 BRIDE HILL RD. HOLMDEL, N.J. 07733
7/29/05 1:45 AM. advised owner of Mr. Luttrell's office permit ready



CONSTRUCTION PERMIT APPLICATION

608.03
BLOCK 68003 LOT 6 QUALIFICATION CODE 6 ADDRESS (SITE) 8 Montecrey Da PERMIT NO. 050889

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

I. IDENTIFICATION

1. Proposed Work Site at: 8 Montecrey
2. Name of Owner in Fee: LAWRENCE W. LUTTRELL Tel. () 609-277-34
Address: 23 Liberty Place, 10 Kearnsburg, NJ 07734
City: Liberty Municipality: Kearnsburg Zip Code: 07734

3. Ownership in Fee: Public ☒ Private ☒
4. Principal Contractor: LAWRENCE W. LUTTRELL, SR. Tel. () 609-277-34
Address: 23 Liberty Place, 10 Kearnsburg, NJ Exp. Date: ---
License No. OR, if new home, Builder Reg. No. --- FAX: () ---
Federal Employee No. --- Tel. () ---
5. Architect or Engineer --- Contact: ---
Address ---
6. Responsible Person in Charge once Work has Begun LAWRENCE LUTTRELL, SR.
Tel. () --- FAX: () ---

II. PROPOSED WORK

	Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Re-Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair ☒ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subseq. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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

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

	1. ☐ Elevators/Escalators/Lifts	2. ☐ Dumbwaiters/Moving Walks	3. ☐ High Pressure Boilers	4. ☐ Refrigeration Systems	5. ☐ Cross-Connections/Backflow Preventers	6. ☐ Hazardous Uses/Places of Assembly	7. ☐ Smoke Control Systems in Open Wells	8. ☐ Underground Storage Tanks	9. ☐ Swimming Pools, Spas and Hot Tubs
AS BUILT PLANS									

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ 400	
2. Electrical	\$ 112	
3. Plumbing	\$ 45	
4. Fire Protection	\$ 82	
5. Elevator Devices		
6. Subtotal	\$	
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy	\$	
12. Other	\$	
13. TOTAL	\$ 343.7	

VI. BUILDINGSITE CHARACTERISTICS

	(office use only)
1. Number of Stories	2
2. Height of Structure	6.25 ft.
3. Area - Largest Floor	16,400 sq. ft.
4. New Building Area	---
5. Volume of New Structure	---
6. Construction Classification	---
7. Total Land Area Disturbed	---
8. Flood Hazard Zone	10 ft. Flood Zone
9. Base Flood Elevation	---
10. Wetlands	yes
11. Max. Live Load	no 100 AMP
12. Max. Occupancy Load	7 SEVICE

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: Single Family
2. Use Group: ---
3. Change in Use Group, Indicate Former: ---
4. No. of dwelling units: 1 All Units residential
Before Construction 1 After Construction 1 Net Gain or Loss 0

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☒ I further certify that I will perform or supervise the following work:

C.1. ☒ Building C.2. ☒ Fire Protection

I further certify that I will perform the following work:

C.3. ☒ Electrical C.4. ☒ Plumbing

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

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

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

Signature

Lawrence W. Little, Jr. Date *5/27/05*
Executor/Administrator of Estate of Lawrence W. L.

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

() Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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

6-14-05 OK

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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)					
Name of Code & Edition			Name of Code & Edition		
Building _____	Energy _____		Other _____		
Electrical _____	Barrier Free _____				
Plumbing _____	Flood Hazard _____				
Fire Protection _____	As Built Elevation Cert. _____				
Mechanical _____	Other _____				
X. CERTIFICATES ISSUED (office use only)					
☐ Temporary Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Temporary Certificate of Compliance	No. _____				
☐ Continued Certificate of Occupancy	No. _____				
☐ Certificate of Compliance	No. _____				
☐ Certificate of Occupancy	No. _____				
☐ Certificate of Approval	No. _____				
☐ Lead Abatement Clearance Certificate	No. _____				

Kelton Grant -
6rs-5012

SUSAN
431 2900

6426425
Thurs - Ramon -
3971606

6-2-30
① 720 - allie Charles -
mia

② 40 Trumbull + Contracts
tree

③ Drop 76 papers by

④ my Chestnut Collist

766
011

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

Date Issued 08/24/05
Control #
Permit # 05-0889

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 68.03 Lot 6 Qual
Work Site Location 8 MONTEREY DRIVE
HAZLET, NJ 07730
Owner In Fee/Occupant LUTTRELL, LAWRENCE
Address 23 LIBERTY PL.
W. KEANSBURG, NJ 07734-
Telephone
Contractor LAWRENCE LUTTRELL
Address 23 LIBERTY PL.
W. KEANSBURG, NJ 07734-
Telephone
Lic. No. or Bids. Reg. No. Fax ()
Federal Emp. No.

[] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No.

[] State [] Private

Use Group R-5

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

ALT

2ND FLOOR ALTERATIONS

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

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

[] CERTIFICATE OF CONTINUED OCCUPANCY

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

[] CERTIFICATE OF COMPLIANCE

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

Construction Official
P.C.C. 7260 (rev. 3/96)

Fee \$ 0
Paid [X] Check No. 1433
Collected by: TP



CONSTRUCTION PERMIT

Date Issued 8-1-05
Permit # 05-0889

IDENTIFICATION Block 18.03 Lot 6 Qualification Code 18.03
Work Site Location 8 HAZLETT DR. HAZLETT NJ 07730
Owner in Fee Lawrence W. Luffell, Sr.
Address 23 Liberty Pl. Cedarburg, IL 60015
Tel. [REDACTED]
Contractor W. Keasbey, Jr. Inc.
Address 83 Liberty Pl. Cedarburg, IL 60015
Tel. [REDACTED]
Lic. No. or Bldrs. Reg. No. 118

I hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER ☐ (Subchapter 8 only)

DESCRIPTION OF WORK: Installation of water heater, HVAC unit + fire ducts/vents to two upstairs bedrooms, insulation of washer + dryer, (Finish and Floor alterations done prior to application for permits (see notes))
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$ 4,200

Construction Official: [Signature]

Date: 7/29/05

PAYMENTS (Office Use Only)

Building	<u>48</u>
Electrical	<u>112</u>
Plumbing	<u>95</u>
Fire Protection	<u>82</u>
Elevator Devices	
Other	
DCA State Permit Fee	<u>6</u>
Cert. of Occupancy	
Other	
Total	<u>343</u>
Check No.	<u>1433</u>
Cash	
Collected by	<u>[Signature]</u>

REQUIRED INSPECTIONS

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

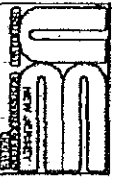
The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days 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 given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

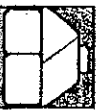
1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. Utility services, including septic.
 4. 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.
- ☐ 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.



BUILDING SUBCODE TECHNICAL SECTION



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

Block ES-03

Lot 6

Qualification Code DR

Work Site Location 8 Monterey Dr.

Owner in Fee Chad D. + Lawrence L. Hurrell

Address 23 Liberty Pl

RD. LANSBURG

Tel. [REDACTED]

Contractor Lawrence L. Hurrell

Address 23 Liberty Pl

Tel. [REDACTED]

FAX [REDACTED]

Contractor License No. or Builder Registration No. [REDACTED]

Federal Emp. No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required				Footings					
☐ All				Footings Bonding					
☐ Footing				Foundation					
☐ Foundation				Slab					
☐ Flame				Frame					
☒ Other <u>As-Built Plans</u>				Truss Sys./Bracing					
Joint Plan Review Required:				Barrier-Free					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Insulation					
SUBCODE APPROVAL				Finishes - Base Layer					
☐ CO ☐ CCD ☐ CA				Finishes - Final					
Date: <u>8/14/05</u>				Energy					
Approved by: <u>[Signature]</u>				Mechanical					
				TCO					
				Other					
				Final					
				Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	<u>VR3</u>	<u>VR3</u>	1. New Bldg. \$ <u>2000</u>
No. of Stories	<u>2</u>		2. Rehabilitation \$ <u>2000</u>
Height of Structure			3. Total (1+2) \$ <u>4000</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

① ALL WALLS WERE FINISHED EXCEPT EXTERIOR CLOSET WALLS.

② NO ENTRY DOORS EXISTED IN ORIGINAL UPSTAIRS OF HOME, NEW DOORS WERE INSTALLED UPSTAIRS.

(CCO VIOLATION) (WORK DONE PRIOR TO APPLICATION & ISSUANCE OF PERMITS)

TYPE OF WORK:	Permits	FEE (Office Use Only)
☐ New Building		
☐ Addition		
☒ Rehabilitation		<u>48</u>
☐ Roofing		
☐ Sliding		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Other		
☐ Demolition		

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

U.C.C. F.110
(rev. 07/03)

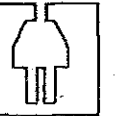
1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received 8-1-05
Control # 05-6889
Date Issued 8-1-05
Permit # 05-6889



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 6803 Lot 6 Qualification Code 6

Work Site Location Interiors

Owner in Fee Catherine C. C. C.

Address 23 Liberty Pl

Tel. (332) 244-4383

Contractor 130 Montgomery Ave. Lenox Beach, GA

FAX ()

Contractor License No. 22-351712

Federal Emp. No. 22-351712

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as 1000 Utility Co. 1000

Est. Cost of Elec. Work \$ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required Date/Initial 6/16/05

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: 6/16/05

Approved by: [Signature]

INSPECTIONS

Dates (Month/Day)

Type: Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Bonding and Bonding

8-16-05

Approved by: [Signature]

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UVW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat (Gas Furnace)

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

N.E.H.

1

1

1

1

1

1

1

1

Control #

Date Issued

8-1-05

05-0889

FEE (Office Use Only)

\$ 36

Administrative Surcharge \$ 112

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Alterations to C.C.O. Violations



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 8.03

Lot 6

Qualification Code

Work Site Location

8 Montecy Dr.

Owner in Fee

LAURENCE + Catherine Luttrell

Address

23 Liberty Pl. W. Keansburg NJ 07734

Tel ()

Contractor

Address

Tel ()

FAX ()

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 711A

Fire Protection Equipment, NJ Div of Fire Safety Inspector No. 711A

Fire Alarm Contractor No. 711A

Federal Emp. No. 711A

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Resid Proposed Resid

Const. Class: Present 2 Proposed 2

Heating System: ☒ New or ☐ Existing ☐ HVAC

Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar

Location: ☐ Other 2nd floor

Fuel Storage Tank: N/A

Fuel Type: ☐ Flammable or ☐ Combustible

Total Cost of Fire Protection Work \$ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Plumbing

☐ Electric ☐ Elevator

☐ Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 8/23/05

Approved by: [Signature]

INSPECTIONS

Type:

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Flam/Combust Tanks

Fireplace Venting

Final

Other

Dates (Month/Day)

Failure

Failure

Approval

Initial



Control # 619/61

C. CERTIFICATION IN LIEU OF DATA

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

Applicant's Signature/Contractor's Signature

☐ Exempt Applicant

☐ Certified Contractor

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of new HVAC system w/ ducts + vents to upstairs bedrooms - alterations to 2nd floor

Water Supply Source: City water mains - backflow alarm. Permitted

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

☒ System

☐ 110V Interconnected

☐ CO Detectors/110V

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., lamps, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances (K) Gas or ☐ Oil

Fireplace Venting/Metal Chimney

Other gas to gas replacement

Source For water

State Permit Surcharge Fee \$

TOTAL FEE \$ 82

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

1 Write = Inspector Copy

3 Pink = Office Copy

U.C.C. F140

(rev. 10/04)

2 Canary = Office Copy

4 Gold = Applicant Copy

8/10/65 2 Eastern Gull wading

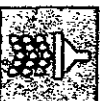
31 West Reed 1" above

former Reed Creek

10/10/65 1 wading
10/10/65 1 wading
10/10/65 1 wading



PLUMBING SUBCODE TECHNICAL SECTION



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

Block: 68-03 Lot: 1 Qualification Code: 08

Work Site Location: 444 E 1st St

Owner in Fee: Hyattsville + Catherine Lattrell

Address: 838 Atlantic Dr

Tel: [REDACTED] FAX: [REDACTED]

Contractor License No.: 8558

Federal Emp. No.:

B. PLUMBING CHARACTERISTICS

Use Group: Present RES RS Proposed RES RS

Building Sewer Size: 4" Public Sewer: Private Septic:

Water Service Size: 3" Public Water: Private Well:

Est. Cost of Plumbing Work: \$ 1200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 8/2/05

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ SCO ☐ CA

Date: 8/2/05

Approved by: [Signature]

C. CERTIFICATION IN LIEU OF OATH

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

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

NO. 1

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

LP Gas Tank

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 450.

Other gas fixtures

Other gas fixtures

Other gas fixtures

Other gas fixtures

Other gas fixtures

Other gas fixtures

Other gas fixtures

Other gas fixtures

Other gas fixtures

Other gas fixtures

Date Received 8-1-05

Control # 05-0889

Date Issued 8-1-05

Permit # 05-0889

Permit # 05-0889

Permit # 05-0889

Permit # 05-0889

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Permit # 05-0889

U.C.C. P130
(rev. 01/04)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

gas no gas replacement fixture
2nd floor
Finish 2nd floor - C.C.O. violation -

8/10/05-

1) Skane Uel

2) Work in Bone

3) with relief

4) Furan group

8/15/05
21

8/19/05 Skane Uel

HAZLET TOWNSHIP, NEW JERSEY

APPLICATION FOR ZONING PERMIT

Call 264-5707 ext 233 For Inspection

DATE 5/29/05

APPLICATION NO. _____
PERMIT NO. 05-0451

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

NAME Lawrence & Catherine Luttrell

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

ADDRESS 8 Monterey

Block 68, 03 Lot 6 Zone R-70

The above named applicant hereby applies for a Zoning Permit to: Rejuvenate upstairs walls + closets

Cape Cod House put up closets & drud work

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

SIZE OF PROPERTY

Area 800 Sq. Ft.
Frontage 10 Ft.
Depth 0 Ft.

PRINCIPAL BUILDING

Type Resale
Gross Floor Area _____ Sq. Ft.
Lot Coverage dist Percent
Building Height _____ Ft. (Max)

ACCESSORY BUILDING(S)

Total Area _____ Sq. Ft.
Min Side Yard More Ft.
Min Rear Yard _____ Ft.
Min of _____ Ft.
(From Dwelling)

SIGNS: Type _____ Area Permitted _____ Area Requested _____

YARD DIMENSIONS (Not required for signs)

Front _____ Ft. Right Side _____ Ft. Left Side _____ Ft. Rear _____ Ft.

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

Owner _____ Address _____ Tel No. _____

Lessee _____ Address _____ Tel No. _____

Contractor _____ Address _____ Tel No. _____

Estimated Value of Work \$ 500

Zoning Permit Fee \$ 10.00

Signature of Applicant or Agent

Sharon A. Keegan - Zoning Officer

NOTES:

APPROVED BY HAZLET

TOWNSHIP ZONING OFFICER

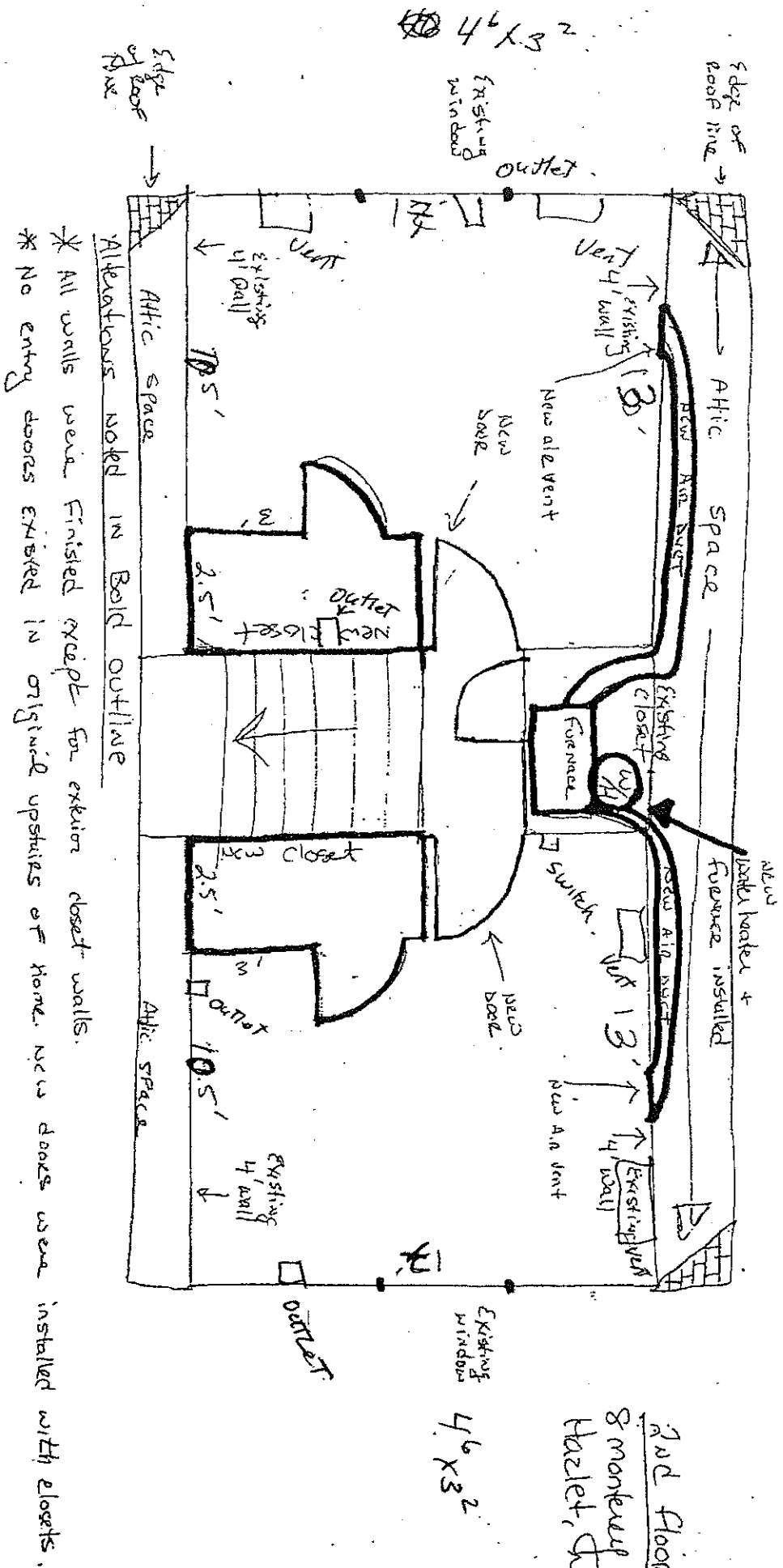
THE 13 DAY OF June 2005

Sharon added closets & drud work to entry rooms in a Cape

ZONING OFFICER

END 13 DAY OF June 2015
Sgt. Abdul Ghaffar to a flying room in a cage

2nd floor
8 Montpelier Dr.
Hazel, CT

$$4.6 \times 3^2$$


Page 13 DAY OF June 2005
 24 you could visit + shuttles to a factory room in a cage

Alterations noted in Bold outline

- * All walls were finished except for exterior closet walls.
- * No entry doors existed in original upstairs of home. New doors were installed with closets.

2nd floor
8 Montpelier Dr
Hazel, CT

46x32

**HAZLET TOWNSHIP
CONSTRUCTION DEPARTMENT
3400 HIGHWAY 35, SUITE 9
HAZLET, NEW JERSEY 07730
(732) 264-5707**

Peter A. Terranova - Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR:

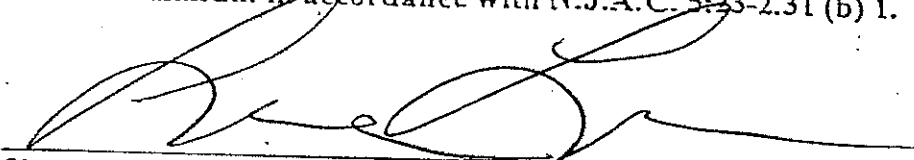
Address 8 Monterey Dr.

Type of Work Refinished upstairs walls + doors

I will be responsible for requesting all required inspections at the above address in accordance with N.J.A.C. 5:23-2.13.

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

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


Signature of owner or other responsible person in charge of work.

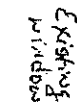
24 RT 345 COLTS Neck
Address

732 6259500 x208
Phone

6/10/05
Date

13 DAY OF June 2005
If you added diesel & diesel work to operations & maintenance

2nd floor
8 Montpelier Dr.
Hazel, Wis





CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 68.03 LOT 6 PERMIT # _____

WORK SITE ADDRESS 8 Monterey DR

Applicant Lawrence + Catherine Lihrell
Certifying Individual Lawrence W. Lihrell Company Adminstrator for State of New Jersey
Address 23 Liberty Pl W. Kensington NY 07734
Street City State Zip Code

Tel. [REDACTED]

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☐ B Label Vent
☐ L Label Vent
☒ Masonry Chimney — Tile Lined
☐ Flexible Liner
☐ Power Vent/Exhauster
☐ Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature _____

Date _____

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature _____

Date _____

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____

Date _____

Direct Vent Appliance:

No certification required:

Signature [Signature]

Date 5/31/05

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

HAZLET TOWNSHIP CONSTRUCTION DEPARTMENT

3400 HIGHWAY 35 N. SUITE 9

HAZLET, NJ 07730

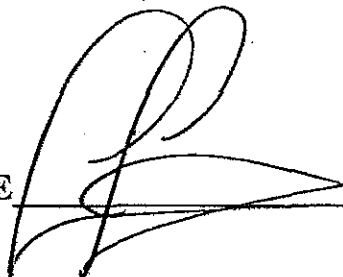
(732) 264-5707 Fax (732) 264-5724

NOTICE OF ADOPTION FOR CARBON MONOXIDE ALARMS

THE REQUIREMENT FOR THE INSTALLATION OF CARBON MONOXIDE (CO) ALARMS IN RESIDENTIAL DWELLINGS WAS ADOPTED ON APRIL 7, 2003 BY THE STATE OF NEW JERSEY.

A CARBON MONOXIDE ALARM OR DETECTOR SHALL BE CENTRALLY LOCATED OUTSIDE OF EACH SEPARATE SLEEPING AREA IN THE IMMEDIATE VICINITY OF THE BEDROOMS. WHERE BEDROOMS ARE SEPARATED AND THE AUDIBILITY OF THE ALARM OR DETECTOR TO OCCUPANTS WITHIN THE BEDROOM AREA COULD BE SERIOUSLY IMPAIRED, MORE THAN ONE UNIT SHOULD BE INSTALLED. EACH ALARM OR DETECTOR SHOULD BE LOCATED ON THE WALL, CEILING OR OTHER LOCATION AS SPECIFIED IN THE INSTALLATION INSTRUCTIONS THAT ACCOMPANY THE UNIT. THE CARBON MONOXIDE ALARM OR DETECTOR MAY BE BATTERY, HARD WIRED OR PLUG IN. IN ACCORDANCE WITH N.J.A.C. 5:23

SIGNATURE



DATE

5/31/05

**HAZLET TOWNSHIP
CONSTRUCTION DEPARTMENT
3400 HIGHWAY 35, SUITE 9
HAZLET, NEW JERSEY 07730
(732) 264-5707**

Peter A. Terranova - Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR:

Address 8 Monterey

Type of Work H₂O Heater, Gas pipe

I will be responsible for requesting all required inspections at the above address in accordance with N.J.A.C. 5:23-2.13.

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

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


Signature of owner or other responsible person in charge of work

23 Liberty Pl
Address

732 872 6900
Phone

6/14/05
Date

HAZLET TOWNSHIP CONSTRUCTION DEPT.

3400- Highway 35
Hazlet, N.J. 07730
732-264-5707



DENIAL OF PERMIT

Date Issued: JUNE 15, 2005
Control #: _____

IDENTIFICATION

Block 68.03 Lot 6
Work Site Location 8 MONTEREY DRIVE HAZLET, N.J.
Owner in Fee L. & C. LUTRELL
Address 23 LIBERTY PLACE
W. REANSBURG, N.J. 07734
Tele. ()

Agent COPY TO LAWRENCE W. LUTTRELL
Address 14 BRIAR HILL RD
HOLMDEL, N.J. 07733
Tele. ()
Lic. No. _____

On JUNE 14 2005 we received an application for a construction permit for the project/work located at the above address. This project/work involves the following:

ALTERATIONS TO 2ND FLOOR TO HABITABLE LIVING SPACE WITHOUT OBTAINING REQUIRED PERMITS PRIOR TO PERFORMING ALTERATIONS. (CCO VIOLATION)

VIOLATION OF N.J.A.C. 5:23-2.14(a)

This application is denied for the following reason(s):

FLOOR PLANS DO NOT MEET MINIMUM ARCHITECTURAL STANDARDS AND PRACTICES TO PERFORM PLAN REVIEW TO DETERMINE IF WORK DONE/PROPOSED IS IN COMPLIANCE.

If you wish to contest the validity of the above action, in accordance with N.J.A.C. 5:23A-2. 1, you may request a hearing before the Construction Board of Appeals of the County of Monmouth, within 15 days of receipt of this notice. The Application to the Construction Board of Appeals maybe used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

In accordance with N.J.A.C. 5:23A-2. 1(e), the application must be accompanied by a fee of \$ \$100.00 The application and fee must be forwarded to the Construction Board of Appeals Office located at:

Hall of Records P.O. Box 1255 Freehold, NJ 07728

Construction Official: Peter Terranova

(Signature)

Peter Terranova

Date: JUNE 15, 2005

8 Monterey Dr Hazlet

Bj: Lawrence W. Luttrell, Administrator
for estate of Lawrence W. Luttrell, SR.

Upstairs
Closet

before
work

UPstans BR

close t

Upstairs BR 2

2nd
CL

No Heat

Empty

No Heat

1st
PL

Close

Gas + water supply

Kitchen

water
water
Gas

Gas
Furnace
(No A/C)

Stack water/air

* Home is slab foundation.

~~Downstairs~~ closet

Play
SARK

upstairs BR 1

close

Upstairs BR 2

2nd
PL

Heat
Air
~~Outlet~~
Installed

Grass
Water
Honey

New
Gas
Furnace
+ AC
Blower

Heat/Air Duct + vent
Installed

2nd place / over

1st
FL.

sub panel

new circuit

Close

← gas + water supply extended to

Kitchen

Swiss

PERMIT NO. 04-1477



CONSTRUCTION PERMIT APPLICATION

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

1. IDENTIFICATION

1. Proposed Work Site at: 8 Montclair Dr., Hazlet, NY

2. Name of Owner in Fee: Lawrence B. Luffell Tel. (732) 877-1611

Address: 61 Montclair Plaza, Atlantic Highlands, NY 07716

Street _____ Municipality _____ Zip code _____

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Self Tel. (_____) See above

Address: See above

License No. OR, if new home, Builder Reg. No. _____ N/A Exp. Date _____ N/A

Federal Employee No. _____ N/A FAX: (_____) _____

5. Architect or Engineer _____ N/A Tel. (_____) _____

Address: _____ N/A Contact: _____

6. Responsible Person in Charge once Work has Begun: Lawrence Luffell

Tel. (732) 872-6900 FAX: (732) 872-8520

11-29-04 Called ~~REDACTED~~ P/O PMS (~~REDACTED~~) SUSAN

PROPOSED WORK		Est. Cost	Plans Revised by	Date Revised	Rejection Date	Approval Date	Re- viewer	Resubmission Dates Approval	Rejection	Re- viewer
1. ☒ Minor Work		2,000.00								
2. ☐ New Building										
3. ☐ Addition										
4. ☐ a. Repair										
☐ b. Alteration										
☐ c. Renovation										
☐ d. Reconstruction										
5. ☐ Fire Protection										
6. ☐ Plumbing										
7. ☐ Electrical										
8. ☐ Elevator Devices										
9. ☐ Asbestos Abat. Subch. 8										
10. ☐ Lead Hazard Abatement										
11. ☐ Demolition										
TOTAL COSTS		\$2,000.00								

OPTIONAL (for office use only)

V. FREE SUMMARY (for office use only)			
1. Building	\$	144	Update
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$	6	
9. State Permit Surcharge Fee	\$		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	150	

VI. BUILDING/SITE CHARACTERISTICS			
1. Number of Stories		2	(office use only)
2. Height of Structure	ft.	20	
3. Area — Largest Floor	sq. ft.	750	
4. New Building Area	sq. ft.	0	
5. Volume of New Structure	cu. ft.	N/A	
6. Construction Classification			
7. Total Land Area Disturbed	sq. ft.	0	
8. Flood Hazard Zone			
9. Base Flood Elevation	ft.		
10. Wetlands	yes		
	no		
11. Max. Live Load		100 AMP	
12. Max. Occupancy Load			

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: *Single Fam.*

2. Use Group:

3. Change in Use Group, Indicate Former: *N*

4. No. of dwelling units: *All Units, restricted*

	<i>Income-</i>
Before Construction	<i>100</i>
After Construction	<i>100</i>
Net Gain or Loss	<i>00</i>

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former: *N/A*

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☒ I further certify that I will perform or supervise the following work:

C.1. ☒ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature

Date

11/19/04

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☐ Check if contractor.

Agent Name

N/A

Address

Telephone ()

Signature

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

OFFICE DATE RECEIVED: 11/19/04

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

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

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

X. CERTIFICATES ISSUED (office use only)

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



CONSTRUCTION PERMIT

Date Issued 12-1-04
Permit # 04-1477

(B)

IDENTIFICATION Block 68.03 Lot 6
Work Site Location Hazlet NJ 07730
Owner In Fee Lawrence W. Luthrell
Address 101 MEMORIAL PKWY
Atlantic Highlands, NJ 07716
Tel. (732) 872-6980
Qualification Code SA10
Contractor Lawrence Luthrell
Address 101 MEMORIAL PKWY
Atlantic Highlands, NJ 07716
Tel. (732) 872-6980
Lic. No. or Bids. Reg. No. 218

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

X Remove/Replace Roof | Siding added

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 1500

Construction Official

Date

11/24/04

Ans

PAYMENTS (Office Use Only)	
Building	<u>144</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	<u>6</u>
Cert. of Occupancy	
Other	
Total	<u>150</u>
Check No.	<u>1210</u>
Cash	
Collected by	<u>my</u>

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

REQUIRED INSPECTIONS

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

☐ 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 the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. Utility services, including septic.
 4. 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.
- ☐ 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.

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

Date Issued 08/16/05
Control #
Permit # 04-1477

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 68.03 Lot 6 Qual
Work Site Location 8 MONTEREY DR
HAZLET, NJ 07730
Owner in Fee/Occupant LUTRELL, LAWRENCE
Address 61 MEMORIAL PKWY
ATLANTIC HIGHLANDS, NJ 07716-
Telephone (732) 872-6900
Contractor HOMEOWNER
Address
Telephone () - Fax () -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No.

☐ State ☐ Private

Use Group R-5

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

REMOVE AND REPLACE ROOF SIDING

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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

Construction Official
U.C.C. 7260 (rev. 3/86)

Fee \$ 0
Paid ☒ Check No. 1260
Collected by: SK

**HAZLET TOWNSHIP
CONSTRUCTION DEPARTMENT
3400 HIGHWAY 35, SUITE 9
HAZLET, NEW JERSEY 07730
(732) 264-5707**

Peter A. Terranova – Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR:

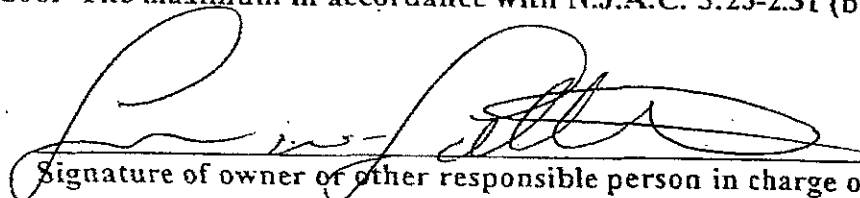
Address 8. Monterey Dr. Hazlet, NJ

Type of Work New Roof & Siding

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

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

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


Signature of owner or other responsible person in charge of work.

Address

Phone

Date

PERMIT# 04-1477 DATE _____
PROPERTY OWNER Lawrence W. Luffrell
ADDRESS 8 Monterey Drive
BLOCK 1 LOT _____
APPLICANT Lawrence W. Luffrell

NOTICE TO ALL CONSTRUCTION PERMIT APPLICANTS

IN COMPLIANCE WITH THE MONMOUTH COUNTY SOLID WASTE MANAGEMENT PLAN (MAY 1993) AND MUNICIPAL ORDINANCE 1000-95 THE APPLICANT SHALL IDENTIFY TO THE BUILDING DEPARTMENT ALL DISPOSAL AND RECYCLING ARRANGEMENTS BEFORE A CONSTRUCTION OR DEMOLITION PERMIT WILL BE ISSUED. THE APPLICANT SHALL PROVIDE APPROPRIATE RECORDS DOCUMENTING THE QUANTITY AND DESPOSITION OF ALL MATERIALS. A DEPOSIT OF \$ 15 SHALL BE HELD BY THE BOROUGH UNTIL SUCH TIME AS PROPER RECORDS ARE SUBMITTED FOR SMALL QUANTITIES OF DEBRIS, A HOMEOWNER EXEMPTION MAY APPLY:

THE FOLLOWING MATERIALS ARE RECYCLABLE:

CONCRETE, ASPHALT, BRICK, CINDER BLOCK, STUMPS, TREE PARTS, CLEAN DEMOLITION WOOD, LEAVES, GRASS, APPLIANCES, OIL, BATTERIES AND ALL HOUSEHOLD RECYCLABLES.

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

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

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

ANTICIPATED DISPOSAL ARRANGEMENTS (check appropriate lines)

DISPOSAL BY CONTRACTOR _____ HOMEOWNER X OTHER _____

NAME OF CONTRACTOR _____

CONTAINER (S) DUMPSTER (40yd) SIZE _____ * HAULER _____

OTHER by Galluzzo Brothers

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

MATERIALS TO BE DISPOSED:

DESTINATION:

1. loose
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Date recycling deposit received: _____

Date recycling records received: _____

Date recycling deposit returned: _____

* Galluzzo Brothers will be picking ^{up} the ^{dumpster and} dumpster.

**AN ORDINANCE AMENDING AND SUPPLEMENTING CHAPTER 259
(RECYCLING) OF THE CODE OF THE TOWNSHIP OF HAZLET.**

BE IT ORDAINED by the Township Committee of the Township of Hazlet, County of Monmouth, State of New Jersey, that Chapter 259 Section 259-1(D) be and the same is hereby amended and supplemented as follows:

Section 259-1(D) Demolition Materials produced by residential and nonresidential establishments.

1. The Construction Official of the municipality shall issue construction and demolition permits only after the applicant has identified disposal and recycling arrangements. The applicant shall provide appropriate records documenting the quantity and disposition of all materials.
2. A deposit of 10% of the construction and demolition permits shall be required upon issuance of permit and held in an interest bearing account until such time as documentation is produced to the satisfaction of the municipality.
3. The municipality shall have the discretion to grant exemptions to small quantity generator engaged in minor home improvements.
4. A Certificate of Occupancy shall not be issued until proper disposal documentation has been submitted.
5. An administrative fee of 20% of the deposit monies shall be retained by the municipality.

Ordinances or parts of Ordinances inconsistent herewith are repealed.

This Ordinance shall take effect immediately upon adoption and publication according to law.



BUILDING SUBCODE TECHNICAL SECTION



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

Block 08.03 Lot 6 Qualification Code _____
Work Site Location 8 NORTON RD.
Owner In Fee LAURENCE W. LUTHELL, ESQ.
Address 41 MEMORIAL PKWY
ATLANTIC HIGHLANDS, NJ 07716
Tel. [REDACTED]
Contractor LAURENCE W. LUTHELL, ESQ.
Address 41 MEMORIAL PKWY.
ATLANTIC HIGHLANDS, NJ 07716
Tel. (732) 872-20900 FAX (732) 872-8520
Contractor License No. or Builder Registration No. N/A
Federal Emp. No. N/A

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
			Type:			
☒ No Plans Required	<u>11/24/04</u>		Footing			
☐ All			Footing Bonding			
☐ Footing			Foundation			
☐ Foundation			Slab			
☐ Frame			Frame			
☐ Other			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL			Finishes -Base Layer			
☐ CO	☐ CCO	☐ CA	Finishes -Final			
Date:			Energy			
Approved by:			Mechanical			
			TCO			
			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present Proposed _____
Const. Class Present Proposed _____
No. of Stories 2
Height of Structure 20 Ft.
Area — Largest Floor 750 Sq. Ft.
New Bldg. Area/All Floors N/A Sq. Ft.
Volume of New Structure N/A Cu. Ft.
Total Land Area Disturbed N/A Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 2,000.00
2. Rehabilitation \$ 24,000.00
3. Total (1+2) \$ 26,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

X Remove/Replace Roof Siding added

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☒ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$	<u>144-</u>
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	



BUILDING SUBCODE TECHNICAL SECTION



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

Block 68.03 Lot 6 Qualification Code 00
Work Site Location 1000 N. 10TH ST. NEWARK, NJ 07102
Owner In Fee 1000 N. 10TH ST. NEWARK, NJ 07102
Address 1000 N. 10TH ST. NEWARK, NJ 07102
Tel. (201) 596-1000 FAX (201) 596-1000
Contractor 1000 N. 10TH ST. NEWARK, NJ 07102
Address 1000 N. 10TH ST. NEWARK, NJ 07102
Tel. (201) 596-1000 FAX (201) 596-1000
Contractor License No. or Builder Registration No. 1000 N. 10TH ST. NEWARK, NJ 07102
Federal Emp. No. 1000 N. 10TH ST. NEWARK, NJ 07102

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
☒ No Plans Required	<u>1/11/04</u>	<u>11</u>	Type:	Failure	Failure	Approval
☐ All			Footings			
☐ Footings			Footings Bonding			
☐ Foundation			Foundation			
☐ Frame			Slab			
☐ Other			Frame			
Joint Plan Review Required:			Truss Sys./Bracing			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free			
SUBCODE APPROVAL			Insulation			
☐ CO ☐ CPO ☐ PCA			Finishes - Base Layer			
Date: <u>1/11/04</u>			Finishes - Final			
Approved by: <u>[Signature]</u>			Energy			
			Mechanical			
			TCO			
			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present 10-01 Proposed 10-01
Constr. Class Present 10-01 Proposed 10-01
No. of Stories 1
Height of Structure 1 Ft.
Area — Largest Floor 1 Sq. Ft.
New Bldg. Area/All Floors 1 Sq. Ft.
Volume of New Structure 1 Cu. Ft.
Total Land Area Disturbed 1 Sq. Ft.

Est. Cost of Bldg. Work

1. New Bldg. \$ 2,000.00
2. Rehabilitation \$ 2,000.00
3. Total (1+2) \$ 4,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

X Remove/Replace Roof Siding added

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☒ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5.17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ 144-
Minimum Fee \$ 144-
State Permit Surcharge Fee \$ 144-
TOTAL FEE \$ 144-

12-10-04

See notes not answered to house

gg

3-8-05 SAME AS ABOVE

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

LIGHTING ELECTRIC
68 LINE ROAD
HOLMDEL, N.J. 07733
LIC #9877
(201) 264-8333
752

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

OFFICE DATE RECEIVED: 7-20-00

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

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

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

X. CERTIFICATES ISSUED (office use only)

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



CONSTRUCTION PERMIT

Date Issued 7-27-88
Control #
Permit # 80-0764

IDENTIFICATION Block 68.03 Lot 6
Work Site Location 2 MONTELUKE AVE

Contractor 68 LINE ROAD
HOLMDEL, N.J. 07733

Owner in Fee MHC CAPITAL
Address 3401

Address 68 LINE ROAD
HOLMDEL, N.J. 07733

Tel. () 264-8333

Tel. () 264-8333
Lic. No. of Bldrs. Reg. No. (201) 264-8333
Fed. Emp. No.

Is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

100 AMP SERVICE upgrade
2 GFI outlets
CEC Voluntary
PER C/O MPM

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 \$ 1,000

Construction Official

Date

U.C.C. F170
(rev 3/86)

REQUIRED INSPECTIONS

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

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

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

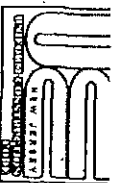
1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing and connections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

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

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

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

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



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 108.03 Lot 108.03

Work Site Location 8 Montross Dr. Hazlet NJ.

Owner in Fee/Occupant SALES

Address SALES

Tele. ()

Contractor LIGHTING ELECTRIC

Address 68 LINE ROAD

HOLMDEL, N.J. 07733

Tele. () Fax () LIC. # 9877

Lic. No. 2011 264-8333

Federal Emp. No. 732

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co. GN

Est. Cost of Elec. Work \$ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial INSPECTIONS

☐ No Plans Required Type: Rough Failure Failure Approval Initial

Joint Plan Review Required: Temp. Serv. Const. Serv. TCO Other Service Final

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Elec. Plans Approved

Date: 7-31-00 Temp. Cut-In-Card Date Issued 7-31-00 RM

Approved by: Kennel Haysak Final Cut-In-Card Date Issued 7-31-00 CIC

SUBCODE APPROVAL ☐ CO ☐ CCO ☐ CA

Date: 7-31-00

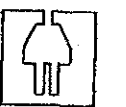
Approved by: Kennel Haysak

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

Licensed Electrical Contractor ☐ Exempt Applicant



D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

2 Q1

Date Received 7-27-00
Date Issued
Control # 00-0764
Permit #

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Frac. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/With UV Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/2 HP

KW Transformer/Generator

AMP Service Upgrade

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

33

1 Write = Inspector Copy

2 Copy = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

44

HAZLET TOWNSHIP
CONSTRUCTION DEPARTMENT

3400 Highway 35 Suite 9

Hazlet, NJ 07730

(908) 264-5707

Peter A. Terranova Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR,

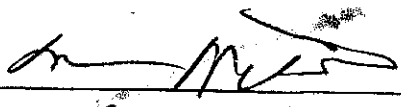
Address 8 MONTEAGUE DR

Type of Work ELECTRIC

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

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

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



Signature of owner or other responsible person
in charge of work.

LIGHTING ELECTRIC
68 LINE ROAD
Address HOLMDEL, N.J. 07733
LIC. #9877
(201) 264-8333

Phone

7/20/02

Date