Barr SK AI

BLOCK 65 LOT 16.05 QUALIFICATION CODE _____ ADDRESS (SITE) 8 Poppy Lane PERMIT NO. 1404

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: The Woods at Howell
2. Name of Owner in Fee: JEM Contracting L.L.C. Tel. ([redacted])
   Address 127 White Oak Lane / Old Bridge NJ 08857
   street / municipality / zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: JEM Contracting Tel. ( ) _____
   Address Same
   License No. OR, if new home, Builder Reg. No. 024675 Exp. Date _____
   Federal Employee No. [redacted] FAX: (908) 679-8710
5. Architect or Engineer Weintraub Engineering Tel. (215) 641-5838
   Address 550 Pinetown Rd. Ft Washington PA
6. Responsible Person in Charge of Work Dennis Morgan
   Tel. (908) 905-9608 FAX ( ) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1.	Number of Stories	2	
2.	Height of Structure	1st 34 ft.	
3.	Area — Largest Floor	972 sq. ft.	
4.	New Building Area	1930 sq. ft.	
5.	Volume of New Structure	64,334 cu. ft.	
6.	Construction Classification	5-B	
7.	Total Land Area Disturbed	sq. ft.	
8.	Flood Hazard Zone		
9.	Base Flood Elevation	ft.	
10.	Wetlands yes		
	no		
11.	Max. Live Load		
12.	Max. Occupancy Load	1st - 40 PSF	

II. PROPOSED WORK

		Est. Cost
1.	☐ Minor Work	
2.	☒ New Building	67,500
3.	☐ Addition	
4.	☐ Alteration	
5.	☐ Fire Protection	450
6.	☐ Plumbing	4000
7.	☐ Electrical	2650
8.	☐ Elevator Devices	
9.	☐ Asbestos Abat. Subch: 8	
10.	☐ Lead Hazard Abatement	
11.	☐ Demolition	
	TOTAL COSTS	74,650

OPTIONAL (for office use only)

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction 0
After Construction 1
Net Gain or Loss 1

B. NON-RESIDENTIAL

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

LDS HW-B 10505821

U.C.C. F100-1 (rev. 3/98)

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 JEM Contracting L.L.C.
Address 127 White Oak Lane
Old Bridge, NJ 08857
Telephone (908) 679-8100
Signature [signature] 7/21/97

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST *(office use only)*	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. *Initial*	Final *Date*	Prelimin. *Initial*	Final *Date*	Prelimin. *Initial*	Final *Date*	Prelimin. *Initial*	Final *Date*	
☐ Zoning Officer									
☐ 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**		
Building _____		Energy _____		*Other* _____
Electrical _____		Barrier Free _____		_____
Plumbing _____		Flood Hazard _____		_____
Fire Protection _____		As Built Elevation Cert. _____		_____
Mechanical _____		Other _____		_____

X. CERTIFICATES ISSUED (office use only)

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

CERTIFICATE

Date Issued 1-15-98
Control #
Permit # 97-1404

IDENTIFICATION

Block 65 Lot 16.05
Work Site Location 8 Poppy Ln
Howell, NJ 07731
Owner in Fee/Occupant JEM Contracting
Address 127 White Oak Ln
Old Bridge, NJ 08857
Tele. ( ) [redacted]
Contractor
Address Same

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No. 024675
Federal Emp. No. [redacted]

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

Completion and approval of construction of single family dwelling Alexandria Model
(1930 s.f.)
(64,334 c.f.)

☒ **CERTIFICATE OF OCCUPANCY**

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

☐ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

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

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

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

EUs Cost 74,650.00

Edward S. Golon
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

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

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

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

ock 65 Lot 16.05
ork Site Location The Woods at Howell
8 Poppy Lane
wner in Fee JEM Contracting LLC
dress 127 White Oak Lane
OCD Bridge N.J.
le. ([redacted]

Contractor SELF
Address
Tele. ( )
Lic. No.
Federal Emp. No.
or Social Security No.

ACTION

☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF COMPLIANCE ☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
USE GROUP _____ Previous _____ Current

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

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

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

DESCRIPTION OF WORK/USE:

Single Family Dwelling

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

SIGNED _____ OWNER AGENT

☐ Owner
☐ Agent

J.C.C. Form F-270B

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

Date Issued 8-1-97
Control #
Permit # 97-1404

IDENTIFICATION Block 65 Lot 16.05

Work Site Location The Woods at Howell

Owner in Fee JEH Contracting
Address 127 White Oak Lane
Old Bridge NJ 08857
Tele. ([redacted])

Contractor JEH Contracting
Address Same
Tele. (____)
Lic. No. of Bldrs. Reg. No. 0246075 Exp. Date ____
Federal Emp. No. [redacted]
or Social Security No. ____

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Alexandria
Single Family 1930 Sq. Ft.
2 car garage 64,334 C.F.
Full Basement

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 $ 74,650

TMK
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	463.00
Electrical	176.00
Plumbing	256.00
Fire Protection	80.00
Elevator Devices	
Other	
DCA Training Fee	103.00
Cert. of Occ.	20.00
Other Survey	10.00
Total	1108.00
Check No.	7502
Cash	
Collected By:	8/12/97

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

U.C.C. Form F-170D

A

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-1-97
Control #
Permit # 97-1404

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

Block 65 Lot 16.05
Work Site Location The Woods at Howell

Owner in Fee JEM Contracting
Address 127 White Oak Lane
Old Bridge NJ 08857
Tel [redacted]
Contractor JEM Contracting
Address Same
Tele. (____)
Lic. No. or Bldrs. Reg. No. 024675
Federal Emp. N [redacted] or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alexandria
Single family — 1930 Sq. Ft.
2 Car garage — 64,334 C.F.
Full Basement

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.					Dates (Month/Day)		
[ ] All			Footing			8/25/97	
[ ] Footing			Foundation			9/4/97	
[ ] Foundation			Slab Bsmt			10/7/97	
[ ] Frame			Frame			12-2-97	
[ ] Other			Insulation		12/4/97	12-5-97	
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO		SH	10/31/97	
Date:			Other				
Approved By:			Final	12-12-98		1/13/98	

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R-3
Constr. Class Present ____ Proposed 5-B
No. of Stories 2
Height of Structure 34 Ft.
Area—Largest Floor 2nd 972 Sq. Ft.
New Bldg. Area/All Floors 1930 Sq. Ft.
Volume of New Structure 64,334 Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 67,550-
2. Alteration $ ____
3. Total (1+2) $ 67,550-

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

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ DCA TRAINING FEE $ ____
TOTAL FEE $ ____

U.C.C. Form F-1108 — 1 White = Inspector Copy — 2 Canary = Office Copy — 3 Pink = Office Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-1-97
Control #
Permit # 97-1404

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

Block 105 Lot 16.05
Work Site Location The Woods at Harwell

Owner in Fee JEM Contracting
Address 127 Lights Oak Lane
Oak Bridge NJ 08857
Tel [redacted]
Contractor JEM Contracting
Address Same
Tele. (____)
Lic. No. or Bldrs. Reg. No. 021605
Federal Emp. No. [redacted] or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing			8/25/97	
[ ] All			Foundation			9/4/97	
[ ] Footing			Slab			11/4/97	
[ ] Foundation			Frame			12-2-97	
[ ] Frame			Insulation				
[ ] Other			Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [ ] CA			Other				
Date:			Final				
Approved By:							

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R-3
Constr. Class Present ____ Proposed 5-B
No. of Stories 2
Height of Structure 34 Ft.
Area—Largest Floor 2nd 972 Sq. Ft.
New Bldg. Area/All Floors 1930 Sq. Ft.
Volume of New Structure 64,334 Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 107,550-
2. Alteration $ ____
3. Total (1+2) $ 107,550-

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alexandria
Single family 1930 Sq. Ft.
2 car garage 64,334 C.F.
Full Basement

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

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ DCA TRAINING FEE $ ____
TOTAL FEE $ ____

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Rev. 9-29-97

Date Received
Date Issued 8-1-97
Control #
Permit # 97-1404

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

Block 65 Lot 16.05
Work Site Location 4000 AT Howell
8 POPPY LANE
Owner in Fee/Occupant Jem contracting
Address 127 White oak LANE
[redacted] NJ 08857
Tele. ([redacted]
Contractor Wagner Electric Corporation
Address 1 Pleasant Valley Road Suite 5
Old Bridge NJ 08857
Tele. ( ) 908-251-4770 Fax ( )
Lic. No. 1430
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			11/20	CP
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	1/8		11/20	CP
Final	1/9/98		1/12	CP

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 1/12/98
Approved by: C Mulligan

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 11/20/97

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
22		Lighting Fixtures	
57		Receptacles	
28		Switches	
6		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
113		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	
1		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1		HP/KW Space Heater/Air Handler	
1		KW Baseboard Heat	
3		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	200	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

U.C.C. F120 (rev. 3/96)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-1-97
Control #
Permit # 97-1404

A

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

Block 65 Lot 16.05
Work Site Location The Woods at Howell

Owner in Fee JEM Contracting
Address 127 White Oak Lane
[redacted] NJ 08857
Tele. [redacted]
Contractor MAC Electrical Contractors, Inc.
Address 1889 Route 9, Unit 62
Toms River, NJ 08755
Tele. (908) 914-0611
Lic. No. 7774
Federal Emp. No [redacted] or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as R-3 Utility Co.
Est. Cost of Elec. Work $ 2650-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Rough				
Temporary	7-14-97	D		
Constr. Serv.		10	11/20/97	CP
TCO	1/9/98		1/12	CP
Other				
Service			11/20/97	
Final				

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

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.

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

Signature-Contractor, Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
22		Fixtures (1)	
57		Receptacles (2)	
28		Switches (3)	
107		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
1		Dishwasher	
		Garbage Disposal	
		Dryer	
1		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
10		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
1		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
11		Thermostats	
		Heat Pump	
14		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
3		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	200	Service Entrance	
		Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-120A

1 White - Applicant Copy
3 Pink - File Copy

2 Canary - Office Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-1-97
Control #
Permit # 97-1404

A

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

Block 65 Lot 16.05
Work Site Location The Woods at Howell

Owner in Fee JEH Contracting
Address 127 White Oak Lane
Old Bridge NJ 08857
Tele. [redacted]
Contractor FAC Electrical Contractors, Inc.
Address 1889 Route 9, Unit 62
Toms River, NJ 08755
Tele. (908) 914-0611
Lic. No. 7774
Federal Emp. No [redacted] or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as R-3 Utility Co.
Est. Cost of Elec. Work $ 2650-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.			11/20	CP
TCO	10/15		11/12	CP
Other				
Service			11/20/97	
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
22		Fixtures (1)	
57		Receptacles (2)	
28		Switches (3)	
107		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
1		Dishwasher	
		Garbage Disposal	
		Dryer	
1		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
10		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
1		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
3		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	400	Service Entrance	
		Other,	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-120A

1 White - Applicant Copy
3 Pink - File Copy

2 Canary - Office Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Rev. 9-29-97

Date ~~Received~~ 8-1-97
Date Issued
Control #
Permit # 97-1404

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

Block 65 Lot 16.05

Work Site Location Wood AT Howell

Owner in Fee/Occupant Jem contracting

Address 127 White Oak Lane

Old Bridge NJ 08857

Tele. ([redacted]

Contractor Wagner Electric Corporation

Address 1 Pleasant Valley Road Suite 5

Old Bridge NJ 08857

Tele. ( ) 908-251-4770 Fax ( )

Lic. No. 1430

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
22		Lighting Fixtures	
57		Receptacles	
28		Switches	
6		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
113		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	
1		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1		HP/KW Space Heater/Air Handler	
1		KW Baseboard Heat	
3		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	200	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

U.C.C. F120 (rev. 3/96)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Rev. 9-29-97

Date Received
Date Issued 8-1-97
Control #
Permit # 97-1404

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

Block 65 Lot 1605

Work Site Location Grand AT Howell

Owner in Fee/Occupant Jem contracting

Address 127 White Oak Lane

Old Bridge NJ 08857

Tele. ([redacted])

Contractor Wagner Electric Corporation

Address 1 Pleasant Valley Road Suite 5

Old Bridge NJ 08857

Tele. ( ) 908-251-4770 Fax ( )

Lic. No. 1430

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date

Approved by

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date

Approved by

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 11/12/97

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
72		Lighting Fixtures	
37		Receptacles	
28		Switches	
6		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
113		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	
1		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1		HP/KW Space Heater/Air Handler	
1		KW Baseboard Heat	
3		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	200	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

U.C.C. F120
(rev. 3/96)

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

1/9/98

(1) ~~Front~~ Rear (11) Loose outside

(2) Front (10) wire need Nail Plate

(3) Box Buried Behind Stove?

(4) Relocate (11) in Tub area

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-1-97
Control #
Permit # 97-1404

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

Block 65 Lot 16.05
Work Site Location The Woods at Howell

Owner in Fee JEH Contracting
Address 127 White Oak Lane
Old Bridge NJ 08857
Tele. [redacted]
Contractor JEH Contracting
Address Same
Tele. ( )
Lic. No. 0246075
Federal Emp. No [redacted] or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R-3
Constr. Class. Present ____ Proposed 5-B
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ____
Location: Basement
Total Est. Cost of Fire Prot. Work $ 450- [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: ____
Approved by: ____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 12/2/98
Approved by: [signature]

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test	____	____	____	____
Fire Alarm Test	____	____	____	____
Smoke Test	____	____	____	____
Mechanical	____	____	____	____
TCO	____	____	____	____
Other Frame	11/26/97	12/1/97		JR
Other	____	____	____	____
Other	____	____	____	____

'B' VENT CLEARANCES

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

Water Supply Source ____
Method of Valve Supervision ____
Local Alarm Supervision ____
Central Supervision ____
Proprietary Supervision ____

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	____	
Dry Sprinkler Heads	____	
TOTAL	____	____
Smoke Detectors	6	
Heat Detectors	____	
TOTAL	6	____
Stand Pipes	____	____
Kitchen Hood Exhaust Systems	____	____
Pre-Engineered Systems		
CO_2 Suppression	____	____
Halon Suppression	____	____
Foam Suppression	____	____
Dry Chemical	____	____
Wet Chemical	____	____
Gas or Oil Fired Appliance	4	____
OTHER ____	____	____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by ____ TOTAL FEE $ ____

U.C.C. Form F-140A

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-1-97
Control #
Permit # 97-1404

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

Block 65 Lot 16.05
Work Site Location The Woods at Howell

Owner in Fee JEH Contracting
Address 127 White Oak Lane
Oak Ridge NJ 08857
Tele. [redacted]
Contractor JEH Contracting
Address Same
Tele. ( )
Lic. No. 0246075
Federal Emp. N [redacted] or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R-3
Constr. Class. Present ____ Proposed 5-B
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ____
Location: Basement
Total Est. Cost of Fire Prot. Work $ 450- [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 11/26/98
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Same	11/26/97		12/1/97	JR
Other				
Other				

(B) VENT CLEARANCES

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	6	
Heat Detectors		
TOTAL	6	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	4	
OTHER		

Administrative Surcharge $
Paid [ ] Check # ____ Minimum Fee $
Collected by ____ TOTAL FEE $

U.C.C. Form F-140A

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy

"A"

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-1-97
Control #
Permit # 97-1404

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

Block 65 Lot 16.05
Work Site Location The Woods at Howell

Owner in Fee JEH Contracting
Address 127 White Oak Lane
Old Bridge NJ 08857
Tele. [redacted]
Contractor RJB PLUMBING & HEATING, INC.
Address 1725 LAKEWOOD ROAD
TOMS RIVER, NJ 08755
Tele. (908) 341-4666
Lic. No. JAMES A. BELANGER - PLUMBING LICENSE #BIO 9766
Federal Emp. No. [redacted] or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group — Present — Proposed
Building Sewer Size 4 Public Sewer ✓ Private Septic
Water Service Size 1 Public Water ✓ Private Well
Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By: David S. Galon
Date: 1/14/98

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			11/24/97	DG
Rough				
Water			11/5/97	DH
Sewer				
Fixtures				
Gas Equipment				
Gas Piping	10/2/97		12/8/97	DH
Solar				
TCO FINAL			1/14/98	DH

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	
	Urinal/Bidet	
2	Bath Tub	
4	Lavatory	
1	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
2	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
3	Other VENT	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 65 Lot 16.05
Work Site Location The Woods at Hurd

Owner in Fee JEH Contracting
Address 137 White Oak Lane
Old Bridge NJ 08857
Tele. [redacted]
Contractor RJB PLUMBING & HEATING, INC.
Address 1725 LAKEWOOD ROAD
TOMS RIVER, NJ 08755
Tele. (908) 341-4666
Lic. No. JAMES A. BELANGER - PLUMBING LICENSE #RIO 9766
Federal Emp. No. [redacted] or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4 Public Sewer ✓ Private Septic
Water Service Size 1 Public Water ✓ Private Well
Estimated Cost of Plumbing Work $ 4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Approved By: David S Golon
Date: 1/14/98

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			11/21/97	DG
Water			11/5/97	DG
Sewer				
Fixtures				
Gas Equipment				
Gas Piping	12/2/97		12/8/97	DG
Solar				
TCO FINAL			1/14/98	DG

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.

JAMES A. BELANGER — STATE OF NEW JERSEY — LICENSED MASTER PLUMBER

Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	
	Urinal/Bidet	
2	Bath Tub	
4	Lavatory	
1	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
2	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
3	Other Vent	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B

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

11/5/97 SHW - Not Done DG
11/7/97 - Hostest is at D. DG
12/1/97 Hostest is at D DG

CUT-IN-CARD

MUNICIPALITY Howell Twp

LOCATION Poppy Ln UTILITY CO GPU

The Woods BLK 65 LOT 16.05

OWNER JEM Contract. OCCUPANT N/A

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

[X] FINAL [ ] TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200 Amp 1Ø3W 240/120 UG

INSTALLED BY Wagner Ele LICENSE NO 1430

DATE 11/20/97 PERMIT # 97-1404 INSPECTOR C. Phillips

[X] CALLED IN 11/20/97 Lic. No: 6575

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

TO THE ADMINISTRATIVE OFFICE: 7113 Date: 6.9.97

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

1. LOCATION OF PROPERTY The Woods at Howell

   BLOCK 165 LOT 16.05

2. NAME OF LANDOWNERS: JEM Contracting L.L.C

3. OCCUPANT: Barr, S+K,

4. PROPOSED USE:

X	New Construction	X	Residence
	Remodeling		Business
	Accessory Bldg.		Mfg.

5. Survey of lot, showing public roads, existing buildings and proposed construction or use for which this application is made.

   (a) Name of road/stree 8 Poppy Lane

   (b) Main road frontage 75± feet

   (c) Setback from right-of-way 26± feet

   (d) Sideyard clearance 10± feet

   (e) Rearyard clearance 30± feet

   (f) Depth of lot from right-of-way 108± feet

   (g) Dimensions of bldg: width 55± feet 29± Depth (feet)

   (h) Highest point of bldg. above restablished grade 39± feet

   (i) Area of lot 10,000 ±Ft

   (j) Sketch showing existing buildings and proposed construction

6. Buildings: Use R-3
   Number of stories 2 Basement ✓
   Useable floor space: First floor 972 sq. ft. Second Floor 958
   Off street parking space 537 sq. ft.

7. REMARKS:

WITNESS: (signed)

DATE ISSUED: 7-29-97 Fee $ 10.00

Administrative signature: J. Leary

8. Complies with the provisions of the Howell Township Land Use Ordinance:

(a) Reivew of other agencies:
(b) Revisions made:
(c) Bonds posted:
(d) Taxes and Assessments paid:
(e) DOT approval, if any:
(f) Soid Conservations, if any:
(g) Monmouth County Planning Board
(h) Howell Township MUA

PERMIT APPROVAL GRANTED:_____

PERMIT APPROVAL DENIED:_____

Upon the basis of the above application, the statements which are made part hereof, the proposed usage is_____found to be in accordance with the Township Land Use Ordinance and is hereby _____ approved for the following zone:_____.

Julie Leary
_____
ADMINISTRATIVE OFFICER

DATE WHEN APPLICATION RECEIVED:_____DATE RULED ON:_____

If certification is refused, reason for refusal:_____

_____

WEINTRAUB BELLO
ARCHITECTS, LTD

June 24, 1997

Construction Official
Building Department
Howell Township, New Jersey

This letter shall authorize the reuse of Construction Drawings for a single family dwelling.

This letter is for the issuing of (1) one building permit as described below and per the information contained on the original set of Construction drawings dated September 18, 1996.

LOCATION: LOT 16.05
BLOCK 65

DEVELOPMENT: The Woods at Howell

MODEL TYPE: Alexandria

Respectfully,
WEINTRAUB-BELLO ARCHITECTS, LTD.

Thomas Bello

Thomas Bello, R.A.
NJ LIC #AI 1147

550 PINETOWN ROAD ■ SUITE 450 ■ FORT WASHINGTON, PA 19034 ■ (215) 641-5838 ■ FAX: (215) 641-5839

B Poppy

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RESIDENTIAL WARRANTY CORPORATION

5300 Derry Street Harrisburg, PA 17111-3598 1-800-247-1812 FAX 717-561-4494

TO: Municipal Construction Official

FROM: Residential Warranty Corporation

SUBJECT: **Confirmation of Home Enrollment and Warranty Coverage**

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year Residential Warranty Corporation program. This also affirms that the Limited Warranty Agreement has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: JEM CONTRACTING LLC

Purchaser(s) Name:

Legal Address of Home Enrolled:

Lot	Block	Development
16.05	65	THE WOODS AT HOWELL

8 POPPY LN
Street Address

City	State	Zip
HOWELL	NJ	07731

MONMOUTH
County

RWC Application for Warranty No: 1432833

Date: 12/22/97

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra Sweigert
Sandra Sweigert

ATTN: PLUMBING SUBCODE OFFICIAL

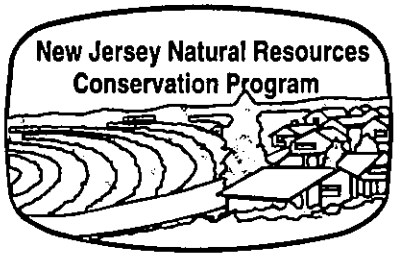
REF: DCA BULLETIN 87-1
N.J.A.C. 5:23-3.15(b)
NSPC 4.2.4

DATE May 19, 1997

THIS IS TO CERTIFY THAT I, RJB Plumbing & Heating Inc, (NAME),
BUSINESS ADDRESS 1725 Lakewood Road,
TELEPHONE NO. (908) 341-4666, WILL INSTALL ALL SOLDERED JOINTS AND FITTINGS FOR THE POTABLE WATER SYSTEM IN THE FOLLOWING BUILDING, JEM Contracting L.L.C. (OWNER)
127 White Oak Lane, Old Bridge, NJ (ADDRESS)
65 16.05 (BLOCK) & (LOT), USING SOLDER AND FLUX HAVING A LEAD CONTENT OF NOT MORE THAN 0.2 PERCENT IN ACCORDANCE WITH THE ABOVE REFERENCES.

(SIGNATURE & SEAL)

N.S.P.C. 4.2.4 Every solder joint for tube shall be made with approved fittings. Surfaces to be soldered shall be cleaned bright. The joints shall be properly fluxed and made with approved solder. Joints for potable water used in copper, brass or wrought copper fittings shall be made with a solder and flux having a lead content of not more than 0.2 percent.



FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)

211 FREEHOLD ROAD
MANALAPAN, NEW JERSEY 07726
Tel: (732) 446-2300
Fax: (732) 446-9140

REPORT OF PARTIAL COMPLIANCE*

12/24/1997

TO : CONSTRUCTION OFFICIAL

TWP. : HOWELL

PROJ.: WOODS @ HOWELL

APPLICATION NO.: 96-0051

Block No.	Lot No.	Comments
65	16.05	8 Poppy Lane

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance with the soil erosion and sediment control plan as certified by the Freehold Soil Conservation District and required by The Soil Erosion and Sediment Control Act of 1975 as amended (N.J.S.A. 4:24-39 et seq.)

*Pending continued compliance and establishment of a permanent vegetative cover by April 15th, 1998.

Authorized Signature _____

Distribution: WHITE-Municipal Construction Official
CANARY-Developer PINK-District GOLDENROD-Other
96-0051.83710

PLAN REVIEW RECORD
HOWELL TOWNSHIP FIRE BUREAU

DATE: 8/1/97 TYPE: RESIDENTIAL DIST#:

BLOCK: 65 LOT: 16.05 PERMIT#:

ADDRESS: THE WOODS AT HOWELL

NAME:

COMMENTS NEW HOME

REVIEWERS CODE: 0

FRAME INSPECTION REPORT

SCHEDULE DATE: 11/26/97 REMARKS FRAME-NOT APPROVED

REINSPECTION DATE: 12/1/97 REMARKS FRAME-APPROVED

REINSPECTION DATE: COMMENTS

****DATE FRAME PASSED: 12/1/97 INSPECTORS CODE: 2

FINAL INSPECTION REPORT

SCHEDULE DATE: 1/12/98 COMMENTS FINAL-APPROVED

REINSPECTION DATE: COMMENTS

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPORVED: 1/12/98 INSPECTORS CODE: 2

OTHER INSPECTION REPORT

TOPIC:

SCHEDULE DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

****DATE OTHER WAS COMPLETED: INSPECTORS CODE:

HISTORY

INSPECTION DEPARTMENT CHECK LIST
NEW DEVELOPMENT/COMMERICAL/NEW CONSTRUCTION
PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

	DATE
FINAL BUILDING INSPECTION	1-13-98
FINAL PLUMBING INSPECTION	1-14-98
FINAL ELECTIC INSPECTION	1-12-98
FINAL FIRE INSPECTION	1-12-98
FOUNDATION LOCATION SURVEY	12-23-97
SOIL CONSERVATION APPROVAL	12-04-97
MUA/MCBH/WELL/SEPTIC	—
HOW CERTIFICATE	12-22-97
FINAL SURVEY	12-23-97
ENGINEERING RELEASE	1-6-98
FINAL COAH PAYMENT	1-9-98
APPLICATION FOR CO	✓

COMMERICAL

SITE PLAN FIRE LANE/ZONES	
SITE PLAN COMPLIANCE	
FOOD HANDLERS LICENSE	

BLOCK 65 LOT 16.05

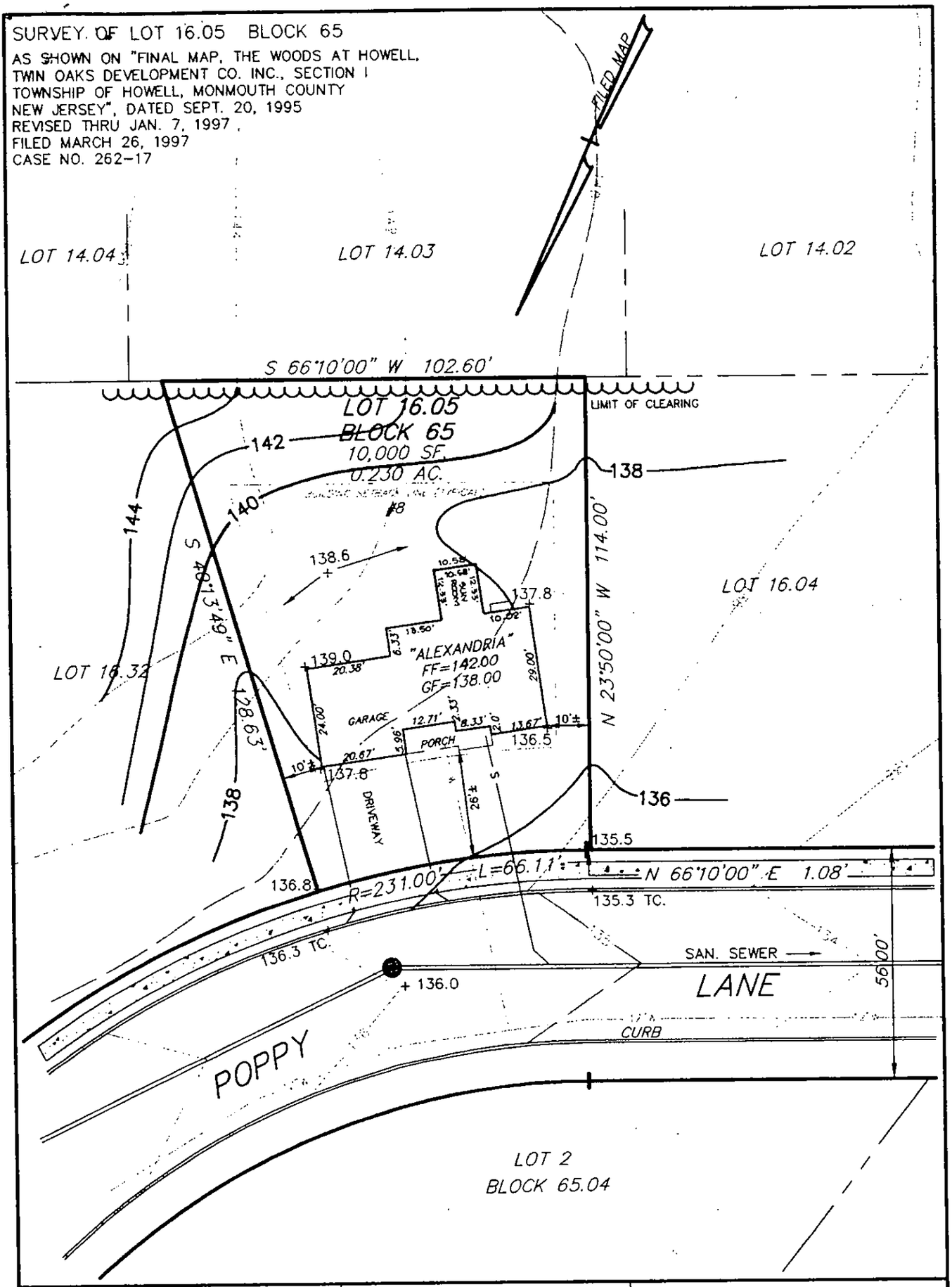
NAME 8 Poppy Ln

12/97

1-15-98

SURVEY OF LOT 16.05 BLOCK 65

AS SHOWN ON "FINAL MAP, THE WOODS AT HOWELL, TWIN OAKS DEVELOPMENT CO. INC., SECTION I TOWNSHIP OF HOWELL, MONMOUTH COUNTY NEW JERSEY", DATED SEPT. 20, 1995 REVISED THRU JAN. 7, 1997, FILED MARCH 26, 1997 CASE NO. 262-17



REFERENCE:
GRADING, UTILITIES & TOPOGRAPHIC INFORMATION SHOWN HEREON ARE TAKEN FROM FINAL MAJOR SUBDIVISION PLANS OF TWIN OAKS DEVELOPEMENT CO. INC. DATED 12-2-94, REVISED THRU 6-19-97 AND PREPARED BY J.K.R. ENGINEERING, P.C., RICHARD DiFOLCO, P.E., P.P.

LEGEND

x107.5	PROPOSED SPOT ELEVATION
-107-	PROPOSED CONTOUR
-W-	PROPOSED WATER SERVICE
-S-	PROPOSED SAN. SEWER
-ST-	PROPOSED STORM PIPE

NOTES
1. THE PROPOSED SAN. SEW. LAT. SHALL BE 4" DIA. SCHED. 40 PVC AT A MIN. SLOPE OF 2.0%
2. THE PROPOSED WATER SERVICE SHALL BE 10 FEET MIN. FROM SAN. SEW. LAT.

DATE	REVISIONS
7-16-97	SUN ROOM, F.F. ELEVATION

JOHN P. CHESTER
REGISTERED ARCHITECT — N.J. LIC. NO. C-8383
PROFESSIONAL ENGINEER — N.J. LIC. NO. 16477
PROFESSIONAL PLANNER — N.J. LIC. NO. 909
FRANK J. LISOWSKY
REGISTERED ARCHITECT — N.J. LIC. NO. C-7048
REGISTERED ARCHITECT — N.Y. LIC. NO. 13531
PROFESSIONAL PLANNER — N.J. LIC. NO. 1866
GREGORY PLOUSSAS
PROFESSIONAL ENGINEER — N.J. LIC. NO. 35516
PROFESSIONAL PLANNER — N.J. LIC. NO. 2138

MICHAEL C. NOLAN
N.J.P.L.S No. 34488

PLOT PLAN / GRADING PLAN
LOT 16.05 BLOCK 65
TOWNSHIP OF HOWELL
MONMOUTH COUNTY NEW JERSEY

The Chester, Plousas, Lisowsky Partnership
PLANNING • ARCHITECTURE • ENGINEERING • SURVEYING
100 METRO PARK SOUTH, LAURENCE HARBOR, NEW JERSEY 08878 (908)566-0297
500 INTERNATIONAL DRIVE, MOUNT OLIVE, NEW JERSEY 07828 (201)691-0006

FILE NO.	94047
DATE:	7-7-97
SCALE:	1"=30'
DRAWN BY:	C.W.T.
CHECKED BY:	MCN
DRAWING NO.	PP96311
SHEET NO	1 OF 1

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 1-6-98 INSPECTION REQUESTED BY: Dennis

CASE NUMBER: 2710 DEVELOPMENT: Woods @ Haugel

BLOCK: 65 LOT: 16.05 SECTION: 8-Poppy Lane

	BONDED	ACCEPTABLE	UNACCEPTABLE	
1. STREET RIGHT-OF-WAY:				
(a) Graded - Shoulder and/or Walk Area		✓		a
(b) Curb		✓		b
(c) Sidewalk		✓		c
(d) Driveway Apron		✓		d
(e) Drainage Facilities		✓		e
(f) Pavement (Base or Wearing Surface)		✓		f
(g) Construction Debris Removed		✓		g
2. LIGHTING INSTALLED OPERATIONAL:		✓		
3. TRAFFIC CONTROL DEVICES:				
(a) Sign (s) Traffic Control		✓		a
(b) Sign (s) Street		✓		b
(c) Sign (s) Handicap				c
(d) Marking (s) Pavement - Stop Lines				d
(e) Fire Lane				e
4. SCREENING, FENCE (S) & LANDSCAPING:				
(a) Topsoil	✓	✓		a
(b) Fertilizing & Seeding (Stabilized)				b
(c) Shade Tree				c
(d) Shrubs				d
(e) Trash Screening				e
(f) Screening (Fence or Plantings)				f
5. SOIL EROSION & SEDIMENT CONTROL:				
(a) Compliance - Certified Plan		✓		a
(b) Site Conditions - Field Observation		✓		b
6. DRIVEWAY:				
(a) Surface Pavement		✓		a
(b) Base Pavement				b
(c) Aggregate		✓		c
(d) Side Entry (min. 30' from garage including turnaround)				d
7. SITE GRADING:				
(a) As-built Grading Plan demonstrating positive drainage, and variation from approved plan.		✓		a
(b) Retaining Walls				b
8. GENERAL CLEANUP:				
(a) Lot		✓		a
(b) Adjoining buffer, open space, conservation area and, lots		✓		b

RECOMMENDATION (S) AND/OR REQUIRED DOCUMENTATION:

___ Meets Engineering requirements - recommend consideration for issuance of Certificate of Occupancy.

✓ Meets winter conditions see below for bonding requirements.

___ Does not meet Engineering requirements recommend Certificate of Occupancy not be considered until site conforms.

COMMENTS: $1,500.00 posted for Stab

C. Mueller 1/9/98. [signature]

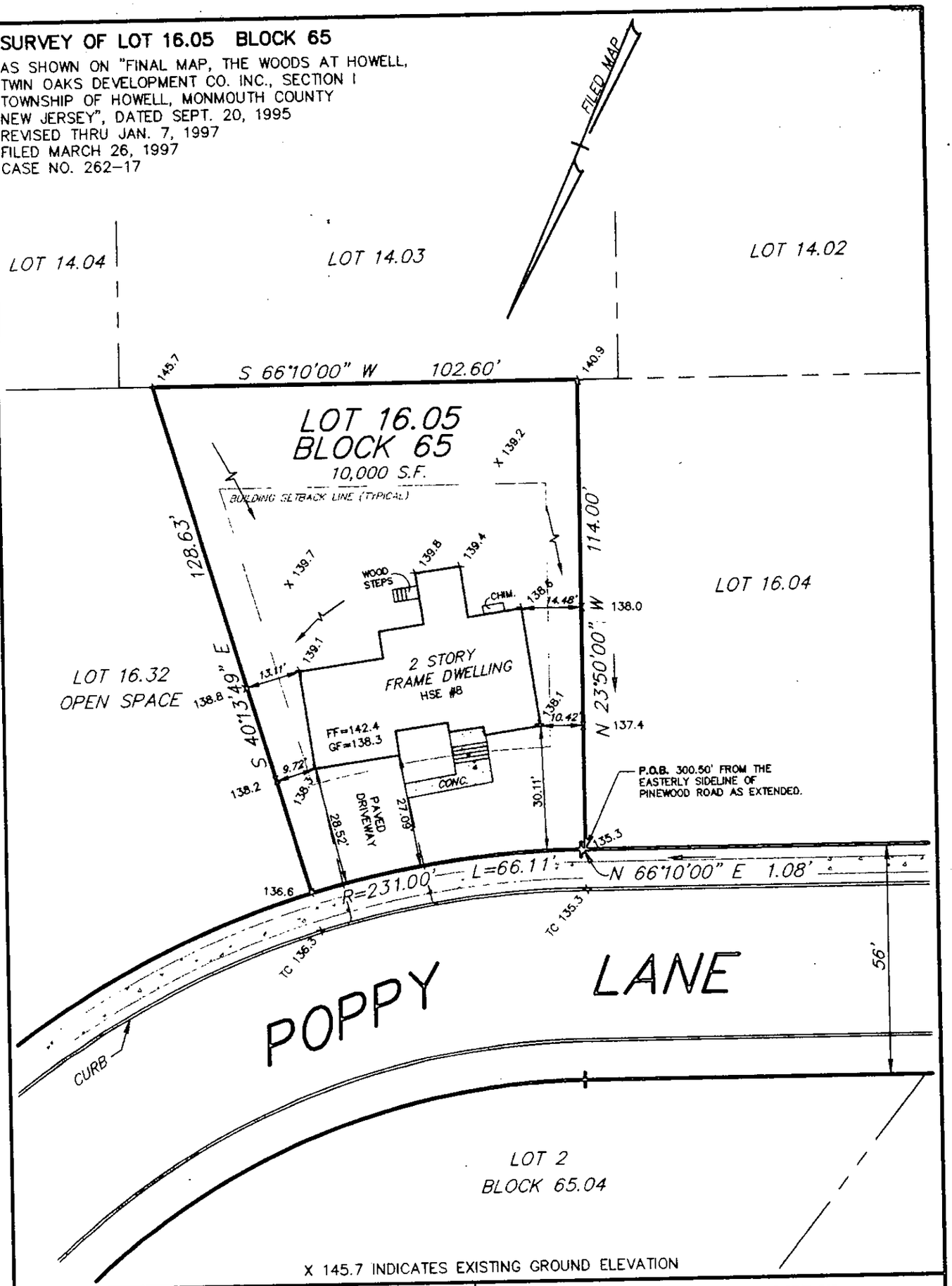
INSPECTOR DATE ENGINEER/STAFF

White-Engineering, Yellow-Construction Official, Pink-Applicant

2/96

SURVEY OF LOT 16.05 BLOCK 65

AS SHOWN ON "FINAL MAP, THE WOODS AT HOWELL,
TWIN OAKS DEVELOPMENT CO. INC., SECTION I
TOWNSHIP OF HOWELL, MONMOUTH COUNTY
NEW JERSEY", DATED SEPT. 20, 1995
REVISED THRU JAN. 7, 1997
FILED MARCH 26, 1997
CASE NO. 262-17



X 145.7 INDICATES EXISTING GROUND ELEVATION

THIS SURVEY IS HEREBY CERTIFIED TO:

THIS CERTIFICATION IS MADE ONLY TO ABOVE NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY ABOVE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

CORNER MARKERS ARE OMITTED PER A CONTRACTUAL AGREEMENT.

AS-BUILT

DATE	REVISIONS

JOHN P. CHESTER
PLUMSTEAD) ARCHITECT — N.J. LIC. NO. C-6283
PROFESSIONAL ENGINEER — N.J. LIC. NO. 18677
PROFESSIONAL PLANNER — N.J. LIC. NO. 908
FRANK J. LISOWSKY
REGISTERED ARCHITECT — N.J. LIC. NO. C-7046
REGISTERED ARCHITECT — N.Y. LIC. NO. 13631
PROFESSIONAL PLANNER — N.J. LIC. NO. 1888
GREGORY PLOUSSAS
PROFESSIONAL ENGINEER — N.J. LIC. NO. 25618
PROFESSIONAL PLANNER — N.J. LIC. NO. 5138

MICHAEL C. NOLAN
N.J.P.L.S. No. 34488

SURVEY OF
LOT 16.05 BLOCK 65
TOWNSHIP OF HOWELL
MONMOUTH COUNTY NEW JERSEY

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500 INTERNATIONAL DRIVE, MOUNT OLIVE, NEW JERSEY 07828 (201)691-0006

FILE NO.	96031
DATE:	12-23-97
SCALE:	1"=30'
DRAWN BY:	JF/CM
CHECKED BY:	MCN
DRAWING NO.	65-1605
SHEET NO.	1 OF 1

COAH DEPOSIT 1/9/98 DEPOSIT # 1

NAME	ADDRESS	BLOCK	LOT	COAH TOTAL	PERMIT	CO
THE WOODS	25 VIOLET CIRCLE	65	16.25	$775.00		$387.50
THE WOODS	23 VIOLET CIRCLE	65	16.26	$700.00		$350.00
THE WOODS	7 AZALEA LN	65.05	4	$725.00		$362.50
THE WOODS	5 AZALEA LN	65.05	3	$875.00		$437.50
THE WOODS	3 AZALEA LN	65.05	2	$875.00		$437.50
THE WOODS	1 AZALEA LN	65.05	1	$900.00		$450.00
THE WOODS	22 VIOLET CIRCLE	65.04	7	$675.00		$337.50
THE WOODS	20 VIOLET CIRCLE	65.05	8	$900.00		$450.00
THE WOODS	4 POPPY LN	65	16.03	$700.00		$350.00
THE WOODS	6 POPPY LN	65	16.04	$975.00		$487.50
THE WOODS	8 POPPY LN	65	16.05	$700.00		$350.00
THE WOODS	4 AZALEA LN	65	16.11	$700.00		$350.00
THE WOODS	6 AZALEA LN	65	16.12	$925.00		$462.50
THE WOODS	33 VIOLET CIRCLE	65	16.21	$700.00		$350.00
THE WOODS	29 VIOLET CIRCLE	65	16.23	$650.00		$325.00
THE WOODS	27 VIOLET CIRCLE	65	16.24	$700.00		$350.00
	TOTAL			$12,475.00	$0.00	$6,237.50