

TOWNSHIP OF STILLWATER

Township of Stillwater,
Stillwater, N. J.

Building Inspector:

In compliance with the requirements of Section 4 of an ordinance establishing a building code in the Township of Stillwater, County of Sussex, State of New Jersey, adopted June 21, 1955 and as amended, application is hereby made for a permit to build or alter a building as described in this application and the plans and specifications attached.

PROPERTY:

Location — Street or Road ROSE COURT - CRANDON LAKES Tax Map 501 Lot 19
Purchased from CRANDON LAKES CORP. Block No. 501
Size 39.68 ACRES 124.11 130.38 11,000 Square feet 11,000

If Planning Board approval is required because of subdivision give date of approval NOT REQUIRED
If property is located on a County Road a copy of approval by the County Engineers office for any proposed driveway or access must be attached to this application. NO

BUILDING:

Size 24 x 36 - 864 Square feet
Full depth cellar? YES Number of floors? ONE Expansion Attic? NO
To be used as a RESIDENCE
Location on lot 40.41 feet from front line 15
16 feet from side line 20
Sewage permit applied for (Date) AUGUST 14, 1964 SD 422 feet from side line

If application is for alteration to existing building give description of work to be done

Builder's Name NORTHERN NEW JERSEY BUILDERS
Builder's Address ROUTE 23 STOCKHOLM, N. J.
Owner's Name 512 N. 3RD ST. EAST NEWARK, N. J.
Owner's Address 512 N. 3RD ST. EAST NEWARK, N. J.
Estimated value of building when completed \$ 13,000

In consideration, for the issuance of a building permit, based on the information supplied in and with this application, the owner agrees (subject to the penalties prescribed in the ordinance) to build in strict accordance with the plans and specifications submitted with this application and the building code now in force and further affirms that the information supplied is to the best of his knowledge and belief true and correct.

Dated AUGUST 14, 1964 REKot (Agent)
Signature of Owner or Owner's Agent

This application must be filed in quadruplicate. There shall be attached:

1. Two copies of plot layout showing location of building, sewage disposal system and water supply.
2. Two copies of building plans showing floor plan, front and side elevation and cross section of the building.
3. Two copies of written specifications.

Application Approved Yes and permit No. 716 issued.

Application Rejected for the reason that

Variance requested from Township Committee

Variance approved 8/24/64 Rejected

Permit Fee \$ 13.00 Building Inspector Christ Callahan

Distribution: 1. Building Inspector File 2. Assessor 3. Planning Board 4. Owner

BUILDING PERMIT

DEPT. FILE COPY

AMOUNT PAID

\$25.00

VALIDATION

APPLICANT

DATE August 4 1981

PERMIT NO. 08-093-81

ADDRESS

PERMIT TO Extend well

(TYPE OF IMPROVEMENT)

() STORY

(PROPOSED USE)

NUMBER OF DWELLING UNITS

(FEE)

AT (LOCATION) Hampton Road

(NO.)

(STREET)

ZONING DISTRICT R-15

BETWEEN

(CROSS STREET)

AND

(CROSS STREET)

SUBDIVISION

LOT 19

BLOCK 501

LOT SIZE

BUILDING IS TO BE

FT. WIDE BY

FT. LONG BY

FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE

USE GROUP

BASEMENT WALLS OR FOUNDATION

(TYPE)

REMARKS:

FORM NO. BOCA - BP 1969

AREA OR VOLUME

(CUBIC/SQUARE FEET)

ESTIMATED COST \$

PERMIT FEE \$25.00

OWNER

ADDRESS

BUILDING DEPT BY

James D. Ball

(Affidavit on reverse side of application to be completed by authorized agent of owner)

NOTE HERE FIXTURES LEFT IN FUTURE STATE.
SUSSEX COUNTY HEALTH DEPARTMENT

PLUMBING
CERTIFICATE OF APPROVAL

Issued to Permit No.

THIS IS TO CERTIFY that the plumbing work, for which a permit has been issued, for the building situated at

Copely Rd. B501, L19
Street or Block and Lot Numbers

Has Been constructed X
altered

See Note Below

in accordance with the ORDINANCE adopted by the Board of Health of Sussex County establishing a code regulating the installation, maintenance, repair and control of plumbing and the connection thereof with outside sewers, cesspools, or other receptacles; regulating the practice of plumbing and the issuance of licenses to practice plumbing, and providing penalties for violation thereof, and the plans approved and on file in the offices of this Board.

The issuance of this Certificate shall not be construed as a guarantee by the Administrative Authority that the system so installed will function satisfactorily, nor shall it in any way restrict the powers or responsibilities of the Board of Health in the enforcement of any law or ordinance relating to public health.

NOTE: Any future plumbing work - or setting of fixtures on plumbing - incomplete as a future, shall require a new application and fees inspections.

7-7-81 Date
J. E. Hume Plumbing Inspector
Sussex County Health Dept.

☐ NOTE HERE FIXTURES LEFT IN FUTURE STATE.

SUSSEX COUNTY HEALTH DEPARTMENT

PLUMBING
CERTIFICATE OF APPROVAL

Permit No. _____

Issued to _____

THIS IS TO CERTIFY that the plumbing work, for which a permit has been issued, for the building situated at

Street or Block and Lot Numbers

Has Been

constructed _____

altered _____

☐ See Note Below

in accordance with the ORDINANCE adopted by the Board of Health of St. Louis, Mo. establishing a code regulating the installation, maintenance, repair and control of plumbing and the connection thereof with outside sewers, cesspools, or other receptacles; regulating the practice of plumbing and the issuance of licenses to practice plumbing, and providing penalties for violation thereof, and the plans approved and on file in the offices of this Board.

The issuance of this Certificate shall not be construed as a guarantee by the Administrative Authority that the system so installed will function satisfactorily, nor shall it in any way restrict the powers or responsibilities of the Board of Health in the enforcement of any law or ordinance relating to public health.

☐ NOTE: Any future plumbing work - or setting of fixtures on plumbing-incomplete as a future, shall require a new application and fees inspections.

Date _____

Plumbing Inspector
Sussex County Health Dept.



CERTIFICATE

Date Issued 9/25/82
Control #
Permit # 91-357

IDENTIFICATION

Block 501 Lot 19
Work Site Location 501 Rose Court
Owner in Fee _____
Address _____
Tele. _____
Contractor R. Path Const.
Address P.O. Box 1917
Montague, NJ
Tele. () 293-8366
Lic. No. or Bldrs. Reg. No. 16152
Federal Emp. No. _____
or Social Security No. _____

Home Warranty No. N/A
Use Group R3
Maximum Live Load _____
Description of Work/Use:

Renovate existing kitchen

Type of Warranty Plan: [] State [] Private
Construction Classification _____
Maximum Occupancy Load _____

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

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

☐ CERTIFICATE OF APPROVAL

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

Fee \$ PAID
Paid [] Check No. _____
Collected by: _____

CONSTRUCTION OFFICIAL

Alfred W. Ivany



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

1/15/93
93-014

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

Block 501 Lot 19
Work Site Location CRANDOL LKS

Owner in Fee NEWTON, MRS. 03360

Address NEWTON, MRS. 03360

Tele. () NEWTON, MRS. 03360

Contractor CRANDOL LKS

Address NEWTON, MRS. 03360

Tele. () NEWTON, MRS. 03360

Lic. No. 03360

Federal Emp. No. 03360 or Social Security No. 03360

B. PLUMBING CHARACTERISTICS

Use Group 4 Present 4 Proposed 4
Building Sewer Size 4
Water Service Size 3/4
Estimated Cost of Plumbing Work \$ 2800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW: ☐ No Plans Required
Joint Plan Review Required: ☐ Slab ☐ Rough ☐ Water ☐ Sewer
☐ Bldg. ☐ Elec. ☐ Fire
☐ Plumb. Plans Approved
Date: 1/20/93
Approved by: Paul

INSPECTIONS: Dates (Month/Day)
Type: Failure Failure Approval Initial
Slab ☐ ☐ ☐ ☐
Rough ☐ ☐ ☐ ☐
Water ☐ ☐ ☐ ☐
Sewer ☐ ☐ ☐ ☐
Fixtures ☐ ☐ ☐ ☐
Gas Equipment ☐ ☐ ☐ ☐
Gas Final ☐ ☐ ☐ ☐
Solar ☐ ☐ ☐ ☐
TCO ☐ ☐ ☐ ☐
Date: 1/20/93
Approved by: Paul

SUBCODE APPROVAL: ☐ CO ☐ CC ☐ CA
Date: 1/20/93
Approved by: Paul

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 Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge \$ 38
Paid Check # 1132 Minimum Fee \$ 38
Collected by: Paul TOTAL \$ 38



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

1/15/93
93-014

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

Block

501

Lot

19

Work Site Location

991 Rose Court

Owner In Fee

Address

Newton, MA 01860

Tele. ()

Contractor

12061 Mt Pleasant Ave, Htg.

Address

12061 Mt Pleasant Ave, Htg.

Lic. No.

Federal Emp. No.

or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group

Present

Proposed

Constr. Class.

Present

Proposed

Heating Systems

Type: [] Gas [] Oil [] Electrical [] Solar

Location:

Total Est. Cost of Fire Prot. Work \$

[] 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:

Approved by:

INSPECTIONS:

Type:

Suppression Test

Fire Alarm Test

Smoke Test

Mechanical

TCO

Other

Other

Other

Dates (Month/Day)

Failure

Approval

Initial

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

Combustible Liquid Storage Tanks

L.P.G. Storage Tanks

N.G. Storage Tanks

Wet Sprinkler Heads

Dry Sprinkler Heads

TOTAL

Smoke Detectors

Heat Detectors

TOTAL

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

OTHER

Number

FEE (Office Use Only)

Administrative Surcharge

Minimum Fee

TOTAL FEE

U.C.C. Form F-140A

1 White=Inspector



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 5/18/94
Date Issued
Control # 94-085
Permit #

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

Block 501 Lot 19
Work Site Location 901 Rose Court

Owner in Fee 901 Rose Court
Address Newton, NJ 07860

Tele. ()- Owner
Contractor Owner
Address

Tele. ()- Owner
Lic. No. or Bids. Reg. No. Owner
Federal Emp. No. Owner or Social Security No. Owner

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
Date	Initial	Type	Dates (Month/Day)
☐ No Plans Req.		Footings	Failure Approval Initial
☐ All		Foundation	
☒ Footing		Slab	
☐ Foundation		Frame	
☐ Other		Insulation	
Joint Plan Review Required:		Finishes:	
☐ Elec. ☐ Plumb. ☐ Fire		Energy	
SUBCODE APPROVAL		Mechanical	
☐ CO ☐ CCO ☐ CA		TCO	
Date:		Other	
Approved By:		Final	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	<u>Present</u>	<u>Proposed</u>
No. of Stories		
Height of Structure		
Area—Largest Floor		
New Bldg. Area/All Floors		
Volume of New Structure		
Total Land Area Disturbed		

Est. Cost of Bldg. Work:
1. New Bldg. \$ 2,000.00
2. Alteration \$ 2,000.00
3. Total (1+2) \$ 2,000.00

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 Owner

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

18.5 x 11.5 Deck

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement
☐ Other
☐ Other
☐ Demolition

**(Office Use Only)
FEE**

\$ 35

Paid by Check # 505 Administrative Surcharge \$ 2
Collected by: Owner Minimum Fee \$ 2
DCA TRAINING FEE \$ 37
TOTAL FEE \$ 37

Permit # 84-085

8/4/95

Block # 501

Lot # 19

INSPECTION REPORT

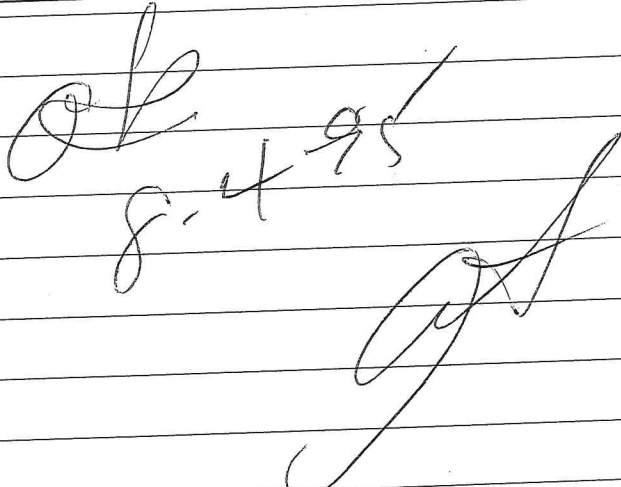
951 Langston Rd

Address 901 Rose Court

Owner _____

Type Insp. FINAL Date 8/28/95

Type Work (Job) DOCK



Inspector _____

Date _____

6/24/97
EAC



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

1/30/97
97-024

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

Block _____
Work Site Location 901 Rose Court Lot 19

Owner in Fee _____
Address 901 Rose Court, Houston, 07800

Tele. (____) _____
Contractor _____
Address _____

ic. No. _____
Federal Emp. No. _____ or Social Security No. _____

3. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

- ☐ No Plans Required
- ☐ Joint Plan Review Required:
- ☐ Bldg. [] Elec.
- ☐ Fire [] Elevator
- ☐ Plumb. Plans Approved

Date: _____
Approved by: _____

INSPECTIONS

Type: _____ Dates (Month/Day)

Failure _____ Failure _____ Approval _____ Initial _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

Solar _____

TCO _____

SUBCODE APPROVAL:

☒ CO ☐ CCO ☒ CA
Approved By: John W. W.
Date: 2/19/97

CERTIFICATION IN LIEU OF OATH

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

☐ Licensed Plumbing Contractor ☐ Exempt Applicant
Signature—Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO. _____
FEE (Office Use Only)

Water Closet	_____
Urinal/Bidet	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bibb	_____
Water Heater	_____
Fuel Oil Piping	_____
Gas Piping	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Water Cooled A/C	_____
or Refrigeration Unit	_____
Sewer Connection	_____
Water Service Connection	_____
Active Solar System	_____
Other	_____

Paid by Check # 1137 Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by John W. W. TOTAL \$ 38.00

[illegible]

called 9/30/99 left message



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

11-7-98
98-209

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

Block 501 Lot 14-20
Work Site Location 901 Rose Ct. Stillwater, MN
Owner in Fee same as above
Address same as above
Tele. () same as above
Contractor same as above
Address same as above
Tele. () same as above
ic. No. same as above
Federal Emp. No. same as above or Social Security No. same as above

3. PLUMBING CHARACTERISTICS

Use Group Present Waste water line (septic)
Building Sewer Size 4" Public Sewer 4" Private Septic 4"
Water Service Size 1/2" Public Water 1/2" Private Well 1/2"
Estimated Cost of Plumbing Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS			
Type:		Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Joint Plan Review Required:	Rough				
☐ Bldg. [] Elec.	Water				
☐ Fire [] Elevator	Sewer <u>Connection</u>				
☐ Plumb. Plans Approved	Fixtures				
Date: <u>10/5/99</u>	Gas Equipment				
Approved by: <u>[Signature]</u>	Gas Piping				
SUBCODE APPROVAL:	Solar				
☒ CO [] GC [] CA	TCO				
Approved By: <u>[Signature]</u>					
Date: <u>10/5/99</u>					

CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of _____
and am authorized to make this application
and perform the work listed on this application.
Signature—Contractor Seal [Signature]
[] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Paid [X] Check # <u>1793</u>	Administrative Surcharge	\$	
	Minimum Fee	\$	<u>38.</u>
	DCA Training Fee	\$	
Collected by: <u>[Signature]</u>	TOTAL	\$	



**FIRE
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 501 Lot 19020
Work Site Location 901 Lee Court

Owner in Fee Adalini
Address 901 Lee Court

Tele. () Fax ()
Contractor Adalini
Address Adalini

Tele. () Fax ()
Lic. No. Adalini
Federal Emp. No. Adalini

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Adalini Proposed Adalini
Constr. Class Present Adalini Proposed Adalini
Heating Systems ☐ New ☐ Existing ☐ HVAC
Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other Adalini
Location: Adalini

Total Cost of Fire Protection Work \$ Adalini

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required
Joint Plan Review Required:
☐ Building ☐ Plumbing
☐ Electric ☐ Elevator
Fire Plans Approved Adalini

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

APPROVAL
CCO ☐ CA ☐

EU OF OATH

I, the owner of record and am authorized



Date Received 10-8-99
Date Issued 10-8-99
Control # 99-237
Permit # 99-237

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Water Supply Source
Water Supply Source Adalini
Method of Alarm/Suppression System Supervision Adalini

Storage Tanks

Type: ☐ Flammable Liquid ☐ Combustible Liquid
☐ LPG ☐ LNG Capacity Adalini Fuel Adalini
Alarm Systems ☐ 110v Interconnected ☐ System Adalini

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

Supervisory Devices (i.e., tamper, low/high air) Adalini
Signaling Devices (i.e., horns/strobes, bells) Adalini
Other Devices Adalini

TOTAL

Suppression Systems Adalini
Fire Pump Adalini GPM Type Adalini
Dry Pipe/Alarm Valves Adalini
Pre-action Valves Adalini
Sprinkler Heads (Dry and Wet) Adalini

Standpipes Adalini

Pre-engineered Systems Adalini

Wet Chemical Adalini

Dry Chemical Adalini

CO₂ Suppression Adalini

Foam Suppression Adalini

Halon Suppression Adalini

Other Adalini

FEE (Office Use Only)

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



CONSTRUCTION PERMIT

Date Issued 10-8-99
Control #
Permit # 99-237

IDENTIFICATION Block 501 Lot 19a20
Work Site Location 901 Rose Court

Contractor Owner
Address _____

Owner In Fee _____
Address 901 Rose Court
Tel. (____) _____

Tel. (____) _____
Lic. No. or Bldrs. Reg. No. _____
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:

Masonry Chimney
Roof Work

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

Estimated Cost of Work

1000.00

Construction Official [Signature]

Date 10-8-99

U.C.C. F-170
(rev. 3/96)

PAYMENTS (Office Use Only)	
Building	<u>35.00</u>
Electrical	
Plumbing	
Fire Protection	<u>35.00</u>
Elevator Devices	
Other	
DCA Training Fee	<u>1.00</u>
Cert. of Occupancy	
Other	
Total	<u>71.00</u>
Check No.	<u>213471</u>
Cash	
Collected by	<u>[Signature]</u>



BUILDING SUBCODE TECHNICAL SECTION



Date Received 10-8-99
Date Issued
Control #
Permit # 99-233

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

Block 801 Lot 19430
Work Site Location 901 Rose Ct, Stillwater Twp
Owner in Fee Joseph Eichin
Address 901 Rose Ct, Stillwater
Tele. _____
Contractor Homeowner
Address _____
Tele. _____
Fax (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Failure Approval Initial
☐ All			Footings	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Barrier-Free	
Joint Plan Review Required:			Insulation	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes	
SUBCODE APPROVAL			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date: _____			TCO	
Approved by: _____			Other	
			Final	
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1 + 2) \$ 1000.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL WOOD BURNING STOVE IN existing structure, put chimney on house. Chimney will be constructed of chimney block with an 8" flue.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') Sq. Ft. _____
- ☐ Sign _____ Sq. Ft. _____
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☒ Other WOOD BURNING STOVE
- ☐ Demolition Block chimney

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ 35.00
DCA Training Fee \$ 1.00
TOTAL FEE \$ _____



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

6-28-00
00-113

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

Block 501 Lot 19+20

Work Site Location SAME

Owner in Fee 901 ROSE CT. MAILING: PO BOX 335 DEWITT, N.Y.

Address 901 ROSE CT. MAILING: PO BOX 335 DEWITT, N.Y.

Contractor same

Tele. () Fax ()

Lic. No. or Bldrs. Reg. No. Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required				Footing				
☐ All				Foundation				
☐ Footing				Slab				
☐ Foundation				Frame				
☐ Other				Barrier-Free				
Joint Plan Review Required:								
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Insulation				
SUBCODE APPROVAL								
☐ CO ☐ CCO ☐ CA				Energy				
				Mechanical				
				TCO				
				Other				
				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories 1

Height of Structure 11 Ft.

Area — Largest Floor 11 Sq. Ft.

New Bldg. Area/All Floors 11 Sq. Ft.

of New Structure 11 Cu. Ft.

Disturbed 11 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 4700.00

2. Alteration \$ 4700.00

3. Total (1 + 2) \$ 9400.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL A 15' X 30' ABOVE GROUND OVAL POOL. POOL IS TO BE LOCATED IN DESCRIBE LOCATION. POOL WILL HAVE A SAND BASE. 48" DEEP. POOL. ELECTRIC TO POOL, UNDER SEPARATE PERMIT. POOL TO BE INSTALLED ON 7/2/00

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

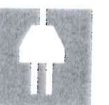
TOTAL FEE \$

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

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



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

6-28-00
00-113

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

Block 501 Lot 19+20

Work Site Location SAME

Owner In Fee/Occupant

Address 901 ROSE COURT, MAULING NEWTON, N.J. 07850

Tele.

Contractor SAME

Address

Tele. () Fax ()

Lic. No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present

Proposed 200 line direct

Building Occupied as 1 Family dwelling Utility Co. burial to pool

Est. Cost of Elec. Work \$ 50.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Elec. Plans Approved

Date:

Approved by:

INSPECTIONS

Dates (Month/Day)

Failure Failure Approval Initial

Rough

Temp. Serv.

Const. Serv.

TCO

Other

Service

Final

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

7/14/00

7/14/00

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 UV Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Over/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

FEE (Office Use Only)

\$

Administrative Surcharge
Minimum Fee
DCA Training Fee
TOTAL FEE

\$
\$
\$
\$

46

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

Permit # 06113

Block # 501
Lot # 19

INSPECTION REPORT

Address 901 Rose Court

Owner _____

Type Insp. _____

Date 7-10-00

Type Work (Job) _____

rod inspection
Pool inspection
electric inspection

Off
7/2/00

Inspector _____

Date _____



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent or) owner of
Record and Address of _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Block Block 501 Lot 19520
Work Site Location Same 901 Rose Street.

Owner in Fe _____
Address _____

Tele. (_____) _____
Contractor Same
Address _____

Lic. No. of Bldrs. Reg. No. _____ Fax (_____) _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
☒ No Plans Required							
☐ All				Footing			
☐ Footing				Foundation			
☐ Foundation				Slab			
☐ Frame				Frame			
☐ Other				Barrier-Free			
Joint Plan Review Required:							
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator	Insulation			
SUBCODE APPROVAL				Finishes			
☐ CO	☐ CCO	☐ CA		Energy			
Date: _____				Mechanical			
Approved by: _____				TCO			
				Other			
				Final			
				Barrier-Free			

B. BUILDING CHARACTERISTICS
Use Group Present 33 Proposed 2
Const. Class Present 33 Proposed 2
No. of Stories 1
Height of Structure 15' Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 250,000
2. Alteration \$ 250,000
3. Total (1+2) \$ 500,000

Signature _____
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REEROOF. Replace shingles
(existing) with new shingles

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☐ Alteration	
☒ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
☐ Demolition	

Administrative Surcharge \$ _____
Minimum Fee \$ 25.00
DCA Training Fee \$ 36.00
TOTAL FEE \$ 61.00



CONSTRUCTION PERMIT

Date Issued 6-28-00
Control #
Permit # 00-113

IDENTIFICATION Block 581
Work Site Location 901 Rose Court Lot 190-20

Owner in Fee

Address

Tel. ()

Contractor

Address

Tel. ()

Lic. No. or Bldrs. Reg. No.

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

DESCRIPTION OF WORK:

15 X 30' 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

Construction Official

U.C.C. F170

(rev. 3/98)

1 WHITE—INSPECTOR COPY

2 CANARY—OFFICE COPY

3 PINK—OFFICE COPY

4 GOLD—APPLICANT COPY

(see reverse side)

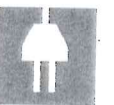
PAYMENTS (Office Use Only)

Building 2430
Electrical 100
Plumbing 4
Fire Protection 4
Elevator Devices 4
Other 4
DCA Training Fee 4
Cert. of Occupancy 4
Other 4
Total 2430
Check No. 2430
Cash 2430
Collected by [Signature]

TECHNICAL SERVICES
800-882-8344



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received 3-14-00
Date Issued
Control #
Permit # 90-019

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

Block 501 Lot 19+00
Work Site Location 973, One Election

Owner In Fee/Occupant Mr. Joe L. Lerner
Address 901 Riverside Terrace
Newark NJ 07102

Tele. () Contractor Joe Doeblue

Address 644 Rt 94

Tele. (913) 383-2212 Fax (913) 579-7452

Lic. No. 8020 Federal Emp. No. 223063494

B. ELECTRICAL CHARACTERISTICS Use Group Present Proposed

[] Pole/Pad # [] Temporary [] Other
Building Occupied as Residence Utility Co. GPC
Est. Cost of Elec. Work \$ 1300.00

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 UW Lights
- Storable Pool/Spa/Hot Tub
- KW Elec. Range/Receptacle
- KW Over/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

FEE (Office Use Only)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
[] No Plans Required			Type:		
Joint Plan Review Required:			Rough	Failure	Approval
[] Building [] Plumbing			Temp. Serv.		
[] Fire [] Elevator			Const. Serv.		
[] Elec. Plans/Approved			TCO		
Date: 3/13/00			Other		
Approved by: AS			Service		
			Final		
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued		
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued		
Date: 3/13/00					
Approved by: AS					

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

N.J. STATE LAW N.J.A.C. 13:45 A18.2
FINAL INSPECTIONS ARE REQUIRED BEFORE FINAL PAYMENT IS MADE TO CONTRACTOR.

Administrative Surcharge \$ 46.00
Minimum Fee \$ 46.00
DCA Training Fee \$ 47.00
TOTAL FEE \$ 47.00



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 9-4-01
Date Issued
Control #
Permit # 01-275

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

Block 501 Lot 19 & 20
Work Site Location 901 Rose CE

Owner in Fee _____
Address Mountain View Ct 866

Tele. () 333 333 333

Contractor 333 333 333

Address Mountain View Ct 866

Tele. 333 333 333

Lic. No. _____
Federal Emp. No. 06-08618 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____
☐ No Plans Required
Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire
☐ Plumb. Plans Approved

Date: _____
Approved by: _____

SUBCODE APPROVAL: _____
☐ CO ☐ CCO ☐ CA

Approved by: _____
Date: _____

☐ CO ☐ CCO ☐ CA

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal Donald M. P.

☐ Licensed Plumbing Contractor ☒ Exempt Applicant WST

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Gas Piping

Fuel Oil Piping

Water Heater

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Graesetrap

Water Cooled A/C

or Refrigeration Unit

Sewer Connection

Water Service Connection

Gas Service Connection

Active Solar System

Other 50% Removal of old

Paid ☒ Check # 2073 Minimum Fee
Collected by: AMC

Administrative Surcharge \$ 50.00
Paid ☒ Check # 2073 Minimum Fee \$ 50.00
Collected by: AMC



CONSTRUCTION PERMIT

Date Issued 9-4-01
Control #
Permit # 01-275

IDENTIFICATION Block 501
Work Site Location 901 Rose Ct.

Lot 19620

Owner in Fee _____
Address _____

Tele. _____

Contractor TRC Yechia
Address 333 Route 46 West Suite 202
Mountain Lakes, NJ 07046

Tele _____
Lic. No. or Bids. Reg. No. _____ Exp. Date _____
Federal Emp. No. 06-0861618
or Social Security No. _____

is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☒ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION _____
☐ ELEVATOR DEVICES _____

DESCRIPTION OF WORK:

550 gal Removal & Install
#2 Heating Oil Unit

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 \$ 8,500.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	<u>384.00</u>
Electrical	<u>384.00</u>
Plumbing	<u>384.00</u>
Fire Protection	<u>384.00</u>
Elevator Devices	<u>384.00</u>
Other	<u>7.00</u>
DCA Training Fee	<u>7.00</u>
Cert. of Occ.	<u>7.00</u>
Other	<u>7.00</u>
Total	<u>8,500.00</u>
Check No.	<u>2272 (paid)</u>
Cash	<u>0.00</u>
Collected By:	<u>am cleave</u>

(see reverse side)

STILLWATER TOWNSHIP
964 STILLWATER ROAD
NEWTON, NJ 07860

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Date Issued 06/26/12
Control #
Permit # 12-055

Block 501 Lot 19 Qual
Work Site Location 901 ROSE COURT
Owner in Fee/Occupant
Address 901 ROSE COURT
NEWTON, NJ 07860-
Telephone
Contractor OWNER
Address
Telephone () - Fax () -
Lic. No. or Bids. Reg. No.
Federal Emp. No.

[X] 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 U-
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

22 X 24 2 CAR GARAGE - NO ELECTRIC

[] 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 _____.

Debra DeCoster
Construction Official

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

Fee \$ 18
Paid [X] Check No. 4398
Collected by: RAB

STILLWATER TOWNSHIP
964 STILLWATER ROAD
NEWTON, NJ 07860

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Date Issued 06/26/12
Control #
Permit # 12-093

Block 501 Lot 19
Work Site Location 901 ROSE COURT Qual

Owner in Fee/Occupant
Address 901 ROSE COURT
NEWTON, NJ 07860-

Telephone () -
Contractor OWNER
Address

Telephone () - Fax () -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

[X] 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 that 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:

INSTALL A POOL LADDER TO CODE

[] 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

Charles D. ...
Construction Official

Fee \$ 0
Paid [X] Check No. 401
Collected by: RAB

TOWNSHIP OF STILLWATER
964 STILLWATER ROAD
NEWTON, NJ 07860
973-3836332

CERTIFICATE IDENTIFICATION

Date Issued: 11/20/2013
Control #: 7574
Permit #: 20120110

Block: 501 Lot: 19

Work Site Location: 901 ROSE COURT Qualifi

STILLWATER

Owner in Fee:

Address:

Telephone:

Agent/Contractor:

Address:

Telephone:

Lic. No./ Bldgs. Reg.No.:

Social Security 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.

[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 will be subject to fine or order to vacate:

Home Warranty No:

Type of Warranty Plan:

Use Group:

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use:

TEAR OFF/RE ROOF 11 SQ - SIDING 1200 SF

Update Desc. of Wk/Use:

[] State [] Private

R-5

[] 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

Fees: \$0.00

Paid [X] Check No.: 403

Collected by: RAB

John Delager Construction official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF STILLWATER
964 STILLWATER ROAD
NEWTON, NJ 07860
973-3836332

Block: 501 Lot: 19 Qualification Code: 901 ROSE CT
Work Site Location: Stillwater

Owner in Fee: Address: Telephone: Agent/Contractor: Address: SIMPLE TANK SERVICES LLC
30 SOUTH PLAINFIELD AVE.

Telephone: SOUTH PLAINFIELD NJ 07080
Address: 732 965-8265

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security 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 will be subject to fine or order to vacate:

CERTIFICATE IDENTIFICATION

Date Issued: 11/05/2024
Control #: 12303
Permit #: 20240220

Home Warranty No: [] State [] Private
Type of Warranty Plan: Use Group: U

Maximum Live Load: Construction Classification: Maximum Occupancy Load: Certificate Exp Date:

Description of Work/Use: REMOVAL OF (1) 550 UST

[] 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

RICHARD BIZLIK Construction Official
U.C.C'260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees: \$0.00
Paid [X] Check No.: 4544
Collected by: dt

TOWNSHIP OF STILLWATER
964 STILLWATER ROAD
NEWTON, NJ 07860
973-3836332

Block: 501 Lot : 19 Qualification Code: _____
Work Site Location: 901 ROSE CT
Stillwater

Owner in Fee: _____
Address: _____

Telephone: _____
Agent/Contractor: FAIRCLOUGH PROPANE
Address: 193 HALSEY ROAD
NEWTON NJ 07860

Telephone: 973 383-1768
Lic. No./ Bldgs. Reg.No.: LPG0058
Social Security No.: Federal Emp. No.: 26-4675752

☐ **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 will be subject to fine or order to vacate:

**CERTIFICATE
IDENTIFICATION**

Date Issued: 12/18/2024
Control #: 12363
Permit #: 20240266

Home Warranty No: _____
Type of Warranty Plan: _____
Use Group: ☐ State ☐ Private
U

Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____

Description of Work/Use: INSTALL (2) 100 LP TANKS

☐ **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:

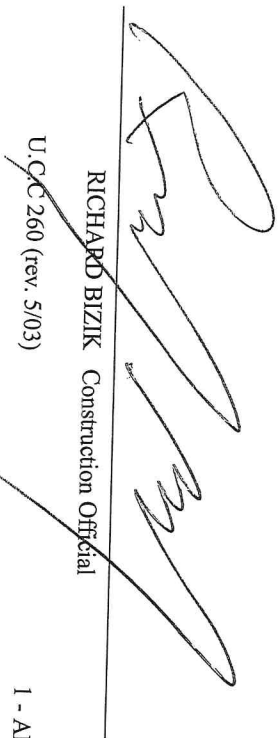
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period(____ years); see file

☐ **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


RICHARD BIZIK Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees: \$0.00

Paid ☒ Check No.: 1157

Collected by: dt

Received 5/14/81
no check

CH #186- 5/14/81 20

County of Sussex

COUNTY HEALTH DEPARTMENT



Sussex County Health Center
Rt. 655 Frankford Township
Mailing Address R.D. 3, Box 140A
Newton, New Jersey 07880
Telephone: (201) 948-5400

Certification Report

Certifications Requested ☒ Water Supply-Bacterial ☒ Sewage Disposal System
☐ Water Supply-Chemical
Reason for Certifications ☒ Mortgage ☐ For Local Ordinance

LOCATION Municipality STILLWATER
Street Copley Rd. Block 501 Lot 19

Seller's name, address and phone

Buyer's name, address and phone

Certification requested by Lewis & Haring Realtors

Individual to contact for entry Name & Phone No Lewis & Haring - 383-1990

Closing Date none given

The water supply is certified on the following basis

- ☒ A sample taken on 5/18/81 met potable water standards for bacteria
☐ A sample taken on _____ met potable water standards for the following chemicals (in ppm)
nitrate, chloride, iron, hardness, pH
☐

The sewage disposal system is certified on the following basis

- ☒ On 5/18-6-19 the sewage disposal system was dye tested and the ground surface in the disposal area inspected. No evidence of malfunction was observed.
☒ Please note that the stream from the overflowing well appears to be within 50' of the sewage disposal system.

NOTE

The above certifications are based upon conditions existing at the time of inspection and are not guarantees of future performance

Sanitary Inspector [Signature]

Date 5/26/81

2/11/93 \$130 -
Mark Yurtur

COUNTY/MUNICIPALITY..... STILLWATER TOWNSHIP

Page 1 of 5

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 1 - General Information

1. Type of Permit Needed (Check applicable categories):

☐ New Construction ☒ Alteration/No Expansion or Change of Use
☐ Alteration/Expansion or Change in Use ☐ Alteration/Malfunctioning System
☐ Deviation from Standards ☐ Repairs to Existing System

2. Location of Project: STREET Hampton Road

Municipality..... Stillwater Township Block No..... 501..... Lot No..... 19.....

3. Name of Applicant (print):

4. Applicant's Present Address: 1100 Parsippany Boulevard, Apt. 322
Parsippany, New Jersey 07054

5. Applicant's Phone Number:..... 402-0693

6. Type Of Facility:

☒ Residential
☐ Commercial/Institutional
Specify Type of Establishment:

ENGINEER MUST CERTIFY ALL ELEVATIONS AND
LOCATIONS ARE IN CONFORMANCE WITH THE
APPROVED PLAN WITH REVISED DRAWING.

7. Type of Wastes to be Discharged:

☒ Sanitary Sewage
☐ Industrial Wastes
☐ Other - Specify Type.....

8. Other Approvals/Certifications/Waivers/Exemptions (Attach to Application):

☐ Pinelands Commission
☐ U.S. Army Corps of Engineers
☐ NJDEP - Bureau of Flood Plain Management
☐ Other - Specify:.....

SEPTIC TANK MUST BE PUMPED EVERY
2-3 YEARS TO PREVENT SYSTEM MALFUNCTION

8. I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant..... Date.....

FOR AGENCY USE ONLY

Application Denied - Reason for Denial/Citation of Rules Violated:.....

☒ Application Approved

Application Approved Subject to Approval By NJDEP

Date of Action 2/11/93 Signature of Authorized Agent..... SO

Name and Title.....

2
COUNTY/MUNICIPALITY..... STILLWATER TOWNSHIP

Page 2 of 5

APPLICATION FOR PERMIT TO CONSTRUCT/AUTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2a - General Site Evaluation Data

1. Name of Site Evaluator (print): David Gommoll, PE & LS # 11844
2. Business Address of Site Evaluator: 107 Hibler Road
Newton, New Jersey 07860
3. Business Phone Number of Site Evaluator:..... 201-383-2455
4. Special Site Limitations Identified (Check appropriate Categories):
☐ Flood Plains ☐ Bedrock Outcrops ☐ Wetlands ☐ Excessively Stony
☒ Disturbed Ground ☐ Sink Holes ☐ Sand Dunes ☐ Steep Slopes
☐ Other - Specify.....
5. Soil Logs - Enter on Form 2b - Use one sheet for each soil log.
6. Considerations Relating to Disturbed Ground:
 - a) Type of Disturbance (Check appropriate categories):
☒ Filled Area ☐ Excavated Area ☐ Re-graded Area
☐ Subsurface Drains ☐ Other-Specify.....
 - b) Pre-existing Natural Ground Surface
Elevation Relative to Existing Ground Surface..... 12 inches below grade
Method of Identification..... Observation in Soil Profile Pit.....
 - c) Suitability of Disturbed Ground Will Not Affect Disposal System
☐ Unsuitable: Objects Subject to Disintegration or Change in Volume
☐ Excessively Coarse
☐ Proctor Test Performed - % Standard Proctor Density =
7. Hydraulic Head Test:
 - a) Hydraulically Restrictive Horizon: Depth Top to Bottom.....
 - b) Piezometer A: Depth to Bottom..... Depth of Water Level (24 hrs).....
 - c) Piezometer B: Depth to Bottom..... Depth of Water Level (24 hrs).....
 - d) Witnessed by..... Signature..... Date.....
8. Attachments (Check items included):
☒ Site Plan
☒ Key Map Showing Location of Site On U.S.G.S. Quadrangle or Other
Accurate Map (Tax Map)
☒ Key Map Showing Location of Site on U.S.D.A. Soil Survey Map
☐ Other - Specify.....

9. I hereby certify that the information furnished on Form 2a of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator David Gommoll Date FEB. 8, 1993

COUNTY/MUNICIPALITY STILLWATER TOWNSHIP

Page 3 of 5

**APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM**

Form 2b - Soil Log And Interpretation

1. Log Number...1... Method (Check One): ☒ Profile Pit ☐ Boring

2. Soil Log: February 5, 1993

Depth (inches) Top-Bottom	Munsell Color Name and Symbol; Estimated Textural Class; Estimated Volume % Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling - Abundance, Size and Contrast, If Present
0 - 2"	Dark Brown 10 YR 3/3 Loam, 10% coarse fragments (gravel), subangular blocky, moist, loose and friable
2" - 12"	Yellowish Brown 10 YR 5/4 Clay Loam (fill), 20% coarse fragments (15% gravel, 5% cobbles), angular blocky, moist and loose
12" - 16"	Dark Brown 10 YR 3/3 Loam, 10% coarse fragments (gravel), subangular blocky, moist, loose and friable (Original Grade)
16" - 38"	Yellowish Brown 10 YR 5/8 Clay Loam, 30% coarse fragments (10% gravel, 10% cobbles, 10% stones), massive, moist and firm
38" - 60"	Dark Yellowish Brown 10 YR 4/6 Gravelly Loam, 35% coarse fragments (25% gravel, 10% cobbles), granular, moist, loose, friable
60" - 108"	Weathered Shale, no ledgerrock encountered

3. Ground Water Observations: None Encountered
Seepage - Indicate Depth.....
Pit/Boring Flooded - Depth after Hours:

4. Soil Limiting Zones (Check Appropriate Categories):
☒ Fractured Rock Substratum - Depth to Top.....
☐ Massive Rock Substratum - Depth to Top.....
☐ Excessively Coarse Horizon - Depth Top to Bottom.....
☐ Excessively Coarse Substratum - Depth to Top.....
☒ Hydraulically Restrictive Horizon - Depth Top to Bottom 16" to 38"
☐ Hydraulically Restrictive Substratum - Depth to Top.....
☐ Perched Zone of Saturation - Depth Top to Bottom.....
☐ Regional Zone of Saturation - Depth to Top.....

5. Soil Suitability Classification: F11 Hr

6. I hereby certify that the information furnished on Form 2b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator David L. Smith #11844 Date FEB 8 1993

COUNTY/MUNICIPALITY.....

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEMForm 3a. Soil Permeability Data

Assign a number for each test and a letter for each test replicate. Show test data and calculations on Form 3b, 3c, 3d, 3e, 3f or 3g. Use one sheet for each separate test or test replicate.

1. Summary of Data - Enter data for each test replicate on a separate line.

Type of Test	Test (number)	Replicate (letter)	Depth (inches)	Result*
--------------	------------------	-----------------------	-------------------	---------

"Suitable Fill" will be placed, having a Permeability Class Rating of K-4; Permeability Tests will be performed in the fill material after placement and compaction are accomplished, or as otherwise provided for in N.J.A.C. 7:9A-6.1

* For tube permeameter, pit-bailing and piezometer tests report results in inches per hour. For Soil permeability class rating give soil permeability class number. For percolation test report result in minutes per inch. For basin flooding test report result as positive if basin drains completely within 24 hours after second filling, negative otherwise.

2. Design Permeability/Percolation Rate: Specify Test Number....

___ Average of Test Replicates ___ Single Replicate ___ Slowest of Replicates

3. Type of Limiting Zone Identified	Test Number
.....	
.....	
.....	

4. Attachments (Check items included):

___ Form 3b - Tube Permeameter Test Data - Number of Sheets....
 ___ Form 3c - Soil Permeability Class Rating Test Data - Number of Sheets....
 ___ Form 3d - Percolation Test Data - Number of Sheets....
 ___ Form 3e - Pit-Bailing Test Data - Number of Sheets....
 ___ Form 3f - Piezometer Test Data - Number of Sheets....
 ___ Form 3g - Basin Flooding Test Data - Number of Sheets....

5. I hereby certify that the information furnished on Form 3a of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator David L. Smith P.E. 11/18/99 Date Feb. 8, 1993

COUNTY/MUNICIPALITY STILLWATER TOWNSHIP

Page 5 of 5

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 4 General Design Data

1. Volume of Sanitary Sewage, gal. 500 gallons per day
☒ Residential: No. of Dwelling Units One Total No. of Bedrooms Three
☐ Commercial/Institutional - Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data, frequency of readings, average daily flow, and maximum recorded daily reading.....
 2. Alterations or Repairs
 - a) Reason for Alteration or Repair (Check appropriate categories):
☐ Expansion or Change in Use ☒ Upgrade Existing Facilities
☐ Correct Malfunctioning System ☐ Other - Specify.....
 - b) Describe Nature of Alteration or Repairs: Construct new Soil Replacement, Bottom-Lined Disposal Bed
 3. System Components:
 - a) Grease Trap Capacity, gals.
Show Calculation Used:
 - b) Septic Tank Capacities, gals: 1000 First (Single) Compartment..... EXISTING
Second Compartment..... Third Compartment.....
 - c) Effluent Distribution
Method: ☒ Gravity Flow ☐ Gravity Dosing ☐ Pressure Dosing
Dosing Device: ☐ Pump ☐ Siphon
 - d) Dosing Tank Capacities, gals: Total Capacity..... Dose Volume.....
Reserve Capacity.....
 - e) Laterals: Number 6 Total Length 216' Pipe Size 4" Spacing 3'-0"
 - f) Connecting Pipe: Size 4" Length 12'
 - g) Manifold: Size..... Length.....
 - h) Disposal Field: Type of Installation Soil Replacement, Bottom Lined Bed
Design Permeability (Percolation Rate) K-14
Trenches: Width..... Total Length..... Bed: Area 800 sq. ft.
 - i) Seepage Pits: Design Percolation Rate
Number of Pits..... Total Percolating Area Provided.....
 4. Attachments (Check items included):
☒ General Plan of System Showing Location of All System Components
☒ X-Sections of Each System Component Including ~~Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Tanks~~
☐ Pump Performance Curve
☐ Other - Specify.....
 5. I hereby certify that the information furnished on Form 4 of this application (and attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.
- Signature of Design Engineer David L. Smith, P.E. Date Feb. 8, 1973

TOPOGRAPHIC DATA IS APPROXIMATE, BASED ON AN ASSUMED ELEVATION.

DAVID GOMMOLL, PROFESSIONAL ENGINEER AND LAND SURVEYOR

107 HIBLER ROAD
NEWTON, N.J. 07860
TELEPHONE 201-383-2455

NEW JERSEY LIC NO 11844
PENNA LIC NO 12787-E

ROSE COURT

SUSSEX COUNTY HEALTH DEPARTMENT
Sewage Disposal System Design Approved By

SUS on 2/11/93

REQUIREMENTS

Any change in design must be approved before construction of system begins

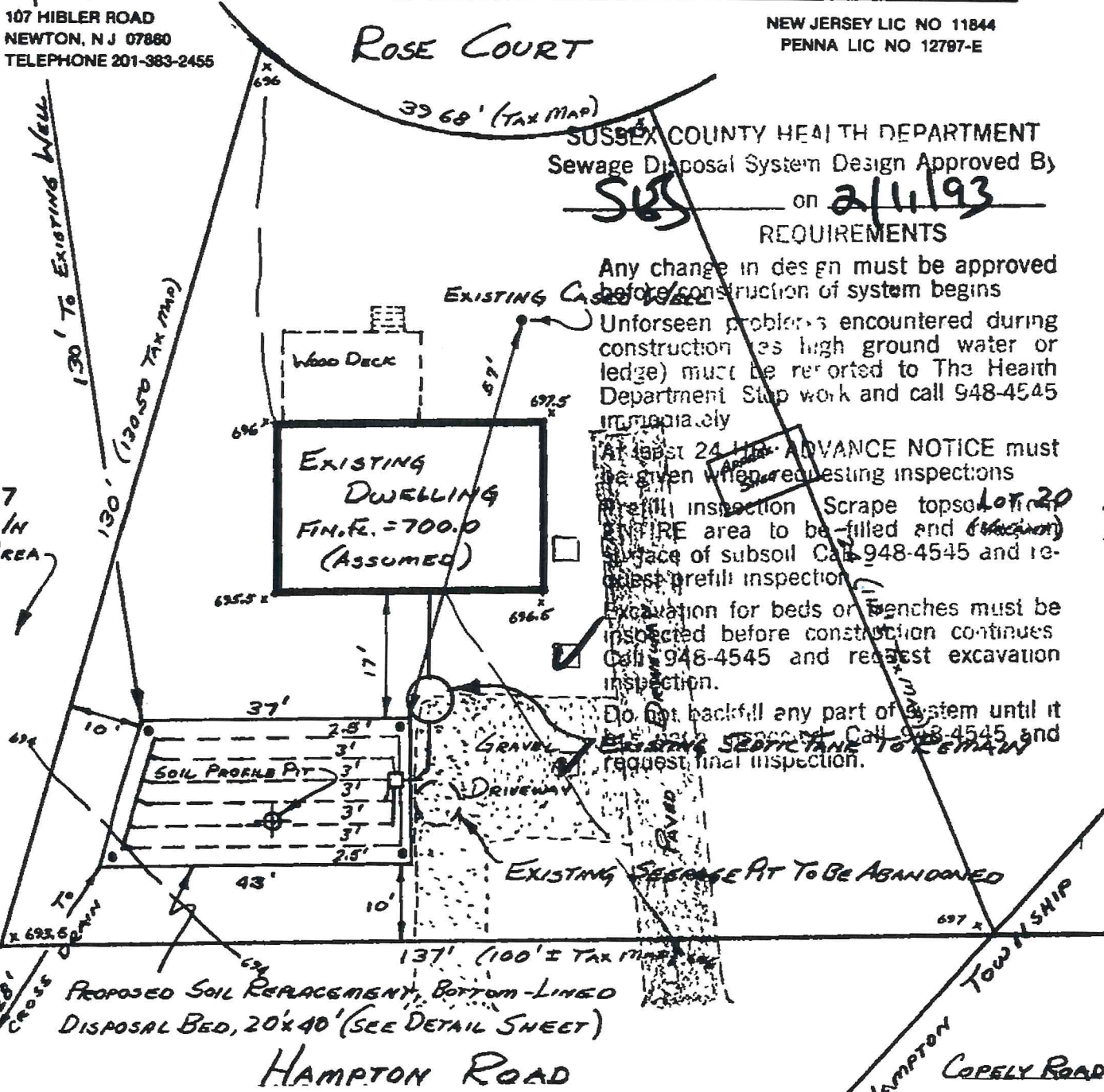
Unforeseen problems encountered during construction (e.g. high ground water or ledge) must be reported to The Health Department. Stop work and call 948-4545 immediately.

At least 24 Hrs. ADVANCE NOTICE must be given when requesting inspections

Prefill inspection. Scrape topsoil ENTIRE area to be filled and (excavation) surface of subsoil. Call 948-4545 and request prefill inspection.

Excavation for beds or trenches must be inspected before construction continues. Call 948-4545 and request excavation inspection.

Do not backfill any part of system until it is inspected. Call 948-4545 and request final inspection.



HAMPTON ROAD

HAMPTON TOWNSHIP
COPELY ROAD

PROPOSED ALTERATIONS TO SEWAGE DISPOSAL SYSTEM

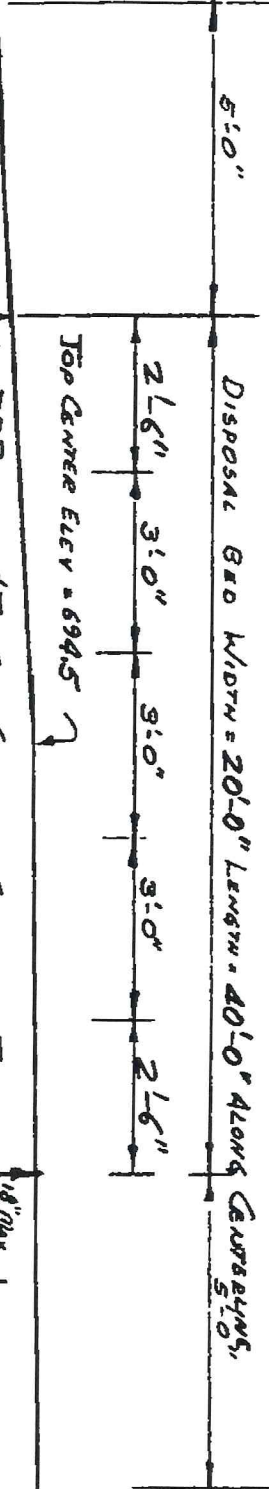
BLOCK 501 - LOT 19, STILLWATER TOWNSHIP, SUSSEX COUNTY, NEW JERSEY

SCALE: 1" = 20'

David Gommoll, PEGLS #11844

FEBRUARY 8, 1993

Limit of Backfill and Final Grading (Minimum)



"MIRAFI" Drainage Fabric,
or Equal

DISTURBED SOIL IN SEPTIC DISPOSAL
AREA REQUIRES A PERENNIAL VEGETATIVE COVER
TO PREVENT EROSION

Note:

INSTALL/INSPECTOR PERS
AS PER NJAC 7:27A-9.5(a) 6

SEPTIC TANK MUST BE REPAIRED BEFORE EXCAVATION
2-3 YEARS TO PREVENT SYSTEM MALFUNCTION

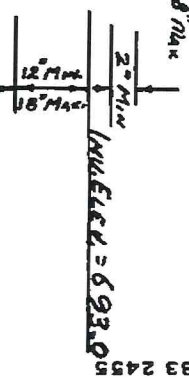
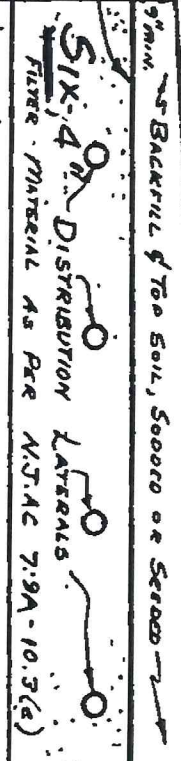
AFTER INSTALLATION OF SELECT FILL AND
BEFORE INSTALLING STONE, PLEASE CONTACT
THIS OFFICE FOR INSPECTION OF FILL.

Soil Replacement, Bottom-lined Disposal Bed

NUMBER OF DISTRIBUTION LATERALS: SIX
DISTANCE FROM NEAREST LATERAL TO EDGE OF BED: 2'-6"

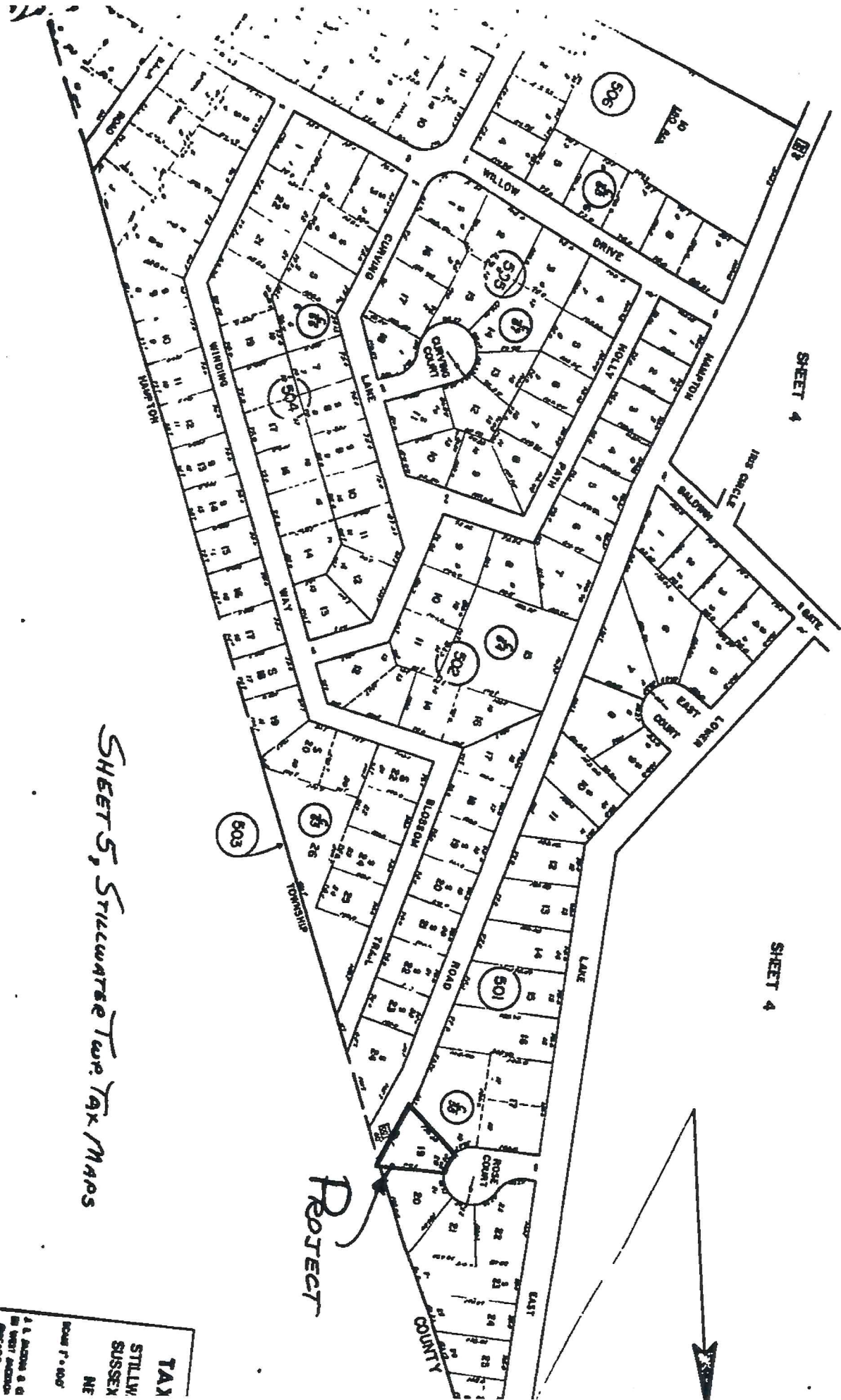
ENGINEER MUST CERTIFY ALL ELEVATIONS AND
LOCATIONS ARE IN CONFORMANCE WITH THE
APPROVED PLAN WITH REVISED DRAWING.

24"



Block 501-Lot 19, Stillwater Township, Sussex County, N.J.





SHEET 4

SHEET 4

Project

SHEET 5, Stillwater Town Tax Maps

TAX
STILLW.
SUSSEX
NE
Scale 1" = 100'
J. L. JACOBSON & CO.
PLANNERS & ARCHITECTS
STILLWATER, NE



THIS PERMIT VALID FOR A PERIOD OF 60 days
YEAR FROM DATE OF ISSUE

Sussex County Health Department

-- PERMIT --

SEPTIC () NEW
(X) ALTER
() RENEWAL
Originally Issued

WELL ()
No. 3289

Permission is hereby granted for _____ (Owner) _____ to _____

- () construct a new
(X) alter an existing
() sewage disposal system
() potable water supply system

in the municipality of Stillwater Township

at Block 501 Lot 19, Hampton Road
(No. & Street)

The system must be installed according to the design on the application approved by this department

\$ 130.00 Fee 2-11-93 Date
Steven E. Stierman
Sanitary Inspector

For the Board of Health

of _____

Permit# 36702

Number of Bedrooms

THIS PERMIT EXPIRES ON 1/17/2026

SUSSEX COUNTY DIVISION OF HEALTH

Permission is hereby granted for _____ to

☒ Sewage Disposal System

☐ Water System

- ☐ construct a new
- ☐ alteration with change of use
- ☐ alteration with no change of use
- ☒ repair an existing (No expansion or change of use)

- ☐ New Potable Water Supply
- ☐ Alteration of Existing Water Supply
- ☐ Non Potable Water Supply (irrigation, live stock)
- ☐ Resource Evaluation Wells (monitoring wells)
- ☐ Special Use Well (geothermal)
- ☐ Geotechnical Wells (test wells)

in the municipality of Stillwater Township

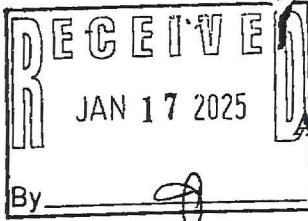
At Block 501 Lot 19 , 901 Rose Court
(Street)

☐ RENEWAL Originally Issued _____

☐ REVISION _____

The system must be installed according to the design on the application approved by this department.

\$ 5000 1/17/2025
Fee Date



File on B&B

Sussex County Division of Health
Application for Permit to Construct or Alter an Individual
Sewage Disposal System

Municipality Stillwater Block 501 Lot 19 Application Date 1/10/2025
Street 901 Hampton Road 901 Rose Ct.

Owner's Name _____ Phone No. _____

Mailing Address 86 EAST SHORE DRIVE - CRANDON LAKES, NJ 07860

Engineer's/Contractor's Name SELF

Mailing Address _____ Phone No. _____

Type of Building to be Served SINGLE FAMILY HOME

Individual Dwelling

SEPTIC REPAIR

Number of Bedrooms 3 Expansion Attic? NO Garbage Grinder? NO

Other - Use _____ # of Persons _____ Gal/Person/Day _____

Septic Tank - Capacity _____ Material CONCRETE Shape ROUND

Disposal Area - Type DISPOSAL BED Number 20'x40' Area (sq. ft.) 800

Description of work to be performed:

For Official Use Only

REPAIR DISTRIBUTION BOX

6 laterals/outlets -
D BOX
Reviewed By 1/17/25
Date AD

Sketch - Attach 4 copies of a design showing property lines, topo lines. Show locations of proposed and existing system and water supply system components both on the property and on adjacent properties within 100' of septic system components; also show locations of watercourses, drains, roads, driveways, easements, banks, large trees and all proposed and existing buildings.

Check # 423 Check Date 1/17 Amount 50.00

Name TALIB NAJJAR / KELLEY MALONEY
NAJJAR

Owner [Signature]
and/or _____
Authorized Agent

TOPOGRAPHIC DATA IS APPROXIMATE, BASED ON AN ASSUMED ELEVATION.

DAVID GOMMOLL, PROFESSIONAL ENGINEER AND LAND SURVEYOR

107 HIBLER ROAD
NEWTON, N.J. 07860
TELEPHONE 201-383-2455

NEW JERSEY LIC NO 11844
PENNA LIC NO 12787-E

ROSE COURT

SUSSEX COUNTY HEALTH DEPARTMENT
Sewage Disposal System Design Approved By

SUS

on *2/11/93*

REQUIREMENTS

Any change in design must be approved before construction of system begins

Unforeseen problems encountered during construction (e.g. high ground water or ledge) must be reported to The Health Department. Stop work and call 948-4545 immediately.

At least 24 HRS. ADVANCE NOTICE must be given when requesting inspections.

Pre-fill inspection. Scrape topsoil from ENTIRE area to be filled and (excavation) surface of subsoil. Call 948-4545 and request prefill inspection.

Excavation for beds or trenches must be inspected before construction continues. Call 948-4545 and request excavation inspection.

Do not backfill any part of system until it is inspected. Call 948-4545 and request final inspection.

SEPTIC REPAIR

EXISTING DWELLING
FIN. FL. = 700.0
(ASSUMED)

SOIL PROFILE PIT

REMAINING GRAVEL

EXISTING DRIVEWAY

EXISTING SEWAGE PIT TO BE ABANDONED

PROPOSED SOIL REPLACEMENT, BOTTOM-LINED DISPOSAL BED, 20x40' (SEE DETAIL SHEET)

HAMPTON ROAD

HAMPTON TOWNSHIP
COPELY ROAD

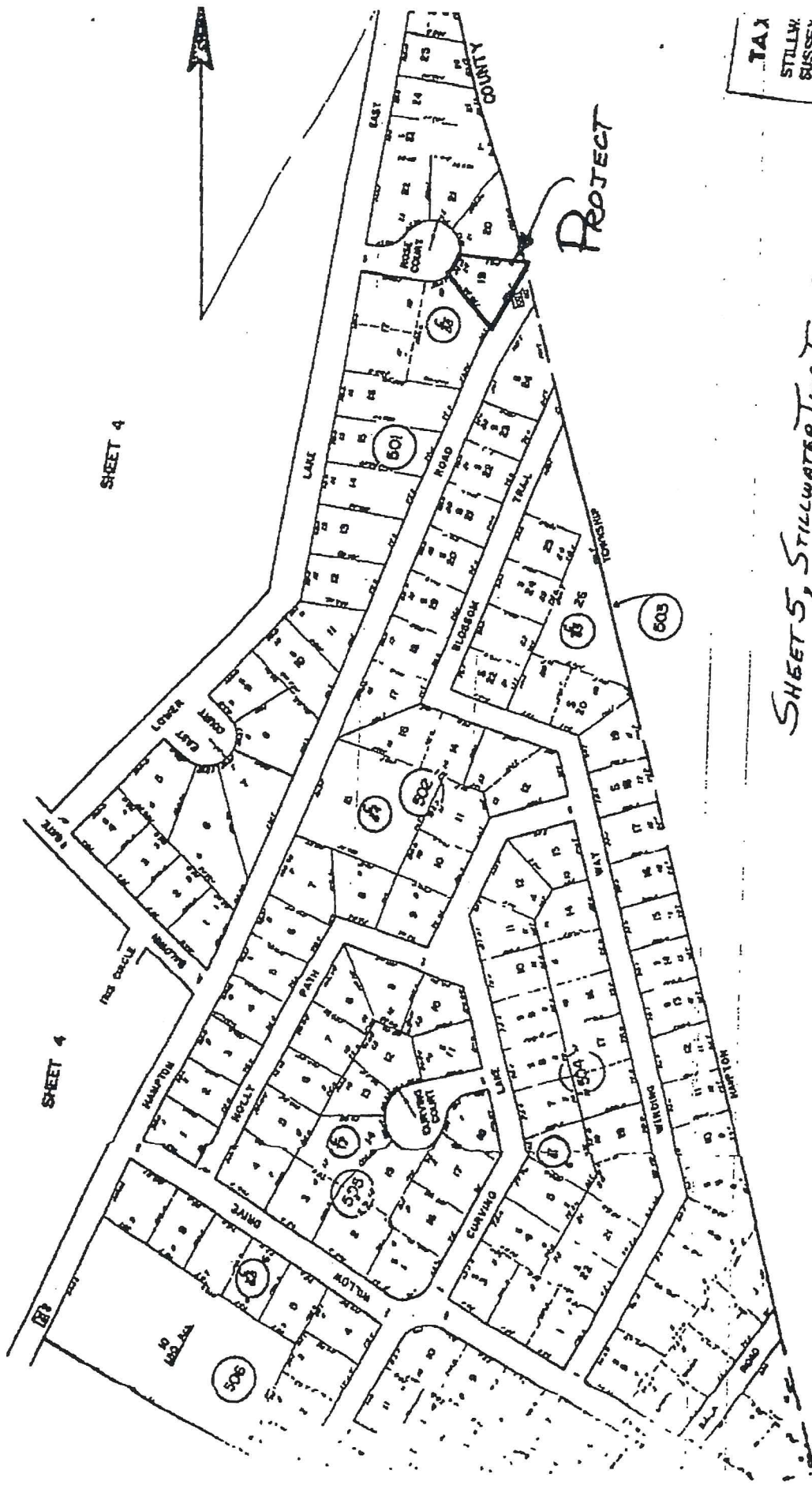
PROPOSED ALTERATIONS TO SEWAGE DISPOSAL SYSTEM

BLOCK 501 - LOT 19, STILLWATER TOWNSHIP, SUSSEX COUNTY, NEW JERSEY

SCALE: 1" = 20'

David Gommoll, P.E. #11844

FEBRUARY 8, 1993

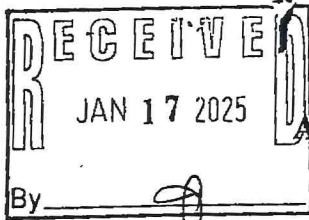


TAX
STILLWATER
SUSSEX
ME
SCALE 1" = 100'
J. L. ADAMS & CO.
25 WEST MAIN ST.
BOSTON 1, MASS.

SHEET 5, STILLWATER TWP. TAX MAPS

SUSSEX COUNTY NEW JERSEY — SHEET NUMBER 26





File on Bus

Sussex County Division of Health
Application for Permit to Construct or Alter an Individual
Sewage Disposal System

Municipality Stillwater Block 501 Lot 19 Application Date 1/10/2025
Street 901 Hampton Road 901 Rose Ct.

Owner's Name _____ Phone No. _____

Mailing Address E. CHS. _____

Engineer's/Contractor's Name SELF

Mailing Address _____ Phone No. _____

Type of Building to be Served SINGLE FAMILY HOME

Individual Dwelling

SEPTIC REPAIR

Number of Bedrooms 3 Expansion Attic? NO Garbage Grinder? NO

Other - Use _____ # of Persons _____ Gal/Person/Day _____

Septic Tank - Capacity _____ Material CONCRETE Shape ROUND

Disposal Area - Type DISPOSAL BED Number 20'x40' Area (sq. ft.) 800

Description of work to be performed:

For Official Use Only

REPAIR DISTRIBUTION BOX

6 laterals/outlets
D BOX
Reviewed By 1/17/25
Date AD

Sketch - Attach 4 copies of a design showing property lines, topo lines. Show locations of proposed and existing system and water supply system components both on the property and on adjacent properties within 100' of septic system components; also show locations of watercourses, drains, roads, driveways, easements, banks, large trees and all proposed and existing buildings.

Check # 423 Check Date 1/17 Amount 50.00

Name [Signature]

Owner [Signature]

and/or
Authorized Agent

TOPOGRAPHIC DATA IS APPROXIMATE, BASED ON AN ASSUMED ELEVATION.

DAVID GOMMOLL, PROFESSIONAL ENGINEER AND LAND SURVEYOR

107 HIBLER ROAD
NEWTON, N.J. 07860
TELEPHONE 201-383-2455

NEW JERSEY LIC NO 11844
PENNA LIC NO 12707-E

ROSE COURT

SUSSEX COUNTY HEALTH DEPARTMENT
Sewage Disposal System Design Approved By

SUS on 2/11/93

REQUIREMENTS

Any change in design must be approved before construction of system begins

Unforeseen problems encountered during construction (e.g. high ground water or ledge) must be reported to The Health Department. Stop work and call 948-4545 immediately.

At least 24 Hrs. ADVANCE NOTICE must be given when requesting inspections

Pre-fill inspection: Scrape topsoil from ENTIRE area to be filled and excavate surface of subsoil. Call 948-4545 and request prefill inspection.

Excavation for beds or benches must be inspected before construction continues. Call 948-4545 and request excavation inspection.

Do not backfill any part of system until it is inspected. Call 948-4545 and request final inspection.

SEPTIC REPAIR

EXISTING DWELLING
FIN. FL. = 700.0
(ASSUMED)

SOIL PROFILE PT

GRAVEL

DRIVEWAY

EXISTING SEWAGE PT TO BE ABANDONED

PROPOSED SOIL REPLACEMENT, BOTTOM-LINED DISPOSAL BED, 20'x40' (SEE DETAIL SHEET)

HAMPTON ROAD

COPELY ROAD
HAMPTON TOWNSHIP

PROPOSED ALTERATIONS TO SEWAGE DISPOSAL SYSTEM

BLOCK 501 - LOT 19, STILLWATER TOWNSHIP, SUSSEX COUNTY, NEW JERSEY

SCALE: 1" = 20'

David Gommoll, P.E. #11844

FEBRUARY 8, 1993

SHEET 5, STILLWATER TWP. TAX MAPS

