THIS PERMIT VALID FOR A PERIOD OF 1
YEAR FROM DATE OF ISSUE

Sussex County Health Department

—PERMIT—

SEPTIC (X) New
( ) Alter
WELL ( )

No. 7855

Permission is hereby granted for _____ _____ to
(Owner)

(X) construct a new (X) sewage disposal system

( ) alter an existing ( ) potable water supply system

in the municipality of STILLWATER TOWNSHIP

at Block 1602 Lot 12.01, Mt. Benevolence Rd.
(No. & Street)

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

$ 65.00 4/18/86 Steven E. Stiansen
Fee Date Sanitary Inspector

For the Board of Health

of _____

ealth Department

Construct or Alter an Individual
age Disposal System

Application Date April 16, 1986

Municipality Stillwater Twp. Block 1602 Lot 12.01 Street Mt. Benevolence Road

Owners's Name _____ Phone No. _____

Mailing Address _____

Engineer's Name David Gommoll, PE & LS # 11844 Phone No. 383-2455

Mailing Address R.D. # 2 Box 420A Newton, New Jersey 07860

Type of Building to be Served

Individual Dwelling—No. of Br 3 Expansion Attic? no Garbage Grinder? no

Other—Use _____ No. of Persons _____ Gal/Person/Day _____

Septic Tank—Capacity 1,000 gallons Material concrete Shape optional

Disposal Area—Type disposal beds Number two, 12' x 45' Area (sq. ft.) 1080

Soil Tests—Certified by Engineer David Gommoll, PE & LS Seal:

Date Performed April 4, 1986

Percolation Tests:

Hole No.	Time in Min. Per Inch	No. of Tests to Determine Saturation	Depth	Type of Soil & Depth of Each Stratum
P-2	18	3	28"	0 - 4" top soil 4" - 24" brown sandy, silty loam 24" - 28" light-brown sand & gravel

Soil Log Tests:

Hole No.	USDA Mapping Unit & Aerial Sheet No.	Type of Soil & Depth of Each Stratum. Note Depth at Which Water or Rock Encountered
1 2 3 & 4	SxD Sh. 26	0 - 4" top soil 4" - 24" brown silty, sandy loam 24" -120" light-brown sand and gravel, with boulders (to 104" in Test Pits 2 and 3 and to 96" in test pit 4) Ledgerock at bottom of test pits 2, 3 and 4. No ground water or indications of any high seasonal ground water levels were encountered.

APR 17 1986

Sketch—Attach 4 copies of a scale design showing property lines, topo lines (existing and final elevations), 1st floor elevation, and elevation of building sewer. Show cross sectional detail of disposal area. Show locations of proposed and existing sewage system and water supply system components both on the property and one adjacent properties within 100' of septic system components; also show locations of watercourses, drains, roads, driveways, easements, rock outcrops, banks, large trees, and all proposed and existing buildings.

The undersigned agrees to (X) construct a new ( ) alter the aforedescribed individual sewage disposal system in accordance with local board of health ordinances and state standards.

Date:

Check # 172 Check Date 4/17/86 Amount $50.00 _____ Owner

Name: _____ _____ and/or Authorized Agent

Form #355 (Rev 83)

THIS PERMIT VALID FOR A PERIOD OF 1
YEAR FROM DATE OF ISSUE

Sussex County Health Department

–PERMIT–

SEPTIC ( ) New
( ) Alter
WELL (X)

No. 5656

Permission is hereby granted for ____ _____ to
(Owner)

(X) construct a new ( ) sewage disposal system

( ) alter an existing (X) potable water supply system

in the municipality of STILLWATER TOWNSHIP

at Block 1602 Lot 12.01 , Mt. Benevolence Rd.
(No. & Street)

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

$ 50.00 4/18/86 Steven E. Fiasco
Fee Date Sanitary Inspector

For the Board of Health

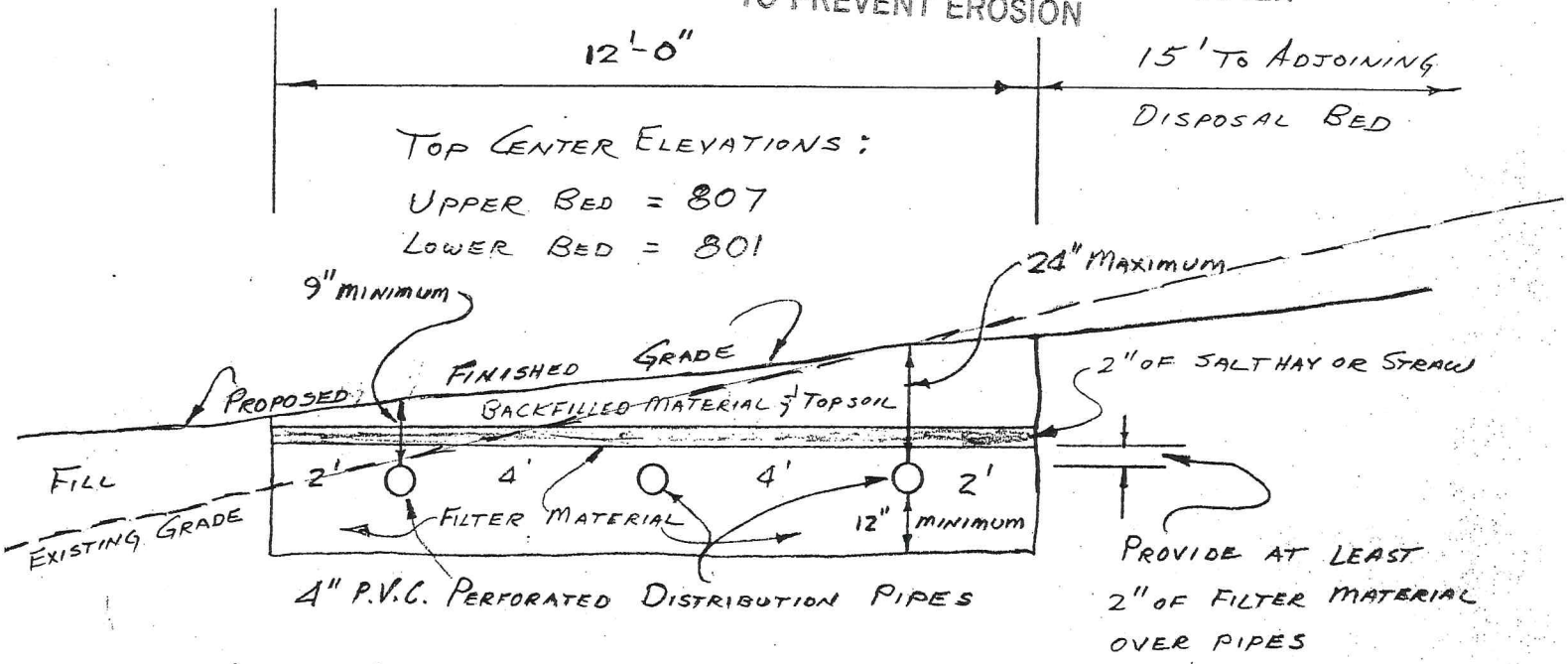
of _____

DAVID GOMMOLL, PROFESSIONAL ENGINEER AND LAND SURVEYOR

17 HIGH STREET
NEWTON, N. J. 07860
TELEPHONE 201-383-2455

NEW JERSEY LIC. NO. 11844
PENNA. LIC. NO. 12797-E

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



NOTE: FILL AT DISTRIBUTION BOX END OF UPPER DISPOSAL BED WILL BE APPROXIMATELY 24 INCHES. PROVIDE 20 FEET OF FILL (MAXIMUM SLOPE OF 3%) AROUND THIS END OF UPPER BED.

CROSS SECTION THRU DISPOSAL BED

SCALE: 1" = 3'-0" (VERTICAL & HORIZONTAL)

David Gommoll PE&LS #11844

APRIL 16, 1986

APR 17 1986

Ends of Distribution Pipes to be sealed or Looped with solid pipe

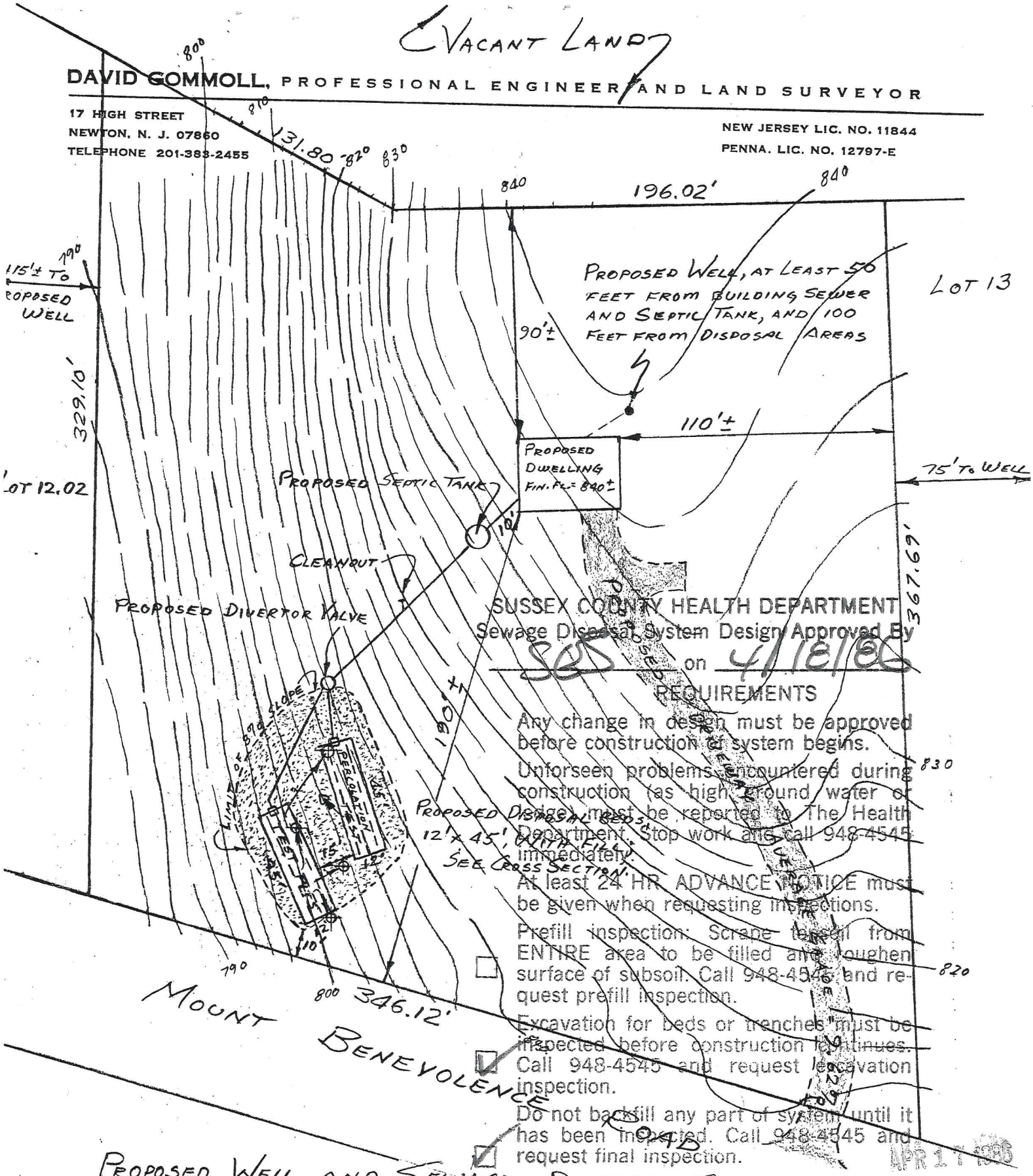
FILTER MATERIAL TO BE CLEAN ½" TO 1½" WASHED GRAVEL OR CRUSHED STONE NO FINES

VACANT LAND

DAVID GOMMOLL, PROFESSIONAL ENGINEER AND LAND SURVEYOR

17 HIGH STREET
NEWTON, N. J. 07860
TELEPHONE 201-383-2455

NEW JERSEY LIC. NO. 11844
PENNA. LIC. NO. 12797-E



SUSSEX COUNTY HEALTH DEPARTMENT
Sewage Disposal System Design Approved By
SES on 4/16/86

REQUIREMENTS

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

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

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

Prefill inspection: Scrape topsoil from ENTIRE area to be filled and roughen 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 has been inspected. Call 948-4545 and request final inspection.

APR 17 1986

PROPOSED WELL AND SEWAGE DISPOSAL SYSTEM
BLOCK 1602-LOT 12.01, STILLWATER TWP., SUSSEX COUNTY, N.J.
SCALE: 1"=50'

APRIL 16, 1986

David Gommoll, PE&LS # 11844

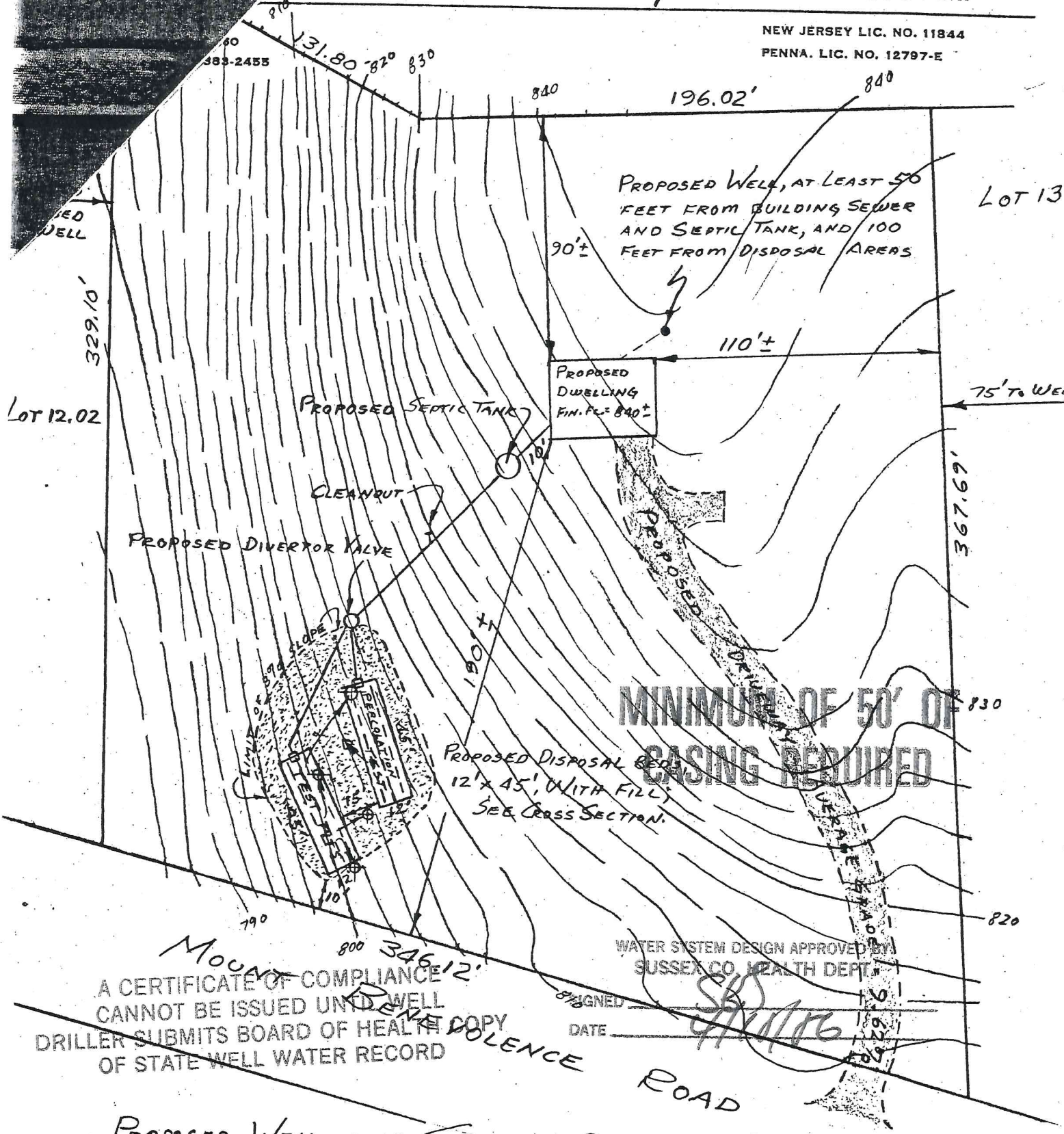
(4)

VACANT LAND

, PROFESSIONAL ENGINEER AND LAND SURVEYOR

NEW JERSEY LIC. NO. 11844
PENNA. LIC. NO. 12797-E

383-2455



PROPOSED WELL AND SEWAGE DISPOSAL SYSTEM
BLOCK 1602-LOT 12.01, STILLWATER TWP., SUSSEX COUNTY, N. J.
SCALE: 1"=50'

APRIL 16, 1986

APR 17 1986

[signature] #[illegible]

Sussex County Health Department

APPLICATION FOR PERMIT TO CONSTRUCT OR ALTER A WATER SUPPLY SYSTEM

Application Date FeB. 19-86

Municipality STILLWATER Block 1602 Lot 12.01 Street MT BEMOSEMINCE Rd

Owner's Name [illegible] Phone No. [illegible]

Mailing Address [illegible]

Well Driller D.F. WELL DRILLING CO. INC Phone No. 347-2250

Mailing Address P.O BOX 8 NETCONG N.J. 07857

Type of Building to be Served: (X) Individual Dwelling

( ) Other — Use _____ # Units 1 # Persons 3 Gal/Pers./Day 300

Type of Supply: (X) New ( ) Alteration (X) Drilled Well — State Permit # 21-6241

( ) Other than drilled well (Describe) —

Sketch: Attach 3 copies of a scale sketch showing verified locations of proposed and existing water supply system and sewage disposal system components, and any other potential sources of contamination both on the property and on adjacent properties. Also show locations of roads, driveways, easements, watercourses, drains, rock outcrops, large trees, and all proposed and existing buildings.

Notes:

1. *Well Head* — Installation must be a minimum of 12" above final grade.
2. *Freezing Protection* — Water lines must be installed at least 3½' below final grade.
3. *Disinfection* — Prior to sampling, water system must be disinfected with 50 ppm chlorine solution.
4. *Sampling* — A water sample should not be requested unless:
   (a) the entire potable water plumbing system has been installed
   (b) the entire system has been disinfected and flushed free of chlorine solution
   (c) the house is unlocked and electricity is on
5. State well record form must be submitted to this department upon completion of well.

The undersigned hereby certify that the enclosed sketch is accurate and locations of water and sewerage system components have been verified. The water supply system will be installed in accordance with local board of health ordinances and State standards.

MINIMUM OF 50' OF CASING REQUIRED

A CERTIFICATE OF COMPLIANCE CANNOT BE ISSUED UNTIL WELL DRILLER SUBMITS BOARD OF HEALTH COPY OF STATE WELL WATER RECORD

WATER SYSTEM DESIGN APPROVED BY:
SUSSEX CO. HEALTH DEPT.
SIGNED SS
DATE 4/18/86

Date: FeB. 19-86

Check # 2571 Check Date FeB.19-86 Amount 50.00

Name D.F. WELL DRILLING CO. INC Owner X

PO Box 8 NetCong NJ. 07857 and/or Authorized Agent
For D.F. WELL DRILLING CO INC.

Form #360 (Rev. 83)

Completed

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 8-1182-R
DATE ISSUED 8-1-82
REVISION DATE

Block 1602 Lot 17
Subdivision 12.01

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner	Contractor EHF ENTERPRISES INC.
Address	Address 20 WASHINGTON AVE
	REDBANK N.J. 07732
Tel.	Tel. (201) 997 6413
Work Site Address BK 1602 LOT 12.01	Lic. No. 10811
	Federal Emp. No

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

ADD TO NEW 1 FAMILY UNDER CONST.

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: R-60 Present R-60 Proposed

No. of Stories 2.5 Total Building Area—All Floors 1440 Sq. Ft.

Height of Structure 24 Ft. Volume of Structure 12960 Cu. Ft.

Area—Largest Floor 784 Sq. Ft. Total Land Area Disturbed 1000 Sq. Ft.

Estimated Cost of Building Work: $ 50000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

MILLWATER TOWNSHIP BUILDING DEPARTMENT
P.O. BOX 1
MIDDLEVILLE, NEW JERSEY 07855

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

PERMIT NO. 8-1182-86
DATE ISSUED 8-1-86
Block 1602 Lot 12.01
Subdivision

A. IDENTIFICATION

Owner
Address
7032
Tel. (
Work Site Address Mt Benevolence Rd.

Agent owner
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 26.75
Fees Remitted $ 26.75
☒ Check No. 313
☐ Cash
☐ Other
Collected By: FM
Date: 8-1-86

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work: 16'x20' addition

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

Estimated Cost of Work: $ 5000

Frank R Dell
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6-13-01
Date Issued
Control #
Permit # 01-196

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

Block 1602 Lot 12.01
Work Site Location 941 Mt. Bethel Rd Denville
Owner in Fee
Address
Tele. ( )
Contractor Fitze Refrigeration Inc
Address 10 School St Whippany NJ 07981
Tele. (973) 887-0655 Fax (973) 887-6019
Lic. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1150 —

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/12/01
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
A/C Condensate			7/12/01	

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Re-Heat A/C	38
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	38
DCA Training Fee	$	
TOTAL FEE	$	

for Lewis 7-12-01

U.C.C. F130
(rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6-13-01
Date Issued
Control #
Permit # 01-196

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

Block 1602 Lot 12.01
Work Site Location 941 Mt. Benevolence Rd
Owner in Fee/Occupan
Address
Tele. ( )
Contractor Frithe Rayspanhuc
Address 10 School St
Whippany NJ 07981
Tele. (973) 887-0685 Fax (973) 887-6019
Lic. No. 3152A
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 300

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: 7/9/01
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/9/01	

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

forwarded 7-11-01

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 Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
7.5	2.1 KW	HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		.....
		.....

FEE (Office Use Only)

$
46

Administrative Surcharge $
Minimum Fee $ 46
DCA Training Fee $
TOTAL FEE $

U.C.C. F120
(rev. 3/98)

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

Inspection Report

S 1044-86

Block: 1602

Lot: 12.01

Address: Mt. Benevolence Rd.

15) Add stone to driveway turnaround area (Driveway 9' wide) (by garage)

Owner:

Phone:

Type: Final CO

DATE: 5-15-87

one lot up hill from Old Tannery Rd. across road

Building Subcode:

Inspection		Type	Appn	Not Appn	Date
Footing					
Backfill					5-11-87
Framing					
Insulation		✓		✓	
Final					

Fire Subcode:

Inspection	Type	Appn	Not Appn	Date
New House				
Wood Stove				
Sprinkler				
Other				

Remarks:
1) Improper safety rails on rear deck.
2) Rust on chimney side from metal cap.
3) flatten shingles around roof vents. (all)
~~4) Curb on skylights?~~

Inspector:

13.) What is under family room area for vapor barrier

14) no catches on french doors, interior.

STILLWATER TOWNSHIP BUILDING DEPARTMENT
P.O. BOX 1
MIDDLEVILLE, NEW JERSEY 07855

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

CERT. NO. 5-1094-86
DATE ISSUED 6-10-87
Block 1602 Lot 12.01
Subdivision

IDENTIFICATION

Owner I
Addres
Tel
Work Site Address Mt. Benevolence Rd

Agent EHF Enterprises, Inc.
Address 20 Washington Ave.
Kearny, N.J.
Tel. (201) 997-7493
Lic. No. 10811
Federal Emp. No.

PAYMENTS

Fees Remitted $ -0-
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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.

B. ☐ 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.

C. ☐ 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:

D. DESCRIPTION OF WORK: New single family dwelling

USE GROUP R-4 FIRE GRADING 0 hrs.

MAXIMUM LIVE LOAD 30 PSF MAXIMUM OCCUPANCY LOAD Single family

SPECIFIC USE Residential

FINAL COST OF CONSTRUCTION: $ 80,000

CONSTRUCTION OFFICIAL

Date Issued 11-19-04
Control #
Permit # 03-180

CERTIFICATE

IDENTIFICATION

Block 1802 Lot 12.01
Work Site Location 941 Mt. Benevolence Road
Stillwater, NJ
Owner in Fee/Occupant
Address 941 Mt. Benevolence Road
Newton, NJ 07860
Tele.
Contractor Maltese Developers
Address 9 Brady Court
Sparta, NJ 07871
Tele. (973) 726-8956 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-5
Maximum Live Load
Construction Classification 5B
Maximum Occupancy Load
Description of Work/Use:

Winterized room and screened porch addition

☒ **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 _____.

Fee $ Paid
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL Alfred W. Ivany

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

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

STILLWATER TOWNSHIP
964 STILLWATER ROAD
NEWTON, NJ 07860

Date Issued 08/14/08
Control #
Permit # 08-142

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 1602 Lot 12.01 Qual
Work Site Location 941 MT. BENEVOLENCE RD
Owner in Fee/Occupant
Address
Telephone ( ) -
Contractor MARKSMEN ENTERPRISES, LLC
Address
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group U-
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

B
REMOVAL UST

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] 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 O'Connor
Construction Official

Fee $ 0
Paid [X] Check No. 2631
Collected by: RAB

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

STILLWATER TOWNSHIP
964 STILLWATER ROAD
NEWTON, NJ 07860

Date Issued 06/01/10
Control #
Permit # 10-38

file

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 1602 Lot 12.01 Qual
Work Site Location 941 MT. BENEVOLENCE RD

Owner in Fee/Occupant
Address 941 MT. BENEVOLENCE ROAD
NEWTON, NJ 07860-
Telephone
Contractor CASTELLANO CONTRACTING LLC
Address 40 RADCLIFF RD
SPARTA, NJ 07871-
Telephone (973)729-4901 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH00162500
Federal Emp. No. 22-2745872

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

VINYL SIDING

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] 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 _____, ____.

Frank O'Connor
Construction Official

Fee $ 0
Paid [X] Check No. 12038
Collected by: RAB

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

STILLWATER TOWNSHIP
964 STILLWATER ROAD
NEWTON, NJ 07860

Date Issued 02/15/12
Control #
Permit # 11-272

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1602 Lot 12.01 Qual
Work Site Location 941 MT. BENEVOLENCE RD

Owner in Fee/Occupant
Address 941 MT BENEVOLENCE ROAD
NEWTON, NJ 07860-
Telephone
Contractor HOMEOWNER
Address
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INSTALL PELLET STOVE

[ ] 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

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[ ] 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 O'Connor
Construction Official

Fee $ 0
Paid [X] Check No. 2476
Collected by: RAB

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

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

CERTIFICATE
IDENTIFICATION

Date Issued: 04/17/2018
Control #: 9724
Permit #: 20180044

Block: 1602 Lot :12.01
Work Site Location: 941 MT BENEVOLENCE RD
Stillwater
Owner in Fee:
Address: 941 MT BENEVOLENCE RD
NEWTON NJ 07860
Telephone:
Agent/Contractor: HART & ILIFF
Address: 4 HAMPTON ST. PO BOX 591
NEWTON NJ 07860
Telephone: 973 383-1421
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.: 22-1943020
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
ER HW BOILER REPLACEMENT

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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[X] **CERTIFICATE OF APPROVAL**

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[ ] **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 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

Fees: [illegible]
Paid[X]Check No.: 9842
Collected by: kw

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

CERTIFICATE
IDENTIFICATION

Date Issued: 04/25/2019
Control #: 9923
Permit #: 20180210

Block: 1602 Lot :12.01
Work Site Location: 941 MT BENEVOLENCE RD
Stillwater
Owner in Fee:
Address: 941 MT BENEVOLENCE RD
NEWTON NJ 07860
Telephone:
Agent/Contractor: HART & ILIFF
Address: 4 HAMPTON ST. PO BOX 591
NEWTON NJ 07860
Telephone: 973 383-1421
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.: 22-1943020
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: AC REPLACEMENT

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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[X] **CERTIFICATE OF APPROVAL**

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[ ] 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

Fees: $0.00
Paid[X]Check No.: 9923
Collected by: kw

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

CERTIFICATE
IDENTIFICATION

Date Issued: 09/29/2020
Control #: 10610
Permit #: 20200110

Block: 1602 Lot :12.01

Work Site Location: 941 MT BENEVOLENCE RD
Stillwater

Owner in Fee:

Address: 941 MT BENEVOLENCE RD
NEWTON NJ 07860

Telephone:

Agent/Contractor: ESPOSITO'S ELECTRIC

Address: 424 FRANKLIN AVENUE
DENVILLE NJ 07834

Telephone: 973 366-9902

Lic. No./ Bldrs. Reg.No.: 7507A Federal Emp. No.: 22-2927241

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
16 KW GENERATOR INSTALL

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

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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.

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RICHARD BIZIK Construction Official

Fees: $0.00
Paid[X]Check No.: 4086
Collected by: kw

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR