

B 35.05

5/11

95 Brook Hill Dr

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20110961

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H/O

My Green
Cupboard
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6



Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued 9/30/2011
Control Number C-15593
Permit Number 20110961
Permit Issue Date 5/13/2011
Certificate Number 20110961

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 95 BROOKHILL DRIVE Howell Township, NJ Block: 35.05 Lot: 29 Qual: _____
Owner in Fee: _____
Owner Address: 95 BROOKHILL DRIVE HOWELL NJ 07731
Telephone: _____
Contractor SHIRK POLE BUILDINGS
Address 111 EAST BLACK CREEK EAST EARLE PA 17519
Telephone: (717) 445-6888 Fax: _____
License Number or Builders Registration Number: 13VH02705800 Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: Type V

Maximum Live Load: 40 Maximum Occupancy Load: 0

Description of Work/Use: POLE BARN

Certificate Comments: 30' X 48'

☒ **Certificate of Occupancy**

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

☐ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$60.00
Check Number: 102
Collected By: Melissa Hadgkiss

BLOCK 35.05 LOT 29

QUALIFICATION CODE

ADDRESS (SITE)

95 Brook Hill Dr.

PERMIT NO.



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 95 Brook Hill Dr.
2. Name of Owner in Fee: [Redacted] Tel. [Redacted]
Address 95 Brook Hill Dr. Howell N.J. 07731
street municipality zip code
3. Ownership in Fee: Public ☐ Private ☐
4. Principal Contractor: Shirk Pole Buildings Tel. (717) 445-6888
Address 111 East Black Creek, East Earl, PA 17519
License No. OR, if new home Builder Reg. No. 13VH02705800 Exp. Date [Redacted]
Federal Employee [Redacted] FAX: (717) 445-3001
5. Architect or Engineer James A. Koppenhaver P.E. Tel. (717) 445-6888
Address 304 Logan Ave., Waukegan, IL 60087 Contact Leon
6. Responsible Person in Charge Work has Begun Leon
Tel. (717) 445-6888 FAX: (717) 445-3001

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>710-</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>70-</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1
2. Height of Structure 17'-8" ft.
3. Area — Largest Floor 1440 sq. ft.
4. New Building Area 1440 sq. ft.
5. Volume of New Structure 20,880 cu. ft.
6. Construction Classification VB
7. Total Land Area Disturbed 1440 sq. ft.
8. Flood Hazard Zone
9. Base Flood Elevation
10. Wetlands yes ☐ no ☐
11. Max. Live Load 40
12. Max. Occupancy Load N/A

(office use only)

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☒ New Building				<u>4-18-11</u>		<u>CG</u>	<u>5-10-11</u>		<u>CG</u>
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical					<u>4-21-11</u>	<u>[Signature]</u>			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE**A. RESIDENTIAL**

1. State Specific Use:
2. Use Group: V
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units Income-restricted
Before Construction [Redacted]
After Construction [Redacted]
Net Gain or Loss [Redacted]

B. NON-RESIDENTIAL

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☒ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____

Date

4-12-11

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

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

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

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

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

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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

HOWELL TOWNSHIP
PLAN REVIEW CHECK LIST

NAME [REDACTED] BLOCK 3505 LOT 29

ADDRESS 95 Brookhill Dr ZONING RELEASE _____

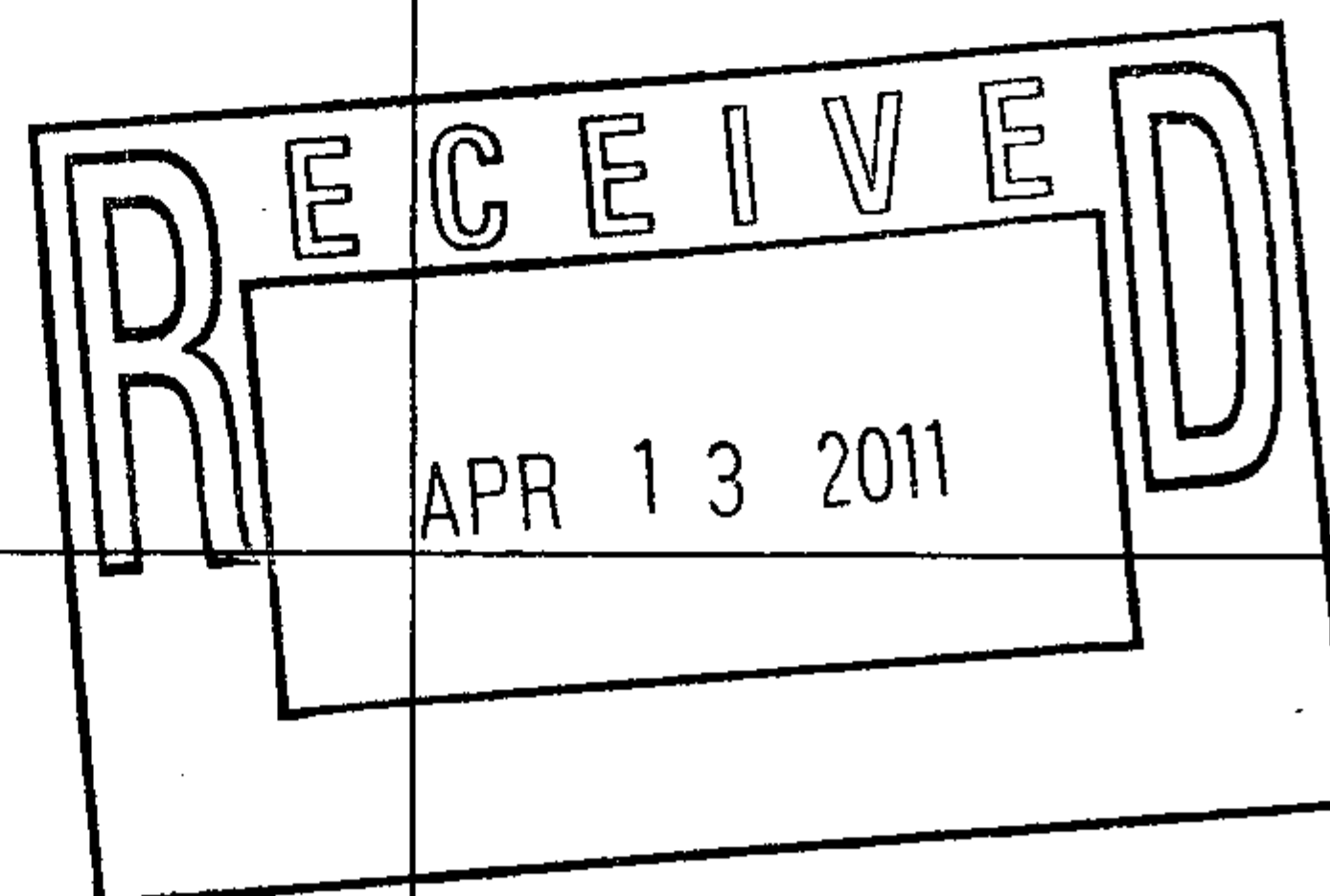
DATE SUBMITTED 4-13-11

Pole Barn

TYPE OF WORK _____

C15593

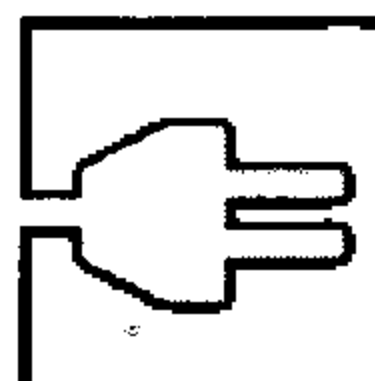
	REVIEWED BY	APPROVED	COMMENTS
FIRE			
BUILDING	4-18-11 CG 5-10-11 CG	NOT <u>OK</u>	
ELECTRICAL	4-21-11 <i>A</i>	<i>EW</i>	
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			



*Via Fax
4-26-11
9:12*



ELECTRICAL SUBCODE
TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

S-B-11
C15593
20/0961

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

Block 35.05 Lot 29 Qualification Code _____

Work Site Location 95 Brook Hill Dr.
Howell, N.J. 07731

Owner in Fee: _____

Te _____ e-mail _____

Address 95 Brook Hill Dr Howell N.J. 07731
street municipality zip code

Contractor: Owner Tel. _____

Address Same e-mail Same

Contractor License No. N/A Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A

Federal Emp. ID No. N/A FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed 4

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required		Type:	Failure	Approval	Initial
[] Partial Underslab Utilities Approved		Rough			
Date: _____	Approved by: _____	Barrier-Free			
[] Electric Plans Approved		Trench			
Date: _____	Approved by: _____	Temp. Serv.			
		Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>4-21-11</u>		Final			
Approved by: _____		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card			
[] CO [] CCO [] OA		Date Issued			
Date: <u>9-19-11</u>		Final Cut-in-Card			
Approved by: _____		Date Issued			
		Annual Pool Inspection			
		Date of Grounding and Bonding			
		Certification			

C. CERTIFICATION IN LIEU OF OATH

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

and Signature

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Cont'r ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

~~100~~ Install 100 Amp Sub Panel in New Pole Building w/4 lights, 12 receptacle, 1 switch

QTY.	SIZE	ITEMS
5	2 Amp	Lighting Fixtures
11	20 Amp	Receptacles
1	15	Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
TOTAL NUMBERS		
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
1	100	AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 75

Administrative Surcharge \$ 150
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

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y bar in panel

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 9/23/11 INSPECTION REQUESTED BY:

CASE NUMBER: B4L DEVELOPMENT

BLOCK: 35.05 LOT: 29 SECTION: 95 Bookhill DR

B O N D E D	A C C E P T A B L E	U N A C C E P T A B L E
----------------------------	--	--

1. STREET RIGHT-OF-WAY:

- POLE BARN only
- (a) Graded - Shoulder and/or Walk Area
 - (b) Curb
 - (c) Sidewalk
 - (d) Driveway Apron
 - (e) Drainage Facilities
 - (f) Pavement (Base or Wearing Surface)
 - (g) Construction Debris Removed

2. LIGHTING INSTALLED OPERATIONAL:

3. TRAFFIC CONTROL DEVICES:

- (a) Sign (s) Traffic Control
- (b) Sign (s) Street
- (c) Sign (s) Handicap
- (d) Marking (s) Pavement - Stop Lines
- (e) Fire Lane

4. SCREENING, FENCE (S) & LANDSCAPING:

- (a) Topsoil
- (b) Fertilizing & Seeding (Stabilized)
- (c) Shade Tree
- (d) Shrubs
- (e) Trash Screening
- (f) Screening (Fence or Plantings)

5. SOIL EROSION & SEDIMENT CONTROL:

- (a) Compliance - Certified Plan
- (b) Site Conditions - Field Observation

6. DRIVEWAY:

- (a) Surface Pavement
- (b) Base Pavement
- (c) Aggregate
- (d) Side Entry (min. 30' from garage including turnaround)

7. SITE GRADING:

- (a) As-built Grading Plan demonstrating positive drainage, and variation from approved plan.
- (b) Retaining Walls

8. GENERAL CLEANUP:

- (a) Lot
- (b) Adjoining buffer, open space, conservation area and, lots

RECOMMENDATION (S) AND/OR REQUIRED DOCUMENTATION:

- ☒ Meets Engineering requirements - recommend consideration for issuance of Certificate of Occupancy.
- ☐ Meets winter conditions see below for bonding requirements.
- ☐ Does not meet Engineering requirements recommend Certificate of Occupancy not be considered until site conforms.

COMMENTS:

POLE BARN & DRIVEWAY EXTENSION only

Acceptable

INSPECTOR

DATE

ENGINEER/STAFF



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

5-13-11
C15593
2010961

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

Block 35.05 Lot 29 Qualification Code _____

Work Site Location 95 Brook Hill Dr.
Howell, N.J.

Owner in Fee _____

Tel. _____ e-mail _____

Address 95 Brook Hill Dr. Howell N.J. 07731
street municipality zip code

Contractor: Shirk Pole Buildings Tel. (717) 445-6888

Address 111 East Black Creek, East Earl PA e-mail _____

Contractor License No. or Builder Registration No. 13VH02705800 Exp. Date 12/31/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (717) 445-3001

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of
_____ ke this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Pole Building
Concrete Floor

TYPE OF WORK:

- ☒ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☒ Other Concrete Floor
☐ Demolition

FEE (Office Use Only)

\$ 710-

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$ 70-

TOTAL FEE \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type:		Failure	Approval
☐	No Plans Required						
☒	All	<u>5-10-11</u>	<u>CG</u>	Footing		<u>5/23/11</u>	<u>5/24/11</u>
☐	Footing			Footing Bonding			
☐	Foundation			Foundation			
☐	Frame			Slab		<u>6/9/11</u>	<u>6/9/11</u>
☐	Other			Frame		<u>6/9/11</u>	<u>6/9/11</u>
Joint Plan Review Required:				Truss Sys./Bracing			
☒	Elec.			Barrier-Free			
☐	Plumb.			Insulation			
☐	Fire			Finishes - Base Layer			
☐	Elevator			Finishes - Final			
SUBCODE APPROVAL				Energy			
☒	CO			Mechanical			
☐	CCO			TCO			
☐	CA			Other			
Date: <u>8-19-11</u>				Final		<u>9/19/11</u>	<u>9/19/11</u>
Approved by: <u>[Signature]</u>				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present UB Proposed UB

Constr. Class Present _____ Proposed VB

No. of Stories 1

Height of Structure 17'-8" Ft.

Area — Largest Floor 1440 Sq. Ft.

New Bldg. Area/All Floors 1440 Sq. Ft.

Volume of New Structure 26880 Cu. Ft.

Total Land Area Disturbed 1440 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 18,765-

2. Rehabilitation \$ _____

3. Total (1+ 2) \$ 18,765-

U.C.C. F110
(rev. 7/06)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Reorder Action Print Solutions 800-298-1000

WATER IN HOLES

HAS STONE IN HOLES & PUMP ON SITE

1. Name of the person who reported the case	2. Address of the person who reported the case	3. Date of the report	4. Name of the person who investigated the case	5. Address of the person who investigated the case	6. Date of the investigation	7. Name of the person who prepared the report	8. Address of the person who prepared the report
9. Name of the person who received the report	10. Address of the person who received the report	11. Date of the receipt	12. Name of the person who investigated the case	13. Address of the person who investigated the case	14. Date of the investigation	15. Name of the person who prepared the report	16. Address of the person who prepared the report
17. Name of the person who received the report	18. Address of the person who received the report	19. Date of the receipt	20. Name of the person who investigated the case	21. Address of the person who investigated the case	22. Date of the investigation	23. Name of the person who prepared the report	24. Address of the person who prepared the report
25. Name of the person who received the report	26. Address of the person who received the report	27. Date of the receipt	28. Name of the person who investigated the case	29. Address of the person who investigated the case	30. Date of the investigation	31. Name of the person who prepared the report	32. Address of the person who prepared the report



CONSTRUCTION PERMIT

Date Issued 5-13-11
Permit # C15593
20/10961

IDENTIFICATION Block 35.05 Lot 29 Qualification Code _____
Work Site Location 95 Brook Hill Dr. Contractor SHirk Pole Buildings
Howell N.J. 07731 Address 111 East Black Creek East PA
Owner in Fee _____
Address 95 Brook Hill Dr. Tel. (717) 445-6888
Howell N.J. 07731 Lic. No. or Bldrs. Reg. No. 13VH02705800
Tel. _____

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER 11105
(Subchapter 8 only)

DESCRIPTION OF WORK:

New Pole Building, Concrete Floor & Electric

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 \$ 19,765.00

Construction Official

Date

5-13-11

PAYMENTS (Office Use Only)

Building 710-
Electrical 150
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 70-
Cert. of Occupancy 60
Other _____
Total 990
Check No. _____
Cash 102
Collected by (signature)

(see reverse side)

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

ACTION OFFICE SUPPLIES, INC (800) 298-1000

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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



CONSTRUCTION PERMIT

Date Issued 5/13/2011
Control # C-15593
Permit # 20110961

IDENTIFICATION Block: 35.05 Lot: 29 Qualifier _____
Work Site Location: 95 BROOKHILL DRIVE Howell Township, NJ Contractor SHIRK POLE BUILDINGS
Address 111 EAST BLACK CREEK EAST EARLE PA 17519
Owner in Fee _____ Telephone: (717) 445-6888
95 BROOKHILL DRIVE HOWELL NJ 07731 Lic. No. or Bldrs. Reg. No. 13VH02705800
Telephone: _____ Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

POLE BARN

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 \$19,665

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$710
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$70
CO Fee	\$60.00
Other	\$0
Total	\$990
Check No.	102
Cash	\$0
Credit	\$0
Collected By	Melissa Hadgkiss

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

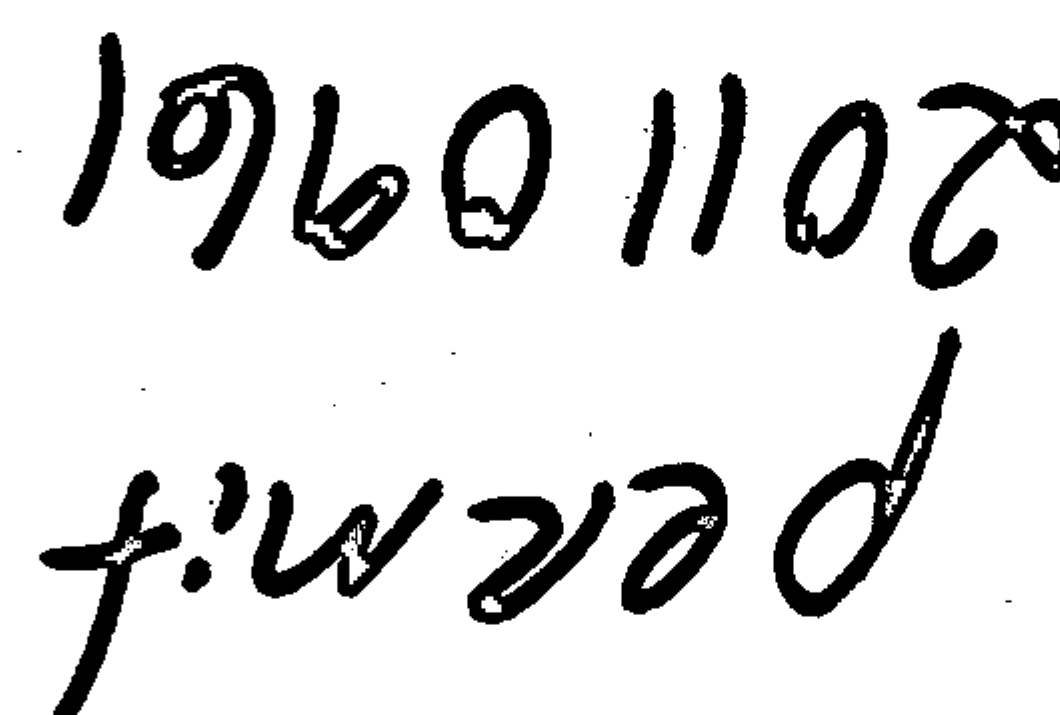
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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



FLOOR PLAN

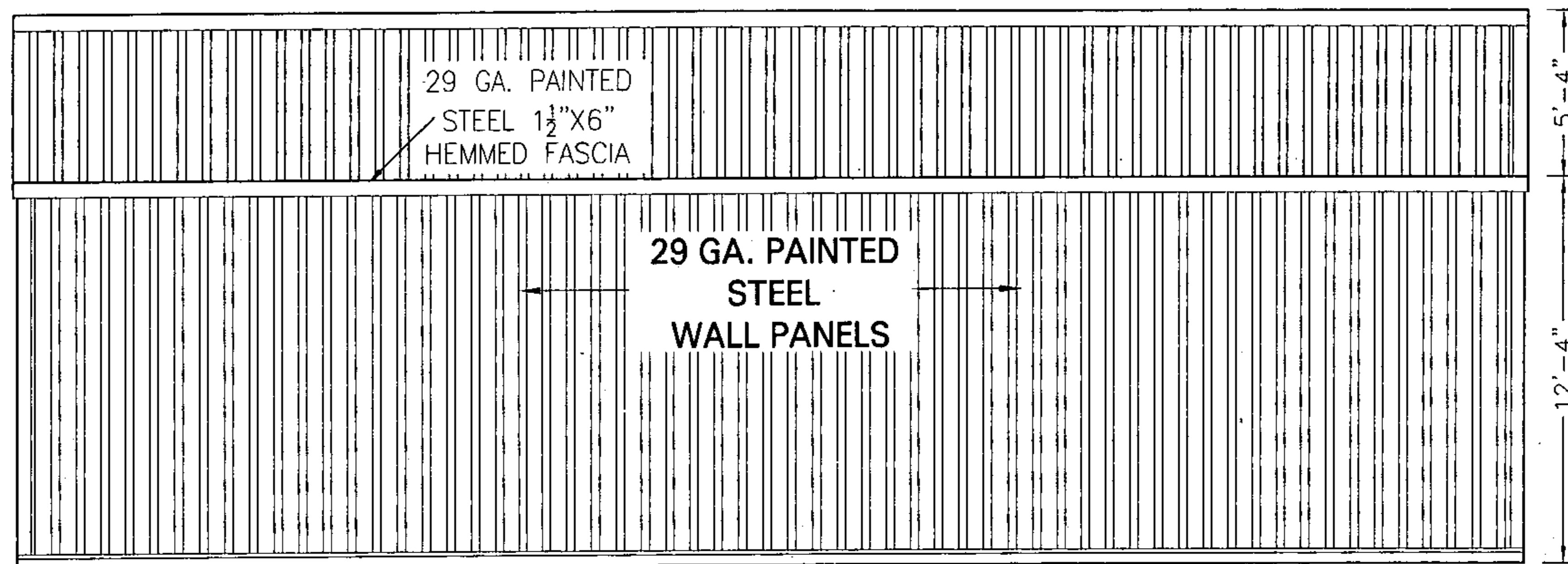
SCALE: 3/16" = 1'0"

A circular professional engineer seal for the State of New Jersey. The outer ring contains the text "STATE OF NEW JERSEY" at the top and "PROFESSIONAL ENGINEER" at the bottom. Inside the ring, the name "JAMES A." is visible on the left, followed by a large, stylized signature in the center, and the license number "10-000000000" on the right. The seal appears to be a stamp or print on a document.

A

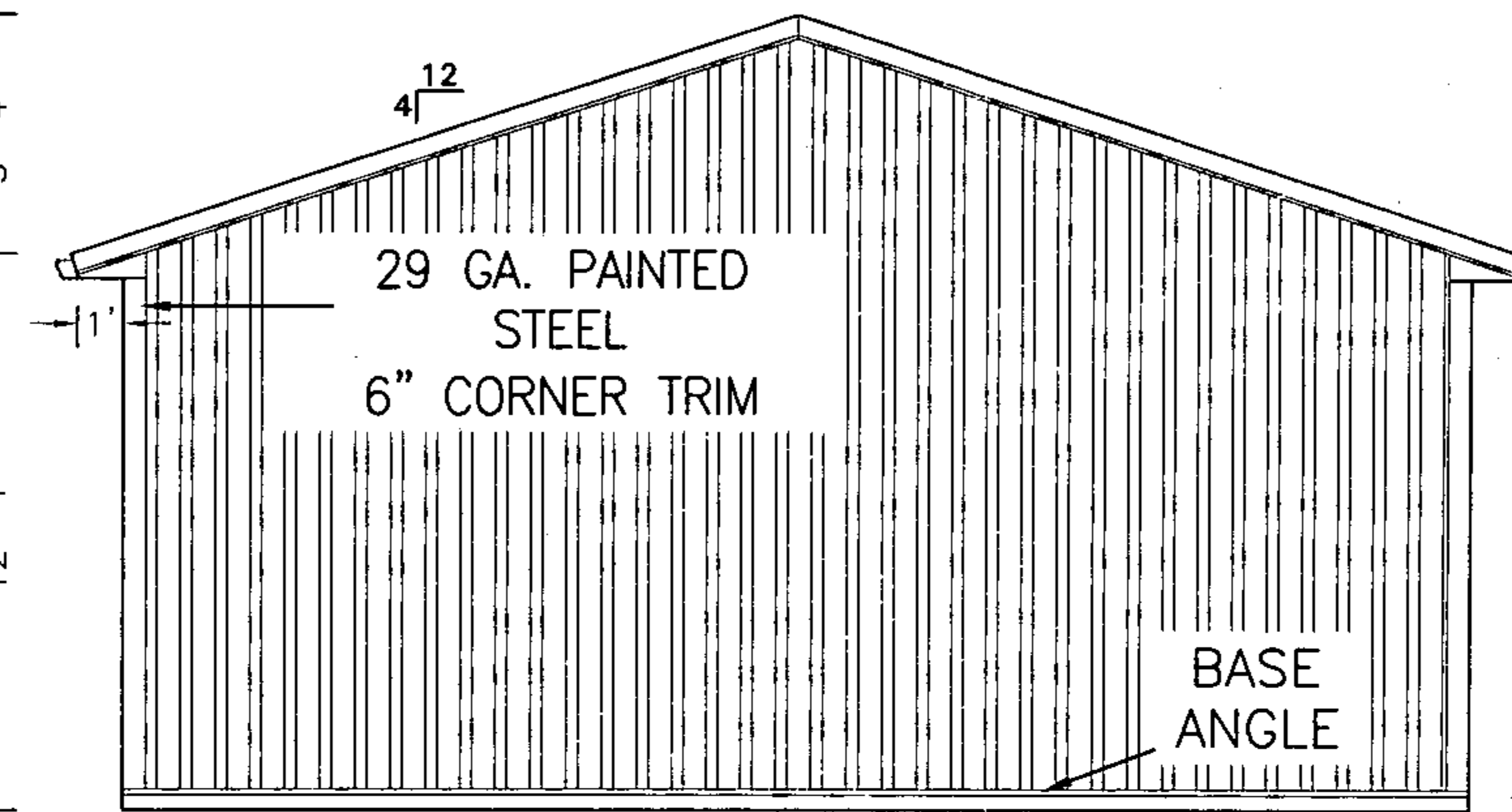
FILE COPY

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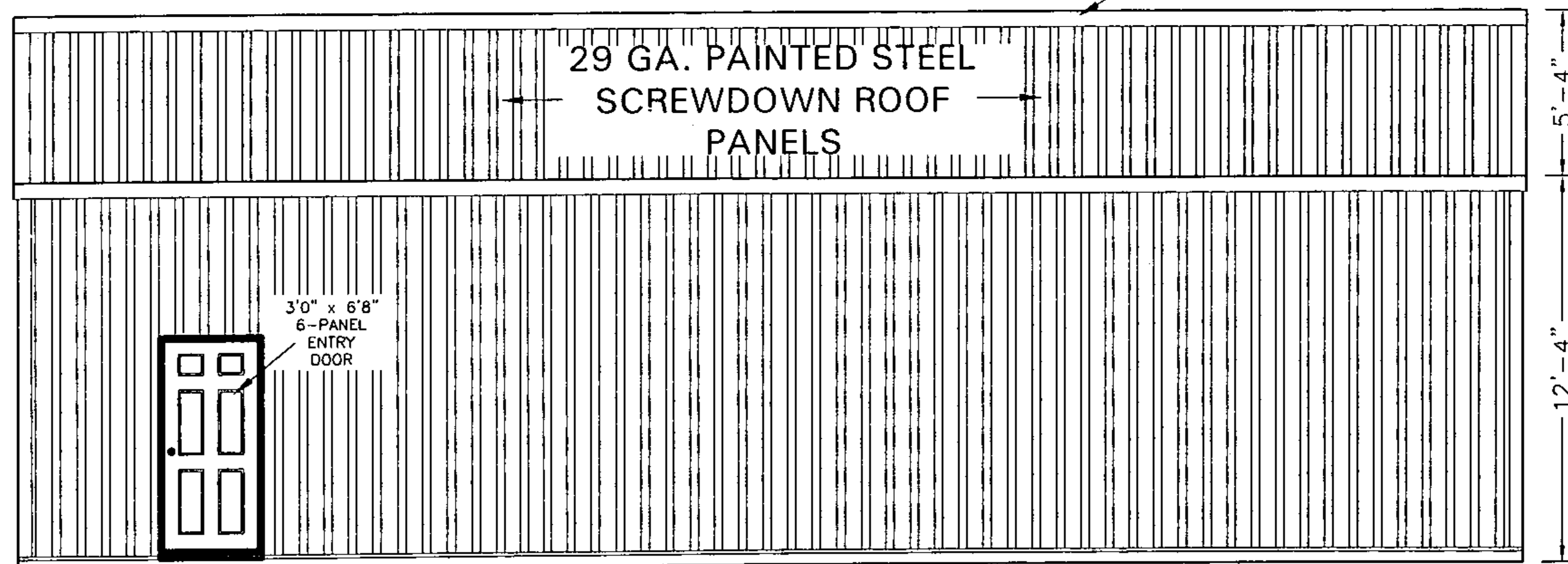
BACK SIDEWALL

SCALE: 1/8" = 1'0"



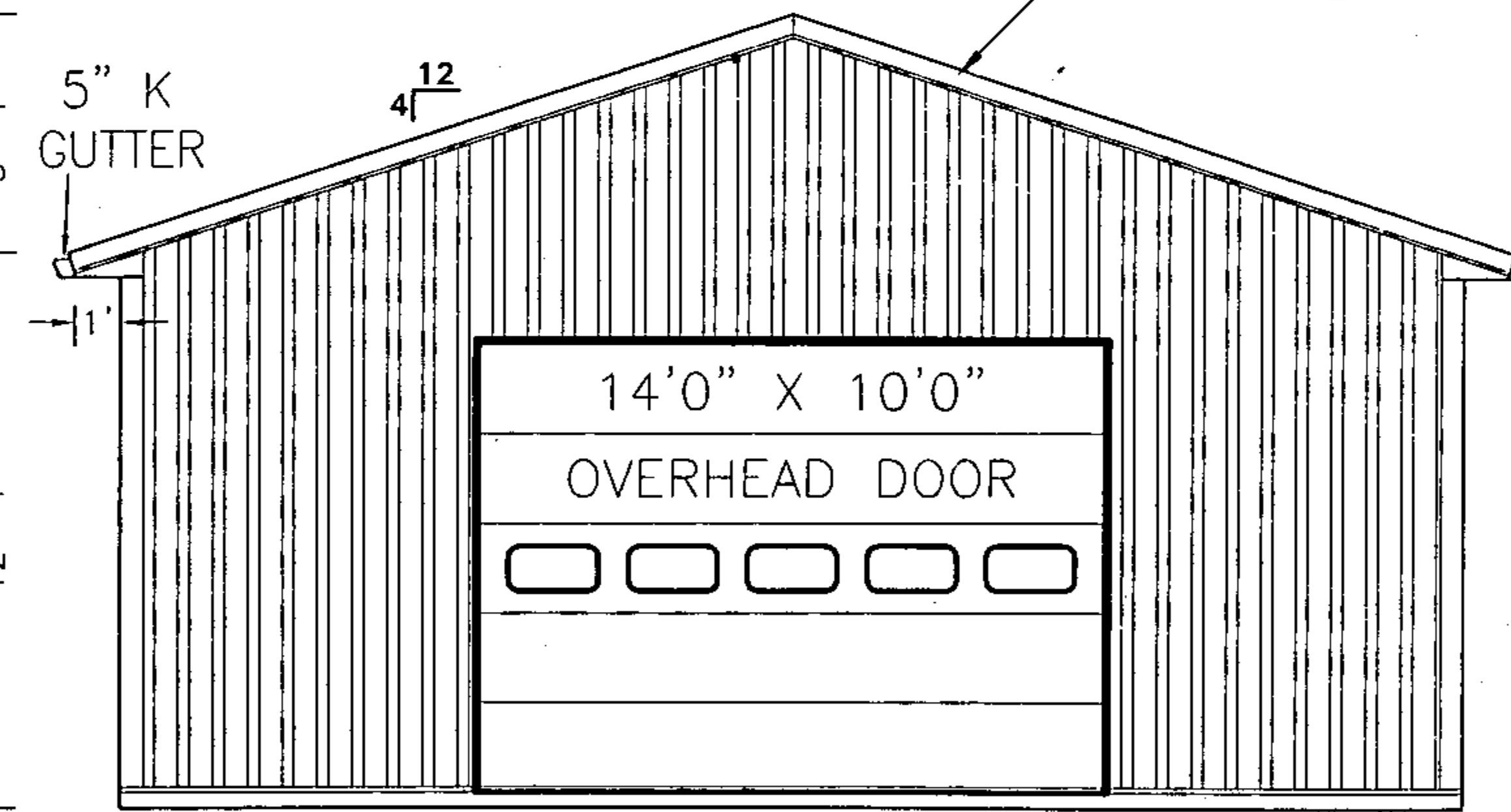
RIGHT ENDWALL

SCALE: 1/8" = 1'0"



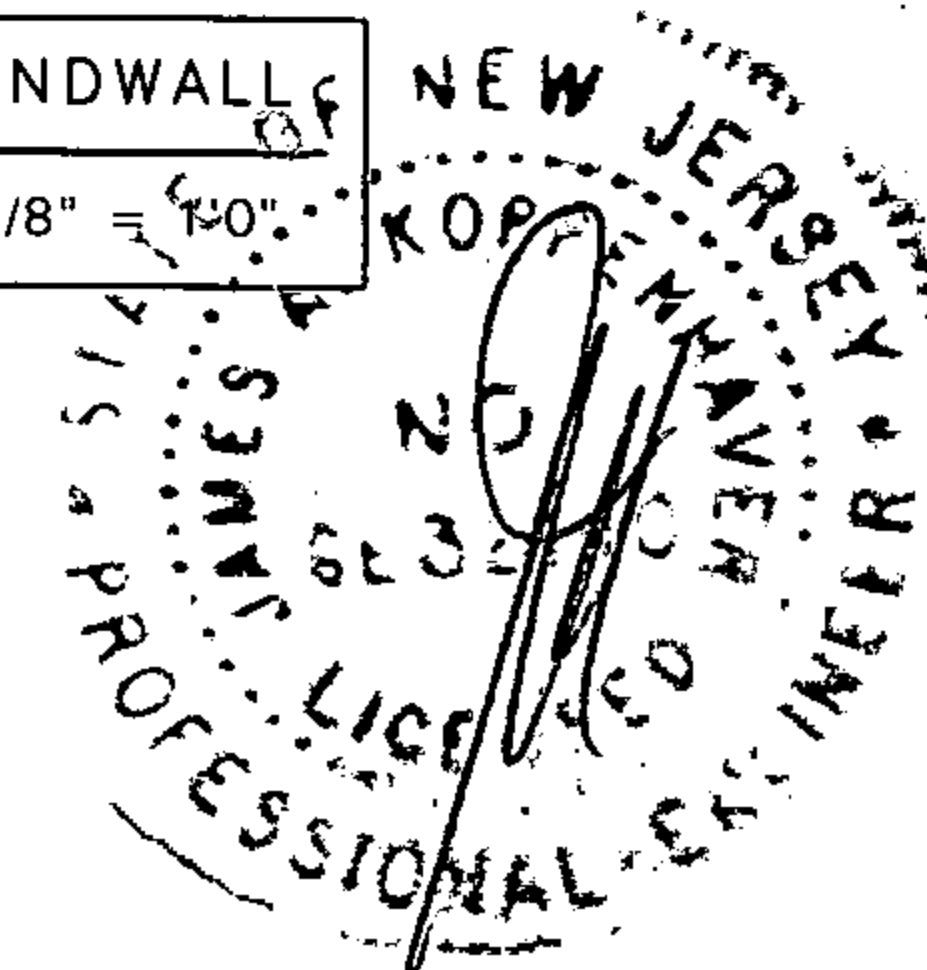
FRONT SIDEWALL

SCALE: 1/8" = 1'0"



LEFT ENDWALL

SCALE: 1/8" = 1'0"



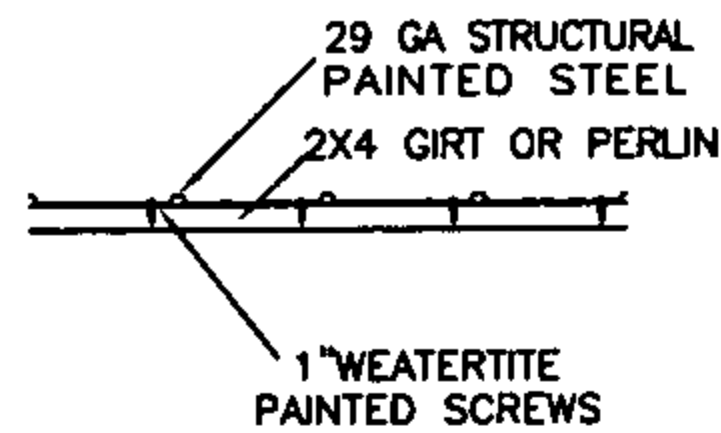
DESIGN
James A. Koppenhaver, P.E.
304 Logan Ave
Wyomissing, PA 19610

OWNER
95 BROOK HILL DRIVE
HOWELL, NJ 07731

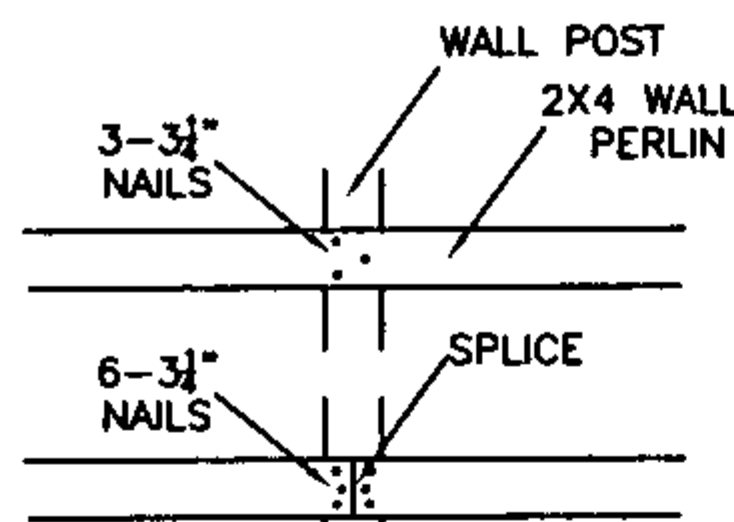
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DRAWN BY: ALS
REVIEW:
REVISIONS:
DATE: 3/21/11
SITE: ANDERTON
ELEVATIONS

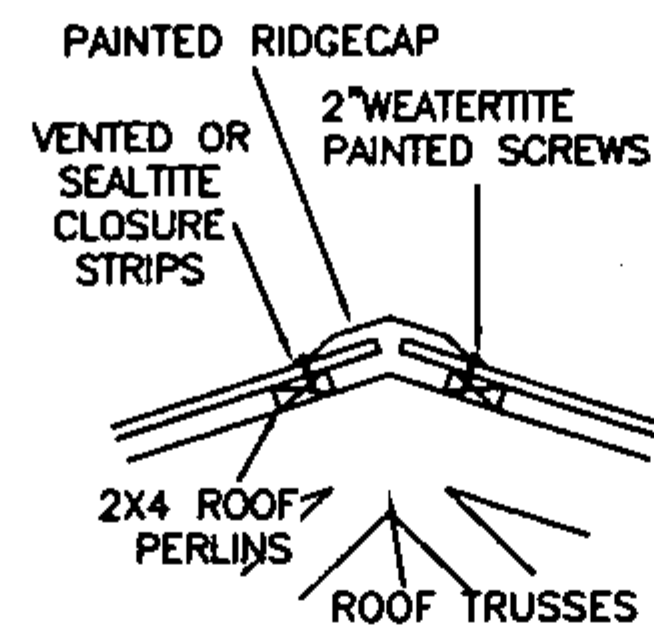
A. 2



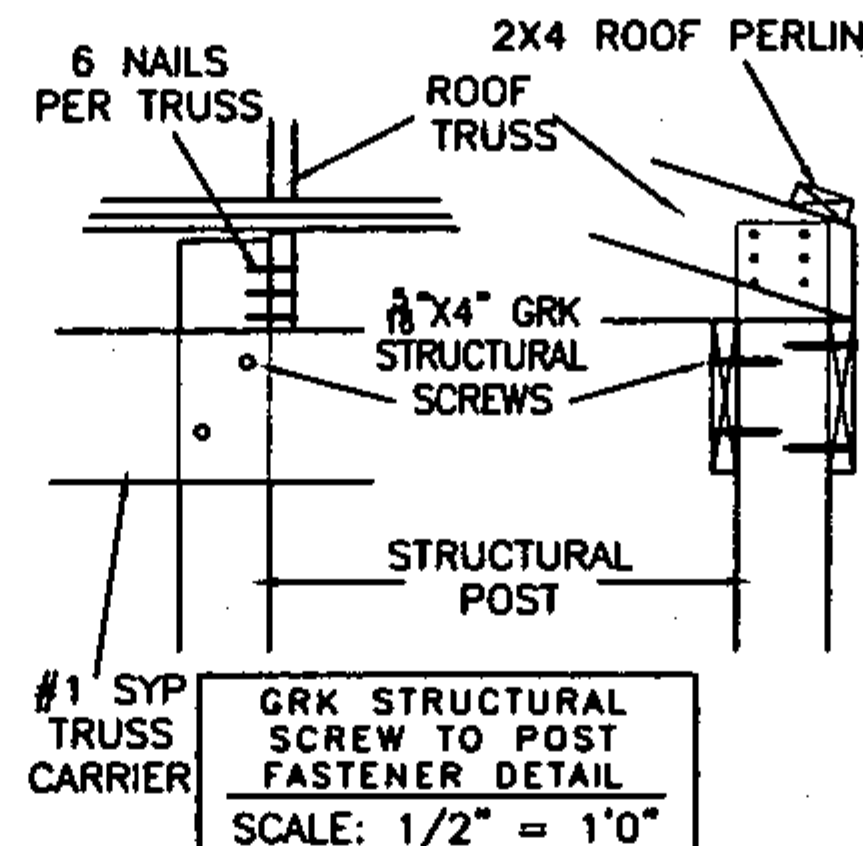
METAL SIDING & ROOFING FASTENERS
SCALE: 1/2" = 1'0"



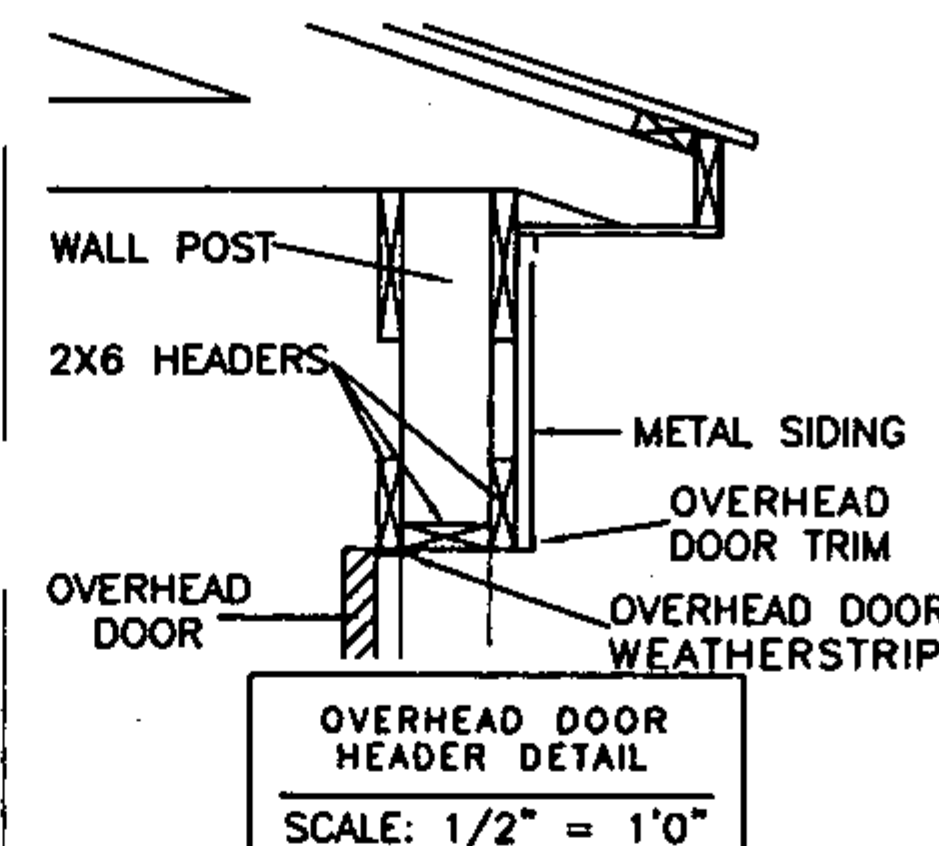
SIDEWALL PERLIN
SCALE: 1/2" = 1'0"



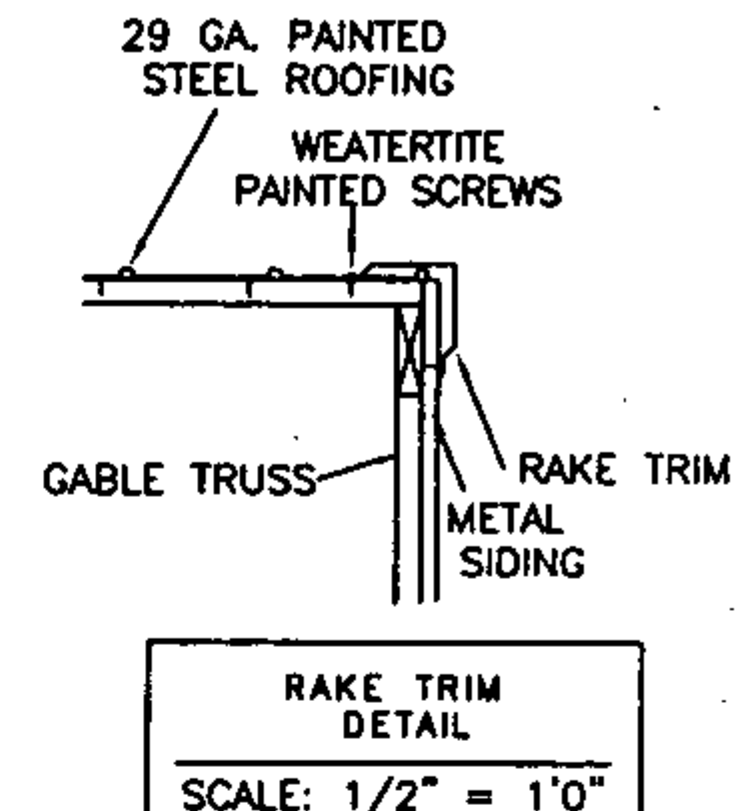
12" RIDGE CAP
SCALE: 1/2" = 1'0"



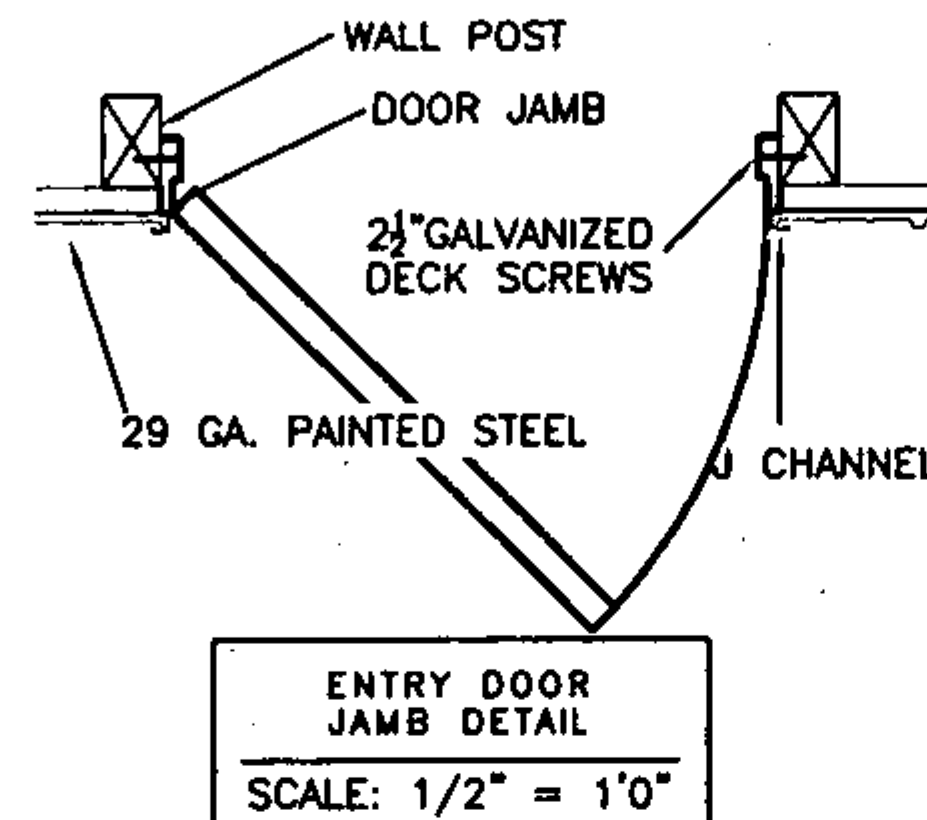
GRK STRUCTURAL SCREW TO POST
SCALE: 1/2" = 1'0"



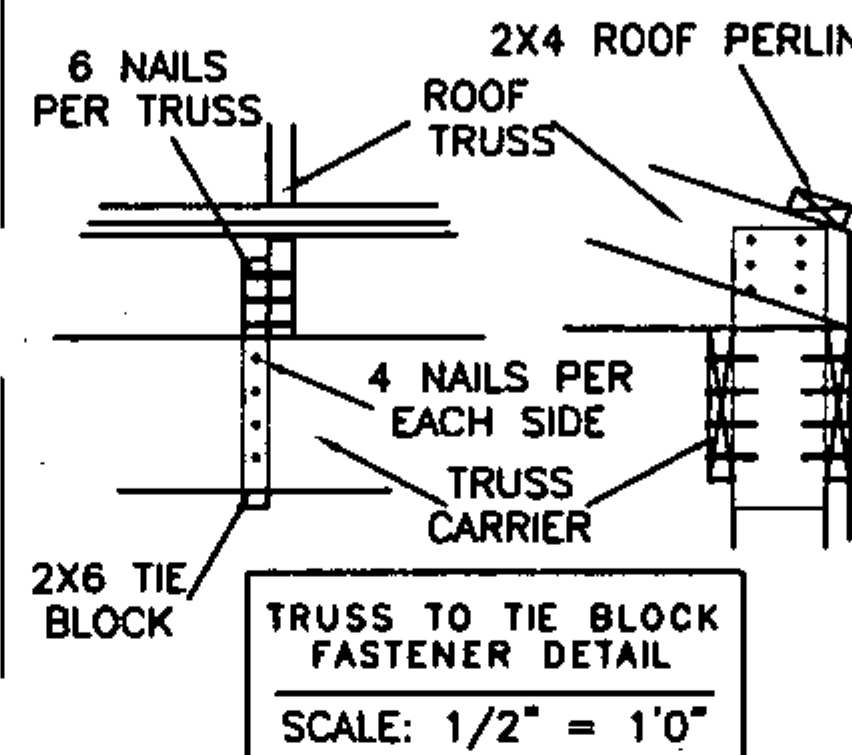
OVERHEAD DOOR
SCALE: 1/2" = 1'0"



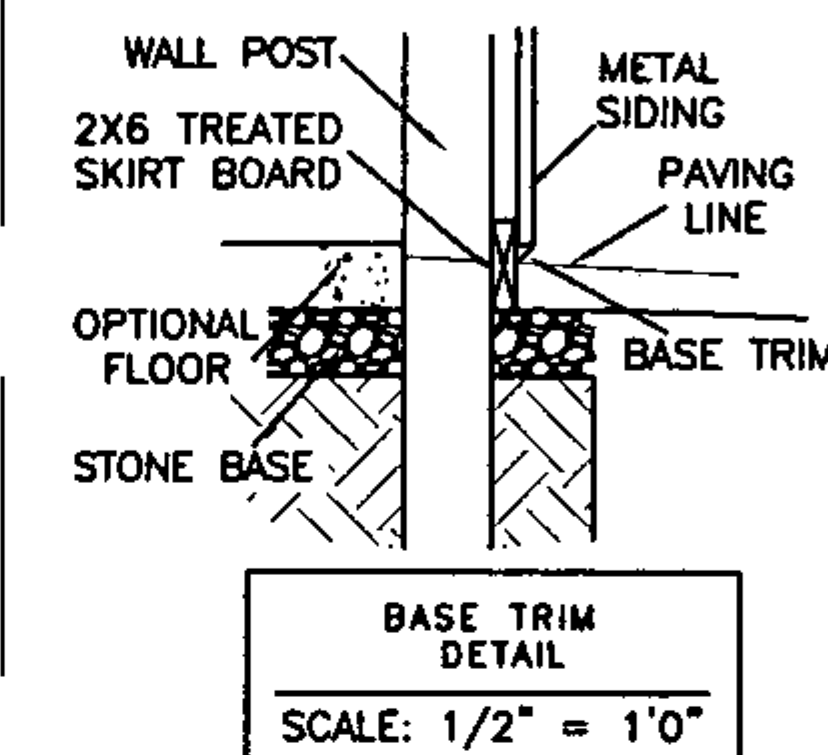
RAKE TRIM
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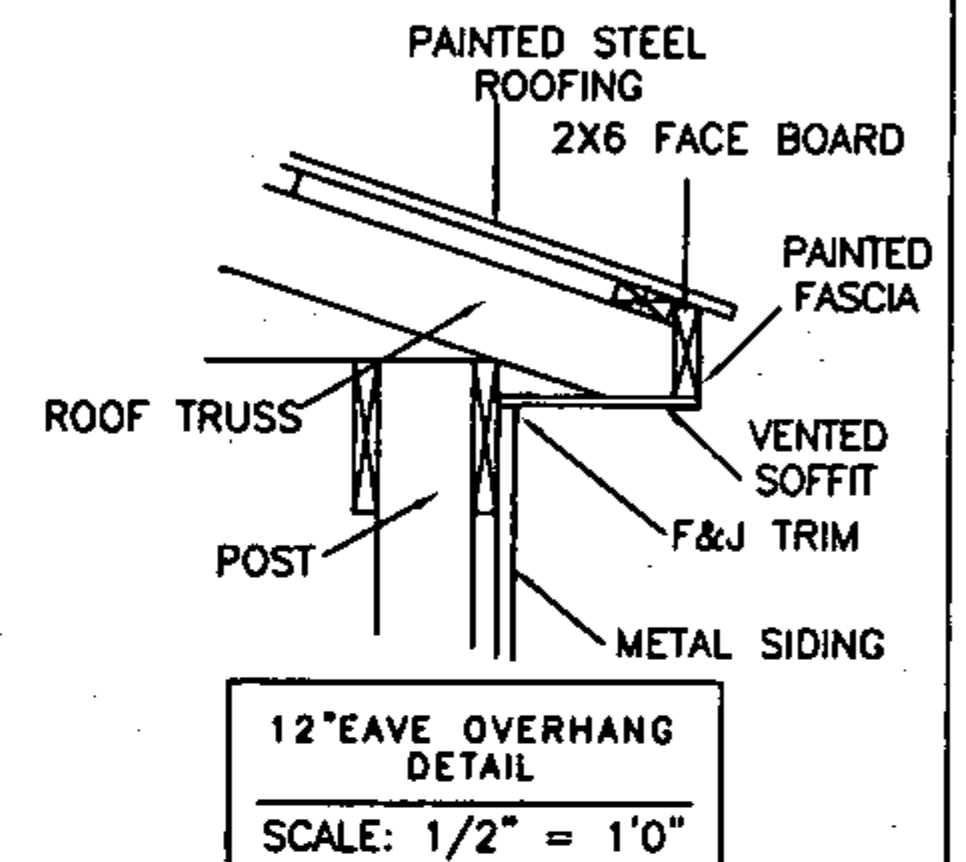
ENTRY DOOR
SCALE: 1/2" = 1'0"



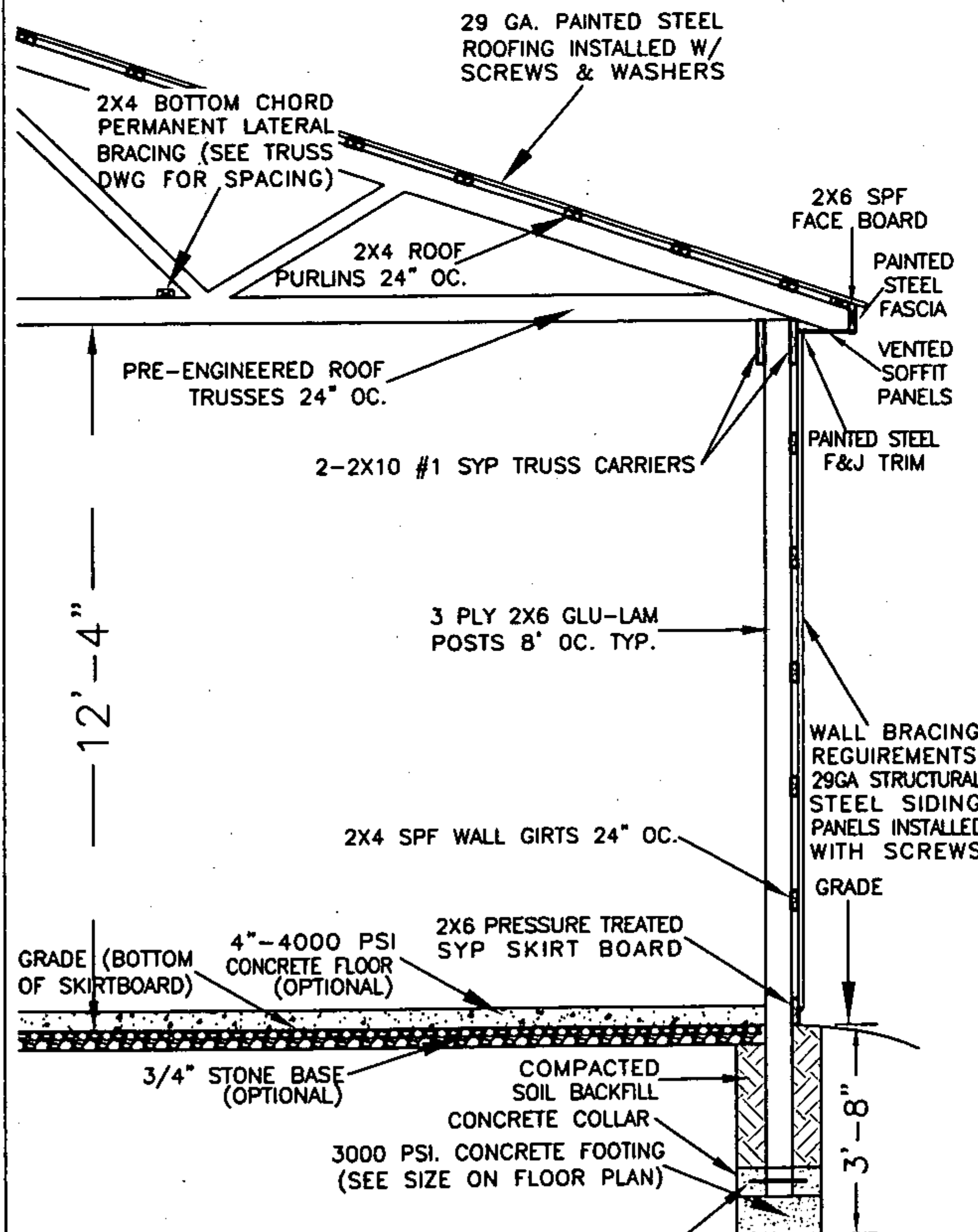
TRUSS TO TIE BLOCK
SCALE: 1/2" = 1'0"



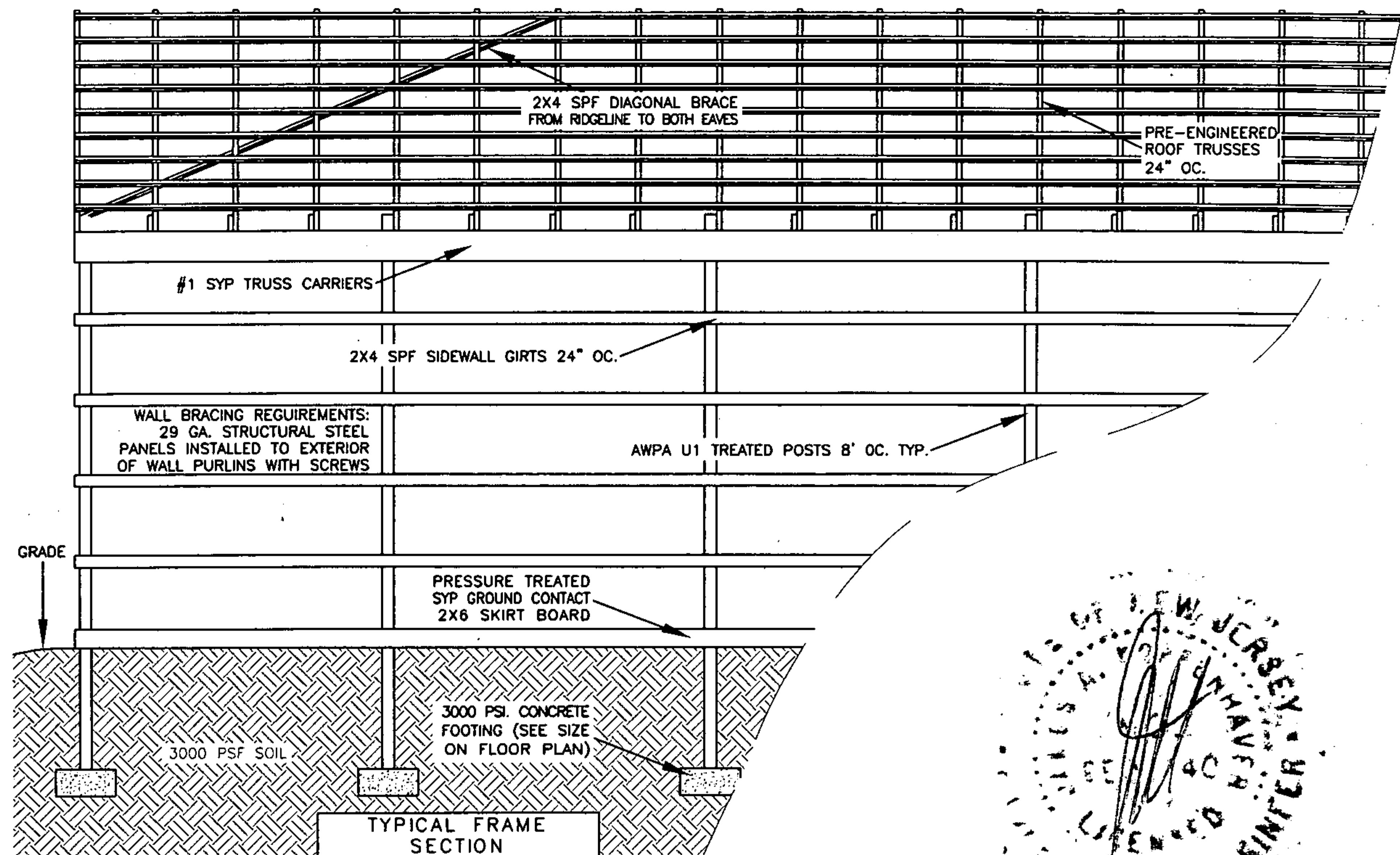
BASE TRIM
SCALE: 1/2" = 1'0"



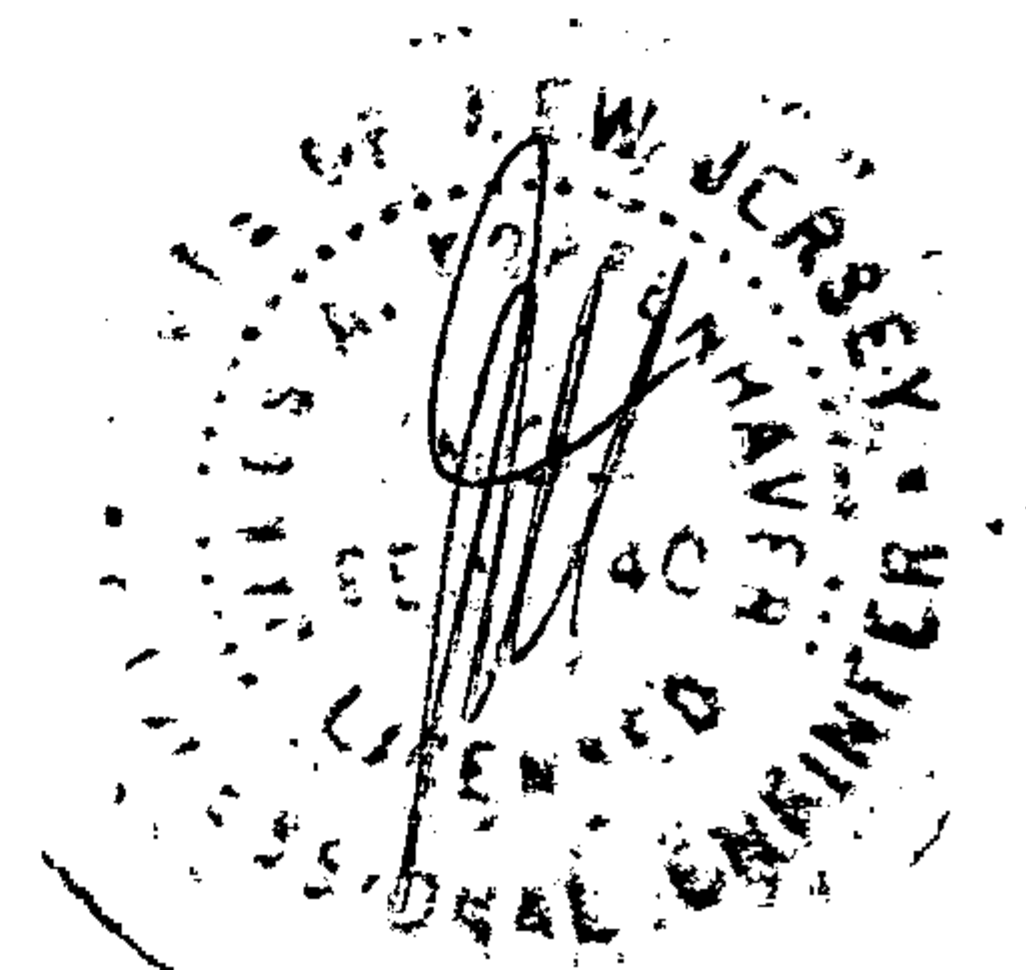
12" EAVE OVERHANG
SCALE: 1/2" = 1'0"



TYPICAL FRAME
SECTION
(ENDWALL VIEW)
SCALE: 1/4" = 1'0"



TYPICAL FRAME
SECTION
(SIDEWALL VIEW)
SCALE: 1/4" = 1'0"



DESIGN
James A. Koppenhaver, P.E.
304 Logan Ave
Wyomissing, PA 19610

OWNER
95 BROOK HILL DRIVE
HOWELL, NJ 07731

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DRAWN BY: ALS
REVIEW:
REVISIONS:
DATE: 3/21/11
SITE: ANDERTON
SECTIONS

A.3

BUILDING DESIGN NOTES AND DETAILS

A4.1 EXCAVATION

FOOTINGS SHALL BE CIRCULAR (UNLESS NOTED OTHERWISE) AUGERED TO THE DEPTH AND DIAMETER SPECIFIED, WITH ALL LOOSE FILL REMOVED BEFORE CONCRETE FOOTING MATERIAL IS PLACED.

A4.2 FOOTINGS

STANDARD DEPTH FOR FOOTING EXCAVATION IS 44" FROM FINISH FLOOR HEIGHT. FOOTINGS SHALL BE A MINIMUM OF 36" DEPTH FOR FROST PROTECTION OR; LOCAL BUILDING CODE DEPTH REQUIREMENTS FOR FROST PROTECTION WILL BE FOLLOWED. DRY MIX CONCRETE HYDRATED IN-SITU WILL BE USED UNLESS OTHERWISE SPECIFIED.

A4.3 FRAMING

LUMBER FOR SIDEWALL GIRTS AND PERLINS SHALL BE #2 SPRUCE OR COMPARABLE.

LUMBER FOR SKIRTBOARD, POSTS AND BEAMS SHALL BE #2 OR BETTER SOUTHERN YELLOW PINE.

TIMBER VALUES FOR 3 PLY 2X6 GLU-LAM :FB=2150, FC=2050

LUMBER FOR TRUSS CARRIERS SHALL BE #1 OR BETTER SOUTHERN YELLOW PINE.

ALL GROUND CONTACT LUMBER SHALL BE TREATED TO AWPA U1 (COMMODITY SPECIFICATION A, USE CATEGORY 4B AND SECTION 5.2) .60 ACQ OR CCA MINIMUM AND SHALL BEAR AN ACCREDITED LABEL USING #1 OR BETTER SOUTHERN YELLOW PINE.

A4.4 ROOF TRUSSES

ROOF TRUSSES SHALL BE PRE-ENGINEERED. GROUND SNOW LOAD, DRIFT LOAD, COLLATERAL LOAD, AND WIND LOAD ARE TO BE IN ACCORDANCE WITH LOCAL BUILDING CODE REQUIREMENTS. TRUSS ERECTION AND BRACING SHALL BE DONE ACCORDING TO MANUFACTURERS SPECIFICATIONS. BOTTOM CHORD OF TRUSS SHALL HAVE PERMANENT LATERAL BRACING AT MAXIMUM SPACING OF 120" OC. OR AS REQUIRED PER TRUSS DESIGN. THE DESIGN PROFESSIONAL OF RECORD HAS REVIEWED THE PRE-ENGINEERED TRUSS DRAWINGS AND THEY COMPLY WITH THE STRUCTURAL DESIGN REQUIREMENTS.

A4.5 ROOF TRUSS UPLIFT AND LATERAL CONNECTIONS

PRIMARY ROOF TRUSSES SHALL BE CONNECTED TO THE SIDE OF THE STRUCTURAL POSTS AND INTERMEDIATE ROOF TRUSSES SHALL BE CONNECTED TO THE STRUCTURAL HEADER WITH UPLIFT BLOCKS WITH A SUFFICIENT NUMBER OF FACE NAILS TO OFFSET THE WIND UPLIFT FACTOR AND LATERAL LOADS NOTED ON THE ROOF TRUSS DRAWING IN ACCORDANCE WITH IBC SECTION 2304.9.1, 2308.10.1, AND 2308.10.6

A4.6 FASTENERS AND FRAMING CONNECTIONS

ALL FRAMING CONNECTIONS SHALL BE OF A SIZE AND DESIGN TO MEET DESIGN LOADS SPECIFIED. NAILS USED IN .60 ACQ/CCA TREATED WOOD SHALL BE 12D HOT DIPPED GALVANIZED; ASTM A 153 PLATED 1.2 MIL SCREWS, AND A 65 CLASS G 185 HARDWARE. THE MINIMUM AMOUNT OF 12D NAILS IN 2X4 ROOF PERLINS IS 2. THE MINIMUM AMOUNT OF 12D NAILS IN 2X4 WALL GIRTS IS 3. THE MINIMUM # OF 12D NAILS IN 1 1/2" STRUCTURAL TIMBER IS 1 PER 1/2" BOARD WIDTH. TRUSS CARRIER CONNECTION TO POST: 5/16"x4" GRK RSS STRUCTURAL SCREWS. SCREW VALUES; SHEAR STRENGTH=1328 LB, TENSILE STRENGTH=139,000 PSI, PULLOUT=2644 LBS, HEAD PULL THROUGH=825 LBS, MIN. BENDING ANGLE=35°

A4.7 METAL SIDING AND ROOFING

METAL SIDING AND ROOFING SHALL BE INSTALLED WITH #9 WOODGRIP, 1/4" HEX HEAD, METAL AND RUBBER WASHERED GALVANIZED COLOR MATCHING SCREWS OF SUFFICIENT LENGTH TO PENETRATE THE WOOD TO A DEPTH OF 1". METAL SIDING AND ROOFING SHALL BE WARRANTED #1 GRADE COORUGATED 29 GAUGE PAINTED STEEL PANELS GALVANIZED TO A MINIMUM OF G-100. METAL SIDING AND ROOFING SHALL BE TRIMMED WITH CORRECT FLASHINGS AT EXPOSED EDGES, ROOF ENDS, CORNERS, DOORS, WINDOWS AND RIDGES, EXCEPT; BOTTOM EDGE OF STANDARD ROOFING MATERIALS.

A4.8 CONCRETE FLOOR (OPTIONAL)

FIBER REINFORCED 4000 PSI CONCRETE SLAB ON GRADE OVER COMPACTED BASE. SLAB WILL BE POURED AGAINST SKIRTBOARD WITH NO TURN DOWN.

A4.9 STRUCTURAL DESIGN PARAMETERS

BUILDING USE = STORAGE

USE GROUP = U

EXPOSURE CATEGORY = C

HEIGHT & AREA LIMITATIONS = 5B UNPROTECTED

OCCUPANCY LOAD = AS PER DESIGN

TOTAL NUMBER OF FLOORS = 1

TOTAL FLOOR AREA (SQ FT) = 1440

BUILDING VOLUME (CU FT) = 20880

STRUCTURE IS DESIGNED FOR A MAXIMUM WIND LOAD OF 110 MPH (3 SECOND GUST), AND 100 MPH (10 SECOND GUST) UNLESS NOTED OTHERWISE.

SOIL BEARING CALCULATIONS ARE BASED ON SOIL BASE CONDITION 3000 PSF @48" BELOW GRADE UNLESS NOTED OTHERWISE.

30 PSF(LIVE) MIN.SNOW; 5 PSF TOP CHORD & 5 PSF BOTTOM CHORD LOADS.

A4.10 APPLICABLE BUILDING CODES

THESE PLANS ARE DESIGNED IN ACCORDANCE WITH THE FOLLOWING BUILDING CODES:

2009 IRC CODE

2009 IBC CODE NJ EDITION (N.J.A.C. 5:23-3.14)

2009 IBC CODE

A4.11 DESIGN CRITERIA: THIS BUILDING HAS BEEN DESIGNED WITH ONE OR MORE OF THE FOLLOWING REFERENCES =

AMERICAN FOREST & PAPER ASSOCIATION (WFCM, AND NDS FOR WOOD CONSTRUCTION)

SOUTHERN PINE COUNCIL (JOISTS & RAFTERS/ HEADERS & BEAMS)

THE AMERICAN INSTITUTE OF TIMBER CONSTRUCTION (AITC 117-93 AND 2/98 ADDENDUM)

SOUTHERN BUILDING CODE CONGRESS (SSTD10)

MINIMUM DESIGN LOADS FOR BUILDINGS AND OTHER STRUCTURES (ASCE-7)

GEORGIA PACIFIC ENGINEERED LUMBER (EDITION VII)

A4.12 WARRANTY NOTES

ANY DESIGN MODIFICATION OR ANY STRUCTURAL MODIFICATION BEFORE, DURING, OR AFTER CONSTRUCTION TO BUILDING BY ANY PERSON(S) OR COMPANY OTHER THAN WORK PERFORMED OR APPROVED BY SHIRK POLE BUILDINGS LLC WILL VOID ANY AND ALL WARRANTIES PROVIDED BY MANUFACTURERS AND/OR SHIRK POLE BUILDINGS LLC.

SUCH DESIGN MODIFICATIONS AND/OR STRUCTURAL MODIFICATIONS INCLUDE:

DRILLING, REMOVING, CUTTING, SAWING, SPLINTERING OR DAMAGING ANY STRUCTURAL MEMBERS INCLUDING FOOTINGS, POSTS, GIRTS, BEAMS, TRUSSES, PERLINS, PANELS, WINDOWS, DOORS, NAILS, SCREWS, AND BOLTS.

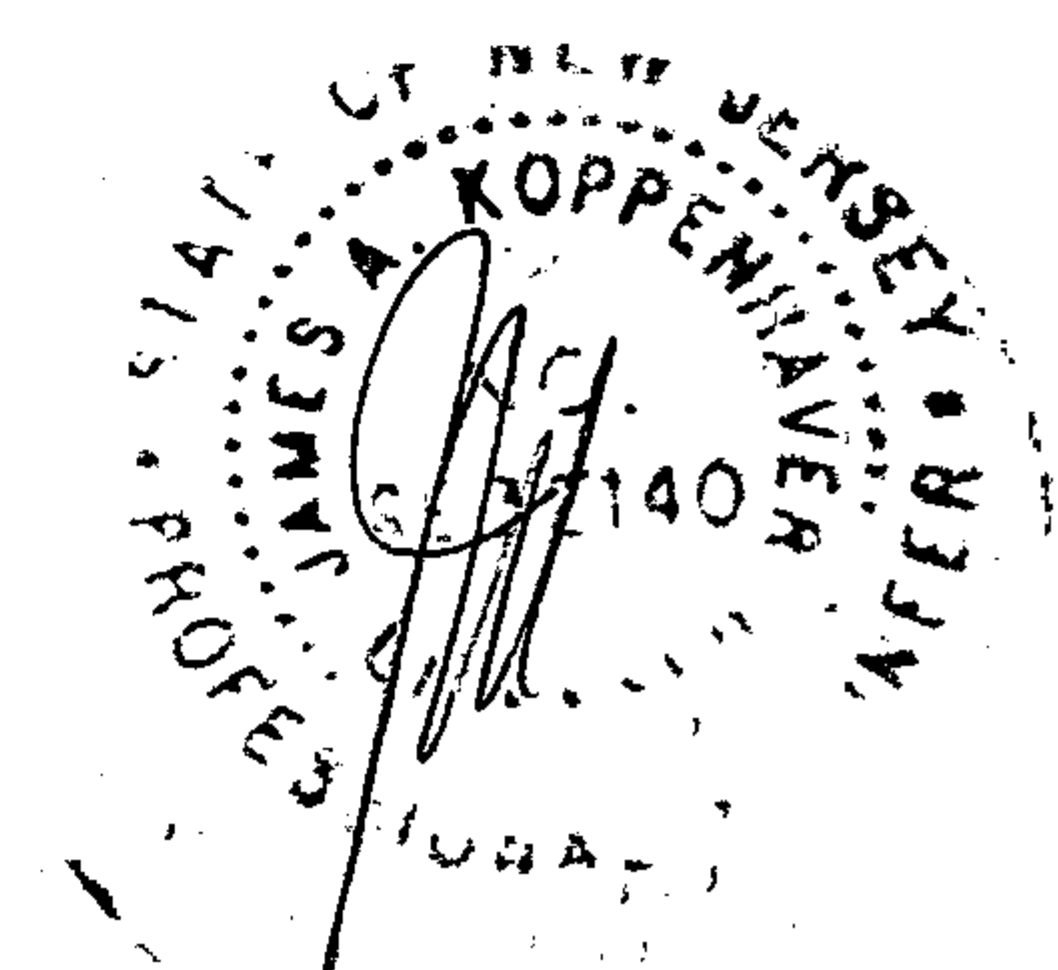
SUCH DESIGN MODIFICATIONS AND/OR STRUCTURAL MODIFICATIONS ALSO INCLUDE:

ADDING ADDITONS, SNOW DRIFT LOAD FROM ADDITIONS, LEAN-TO'S, ATTIC STORAGE, CHAIN HOISTS, OPENINGS, SKYLIGHTS, ROOF VENTS, AND LOUVERS.

SHIRK POLE BUILDINGS LLC WILL NOT BE LIABLE FOR ANY FAILURES RESULTING FROM THOSE MODIFICATIONS LISTED ABOVE, OR FROM ANY OTHER MODIFICATIONS NOT APPROVED BY A CERTIFIED ENGINEER.

A4.13 CONTRACTOR LICENSING

NJ 13VH02705800 VALID 10/20/2010 TO 12/31/2011



DESIGN
James A. Koppenhaver, P.E.
304 Logan Ave
Wyomissing, PA 19610

OWNER

95 BROOK HILL DRIVE
HOWELL, NJ 07731

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DRAWN BY: ALS

REVIEW:

REVISIONS:

DATE: 3/21/11

SITE: ANDERTON

DETAILS

A. 4

Top chord 2x4 SPF 2100f-1.8E
Bot chord 2x4 SPF 2100f-1.8E
Webs 2x4 SPF Stud :W2, W3 2x4 SPF #1/#2:

Roof overhang supports 2.00 psf soffit load.

In lieu of structural panels or rigid ceiling use purlins:
CHORD SPACING(IN OC) START(FT) END(FT)
BC 111 0.15 29.85

Deflection meets L/240 live and L/180 total load. Creep increase factor for dead load is 1.50.

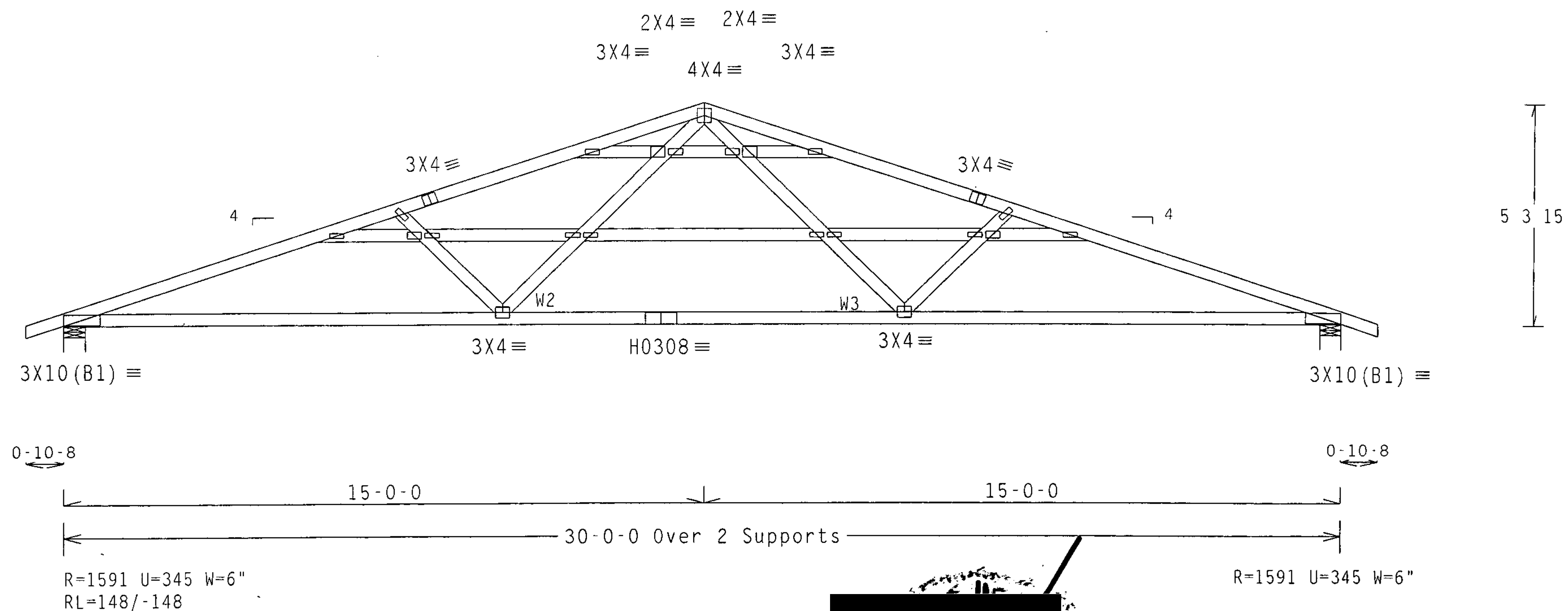
110 mph wind, 15.00 ft mean hgt, ASCE 7-05, CLOSED bldg, Located anywhere in roof, CAT II, EXP C, wind TC DL=5.0 psf, wind BC DL 5.0 psf.

Wind reactions based on MWFRS pressures.

Truss passed check for 20 psf additional bottom chord live load in areas with 42"-high x 24"-wide clearance.

Bottom chord checked for 10.00 psf non-concurrent bottom chord live load applied per IRC-06 section 301.5.

Truss designed for unbalanced snow load, based on Pf=Pg=30.00 psf.



Note: All Plates Are 1.5X4 Except As Shown.
Design Crit: IRC2006/TPI-2002(STD)
PLT TYP. 20 Gauge HS, Wave FT/RT=10%(0%)/5(0) 9.0



****WARNING**** TRUSSES REQUIRE EXTREME CARE IN FABRICATION, HANDLING, SHIPPING, INSTALLING AND BRACING. REFER TO BCSI (BUILDING COMPONENT SAFETY INFORMATION), PUBLISHED BY TPI (TRUSS PLATE INSTITUTE, 218 NORTH LEE STREET, SUITE 312, ALEXANDRIA, VA, 22314) AND WTC (WOOD TRUSS COUNCIL OF AMERICA, 6300 ENTERPRISE LANE, MADISON, WI 53719) FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE INDICATED TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING.

****IMPORTANT**** FURNISH A COPY OF THIS DESIGN TO THE INSTALLATION CONTRACTOR. ITW BUILDING COMPONENTS GROUP, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN; ANY FAILURE TO BUILD THE TRUSS IN CONFORMANCE WITH TPI OR FABRICATING, HANDLING, SHIPPING, INSTALLING A BRACING OF TRUSSES. DESIGN CONFORMS WITH APPLICABLE PROVISIONS OF NDS (NATIONAL DESIGN SPEC. BY AF&PA) AND TPI. ALPINE CONNECTOR PLATES ARE MADE OF 20/18/16GA (W.H/SS/K) ASTM A653 GRADE 40/60 (W, K/H,SS) GALV. STEEL. APPLY PLATES TO EACH FACE OF TRUSS AND, UNLESS OTHERWISE LOCATED ON THIS DESIGN, POSITION PER DRAWINGS 160A-7. ANY INSPECTION OF PLATES FOLLOWED BY (1) SHALL BE PER ANNEX A3 OF TPI-2002 SEC.3. A SEAL ON THIS DRAWING INDICATES ACCEPTANCE OF PROFESSIONAL ENGINEERING RESPONSIBILITY SOLELY FOR THE TRUSS COMPONENT DESIGN SHOWN. THE SUITABILITY AND USE OF THIS COMPONENT FOR ANY BUILDING IS THE RESPONSIBILITY OF THE BUILDING DESIGNER PER ANSI/TPI 1 SEC. 2.

Scott L. Schurwan
P/E. #: GE-27707
Apr 26, 2011
ENGINEER

TY: 2. NJ/6/1/-/-/R/F		Scale = .25"/Ft.
TC LL	30.0 PSF	REF R6697- 64846
TC DL	10.0 PSF	DATE 04/26/11
BC DL	10.0 PSF	DRW MOUSR6697 11116026
BC LL	0.0 PSF	MO-ENG CAT/SLS
TOT.LD.	50.0 PSF	SEQN- 270430
DUR.FAC.	1.15	
SPACING	24.0"	JREF- 1UBF6697Z12

http://www.alpine.com/Third/IN Truss ref/USA/03076007E001E48695787E00070E00

Top chord 2x4 SPF 2100f-1.8E
Bot chord 2x4 SPF 2100f-1.8E
Webs 2x4 SPF Stud

Roof overhang supports 2.00 psf soffit load.

In lieu of structural panels or rigid ceiling use purlins:
CHORD SPACING(IN OC) START(FT) END(FT)
BC 112 0.15 29.85

Deflection meets L/240 live and L/180 total load. Creep increase factor for dead load is 1.50.

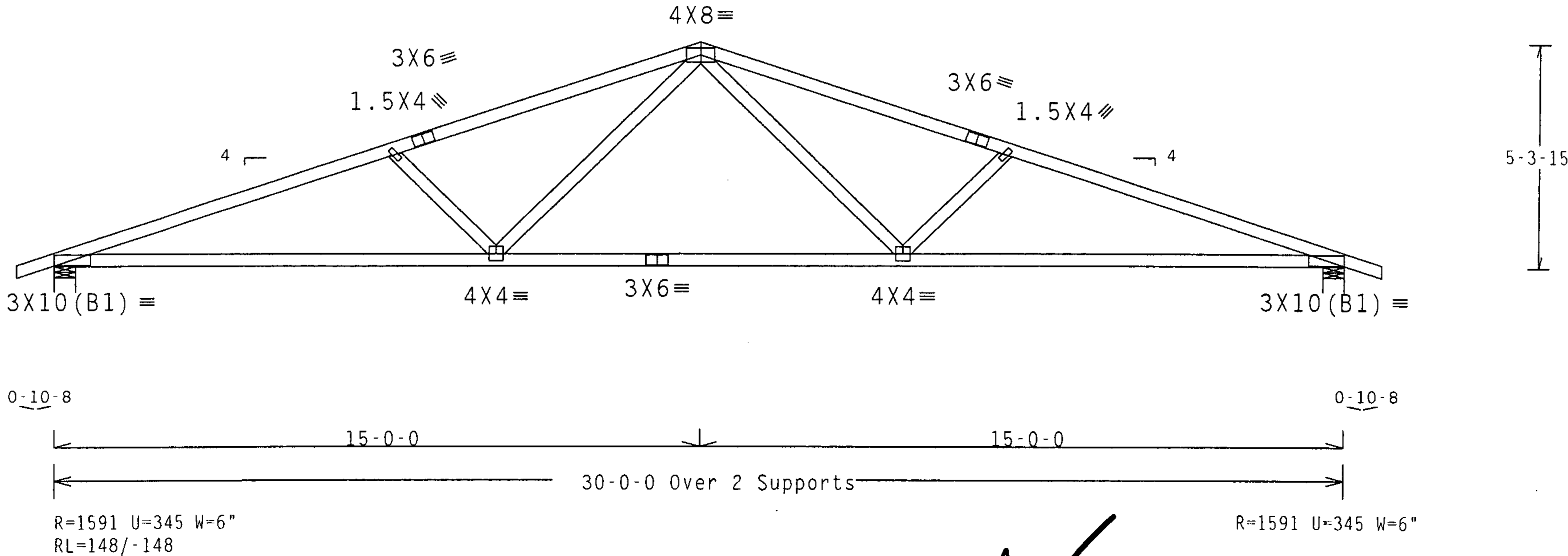
110 mph wind, 15.00 ft mean hgt, ASCE 7-05, CLOSED bldg, Located anywhere in roof, CAT II, EXP C, wind TC DL=5.0 psf, wind BC DL=5.0 psf.

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Truss designed for unbalanced snow load, based on Pf=Pg=30.00 psf.



PLT TYP. Wave

Design Crit: IRC2006/TPI-2002(STD)
FT/RT=10%(0%)/5(0)

9.05.

QTY:13 NJ/6/1/-/-/R/-

Scale =.25"/Ft.

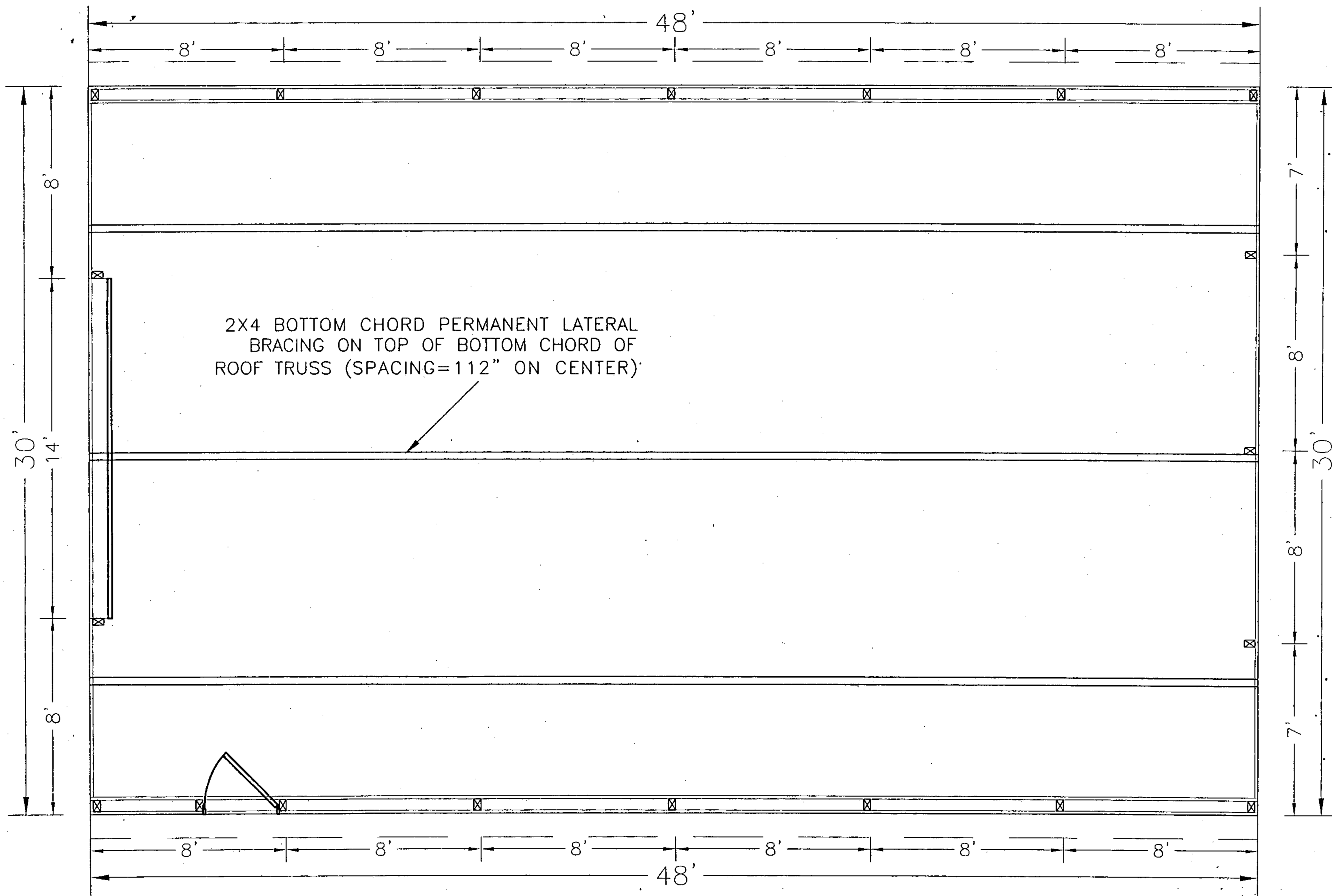


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SEAL
S. L. Schurwan
P.E. # GE-27707
EX-27707
1981

TC LL	30.0 PSF	REF R6697- 83455
TC DL	10.0 PSF	DATE 03/22/11
BC DL	10.0 PSF	DRW MOUSR6697 11081005
BC LL	0.0 PSF	MO-ENG SL/SL
TOT.LD.	50.0 PSF	SEQN- 257023
DUR.FAC.	1.15	
SPACING	24.0"	JREF- 1UAG6697Z02



PERMANENT
LATERAL BRACING
SCALE: 3/16" = 1'0"



BUILDER
SHIRK
POLE BUILDINGS LLC
111 EAST BLACK CREEK EAST EARL, PA 17519
717-445-6888 FAX 717-445-3001

DESIGN
James A. Koppenhaver, P.E.
304 Logan Ave.
Wyomissing, PA 19610

OWNER
[REDACTED]
95 BROOK HILL DRIVE
HOWELL, NJ 07731

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TO VERIFY ALL DIMENSIONS
BEFORE CONSTRUCTION

DRAWN BY:	ALS
REVIEW:	
REVISIONS:	
DATE:	3/21/11
SITE:	ANDERTON
FRAMING DETAILS	

A.5



Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731
(732) 938-4500

Subcode Official Review

To: 95 BROOKHILL DRIVE HOWELL, NJ 07731 CC:

RE: Building Subcode
Block: 35.05 Lot: 29 Qual:
95 BROOKHILL DRIVE
Permit Number: Control Number: C-15593
Last Submit Date: Wednesday, April 13, 2011

Date: Monday, April 18, 2011

Dea [REDACTED]

The following comments were made during the Plan Review process:

- ☒ 1. Need specific gable end truss drawing. (sealed)
- ☒ 2. Need 2 sealed copies of truss drawings.)
- ☒ 3. Need permanent lateral truss bracing plan designed by building designer not truss company. (2 copies)

Sincerely,

A handwritten signature in cursive script, appearing to read "Charles Gimbel", written over a horizontal line.

Charles Gimbel, Subcode Official

FILE COPY

100-100000

CA-20

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Shirk Pole Buildings
111 E. Black Creek
East Earl, PA 17519

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/20/2010 TO 12/31/2011

VALID

13VH02705800
LICENSE REGISTRATION CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Shirk Pole Buildings
Home Improvement Contractor

NOT AN ELECTRICIAN'S
10/20/2010 TO 12/31/2011

VALID

13VH02705800

License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

David Claudia Malik
Howell NJ 07731

15553

CA-20

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Shirk Pole Buildings
[REDACTED]
111 E. Black Creek
East Earl PA 17519

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/20/2010 TO 12/31/2011
VALID

13VH02705800

LICENSE/REGISTRATION/CERTIFICATION #

[REDACTED]
Signature of Licensee/Registrant/Certificate Holder

[REDACTED]
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
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Shirk Pole Buildings
Home Improvement Contractor

NOT AN ELECTRICIAN'S
10/20/2010 TO 12/31/2011

VALID

13VH02705800

License/Registration/Certificate #

SIGNATURE

ACTING DIRECTOR

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PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Block 35.05 Lot 29

95 Brook Hill Dr
Howell.

1 100AMP

Square D 40 panel

4 Fluorescent lights 2 Amp

9 20AMP outlets

2 20AMP GFI

2 20AMP Breaker

1 15 Amp Breaker

1 100AMP Breaker

1 8' 5/8 Galv Rod

300' #3 THHN

150' #4 THHN

150' #6 THHN

75' 14-2 THHN

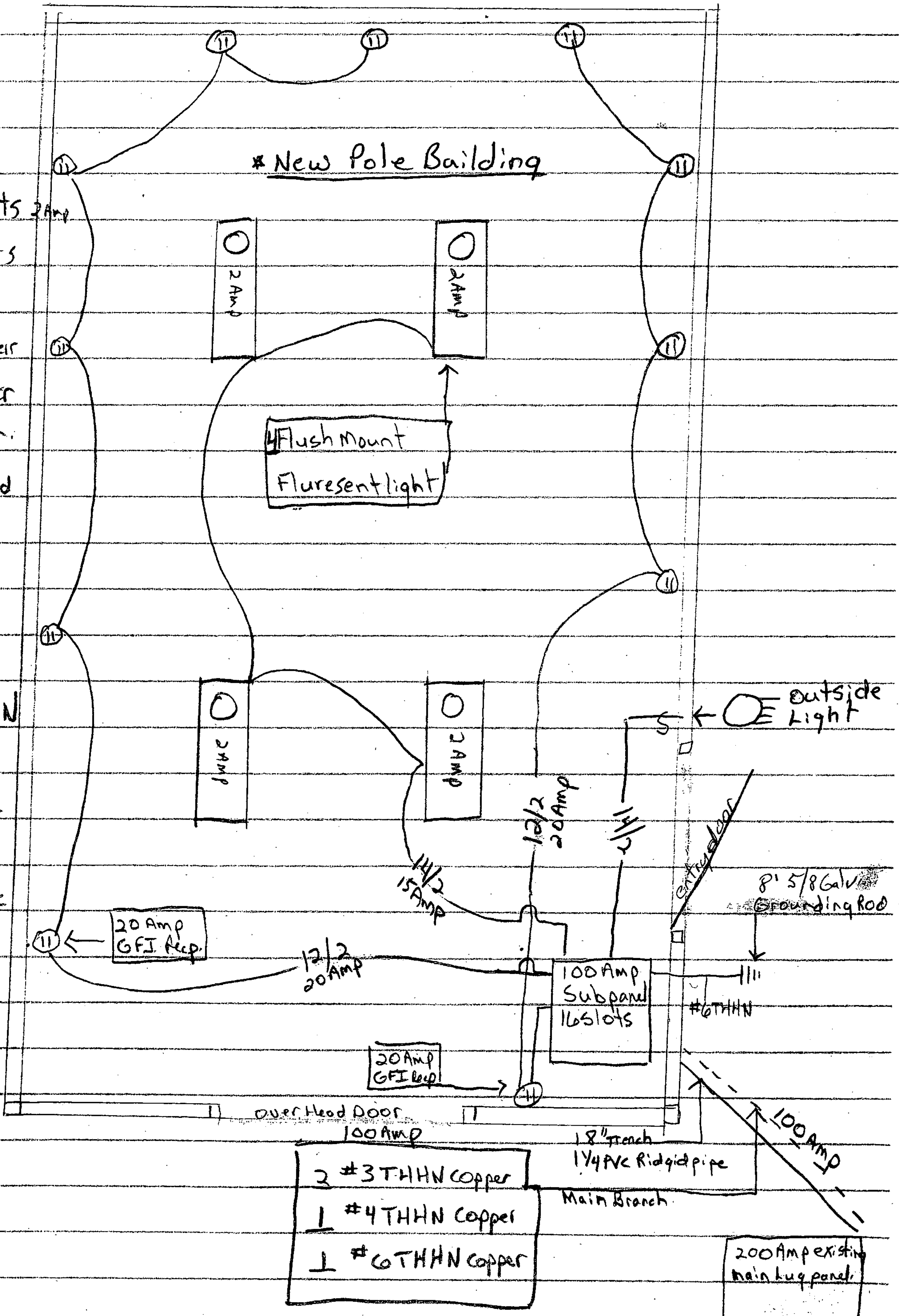
200' 12-2 THHN

1 2x4 Box

150 1 1/4 Rigid PVC
pipe.

2 1 1/4 Sweeps PVC

2 1 1/4 AB PVC



O. K. for pole barn B. L. Hector
Bldg. Dept.

TOWNSHIP OF HOWELL
LAND USE CERTIFICATE
SHORT FORM

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

PROPERTY: BLOCK 35.05 LOT(S) 29 STREET Brook Hill Dr.

APPLICANT: NAME [REDACTED]

ADDRESS 95 Brook Hill Dr. Howell, N.J. 07731

PHONE [REDACTED]

DESCRIPTION OF THE PROPOSED ADDITION: Described (Type)

Detached garage / Pole Building

*If an additional bedroom is proposed you must indicate the type of waste water system the property is service by. ☒ City Sewer ☐ Septic

IF SERVICED BY SEPTIC SYSTEM A MONMOUTH COUNTY BOARD OF HEALTH APPROVAL MUST BE PROVIDED PRIOR TO PROCESSING LAND USE CERTIFICATE.

HEIGHT 17'-8" FEET TO HIGHEST POINT LENGTH 48' WIDTH 30'

LOCATION OF STRUCTURE: Setback from right of way 121' feet (and N/A feet if corner lot) Side Yard Clearances 20 feet and 104 feet Rear Yard 54' feet

IF FENCE TYPE OF FENCE: (Chain link, stockade etc.) —

Height of fence —

APPLICANT MUST ATTACH A COPY OF SURVEY OR SKETCH OF THE PROPOSED WORK REFLECTING DIMENSIONS, SETBACKS AND LOCATION OF SAME. IF FORM IS NOT COMPLETELY FILLED OUT IT WILL RESULT IN AN IMMEDIATE REJECTION.

Signature of Applicant [REDACTED]

Date: 3-29-11

Application Fee: \$30.00 Residential

\$30.00 Fence if Pool Barrier Needed

\$50.00 Non-Residential

\$55.00 Fence Without Pool Barrier

☒ Check # 428 Cash ☐

Receipt # 22936

Based on the above application and the statements, which are made part thereof, the proposed usage is/is not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

COMMENTS/EXPLANATIONS:

To construct a detached accessory building for pole barn 48' x 30' x 17'-8" to be used for storage purposes for personal use accessory to the residential use of the property - no commercial use per attached attached statement per

Date: 4/12/11

Betty Lou Hector
HOWELL TOWNSHIP LAND USE OFFICER

Zone: R-3

Referrals To: Bldg. Dept. ☒

Engineering ☒ Other Dept. ☐

To provide 18' wide access road (gravel 6" thick) capable to handle 28,000 pound emergency vehicles (see attached memo signed by Township Engineer)

TOWNSHIP OF HOWELL ENGINEERING/HOUSING DEPARTMENT

M E M O R A N D U M

DATE: April 12, 2011
TO: Betty Lou Textor - Director Land Use
FROM: William H. Nunziato, Jr., P.E. - Township Engineer
RE: **BLOCK: 35.05** **LOT: 29**
[REDACTED]
95 BROOK HILL DRIVE
POLE BARN – 30' X 48'

W.H.N. / RS

This is in response to your memo dated 3/29/11 pertaining to the above referenced subject.

We have no objection to the issuance of a permit for the Pole Barn with the understanding that the applicant will provide 18' wide access road (gravel 6" thick) capable to handle 28,000 pound emergency vehicles to satisfy Howell Township Fire Bureau concerns (as per submitted sketch).

Please feel free to call should you have any questions.

RS:br

I [REDACTED] 95 Brook Hill Dr. Howell.
Statement of use: Building to be use for Storage
personal use only, to be used for Accessory to Residential
use and not to be used for Commercial use.

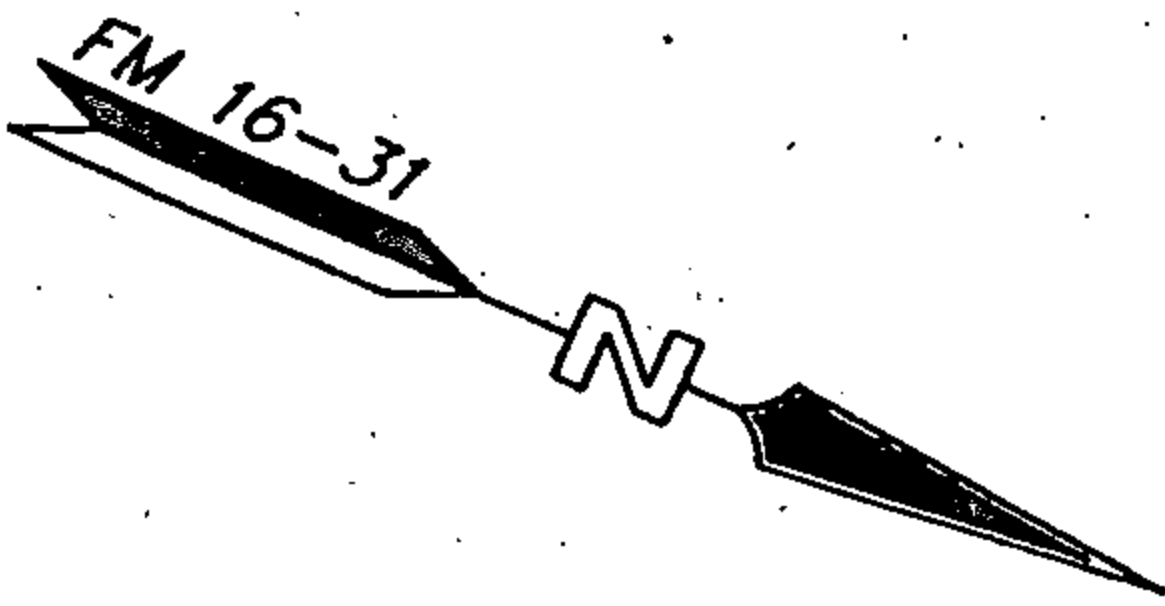
[REDACTED] 3-29-11

SUSAN M. KALMAR
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES AUG. 24, 2014

[REDACTED]

THIS SURVEY IS CERTIFIED TO:

- WELLS FARGO HOME MORTGAGE, INC., Its Successors And/Or Assigns,
- TICOR TITLE INSURANCE COMPANY
- DWIGHT P. RANSOM, ESQUIRE



DEED DESCRIPTION: BEING KNOWN AND DESIGNATED AS LOT 29 IN BLOCK 35-5 AS SHOWN ON A MAP ENTITLED, "MAP OF SECTION No. 3, SALEM HILL, LAND O' PINES, HOWELL TOWNSHIP, MONMOUTH COUNTY, N.J., WHICH MAP WAS FILED IN THE MONMOUTH COUNTY CLERK'S OFFICE ON MAY 24, 1962 AS CASE No. 16-31.

NOTES:

- ALSO KNOWN AS LOT 29 IN BLOCK 35.05 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE TOWNSHIP OF HOWELL, MONMOUTH COUNTY, NEW JERSEY, SHEET No. 27.01.
- UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY

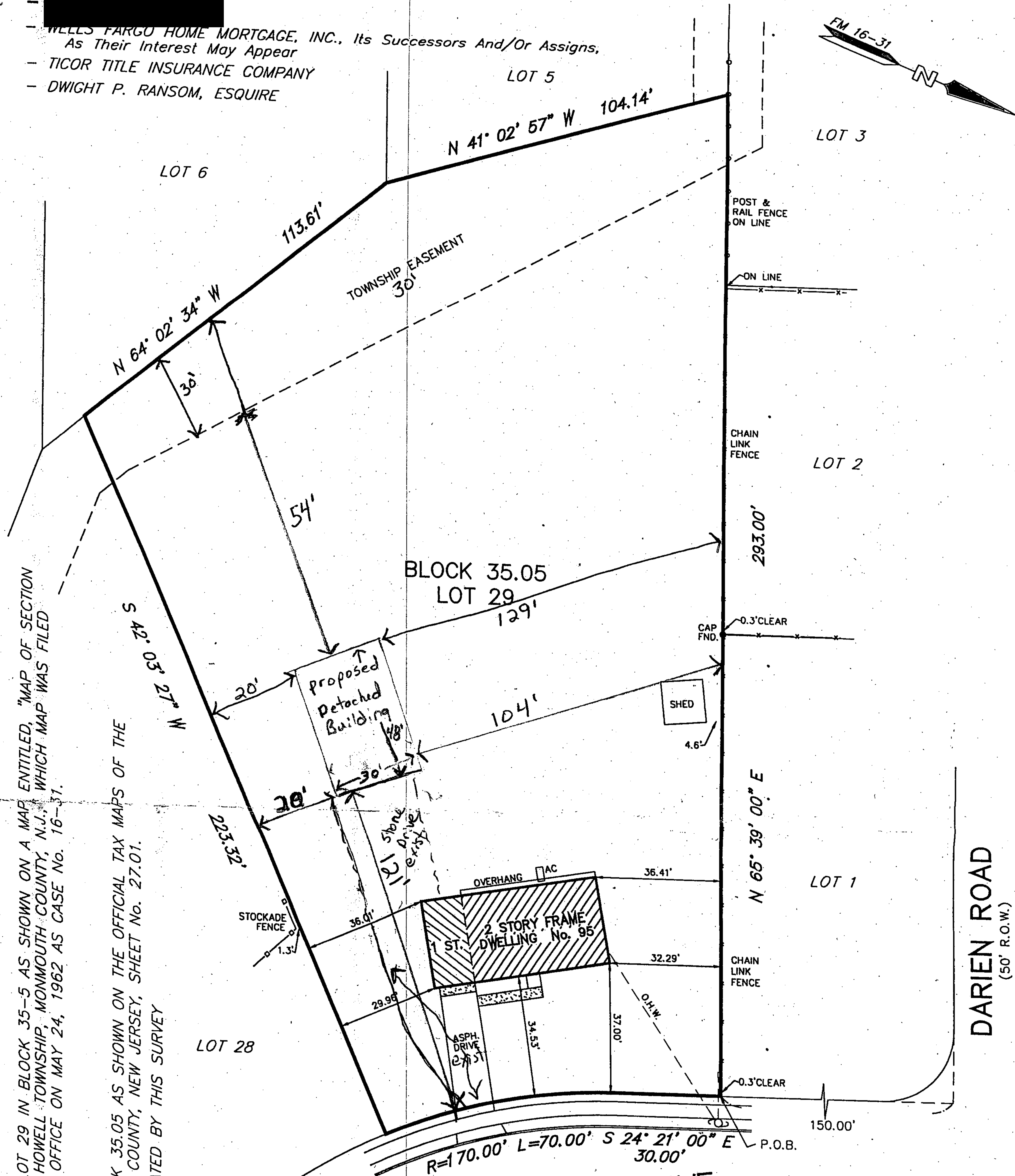
TA-083650

NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THE PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS, ENVIRONMENTALLY SENSITIVE AREAS, IF ANY ARE NOT LOCATED BY THIS SURVEY.

THIS SURVEY IS SUBJECT TO CONDITIONS WHICH MIGHT BE DISCLOSED BY AN ACCURATE TITLE SEARCH.

OFFSETS AS SHOWN HEREON ARE NOT TO BE USED TO ESTABLISH PROPERTY LINES.

SURVEY OF PROPERTY			
LOT 29 BLOCK 35.05			
TOWNSHIP OF HOWELL		MONMOUTH COUNTY	
		NEW JERSEY	
Charles Surmonte P.E. & P.L.S.			
New Jersey Professional Engineer and Land Surveyor			
License No. 35885			
2300 Highway 66, Neptune, New Jersey 07753			
(Phone 732-897-8300 Fax 732-897-0105)			
PROJECT No.	DATE:	SCALE:	SHEET:
01-780	11-20-01	1"=30'	1 OF 1



Condition BROOKHILL DRIVE
Roll Back (50' R.O.W.) 30' X 48' X 14' 8"
Must provide on access driveway 18' wide (gravel 6" thick)
Per Engineer's Memorandum. B.L. Sexton

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	<i>D.R.P.</i>	<i>4/12/11</i>							
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

