

BLOCK 36 LOT 25 QUALIFICATION CODE 32822 ADDRESS (SITE) _____ PERMIT NO. _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 366 Oak Glen Rd.
2. Name of Owner in Fee: [Redacted] Tel. [Redacted]
Address Same
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: Owner Tel. [Redacted]
Address _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
Tel. (_____) _____ FAX: (_____) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(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									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

4. No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
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

LDS HW-B 10407170

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

[Redacted Signature]

Date

3/24/08

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

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

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

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

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

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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

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			X	X	X	X	X	X	
☐ Planning Board			X	X	X	X	X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority			X	X	X	X	X	X	
☐ Water Authority			X	X	X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department			X	X	X	X	X	X	
☐ Soil Conservation			X	X	X	X	X	X	
☐ N.J. Department of Community Affairs			X	X	X	X	X	X	
☐ N.J. Department of Transportation			X	X	X	X	X	X	
☐ N.J. Department of Environmental Protection			X	X	X	X	X	X	
☐ Utility Dig No.			X	X	X	X	X	X	
☐			X	X	X	X	X	X	
☐			X	X	X	X	X	X	

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____ Other _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

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



HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL NJ 07731
732-938-4500

CERTIFICATE

Date Issued: 09/29/2005

Control #: 32822

Permit #: 20050755

IDENTIFICATION

Home Warranty No:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use: DEMO OF 2 BARNS

Block: 36 Lot: 25 Qualification Code:

Work Site Location: 366 OAK GLEN ROAD

HOWELL

Owner in Fee:

Address: 366 OAK GLEN ROAD

HOWELL NJ 07731

Telephone:

Agent/Contractor:

Address: 366 OAK GLEN ROAD

HOWELL NJ 07731

Telephone:

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.

☒ 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 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

Chet Phillips Construction Official

Chet Phillips 10/3/05

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees \$0.00

Paid/ X Check No. 1330

Collected by: kh



CONSTRUCTION PERMIT

Date Issued

Permit #

3/31/05
32822
26050755

IDENTIFICATION Block

36

Lot

25

Qualification Code

Work Site Location

36 Oak Glen Rd

Contractor

Self

Address

Same

Owner in Fee

S

Address

36 Oak Glen Rd

Tel. ()

Lic. No. or Bldrs. Reg. No.

Tel.

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:

Demo of 2 old 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 \$

1200.00

Construction Official

Date

3/31/05

PAYMENTS (Office Use Only)

Building

130

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

120

Check No.

1330

Cash

Collected by

KW

(see reverse side)

REQUIRED INSPECTIONS

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

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

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

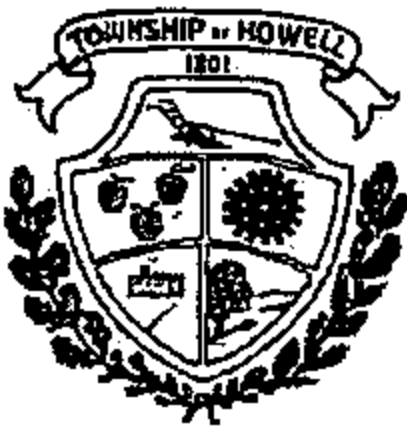
1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.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

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

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

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

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



HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 20050755
Permit Date: 03/31/2005
Update Number:
Control Number: 32822
Application Date: 03/24/2005

CONSTRUCTION PERMIT IDENTIFICATION

Block : 36	Lot : 25	Qualification Code:	
Work Site Location:	366 OAK GLEN ROAD HOWELL		Contractor: [REDACTED]
Owner In Fee:	[REDACTED]		Address: 366 OAK GLEN ROAD
Address:	366 OAK GLEN ROAD		HOWELL NJ 07731
	HOWELL NJ 07731		Telephone: [REDACTED]
Telephone:	[REDACTED]		Lic. No. / Bldrs. Reg. No.:
Use Group(s):	U		Federal Emp. No.:

is hereby granted permission to perform the following work :

☒ BUILDING	☐ PLUMBING	☒ DEMOLITION
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ OTHER
☐ ELEVATOR DEVICES	☐ MECHANICAL	
☐ ASBESTOS ABATEMENT	☐ LEAD HAZARD ABATEMENT	

(Subchapter 8 only)

DESCRIPTION OF WORK:

DEMO OF 2 BARNS

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00

Total Cost:	\$0.00
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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.

Chet Phillips
Construction Official

Date

3/31/05

PAYMENTS (Office Use Only)

Building	\$130.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
Vol Fee (DCA)	
Alt Fee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$130.00
All Fees Waived:	No

Amount to be Paid:	\$130.00
Check Number:	1330
Check amount:	\$130.00

Collected by:	kh
Receipt No:	
Total Cash Amount	
Total Check Amount	\$130.00
Total CC Amount	
Grand Total	\$130.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!



BUILDING SUBCODE TECHNICAL SECTION



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

Block 56 Lot 25 Qualification Code _____

Work Site Location 366 Oak Glen Rd. Howell, N.J.

Owner in Fee SAI Inc

Address _____

Tel. _____

Contractor James

Address James

Fel. () FAX ()

Contractor License No. or Builder Registration No. _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Required 3/29/05 6B

☐ All _____

☐ Footing _____

☐ Foundation _____

☐ Frame _____

☐ Other _____

Joint Plan Review Required:

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 6/14/05

Approved by: 6B

INSPECTIONS

Type: _____

Footing _____

Footing Bonding _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes -Base Layer _____

Finishes -Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Dates (Month/Day)

Failure Failure Approval Initial

TYPE OF WORK:	Height (exceeds 6')	Sq. Ft.	FEE (Office Use Only)
☐ New Building			
☐ Addition			
☐ Rehabilitation			
☐ Roofing			
☐ Siding			
☐ Fence			
☐ Sign			
☐ Pool			
☐ Asbestos Abatement Subchapter 8			
☐ Lead Haz. Abatement NJAC 5:17			
☐ Other			
☒ Demolition			

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

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

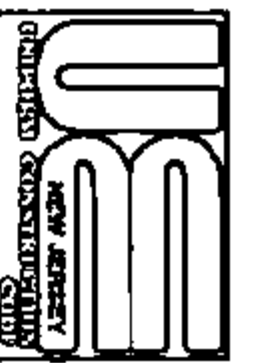
Date Received 3/31/05
Control # 32822
Date Issued 2/25/05
Permit # 20050755

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demolition of 2 Old Barns

6/13/05 All wood Removed
Slabs to Remain



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 34 Lot 25 Qualification Code _____

Work Site Location 346 Oak Glen Rd.

Owner in Fee [Redacted]

Address 346 Oak Glen Rd.

Tel [Redacted]

Contractor [Redacted]

Address _____

Tel _____

Fire Protection Equipment: NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment: NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing

Const. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System: _____

Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

Location: _____ Location of Main Control Valve: _____

Fuel Storage Tank: _____ Capacity _____

Fuel Type: [] Flammable or [] Combustible

Total Cost of Fire Protection Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Electric [] Elevator

[] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Approval _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____



C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I

to make this application

[] Certified Contractor [] Exempt Applicant

Signature _____

Date Received _____

Control # _____

Date Issued _____

Permit # _____

authorized _____

Signature _____

Water Supply Source well

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls,

water/flow)

Supervisory Devices (i.e., tamper, low/high air

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

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____

Pre-Eng. System _____

Standpipes _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tanks _____

Fireplace Venting/Metal Chimney

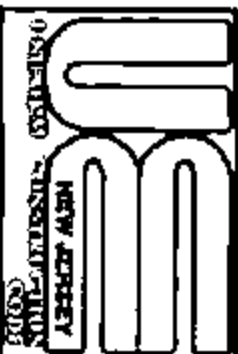
Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 36 Lot 2 Qualification Code _____

Work Site Location 346 Ave. C. 121

Owner in Fee _____

Address 346 Ave. C. 121

Tel [REDACTED]

Contractor [REDACTED]

Address _____

Tel [REDACTED]

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System: _____

Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

[] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ 21

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Electric [] Elevator

[] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____



C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am _____

to make this application. _____ am authorized

[] Certified Contractor

[] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: DEMO BARS

Water Supply Source well

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

NUMBER

FEE (Office Use Only)

[] System

[] 110v Interconnected

[] CO Detectors/110v

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

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

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

Other Devices

TOTAL -

Suppression Systems

Fire Pump _____ GPM _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances [] Gas or [] Oil

Fireplace Venting/Metal Chimney

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received
Control #
Date Issued
Permit #

32802

PLAN REVIEW/INSPECTION GUIDELINES FOR
DEMOLITIONS

1. THE INSIDE OF JACKET MUST BE FILLED OUT AND SIGNED BY THE RESPONSIBLE PERSON WHO IS DOING THE WORK.
2. THE OUTSIDE OF THE JACKET MUST BE FILLED OUT COMPLETELY WITH THE ESTIMATED COST OF WORK PER SUB-CODE.
3. SMALL CONSTRUCTION PERMIT MUST BE FILLED OUT COMPLETELY WITH DESCRIPTION OF WORK AND ESTIMATED COST OF WORK.
4. ALL TECH SHEETS MUST BE FILLED OUT PROPERLY.
5. BUILDING TECH SHEET REQUIRED.
6. FIRE TECH SHEET REQUIRED FOR ANY OIL TANKS.
7. SUBMIT ALL UTILITY DISCONNECTS.
8. SUBMIT LETTER FROM DOH FOR SEPTIC CLOSURE.
9. SUBMIT LETTER FROM CERTIFIED WELL DRILLER FOR WELL CAPPED.
10. SUBMIT LETTER FROM PEST CONTROL COMPANY.
11. WHERE ASBESTOS SIDING IS ON HOUSE A DISPOSAL RECEIPT FROM LAND FILL IS REQUIRED.

INSPECTIONS REQUIRED:

BUILDING: BACKFILL

WHEN ALL FINAL INSPECTIONS HAVE PASSED, A CERTIFICATE OF APPROVAL WILL BE ISSUED.

Demolitions

Call 1-800-272-1000 for

Utility Markouts

Township

Of

Howell

Requirements for Demolitions

- 1.** Provide letter from licensed pest control company indicating the structure has been exterminated for all pests and rodents.
- 2.** Provide letter from all applicable utility companies indicating that service has been disconnected.
(Verizon, GPU, Cable, NJ Natural Gas, MUA)
- 3.** Provide letter from Health Department that septic system has been abandoned.
- 4.** Provide letter from certified well drilling company that well has been capped.
- 5.** Submit Construction permit application for demolition to include any underground storage tank (UST) on property.
- 6.** Upon issuance of permit, perform demolition to structure. Any storage tanks to be abandoned must be inspected before removal.
- 7.** Upon completion of demolition, call Construction Department for final inspections and supply inspector with all waste removal receipts.
Call (732) 938-4500 ext. 2400 for Final Building and Final Fire Inspections.
- 8.** Submit disposal receipts for removal of any asbestos.
(roof or siding)



TOWNSHIP OF HOWELL
251 Preventorium Rd.

P.O. Box 580

Howell, NJ 07731

Phone: (732) 938-4500

Fax (732) 938-6492

CG

Ideal Exterminating, Inc.

19 North County Line Rd.

Jackson, NJ 08527

(732) 363-2454

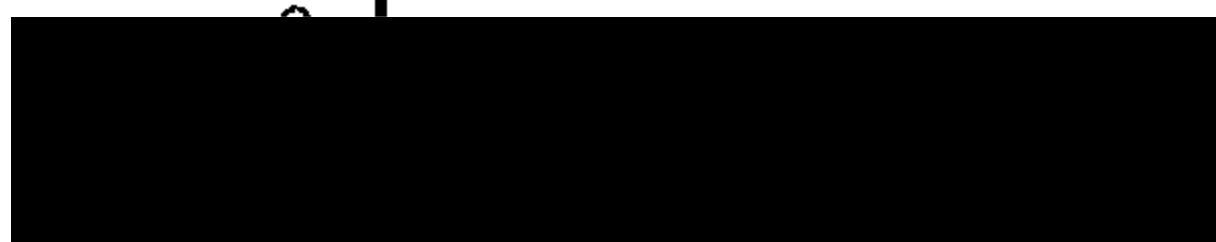
DEP # 91739A

March 24, 2005

To Whom It May Concern:

Please be advised that we inspected the barn/chicken coops at 366 Oak Glen Rd., Howell and found them to be free of rodents. If you have any questions, I can be reached at (732) 363-2454.

Sincerely,

A large black rectangular redaction box covering the signature of Gary Gugliociello.

Gary Gugliociello
President

HOWELL TOWNSHIP
PLAN REVIEW CHECK LIST

NAME [REDACTED] BLOCK 36 LOT 25

ADDRESS 366 Oak Glen ZONING RELEASE _____

DATE SUBMITTED 3/24/05 32822

TYPE OF WORK Demo 2 Barns

	REVIEWED BY	APPROVED	COMMENTS
FIRE ✓	3/27/05	OK	
BUILDING ✓	3/29/05	OK	
ELECTRICAL			
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			

