

B. 37
L. 63

gilio 12-47 SH-00

CV





CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 35 Maida Lane Howell NJ 07731
2. Name of Owner in Fee: _____ Tel. _____
Address 35 Maida Lane Howell NJ 07731
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: _____ Tel. _____
Address 35 Maida Lane Howell NJ 07731
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
Address _____
6. Responsible Person in Charge of Work _____
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. DCA Training 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)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☒ New Building Shed
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

Est. Cost

1500.00

TOTAL COSTS

1500.00**OPTIONAL (for office use only)**

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

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

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

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

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 Shed 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

11/13/97

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.

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

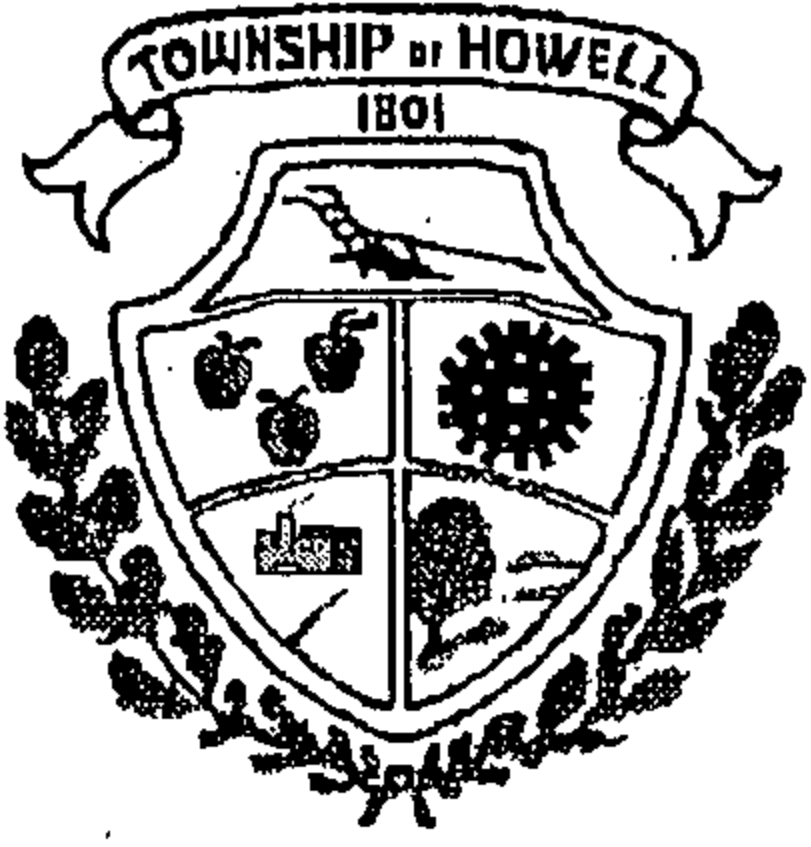
PLAN REVIEW CHECK LIST

NAME [REDACTED] BLOCK 37 LOT 63
 ADDRESS 35 / Maida Ln ZONING RELEASE _____
 DATE SUBMITTED 11/13/97
 DEVELOPMENT _____ *Shed*

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING ✓			<i>OK</i> <i>11/13/97</i>	<i>As per code</i>
PLUMBING				
FIRE				
ELECTRICAL				
MECHANICAL				
SEPTIC				
OTHER				

RECEIVED
 NOV 13 1997

CODE1FRM



TOWNSHIP of HOWELL

251 Preventorium Road
Post Office Box 580
Howell, New Jersey 07731-0580

(732) 938-4500
FAX (732) 938-6492
Web site: www.twp.howell.nj.us

**THIS PERMIT IS PAST THE TIME THAT WE CAN LEGALLY
REINSTATE.**

**WE HAVE FOUND THAT THE RECORD KEEPING OF PERMITS OF
THIS AGE IS SO INADEQUATE THAT WE CAN NOT DETERMINE IF
THE FINAL INSPECTIONS WERE DONE OR NOT.**

EDDIE MACK/CONSTRUCTION OFFICIAL

EM/lg

DATE: 11-8-02

INITIAL: *Y*



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

12-4-97
97-2215

IDENTIFICATION Block 37 Lot 63

Work Site Location 35 Maida Lane
Howell N.J. 07731

Owner in Fee [REDACTED]

Address 35 Maida Lane
Howell N.J. 07731

Tel. [REDACTED]

Contractor [REDACTED]

Address 35 Maida Lane
Howell N.J. 07731

Tel. [REDACTED]

Lic. No. or Bldrs. Reg. No. _____

Fed. Emp. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Shed 16x16 @ AB Kit (2560 SF)
256 SF

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 \$ -0-

Construction Official [Signature]

Date _____

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PAYMENTS (Office Use Only)

Building 25.00

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA Training Fee 4.00

Cert. of Occupancy _____

Other _____

Total 29.00

Check No. 1347

Cash _____

Collected by [Signature] 12/5/97

(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 to the approved plans and the requirements of the Uniform Construction Code.

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

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

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

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

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

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

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

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 37 LOT(S) 63 STREET 35 Maida Lane

APPLICANT: NAME

ADDRESS

PHONE

PROPOSED USE:

☐ Fence

☐ Detached garage

☒ Shed

ZONE:

☐ Pool

☐ Deck

☐ Patio

☐ Tennis Court

☐ Antenna/Antenna
Tower

☐ Farm structure: Specify

☐ Other: Specify

LOCATION OF STRUCTURE: Setback from right of way _____ feet (and _____ feet if a corner lot)

Side yard clearances 10' feet and _____ feet

Rear yard clearances _____ feet

DESCRIPTION OF STRUCTURE:

Height 10' feet to highest point

Length 16' x 16' feet Width 16' feet

Type of fence: _____ (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:

FEE: ☒ \$10.00 residential

FEE: ☐ \$20.00 non-residential

SIGNATURE OF APPLICANT

DATE

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.

Date

Vito M. Marinaccio
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS:

REFERRALS:

☐ To Building Dept.

☐ To Zoning Bd.

☐ To Engineering

☐ To Planning Bd.

☐ To Bd. of Health

☐ To

☐ To Fire Prevention

☐ To M.U.A.

MAIDA LANE (33)

N 38°00'E ~ 100.00' (21' WIDE RUMT.)

DEED LINE

(T.M.)
804.57' TO OAK GLEN RD.

N 38°00'E ~ 100.00'

E.O.P.

REAL PIPE FND.

WIRE FENCE

DEED

29.5'

41.0'

40.5'

38.1'
1 STY. DWG.
38.1'
19.2'
19.5'

CHIM.

LANG. PORCH

29.8'

16' x 16'
x 10'h

20.000 S.F.

(.4673 Acre)

200.00' (DEED) T-6
N 52°00'W ~ 183.50' (S.W.E.)

S 52°00'E ~ 183.50' (S.W.E.)
200.00' (DEED) T-6

ON LINE

ON LINE

WIRE FENCE

METAL FRL.
SH RD

14.6'

REAL PIN FND.

REAL PIN FND.

S 38°00'W ~ 100.00'

BEGINNING AT AN IRON PIPE LOCATED IN THE NORTHEAST CORNER OF LOT 11, SAID IRON PIPE BEING LOCATED NORTH 52 DEGREES 0 MINUTES WEST, 400 FEET FROM THE CENTER LINE OF SQUANKUM ROAD, WHICH SAID CENTER LINE POINT IS LOCATED 300 FEET SOUTH 38 DEGREES WEST FROM THE INTERSECTION OF SAID CENTER LINE AND THE FOURTH LINE OF A TRACT OF 128.94 ACRES, RECORDED IN THE MONMOUTH COUNTY CLERK'S OFFICE ON JANUARY 8, 1936 AS BOOK P-3, PAGE 21 ETC.;

WAIVER OF SETTING CORNER MARKERS ON LOT 63 BLOCK 37 HAVE BEEN OBTAINED FROM ULTIMATE USER PURSUANT TO THE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS REGULATIONS, N.J.A.C. 13:46-5.1(d)

THIS SURVEY SUBJECT TO ANY EASEMENT OF RECORD AND OTHER PERTINENT FACTS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE. ENVIRONMENTALLY SENSITIVE AREAS, IF ANY, ARE NOT LOCATED BY THIS SURVEY. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDE LANDS. NO LIABILITY IS ASSUMED BY THE CERTIFYING SURVEYOR FOR THE USE BY ANY PARTY NOT SHOWN IN THE CERTIFICATION. THE CERTIFICATION OF THIS SURVEY ON THE DATE SHOWN IS MADE SOLELY TO THE NAMED PARTIES HEREIN.

SURVEY PLAN OF

TAX LOT 63

BLOCK 37

HOWELL TOWNSHIP

MONMOUTH COUNTY ~ NEW JERSEY

CERTIFICATION:

I HEREBY CERTIFY THIS SURVEY WAS MADE UNDER MY IMMEDIATE SUPERVISION TO [REDACTED] FIRST CHOICE MORTGAGE CORP., and/or its assigns; FIRST AMERICAN TITLE INSURANCE COMPANY; MID-STATE ABSTRACT COMPANY; MARK S. SININSKY, ESQ.

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

DATE 6-16-97
SCALE 1"=30'
DESIGN 34-39
DRAWN H.W. MAGER
JOB

MAGER ASSOCIATES
HARRY W. MAGER, JR.
6/17/97

PROFESSIONAL LAND SURVEYING-PLANNING
326 FIRST STREET
LAKEWOOD, N.J. 08701
(908) 363-0138

PROF. LAND SURVEYOR L.S. 20810
PROF. PLANNER P.P. 2106



**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 37 Lot 63
Work Site Location 35 Maida Lane
Howell, NJ 07731
Owner in Fee [REDACTED]
Address 35 Maida Lane
Howell, NJ 07731
Tele. ([REDACTED])
Contractor [REDACTED]
Address 35 Maida Lane
Howell, NJ 07731
Tele. [REDACTED]
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure 10' Ft.
Area — Largest Floor (16' x 16') Sq. Ft.
New Bldg. Area/All Floors 16' x 16' Sq. Ft.
Volume of New Structure Approx 2100 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ -0-
2. Alteration \$ _____
3. Total (1+2) \$ _____



Date Received
Date Issued
Control #
Permit #

11-13-97
12-4-97
97-2215

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or owner of)

[REDACTED]

Signature [REDACTED]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Shed 16' x 16' x 10' high
w/ A B Kit

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

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

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OFFICE DATE RECEIVED: _____

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

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

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

