X BLOCK 37 LOT 63 QUALIFICATION CODE 29765 ADDRESS (SITE) _____ PERMIT NO. _____

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

# CONSTRUCTION PERMIT APPLICATION

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

**I. IDENTIFICATION**

1. Propsed Work Site at: 35 Maida LN
2. Name of Owner in Fee: [redacted] Tel. ([redacted])
   Address 35 MAIDA LN (street) HOWELL (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____
   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 ( ) _____

Demo

**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** (office use only)

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 _____

**II. PROPOSED WORK**

| | | Est. Cost |
|---|---|---|
| 1. | ☐ Minor Work | |
| 2. | ☐ New Building | |
| 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 | |
| | TOTAL COSTS | |

**OPTIONAL** (for office use only)

| Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | 8/16 | GB | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**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:

LDS HW-B 10604491

**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.

X Signatur[redacted] Date 7/30/04

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.

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. | | | | |

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

Date Issued 4/19/2007
Tracking Number 29765
Permit Number 20042395
Permit Issue Date 8/12/2004
Certificate Number 20042395

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 35 MAIDA LANE HOWELL, NJ Block: 37 Lot: 63 Qual:

Owner in Fee: [redacted]

Owner Address: 35 MAINDA LANE HOWELL NJ 07731

Telephone: [redacted]

Contractor [redacted]

Address 35 MAINDA LANE HOWELL NJ 07731

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

DEMOLITION OF EXSISTING DWELLING AND INSTALLATION OF SHED

Certificate Comments:

☐ **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:**

C. Phillips

Construction Official

Fee: $0.00
Check Number: 122
Collected By: KH

*Date Printed: 4/19/2007*

ownship of Howell
Preventorium Road
P.O. Box 580
Howell, NJ 07731

# CONSTRUCTION PERMIT

Date Issued 8/12/04
Control # 29765
Permit # 20042395

IDENTIFICATION Block 37 Lot 63
Work Site Location 35 MAIDA LN
Owner in Fee [redacted]
Address 1135 Maida LN Howell
Tel. [redacted]

Contractor
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No. Owner
Fed. Emp. No.

**Is hereby granted permission to perform the following work:**

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
Footings For shed - Demo SFD

**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** $ 4,000.00

CPO
Construction Official

8/12/04
Date

**PAYMENTS (Office Use Only)**
Building 126
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 7
Cert. of Occupancy
Other
Total 133
Check No. 122
Cash
Collected by KH

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

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

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

Permit Number: 20042395
Permit Date: 08/12/2004
Update Number:
Control Number: 29765
Application Date: 08/02/2004

# CONSTRUCTION PERMIT

## IDENTIFICATION

## OWNER/PROPERTY DETAILS

Block : 37 Lot : 63 Qual :

Work site Location: 35 MAIDA LANE HOWELL

Owner In Fee: [redacted]

Address: 35 MAINDA LANE
HOWELL NJ 07731

Telephone: [redacted]

Use Group(s): U

Contractor: [redacted]

Address: 35 MAINDA LANE
HOWELL NJ 07731

Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[ X ]BUILDING
[ ]ELECTRICAL
[ ]ELEVATOR DEVICES
[ ]ASBESTOS ABATEMENT
(Subchapter 8 only)

[ ]PLUMBING
[ ]FIRE PROTECTION
[ ]MECHANICAL
[ ]LEAD HAZARD ABATEMENT

[ X ] DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:

DEMOLITION OF SFD

ESTIMATED COST OF WORK:

| | |
|---|---|
| Cost of Construction: | 1,000.00 |
| Cost of Alteration: | 0.00 |
| Cost of Demolition: | 4,000.00 |
| Total Cost: | $5,000.00 |

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | $126.00 |
| Electrical | |
| Plumbing | |
| Fire Protection | |
| Elevator Devices | |
| Mechanical | |
| VolFee (DCA) | $7.00 |
| AltFee (DCA) | |
| Other Fees | |
| CO Fee | |
| CCO Fee | |
| Minimum Fee | |
| Total | **$133.00** |
| All Fees Waived : | No |

**Amount to be Paid:** **$133.00**

Check Number: 122

Check amount: $133.00

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

CP 8/12/04

Chet Phillips — Date

Construction Official

Collected by: KH
Receipt No:
Total Cash Amount
Total Check Amount $133.00
Total CC Amount
Grand Total $133.00

*:: Failure to obtain all required inspections may result in administrative action.*
*:: Final inspections are required before final payment is to be made to contractor.*
*:: An approved set of plans must be kept at the worksite at all times*

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

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Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

# BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/12/04
Date Issued
Control # 29765
Permit # 20042395

**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 LN Howell
Owner in Fee [redacted]
Address 35 Maida LN Howell
Tele. [redacted]
Contractor Leitch Wrecking
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [X] All | 8/11/04 | GB |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4-18-05
Approved by: GB

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | 1-4-05 | RM |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other DEMO | | | 8/25/04 | GB |
| Final | 6/24/05 | 2-15-06 | 4/18/06 | GB |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present ____ Proposed U
Constr. Class Present ____ Proposed 5-B
No. of Stories ____
Height of Structure ____ Ft.
Area — Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Alteration $ 4,000
3. Total (1+ 2) $

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of [redacted]

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
Demolition of House
Footings For shed

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence ____ Height (exceeds 6')
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other ____
[X] Demolition

FEE (Office Use Only)
$ 61
65

| | | |
|---|---|---|
| Administrative Surcharge | $ | |
| Minimum Fee | $ | |
| DCA Training Fee | $ | 7 |
| TOTAL FEE | $ | |

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

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

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

# BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/12/04
Date Issued
Control # 29765
Permit # 20042375

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

Block 31 Lot 63
Work Site Location 35 MAIDA LN HOWELL
Owner in Fee [redacted]
Address 35 MAIDA LN HOWELL
Tele. [redacted]
Contractor LEITCH - WRECKING
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [X] All | 8/11/04 | GB |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4-18-07 6/27/05
Approved by: GB

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | 1-4-05 | RM |
| Foundation | | | 10-8-09 | MTD |
| Slab 1 SHEATH PANEL | | | 12-22-0 | [illegible] |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | OK | | | |
| Energy | | | | |
| Mechanical GAS/PLUM | | | 3/29/05 | GB |
| TCO | | | | |
| Other | | | | |
| Final DEMO | 6/24/05 | 7.1.05 | 8/25/05 | GB |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present ____ Proposed U
Constr. Class Present ____ Proposed 5-B
No. of Stories ____
Height of Structure ____ Ft.
Area — Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

**Est. Cost of Bldg. Work:**
1. New Bldg. $ ____
2. Alteration $ 4,000
3. Total (1+2) $ ____

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of [redacted]
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
Demolition of House
Footings For Shed

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other ____
[X] Demolition

FEE (Office Use Only)

| | |
|---|---|
| $ | 61 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 65 |
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| DCA Training Fee | $ 1 |
| TOTAL FEE | $ |

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

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

**Township of Howell**
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

# BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/12/04
Date Issued 2/17/05
Control #
Permit # 2004395

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

Block 31 Lot 65
Work Site Location 35 MAIDA LN HOWELL
Owner in Fee [redacted]
Address 35 MAIDA LN HOWELL
Tele. [redacted]
Contractor LEITCH WRECKING
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [✓] All | 5/11/04 | GB |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present Proposed U
Constr. Class Present Proposed 5-B
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Alteration $ 4,000
3. Total (1+ 2) $

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Signature [redacted]

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
Demolition of House
Footings For Shed

TYPE OF WORK:
[ ] New Building
[ ] 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)

| | |
|---|---|
| | $ 61 |
| | 65 |
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| DCA Training Fee | $ 7 |
| TOTAL FEE | $ |

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

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

**Township of Howell**
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

# FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

**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 Ln
Owner in Fee [redacted]
Address 35 Maida Ln Howell
Tele. [redacted]
Contractor
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 0

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

**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: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Final | | | | |
| Other | | | | |

**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.

[redacted]
Signature

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**
Demo SFD
**Water Supply Source**
**Method of Alarm/Suppression System Supervision**

| | | |
|---|---|---|
| **Storage Tanks** | | |
| Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ___ Fuel ___ | | |
| **Alarm Systems** [ ] 110v Interconnected [ ] System | **NUMBER** | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other | | |
| TOTAL | | |
| **Suppression Systems** | | |
| Fire Pump ___ GPM Type ___ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| Halon Suppression | | |
| Other | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Gas [ ] or Oil [ ] Fired Appliances | | |
| Other | | |

**FEE (Office Use Only)**

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| DCA Training Fee | $ |
| TOTAL FEE | $ |

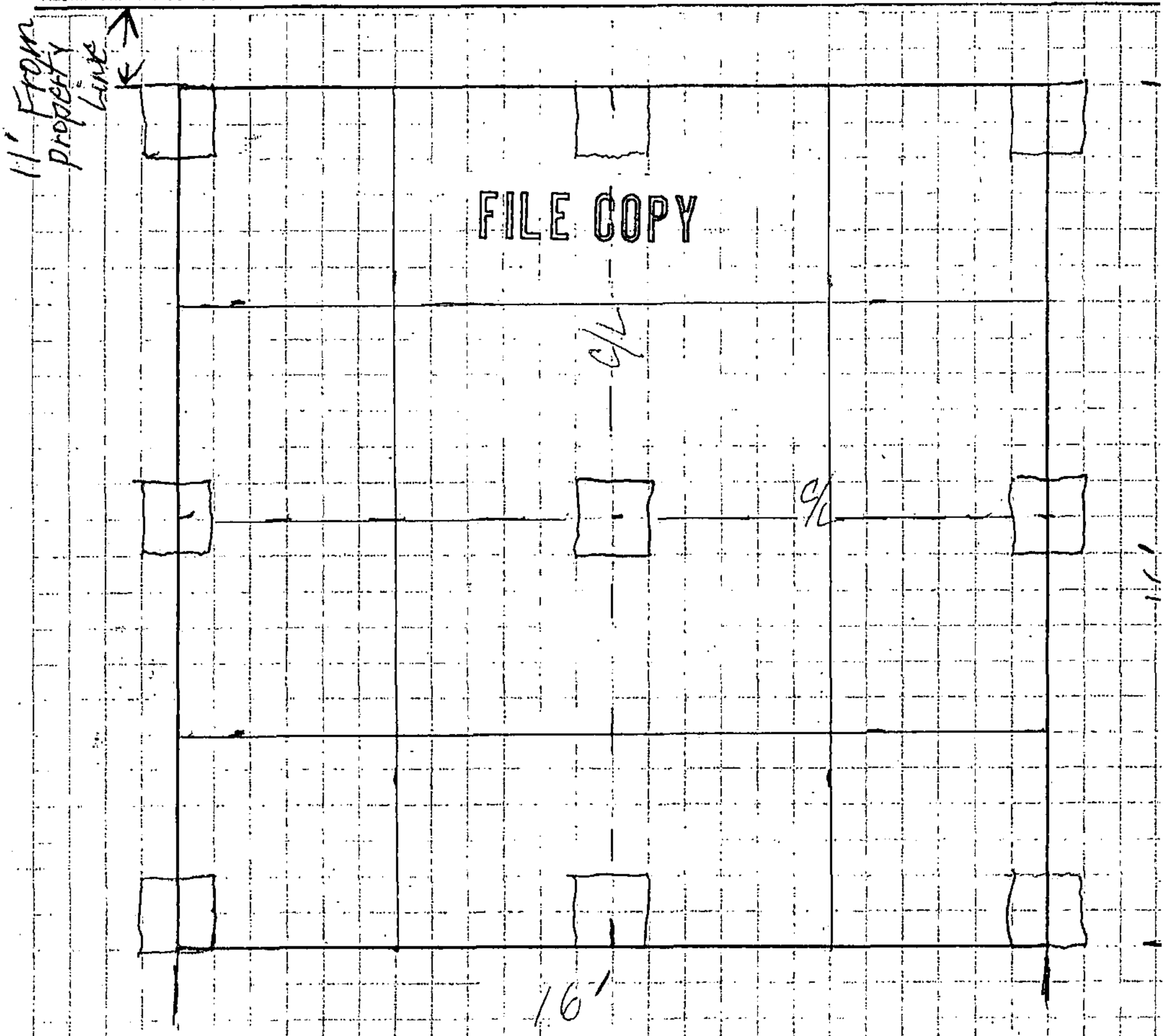
U.C.C. F140
(rev. 3/96)

# RANCOCAS METALS CORP.

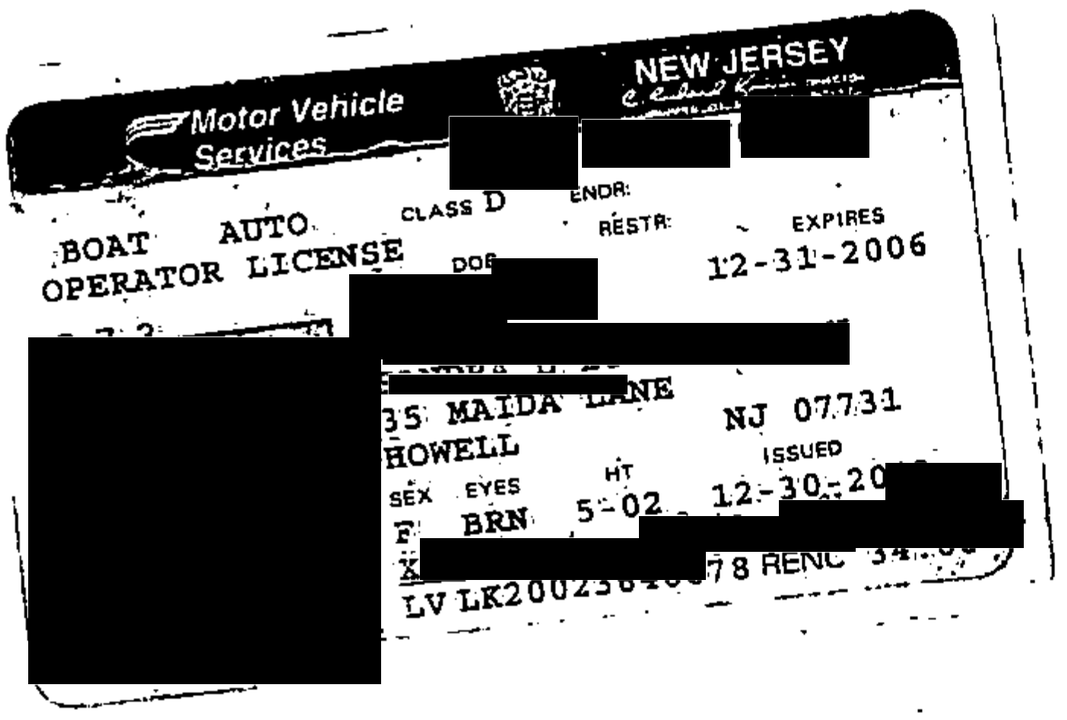
35 INDEL AVENUE • P.O. BOX 223 • RANCOCAS, NJ 08073

1-800-762-6382 E-MAIL sales@rancocasmetals.com FAX 609-267-5690




Footings (9) 16" x 16" x 10" Thick poured Concr
With Shed Anchors


Motor Vehicle Services
NEW JERSEY
[redacted]
BOAT AUTO OPERATOR LICENSE
CLASS D
END:
RESTR:
EXPIRES 12-31-2006
DOB [redacted]
[redacted]
35 MAIDA LANE
HOWELL NJ 07731
SEX EYES HT ISSUED
F BRN 5-02 12-30-20[redacted]
[redacted]
78 REN[redacted]
LV LK200236[redacted]

# HOWELL TOWNSHIP
# PLAN REVIEW CHECK LIST

NAME [redacted] BLOCK 32 LOT 63

ADDRESS 35 Maida Ln. ZONING RELEASE 29765

DATE SUBMITTED 8-2-04

TYPE OF WORK footings for shed - Demo std.

| | REVIEWED BY | APPROVED | COMMENTS |
|---|---|---|---|
| FIRE ✓ | 8/2/04 | N/A | |
| BUILDING ✓ | 8/11/04 | OK | |
| ELECTRICAL | | | |
| PLUMBING | | | |
| MECHANICAL | | | |
| OTHER | | | |
| SEPTIC | | | |

# TOWNSHIP OF HOWELL ENGINEERING DEPARTMENT

## MEMORANDUM

DATE: July 8, 2004

TO: Vito Marinaccio - Land Use Officer

FROM: William H. Nunziato, Jr., P.E. - Township Engineer WHN/ls

**RE: LAND USE DEVELOPER'S PERMIT**
**BLOCK: 37**
**LOT: 63**
**STREET: MAIDA LANE**
**ZONING BOARD CASE NUMBER: 04-04**
**APPLICANT: RUSSELL BOYAN**

FILE COPY

---

In reference to the above mentioned block and lot, please include the following restrictions to the Land Use Developer's Permit for Lot 63:

**"NO CERTIFICATE OF OCCUPANCY CAN BE ISSUED UNTIL THE FOLLOWING ITEMS ARE ADDRESSED"**

1. The dwelling on this lot must be served by a paved turn around driveway and it must be constructed as per Driveway Ordinance 14-34.2A (6" stone and 2" F.A.B.C.) see attached plan.

2. The lot must be stabilized and graded as per the approved plan entitled "Plot Plan & Septic Design with Details, Notes & Area Map" prepared by Frank J. Bear, Jr., P.E. dated 9/6/03, latest revision date 6/15/04.

3. Any damage done to the roadway, curb and other items located on or off the site, the owner is responsible.

4. The lot must have positive drainage and no water ponding may occur.

5. A minimum of (6) six inches of topsoil is required.

6. An As-Built survey will be required that demonstrates elevations showing positive drainage, finish floor elevations and compliance with the original grading plan. Specifically the elevations should include all property corners, building corners and swales to assure reasonable lot grading compliance. Where lots are to have wooded areas retained, the undisturbed edge of woods is to be indicated as well on the plan.

# HOWELL TOWNSHIP

**Agent :** [redacted]
35 MAINDA LANE
HOWELL, NJ-07731
Ph [redacted]

**Contractor :** [redacted]
MAINDA LANE
HOWELL, NJ-07731
Ph [redacted]

**Ref : Application #. 29765**

**Subject : FireProtection Review for 35 MAIDA LANE**

Date : August 02, 2004

## Subcode Notes

1. Are there any oil tanks on the property which need to be removed/abandoned.

# HOWELL TOWNSHIP

**Agent :** [redacted]
35 MAINDA LANE
HOWELL, NJ-07731
Ph: [redacted]

**Contractor :** [redacted]
MAINDA LANE
HOWELL, NJ-07731
Ph: [redacted]

**Ref : Application #. 29765**

**Subject : FireProtection Review for 35 MAIDA LANE**

Date : August 02, 2004

## Subcode Notes

1. Are there any oil tanks on the property which need to be removed/abandoned.

DATE: 07/21/04

ATTENTION [redacted]

FAX# [redacted]

DEMOLITON ADDRESS:

35 MAIDA LANE
HOWELL, NEW JERSEY

TO WHOM IT MAY CONCERN:

VERIZON HAS REMOVED ANY/ALL CABLES, WIRES AND EQUIPMENT FROM THE AFOREMENTIONED BUILDING TO BE DEMOLISHED.

IF WE CAN BE OF FURTHER ASSISTANCE, PLEASE CALL 732 505-5350. FUTURE DEMOLITION REQUESTS CAN BE FAXED TO 732 349-9986.

THANK YOU,
JAMIE SUNDERMANN

# FAX COVER SHEET

DATE: 07/21/04

ATTENTION: [redacted]

PAGES INCLUDING COVER SHEET: 2

IF ALL PAGES ARE NOT RECEIVED, PLEASE
CALL: JAMIE SUNDERMANN @ 732 505-5350

**H & H Gas Corporation**
***Propane Gas & Appliances***

P.O. Box 208
Hightstown, NJ 08520

SHOWROOM
80 Main Street
Windsor, NJ 08561

Harry Horowitz, President
Larry A. Horowitz, Vice President
Kenneth Horowitz, Vice President

Gas Dept: (609) 448-3232
Appliances: (609) 426-1111
Fax: (609) 448-8096

July 28, 2004

To Whom it may Concern:

This Reference is for the property at 35 maida Lane, Howell, N.J. 07731

All Tanks were Removed on June 7, 2004.
Tanks were Empty.

Any Questions please call.

Thank You

[redacted]

H & H GAS CORP
P.O. Box 208
Hightstown, N.J. 08520

PHONE: 609-448-3232
FAX: 609-448-8096

TO: Whom it May Concern

FRO [redacted]

DATE: 1/20/10

RE: 35 Maida Lane Hamel



Any Questions Please Call

Thank You

[redacted]

Jersey Central
Power & Light
A FirstEnergy Company

55 River Avenue
Lakewood, NJ 08701

July 8, 2004

[redacted]

Re: N311790137

Dear Customer:

The letter confirms that JCP&L Company has removed all meters and electrical services from the following location:

35 MAIDA LN
HOWELL NJ 07731

This notification is effective as of the above date and certifies the referenced building is now electrically safe for demolition.

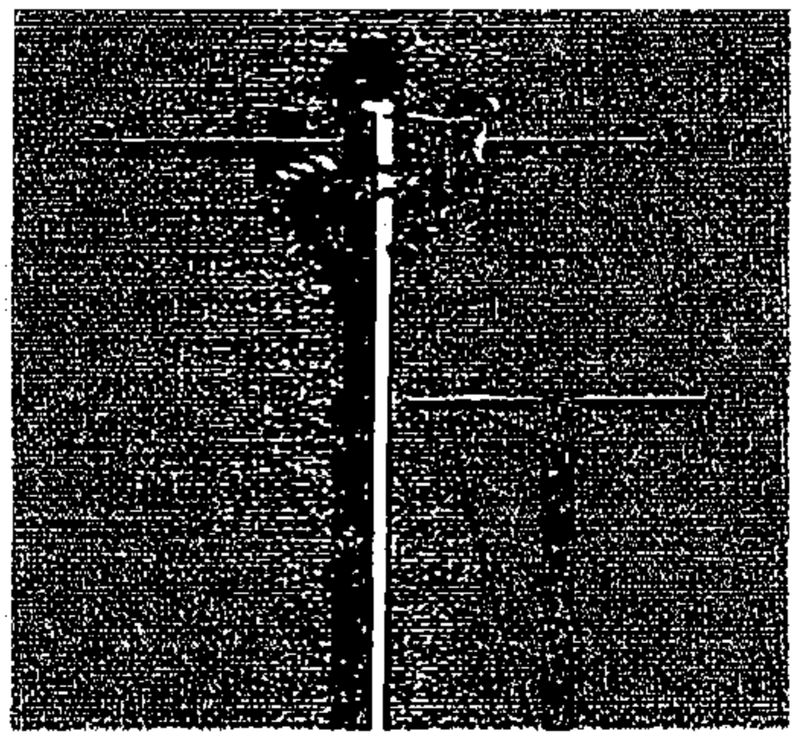
If you have any questions, please do not hesitate to call me at 732-370-7304.

Sincerely,

[redacted]

Joseph B. Hildebrandt
Manager- Lakewood Line Dept.

JBH/lel



# JCP&L
# LAKEWOOD - COC
# 55 RIVER AVE
# LAKEWOOD, NJ 08701

DATE: 7/8/04

FROM: JCP&L

PHONE/FAX #: 732-905-5742

TO: [redacted]

P[redacted]

COMMENTS: Demo letter for 35 Maida Ln. Howell

Number of pages including this one 2

**MONMOUTH COUNTY DEPARTMENT OF HEALTH**
**(732) 431-7456**
**Continuation Sheet**

**(For Inspections, Surveys, Audits, etc.)**

Name (Individual, F [redacted] Date 7-27-04

Municipality 35 Maida Lane, Howell 07731 [redacted]

| Item No. | Remarks |
|---|---|
| Note: | Septic pumped by Central Jersey 7-27-04 |
| Note: | Septic tank abandoned in accordance with 7:9A 1-12 |
| Note: | Existing well to be used for new dwelling - has been disconnected from existing dwelling |

[redacted] Signature of Owner of Facility, Establishment, etc., if required [redacted]

PAGE 1 OF 1 PAGES

**WHITE – Establishment CANARY – Local Health Department**