

BLOCK 37 LOT 63 QUALIFICATION CODE 29575 ADDRESS (SITE) 35 MAIDA LANE 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. Proposed Work Site at: 35 MAIDA LANE
2. Name of Owner in Fee: [Redacted] Tel. [Redacted]
Address 35 MAIDA LANE Howell NJ
street municipality zip code
3. Ownership in Fee: Public ☐ Private ☐
4. Principal Contractor: Statewide Custom Modulare ()
Address 550 Rt. 70
License No. OR, if new home, Builder Reg. No. Lakehurst, NJ 08733 Exp. Date 5/31/06
Federal Employee No. Ph. 732 - 408 - 1600 FAX: (732) 323 8858
5. Architect or Engineer Builders Reg. # 032537 Tel. ()
Address Tax ID [Redacted]
6. Responsible Person in Charge of Work
Tel. ()

*Single Family Modulare on crawl w/ a covered front porch
3 Bedroom 3 Bath*

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
2. Height of Structure 730 ft.
3. Area - Largest Floor 1218.8 sq. ft.
4. New Building Area 2049.8 sq. ft.
5. Volume of New Structure 16398.4 cu. ft.
6. Construction Classification 5B
7. Total Land Area Disturbed 1500 sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
no X
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

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

Est. Cost

92,000

5500

4200

2200

TOTAL COSTS

103,900

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
		<u>7/31/04</u>	<u>8/24/04</u>	<u>GB</u>			
			<u>8/13/04</u>	<u>GB</u>			
			<u>8-2-04</u>				

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 0

After Construction 1

Net Gain or Loss +1

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

LDS HW-B 10604490

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 _____

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 **Statewide Custom Modulare**
Address **550 Rt. 70**
Lakehurst, NJ 08733
Telephone () **Ph. 732 - 408 - 1600**
Signature **Builders Reg. # 032837**
Tax ID

- 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	
☐									
☐									

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

IDENTIFICATION

Block: 37 Lot: 63 Qualification Code: _____
Work Site Location: 35 MAIDA LANE
HOWELL

Home Warranty No: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: 07/01/2005

Description of Work/Use: SINGLE FAMILY MODULAR DWELLING, COVERED PORCH, 3 BEDROOM, 3 BATH, 2049 S.F.

Telephone: 732 408-1600

Lic. No./ Bldrs. Reg. No.: 032537

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 07/01/2005 or will be subject to fine or order to vacate:

PENDING ALL FINAL INSPECTIONS AND ALL FINAL PRIOR APPROVALS

Chet Phillips Construction Official

Chet Phillips 5/2/05

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Date Issued: 05/02/2005

Control #: 29575

Permit #: 20042498

☐ 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 _____

Fees \$ 40.00

Paid ☒ Check No. 21231

Collected by: KH



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

CERTIFICATE

Date Issued: 06/28/2005

Control #: 29575

Permit #: 20042498

IDENTIFICATION

Block: 37 Lot: 63 Qualification Code: _____

Home Warranty No: _____

Work Site Location: 35 MAIDA LANE

Type of Warranty Plan: ☐ State ☐ Private

HOWELL

Use Group: R-5

Owner in Fee: _____

Maximum Live Load: _____

Address: 35 MAINDALANE

Construction Classification: _____

HOWELL NJ 07731

Maximum Occupancy Load: _____

Telephone: _____

Certificate Exp Date: _____

Agent/Contractor: DOGOOD LLC DBA STATE WIDE MODULARS

Description of Work/Use: _____

Address: 550 ROUTE 70

SINGLE FAMILY MODULAR DWELLING,
COVERED PORCH, 3 BEDROOM, 3 BATH,
2049 S.F.

LAKEWOOD NJ 08733

Telephone: 732 408-1600

Lic. No./Bldrs. Reg.No.: 032537

Federal Emp. No. _____

Social Security No.: _____

☒ CERTIFICATE OF OCCUPANCY

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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.

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

☐ 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.

☐ 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.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

☐ CERTIFICATE OF 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:

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

6/28/05

Chet Phillips Construction Official

Paid (X) Check No. 21231

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Collected by: KH

Fees \$40.00



APPLICATION FOR CERTIFICATE

Permit #
Date Issued

- or -
Control #

Certificate Application Received:

Certificate Issued:

4-1-05

IDENTIFICATION

Work Site Location 35 MAIDA LANE Block 37 Lot 63 Qualification Code _____
Howell NJ

Owner in Fee [REDACTED] Contractor STATEWIDE MODULAR

Address 35 MAIDA LANE Address 550 RT 70
Howell NJ LAKELAKE NJ 08733

License No. 32637 Tel. (732) 408-1600

Te [REDACTED] Federal Employee No. [REDACTED]

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☒ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 103,900

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

CONDITIONAL UPON COMPLETION OF FINAL GRADING,
ENGINEERING

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: [REDACTED]

OWNER/AGENT

☐ OWNER

☒ AGENT



APPLICATION FOR CERTIFICATE

Permit #
Date Issued
- or -
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 35 MAIDA LN Block 37 Lot 63 Qualification Code _____

Owner in Fee

Contractor

Address

Address

License No.

Tel

Federal Employee I

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP

Previous

Current

FINAL COST OF CONSTRUCTION:

\$ 4169,000

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

NEW Construction: Single Family Dwelling

CLSD
6-28-05

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNATURE

6/29/05

☒ OWNER

☐ AGENT



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

8/24/04
29575
20042498

IDENTIFICATION Block 37 Lot 63

Work Site Location 35 MAIDA LANE
Howell NJ

Owner in Fee [REDACTED]

Address 35 MAIDA LANE
Howell NJ

Tel. [REDACTED]

Contractor Statewide Custom Modulares
Address 550 Rt. 70

Lakehurst, NJ 08733

Tel. () Ph. 732 - 408 - 1600

Lic. No. or Bldrs. Reg. No. Builders Reg. # 032537

Fed. Emp. No. Tax ID [REDACTED]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Single Family Modular Home on crawl

1/2 covered front porch

3 Bd. 3 Ba 2019.8 sq. ft.

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 \$ 203,900

CP(2)
Construction Official

8/24/04
Date

PAYMENTS (Office Use Only)	
Building	<u>406</u>
Electrical	<u>198</u>
Plumbing	<u>482</u>
Fire Protection	<u>220</u>
Elevator Devices	<u> </u>
Other	<u>Survey 10</u>
DCA Training Fee	<u>27</u>
Cert. of Occupancy	<u>40</u>
Other	<u> </u>
Total	<u>1383</u>
Check No.	<u>2121</u>
Cash	<u> </u>
Collected by	<u>IKD</u>

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:

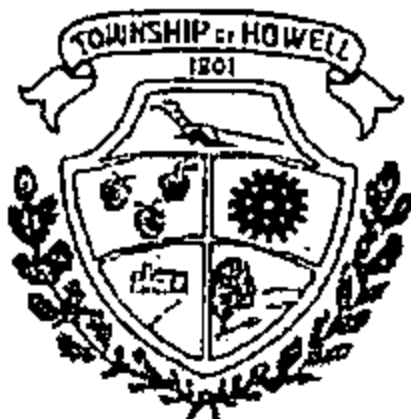
1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections 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: 20051164
Permit Date: 05/02/2005
Update Number:
Control Number: 33460
Application Date: 05/02/2005

CONSTRUCTION PERMIT IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 37	Lot : 63	Qualification Code:	
Work Site Location:	35 MAIDA LANE HOWELL		Contractor: Statewide Modular Homes
Owner In Fee:	[REDACTED]		Address: 550 Route 70
Address:	35 MAINDA LANE		Lakehurst NJ 08733
	HOWELL NJ 07731		Telephone: (732) - 408-1600
Telephone:	[REDACTED]		Lic. No. / Bldrs. Reg. No.: 030832
Use Group(s):	R-5		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:

FEE FOR TEMPORARY CERTIFICATE OF OCCUPANCY

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

Amount to be Paid: \$25.00

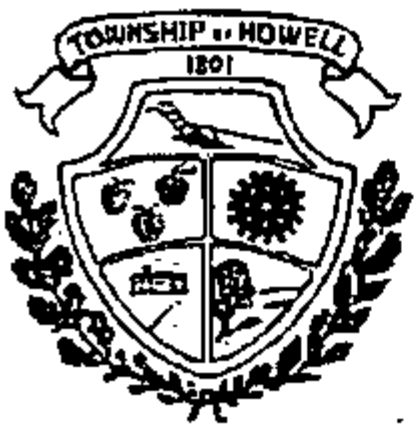
Cash amount: \$25.00

Collected by:	BF
Receipt No:	
Total Cash Amount	\$25.00
Total Check Amount	
Total CC Amount	
Grand Total	\$25.00

Note:

PAYMENTS (Office Use Only)

Building	\$25.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$25.00
All Fees Waived:	No



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

Permit Number: 20042498
Permit Date: 08/24/2004
Update Number:
Control Number: 29575
Application Date: 07/20/2004

CONSTRUCTION PERMIT IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 37	Lot : 63	Qual :	
Work site Location:	35 MAIDA LANE HOWELL		Contractor: DOGOOD LLC DBA STATE WIDE MOD
Owner In Fee:	[REDACTED]		Address: 550 ROUTE 70
Address:	35 MAINDA LANE		LAKEWOOD NJ 08733
	HOWELL NJ 07731		Telephone: (732) - 408-1600
Telephone:	[REDACTED]		Lic. No. / Bldrs. Reg. No.: 032537
Use Group(s):	R-5		Federal Emp. No.: [REDACTED]

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:

SFD MODULAR HOME- 3 BEDROOM, 3 BATH
COVERED FRONT PORCH

ESTIMATED COST OF WORK:

Cost of Construction: 11,700.00
Cost of Alteration: 16,500.00
Cost of Demolition: 0.00

Total Cost: \$28,200.00

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.

Chet Phillips
Construction Official

Date

:: 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!!!!

PAYMENTS (Office Use Only)

Building	\$406.00
Electrical	\$198.00
Plumbing	\$482.00
Fire Protection	\$220.00
Elevator Devices	
Mechanical	
VolFee (DCA)	\$5.00
AltFee (DCA)	\$22.00
Other Fees	\$10.00
CO Fee	\$40.00
CCO Fee	
Minimum Fee	
Total	\$1,383.00
All Fees Waived :	No

Amount to be Paid: \$1,383.00
Check Number: 21231
Check amount: \$1,383.00

Collected by: KH
Receipt No:
Total Cash Amount
Total Check Amount \$1,383.00
Total CC Amount
Grand Total \$1,383.00



BUILDING SUBCODE TECHNICAL SECTION



BERKELEY TOWNSHIP
PO. Box B
Bayville, NJ 08721

Date Received
Control #
Date Issued
Permit #

8/24/04
29575
20442498

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

Qualification Code

Block 37 Lot 63
Work Site Location 35 Maina Lane
Howell NJ

Owner in Fee
Address Howells Rd 135 Maina Lane
Howell NJ

Contractor
Address Statewide Custom Modular
550 Ft. 70
Lakohurst, NJ 08733

Tel. ()
Contractor License No. or Building Registration No. 408 - 1600
Federal Emp. No. Builders Reg. # 032537

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial

Dates (Month/Day)

Type:	Failure	Approval	Initial
☐ No Plans Required			
☒ All	8/24/04	9-16-04	SMY
☐ Footing			
☐ Foundation			
☐ Frame			
☐ Other			
Joint Plan Review Required:			
☒ Elec. ☒ Plumb. ☒ Fire ☐ Elevator			
SUBCODE APPROVAL			
CA CO 11 CC 01 CA			
Date: 3/28/05			
Approved by: GIB			
TCO			
Other			
Final			
Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories	2	58
Height of Structure	230	FT.
Area — Largest Floor	1218.8	Sq. Ft.
New Bldg: Area/All Floors	2049.8	Sq. Ft. 150
Volume of New Structure	16393.4	Cu. Ft. 1800
Total Land Area Disturbed	1500	Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 4000
2. Rehabilitation \$ 16500
3. Total (1+2) \$ 20500

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Single Family Modular Home
on crawl w/ a covered front porch
3 Bd 3 Ba
2049.8 sq. ft

C. CERTIFICATION IN LIEU OF OATH

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

TYPE OF WORK:	Height (exceeds 6') Sq. Ft.
☒ 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 \$

FEE (Office Use Only)

43



BUILDING SUBCODE TECHNICAL SECTION



BERKELEY TOWNSHIP
P.O. Box 811
Baville, NJ 08721
HOWELL

Date Received 8/24/04
Control # 29575
Date Issued 20042498
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 Qualification Code _____
Work Site Location 35 Maina Lane

Owner in Fee _____
Address Howell NJ 08721 Maina Lane

Contractor Sturges Construction Modular
Address 550 Rt. 70

Tel. () _____
Lakewood, NJ 08733
Contractor License No. or Building Registration No. Ph 732 408-1600
Federal Emp. No. _____
Builders Reg. # 032537

JOB SUMMARY (Office Use Only) ID 04

PLAN REVIEW	Date	Initial	INSTRUCTIONS	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required				Footing	9-16-04		9-14-04	RMH
☒ All	8/24/04	GB		Footing-Bonding			10-8-04	RMH
☐ Footing				Foundation			12-20-04	RMH
☐ Foundation				Slab				
☐ Frame				Frame + Shear H				
☐ Other				Truss Sys./Bracing				
Joint Plan Review Required:				Barrier-Free				
☒ Elec. ☒ Plumb. ☒ Fire ☐ Elevator				Insulation				
SUBCODE APPROVAL				Finishes -Base Layer				
☒ CO ☐ CC	6/27/05	CA		Finishes -Final				
Date:	6/27/05			Energy H Comp/Pate			3/26/05	GB
Approved by:	GB			Mechanical			3/26/05	GB
				TCO			11-30-04	RMH
				Other Footings			3/26/05	GB
				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed N3
Constr. Class Present Proposed 5B
/No. of Stories 2
Height of Structure 330 Ft.
Area — Largest Floor 1218.8 Sq. Ft.
New Bldg. Area/All Floors 2049.8 Sq. Ft. 150
Volume of New Structure 16398.4 Cu. Ft. 1800
Total Land Area Disturbed 1500 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 9000
2. Rehabilitation \$ 16500
3. Total (1+2) \$ 25500

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Single Family Modular Home
on crawl w/ a covered front porch
3 Bld 3 Ba
2049.8 sq. ft

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent of owner of
re
Signature _____

TYPE OF WORK:	Height (exceeds 6')	Sq. Ft.	FEE (Office Use Only)
☒ New Building			\$ <u>43</u>
☒ Addition			\$ <u>363</u>
☒ Rehabilitation			
☐ Roofing			
☐ Siding			
☐ Fence			
☐ Sign			
☐ Pool			
☐ Asbestos Abatement Subchapter 8			
☐ Lead Haz. Abatement NJAC 5:17			
☐ Other			
☐ Demolition			

Administrative Surcharge \$ _____
Minimum Fee \$ 5
State Permit Surcharge Fee \$ 22
TOTAL FEE \$ _____

100

9-10-04 NOT READY 10:00 AM
9/23/04 Not Drop Picked



BUILDING SUBCODE
TECHNICAL SECTION



BERKELEY TOWNSHIP
PO Box 1111
Baville, NJ 08721

Date Received
Control #
Date Issued
Permit #

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of
[redacted] and am authorized to make this application.

Block 37 Lot 63
Work Site Location 35 MAIDA LAKE Qualification Code Howell

Owner in Fee [redacted]
Address Howell Ave 35 MAIDA LAKE

Tel [redacted]
Contractor Stevens Custom Modulare
Address 550 Rt. 70

Tel. () Laketurst, NJ 08733
Contractor License No. or Builder's Reg. # Ph. 732-408-1500
Federal Emp. No. Builders Reg. # 032637

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required				Footing				
☒ All	<u>8/24/04</u>	<u>EG</u>		Footing Bonding				
☐ Footing				Foundation				
☐ Foundation				Slab				
☐ Frame				Frame				
☐ Other				Truss Sys./Bracing				
Joint Plan Review Required:				Barrier-Free				
☒ Elec. ☒ Plumb. ☐ Fire ☐ Elevator				Insulation				
SUBCODE APPROVAL				Finishes -Base Layer				
☒ CO ☐ CCO ☐ CA				Finishes -Final				
Date:				Energy				
Approved by:				Mechanical				
				TCO				
				Other				
				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS
Use Group Present Proposed R23
Constr. Class Present Proposed 58
No. of Stories 2
Height of Structure >30 Ft.
Area -Largest Floor 1218.8 Sq. Ft.
New Bldg. Area/All Floors 2011.8 Sq. Ft.
Volume of New Structure 16398.4 Cu. Ft.
Total Land Area Disturbed 1500 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 4000
2. Rehabilitation \$ 16500
3. Total (1+2) \$ 20500

D. TECHNICAL SITE DATA

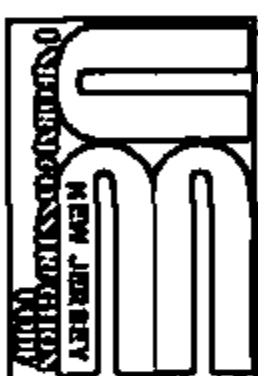
DESCRIPTION OF WORK
Single Family Modular Home
on 1/4 acre w/1 curved front porch
3 Bd 3 Ba
2049.8 sq. ft

TYPE OF WORK:
☒ New Building Permit
☒ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Demolition

FEE (Office Use Only)
\$ 93

Administrative Surcharge \$ 5
Minimum Fee \$ 22
State Permit Surcharge Fee \$ 22
TOTAL FEE \$ 43

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



**ELECTRICAL
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 Howell NJ 35 Maina Lane

Owner in Fee/Occupant [Redacted]

Address Howell NJ 35 Maina Lane

Tele. [Redacted]

Contractor UPPER ELECTRICAL CONTRACTING LLC

Address 385 Mac Drive

Leans River NJ 08753

Tele. (732) 240-1010 Fax (732) 240-1114

Lic. No. 13000

Federal Emp. No. [Redacted]

B. ELECTRICAL

Use Group Present R3 Proposed R3

☐ Pole/Pad # [Redacted] ☐ Temporary ☐ Other [Redacted]

Building Occupied as [Redacted] Utility Co. [Redacted]

Est. Cost of Elec. Work \$ 2200 DR# 312219118

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)

☒ No Plans Required

Joint Plan Review Required: Type: 38-28 Failure 11/9/04 Failure 11/9/04 Approval 12/9/04 Initial RD

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Elec. Plans Approved

Date: 6-2-04 TCO [Redacted]

Approved by: [Signature] Other 11/9/04 Service 12-27-04 Final 3-2-05 3-4-05

SUBCODE APPROVAL Temp. Cut-in-Card Date Issued 11/9/04 Final Cut-in-Card Date Issued 3-2-05

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized in this application.

☒ Licensed Electrical Contractor ☐ Exempt Applicant



Date Received 8/24/04
Date Issued 29575
Control # 20042498
Permit #

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

4 Lighting Fixtures

4 Receptacles

2 Switches

2 Detectors

2 Light Poles

2 Motors—Fract. HP

2 Emergency & Exit Lights

2 Communications Points

2 Alarm Devices/F.A.C. Panel

8 TOTAL NUMBERS

8 Pool Permit/with UV Lights

8 Storable Pool/Spa/Hot Tub

8 KW Elec. Range/Receptacle

8 KW Oven/Surface Unit

8 KW Elec. Water Heater

8 KW Elec. Dryer/Receptacle

8 KW Dishwasher

8 HP Garbage Disposal

8 KW Central A/C Unit

8 HP/KW Space Heater/Air Handler

8 KW Baseboard Heat

8 HP Motors 1/4 HP

8 KW Transformer/Generator

8 AMP Service

8 AMP Subpanels

8 AMP Motor Control Center

8 KW Elec. Sign/Outline Light

8 Full size well pump

FEE (Office Use Only)

\$ 40

\$ 12

\$ 12

\$ 12

\$ 12

\$ 24

\$ 50

\$ 24

\$ 24

\$ 12

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\$ 12

11/9/04 TB

Footing bond not #4 cu

Footing bond not installed at disconnecting

2 wires on same leg in disconnect

no well ~~present~~ trench inspection

no DR#

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



**ELECTRICAL
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 Main Lane

Owner in Fee/Occupant Howell NJ

Address 35 Main Lane

Tele. () 732 240-1010

Contractor BDPM ELECTRICAL Contracting LLC

Address 385 Mac Drive

Tele. () 732 240-1010 Fax () 732 240-1114

Lic. No. 13000

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R3

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 2200

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial INSPECTIONS

[X] No Plans Required Type: Rough Failure Failure Approval Initial

Joint Plan Review Required: Temp. Serv. Constr. Serv. TCO Other Service Final

[] Building [] Plumbing [] Fire [] Elevator [] Elec. Plans Approved

Date: 6-2-04 Approved by: [Signature]

SUBCODE APPROVAL [] CO [] CCO [] CA

Date: Temp. Cut-in-Card Date Issued

Approved by: Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent or owner of record and am authorized on this application.

[X] Licensed Electrical Contractor [] Exempt Applicant



Date Received 8/24/04
Date Issued 29575
Control #
Permit # 20042498

D. TECHNICAL SITE DATA

QTY SIZE ITEMS

4 Lighting Fixtures

4 Receptacles

2 Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS 11

Pool Permit/with UV Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle 12

KW Oven/Surface Unit 12

KW Elec. Water Heater 12

KW Elec. Dryer/Receptacle 12

KW Dishwasher

HP Garbage Disposal 24

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator 50

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

2 Full P.C.C.

2 well pump

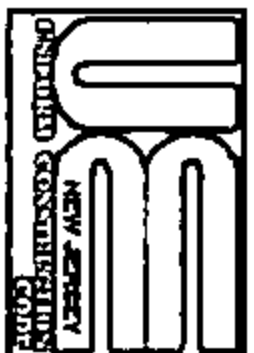
FEE (Office Use Only)

Administrative Surcharge \$ 148

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Handwritten initials

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 Qualification Code _____

Work Site Location 35 MAGIDA Lane

Owner in Fee _____

Address 35 MAGIDA Lane

Contractor Golden Heating & Cooling

Address _____

Tel () _____ **Toms River, NJ 08753**

Fire Protection Equipment, NJ **Ph. and Fax**

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed R3 Fire Alarm System: ☐ New or ☐ Existing

Constr. Class: Present _____ Proposed SB 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: _____

Fuel Type: ☐ Flammable or ☐ Combustible Capacity _____

Total Cost of Fire Protection Work \$ 5,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required	Type: _____				
☐ Joint Plan Review Required:	Alarm System				
☐ Building ☐ Plumbing	Suppression Sys.				
☐ Electric ☐ Elevator	Standpipe				
☒ Fire Plans Approved	Fire Pump				
Date: <u>7/21/09</u>	Pre-Eng. System				
Approved by: <u>[Signature]</u>	Mechanical				
SUBCODE APPROVAL	Smoke Control				
☐ TCO	Flammable/Combust Tanks				
☐ Fire Alarm	Fireplace/Venting				
☐ Other					



C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (applicant) owner, agent and am authorized to make this application. _____

Applicant's Signature/Contractor's Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW HVAC

Water Supply Source _____

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 CO Detector _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Date Received 8/24/09

Control # 29575

Date Issued 20042498

Permit # _____

Applicant's Signature/Contractor's Signature

[Signature]

[Signature]

[Signature]

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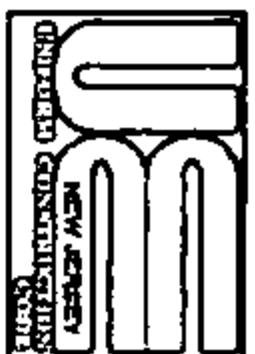
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Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	_____



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Howell

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 Qualification Code 35 MA10A

Work Site Location Howell NJ

Owner in Fee 35 MA10A LEASE

Address Howell NJ

Tel Howell NJ

Contractor Coroco Heating & Cooling

Address Toms River, NJ 08753

Tel Ph. and Fax

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

Fire Alarm Contractor No. SS

Federal Emp. No. SS

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R3 Proposed R3 Fire Alarm System: 1 New or 1 Existing

Constr. Class: Present 5B Proposed 5B Location of Panel: 1 New or 1 Existing

Heating System: X New or 1 Existing X HVAC Fire Suppression/Standpipe System: 1 New or 1 Existing

Type: 1 Gas 1 Oil X Electric 1 Solar Location of Main Control Valve: 1 New or 1 Existing

Location: 1 Other 1 Other

Fuel Storage Tank: 1 Flammable or 1 Combustible Capacity 5500

Total Cost of Fire Protection Work \$ 5500

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am to make this application.



Date Received 8/24/04
Control # 29575
Date Issued 20042498
Permit # 20042498

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: NEW HVAC

Water Supply Source NEW HVAC

Method of Alarm/Suppression System Supervision NEW HVAC

Flammable/Combustible Tanks 2

Alarm Systems 1

Supervisory Devices (i.e., lamps, low/high air) 3

Signaling Devices (i.e., horn/strobes, bells) 3600

Other Devices 3

TOTAL 3600

Suppression Systems 3

Fire Pump 3

Dry Pipe/Alarm Valves 3

Pre-action Valves 3

Sprinkler Heads (Dry and Wet) 3

Standpipes 3

Pre-engineered Systems 3

Wet Chemical 3

Dry Chemical 3

CO₂ Suppression 3

Foam Suppression 3

FM200 Suppression 3

Other 3

Other Systems 3

Kitchen Hood Exhaust System 3

Smoke Control System 3

Fired Appliances 3

Fireplace Venting/Metal Chimney 3

Other 3

Administrative Surcharge \$ 18400

Minimum Fee \$ 18400

State Permit Surcharge Fee \$ 18400

TOTAL FEE \$ 18400

Wesley
Chapman
11/11/04



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Contract # 29575
Permit # 2004-2498

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

Block 37 35 MARIDA LN lot 63

Work Site Location HOUSE

Owner in Fee 35 MARIDA LN

Address HOUSE

Tele. HOUSE

Contractor BOB'S SHIRT TAILORING 1-85-47216

Address CHRYSLER DR. 07016

Tele. HOUSE Fax HOUSE

Lic. No. 10153

Federal Emp. No. HOUSE

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed 63

Building Sewer Size Public Sewer Private Septic ✓

Water Service Size Public Water Private Well ✓

Est. Cost of Plumbing Work \$ 4200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Joint Plan Review Required:

Building ✓ Electric ✓

Fire ✓ Elevator ✓

Plumbing Plans Approved

Date: 11/11/04

Approved by: HOUSE

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

NO. 1 2 1 1

Water Closet

Urine/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/separator

Backflow Preventer

GreaseTrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

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Administrative Surcharge

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DCA Training Fee

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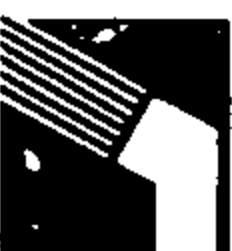
11/11/04

11/11/04

Howell



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

8/24/04
29575
20842498

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 LAKE
Owner in Fee [REDACTED]
Address 35 MAIDA LAKE
Howell NJ
Tele. [REDACTED]
Contractor OFFICE & SALLENS P. INC (Rob)
Address 806 FRANCE COUNTRY
Tele. (732) 506-0968 NJ 08753
Lic. No. 10289
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R3
Building Sewer Size Public Sewer Private Septic ✓
Water Service Size Public Water Private Well ✓
Estimated Cost of Plumbing Work \$ 4200

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)	Initial	
☐ No Plans Required	Type: <u>Slab</u>	Failure <u>2/4/05</u>	Approval <u>3/8/05</u>	Initial <u>Q</u>
☐ Bldg. ☐ Elec.	<u>Rough</u>	<u>2/4/05</u>	<u>3/8/05</u>	<u>Q</u>
☐ Fire ☐ Elevator	<u>Water</u>	<u>2/4/05</u>	<u>3/8/05</u>	<u>Q</u>
☒ Plumb Plans Approved	<u>Sewer</u>	<u>2/4/05</u>	<u>3/8/05</u>	<u>Q</u>
Date: <u>8/13/04</u>	<u>Fixtures</u>	<u>2/4/05</u>	<u>3/8/05</u>	<u>Q</u>
Approved by: <u>[Signature]</u>	<u>Gas Equipment</u>	<u>2/4/05</u>	<u>3/8/05</u>	<u>Q</u>
	<u>Gas Piping</u>	<u>2/4/05</u>	<u>3/8/05</u>	<u>Q</u>
	<u>Solar</u>	<u>2/4/05</u>	<u>3/8/05</u>	<u>Q</u>
	<u>TCO</u>	<u>2/4/05</u>	<u>3/8/05</u>	<u>Q</u>
Approved By: <u>[Signature]</u>	<u>Smoke Test on Structure</u>	<u>2/4/05</u>	<u>3/8/05</u>	<u>Q</u>
Date: <u>8/24/05</u>	<u>Flue</u>	<u>2/4/05</u>	<u>3/8/05</u>	<u>Q</u>

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.

☒ Licensed Plumbing Contractor ☐ Exempt

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other <u>2 AC</u>	
	<u>2 Furnace</u>	

Paid ☐ Check # <u> </u>	Administrative Surcharge \$ <u>482.</u>
Collected by: <u> </u>	Minimum Fee \$ <u> </u>
	DCA Training Fee \$ <u> </u>
	TOTAL \$ <u> </u>

Howell



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

8/24/04
29575
20042498

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 LAKE

Owner in Fee Howell NJ

Address 35 MAIDA LAKE

Howell NJ

Tele. UTAH & DRAINAGE PL. INC.

Contractor 806 FRANK COUNTRY

Address Toms River NJ 08753

Tele. (732) 506-0968

Lic. No. 10289

Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed 123

Building Sewer Size _____ Public Sewer _____ Private Septic ✓

Water Service Size _____ Public Water _____ Private Well ✓

Estimated Cost of Plumbing Work \$ 4,200

JOB SUMMARY (Office Use Only) Medley Price

PLAN REVIEW:

☐ No Plans Required

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec.

☐ Fire ☐ Elevator

☒ Plumb. Plans Approved

Date: 8/13/04

Approved by: Howell

SUBCODE APPROVAL:

☐ CO ☐ CCO ☐ CA

Approved By: _____

Date: _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent of _____
and am authorized to make this a
record and am authorized to make this a
and perform the work listed on this appli

Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Water Cooled A/C

or Refrigeration Unit

Sewer Connection

Water Service Connection

Active Solar System

Other 2 AC

2 furnace

FEE (Office Use Only)

Administrative Surcharge \$ 482

Paid ☐ Check # _____ Minimum Fee \$ _____

DCA Training Fee \$ _____

Collected by: _____ TOTAL \$ _____

Howell

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICANT INFORMATION. NOTIFY THIS OFFICE. CALL UTILITY DIG NO.

Block 37 Lot 35
Work Site Location Howell NJ
Owner in Fee 35 MAIDA LAKE
Address Howell NJ
Tele. OFFICE & SALES PL. INC
Contractor 304 FRANCE COURT
Address Toms River NJ 087
Tele. (732) 506-0968
Lic. No. 10289
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present 123 Proposed _____
Building Sewer Size _____ Public Sewer _____
Water Service Size _____ Public Water _____
Estimated Cost of Plumbing Work \$ 4200

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)	Initial
Type:	Failure	Failure	Approval
☐ No Plans Required	Slab		
☐ Joint Plan Review Required:	Rough	<u>2/4/05</u>	<u>3/8/05</u>
☐ Bidg. ☐ Elec.	Water		
☐ Fire ☐ Elevator	Sewer	<u>2/4/05</u>	<u>3/8/05</u>
☒ Plumb. Plans Approved	Fixtures		
Date: <u>8/13/04</u>	Gas Equipment		
Approved by: <u>Howell</u>	Gas Piping	<u>2/4/05</u>	<u>3/8/05</u>
SUBCODE APPROVAL:	Solar		
☐ CO ☐ CCO ☐ CA	TCO	<u>3/28/05</u>	<u>3/28/05</u>
Approved By: _____	Smoke Test on STAC	<u>3/28/05</u>	<u>3/28/05</u>
Date: _____	Flue	<u>3/18/05</u>	<u>3/18/05</u>

C. CERTIFICATION IN LIEU OF OATH

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

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Issued 24575
Control # 20842498
2-684-6505

He Wilde

(List all fixtures.)

COMMENT	FEE (Office Use Only)
Water Closet	
Urinal/Bidet	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bibb	
Water Heater	
Fuel Oil Piping	
Gas Piping	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C	
or Refrigeration Unit	
Sewer Connection	
Water Service Connection	
Active Solar System	
Other <u>2 AC</u>	
<u>2 Furnace</u>	

Paid ☐ Check # _____	Administrative Surcharge \$ <u>482.</u>
DCA Training Fee \$ _____	Minimum Fee \$ _____
Collected by: _____	TOTAL \$ _____

Reinspection

Charlie

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 6-10-05 INSPECTION REQUESTED BY:

CASE NUMBER: B/A04-04 DEVELOPMENT:

BLOCK: 37 LOT: 63 SECTION: 35 Maida Lane

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:
- (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

			a
			b
			c
			d
N/A			e
			f
			g

2. LIGHTING INSTALLED OPERATIONAL:

N/A			
-----	--	--	--

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

			a
			b
N/A			c
			d
			e

4. SCREENING, FENCE (S) & LANDSCAPING:
- (a) Topsoil
 - (b) Fertilizing & Seeding (Stabilized)
 - (c) Shade Tree
 - (d) Shrubs
 - (e) Trash Screening
 - (f) Screening (Fence or Plantings)

		✓	a
		✓	b
			c
			d
			e
			f

5. SOIL EROSION & SEDIMENT CONTROL:
- (a) Compliance - Certified Plan
 - (b) Site Conditions - Field Observation

			a
		✓	b

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

		✓	a
			b
		✓	c
			d

7. SITE GRADING:
- (a) As-built Grading Plan demonstrating positive drainage, and variation from approved plan.

		✓	a
--	--	---	---

- (b) Retaining Walls

		✓	b
--	--	---	---

8. GENERAL CLEANUP:
- (a) Lot
 - (b) Adjoining buffer, open space, conservation area and, lots

		✓	a
			b

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.

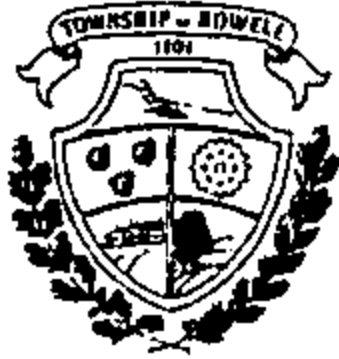
COMMENTS: OK B.Y. Tester 5/11/05

C. Muller
INSPECTOR

6/13/05
DATE

W. [Signature]
ENGINEER/STAFF

Resent to
both #'s 1/4/05



TOWNSHIP OF HOWELL

www.twp.howell.nj.us

Jean Verrier

Electrical Subcode Official

251 Preventorium Road
P.O. Box 580
Howell, N.J. 07731

(732) 938-4500 Ext. 2407
Fax (732) 938-6492

MUNICIPALITY	<u>Howell</u>		CUT-IN-CARD
LOCATION	<u>35 MADIA LN</u>		
		UTILITY CO	<u>JCP&L</u>
		BLK	<u>37</u> LOT <u>63</u>
OWNER	OCCUPANT		
"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."			
☐ FINAL ☐ TEMPORARY This approval void after _____ days			
DESCRIPTION OF SERVICE		<u>200AMP DR# 312219118</u>	
INSTALLED BY		<u>BDM elect</u> LICENSE NO <u>13000</u>	
DATE		<u>12-27-04</u> PERMIT # <u>04-2498</u> INSPECTOR <u>[Signature]</u>	
☐ CALLED IN <u>/ /</u>		Lic. No: <u>8186</u>	

DIRECTOR
34E100935400
LICENSE/REGISTRATION/CERTIFICATION #

SIGNATURE OF REGISTRANT

03/06/2003 TO 03/31/2008

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Firm

Beachwood NJ 08722

BATELLI ELECTRIC CO INC
EUGENE BATELLI

HAS LICENSED

Bd of Examiners of Electrical Contractors
THIS IS TO CERTIFY THAT THE

State Of New Jersey
Department Of Law and Public Safety
Division of Consumer Affairs

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
Department Of Law and Public Safety
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Bd of Examiners of Electrical Contractors

HAS LICENSED

EUGENE BATELLI
1101 Beach Avenue
Beachwood NJ 08722

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

02/26/2003 TO 03/31/2008
VALID

34E100935400
LICENSE/REGISTRATION/CERTIFICATION #
DIRECTOR

FILE COPY



TOWNSHIP of HOWELL

261 Proventorium Road
Post Office Box 680
Howell, New Jersey 07731-0680

(732) 938-4800
FAX (732) 938-6492
Web site: www.twp.howell.nj.us

MODULAR HOME OR PRE-MANUFACTURED HOMES

NAME: [REDACTED]
ADDRESS: 35 Maida Lane
TOWN: Howell STATE: NJ ZIP:
PHONE: [REDACTED]
SITE ADDRESS: 35 Maida Lane
BLOCK: 37 LOT: 63

The Construction Permit is based on the estimated cost of work performed on site.
You must submit a cost of labor and material for the following items.

Water Conn.	<u>well 4000</u>	Siding	<u>1500</u>
Sewer Conn.	<u>5000 5500</u>	Roofing	<u>3000</u>
Gas Conn.	<u>200</u>	Porches	<u>4000</u>
Electric Conn.	<u>2000</u>	Foundation	<u>8000</u>
Heating System	<u>5900</u>	A/C System	<u>2000</u>
Placement of structure	<u>2000</u>	Transportation	<u>3000</u>

1. Provide two sets of the foundation plans either sealed by an architect or drawn by the homeowner, signed and dated.
2. For modular homes you must submit two sets of approved plans by the Industrial / Modular Buildings Commission or a designated inspection agency.
3. For pre-manufactured homes you must submit manufacturer installation instructions showing piers, tie downs requirements, and a floor plan.

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255
TELEPHONE (732) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
MCHD# 15465 Health Officer
December 30, 2003

35 Maida Lane
Howell NJ 07731

Re: Application for an Individual Subsurface
Sewage Disposal System in
Howell

Dear Sir:

Your "Application for Permit to Locate and Construct an Individual Subsurface Sewage System at :
35 maida Lane Howell 37 63 has been approved with conditions:
(Address Town Block Lot)

1. Engineer must certify permeability and compaction of replacement fill material.
2. Excavation shall be to an elevation of 63.1 or approximately 44 inches below existing grade.
3. System is designed for a dwelling with 3 bedrooms.
4. Dimensions of disposal bed to be 49.5 ft. x 21 ft. (53.5 ft. x 25 ft. fill enclosed).

It is important that the septic system be installed according to the provisions of N.J.A.C. 7:9A-1.1 et. seq. and standards thereto. Failure to do this will result in the withholding of final approval and could lead to the need for costly alterations and/or legal action.

The installer of the above referenced system must contact this office for inspection at the following construction stages.

1. After excavation work is completed.
2. After septic tank and disposal field have been installed (no cover).
3. After septic system is covered and landscaping is completed.

This office must be contacted for an inspection prior to the installation of the system. If, upon final inspection, the individual subsurface sewage disposal system has been installed according to the specifications given in your application, a "Certificate of Compliance" will be issued to you by mail.

Building inspectors are prohibited from issuing a Certificate of Occupancy prior to their receiving a copy of our "Certificate of Compliance".

Sincerely,

Sherrill B. Thatch

Sherrill B. Thatch

Registered Environmental Health Specialist

SBT:jj
CC: Marie Strauch
Alan Gaestel
WSB Engineering

STATEWIDE CUSTOM MODULARS
550 ROUTE 70
LAKEHURST, NJ 08733
PH. 732.270.0050 (PERMITS)

Ref. # 29575
Block 37 Lot 63
35 Maida Lane
Howell Twp.

TO: GARY
FROM: MICHAEL

In response to the subcode notes dated July 31, 2004 this is the status of the list of corrections.

- Papernent
Submitted*
1. Submit for DOH approval. Approval granted July 28, 2004 Land use has copy (Myra confirmed via phone call 8/19/2004)
 2. Sign Res-Check. Completed 8/19/2004
 3. Submit modular home handout – faxed last week and called to confirm that it has been received.

I hope this completes everything that is needed for the building permit. Please call me cell @ [REDACTED] if there are any questions.

Regards, / //

[REDACTED]
Michael

**The Monmouth County
Board of Health**

Robert Peters
President

3435 HIGHWAY 9
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456
FAX (732) 409-7579

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

July 28, 2004

Ms. Betty Lou Textor
Howell Township
Land Use Dept.
P.O. Box 580
Howell, NJ 07731

Re: 35 Maida Lane
B 37 L63

Dear Ms. Textor:

The septic tank at the above referenced location has been abandoned in accordance with N.J.A.C. 7:9A 1.1-12.8. The existing well will be used for the new dwelling. It has been disconnected from the existing dwelling. Please feel free to contact me if you have any questions or comments.

Sincerely,



Kathleen M. Andrews
Registered Environmental
Health Specialist

/ka

The Monmouth County
Board of Health CC: Chet Phillips
Construction Official

Robert Peters
President

3435 HIGHWAY 9
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456
FAX (732) 409-7579

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

Boyan

July 28, 2004

Ms. Betty Lou Textor
Howell Township
Land Use Dept.
P.O. Box 580
Howell, NJ 07731

Re: 35 Maida Lane
B 37 L63

Dear Ms. Textor:

The septic tank at the above referenced location has been abandoned in accordance with N.J.A.C. 7:9A 1.1-12.8. The existing well will be used for the new dwelling. It has been disconnected from the existing dwelling. Please feel free to contact me if you have any questions or comments.

Sincerely,

Kathleen M. Andrews

Kathleen M. Andrews
Registered Environmental
Health Specialist

/ka

Block 37 Lot 63 Control No 29575
Name [REDACTED] Date 7/31/09

PRIOR APPROVALS

 Plot plan matches foundation plan Deck Approval
 Elevation-5A or 5B Dept. Of Health NOT

CHARACTERISTICS

 Use group Front Elevation
 Area Rear Elevation
 Volume Side Elevation

SPECIFICATIONS

 Floor live load Dead load
 Ceiling Live load Dead load
 Roof live load Dead load
 Full house specs Type of wood F.B.

RES. CHECK

SI 92 Compliance Alteration cost

FOUNDATION

 Height Wall thickness Depth of fill
 Drain Sump pit Slabs
 Grounding Fnd vents Anchor bolts
 Connection to existing V.B.

FRAME

 Parllam Girder TJI Truss cert.
 Floor joist Collar Ties Roof joist C. Joist

INSULATION

 Slab Floors Walls Ceiling Basement
 Proper vents Soffit & Roof Vents

DOORS

 Size Ball latch Solid core door

WINDOWS

 Egress Tempered glass whirlpool 24" door arch

FINISH MATERIAL

 House S. Rock Garage S. Rock Pill Test

- ① Bld Rec
- ② Hand out
- ③

HOWELL TOWNSHIP PLAN REVIEW

NAME: [REDACTED] CONTROL NUMBER: 29575 DATE: 8/5/09
ADDRESS: 35 Ma, dr BLOCK: 37 LOT: 63

PLUMBING TECH SECTION

	NO	YES
Homeowner.....	☒	☒
Plumbing contractor... D. Flynn + Skulberg Plbg + Htg		OK ☒
Signed and Sealed.....		OK ☒
Copy of NJ Plumber License.....		

SEWER APPROVAL

Manasquan River Regional Sewer Authority (MRRSA).....		N/A	☒
Howell Sewer Authority (HSD).....		N/A	☒
Monmouth County Board of Health (septic)..... # 15465 12/30/03		OK	☒

WATER SERVICE APPROVAL

New Jersey/American Water Co.....		N/A	☒
Monmouth County Board of Health.....			☒

SCHEMATIC

DWV (drainage, waste, and vent).....		OK	☒
Gas.....		OK	☒
Type... Nat. Appliances... 6		OK	☒
Water service sized.....	1"	OK	☒

PLANS

Fixture count.....		OK	☒
Plans Marked and Signed Off.....		OK	☒

PLOT PLAN

Septic Location.....		OK	☒
Well Location.....		OK	☒
Sewer Lateral Location.....			☒
Water Service Location.....			☒

COMMENTS

Missing modular form - can not price

FIXTURE COUNT

Water closets	<u>111</u>
Urinal	<u> </u>
Bath Tub	<u>1</u>
Lavatory	<u>111</u>
Shower	<u>11</u>
Sink	<u>1</u>
Dishwasher	<u>1</u>
Wash Machine	<u>1</u>
Sewer Pump	<u> </u>
Stack	<u>111</u>

GAS SCHEMATICTDL 77 FT.

Furn	100 -	3/4"
W/H	50 -	1/2"
	150 -	1"
Range	40 -	1/2"
	190 -	1"
F.P.	35 -	1/2"
	225 -	1 1/4"
Furn	80 -	3/4"
	305 -	1 1/4"
dryer	36 -	1/2"
	341 -	1 1/4"

WATER SERVICE SIZE

	<u>NO.</u>	<u>SFU</u>	<u>TOTAL</u>
Water closets.....	3	2.5	7.5
Bathtub.....	1	4.0	4.0
Lavatories.....	3	1.0	3.0
Stall shower.....	2	2.0	4.0
Kitchen sink.....	1	1.5	1.5
Dishwasher.....	1	1.5	1.5
Wash machine.....	1	4.0	4.0
Laundry sink.....		2.0	
Hose bib	2	2.5	3.5
Each additional.....		1.0	
Lawn sprinkler.....			

TOTAL SFU's 79TOTAL SFU's GALLON PER MIN. TYPE OF MATERIAL WATER SERVICE SIZE 1"

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
New Home Warranty Program
This is to certify that

DOGOOD LLC DBA STATEWIDE CUSTOM
is a registered builder under
the New Home Warranty and
Builder Registration Act,
(N.J.S.A. 46:38.1 et. seq.)

MODULARS REGISTERED
BUILDER

(This registration expires on the date stamped)

William M. Amato

Director

032637 MAY 31 '08

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
Department Of Law and Public Safety
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

ROBERT W. SAHLBERG
T/A O'FLYNN and SAHLBERG PL INC
TOMS RIVER NJ 08753-2960

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

05/27/2003 TO 06/30/2005
VALID

36B101028900

LICENSE REGISTRATION/CERTIFICATION #

DIRECTOR

*Please give to
Robin and
make 3
copies for
[redacted]*



State of New Jersey

Department of Environmental Protection

Land Use Regulation Program
P.O. Box 439, Trenton, NJ 08625-0439
Fax # (609) 292-8115
www.state.nj.us/dep/landuse

James E. McGreevey
Governor

Bradley M. Campbell
Commissioner

Clerk
CO

APR 15 2004

I.A. Smildzins
WSB engineering group, p.a.
1018 Schencks Mill Line Road
Toms River, NJ 08753

RE: Letter of Interpretation
Presence/Absence Determination
File No.: 1319-03-0037.1(FWW 030001)
Applicant: Russell J. Boyan
Block: 37; Lot: 63
Howell Township, Monmouth County

Dear Mr. Smildzins:

This letter is in response to your request for a Letter of Interpretation from the Land Use Regulation Program indicating the presence or absence of freshwater wetlands, transition areas and waters on the referenced property.

In accordance with agreements between the State of New Jersey Department of Environmental Protection, the U.S. Army Corps of Engineers Philadelphia and New York Districts, and the U.S. Environmental Protection Agency, the NJDEP, Land Use Regulation Program is the lead agency for establishing the extent of State and Federally regulated wetlands and waters. The USEPA and/or USACOE retains the right to reevaluate and modify the jurisdictional determination at any time should the information prove to be incomplete or inaccurate.

Based upon the information submitted, and upon site inspection conducted by the staff of the Program on March 11, 2004, the Land Use Regulation Program has determined that **freshwater wetlands, transition areas and/or State open waters are not present** on the referenced property.

Pursuant to the Freshwater Wetlands Protection Act Rules (N.J.A.C. 7:7A), you are entitled to rely upon this jurisdictional determination for a period of five years from the date of this letter. This letter in no way legalizes any fill which may have been placed, or other regulated activities which may have been conducted on this site. This determination does not affect your responsibility to obtain any State, Federal, county, or municipal permits which may be required.

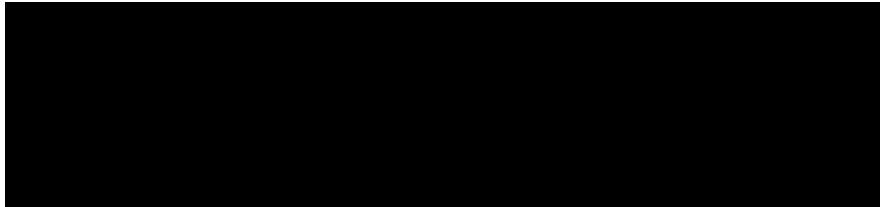
In accordance with N.J.A.C. 7:7A-1.7, any person who is aggrieved by this decision may request a hearing within 30 days of the decision date by writing to: New Jersey Department of Environmental Protection, Office of Legal Affairs, Attention: Adjudicatory Hearing Requests,

File No. 1319-03-0037.1(FWW-030001)

P.O. Box 402, Trenton, NJ 08625-0402. This request may include a completed copy of the Administrative Hearing Request Checklist.

Please contact John Policarpo of our staff at (609) 984-0288 should you have any questions regarding this letter. Be sure to indicate the Program's file number in all communication.

Sincerely,


David B. Fanz, Supervisor
Bureau of Coastal Regulation

c: Howell Township Clerk
Howell Township Construction Official

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
FREEHOLD, NEW JERSEY 07728-1286

TELEPHONE (732) 431-7458
FAX (732) 409-7579

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

35 Maida Lane
Howell, New Jersey 07731

MCHD LOG # 15465

29 March 2005

CERTIFICATE OF COMPLIANCE

Date of Inspection: March 24, 2005

By: Joyce A. Wegryniak
REHS

Name of Owner:

Location of Property: 35 Maida Lane

Block: 37 **Lot:** 63

Municipality: Howell

This is to certify that the Individual Subsurface Sewage Disposal System located as indicated above has been installed as shown on the Application for Permit to Locate and Construct an Individual Subsurface Sewage Disposal System, and is in compliance with the provisions of N.J.A.C. 7:9A-1.1 et seq. and the standards thereto.

The issuance of this certificate shall not be construed as a guarantee that the Individual Subsurface Sewage Disposal System will function satisfactorily, nor shall it in any way restrict the powers or responsibilities of the Health Department in the enforcement of any law or ordinance relating to public health.

Sincerely,

Lester W. Jargowsky (RE)

Lester W. Jargowsky, M.P.H.
Public Health Coordinator

LWJ:tas
cc: Judy LaPorta
Allen Gaestel
WSB Engineering

File No. 1319-03-0037.1(FWW 030001)

P.O. Box 402, Trenton, NJ 08625-0402. This request may include a completed copy of the Administrative Hearing Request Checklist.

Please contact John Policarpo of our staff at (609) 984-0288 should you have any questions regarding this letter. Be sure to indicate the Program's file number in all communication.

Sincerely,



David B. Fanz, Supervisor
Bureau of Coastal Regulation

c: Howell Township Clerk
Howell Township Construction Official

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 *WNN/KS*

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

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.

Page 2

July 8, 2003

RE: LAND USE DEVELOPER'S PERMIT
BLOCK: 37
LOT: 63
STREET: MAIDA LANE
ZONING BOARD CASE NUMBER: 04-04
APPLICANT: [REDACTED]

7. The developer must comply with all State Laws, Regulations and Municipal Ordinances.
8. Notify the Engineering Department 48 hours prior to the driveway installation (subgrade conditions).
9. The driveway and retaining wall must be inspected during the time of installation. 48 hours prior notification is required.
10. The existing post and rail fence located on Maida Lane must be relocated outside of the Township Right-of-Way.

SPECIAL NOTES:

1. This lot must be graded so that it does not create or aggravate water stagnation, siltation or drainage problems on the adjacent properties.
2. Any changes or alterations to the above referenced approved plan must be resubmitted to the Land Use Officer for approval.

Thank you for your cooperation in this matter. Please feel free to call should you have any questions.

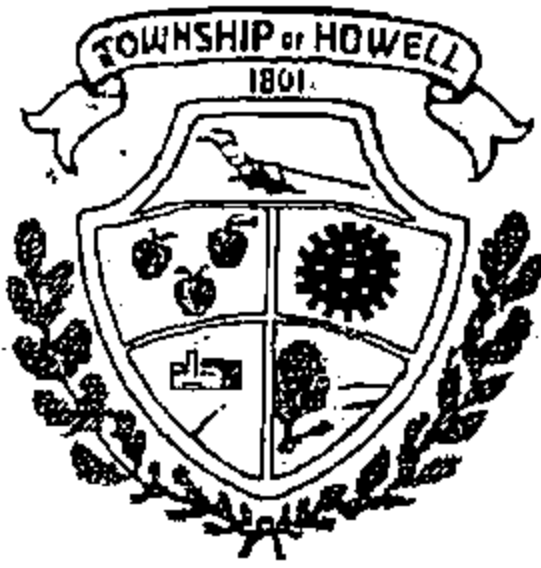
TS/ci

attachment

cc: Thomas Savino - Engineering Coordinator
Chet Phillips - Construction Official
Applicant: [REDACTED]

35 Maida Lane
Howell, NJ 07731

132-341-2210



TOWNSHIP of HOWELL

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

(732) 938-4500
FAX (732) 938-7124
Land Use Office
e-mail: www.twp.howell.nj.us

June 11, 2004



35 Maida Lane
Howell, NJ 07731

Reference: **Block 37 Lot 63**
35 Maida Lane

Dear Sir or Madam:

Please be advised that the Land Use Application for the above captioned property has been denied, pursuant to the attached Memorandum from the Township Engineering Inspector. Kindly correct all deficiencies noted prior to resubmittal to expedite your application.

Very truly yours,

Vito Marinaccio
Director Land Use/Code Enforcement
VM/mh

Cc: Tom Savino, Engineering Coordinator

TOWNSHIP OF HOWELL ENGINEERING DEPARTMENT

MEMORANDUM

DATE: June 10, 2004

TO: Vito M. Marinaccio – Land Use Officer

FROM: William H. Nunziato, Jr., P.E. – Township Engineer

WNN/KS

RE: **LAND USE APPLICATION**

BLOCK: 37 LOT: 63

APPLICANT: [REDACTED]

ZONING BOARD CASE NUMBER 04-04

DENIAL RECOMMENDATION

In response to your request, the Engineering Department reviewed the above referenced application. We recommend denial based on the following:

1. The proposed grades on the northeasterly side of the property appear to be incomplete. Please have the applicant's engineer review and advise.
2. A detail of the proposed retaining wall along with proposed elevations are required.
3. No waivers were granted for the driveway construction. The note that indicates the driveway construction is optional should be removed. The driveway must be constructed per Ordinance.
4. Land Use Permits and Building Permits are required for the relocation of the existing sheds and portable carport. The grading plan should be revised to accommodate the proposed locations.
5. The existing post and rail fence located along Maida Lane must be relocated outside of the existing Township right-of-way. The proper permits must be acquired.
6. The elevation of the floor of the crawl space should be shown on the plan.
7. The proposed dwelling shows a door and a staircase that leads down into the crawl space. Since a basement is not proposed this must be reviewed and approved by the Construction Code Official.

7
Page 2

June 10, 2004

**RE: LAND USE APPLICATION
BLOCK: 37 LOT: 63
APPLICANT: [REDACTED]
ZONING BOARD CASE NUMBER 04-04
DENIAL RECOMMENDATION**

-
8. Additional existing grades are required along the southwesterly side of the property to ensure no additional stormwater runoff will impact existing Lot 61.

Please feel free to call should you have any questions.

TS/ci

cc: Thomas Savino – Engineering Coordinator
Barbara Capitan – Zoning Coordinator

BA0404.LU denied 6 10 04 (folder)

MEMORANDUM

TO: Tom Savino, Engineering Coordinator
FROM: Vito Marinaccio, Director Land Use
DATE: May 26, 2004
REFERENCE: Block 37 Lot 63
35 Maida Lane

A Land Use Certificate has been submitted for the construction of a single family dwelling on the above captioned property.

All Zoning requirements have been met and taxes are up to date.

Please review and forward your comments to this office.

VM/mh
Attachment

TOWNSHIP OF HOWELL ENGINEERING DEPARTMENT

LAND USE DEVELOPERS PERMIT CHECKLIST

PLEASE PRINT THE FOLLOWING INFORMATION:

DATE:

5/27/04

RE:

LAND USE APPLICATION : BLOCK 37 LOT 63

OWNER'S NAME

[REDACTED]

ADDRESS:

35 MAIDIA LN.

PHONE NUMBER: HOME

[REDACTED]

WORK

[REDACTED]

BUILDER'S NAME:

STATEWIDE CUSTOM MODULAR

ADDRESS:

550 RTE 70, LAKEHURST, NJ 08733

PHONE NUMBER:

732-408-1600

FAX 732-323-8858

POSTAL NUMBER ADDRESS:

35 MAIDIA LN.

PLANNING OR ZONING BOARD CASE NO.

04-04

THE FOLLOWING IS A CHECKLIST OF ITEMS THAT ARE REQUIRED TO BE SHOWN ON A PROPOSED PLAN TO CONSTRUCT A HOUSE PRIOR TO THE ACCEPTANCE OF THE APPLICATION AND THE REVIEW AND APPROVAL BY THE TOWNSHIP ENGINEER:

____ Three (3) sealed copies of Plot Plan prepared by a New Jersey Licensed Engineer.

____ One (1) sealed copy of Architectural Plan.

____ A fee of one-hundred (\$100.00) dollars shall accompany each application for individual developers permit for residential dwellings.

A COMPLETE PLOT PLAN IS REQUIRED AS FOLLOWS:

____ Show all existing and proposed grades

____ Driveways details must be shown on plot plan

____ Turning radius at entranceway of driveway to help eliminate tire ruts

____ Driveway must be constructed as follows:

____ Minimum 12' wide driveway (For Dwellings less than 100' from the roadway)

pavement)

Page 2 of 2

(1) The base shall be constructed with a minimum of 6" of Compact type 2 Class A Soil Aggregate NJDOT Specification Section 8.8.1 latest revision of approved equal

(2) The top shall be constructed with a minimum of 2" fine aggregate bituminous Concrete NJDOT MIX I-6 NJDOT Specification Section 3.10.2 latest revision or approved equal

Turn around area at garage enough to accommodate a full size vehicle

Minimum width of 30' from the garage door to edge of pavement

Minimum 18' wide driveway (For Dwellings more than 100' from the roadway pavement)

(1) The base shall be constructed with a minimum of 6" of Compact type 2 Class A Soil Aggregate NJDOT Specification Section 8.8.1 latest revision Or approved equal

(2) The top shall be constructed with a minimum of 2" fine aggregate bituminous Concrete NJDOT mix I-6. NJDOT Specification Section 3.10.2 latest revision or approved equal

(3) The balance of driveway shall be designed to accommodate emergency vehicles of a minimum of 28,000 lbs. A minimum of 6" compact type 2 class a soil aggregate NJDOT Specification Section 8.8.1, latest revision or approved equal

Driveway apron detail is required

The entire driveway must show proposed elevations

At the driveway entrance way additional clearing must be shown on the plan to ensure proper sight distances

Septic system location, design and detail, if applicable accompanied by approval from the Monmouth County Board of Health. (Application for septic design approval to be delivered to Public Service Office located within the Municipal Building, along with two (2) sets of plans for septic design approval by the Monmouth County Board of Health)

Proposed well location, if applicable

Street frontage elevations (gutter line and centerline)

Proposed utility service lines (water & sewer) and it's connection point in the street, if applicable (show existing sanitary sewer clean outs and potable water street valves

Locate all existing wells and septic systems within the surrounding area

Existing and proposed limit of clearing and disturbance

Retaining wall location & detail, if applicable

Wetlands and transition areas, delineation with backup documentation from NJDEPE, if applicable

Floor plain delineation, if applicable

If existing curb is to be removed and replaced, a detail is required (depressed or straight)

Any existing and/or proposed drainage structures (proposed requires details)
If a basement is proposed the floor elevations shall be a minimum of 2' above the
Page 3 of 3

seasonal high water table. The Engineer must certify the elevation of seasonal high water table at the basement location

Grades are required along all the property lines. The storm water runoff should be diverted around the system. Please show the (4) four proposed corner elevations

The lot should be graded to a 5 to 1 slope for better lawn mowing

Drainage swales should be shown on the plan

The footprint of the house must be the same as the dwelling to be built

A copy of the foundation plan and house elevations prepared by a Licensed Architect are required

Show finish floor elevation

Show garage floor elevation

Show basement floor elevation

Show top of roof elevation

Show the location of existing depressed curbs

Land Use Application information needs to be corrected

DATED: 4/20/04

B

Signature

(Print Name)

TOWNSHIP OF HOWELL

ADDENDUM TO LAND USE DEVELOPERS PERMIT CHECKLIST

**EMERGENCY 911 PROCEDURES FOR INDIVIDUAL LOTS ON EXISTING
STREETS THAT ARE NOT PART OF A MAJOR SUBDIVISION**

**ANYONE SUBMITTING PLANS FOR INDIVIDUAL HOUSES ON AN
EXISTING STREET, MUST ALSO SUBMIT THE POSTAL NUMBER
ADDRESS. THE APPLICANT IS RESPONSIBLE TO CONTACT THE
APPROPRIATE POST OFFICE AND OBTAIN THE POSTAL NUMBER
ADDRESS. THIS MUST BE SUBMITTED WITH THE LAND USE
APPLICATION. THE APPLICANT MUST NOTIFY THE BUILDING
DEPARTMENT AND THE TAX ASSESSOR'S OFFICE OF THE POSTAL
NUMBER.**

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255
TELEPHONE (732) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
MCHD# 15465 Health Officer
December 30, 2003

35 Maida Lane
Howell NJ 07731

Re: Application for an Individual Subsurface
Sewage Disposal System in
Howell

Dear Sir:

Your "Application for Permit to Locate and Construct an Individual Subsurface Sewage System at :
35 maida Lane Howell 37 63 has been approved with conditions:
(Address Town Block Lot)

1. Engineer must certify permeability and compaction of replacement fill material.
2. Excavation shall be to an elevation of 63.1 or approximately 44 inches below existing grade.
3. System is designed for a dwelling with 3 bedrooms .
4. Dimensions of disposal bed to be 49.5 ft. x 21 ft. (53.5 ft. x 25ft. fill enclosed.

It is important that the septic system be installed according to the provisions of N.J.A.C. 7:9A-1.1 et. seq. and standards thereto. Failure to do this will result in the withholding of final approval and could lead to the need for costly alterations and /or legal action.

The installer of the above referenced system must contact this office for inspection at the following construction stages.

1. After excavation work is completed.
2. After septic tank and disposal field have been installed (no cover).
3. After septic system is covered and landscaping is completed.

This office must be contacted for an inspection prior to the installation of the system. If, upon final inspection, the individual subsurface sewage disposal system has been installed according to the specifications given in your application, a "Certificate of Compliance" will be issued to you by mail.

Building inspectors are prohibited from issuing a Certificate of Occupancy prior to their receiving a copy of our "Certificate of Compliance".

Sincerely,

Sherrill B. Thatch

Sherrill B. Thatch

Registered Environmental Health Specialist

SBT:jj

CC:Marie Strauch

Alan Gaestel

WSB Engineering

ZONING BOARD OF ADJUSTMENT OF THE TOWNSHIP OF HOWELL

RESOLUTION NO. 04-
CASE NO. 04-04
DATE: MARCH 22, 2004

RESOLUTION OF MEMORIALIZATION GRANTING VARIANCE
ON APPLICATION OF [REDACTED]
BLOCK 37, LOT 63

Mr. Nanson offered the following Resolution and moved its adoption, which was seconded by Mr. Anfuso

WHEREAS, [REDACTED] hereinafter referred to as the "Applicant", is the owner of property located at 35 Maida Lane, known as Block 37, Lot 63, as shown on the Tax Map of the Township of Howell, which is in the ARE-2 Zone; and

WHEREAS, the Applicant having applied to the Township of Howell Zoning Board of Adjustment for a variance in order to build a single family residential dwelling on an undersized lot, and a waiver from providing a full Environmental Impact Report, said application having been assigned Case No. 04-04; and

WHEREAS, the Applicant having complied with the statutory requirements with reference to service of notice upon property owners of all property within five hundred (500') feet from the premises in question, with publication of said notice being placed in an official newspaper of the municipality as required by law; and the Zoning Board having established jurisdiction

over this application; and

WHEREAS, the Zoning Board of Adjustment conducted a public hearing on the application on March 8, 2004; and

WHEREAS, the Applicant was represented by Warren L. Peterson, Esq., who presented the testimony of the Applicant; Frank Baer, P.E., P.P. and Jim Brandes, Realtor; and

WHEREAS, after hearing the testimony of the witnesses, the Zoning Board of Adjustment, from the evidence presented found, among other things, the following facts and conclusions:

1. The following exhibits were entered into evidence:

A-1 Map entitled "Exhibit to Accompany Variance Application" prepared by WSB Engineering Group, PA dated 10/02/03, consisting of 1 sheet.

A-2 Map entitled "Plot Plan and Septic Design with Details, Notes and Area Map", prepared by WSB Engineering Group, PA dated 9/16/03, with revision dates of 10/27/03 and 11/26/03.

A-3 Application Forms.

A-4 Proofs.

A-5 Two sheets of photographs of site taken by Applicant.

A-6 Representative picture of proposed dwelling.

A-7 Two (2) letters dated 2/24/04, sent to adjoining property owners, offering subject property for sale.

B-1 Letter of Denial from Vito Marinaccio, Director Land Use dated 11/4/02.

B-2 Letters from Ernst, Ernst and Lissenden dated 12/19/03 and 1/6/04.

B-3 Memo from the Environmental Commission dated 1/23/04.

- B-4 Memo from the Fire Bureau dated 11/30/03.
- B-5 Memo from the Monmouth County Board of Health dated 1/2/04.
- B-6 Memos from the Shade Tree Commission dated 12/17/03 and 1/21/04.
- B-7 Memo from the Farmer's Advisory Committee dated 2/26/04.
- B-8 Memo from the Department of Parks and Recreation dated 11/25/03.
- B-9 Memos from Paul Szymanski, Zoning Board Planner, dated 3/5/04.

2. The Applicant is the owner of Block 37, Lot 63, which property is located at 35 Maida Lane, in the Township of Howell, Monmouth County, State of New Jersey, in the ARE-2 Zone.

3. The Applicant is seeking a variance in order to construct a two story single family residential dwelling on the property. The lot has an area of 18,350 S.F. The Applicant also proposes to demolish the existing one story dwelling and construct a new on-site septic system. The Applicant indicated that the Monmouth County Board of Health has already approved the proposed septic system.

A variance is required to construct the dwelling on an undersized lot not serviced by a public sanitary sewer, pursuant to Section 14-15.3a of the Ordinance, whereas 18,350 S.F. exists, and 40,000 S.F. is required. The lot frontage is 100 ft., and 200 ft. is required. Section 14-9.1a of the Ordinance permits a 20% reduction of the setback requirements as this lot pre-existed the adoption of the schedule, and the setback

requirements of the ARE-1 Zone apply.

4. The Applicant is also seeking a Waiver from the requirement of providing a full Environmental Impact Report.

5. The Applicant's witnesses testified that the existing dwelling is undersized for his family, and is one of the smallest homes in the area. The adjoining lots are of a similar size, and are developed for residential use. An adjacent lot contains a 2 story, three bedroom home. Efforts had been made by the Applicant to sell this existing property to adjoining neighbors, but met with negative results. The Applicant also testified that there is no adjacent vacant land available for purchase to make the lot conforming.

6. The Applicant further indicated that the new home would be esthetically pleasing, would comprise an area of 2,420 S.F., and also provide more living room and bedroom space for his family.

7. The Board finds that the granting of the previously mentioned variance and waiver can be done without substantial detriment to the public good. The neighborhood is predominantly residential, and the existing dwelling is small with outdated systems. The architectural floor plan, elevations and design of the proposed structure fits within the character of the neighborhood, and as such does not impact adjacent properties. The entire neighborhood will be visually enhanced by the removal of an old structure, and the construction of an esthetically pleasing structure with new systems. The intent of the Zoning

Plan and Ordinance would not be substantially impaired as the surrounding area contains similar lots with single-family dwellings.

The Board further finds that a sideyard setback variance for the proposed location of the dwelling at 28 feet each side is not required as these dimensions fit within the 20% reduction of the yard requirement as set forth in Section 14-9.1 of the Ordinance.

8. During the hearing the Applicant agreed to certain conditions of approval, which adequately addressed the Board's concerns, which will be listed below.

9. The Board is also satisfied that the requested waiver of an Environmental Impact Report be granted as its application to this property is impractical.

NOW, THEREFORE, BE IT RESOLVED by the Howell Township Zoning Board of Adjustment, based upon the foregoing findings of fact and conclusions of law, that approval of the application of Russell Boyan, for a variance in order to build a two story single family residential dwelling on an undersized lot, and a waiver from providing a full Environmental Impact Report, on Block 37, Lot 63, known as Case No. 04-04, be and hereby is granted subject to the following conditions:

- A. Publication by the Applicant of a Notice of this decision in one of the official newspapers of the municipality and the return of proof of said

publication to the Administrative Officer of the Howell Township Zoning Board of Adjustment.

- B. Payment of any taxes and assessments due and owing to the Township.
- C. Subject to payment of all outstanding application and escrow fees.
- D. The Applicants agree to comply with requirement D-3 of the Board Engineer's review letter of January 6, 2004
- E. Applicant agrees to provide a roadway dedication of an 8.5 ft. wide parcel along Maida Lane to provide a half width of 25.0 ft. The proposed building setback should be in compliance with the Ordinance and be measured from the relocated right-of way line.
- F. Applicant agrees to grade property so as not to increase runoff onto adjacent properties.
- G. This approval subject to any other approvals or permits deemed necessary by outside agencies.
- H. The Applicant shall cause this Resolution to be recorded with the Monmouth County Clerk in the Book of Deeds within thirty (30) days and file a copy of recorded Resolution with the Administrative Officer of the Board within forty-five (45) days.

BE IT FURTHER RESOLVED that a waiver of an Environmental Impact Statement is granted.

BE IT FURTHER RESOLVED that the protections afforded by this approval shall expire by limitation in one year from the date of this Resolution, on March 22, 2005, unless substantial construction has commenced pursuant to Land Use Ordinance 14-35.9.

BE IT FURTHER RESOLVED that this Resolution memorializes an action taken by the Zoning Board of Adjustment at its meeting of March 8, 2004.

BE IT FURTHER RESOLVED that the Chairman and Secretary are hereby authorized to sign any and all documents necessary to effectuate the purpose of this Resolution, provided there is compliance by the Applicant with the above conditions.

BE IT FURTHER RESOLVED that a copy of this Resolution, certified by the Secretary of the Zoning Board to be a true copy, be forwarded to the Township Construction Official, Township Engineer, Township Clerk, Zoning Board Engineer, Township Manager, Township Assessor, Township Water and Sewer Department, Township Attorney and Applicant within ten (10) days of the date herein.

BE IT FURTHER RESOLVED that nothing herein shall excuse compliance by the Applicant with any and all other requirements of this Township or any other governmental subdivision as set forth in any laws or regulations.

YES: Messers. Anfuso, Armata, Tamzrian, Nanson and Lucey

NO:

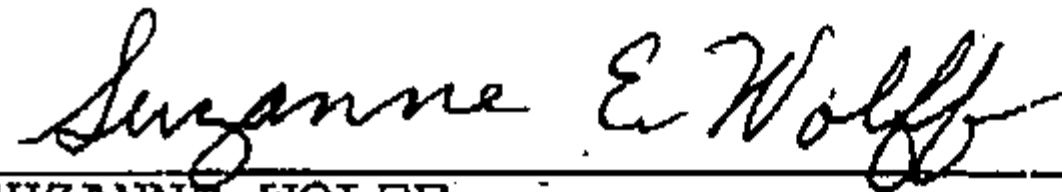
ABSENT:

ABSTAINED:

DISQUALIFIED:

DATED: March 22, 2004

I hereby certify that the within is a true copy of a memorialization Resolution adopted by the Zoning Board of Adjustment of the Township of Howell at its meeting of March 22, 2004.



SUZANNE WOLFF

Secretary of Zoning Board of
Adjustment of the Township of Howell

STATE OF NEW JERSEY:

SS:

COUNTY OF MONMOUTH :

I hereby certify that on March 22 , 2004, SUZANNE WOLFF personally came before me and acknowledged under oath, to my satisfaction, that this person:

- (a) is the Secretary of the Howell Township Zoning Board of Adjustment; and
- (b) signed the Resolution as her act and deed.


BARBARA ANN CAPITAN
Notary Public of New Jersey
My Commission Expires

BARBARA ANN CAPITAN
Notary Public of New Jersey
My Commission Expires July 8, 2008

RECORD & RETURN
PETERSON & BOOK, ESQ.
170 N. COUNTYLINE RD.
PO BOX AP
JACKSON, NJ 08527



State of New Jersey

Department of Environmental Protection

James E. McGreevey
Governor

Bradley M. Campbell
Commissioner

Land Use Regulation Program
P.O. Box 439, Trenton, NJ 08625-0439
Fax # (609) 292-8115
www.state.nj.us/dep/landuse

APR 15 2004

I.A. Smildzins
WSB engineering group, p.a.
1018 Schencks Mill Line Road
Toms River, NJ 08753

RE: Letter of Interpretation
Presence/Absence Determination
File No.: 1319-03-0037.1(FWW 030001)
Applicant: Russell J. Boyan
Block: 37; Lot: 63
Howell Township, Monmouth County

Dear Mr. Smildzins:

This letter is in response to your request for a Letter of Interpretation from the Land Use Regulation Program indicating the presence or absence of freshwater wetlands, transition areas and waters on the referenced property.

In accordance with agreements between the State of New Jersey Department of Environmental Protection, the U.S. Army Corps of Engineers Philadelphia and New York Districts, and the U.S. Environmental Protection Agency, the NJDEP, Land Use Regulation Program is the lead agency for establishing the extent of State and Federally regulated wetlands and waters. The USEPA and/or USACOE retains the right to reevaluate and modify the jurisdictional determination at any time should the information prove to be incomplete or inaccurate.

Based upon the information submitted, and upon site inspection conducted by the staff of the Program on March 11, 2004, the Land Use Regulation Program has determined that **freshwater wetlands, transition areas and/or State open waters are not present** on the referenced property.

Pursuant to the Freshwater Wetlands Protection Act Rules (N.J.A.C. 7:7A), you are entitled to rely upon this jurisdictional determination for a period of five years from the date of this letter. This letter in no way legalizes any fill which may have been placed, or other regulated activities which may have been conducted on this site. This determination does not affect your responsibility to obtain any State, Federal, county, or municipal permits which may be required.

In accordance with N.J.A.C. 7:7A-1.7, any person who is aggrieved by this decision may request a hearing within 30 days of the decision date by writing to: New Jersey Department of Environmental Protection, Office of Legal Affairs, Attention: Adjudicatory Hearing Requests,



Home Buyers Warranty®

America's
Choice®

Print Date: 04/05/2005

HJ093307

East Region
Mail to:
2-10 HBW®
1728 Montreal Circle
Tucker, GA 30084
770.496.4969
800.488.8844

**CERTIFICATE OF PARTICIPATION IN
NEW HOME WARRANTY PLAN OF 2-10 HOME BUYERS WARRANTY®**

NOTICE: REPRODUCTION OF THIS DOCUMENT IS NOT ACCEPTABLE FOR WARRANTY COVERAGE. ANY MODIFICATIONS, ALTERATIONS OR REVISIONS MADE TO THIS DOCUMENT WITHOUT EXPRESS WRITTEN CONSENT OF NATIONAL HOME INSURANCE COMPANY (A RISK RETENTION GROUP) ("NHIC") OR THEIR ADMINISTRATOR WILL VOID THE WARRANTY COVERAGE. THIS DOCUMENT IS NOT VALID UNLESS IT HAS BEEN SIGNED BY NHIC OR THEIR ADMINISTRATOR. IF CLOSING HAS NOT OCCURRED WITHIN NINETY (90) DAYS OF THE OFFERING DATE SET FORTH BELOW, THE WARRANTY IS VOID.

PLEASE TYPE OR PRINT

1. Homebuyer(s): [REDACTED]
(Name(s) as recorded on deed)

Home Phone + Area Code

Address of Home: 35 HAIDA LANE HOVELL NJ 07731
Street City Municode State Zip Code

Lot # 53 Block # 37 Subdivision HOVELL COUNTY, HOVELL

2. Builder Name Dogood LLC Builder Number NJ-0800-5358-NH-

3. Effective Date of Warranty (Date of Closing): April 15, 2005 State Registration # 032637

4. Sales Price of Home \$ 211,250 Total Warranty Amount Paid \$478.12

A. Rate Formula for amount of sales price up to \$250,000.00

If price does not include Lot, multiply by 1.25 \$211,250 ÷ 1,000 = 211.25 x 2.50 = \$528.13 + XXXXXX - \$50.00 = \$478.13
Sales Price (Up to \$250,000) Rate Total Cost If FHA/VA Home Initial Fee Amount Due

B. Rate Formula for amount of sales price up to \$250,000.00

If price does not include Lot, multiply by 1.25 0 ÷ 1,000 = 0.00 x \$2.50 = \$0.00
Sales Price (Amount over \$250,000) Rate Additional Amount Due

5. Type of Financing (Check One): ☐ FHA ☐ VA ☐ RHS ☒ Conventional ☐ Cash

6. ☐ Condominium ☐ Fee Simple ☐ Townhouse ☒ Single-Family Detached ☐ Two-Family ☐ Cooperative

7. ☐ Low Rise (2 story) ☐ Mid Rise (3-5 story) ☐ High Rise (6 story or greater) ☒ Not applicable
Effective Date of Common Elements Coverage _____ / _____ / _____ (date main structure housing individual units is completed)
No common elements coverage will be provided unless all units in a building are enrolled.

ACKNOWLEDGMENT OF RECEIPT OF WARRANTY DOCUMENTS

The undersigned Builder has delivered and the undersigned Homeowner(s) hereby acknowledge receipt of the following warranty documents:

1. Home Buyers Warranty Certificate of Participation
2. Home Buyers Warranty videotape, "Warranty Teamwork"
3. Home Buyers Warranty Booklet (HBW 207 NHJ)
4. Home Buyers Warranty Construction Arbitration Rules

CERTIFICATION OF ENROLLMENT

THIS CERTIFIES THAT THE ABOVE-DESCRIBED DWELLING UNIT IS ENROLLED IN THE HOME BUYERS WARRANTY NEW HOME WARRANTY PLAN AND THAT THE WARRANTY COST, RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, HAS BEEN PAID IN FULL TO NATIONAL HOME INSURANCE COMPANY (A RISK RETENTION GROUP).

Homeowner [REDACTED] Date 4/5/05

WARRANTY GUARANTOR:

National Home Insurance Company (A Risk Retention Group)
2675 S. Abilene Street, Aurora, CO 80014

Homeowner(s) _____ Date _____

tor for NHIC

Builder _____ Date _____

HBW 202 GG 03/03

Date 4/5/05

WHITE - HBW

CANARY - HOMEBUYER(S)

PINK - BUILDER

GOLDENROD - MUNICIPALITY

APR-01-2005(FRI) 12:11

STATEWIDE CUSTOM MODULAR HOMES

(FAX) 732323885

P. 002/002



Home Buyers Warranty

HOME BUYERS WARRANTY NOTIFICATION OF CLOSING

1728 Montreal Circle
Tucker, GA 30084

OFFICE USE ONLY

ENTERED BY: _____
DATE: _____

PLEASE PRINT OR TYPE

1. BUILDER NAME: Dogood LLC
2. HBW BUILDER #: 88005558 NEW JERSEY STATE REGISTRATION #: 032637
3. HOME BUYER: _____
4. STREET ADDRESS: 35 MAIDALINE
5. CITY: Howell STATE: NJ ZIP CODE: 07731
6. MUNICIPAL CODE: _____
7. LOT & BLOCK NUMBERS: BL#37, Lot#63 SUBDIVISION: _____ CLOSING DATE: _____
8. SALES PRICE: 169,000
9. IS LOT INCLUDED? (CIRCLE ONE) YES ☐ NO ☒
10. TYPE OF HOME: (CIRCLE ONE) S/F DETACHED (101) CONDO (104) TOWNHOUSE (102) TWO FAMILY (103)
11. CONST. TYPE: (CIRCLE ONE) (M) PREMANUFACTURED (C) CONVENTIONAL CONSTRUCTION # OF STORIES _____
12. OWNER TYPE: (CIRCLE ONE) (C) CONDO/COOP (H) HOMEOWNERS' ASSOC (N) NO HOMEOWNERS' ASSOC.
13. COMMON ELEMENT DATE: 3/28/05 CONDOS & TOWNHOUSES
14. TYPE OF FINANCING: (CIRCLE ONE) FHA VA RBS CONVENTIONAL CASH
15. CONTACT NAME & PHONE: Dominick Guidi _____
16. ☐ Extended Warranty Plan ACCEPTED- SEE BACK PAGE FOR CALCULATION

FOR ALL NEW JERSEY BUILDERS: PLEASE RETURN THIS FORM ALONG WITH THE FINAL PAYMENT AS INDICATED BELOW.

A. Rate Formula for amount of sales price up to \$250,000:

If Price Does Not Include Lot Multiply by 1.25 $\frac{211250}{1,000} = 211.25 \times \frac{2.50}{1,000} = \frac{528.12}{1,000} = 528.12$ Initial Fee Amount Due

B. Rate Formula for amount of sales price exceeding \$250,000:

If Price Does Not Include Lot Multiply by 1.25 $\frac{\text{Sales Price}}{1,000} \times 2.50 = \text{Additional Amount Due}$

C. Extended Warranty Plan ACCEPTED - OPTIONAL (See Back Page for Calculation)

Plan Price \$ _____ Options \$ _____ = Subtotal \$ _____ +6%Tx = Total Plan Price _____

D. Total Blocks

A

B

C

Check Amount

FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)



4000 Kozloski Road
Freehold, New Jersey 07728
Tel: (732) 683-8500
Fax: (732) 683-9140
E-mail: info@freeholdscd.org
Website: www.freeholdscd.org

12/8/2004

35 Maida Lane
Howell NJ 07731

Ref.#: 0012-2727
Proj.: 35 Maida Lane
Twp. : Howell
Block: 37
Lots : 63

Dear [REDACTED]

This is to inform you that according to the New Jersey Soil Erosion and Sediment Control Act; N.J.S.A. 4:24-39 et. seq., Chapter 251, P.L. 1975 and as amended by C. 264, P.L. 77 and C. 459, P.L. 79, a project is defined as "any disturbance of more than 5,000 square feet of the surface area of land for the accommodation of construction for which the State Uniform Construction Code would require a construction permit, except that the construction of a single-family dwelling unit shall not be deemed a 'project' under the act unless such unit is part of a proposed subdivision, site plan, conditional use, zoning variance, planned development or construction permit application involving two or more such single-family units,--".

In reference to the above site, construction of one single-family dwelling unit does not require certification of a soil erosion and sediment control plan. Should construction of a second dwelling occur, certification of a plan would be required.

If there are any questions, please feel free to call this office.

Sincerely,

Timothy P. Thomas
Timothy P. Thomas
Resource Conservationist *SR*

SR

Cc: Howell Twp. Planning Board
Howell Twp. Construction Official
Howell Twp. Engineer
FSCD Site Inspector-Kasey Clark
Weinert Engineering

BUREAU OF INSPECTIONS
Township of Howell

Correction Notice

Permit # _____ Location 35 MADIA LN

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

- 1) need GFCI outside of A/C units & in basement.
- 2) need pullchain LT in ATTIC AT FRONT ROOM
- 3) never HAD A well pump TRENCH DONE, well NOT DONE.

2-2-05

need well re-hooked up.

You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

DATE 2-14-05 SCO [Signature]

DO NOT REMOVE THIS TAG

STATEWIDE CUSTOM MODULAR HOMES

550 ROUTE 70

LAKEHURST, NJ 08733

OFFICE: (732) 408-1600

FAX: (732)-323-8858

WWW.STATEWIDEMODULAR.COM

PLEASE DELIVER IMMEDIATELY**IF ANY PROBLEMS OCCUR DURING THE FAX,
CALL: 732-408-1600**DATE: 3/15/05TO: Alan

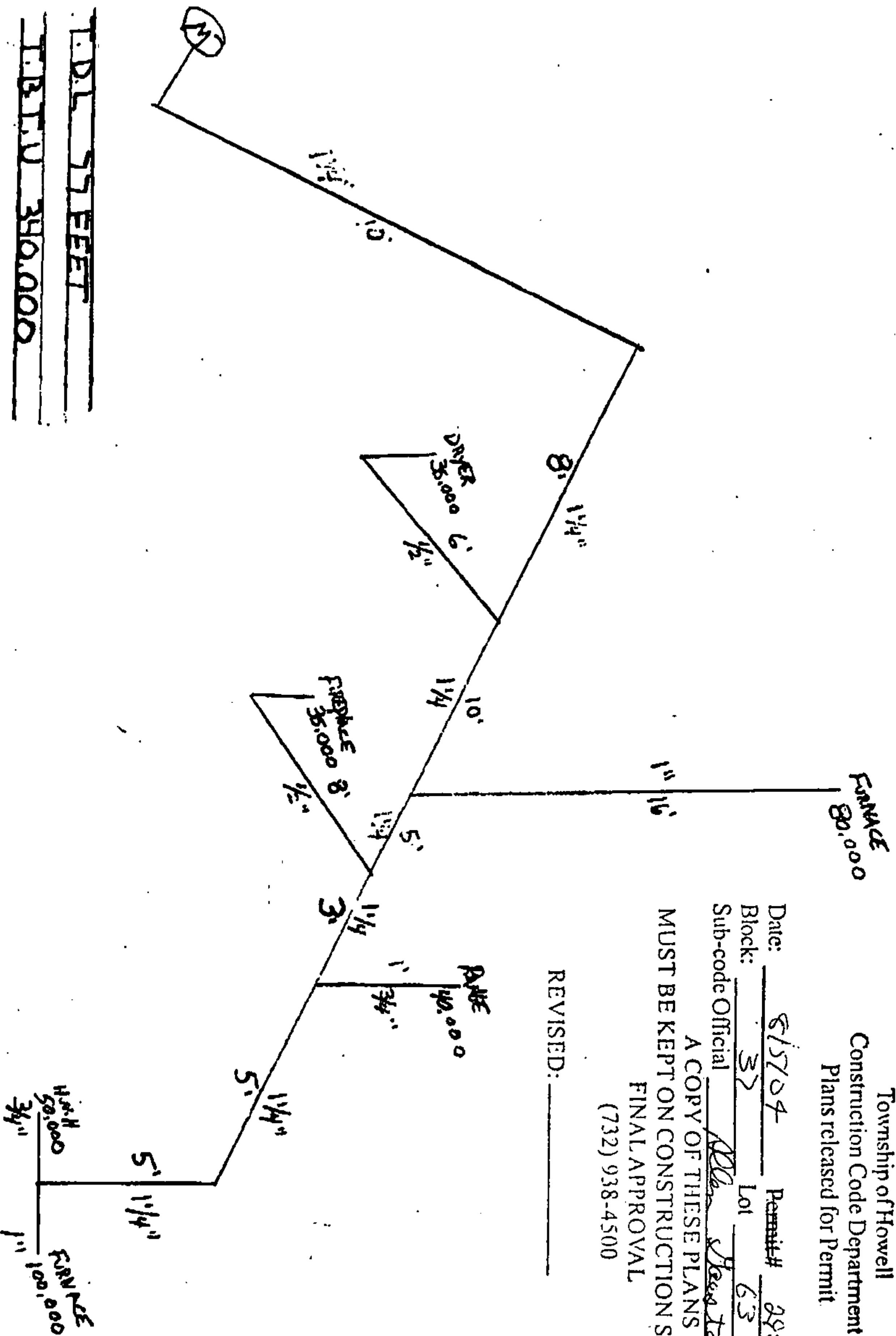
FAX NUMBER: _____

FROM: Bruce Goldstein

NUMBER OF PAGES TO FOLLOW _____

COMMENTS Re: Change of Contractor

REVISED: _____



Township of Howell
Construction Code Department
Plans released for Permit

Date: 8/5/04 Permit # 29575

Block: 37 Lot 63

Sub-code Official ALA Heard

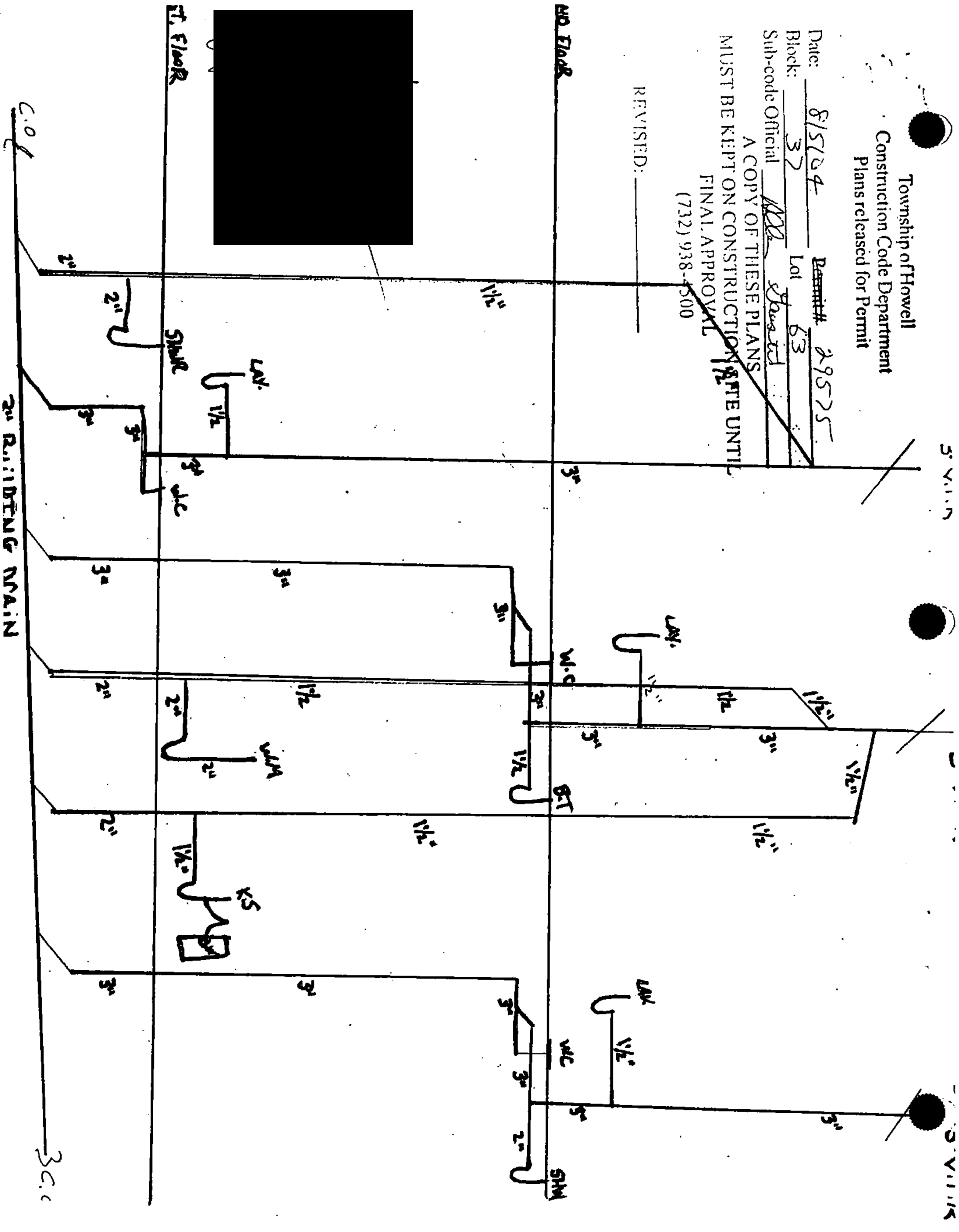
A COPY OF THESE PLANS

MUST BE KEPT ON CONSTRUCTION SITE UNTIL

FINAL APPROVAL

(732) 938-4500

REVISED: _____



BUREAU OF INSPECTIONS
Township of Howell

37/63

Correction Notice

Permit # _____ Location 35 Madira Lane

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

3/18/05 - could not do smoke test, Pumps did not have a ladder to reach roof so he cut vent in attic & capped it.

Told him that IT cannot be that way also smoke machi could not be hooked up in Basement.

Explained proper way for smoke test
Also told him still did not reach
Chagn of CONTRACT, & copy of Pumps, etc,
Also L.P. Tank in Drive way is
NOT PROTECTED & Blocks IT Partioned
on ARE Sinking into the mud.

You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

DATE 3/18/05 SCO

[Signature]

DO NOT REMOVE THIS TAG

35. Median Lane ✓

BUREAU OF INSPECTIONS
Township of Howell

Correction Notice

042498

Permit # _____ Location 37/63

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

(9) Need written T-11 on DWV TO
151. FLOOR - IN Smoke TEST OR
AIR TEST.

Gas girt down TO 13#

OK Anti-Slacking for Inspection

Stops - Transition joints or divisions
300' 15" - 5' 1" ~~the~~ Crane, like from
Stops. Under approval for position
Still need for the Plumbing

You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

DATE 2/4/03 SCO X

DO NOT REMOVE THIS TAG

BUREAU OF INSPECTIONS
Township of Howell

Correction Notice

Permit 4-2498 Location 32/63

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

1) Provide manufacturer installation instructions for the transition from plastic to rubber hose connection.

2) No Test on DUV

3) Later test & Gas OK

3/2/05 - Transition joints are ASME approved - ~~have~~ have Mike from Statewide approved for gas only still need rough plumbing

You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

DATE 2/18/05 SCO Mike Jackson

DO NOT REMOVE THIS TAG

821-A.9-
BUREAU OF INSPECTIONS
Township of Howell

Correction Notice

Permit # _____ Location 37-63

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

35 media land.

Protection for Swamp Trunk.
According to N.F.P.S.R.

Not used for Drive way need
cutting authorized By someone
who is going to accept Responsibility.

Found a Firm Pond under Trunk.
Block and sink in into Med.

You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

DATE 3/23/01 SCO W

DO NOT REMOVE THIS TAG

BUREAU OF INSPECTIONS
Township of Howell

Correction Notice

Permit # 04-2498 Location 35 Maide Ln

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

- OK ① Skill near Foundation located
- OK ② Feet work not finished
- ✓ ③ Garage must pick away from house
for 1st 6'-0"
- OK ④ Bottom steps on Rear steps must
be even
- OK ⑤ Need wall around access to crawl

OK ⑥ Missed House Connection Inspection
Missed sill plate Inspection

6/24/05 GB #3

6/27/05 GB OK

You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

DATE 3/23/05 SCO CG

DO NOT REMOVE THIS TAG

(732) 681-0206

(732) 938-2161

Lertch Wrecking Company

P. O. Box 1362

Wall, NJ 07719-1362

Fax (732) 938-6362

08/14/04

Invoice

Maritime Tools
206 Main Street
Manasquan, NJ 08736

Phone: 732-223-9305
Fax: 732-223-8720

Subject: Demolition 35 Maida Lane, Howell, New Jersey

For the completed demolition and removal of a house located at 35 Maida Lane, Howell,
New Jersey \$3,900.00

Total Balance Due

PAID
CK. NO. 123
DATE 8/14/04

\$3,900.00

BOYAN

Block 37

Lot 63

File

(732) 681-0206

(732) 938-2161

LERTCH WRECKING COMPANY

P. O. Box 1362

Wall, New Jersey 07719

Fax (732) 938-6362

08/14/04

**Construction Official
Township of Howell
251 Preventorium Road
Howell Township, NJ 07731**

Attn: Building/Construction Department

Regarding: Demolition 35 Maida Lane, Howell, New Jersey

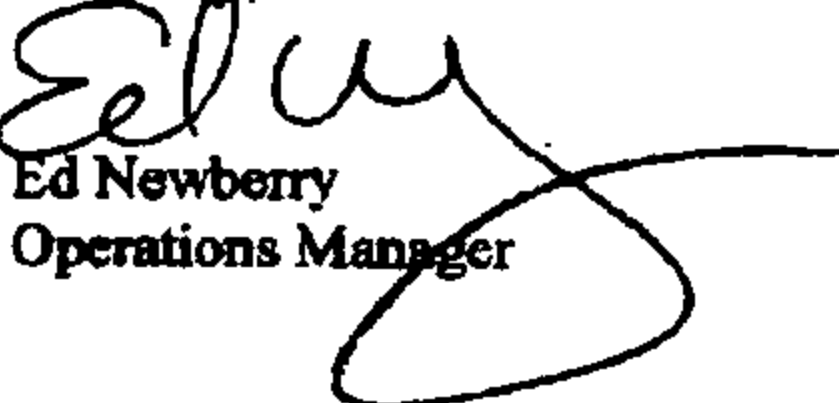
Gentlemen,

Enclosed please find the dump receipt for the disposal of demolition debris from the above referenced project.

All Recyclable concrete was delivered to Lertch Recycling Center, 5115 Belmar Blvd., Wall Township NJ, DEP # 135200192

If you have any further questions, please do not hesitate to contact me.

Sincerely,


**Ed Newberry
Operations Manager**

GROWS LANDFILL
1513 BORDENTOWN RD, MORRISVILLE, PA19067
PH: 215-736-9400

TICKET: 1652413
DATE: 08/14/2004
TIME: 11:00 - 11:53

CUSTOMER: 920 / Lertch Wrecking Co.
STREET: P.O. BOX 1362
CITY\STATE: WALL NJ
PHONE: 9086810206

P.O.

GROSS: 66440 LBS
TARE: 37140 LBS
NET: 29300 LBS

TRUCK: 8525 TRAILER: AE676M
ROUTE: NA / Non App MANIFEST:

COMMENT:

WASTE: G153 / C&D TONS

DESTINATION: NA / Non App

QUANTITY: 14.65

~~CUSTOMER DAILY TONS: 31.10~~

ORIGIN

NJ / NEW JERSEY

PCT

100.00

IN: DW LIC #061464

B: ORR08PC005

OUT: BK LIC #056685

B : ORR08PC004

DRIVER: _____

HOWELL TOWNSHIP

Agent : DOGOOD LLC DBA STATE WIDE MO
550 ROUTE 70
LAKEWOOD, NJ-08733
Ph: (732) 408-1600

FILE COPY

Contractor : O'FLYNN AND SAHLBERG PLUMBIN
806 FRANCE CT
TOMS RIVER, NJ-08753
Ph: (732) 7796801

Ref : Application #. 29575

Subject : Plumbing Review for 35 MAIDA LANE

Date : August 05, 2004

Subcode Notes

8/5/04

OK Can not price up with modular form.

Water	4000
Sewer	5500
gas	300
Heat	5900
A/C	2000
Plbg	4200
	21,900
	$\times .022 = 481.80$

Released
8/13/04
AL

HOWELL TOWNSHIP

Agent : DOGOOD LLC DBA STATE WIDE MO
550 ROUTE 70
LAKEWOOD, NJ-08733
Ph: (732) 408-1600

Contractor : DOGOOD LLC DBA STATE WIDE MO
550 ROUTE 70
LAKEWOOD, NJ-08733
Ph: (732) 408-1600

Ref : Application #. 29575

Subject : Building Review for 35 MAIDA LANE

Date : July 31, 2004

Subcode Notes

- ? 1. Submit DOH approval
- ? 2. Sign Res-check
- 3. Submit modular home handout ✓

HOWELL TOWNSHIP PLAN REVIEW CHECK LIST

NAME [REDACTED] BLOCK 37 LOT 63
 ADDRESS 35 Maude ZONING RELEASE _____
 DATE SUBMITTED 7/20/04
 TYPE OF WORK SFD- Modular Home 29575

	REVIEWED BY	APPROVED	COMMENTS
FIRE ✓	7/21/04	(OK)	
BUILDING ✓	7/31/04 8/24/04	NOT OK →	
ELECTRICAL ✓	8-2-04	(OK)	
PLUMBING ✓	~~8/9/04 AL~~ 8/13/04 AL	~~(NOT OK)~~ (OK)	See correction
MECHANICAL	NOTIFIED HOME OWNER		AUG 13 2004 <i>Resub P/bj</i>
OTHER	CONTRACTOR ✓ DATE <u>8-10-04</u> TIME <u>9:19</u>		
SEPTIC	RECEIVED AUG 19 2004 BUILDING DEPT <i>Resubmit</i>		JUL 20 2004

INSPECTION CHECK LIST
NEW DEVELOPMENT
COMMERCIAL/NEW CONSTRUCTION
PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

FINAL BUILDING INSPECTION

FINAL PLUMBING INSPECTION

FINAL ELECTRIC INSPECTION

FINAL FIRE INSPECTION

FOUNDATION LOCATION SURVEY

SOIL CONSERVATION APPROVAL

H.T.M.U.A./MCBH/WELL/SEPTIC *

H.O.W. CERTIFICATE

FINAL SURVEY

ENGINEERING RELEASE *

FINAL COAH PAYMENT

APPLICATION FOR C.O.

ENERGY STAR CERTIFICATE

COMMERCIAL

SITE PLAN FIRE LANES/ZONES

SITE PLAN COMPLIANCE

FOOD HANDLERS LICENSE

BLOCK

37

LOT

63

NAME

Mike

Occupying per Tom L 5-2-05

(HCO) 3-28-04 (Full) 6-27-05

(HCO) 3-28-04 (Full) 6-24-05
3-4-05

3-22-05

10-15-04

12-8-04

3-29-05

(Photo Log) 4-8-05

5-5-05

(Ok per T. Savino 5-2-05) Full 6-10-05
N/A

(HCO) 4-1-05

N/A

HOWELL TOWNSHIP
LAND USE CERTIFICATE

1323, 170

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

PROPERTY: BLOCK 37 LOT(S) 63 STREET 35 MAIDA LANE

TELEPHONE # _____

NAME _____
ADDRESS 35 MAIDA LANE
Howell NT

PHONE _____

USES Principal _____
Accessory _____
New Construction ☒ Existing Structure _____
Interior Remodelling _____

FOR OFFICE USE ONLY:
ZONE _____
USE PERMITTED: Yes ☐
No ☐

DESCRIPTION OF LOT: Corner lot: Yes ☐ No ☒
Frontage 100 feet Depth 183.50 feet
On an improved street: Yes ☒ No ☐
Total lot area 18,350 square feet

Please see
#14 under
septic general notes

LOCATION OF STRUCTURES: Principal structure
Setback from right of way: 32.5 feet
(and _____ feet if corner lot)
Sideyard clearances: 28 feet & 28 feet
Rearyard clearances: 110 feet

Accessory structure:
Setback from right of way: _____ feet
(and _____ if corner lot)
Sideyard clearances: _____ feet & _____ feet
Rearyard clearances: _____ feet

DESCRIPTION OF STRUCTURES: Principal
Height >30 feet to highest point
Length 44 feet Width 27.5 feet
Useable floorspace 2080 square feet
Number of stories 2 Basement: Yes ☐ No ☒
Number of apartments _____ Number of Bedrooms 3

Accessory structure:
Height _____ feet to highest point
Length _____ feet Width _____ feet

PARKING: Number of off-street parking spaces 3
Percentage of lot covered by parking areas, walkways, etc. 5.8 % 1075 sq ft

SURFACE COVERAGE: Percentage of lot covered by buildings: 7.4 % 1360 sq ft
Percentage of lot covered by other impervious surfaces: _____ %

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE: \$100.00 new home
FEE: \$10.00 residential
FEE: \$20.00 non-residential
DATE FEE PAID: _____

[Signature]
SIGNATURE OF APPLICANT
DATE 4/22/04

Based on the above application and the statements which are made part thereof, the proposed usage is found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved.

DATE 7/13/04
HOWELL TOWNSHIP/LAND USE OFFICE
Vito Mammarella

COMMENTS/EXPLANATIONS: Doc. # 1217-9
C.R. # 00462
10/5/04

REFERRALS: ☐ To Building Dept. ☒ To Zoning Bd. ☐ To Engineering
☐ To Planning Bd. ☐ To Bd. of Health ☐ To _____