BLOCK 52 LOT 12 QUALIFICATION CODE 37634 ADDRESS (SITE) 276 Maxim Rd PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 276 MAxim Rd Howell
2. Name of Owner in Fee: [redacted] Tel. [redacted]
   Address 276 Maxim Rd (street) Howell (municipality) 07731 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: JEIF Tel. ( ) SAME
   Address SAME
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer Paul Grebowski Tel. ( ) _____
   Addres [redacted] Toms River NJ · Contact _____
6. Responsible Person in Charge once Work has Begun [redacted]
   Tel. [redacted] FAX: ( ) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area — Largest Floor sq. ft.	
4.	New Building Area sq. ft.	500
5.	Volume of New Structure cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair ☑ b. Alteration ☐ c. Renovation ☐ d. Reconstruction	13500			2/22/06		GB	3/6/06		GB
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical					2-22-06				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: R-5
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	*Income-restricted*
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-*RESIDENTIAL*

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

LDS HW-B 10408936

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. (✓) I further certify that I will perform or supervise the following work:
C.1. (✓) Building C.2. (✓) Fire Protection

I further certify that I will perform the following work:
C.3. (✓) Electrical C.4. ( ) Plumbing

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

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

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

Signature [redacted] Date 2-19-06

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

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

CERTIFICATE

Date Issued: 06/13/2006
Control #: 37634
Permit #: 20060545

IDENTIFICATION

Block: 52 Lot : 12 Qualification Code:

Work Site Location: 276 MAXIM ROAD
HOWELL

Owner in Fee: [redacted]

Address: 276 MAXIM ROAD
HOWELL NJ 07731

Telephone: [redacted]

Agent/Contractor: [redacted]

Address: 276 MAXIM ROAD
HOWELL NJ 07731

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: GARAGE CONVERSION 500 SQ FT

[X] **CERTIFICATE OF OCCUPANCY**

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

[ ] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _or will be subject to fine or order to vacate:

C. Phillips 6/14/06
Chet Phillips Construction Official

[ ] **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[X]Check No. 1710
Collected by: glb

APPLICATION FOR CERTIFICATE

Permit #
Date Issued 6-12-06
-or-
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 276 Maxim Rd Howell N.J. 07731 Block 52 Lot 12 Qualification Code

Owner in Fee [redacted] Contractor Self

Address 276 Maxim Rd Address Same

License No. Tel. ( )

Te[redacted] Federal Employee No.

ACTION

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

USE GROUP Previous or Current

FINAL COST OF CONSTRUCTION: $ 15,000.

(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:

Garage Conversion

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] 6-12-06
OWNER/AGENT

☑ OWNER ☐ AGENT

U.C.C. F270
(rev. 5/2003)

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

Permit Number: 20060545
Permit Date: 03/13/2006
Update Number:
Control Number: 37634
Application Date: 02/17/2006

CONSTRUCTION PERMIT

IDENTIFICATION

Block : 52 Lot : 12 Qualification Code:
Work Site Location: 276 MAXIM ROAD HOWELL
Owner In Fee: [redacted]
Address: 276 MAXIM ROAD
HOWELL NJ 07731
Telephone: [redacted]
Use Group(s): R-5

Contracto [redacted]
Address: 276 MAXIM ROAD
HOWELL NJ 07731
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

GARAGE CONVERSION 500 SQ FT

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	13,500.00
Cost of Demolition:	0.00
Total Cost:	$13,500.00

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.

CP (GLB) 03-13-06

Chet Phillips — Date
Construction Official

PAYMENTS (Office Use Only)

Building	$297.00
Electrical	$46.00
Plumbing	
Fire Protection	$36.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$18.00
Other Fees	
CO Fee	$40.00
CCO Fee	
Minimum Fee	
Total	**$437.00**
All Fees Waived:	No

Amount to be Paid:	**$437.00**
Check Number:	1710
Check amount:	$437.00
Collected by:	glb
Receipt No:	
Total Cash Amount	
Total Check Amount	$437.00
Total CC Amount	
Grand Total	$437.00

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

03-13-06

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit # 37634

20060545

IDENTIFICATION Block 52 Lot 12 Qualification Code

Work Site Location 276 Maxim Rd

Contractor

Address

Owner in Fee [redacted]

Address 276 Maxim Rd

Tel. [redacted]

Tel. ( )

Lic. No. of Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Garage - Conversion

500 SF

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 15,000.00

CDO

Construction Official

Date

PAYMENTS (Office Use Only)

Building	297
Electrical	116
Plumbing	—
Fire Protection	36
Elevator Devices	
Other	
DCA State Permit Fee	18
Cert. of Occupancy	40
Other	
Total	437
Check No.	1710
Cash	
Collected by	GLB

(see reverse side)

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

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

03-13-06

CONSTRUCTION PERMIT

Date Issued

Permit # 37634

20060545

IDENTIFICATION Block 52 Lot 12 Qualification Code

Work Site Location 176 Marion Rd

Owner in Fee [redacted]

Address 271 Marion Rd

Tel. ( )

Contractor

Address

[redacted]

Tel.

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Garage Conversion

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 $ 15,000.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building	217
Electrical	116
Plumbing	—
Fire Protection	36
Elevator Devices	
Other	
DCA State Permit Fee	1x
Cert. of Occupancy	410
Other	
Total	437
Check No.	1710
Cash	
Collected by	GLB

(see reverse side)

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

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 037006

Date Issued
Permit # 37634
20060545

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

Block 52 Lot 12 Qualification Code

Work Site Location 276 Maxim Rd

Owner in Fee [redacted]

Address 276 Maxim Rd.

Tel. ( )

Contractor Self

Address

Tel. ( ) FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/6/06	GB
[ ] Footing		
[X] Foundation		
[X] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 6/5/06
Approved by: GB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			3-27-06	RM
Footing Bonding				
Foundation				
Slab				
Frame			3-27-06	RM
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other BOI			3-20-06	RM
Final	5/25/06		6.2.06	RM
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed V-B
No. of Stories
Height of Structure Ft.
Area — Largest Floor 500 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 13,500
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

[redacted]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Garage Conversion into Family Room + Mud Room.

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

FEE (Office Use Only)

$	
	297
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	18
TOTAL FEE $	315

U.C.C. F110
(rev. 07/03)

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

5/25/06 Interior of
red brick house w/ side
exterior stairs

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 37634

Date Issued
Permit # 20060545

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

Block 52 Lot 12 Qualification Code

Work Site Location 276 Maxim Rd

Owner in Fee [redacted]

Address 276 Maxim Rd.

Tel. ( )

Contractor Self

Address

Tel. ( ) FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/6/06	GB
[ ] Footing		
[X] Foundation		
[X] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed V-B
No. of Stories 1
Height of Structure Ft.
Area — Largest Floor 500 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 13,500
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature [redacted]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Garage Conversion into Family Room + Mud Room.

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

FEE (Office Use Only)

$	
	297
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	18
TOTAL FEE $	315

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 37634 2006543

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

Block 53 Lot 13 Qualification Code
Work Site Location 76 Thomas Rd
Owner in Fee [redacted]
Address 376 Thomas Rd.
Tel. ( )
Contractor Self
Address
Tel. ( ) FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/16/06	DS
[ ] Footing		
[X] Foundation		
[X] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed V-B
No. of Stories
Height of Structure Ft.
Area — Largest Floor 500 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 13,500
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Sig [redacted]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Enlarge Conversion into Family Room and Mud Room.

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

FEE (Office Use Only)

$	
	297
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	18
TOTAL FEE $	315

U.C.C. F110
(rev. 07/03)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 03-13-06
Date Issued Permit # 37634
20060545

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

Block 52 Lot 12 Qualification Code

Work Site Location 276 Maxim Rd
Howell NJ

Owner in Fee [redacted]

Address 276 Maxim Rd

Tel [redacted]

Contractor Self

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed ADDIT

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

$

Administrative Surcharge $ 46
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[X] *Building* [ ] *Plumbing*
[X] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 2-22-06
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 5-25-06
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			3-28-06	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-25-06	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 03-13-06
Control # 37634
Date Issued
Permit # 20060545

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

Block 52 Lot 12 Qualification Code

Work Site Location 276 Maxim Rd
Howell NJ

Owner in Fee [redacted]

Address 276 Maxim Rd

Tel [redacted]

Contractor Self

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Addit

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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.

[redacted]

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

$ ✓

Administrative Surcharge $ 46
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[X] Building [ ] Plumbing

[X] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 2-22-06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 03-13-06
Control # 37634
Date Issued
Permit # 20060545

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

Block 5 Lot 12 Qualification Code

Work Site Location 276 Maxim Rd
Howell NJ

Owner in Fee [redacted]

Address 276 Maxim Rd

Tel ([redacted]

Contractor T. I. S

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

Administrative Surcharge $ 11.00
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		

Joint Plan Review Required:
[X] Building [ ] Plumbing
[X] Fire [ ] Elevator
[X] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 03-13-06
Control # 37634
Date Issued
Permit # 20060545

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

Block 52 Lot 12 Qualification Code _____

Work Site Location 276 Maxim Rd

Owner in Fee [redacted]

Address 276 Maxim Rd

Tel ([redacted]

Contractor Self

Address _____

Tel (_____) _____ FAX (_____) _____

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [X] Existing [ ] HVAC

Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity* _____

Total Cost of Fire Protection Work $ _____

Fire Alarm System: [X] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (ag[redacted] authorized to make this application.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Garage Conversion

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[✓] CO Detectors 110v REQUIRED		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances: [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Exhaust Fan		
Administrative Surcharge $		
Minimum Fee $		36
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 5/16/06

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 5/24/06

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			5/25/06 BOP	
Other FINAL				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 03-13-06
Control # 37634
Date Issued
Permit # 20060545

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

Block 52 Lot 12 Qualification Code _____

Work Site Location 276 Maxim Rd

Owner in Fee [redacted]

Address 276 Maxim Rd

Tel [redacted]

Contractor Self

Address _____

Tel (_____) _____ FAX (_____) _____

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [X] Existing [ ] HVAC

Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity* _____

Total Cost of Fire Protection Work $ _____

Fire Alarm System: [X] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. [redacted] _____
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Garage Conversion

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[X] CO Detectors (110v) REQUIRED		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		36,
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Exempt 3/15/06		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] *No Plans Required*

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 3/16/06

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

U.C.C. F140 (rev. 1/04)

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

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

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

PROPERTY: BLOCK 52 LOT(S) 12 STREET ± 276 Maxim Rd

APPLICANT: NAME [redacted]

ADDRESS 276 Maxim Rd Howell

PHONE [redacted]

PROPOSED USE: ____ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool ____ Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

____ Other: Specify GARAGE CONVERSION

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

Side yard clearances ____ feet and ____ feet

Rear yard clearances ____ feet

DESCRIPTION OF STRUCTURE: Height ____ feet to highest point

Length ____ feet Width ____ feet

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

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE: Cash
FEE: ____ $10.00 residential ✓
FEE: ____ $20.00 non-residential

[redacted]
SIGNATURE OF APPLICANT

2/19/06
DATE

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

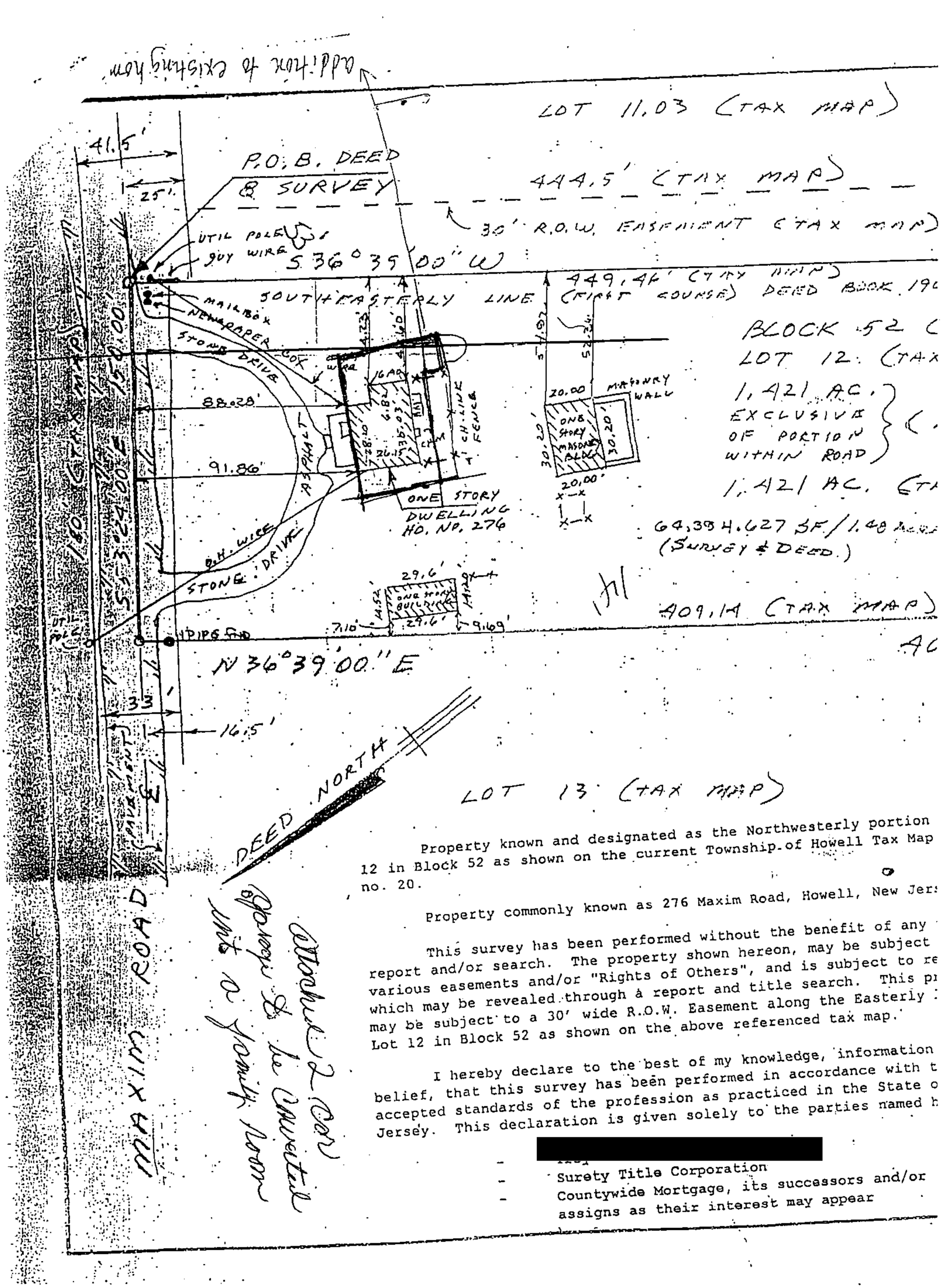
2/19/06
Date

Betty Lou Taylor
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: To convert the attached 2 car garage into family room in connection with the residential use of the property.
Receipt # 15308 D

REFERRALS: ✓ To Building Dept. ____ To Zoning Bd. ____ To Engineering
____ To Planning Bd. ____ To Bd. of Health ____ To ____
____ To Fire Prevention ____ To M.U.A. ____ ____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE



Property known and designated as the Northwesterly portion 12 in Block 52 as shown on the current Township of Howell Tax Map no. 20.

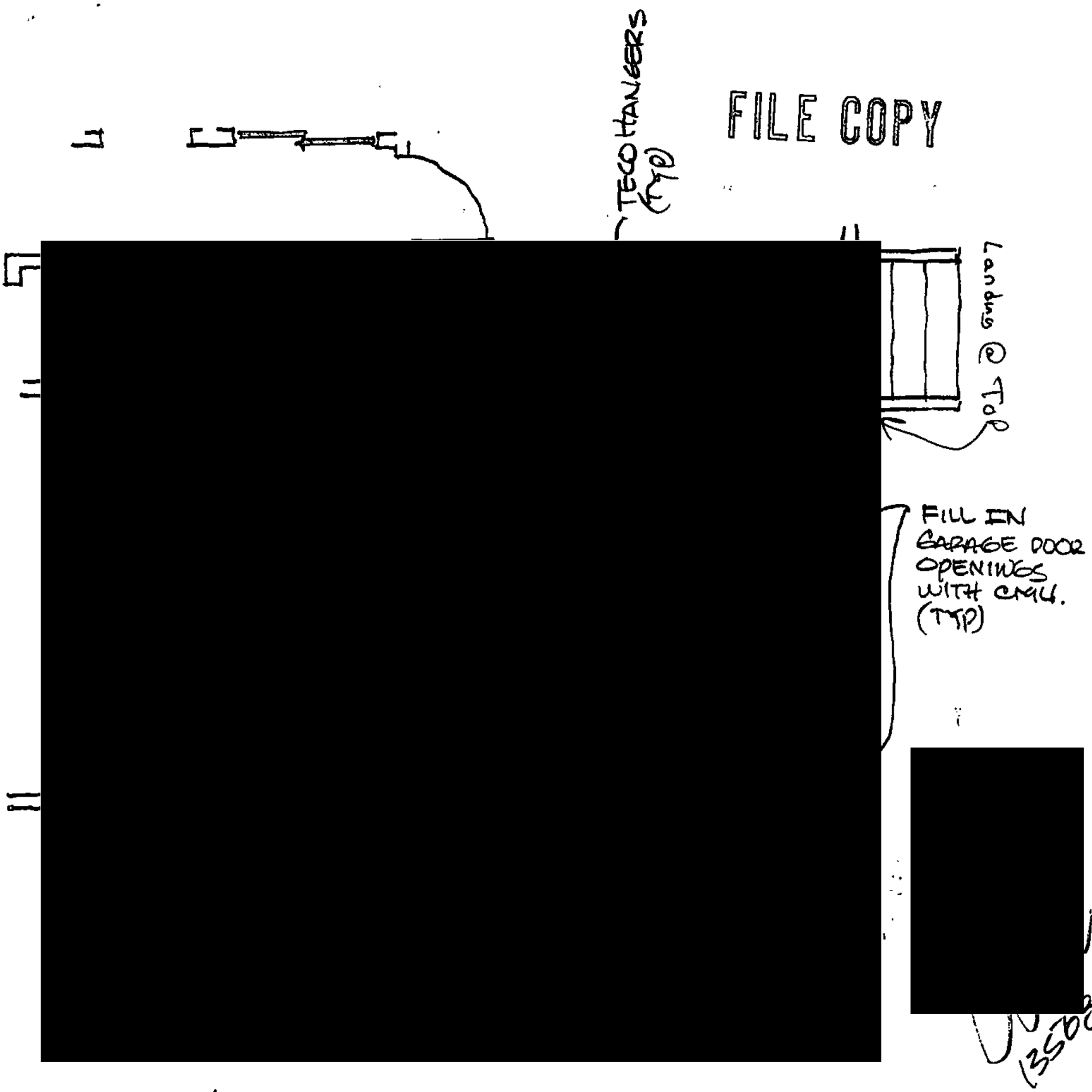
Property commonly known as 276 Maxim Road, Howell, New Jer

This survey has been performed without the benefit of any report and/or search. The property shown hereon, may be subject various easements and/or "Rights of Others", and is subject to re which may be revealed through a report and title search. This pr may be subject to a 30' wide R.O.W. Easement along the Easterly Lot 12 in Block 52 as shown on the above referenced tax map.

I hereby declare to the best of my knowledge, information belief, that this survey has been performed in accordance with t accepted standards of the profession as practiced in the State o Jersey. This declaration is given solely to the parties named h

- [redacted]
- Surety Title Corporation
- Countywide Mortgage, its successors and/or assigns as their interest may appear

FILE COPY



GARAGE / GREAT RM PLAN / FLOOR FRAMING / FOUNDATION

SCALE 1/4" = 1'-0"

[redacted] RESIDENCE
276 MAXIM RD
HOWELL NJ. 07731.

PAUL BRABOWSKI
ARCHITECT
900 SEA GIRT AVE
SEA GIRT NJ 08750

$ = SWITCH
⊕ = OUTLET
◻ = RECESSED LIGHT
⊖ = CEILING FIXTURE
⊖ = EXT. WALL FIXTURE.

[redacted]

P.T STEPS TO GRADE PROVIDE PLATFORM IF REQ'D

SET ON 4" CONC. SLAB 3500 psi.

[redacted]

GARAGE / GREAT RM PLAN.

SCALE 1/4" = 1'-0"

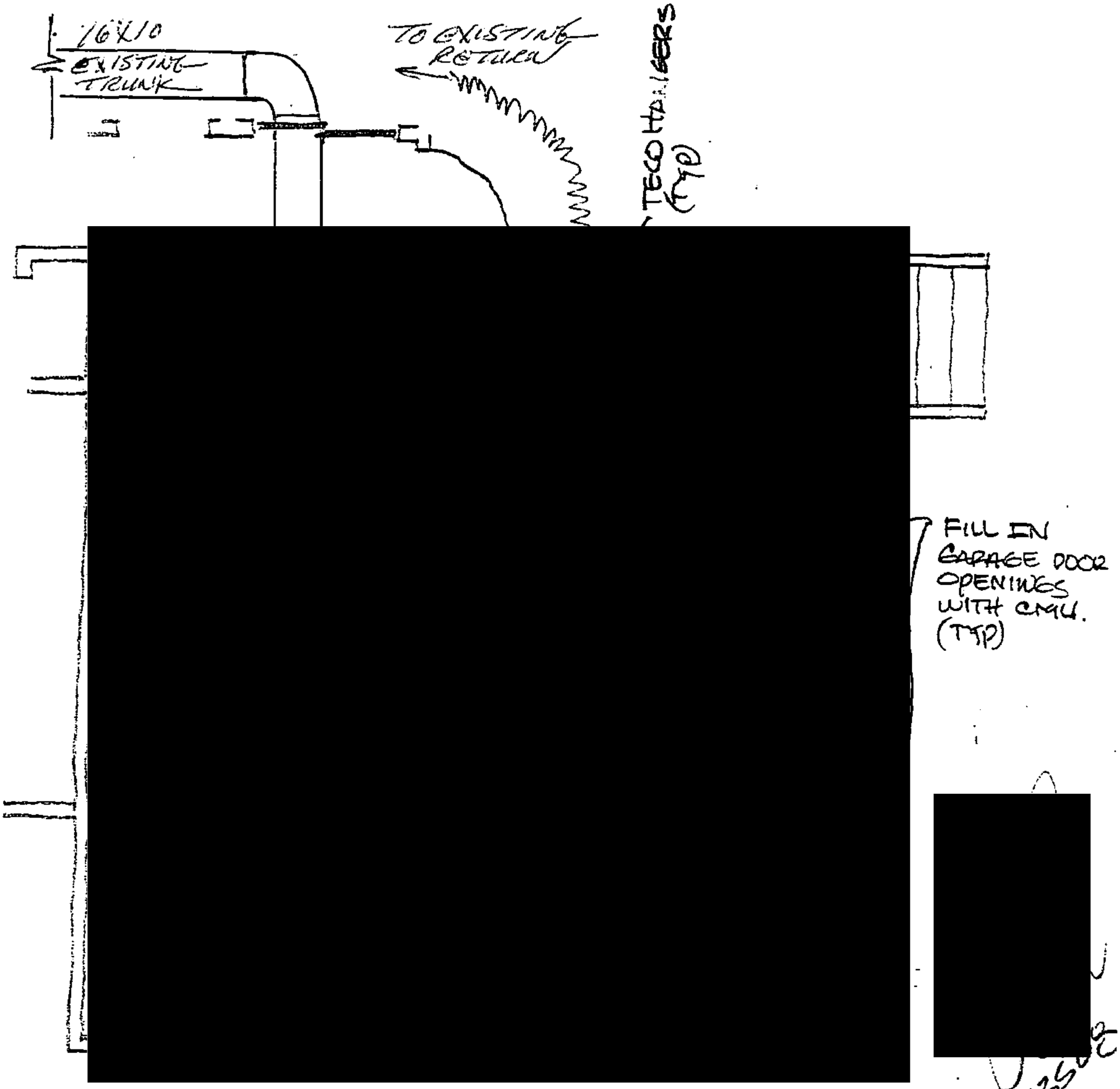
[redacted] RESIDENCE

276 MAXIM RD

HOWELL N.J. 07731

* SHADED WALLS DENOTE NEW CONSTRUCTION.

PAUL GRABOWSKI
ARCHITECT
900 SEA GIRT AVE
SEA GIRT NJ 08750



GARAGE / GREAT RM PLAN / FLOOR FRAMING / FOUNDATION

SCALE 1/4" = 1'-0"

[redacted] RESIDENCE
216 MAXIM RD
HOWELL NJ. 07731.

PAUL GRABOWSKI
ARCHITECT
900 SEA GIRT AVE
SEA GIRT NJ 08757

APPROVED
HOWELL TOWNSHIP

DEPT.	NAME	DATE
BLD. SUB CODE	GB	3/6/06
PLB. SUB CODE		
ELEC. SUB CODE		
FIRE SUB CODE		
CONST. OFFICIAL		

HOWELL TOWNSHIP

Agent : [redacted]
276 MAXIM ROAD
HOWELL, NJ-07731
Ph [redacted]

Contractor : [redacted]
MAXIM ROAD
HOWELL, NJ-07731
Ph: [redacted]

Ref : Application #. 37634

Subject : FireProtection Review for 276 MAXIM ROAD

Date : February 21, 2006

Subcode Notes

1. Detail heating for new room.
2. Electric Tech sheet indicated one detector being installed, please detail type and location. Not installing smoke detector
3. CO detector must be installed in hallway leading to bedrooms, if not already existing. CO detector is existing in home

HOWELL TOWNSHIP

Agent : [redacted]
276 MAXIM ROAD
HOWELL, NJ-07731
Ph: [redacted]

Contractor : [redacted]
MAXIM ROAD
HOWELL, NJ-07731
Ph: [redacted]

Ref : Application #. 37634

Subject : Building Review for 276 MAXIM ROAD

Date : February 22, 2006

Subcode Notes

1 . NEED DIMENSIONS TO SHOW AREA 23' width x 21' depth, inside dimension overall.
2. SHOW ALL INSULATION R VALUES existing R-13 walls + R-30 Attic.
3. SHOW ATTIC ACCESS existing
4. SHOW LANDING AT TOP OF STAIRS TO EXTERIOR AND PLATFORM AT BOTTOM 3'x3' Landing Top of Stairs, as required.
5. SHOW DETAIL HEAT SUPPLY
6. ARE THERE ROOMS ABOVE? No.
7. NEED COST BREAK DOWN FOR EACH SUBCODE

Building Costs - 13,500.00
Electrical Costs - 1,500.00
Fire Costs - N/A - minimal

HOWELL TOWNSHIP
PLAN REVIEW CHECK LIST

NAME [redacted] BLOCK 52 LOT 12

ADDRESS 276 MAXim Rd ZONING RELEASE

DATE SUBMITTED 02-17-06 37634

TYPE OF WORK Garage Conversion | Addition

	REVIEWED BY	APPROVED	COMMENTS
FIRE ✓	3/6/06 ~~2-21-06~~	02 ~~NO~~	→ 3.
BUILDING ✓	2/22/06 3/6/06	~~NOT~~ OK	→
ELECTRICAL ✓	2-22-06	COR	
PLUMBING			
MECHANICAL			
OTHER	NOTIFIED HOME OWNER [redacted] ✓ CONTRACTOR		
SEPTIC	DATE 02-23-06 TIME 2:15 PM		

RECEIVED
MAR - 6 2006
Re-Sub
BUILDING DEPT

RECEIVED
FEB 17 2006
BUILDING DEPT

HOWELL TOWNSHIP

Agent : [redacted]
276 MAXIM ROAD
HOWELL, NJ-07731
Ph [redacted]

Contractor : [redacted]
MAXIM ROAD
HOWELL, NJ-07731
Ph: [redacted]

Ref : Application #. 37634

Subject : Building Review for 276 MAXIM ROAD

Date : February 22. 2006

Subcode Notes

1. NEED DIMENSIONS TO SHOW AREA
2. SHOW ALL INSULATION R VALUES
3. SHOW ATTIC ACCESS
4. SHOW LANDING AT TOP OF STAIRS TO EXTERIOR AND PLATFORM AT BOTTOM
5. SHOW DETAIL HEAT SUPPLY
6. ARE THERE ROOMS ABOVE?
7. NEED COST BREAK DOWN FOR EACH SUBCODE