

B-66 169 Maxim Road

L-1

Permit # 20230211

+ + A

Utility Barn

40000

L-1



SCANNED

CLS



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 169 Maxim Rd. Howell, NJ 07731

2. Name of Owner in Fee: Florentine Investment Group LLC
Tel. () e-mail ()
Address Spring Lake, NJ 07762
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: Just-in-Time Contractors LLC Tel. ()
Address Belmar, NJ 07719 e-mail JITLLC@gmail.com

License No. OR, if new home, Builder Reg. No. 13VH11749400 Exp. Date -

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH11749400

Federal Emp. ID No. () FAX: ()

5. Architect or Engineer: Paul H. Damiano Architects Contact Paul Damiano
Address Spring Lake 07762 Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun: Joseph Florentine
Tel. () FAX: ()

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 2

2. Height of Structure 28.3 ft.

3. Area — Largest Floor 1746 sq. ft.

4. New Building Area 2,092 sq. ft.

5. Volume of New Structure 35,100 cu. ft.

6. Max. Live Load 60 PSF

7. Max. Occupancy Load -

8. If Industrialized Building: State Approved - HUD -

9. Total Land Area Disturbed 4,780 sq. ft.

10. Flood Hazard Zone NO

11. Base Flood Elevation - ft.

12. Wetlands yes ☐ no ☒

IIa. PROPOSED WORK

☐ Minor Work ☒ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

☒ Building ☒ Electrical ☒ Plumbing ☒ Fire Protection ☐ Elevator

FOR OFFICE USE ONLY (Optional)							
Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval Rejection	Re-viewer
				12/14/22	SD		
				12-19-22			
				12-25-22	PL		
				12/18/22			
TOTAL COST							

III. PLAN REVIEW (optional)

DO YOU WANT:

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/Standpipes

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

12. ☐ Fire Alarm

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: Accessory Structure

2. Use Group, Proposed: R5

3. Change in Use Group, Indicate Present:

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale 0

Gained, Rental 0

Lost, Sale 0

Lost, Rental 0

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed:

3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present 5A Proposed 5B

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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(b)4.

- IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION
1. Proposed Work Site at: _____
2. Name of Owner in Fee: _____
Tel. (_____) _____ e-mail _____
Address _____
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. (_____) _____
Address _____ e-mail _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun _____
Tel. (_____) _____ FAX: (_____) _____

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

VI. BUILDING/SITE CHARACTERISTICS
1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

(office use only)

IIa. PROPOSED WORK
☐ Minor Work
☐ Repair
☐ Asbestos Abat. -Subch. 8
☐ New Building
☐ Alteration
☐ Lead Hazard Abatement
☐ Addition
☐ Renovation
☐ Radon Remediation
☐ Demolition
☐ Reconstruction
☐ Annual Permit

IIb. SUBCODES
(Check all that apply)
☐ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

Est. Cost	FOR OFFICE USE ONLY (Optional)							
	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
TOTAL COST								

VII. DESCRIPTION OF BUILDING USE
A. RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____
B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)
DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I understand that if a  willfully false, I am subject to punishment.

Signature

Date

9-12-22

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.

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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. 5:23-2.15(b)4.

IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

HOWELL TOWNSHIP PLAN REVIEW CHECKLIST

P-22-1177

Name: Florentine Investment Group Block: 66 Lot: 1

Address: 169 Maxim Road Control # C-60532

Type of Work: Utility Barn # 60532TA

	Date / Reviewed by	APPROVED / DENIED	COMMENTS
<u>Prior Approval</u> 7A-22-01514 LAND USE	12/1/22 (initials)	Approved	
<u>Prior Approval</u> ENGINEERING			
FIRE ✓	12/8/22 (signature)	OK	
BUILDING ✓	12/14/22 SD	OK	
ELECTRICAL ✓	12-19-22 (signature)	OK	
PLUMBING ✓	12-15-22 (signature)	NOT	RESUBMITTED DEC 27 2022
MECHANICAL ✓	12-28-22 (signature)	OK	
	12-28-22 (signature)	OK	

COMMUNITY DEVELOPMENT

Initial Date Submitted 12/7/2022 (initials)

COAH REQUIRED?

☐ YES
☒ NO

NOTIFIED
HOME OWNER (signature)
CONTRACTOR (signature)
DATE 12/19/22
TIME 2:44

25% Plan Review Worksheet

(ALL COSTS SHOULD BE ROUNDED DOWN TO NEAREST DOLLAR)

Alterations

cost: _____ x .0080 = _____

(Roofing, Siding, Solar, basements, Radon, renovations, HVAC)

New Homes *(Residential)*

Bldg: *(Volume)* cubic feet:

_____ x .012 = _____

Fire: \$75.00 Electric: \$75.00 Plumbing: \$75.00

Additions *(Residential)*

Bldg: *(Volume)* cubic feet:

_____ x .012 = _____

Fire: \$20.00 Electric: \$20.00 Plumbing: \$20.00

New Buildings *(All other Use Groups)* Bldg: *(Volume)* cubic feet:

_____ x .012 = _____

Fire: \$75.00 Electric: \$75.00 Plumbing: \$75.00

Additions *(All other Use Groups)* Bldg: *(Volume)* cubic feet:

_____ x .012 = _____

Fire: \$20.00 Electric: \$20.00 Plumbing: \$20.00

Pole Barns

Bldg: *(Volume)* cubic feet:

_____ x .009 = _____

(If commercial farm property)-----*(Volume)* cubic feet:

_____ x .003 = _____

In-Ground Pool

1. Without new pool barrier: \$95.00

2. With new pool barrier: \$110.00

Above Ground Pool

1. With ladder enclosure: \$45.00

2. With new pool barrier: \$60.00

3. With existing fence/barrier: \$45.00

Woodstoves, Fireplaces, Pellet stoves \$20.00

Demolition *(Residential or Farm Buildings)* (\$150.00 flat fee) 25% = \$40.00

Demolition *(Commercial Buildings)* (\$250.00 flat fee) 25% = \$65.00

Decks

_____ square feet x .10 = _____

Signs

_____ square feet x 1 = _____

(The above figures are only 25% of the total fee that will be charged)



Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
HOWELL, NJ 07731

Date Issued	3/26/2024
Control Number	C-60532
Permit Number	20230211
Permit Issue Date	1/27/2023
Certificate Number	20230211

Certificate
Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 169 MAXIM ROAD Howell Township, NJ Block: 66 Lot: 1 Qual: 07731
Owner in Fee: FLORENTINE INVESTMENT GROUP II, LLC
Owner Address: 169 MAXIM ROAD HOWELL NJ 07731
Telephone: [REDACTED]
Contractor JUST IN TIME CONTRACTING LLC
Address [REDACTED] BELMAR NJ 07719
Telephone: [REDACTED] Fax: [REDACTED] Federal Emp. Number: [REDACTED]
License Number or Builders Registration Number: [REDACTED]

Home Warranty Number: [REDACTED] Type of Warranty Plan: ☐ State ☐ Private
Use Group: U Construction Classification: 5B
Maximum Live Load: 40 Maximum Occupancy Load: [REDACTED]
Description of Work/Use: POLE BARN - BARN - 32 x 54

Certificate Comments:

☒ **Certificate of Occupancy**

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

☐ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

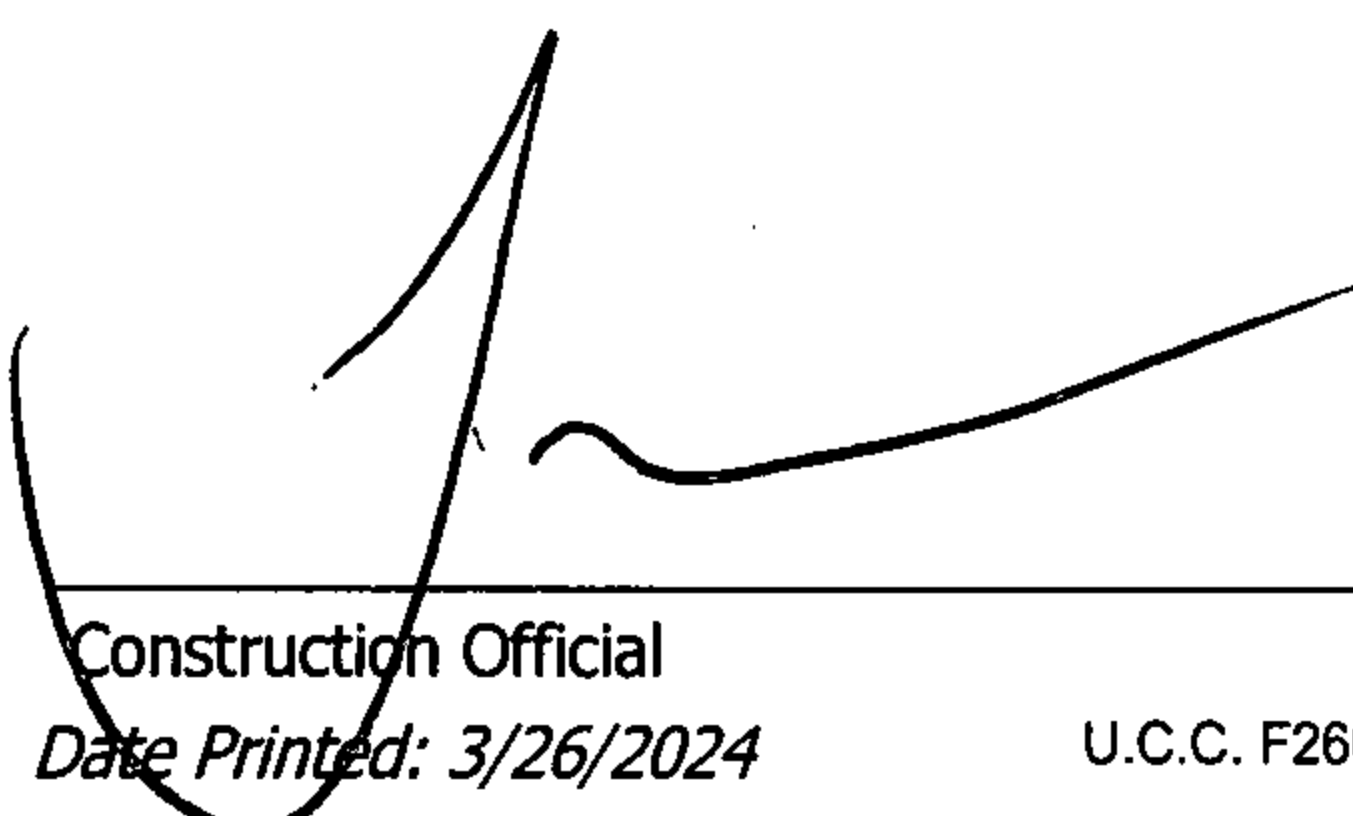
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

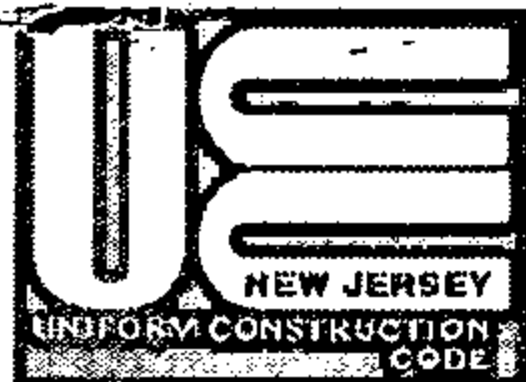
The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:



Construction Official
Date Printed: 3/26/2024

U.C.C. F260 (rev. 08/05)

Fee: \$70.00
Check Number: 1046
Collected By: Kim Balsamo



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 66 Lot 1 Qualification Code _____
Work Site Location 169 Maxim Rd, Howell

Owner in Fee _____

Tel. _____ e-mail _____

Address _____

Contractor: Douglas R. Newman Electrical Contractor Inc. Tel. _____

Address Brielle, NJ 08730 e-mail newmangenerators@gmail.

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

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

Fire Alarm Contractor No. 12452A Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID N _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [] New OR [] Modification to Existing
OR [] Conversion OR [] Replacement

Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____

Location: _____

Total Cost of Fire Protection Work \$ 175

Fuel Storage Tank:

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

Fire Alarm System: [] New OR [] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[] New OR [] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type	Failure	Failure	Approval Initial
[] No Plans Required		Alarm System			
[] Partial Underslab Utilities Approved		Suppression Sys.			
Date: _____ Approved by: _____		Standpipe			
[] Fire Protection Plans Approved		Fire Pump			
Date: _____ Approved by: _____		Pre-Eng. System			
Joint Plan Review Required:		Mechanical			
[] Bldg. [] Elec. [] Plumb [] Elev.		Smoke Control			
SUBCODE APPROVAL for PERMIT		TCO			
Date: <u>12/8/23</u>		Flam/Combust Tanks			
Approved by: _____		Fireplace Venting			
SUBCODE APPROVAL for CERTIFICATE		Final			
[] CO [] CCO [] CA		Other			
Date: <u>3-1-24</u>					
Approved by: _____					

Date Received

Control # C-60532

Date Issued

Permit #

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.

Applicant/Contractor sign here: _____

Print name here: Douglas R. Newman

D. TECHNICAL SITE DATA

[] Certified Contractor [X] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source BARN

Method of Alarm/Suppression System Supervision _____

VERIFIED EMERG. CHECK		FEE (Office Use Only)	
Flammable/Combustible Tanks		\$	
Alarm Systems			
[] System			
[X] 110v Interconnected			
[] CO Detectors/110v			
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			
Fuel-Fired Appliances [] Gas [] Oil [] Solid			
Fireplace Venting/Metal Chimney			
Other <u>PLAN REVIEW</u>			

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



BUILDING SUBCODE TECHNICAL SECTION



Date Received

Control #

Date Issued

Permit #

C-60532
1/27/23
20230211

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

Block 66 Lot 1 Qualification Code _____Work Site Location 169 Maxia RdHonell NJ 07731Owner in Fee: Florentine Investment Group II, LLC

Tel _____ e-mail _____

Address _____

Contractor: Just-in-Time Contracting, LLC Tel _____Address _____ e-mail JitLLC@gmail.comBelmar, NJ 07719

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH11749400

Federal Emp. ID No. _____ FAX: (_____) _____

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

construct 1746 sf utility Barn
Accessory structure per plans.
to residence.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Failure Approval Initial
☒ All	<u>12/14/22</u>	<u>SD</u>	Footings	<u>3-23-23</u> <u>R.C.</u>
☐ Footings/Foundations			Footings Bonding	<u>LEFT</u>
☐ Structural/Framework			Foundation	<u>3-28-23</u> <u>R.C.</u>
☐ Exterior			Slab	<u>4-10-23</u> <u>4-14-23</u> <u>R.C.</u>
☐ Interior			Frame	<u>9-8-23</u> <u>9-15-23</u> <u>R.C.</u>
Joint Plan Review Required:			Truss Sys./Bracing	
☒ Elec. ☒ Plumb. ☒ Fire ☐ Elevator			Barrier-Free	<u>9-15-23</u> <u>R.C.</u>
SUBCODE APPROVAL for PERMIT			Insulation	
Date: <u>12-14-22</u>			Finishes -Base Layer	
Approved by: <u>SD</u>			Finishes -Final	
SUBCODE APPROVAL for CERTIFICATE			Energy	
☒ CO ☐ CCO ☐ CA			Mechanical	
Date: _____			TOO DRIVE + LANDINGS	<u>5-23-23</u> <u>R.C.</u>
Approved by: _____			Other SHEATHING	<u>9-8-23</u> <u>R.C.</u>
			Final	<u>3-10-24</u> <u>3-18-24</u> <u>R.C.</u>
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5/4 Constr. Class Present 5B Proposed 5BNo. of Stories 2 If Industrialized Building: _____Height of Structure 28.3 ft. State Approved _____ HUD _____Area — Largest Floor 1746 sq. ft.New Bldg. Area/All Floors 2098 sq. ft.Volume of New Structure 35700 cu. ft.Max. Live Load 60 PSF

Max. Occupancy Load _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ 174,600
2. Rehabilitation \$ -
3. Total (1+ 2) \$ 174,600

TYPE OF WORK:

☒ New Building Accessory Structure
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$ 1,807

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ 149TOTAL FEE \$ 1,956

Reorder at: ucc.allegramarmora.com • 609-390-1400
Allegra Marketing, Print & Mail - Marmora, NJ

KC 4-10-23 SEE CORRECTION NOTICE
4-14-23 INSIDE SLAB ONLY - CHECK LANDINGS AT FINAL
KC 9-8-23 SPRAY FOAM BEING USED FOR FIRE STOPPING
AT STAIRS AND LANDING AND OPEN RAFTER TAILS.
SEE ON INSULATION INSPECTION.
ADD RAFTERS AT CHAPLA 16" O.C.
KC 3-1-24 SEE CORRECTION NOTICE

BUREAU OF INSPECTIONS

Township of Howell

Correction Notice

Permit # 2023-0211 Location 169 MAXIM RD

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

- ① SLAB REQUIRES 4" STONE UNDER VAPOR BARRIER PAGE A-5
- ② SLAB SHOULD BE TURNED DOWN AT PIERS ALSO SHOWN ON PAGE A-5
- ③ NEED TO CLEAN OUT FOOTINGS IN CENTER TO 12" DEEP ALL AROUND
- ④ NO SLAB PREP FOR LANDINGS OUTSIDE SIDE AND REAR DOORS.

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, 732-414-3240

DATE: 4-10-23 SCO Z.C.

DO NOT REMOVE THIS TAG

To Reorder Call Allegra: 609-390-1400



Camooso Insulation
1309 Atlantic Avenue
Manasquan, NJ 08736
877.502.0355
www.camoosoinsulation.com

**INSULATION CERTIFICATE FOR WORK
PERFORMED BY CAMOOSO INSULATION**

Company Name	Camooso Insulation	Phone Number	877.502.0355
Applicator Name	Jose Reyes	Installation Date	9/15/2023
Jobsite Address	169 Maxim Rd, Howell NJ	A-Side Lot #'s	0312005375
Permit Number		B-Side Lot #'s	P1518281084

Location of Insulation	Thickness	Total R-Value	Approximate Sq. Ft.
Roofline	4.5 inches closed cell	R30	2808 sq ft
Exterior walls and gables	fiberglass batt	R15	2720 sq ft

Intumescent Coating Used	Location	Thickness / Coverage Rate

1. NAME _____
 2. DATE _____
 3. GRADE _____
 4. TEACHER _____
 5. SCHOOL _____
 6. CITY _____
 7. STATE _____
 8. COUNTRY _____
 9. ZIP _____
 10. PHONE _____
 11. TELEFAX _____
 12. E-MAIL _____
 13. WEBSITE _____
 14. ADDRESS _____
 15. STREET _____
 16. PO BOX _____
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 233. PA _____

Journal of Management Education 30(6)

[illegible]

BUREAU OF INSPECTIONS

Township of Howell

Correction Notice

Permit # 2023-0211 Location 169 Maxim Rd.

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

① STAIR RAIL NEEDS TO BE
CONTINUOUS AND GRASPABLE AND
RETURN TO THE POST.

② LOFT GUARD RAIL SPACE ON
BOTTOM CANNOT EXCEED 4"

③ BLOCK OFF LEDGE IN LOFT FOR
FALL PROTECTION

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, 732-414-3240

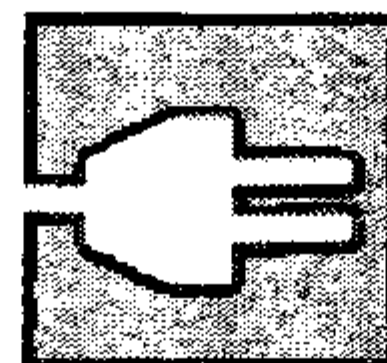
DATE: 3-1-24 SCO Z.C.

DO NOT REMOVE THIS TAG

To Reorder Call Allegra: 609-390-1400



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 66 Lot 1 Qualification Code _____

Work Site Location 169 Maxim Rd, Howell

Owner in Fee _____

Tel. _____ e-mail _____

Address _____

Contractor: Douglas R. Newman Electrical Contractor Inc Tel. _____

Address: _____ Briele, NJ 08730 e-mail admin@newmangenerators

.com

Contractor License No. 12452A Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed 354476701

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

Building Occupied as _____ Utility Co. JCP&L

Est. Cost of Elec. Work \$ 15,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-19-23

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] LCCO [] CA

Date: 3-1-24

Approved by: _____

INSPECTIONS

Type Failure Failure Approval Initial

Rough _____ 9-7-23

Barrier-Free _____ 12-1-23

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____ 12-15-23

Final _____ 3-1-24

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____ 12-15-23

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: Douglas R. Newman

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Wire new barn

QTY.	SIZE	ITEMS
<u>42</u>		Lighting Fixtures
<u>24</u>		Receptacles
<u>16</u>		Switches
<u>1</u>		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS	
<u>83</u>	
	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
<u>1</u>	AMP Service
<u>150</u>	AMP Subpanels
	AMP Motor Control Center
	KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ 280

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



66-1
**PLUMBING 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 66 Lot 1 Qualification Code _____

Work Site Location 169 Maxia Rd

Hewell, NJ 07731

Owner in Fee: Florentine Investment Group II LLC

Tel. _____ e-mail _____

Address _____

Contractor: E.A.S INC Tel. 732 681-0850

Address P.O. Box 508 e-mail _____

BELMAR, NJ 07719

Contractor License No. 595500 Exp. Date 6/2024

Home Improvement Contractor Registration No. or Exemption Reason 13U403325700

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present RS Proposed RS

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well ✓

Est. Cost of Plumbing Work \$ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☒ Plumbing Plans Approved

Date: 12-28-22 Approved by: [Signature]

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-28-22 Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 3-24-24 Approved by: Thomas Smith

INSPECTIONS

Type: _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LPGas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final OKS 3/1/24 [Signature]

See Att

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contract sign and seal here: _____

Print name here: Glenn S. Brand

☒ Licensed Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Gas piping to 2 furnaces

QTY. _____

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

LPGas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

State FURN (2)

over AC (2)

Administrative Surcharge \$ _____

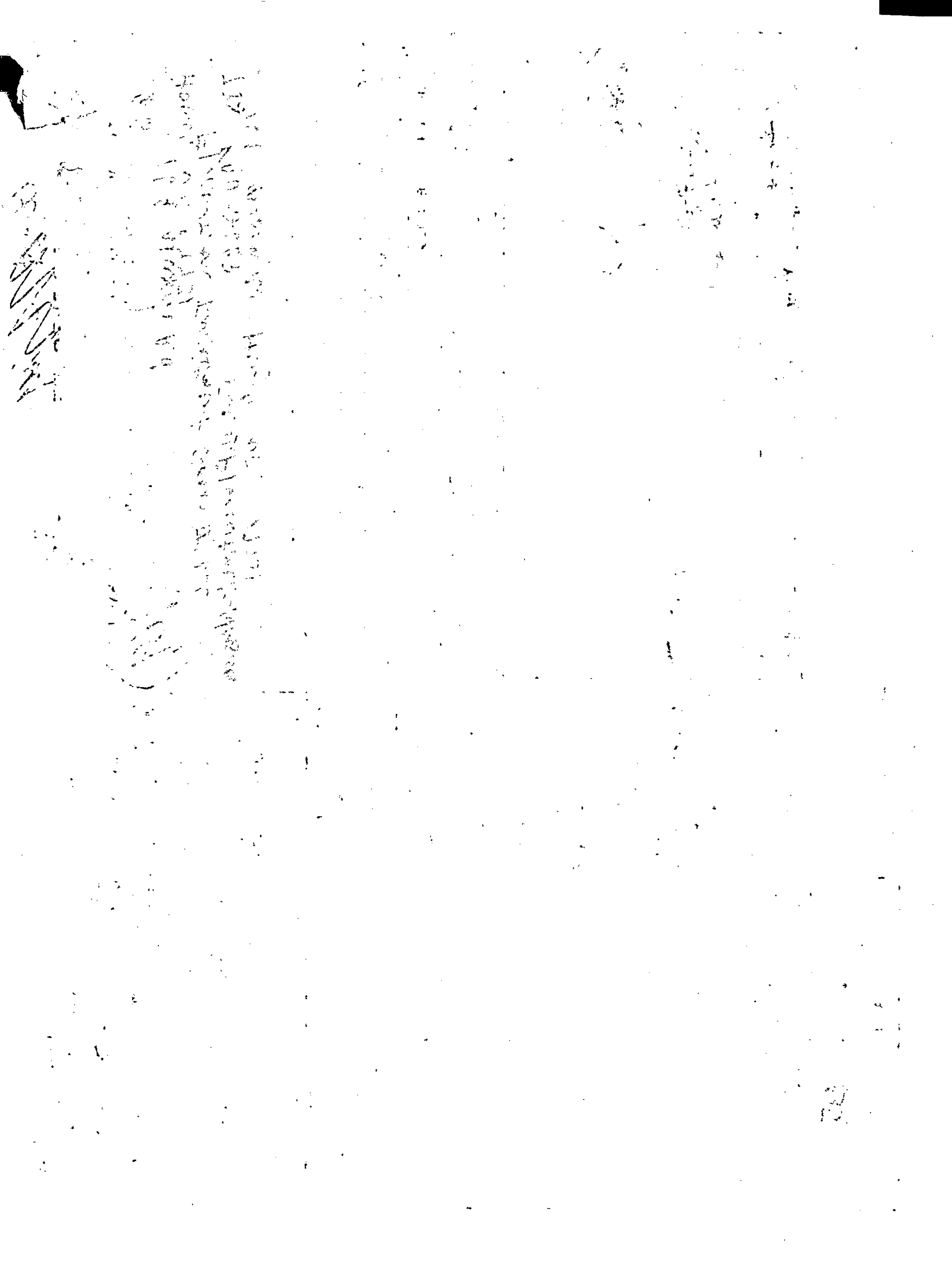
Minimum Fee \$ 140

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

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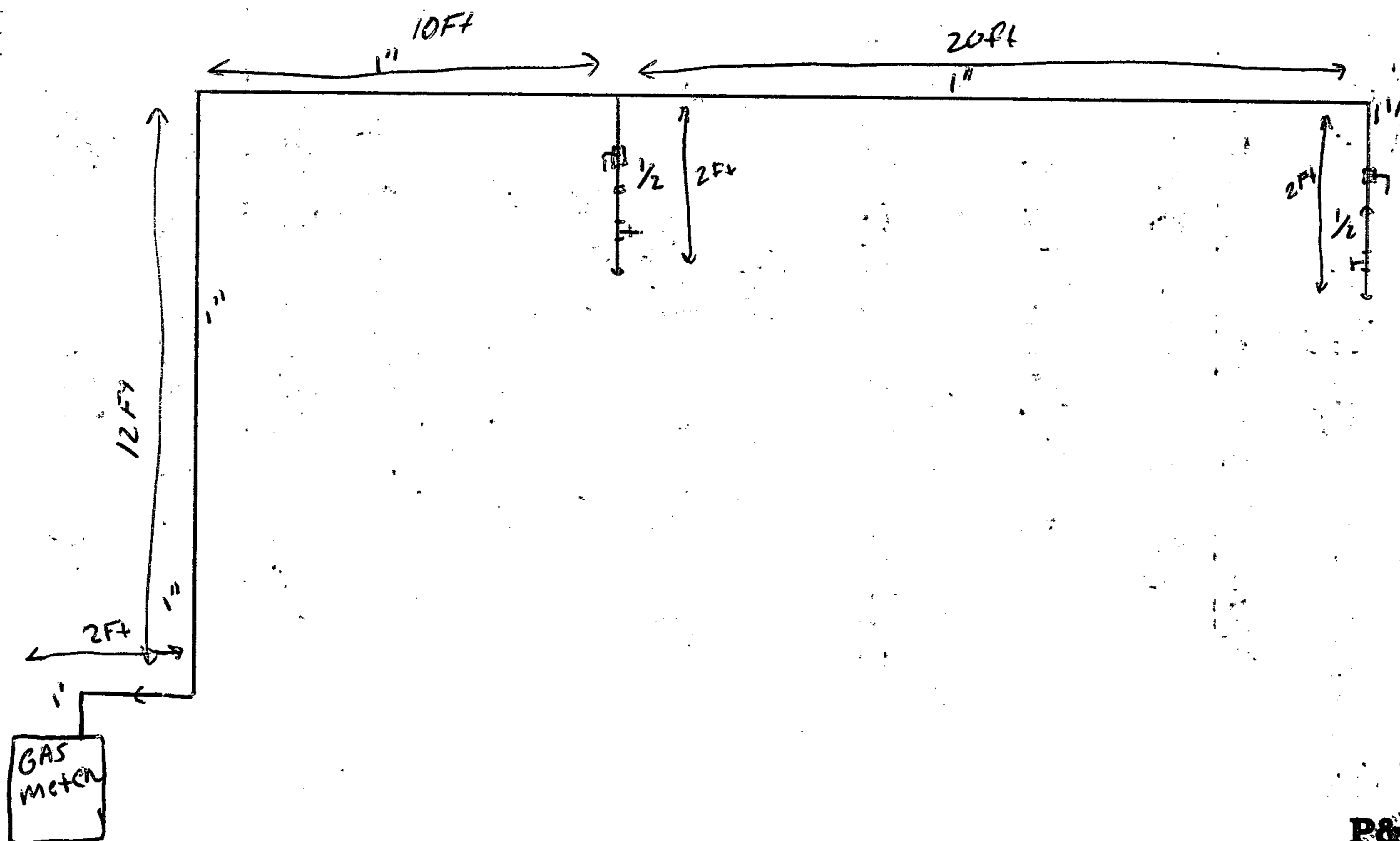


MATERIALS USED SCH 40 BLK

DISTANCES 50FT OF PIPING TO SUPPLY HANGING

HEATERS AT 60K MODINE

FILE COPY



P&N MECHANICAL INC.

P.O. BOX 975

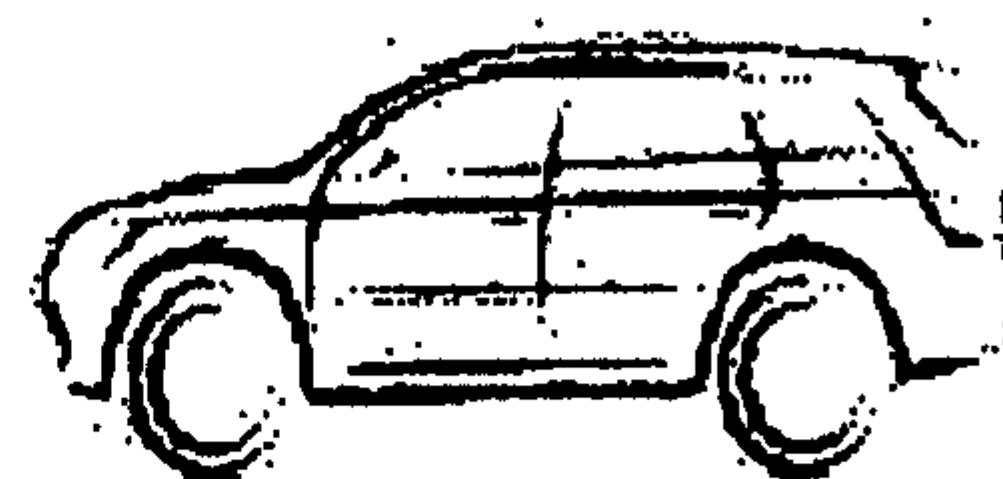
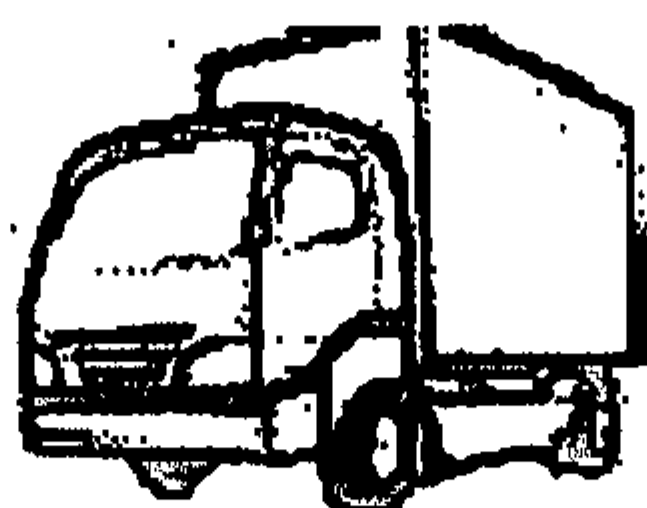
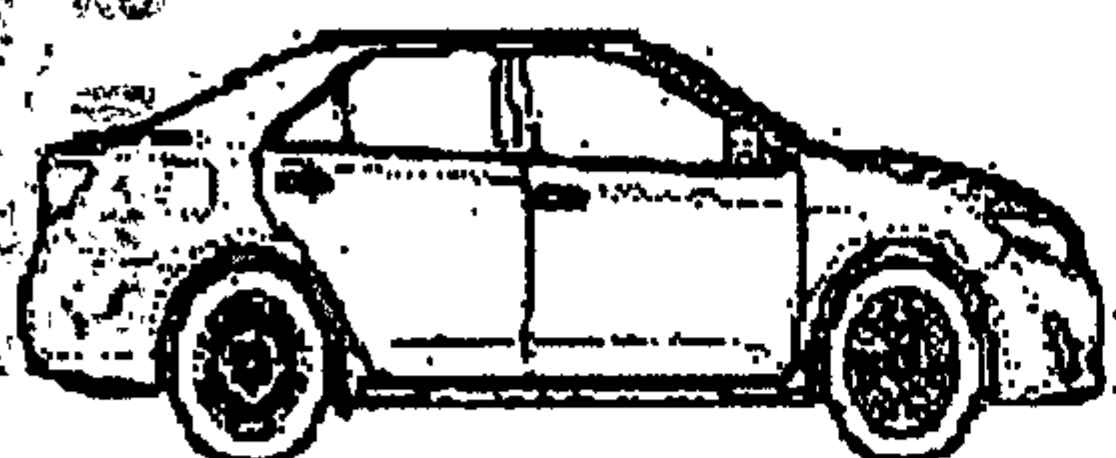
ASBURY PARK, NJ 07712

TEL: (732) 775-4444

169 MAY 1983

Howell, NJ

**\$ WE BUY CARS, VANS & TRUCKS \$
ALL YEARS, MAKES AND MODELS.**



We Come To You!

(732) 484-5773

*** We also purchase**

**Fleet Vehicles - Cargo Vans - Company Trucks
Handicap Vans - & Box Trucks.**

*** Any Condition**

*** We Handle All Paperwork**

*** Simple & Easy Process**

*** We Come To You**

**Call Us Today For
Your FREE QUOTE!**

(732) 484-5773

Zelle®

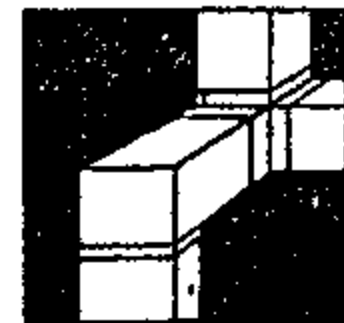


Apple Pay

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To unsubscribe, please visit www.pleaseunsubscribe.com



MECHANICAL INSPECTION
TECHNICAL SECTION



169

Date Received
Control #

Date Issued

Permit #

6378724
2728724
20230211TB

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

Block 66 Lot 1 Qualification Code _____

Work Site Location 169 MAXIM Rd

Howell Twp NJ 07731

Owner in Fee Fluorine Investment Group LLC

Tel. _____ e-mail _____

Address 169 Maxim Rd Howell, NJ 07731

Contractor: PAN MECHANICAL INC Tel. 732 775 4443

Address PO BOX 975 e-mail Panmechanical@msn.com

Asbury Park NJ 07712

Contractor License No. 7766/3845 Exp. Date 2025

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: 732 774 9066

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

Heating System work: ☒ New OR ☐ Modification to Existing OR ☐ Conversion OR ☐ Replacement

Type: ☐ Hydronic ☒ Hot Air

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ 40,000

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
☐ No Plans Required	Type: _____ Failure _____ Approval _____ Initial _____
☒ Mechanical Plans Approved	Water Heater _____
Date: <u>10-18-23</u> Approved by: <u>TS</u>	Appliance _____
Joint Plan Review Required:	Chimney/Vent _____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.	Piping _____
☐ Elev.	Tank _____
SUBCODE APPROVAL for PERMIT	Cooling/AC _____
Date: <u>10-18-23</u>	Generator _____
Approved by: <u>Thomas E. Smith</u>	Fireplace _____
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert. _____
☒ CA ☐ CCO	Other <u>DETECTOR</u> <u>OK</u> <u>TS</u>
Date: <u>3-4-24</u>	Other _____
Approved by: <u>Thomas E. Smith</u>	Final <u>Final</u> <u>3/1/24</u> <u>TS</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.

Applicant sign/Co _____
sign and seal here _____

Print name here: Pan Mechanical Inc

☒ Licensed Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2- New HVAC COLEMAN 92% Effic.
2- New 4ton CONDENSER /A-coil
2- New SPIRAL DUCT WORK 20" DOUBLE INSULATED
Piping ABOUT 50ft with 4- 16x10 Diffusers

NO.	FIXTURE/EQUIPMENT
_____	Water Heater
_____	Fuel Oil Piping Connections
_____	Gas Piping Connections
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Generator
_____	Other <u>AK</u>

FEE (Office Use Only)

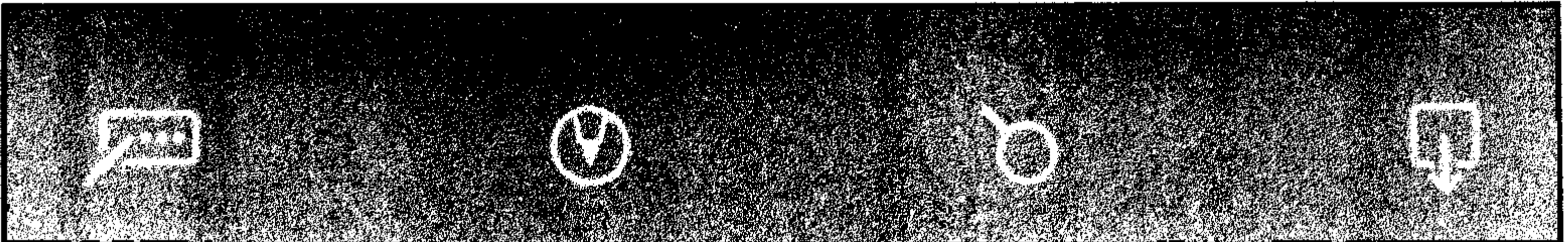
\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ 225

State Permit Surcharge Fee \$ 76

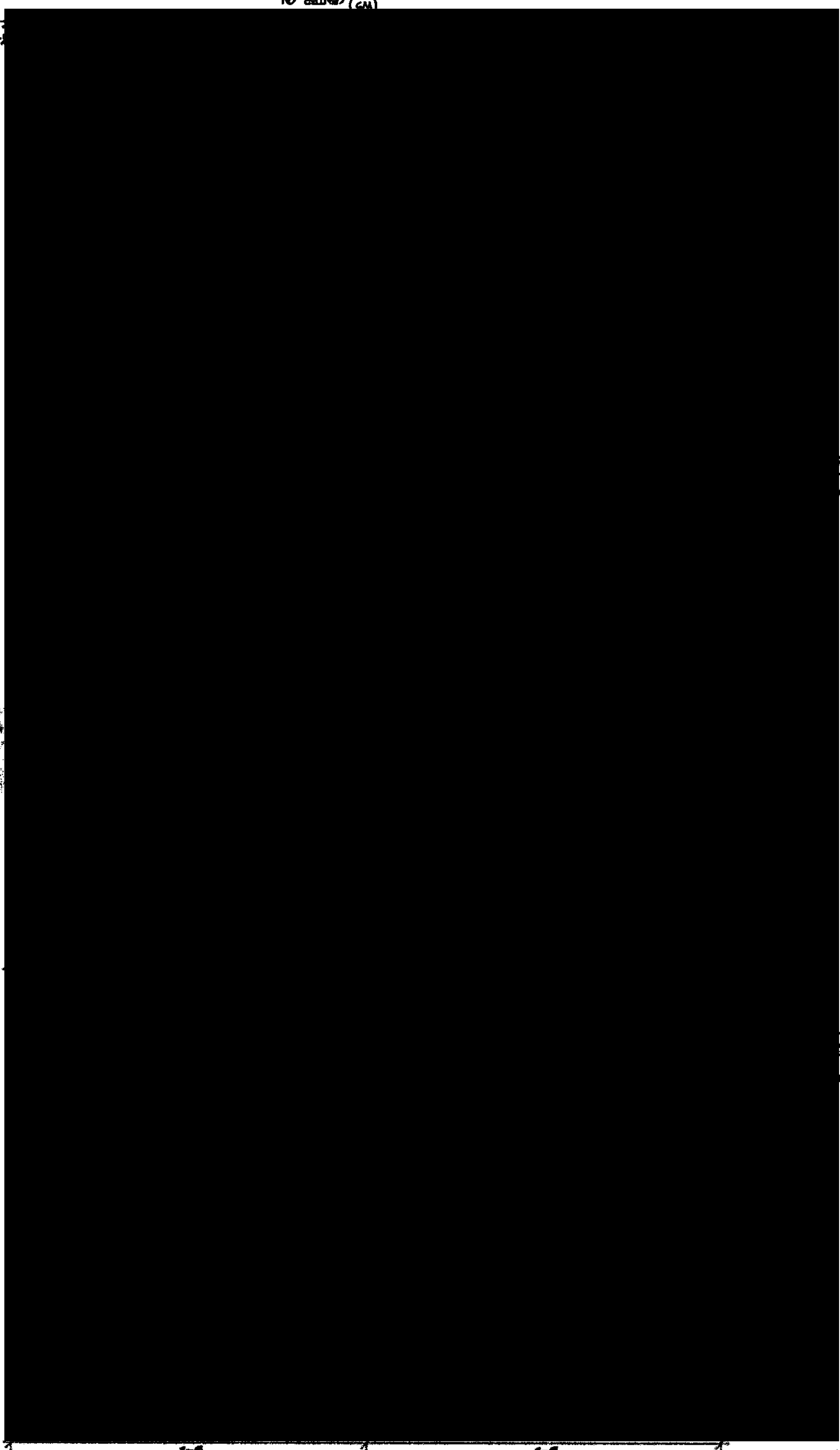
TOTAL FEE \$ 301



2 LOFT PLAN
SCALE 1/4" = 1'-0"

W3 CENTER ON
D2 RIDGE

1/2"



1'-0"

1'-0" 1'-0" 1'-0"

P&N MECHANICAL INC.
P.O. BOX 975
ASBURY PARK, NJ 07712
TEL: (732) 775-4443

Temp. Return Spiral Duct

Galvalume Steel Double Wall Insulated

Wire supports / 2 way Diffusers

FILE COPY

169 Maxim Rd
Hewell Twp NJ 07231
HVAC Drawings

FILE 62-111

LET: (33) 102-444
STUDY, KAY YAREA
344-277 (337) :JTT
P.O. BOX 012
CHI LACHINCHI 1831



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 169 MAXIM Rd Howell township NJ 07731
Owner in Fee Florestine Investments II LLC
Verifying Individual Perry Nalon Company P+N Mechanical Inc
Address PO Box 975 Ashbury Park NJ 07712
Tel: (732) 725 4443 Fax: (732) 724 9066

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- Size 2"
☐ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☒ Power Vent/Exhauster
☐ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☒ Other PVC

Type	Fuel Type	BTU Rating (Input/hour)
Appliance 1: <u>HVAC</u>	Oil ☒ Gas ☒ Other: _____	<u>120,000 BTU</u>
Appliance 2: <u>HVAC</u>	Oil ☒ Gas ☒ Other: _____	<u>120,000 BTU</u>
Appliance 3: _____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____
Material of Liner: Stainless Steel Aluminum
Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____
Length of Connector: _____ Vent Connector Rise: _____
How does the appliance vent? ☐ Natural Draft ☒ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____

Date _____

Oil-to-Oil-or-Gas-to-Gas-Replacements-or-New/Additional-Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature _____

Date _____

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____

Date _____

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____

Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

FURNACE REPLACEMENT CHECK LIST

MANUFACTURED BY:.....*Coleman*.....

EFFICIENCY:.....*90%*.....

X2

LOCATION:

___ BASEMENT

___ GARAGE

☐ Source of ignition 18" above floor

☐ Impact protection

☒ CLOSET or UTILITY ROOM

☐ Combustion air – Prohibited sources (sleeping, bath and toilet rooms)

___ ATTIC

☐ 24" secured walkway

☐ 30" x 30" service area

☐ 20 ft max remote location from opening

☐ 50 ft max remote location with 6 ft high passage way

☐ Light and service outlet

___ CRAWLSPACE

☐ 30" high by 22" wide opening

TYPE OF FUEL

☒ NATURAL GAS

___ LP GAS

☒ Gas cock within 6 ft of unit

☒ Drip leg

☐ Flexible connector – 36" max

☒ Hard piped

___ FUEL OIL

☐ Oil filter

☐ Oil shut off

FLUE PIPE

___ SINGLE WALL – Condition space

___ TYPE B METAL VENT – Un-condition space

☒ PVC or ABS PLASTIC – 90+

☒ Properly secured

☒ Properly supported

☒ Properly pitched

☒ Sealed at chimney

FURNACE CONDENSATE DRAINS

- ☒ Main drain – ¼" pitch per ft - Supported every 4 ft
- ☒ Condensate (PVC) drain 6" clearance from single wall flue pipe
- ☒ Condensate pump discharge point - *o/s*
- ☒ Condensate pump secured
- ☐ Freeze protection in un-condition areas –

A/C CONDENSATE DRAINS

- ☒ Main drain – ¼" pitch per ft – Supported every 4 ft
- ☒ Condensate (PVC) drain 6" clearance from single wall flue pipe
- ☒ Condensate pump discharge point – *o/s*
- ☐ Condensate pump secured

EMERGENCY PAN

- ☐ 3" larger than unit
- ☐ Secured and supported
- ☐ Drain terminates over a window or doorway
- ☐ ¼" pitch per foot and supported every 4 ft
- ☐ Kill switch – UL 508

SUCTION LINE SET AND CONDENSER

- ☒ Secured and supported
- ☒ Insulation intact
- ☒ Sealed at foundation
- ☒ Connected to an existing line set
- ☒ Condenser on level ground
- ☒ Tamper proof caps

410 Refrigerant – RED CAP

22 Refrigerant – GREEN CAP

FURNACE REPLACEMENT CHECK LIST

MANUFACTURED BY:.....*Coleman*.....

EFFICIENCY:.....*90%*.....

LOCATION:

___ BASEMENT

___ GARAGE

☐ Source of ignition 18" above floor

☐ Impact protection

☒ CLOSET or UTILITY ROOM

☐ Combustion air – Prohibited sources (sleeping, bath and toilet rooms)

___ ATTIC

☐ 24" secured walkway

☐ 30" x 30" service area

☐ 20 ft max remote location from opening

☐ 50 ft max remote location with 6 ft high passage way

☐ Light and service outlet

___ CRAWLSPACE

☐ 30" high by 22" wide opening

TYPE OF FUEL

☒ NATURAL GAS

___ LP GAS

☒ Gas cock within 6 ft of unit

☒ Drip leg

☐ Flexible connector – 36" max

☒ Hard piped

___ FUEL OIL

☐ Oil filter

☐ Oil shut off

FLUE PIPE

___ SINGLE WALL – Condition space

☒ TYPE B METAL VENT – Un-condition space

___ PVC or ABS PLASTIC – 90+

☒ Properly secured

☒ Properly supported

☒ Properly pitched

☒ Sealed at chimney

FURNACE CONDENSATE DRAINS

- ☒ Main drain – ¼" pitch per ft - Supported every 4 ft
- ☒ Condensate (PVC) drain 6" clearance from single wall flue pipe
- ☒ Condensate pump discharge point - *OK*
- ☒ Condensate pump secured
- ☐ Freeze protection in un-condition areas –

A/C CONDENSATE DRAINS

- ☒ Main drain – ¼" pitch per ft – Supported every 4 ft
- ☒ Condensate (PVC) drain 6" clearance from single wall flue pipe
- ☒ Condensate pump discharge point – *OK*
- ☒ Condensate pump secured

EMERGENCY PAN

- ☐ 3" larger than unit
- ☐ Secured and supported
- ☐ Drain terminates over a window or doorway
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SUCTION LINE SET AND CONDENSER

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- ☒ Connected to an existing line set
- ☒ Condenser on level ground
- ☒ Tamper proof caps

410 Refrigerant – RED CAP

22 Refrigerant – GREEN CAP



Howell Township
P.O. Box 580
4567 Route 9 N.
Howell, NJ 07731-0580
(732) 938-4500

Date Issued:	12/8/2022
Application Number:	ZA-22-01514
Application Date:	12/7/2022
Project Number:	P-22-1177
Permit Number:	ZP-22-01417
Fee:	\$85.00 CHK 1025

Land Use Certificate

Worksite **169 MAXIM ROAD**
Location: **Howell Township, NJ 07731**

Owner: **FLORENTINE INVESTMENT GROUP II, LLC**
Address: **169 MAXIM ROAD**
HOWELL, NJ 07731

Applicant: **JUST IN TIME CONTRACTING LLC**
Address: **[REDACTED]**
BELMAR, NJ 07719

Block: 66 Lot: 1 Qualifier: _____ Zone: ARE 6

This Certifies that an application for the issuance of a Land Use Certificate has been examined.

Present Use: Residential

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: Pole Barn

Work Description:

Res. Const. - Acc. Structure / Shed / Pole Barn -

Approved for utility barn accessory structure measuring 32' x 54' x 28'h per plan and application. Approved for accessory use to single family residential use of property per Statement of Use. No commercial use permitted.

Application Approved Date: 12/7/2022

Upon review it was determined that the Land Use Certificate:

☒ Permitted by Ordinance

☐ Permitted by Variance approved on: _____

☐ Approved with Conditions

☐ Valid Nonconforming Use/Structure is established by

☐ Zoning Board of Adjustment

☐ Zoning Officer

Additional Comments:


Matthew Howard - Director of Land Use

12/8/2022

Date

Land Use Certificate

 **FILE COPY**

ZP-22-01417

RECEIVING CLERK <u>Teri</u> DATE REC'D <u>12/7/22</u>	LAND USE PERMIT APPLICATION (FOR OFFICE USE ONLY)	PROJECT # <u>P-22-1177</u> LAND USE # <u>7A-22-01514</u>																
BLOCK: <u>66</u> LOT: <u>1</u> SITE ADDRESS: <u>169 Maxim Road Howell, NJ 07731</u>																		
1. PROPERTY OWNER'S NAME: <u>Florentine Investment Group II, LLC</u> NAME OF PERSON RESPONSIBLE IF OWNER IS CORP. OR LLC: <u>Joe Florentine</u> PROPERTY ADDRESS: <u>169 Maxim Road</u> <u>Howell, NJ 07731</u> DEVELOPMENT NAME: <u>NA</u> PHONE: [REDACTED] EMAIL: [REDACTED]		FOR OFFICE USE ONLY FEE SUMMARY: (non-refundable) APPLICATION FEE: \$ <u>85</u> ☒ CHECK #: <u>1025</u> ☐ CASH: _____ ☐ CREDIT CARD: _____ (LAST 4 DIGITS)																
2. NAME OF APPLICANT: _____ (if different from owner) APPLICANT ADDRESS: _____ PHONE #: _____ EMAIL: _____		CALL (732) 938-4500 EXT. 2338 TO CONFIRM APPLICATION FEE AMOUNT																
3. PERSON RESPONSIBLE FOR WORK/CONTRACTOR: (if different from owner and/or applicant) PHONE #: _____ EMAIL: _____		BOARD APPROVAL: _____ ☐ PLANNING BOARD ☐ ZONING BOARD RESOLUTION #: _____ DATE: _____																
4. APPLICANT SIGNATURE: [REDACTED] DATE: <u>8.11.22</u>		LAND USE REVIEW DATE: <u>12/7/22</u> ☒ APPROVED ☐ REJECTED INITIALS: <u>[Signature]</u>																
PROJECT DESCRIPTION: <table style="width: 100%;"><tr><td>☐ IN-GROUND POOL</td><td>☐ FENCE: HEIGHT _____</td></tr><tr><td>☐ ABOVE-GROUND POOL</td><td>TYPE: _____</td></tr><tr><td>☐ BANNER/WINDFLAG</td><td>☐ SIGN: ILLUMINATED _____</td></tr><tr><td>☒ ACCESSORY STRUCTURE</td><td>☐ RETAINING WALL, OVER 30" HIGH</td></tr><tr><td>☐ PATIO/DECK</td><td>☐ RESIDENTIAL CONSTRUCTION</td></tr><tr><td>☐ TREE REMOVAL</td><td>☐ COMMERCIAL CONSTRUCTION</td></tr><tr><td>☐ WELL</td><td>TYPE OF RES./COMM.CONSTRUCTION _____</td></tr><tr><td>☐ GENERATOR</td><td>☐ OTHER _____</td></tr></table>		☐ IN-GROUND POOL	☐ FENCE: HEIGHT _____	☐ ABOVE-GROUND POOL	TYPE: _____	☐ BANNER/WINDFLAG	☐ SIGN: ILLUMINATED _____	☒ ACCESSORY STRUCTURE	☐ RETAINING WALL, OVER 30" HIGH	☐ PATIO/DECK	☐ RESIDENTIAL CONSTRUCTION	☐ TREE REMOVAL	☐ COMMERCIAL CONSTRUCTION	☐ WELL	TYPE OF RES./COMM.CONSTRUCTION _____	☐ GENERATOR	☐ OTHER _____	COMMENTS/CONDITIONS: <u>[Signature]</u> APPROVED <u>DEC - 7 2022</u>
☐ IN-GROUND POOL	☐ FENCE: HEIGHT _____																	
☐ ABOVE-GROUND POOL	TYPE: _____																	
☐ BANNER/WINDFLAG	☐ SIGN: ILLUMINATED _____																	
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☐ TREE REMOVAL	☐ COMMERCIAL CONSTRUCTION																	
☐ WELL	TYPE OF RES./COMM.CONSTRUCTION _____																	
☐ GENERATOR	☐ OTHER _____																	

RESIDENTIAL OR COMMERCIAL CONSTRUCTION

ALL APPLICABLE INFORMATION MUST BE FILLED OUT

USES: Principal Residential
Accessory Barn
New Construction accessory build Existing Structure _____
Interior Remodeling _____

DESCRIPTION OF LOT:

Frontage 284.4 feet Depth 467.8 feet
Total Lot Area 133,220 square feet
On an Improved Street: Yes ☒ - No ☐ Corner Lot: Yes ☒ - No ☐
Septic ☒ City Sewer ☐ Well ☒ City Water ☐

PRINCIPAL STRUCTURES (IF BEING MODIFIED):

Change Proposed: _____
Setback from Right of Way: _____ feet
(and _____ feet if corner lot)
Sideyard Clearances: _____ feet & _____ feet
Rearyard Clearances: _____ feet

ADDITION TO PRINCIPAL STRUCTURE INFORMATION (IF PROPOSED):

Height: _____ feet to highest point
Length: _____ feet Width: _____ feet
Sideyard Clearances: _____ feet & _____ feet
Rearyard Clearances: _____ feet

ACCESSORY STRUCTURES (IF PROPOSED):

Type: Barn
Height: 34.62 feet to highest point
Length: 54 feet Width: 32.2 feet
Sideyard Clearances: 164.2 feet & 83.3 feet
Rearyard Clearances: 257.5 feet

DECK/PATIO:

Height: _____ At grade: _____
Material Construction (pavers, wood, etc.): _____
Sideyard Clearances: _____ feet & _____ feet
Rearyard Clearances: _____ feet

SURFACE COVERAGE:

Percentage of Lot Covered by Buildings: 3.6 %
Percentage of Lot Covered by Other Impervious Surfaces: 6.2 %
Total Percentage of Lot Coverage: 9.8 %

Department of Community Development

P.O. Box 580

Howell NJ 07731

(732) 938-4500



Receipt

Payment Date 12/7/2022

Transaction # PMT-22-15681

Receipt # R-22-3623

Issued To JUST IN TIME CONTRACTING LLC

Description ZA-22-01514
66/1/ 169 MAXIM ROAD
FLORENTINE INVESTMENT GROUP II, LLC
Res. Const. - Acc. Structur

Date Printed 12/7/2022
Check Number 1025

Cash	\$0.00
Check	\$85.00
Charge	\$0.00
Total Paid	\$85.00

[REDACTED]
[REDACTED]
Spring Lake, NJ 07762
[REDACTED]
[REDACTED]

September 12, 2022

Mr. Mathew Howard
Director of Land Use
Township of Howell
4567 Route 9 N
Howell, NJ 07731-0580

ok
(initials)
12/12/22

RE: Use of new accessory structure (1,746 sf barn building)
Florentine Investment Group II, LLC
169 Maxim Rd, BL: 66, Lot: 1, Howell Township, NJ

Dear Mr. Howard,

Please be advised that the proposed accessory structure will be utilized as an accessory to this single family residential property for our personal use.

The structure shall contain no residential living space, nor shall it be utilized for any commercial and/or rental purposes.

Sincerely, 

[REDACTED]

Manager, Florentine Investment Group II, LLC



Environmental Air Systems, Inc.

Making Your World Comfortable

Heating • Ventilation • Air Conditioning

September 6, 2023

Township of Howell
4567 Route 9 North
Howell, NJ 07731

RE: Block 66 Lot 1 169 Maxim Road, Permit 20230211 (Plumbing / Gas Piping and Mechanical / HVAC)

To Whom It May Concern,

Due to the fact the Building Contractor on record and Owner in Fee have failed to go into contract we are voiding our Permits, Manual J Load calculations and drawing for Plumbing (Gas Piping) and Mechanical (HVAC) and any other permits under EAS Glenn Brand Master HVACR License 19HC00595500 for Block 66 Lot 1 169 Maxim Road.

EAS has not performed and will not be performing any work on this project. I do not want my license to be attached to this project. If you have any questions please contact me at (732) 681-0856.

Respectfully,



Glenn S. Brand
Environmental Air Systems, Inc
(732) 681-0856

RECEIVED

SEP 06 2023

COMMUNITY
DEVELOPMENT

P.O. Box 508, 801 11th Ave
Belmar, NJ 07719
Phone 732-681-0856

MASTER HVACR License Numbers
* 19HC00595500
* 19HC00544800

www.environmentalairsystems.com

NJHIC License: 13VH03325700



CONSTRUCTION PERMIT

Date Issued 1/27/2023
Control # C-60532
Permit # 20230211

IDENTIFICATION Block: 66 Lot: 1 Qualifier _____
Work Site Location: 169 MAXIM ROAD Howell Township, NJ 07731 Contractor JUST IN TIME CONTRACTING LLC
Address BELMAR NJ 07719
Owner in Fee FLORENTINE INVESTMENT GROUP II, LLC
169 MAXIM ROAD HOWELL NJ 07731 Telephone: _____
Lic. No. or Bldrs. Reg. No. 13VH11749400
Telephone: _____ Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

POLE BARN BARN - 32 x 54

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 \$193,075

[Signature]
Construction Official

1/27/2023
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$1,807
Electrical	\$280
Plumbing	\$140
Fire Protection	\$85
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$149
CO Fee	\$70.00
Other	\$0
Total	\$2,531
Check No.	1046
Cash	\$0
Credit	\$0
Collected By	Kim Balsamo

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 the 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 granted.

☒ 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 cases 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, 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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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.

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



PERMIT UPDATE

Date Update Issued 1/27/2023
Control # C-60532+A
Permit # 20230211+A

IDENTIFICATION Block: 66 Lot: 1 Qualifier _____
Work Site Location: 169 MAXIM ROAD Howell Township, NJ 07731 Contractor JUST IN TIME CONTRACTING LLC
Address BELMAR NJ 07719
Owner in Fee FLORENTINE INVESTMENT GROUP II, LLC
169 MAXIM ROAD HOWELL NJ 07731 Telephone: _____
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH11749400
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

GAS PIPING GAS PIPING AND CHANGE OF CONTRACTOR

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 \$3,500


Construction Official

1/27/2023
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$85
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$85
Check No.	1046
Cash	\$0
Credit	\$0
Collected By	Kim Balsamo

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 the 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 granted.

☒ 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 cases 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, 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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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.

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



PERMIT UPDATE

Date Update Issued 2/28/2024
Control # C-63787
Permit # 20230211+B

IDENTIFICATION Block: 66 Lot: 1 Qualifier
Work Site Location: 169 MAXIM ROAD HOWELL, NJ 07731 Contractor JUST IN TIME CONTRACTING LLC
Owner in Fee FLORENTINE INVESTMENT GROUP II, LLC Address BELMAR NJ 07719
169 MAXIM ROAD HOWELL NJ 07731 Telephone:
Telephone: Lic. No. or Bldrs. Reg. No. 13VH11749400
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

A/C INSTALLATION, CHANGE OF CONTRACTOR, DUCTWORK, HVAC TWO (2) NEW HVAC;
TWO (2) NEW CONDENSERS/COILS
NEW DUCT WORK
CHANGE OF CONTRACTOR

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 \$40,000

Construction Official 2/28/2024
Date

U.C.C. F170
equiv (rev 1/04)

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

PAYMENTS (Office Use Only)	
Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$225.00
DCA Training Fee	\$76
CO Fee	
Other	\$0
Total	\$301
Check No.	1111
Cash	\$0
Credit	\$0
Collected By	Kim Balsamo

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 the 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 granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:
 - The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 - Foundations and all walls up to grade level prior to back filling.
 - 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.
 - Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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



PERMIT UPDATE

Date Update Issued

Permit #

Date Permit Issued

63787

20230211TB
2/28/24

IDENTIFICATION Block 66 Lot 1 Qualification Code _____
Work Site Location 169 MAXIM RD Contractor R+N MECHANICAL LLC
Howell Twp NJ 07731 Address PO Box 975
Owner in Fee Florentino Trujillo LLC Asbury Park NJ 07712
Address 169 MAXIM RD Tel. (732) 775 8443
Howell Twp NJ 07731 Lic. No. or Bldrs. Reg. No. 7766
Tel. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Two (2) New HVAC Two (2) New
New Ductwork A/C + Coils

Estimated Cost of Work \$

40,000

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.

Construction Official

Date

10/18/23

U.C.C. F190 (rev. 1/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—OFFICE

4 GOLD—APPLICANT

Reorder at: ucc.allegramarmora.com • (609) 390-1400 • Allegra Marketing, Print & Mail - Marmora, NJ

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing 1100 225-
Fire Protection _____
Elevator Devices _____
Other _____
State Permit Surcharge Fee 40-
Cert. of Occupancy _____
Other _____
Total 441-
Check No. # 1111
Cash _____
Collected by KD

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors

HAS LICENSED

Perry G. Nazon

Neptune NJ 07753

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

07/19/2022 TO 06/30/2024
VALID

19HC00344500
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Cari Zais
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors
HAS LICENSED
Perry G. Nazon
Master HVACR Contractor

07/19/2022 TO 06/30/2024
VALID

SIGNATURE

Cari Zais
ACTING DIRECTOR

19HC00344500

License/Registration/Certificate #

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Examiners of HVACR Contract
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE



PERMIT UPDATE

Date Update Issued

Permit #

Date Permit Issued

C-60532

1/27/23

20230211

IDENTIFICATION Block 66 Lot 1 Qualification Code _____
Work Site Location 169 MAXIM RD Contractor Just-in-Time Contracting, LLC
Hewitt NJ 07731 Address _____
Owner in Fee Evertime Investment Corp, LLC Address Asmar NJ 07714
Address _____ Tel. _____
Tel. _____ Lic. No. or Bldrs. Reg. No. 13VH11746400

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

construct new Accessory structure -
Utility Barn

Estimated Cost of Work \$ 174,600

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.

Construction Official

Date

1/3/23

U.C.C. F190 (rev. 1/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—OFFICE

4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building 1,807-
Electrical 280-
Plumbing 140-
Fire Protection 85-
Elevator Devices _____
Other _____
State Permit Surcharge Fee 149
Cert. of Occupancy 70-
Other _____
Total 2,531-
Check No. #1046
Cash _____
Collected by KRB



PERMIT UPDATE

60532TA
Date Update Issued
Permit # 20230211TA
Date Permit Issued 1/27/23

IDENTIFICATION Block 106 Lot 1 Qualification Code C.O.C.
Work Site Location 1109 Maxim RD Contractor PA Mechanical INC
Arwell NJ Address PO BOX 975
Owner in Fee Florentino Trushment Corp LLC Asbury Park NJ 07714
Address 1109 Maxim RD Tel. (732) 775 4443
Arwell Township NJ 07731 Lic. No. or Bldrs. Reg. No. 77660
Tel. [REDACTED]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Gas main from meter to building to supply
2 furnaces

Estimated Cost of Work \$ 3,500

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.

Construction Official [Signature]

Date 1/3/22

U.C.C. F190 (rev. 1/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

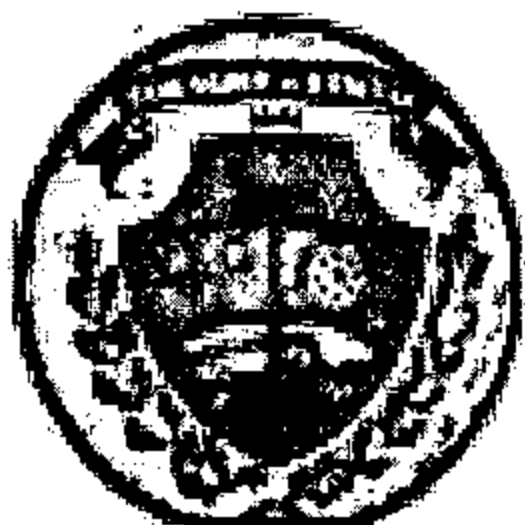
3 PINK—OFFICE

4 GOLD—APPLICANT

Reorder at: ucc.allegramarmora.com • (609) 390-1400 • Allegra Marketing, Print & Mail - Marmora, NJ

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing 88-
Fire Protection _____
Elevator Devices _____
Other _____
State Permit Surcharge Fee —
Cert. of Occupancy _____
Other 85-
Total 85-
Check No. #1046
Cash _____
Collected by KB



Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731
(732) 938-4500 EXT.2415

Subcode Official Review

Date: Thursday, December 15, 2022

To: FLORENTINE INVESTMENT GROUP II,
LLC
169 MAXIM ROAD
HOWELL, NJ 07731

RE: Plumbing Subcode
Block: 66 Lot: 1 Qual:
169 MAXIM ROAD
Permit Number: Control Number: C-60532
Last Submit Date: Wednesday, December 07, 2022

Dear FLORENTINE INVESTMENT GROUP II, LLC,

Your request is hereby denied based upon the following infractions.

"GAS SCHEMATIC"

Uniform Construction Code 5:23-2.15 (f) - Missing gas schematic. Please show the following:

- The total develop length of gas pipe run (in feet) from the source to the furthest appliance.
- The type of material that will be installed.
- The size of each section of gas piping.
- The BTUs of all appliances connected to the gas piping system.

NOTE: International Fuel Gas Code 2018 401.3 and 401.4

If connecting to an existing gas piping system, you shall show the entire gas piping system (old and new).

Sincerely,

A handwritten signature of James Wulfekotte in black ink, written over a horizontal line.

James Wulfekotte, Subcode Official

CC:



Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731
(732) 938-4500 EXT.2415

Subcode Official Review

Date: Thursday, December 15, 2022

To: FLORENTINE INVESTMENT GROUP II,
LLC
169 MAXIM ROAD
HOWELL, NJ 07731

RE: Plumbing Subcode
Block: 66 Lot: 1 Qual:
169 MAXIM ROAD
Permit Number: Control Number: C-60532
Last Submit Date: Wednesday, December 07, 2022

Dear FLORENTINE INVESTMENT GROUP II, LLC,

Your request is hereby denied based upon the following infractions.

"GAS SCHEMATIC"

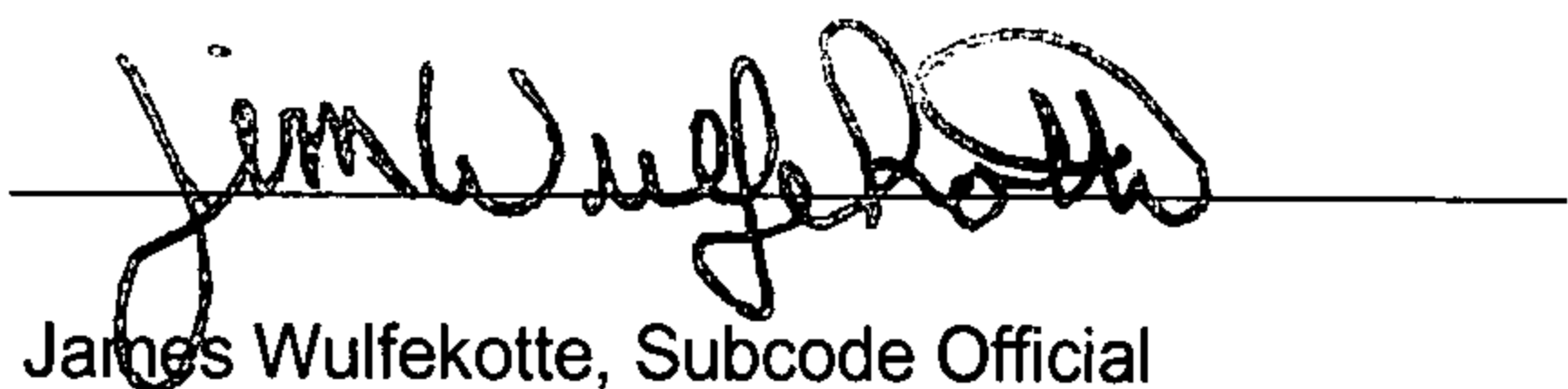
Uniform Construction Code 5:23-2.15 (f) - Missing gas schematic. Please show the following:

- The total develop length of gas pipe run (in feet) from the source to the furthest appliance.
- The type of material that will be installed.
- The size of each section of gas piping.
- The BTUs of all appliances connected to the gas piping system.

NOTE: International Fuel Gas Code 2018 401.3 and 401.4

If connecting to an existing gas piping system, you shall show the entire gas piping system (old and new).

Sincerely,


James Wulfekotte, Subcode Official

CC:



Load Short Form
Entire House
Environmental Air Systems, Inc

Job:
Date: Oct 05, 2022
By:

801 11th Ave, Belmar, NJ 07719 Phone: 732-681-0856 Email: gbrand@environmentalairsystems.com Web: www.environmentalairsystems.com

Project Information

For: [REDACTED]
169 Maxim Road, Howell, NJ

Design Information

	Htg	Clg	Infiltration	Simplified
Outside db (°F)	16	96	Method	Average
Inside db (°F)	70	75	Construction quality	0
Design TD (°F)	54	21	Fireplaces	
Daily range	-	M		
Inside humidity (%)	50	50		
Moisture difference (gr/lb)	45	53		

FILE COPY

HEATING EQUIPMENT

Make
Trade
Model
AHRI ref

Efficiency 80 AFUE
Heating input 0 Btuh
Heating output 0 Btuh
Temperature rise 0 °F
Actual air flow 2181 cfm
Air flow factor 0.021 cfm/Btuh
Static pressure 0 in H2O
Space thermostat

COOLING EQUIPMENT

Make
Trade
Cond
Coil
AHRI ref
Efficiency 0 SEER
Sensible cooling 0 Btuh
Latent cooling 0 Btuh
Total cooling 0 Btuh
Actual air flow 2181 cfm
Air flow factor 0.041 cfm/Btuh
Static pressure 0 in H2O
Load sensible heat ratio 0.87

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
Room3	416	14403	7786	295	321
Room4	416	18468	8891	379	367
Room1	1312	73479	36154	1507	1493
Entire House	2144	106349	52831	2181	2181
Other equip loads		0	0		
Equip. @ 1.01 RSM			53571		
Latent cooling			7824		
TOTALS	2144	106349	61395	2181	2181

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Building Analysis
Entire House
Environmental Air Systems, Inc

Job:
Date: Oct 05, 2022
By:

801 11th Ave, Belmar, NJ 07719 Phone: 732-681-0856 Email: gbrand@environmentalairsystems.com Web: www.environmentalairsystems.com

Project Information

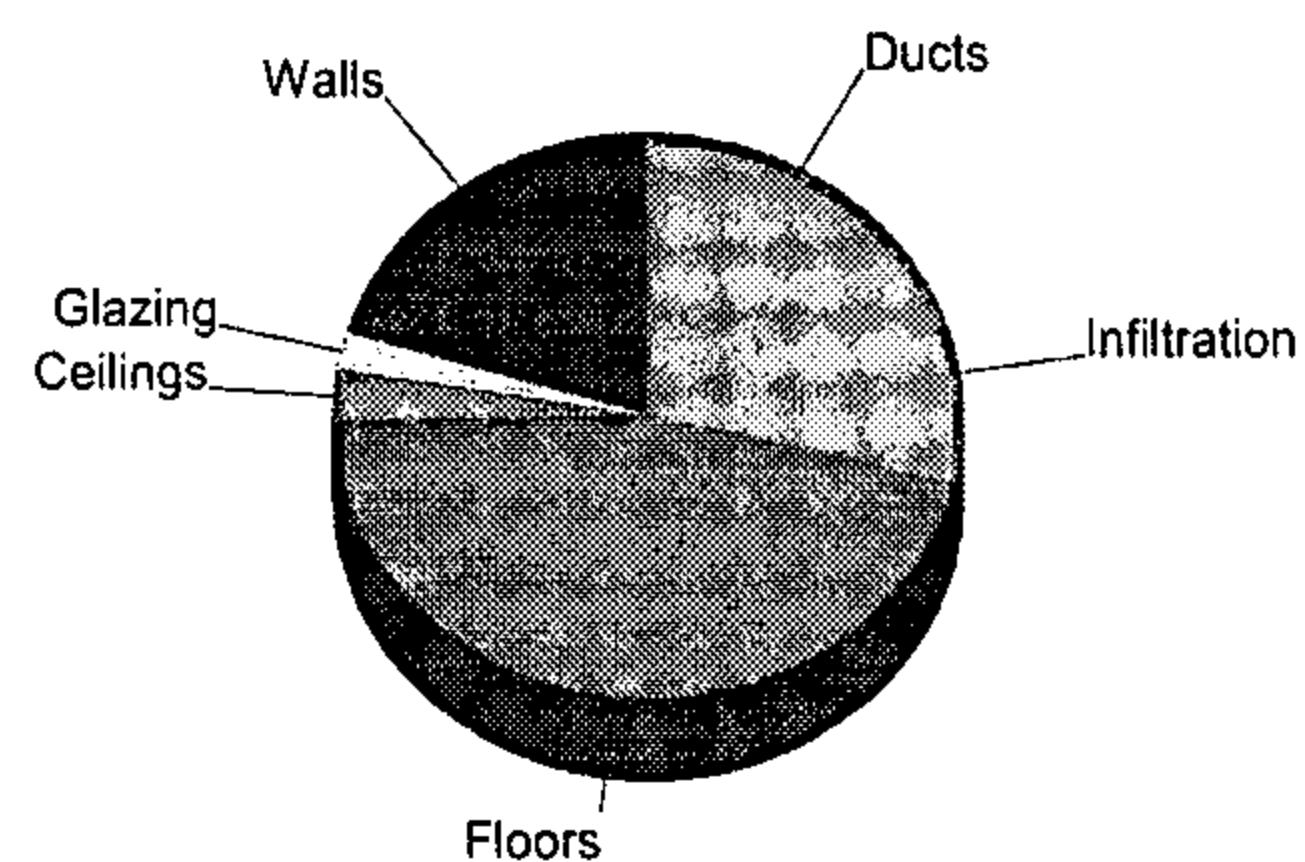
For: [REDACTED]
169 Maxim Road, Howell, NJ

Design Conditions

Location:		Indoor:		Heating	Cooling
Monmouth Executive, NJ, US		Indoor temperature (°F)		70	75
Elevation: 159 ft		Design TD (°F)		54	21
Latitude: 40°N		Relative humidity (%)		50	50
		Moisture difference (gr/lb)		45.1	52.9
Outdoor:	Heating	Cooling	Infiltration:		
Dry bulb (°F)	16	96	Method	Simplified	
Daily range (°F)	-	16 (M)	Construction quality	Average	
Wet bulb (°F)	-	78	Fireplaces	0	
Wind speed (mph)	15.0	7.5			

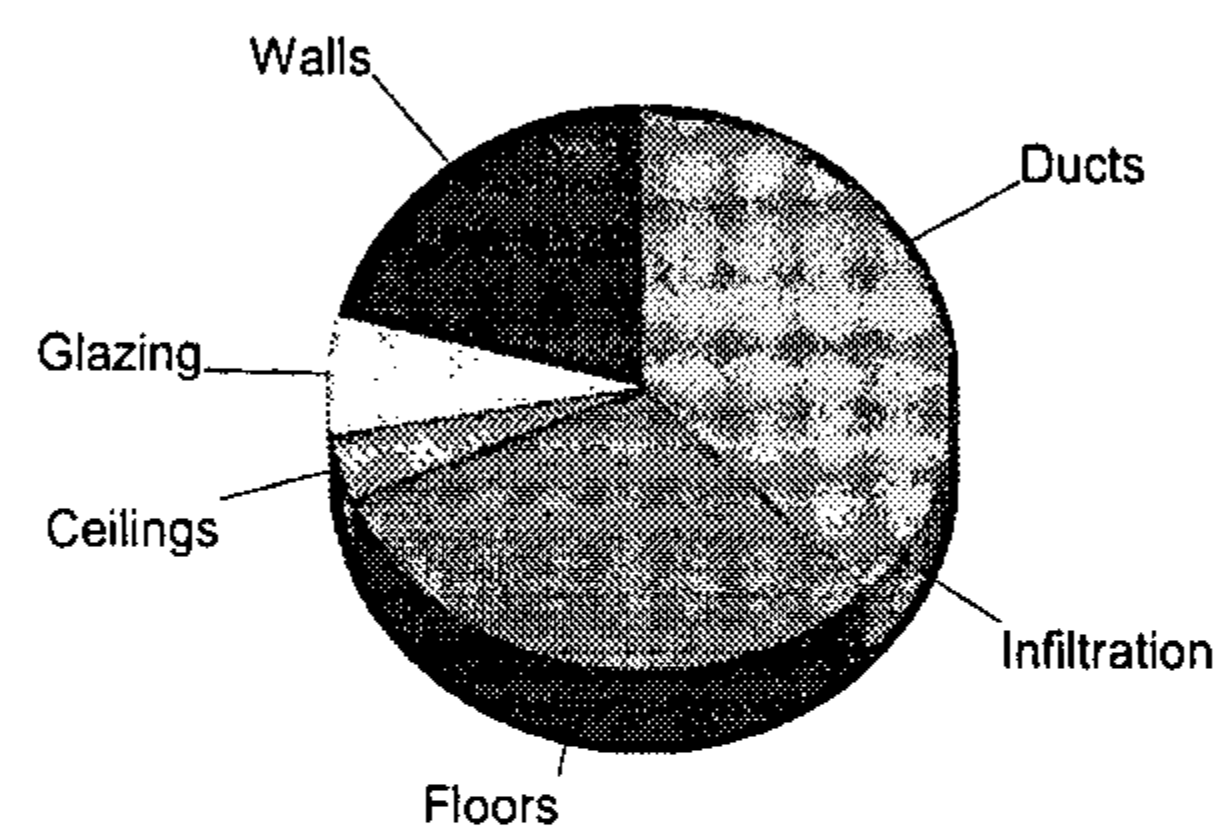
Heating

Component	Btuh/ft²	Btuh	% of load
Walls	4.6	21519	20.2
Glazing	30.8	2314	2.2
Doors	0	0	0
Ceilings	1.8	3173	3.0
Floors	28.1	48616	45.7
Infiltration	2.8	13411	12.6
Ducts		17317	16.3
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
Total		106349	100.0



Cooling

Component	Btuh/ft²	Btuh	% of load
Walls	2.4	11059	20.9
Glazing	47.0	3533	6.7
Doors	0	0	0
Ceilings	1.1	1954	3.7
Floors	9.5	16430	31.1
Infiltration	0.6	2657	5.0
Ducts		17199	32.6
Ventilation		0	0
Internal gains		0	0
Blower		0	0
Adjustments		0	0
Total		52831	100.0



Latent Cooling Load = 7824 Btuh
Overall U-value = 0.172 Btuh/ft²-°F

WARNING: window to floor area ratio = 3.5% - less than 5%.



Project Summary
Entire House
Environmental Air Systems, Inc

Job:
Date: Oct 05, 2022
By:

801 11th Ave, Belmar, NJ 07719 Phone: 732-681-0856 Email: gbrand@environmentalairsystems.com Web: www.environmentalairsystems.com

Project Information

For: [REDACTED]
169 Maxim Road, Howell, NJ

Notes:

Design Information

Weather: Monmouth Executive, NJ, US

Winter Design Conditions

Outside db	16 °F
Inside db	70 °F
Design TD	54 °F

Summer Design Conditions

Outside db	96 °F
Inside db	75 °F
Design TD	21 °F
Daily range	M
Relative humidity	50 %
Moisture difference	53 gr/lb

Heating Summary

Structure	89033 Btuh
Ducts	17317 Btuh
Central vent (0 cfm) (none)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	106349 Btuh

Sensible Cooling Equipment Load Sizing

Structure	35633 Btuh
Ducts	17199 Btuh
Central vent (0 cfm) (none)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	1.01
Equipment sensible load	53571 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

Latent Cooling Equipment Load Sizing

Structure	4064 Btuh
Ducts	3759 Btuh
Central vent (0 cfm) (none)	0 Btuh
Equipment latent load	7824 Btuh
Equipment Total Load (Sen+Lat)	61395 Btuh
Req. total capacity at 0.70 SHR	6.4 ton

	Heating	Cooling
Area (ft²)	2144	2144
Volume (ft³)	42576	42576
Air changes/hour	0.32	0.16
Equiv. AVF (cfm)	227	114

Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref	
Efficiency	80 AFUE
Heating input	0 Btuh
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	2181 cfm
Air flow factor	0.021 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make	
Trade	
Cond	
Coil	
AHRI ref	
Efficiency	0 SEER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	2181 cfm
Air flow factor	0.041 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.87

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



AED Assessment
Entire House
Environmental Air Systems, Inc

Job:
Date: Oct 05, 2022
By:

801 11th Ave, Belmar, NJ 07719 Phone: 732-681-0856 Email: gbrand@environmentalairsystems.com Web: www.environmentalairsystems.com

Project Information

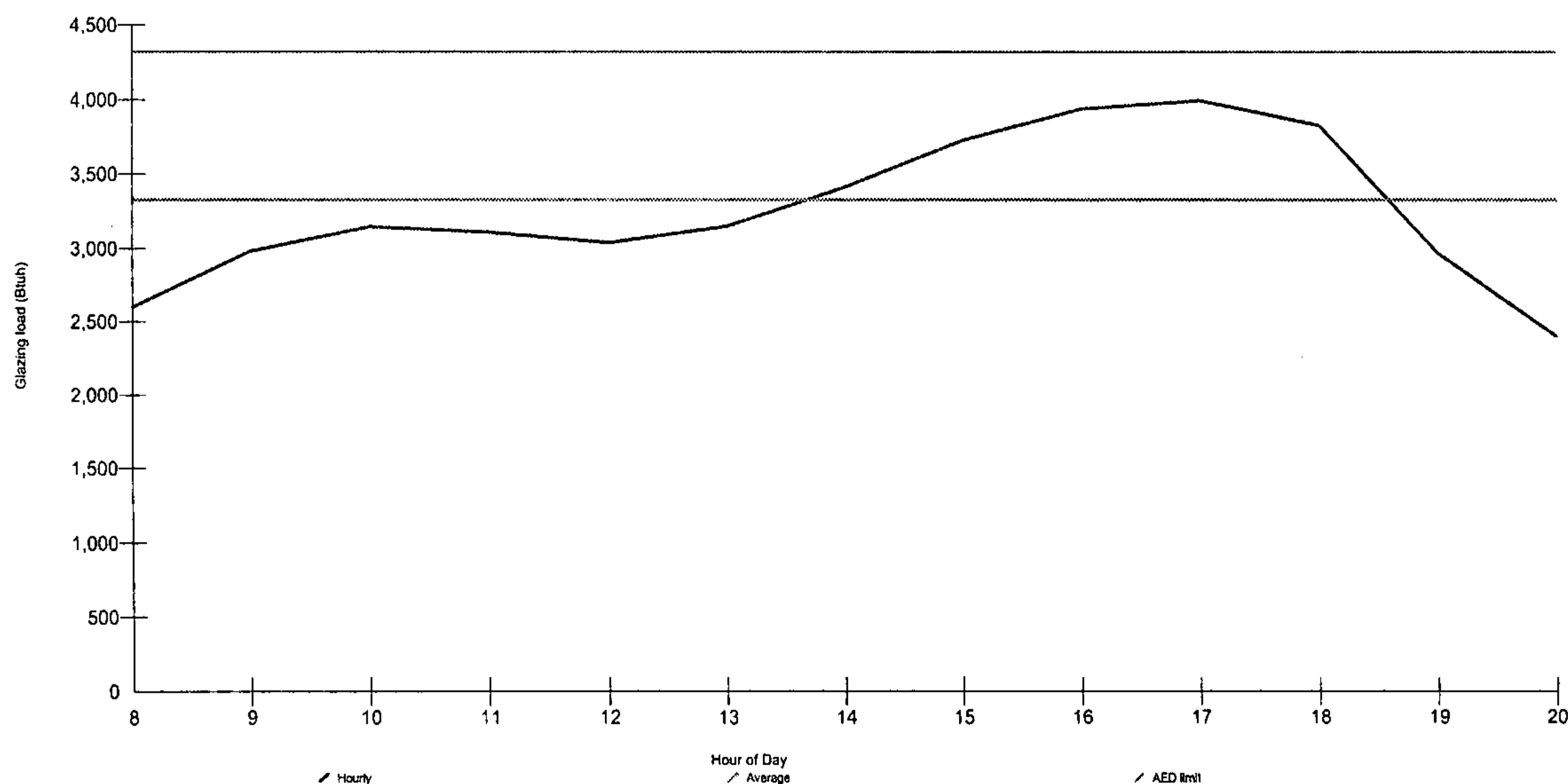
For: [REDACTED]
169 Maxim Road, Howell, NJ

Design Conditions

Location:		Indoor:		Heating	Cooling
Monmouth Executive, NJ, US		Indoor temperature (°F)		70	75
Elevation: 159 ft		Design TD (°F)		54	21
Latitude: 40°N		Relative humidity (%)		50	50
		Moisture difference (gr/lb)		45.1	52.9
Outdoor:	Heating	Cooling	Infiltration:		
Dry bulb (°F)	16	96			
Daily range (°F)	-	16 (M)			
Wet bulb (°F)	-	78			
Wind speed (mph)	15.0	7.5			

Test for Adequate Exposure Diversity

Hourly Glazing Load



Maximum hourly glazing load exceeds average by 20.2%.

House has adequate exposure diversity (AED), based on AED limit of 30%.

AED excursion: 0 Btuh



Right-J® Worksheet
Entire House
Environmental Air Systems, Inc

Job:
Date: Oct 05, 2022
By:

801 11th Ave, Belmar, NJ 07719 Phone: 732-681-0856 Email: gbrand@environmentalairsystems.com Web: www.environmentalairsystems.com

1	Room name					Entire House				Room3					
2	Exposed wall					262.0 ft				90.0 ft					
3	Room height					19.9 ft				15.5 ft					
4	Room dimensions					2144.0 ft²				32.0 x 13.0 ft					
5	Room area									416.0 ft²					
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)		
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	12D-0sw	0.086	n	4.64	2.39	752	720	3343	1718	496	464	2154	1107	
	G	1D-c2ow	0.570	n	30.78	23.00	32	0	993	742	32	0	993	742	
	W	12D-0sw	0.086	e	4.64	2.39	1331	1309	6080	3124	202	202	936	481	
	G	1D-c2ow	0.570	e	30.78	65.01	21	0	655	1383	0	0	0	0	
11	W	12D-0sw	0.086	s	4.64	2.39	1296	1296	6019	3093	496	496	2303	1184	
	W	12D-0sw	0.086	w	4.64	2.39	1331	1309	6078	3124	202	202	936	481	
	G	1D-c2ow	0.570	w	30.78	65.01	22	0	667	1408	0	0	0	0	
	C	18A-30ad	0.034	-	1.84	1.13	1728	1728	3173	1954	416	416	764	470	
	F	20P-0t	0.521	-	28.13	9.51	1728	1728	48616	16430	0	0	0	0	
6	c)AED excursion									0				0	
	Envelope loss/gain								75622	32975			8085	4464	
12	a) Infiltration								13411	2657			3973	787	
	b) Room ventilation								0	0			0	0	
13	Internal gains: Occupants @ 230						0			0	0			0	0
	Appliances/other									0				0	0
	Subtotal (lines 6 to 13)								89033	35633			12058	5252	
	Less external load								0	0			0	0	
	Less transfer								0	0			0	0	
	Redistribution								0	0			0	0	
14	Subtotal								89033	35633			12058	5252	
15	Duct loads							19%	48%	17317	17199	19%	48%	2345	2535
	Total room load									106349	52831			14403	7786
	Air required (cfm)									2181	2181			295	321

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet

Entire House

Environmental Air Systems, Inc

Job:
Date: Oct 05, 2022
By:

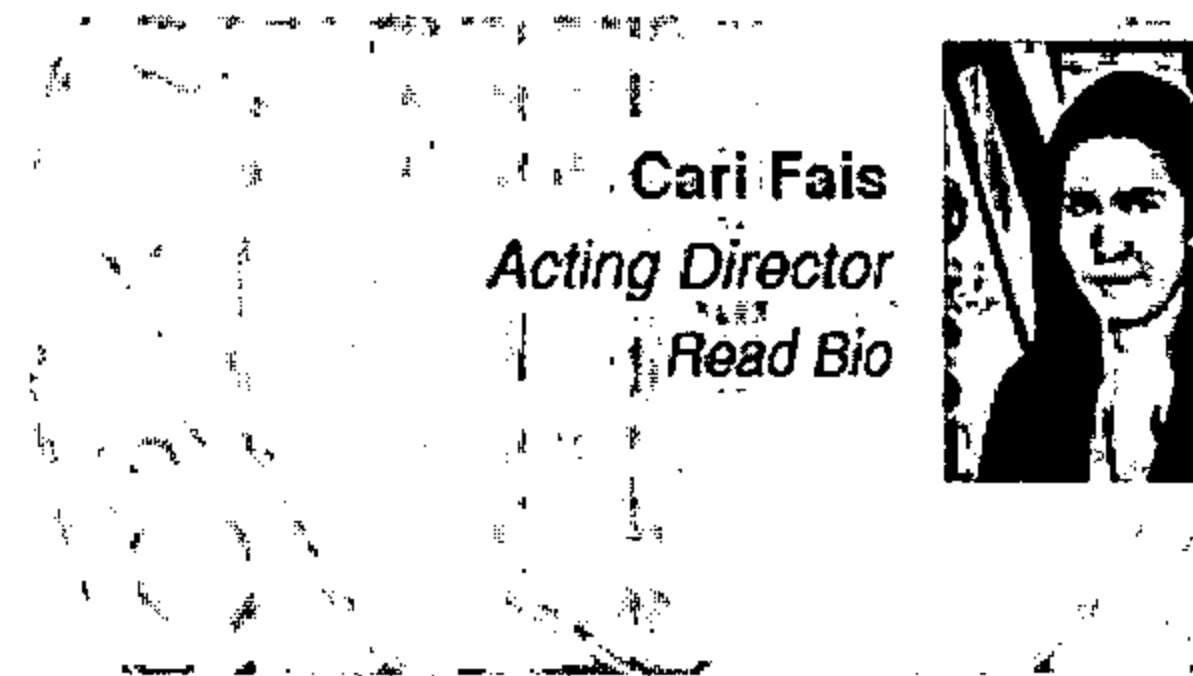
801 11th Ave, Belmar, NJ 07719 Phone: 732-681-0856 Email: gbrand@environmentalairsystems.com Web: www.environmentalairsystems.com

1 Room name					Room4					Room1				
2 Exposed wall					58.0 ft					114.0 ft				
3 Room height					8.0 ft					25.0 ft				
4 Room dimensions					32.0 x 13.0 ft					32.0 x 41.0 ft				
5 Room area					416.0 ft²					1312.0 ft²				
	Ty	Construction number	U-value (Btuh/ft²-°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6 <														

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



NEW JERSEY DIVISION OF CONSUMER AFFAIRS



License Information

Accurate as of December 07, 2022 4:09 PM

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Name: DOUGLAS R NEWMAN EL CONTR INC

Address: BRIELLE,NJ

Profession/License Type: Electrical Contractors,Electrical Business Permit

License No: 34EB01245200

License Status: Active

Status Change Reason:

Issue Date: 9/8/1993

Expiration Date: 3/31/2024

NO Board Actions. For more information contact New Jersey State Board of Examiners of Electrical Contractors (973)504-6410

Documents

No Public Documents

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NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Cari Fais
Acting Director
[Read Bio](#)



License Information

Accurate as of December 07, 2022 4:12 PM

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Name: GLENN S BRAND

Address: Belmar,NJ

Profession/License Type: HVACR,Master HVACR Contractor

License No: 19HC00595500

License Status: Active

Status Change Reason: License Issuance

Issue Date: 9/17/2015

Expiration Date: 6/30/2024

Board Action: No

Documents

No Public Documents

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[REDACTED]
Spring Lake, NJ 07762
[REDACTED]
[REDACTED]

September 12, 2022

Mr. Mathew Howard
Director of Land Use
Township of Howell
4567 Route 9 N
Howell, NJ 07731-0580

RE: Use of new accessory structure (1,746 sf barn building)
Florentine Investment Group II, LLC
169 Maxim Rd, BL: 66, Lot: 1, Howell Township, NJ

Dear Mr. Howard,

Please be advised that the proposed accessory structure will be utilized as an accessory to this single family residential property for our personal use.

The structure shall contain no residential living space, nor shall it be utilized for any commercial and/or rental purposes.

Sincerely,

[REDACTED]
Manager, Florentine Investment Group II, LLC

R.C. BURDICK, P.E. P.P. P.C.

1023 OCEAN RD. PT. PLEASANT, N.J. 08742

PHONE 732-892-5050

FAX 732-892-5888

SOIL BORING

169 Maxim Rd.

Lot 1, Block 66

Howell Township

Monmouth County, New Jersey

Project No. 22-8393

0 – 5"	Grayish brown sandy topsoil, 10 YR 5/2
5" – 3'0"	Brownish yellow sand, 10 YR 6/6
3'0" – 6'0"	Yellowish brown sand, 10 YR 5/4
6'0" – 8'0"	Pale brown sand, 10 YR 6/3 with light gray sand, 10 YR 7/1
8'0" – 10'0"+	Yellowish brown sand, 10 YR 5/6 with brownish yellow sand, 10 YR 6/6

Boring performed on 7/21/2022

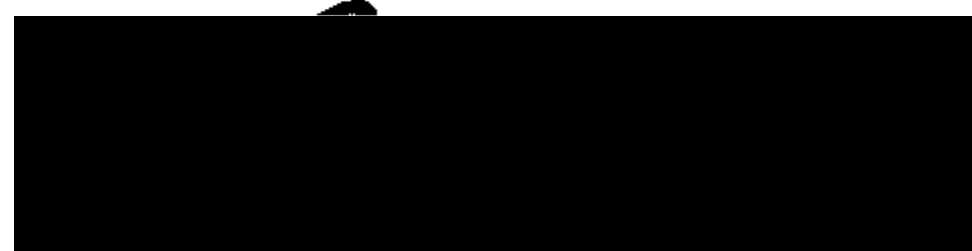
Boring location: 30' to rear of garage, 50' from end of driveway

Seasonal high water not indicated

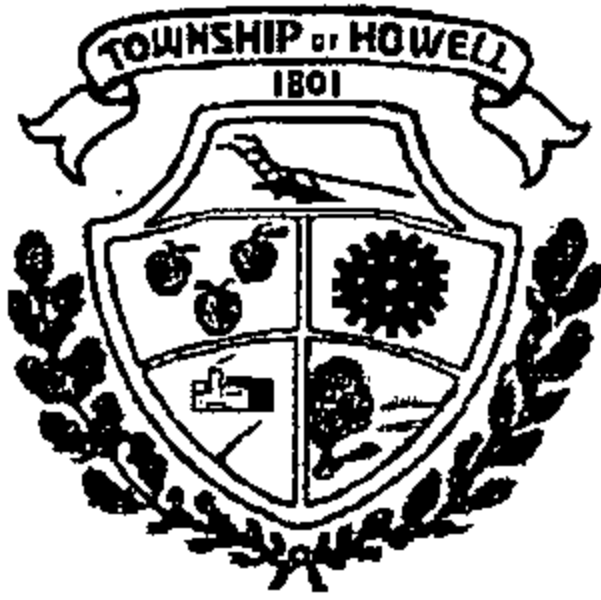
Standing water not encountered

Weather: 91° Sunny

Boring performed by R.C. Burdick P.E.P.P.P.C



Robert C. Burdick P.E. 30929



TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE DIVISION OF ENGINEERING

4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

PLOT PLAN CHECKLIST

BLOCK: 66 LOT: 1 SITE ADDRESS: 169 Maxim Road, Howell, NJ 07731

OWNER NAME: Florentine Investment Group II, LLC APPLICANT NAME: [REDACTED]

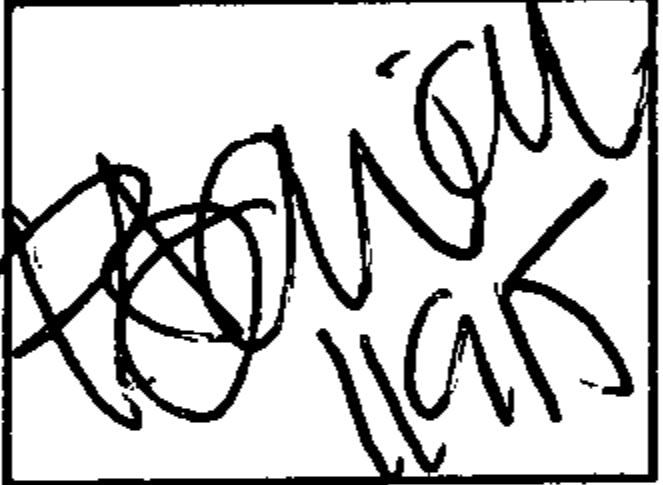
Item No.	Plot Plan - Item Required	Applicant Checklist		For Township Use Only		
		Yes	N/A	Yes	No	N/A
1	Plans provided on sheets no smaller than 8-1/2" x 11" or greater than 24" x 36".	x				
2	Plan drawn to scale, no larger than 1"=40'.	x				
3	Property lines shown, length in feet and hundredths, bearings in degrees, minutes and seconds.	x				
4	Area of parcel in square feet and acres, both to the nearest hundredth.	x				
5	Key map showing location of parcel to be considered in relation to surrounding area, within two hundred feet (200') (if applicable).	x				
6	Title block containing name of applicant, preparer, lot and block number, date prepared, date of last amendment and zoning district.	x				
7	Scale of map, both written and graphic.	x				
8	North arrow giving reference meridian.	x				
9	Names of property owners within two hundred feet (200') of subject property (if applicable).		x			
10	Topography of the site and at least fifty feet (50') around the improvements or property lines based on project. All elevations based on NAVD 1988 with source noted.	x				
11	Existing contours showing the natural drainage of the land. Proposed contours demonstrating there are no impacts to adjacent parcels when complete. Flow arrows shall be provided to help depict the direction of storm water runoff.	x				
12	Spot grades to supplement contours. Any high or low points must be shown for drainage review purposes. Include spot elevations at property corners, building corners, septic systems, etc. Provide basement, garage and finished floor elevations.	x				
13	Soil boring demonstrating the basement is at least two feet (2') above the seasonal high water table.	x				
14	Existing and proposed drainage swales, structures, basins and pipes must be shown including pipe size, type and slope. Show downspout locations. All drainage systems within fifty feet (50') of the property must be shown.	x				
15	Location of wetlands, wetland buffers, riparian areas, floodplains and any other environmental constraints on the property, with backup documentation from the approving agency.		x			
16	Location of existing and proposed structures and their setbacks from existing and proposed property lines. Overall limit of disturbance.	x				
17	Existing and proposed zoning setbacks and dimensions depicted graphically on plan.	x				
18	Location of easements or rights of way including power lines.	x				
19	Location of railroads, bridges, culverts, drain-pipes, water and sewer mains and other man-made installations affecting the parcel.		x			
20	Location of existing and proposed utility lines. Plan must show connection points. (Any work within right-of-way will require a road opening permit.)	x				
21	Location of existing and proposed wells and septic systems.	x				
22	Proposed septic approval from the Monmouth County Board of Health (if applicable).		x			
23	Location and description of monuments whether set or to be set (if applicable).	x				
24	Location, names and widths of all existing streets within two hundred feet (200') of the parcel.	x				
25	Street composition & width adjacent to the parcel.	x				
26	Existing and proposed centerline, gutter and top of curb elevations along the roadway. Include construction access point from Township right-of-way.		x			
27	Proposed roadway and curb details (if applicable).		x			
28	Existing and proposed sidewalk and driveway grades (if applicable).	x				
29	Proposed sidewalk and driveway details.	x				
30	Soil Erosion & Sediment Control Permit Approval (if required).		x			

Item No.	In-ground Swimming Pool - Additional Items Required	Applicant Checklist		For Township Use Only		
		Yes	N/A	Yes	No	N/A
1	No change in grade shall take place within five feet (5') of the property line.		x			
2	In-ground pool coping elevation and all dimensions from surrounding walkways to buildings, setbacks, other structures, etc.		x			
3	Pool equipment shall be placed at least ten feet (10') from any property line.		x			
4	Waterline shall be at least ten feet (10') from any property line unless a walkway, patio, deck, etc. is installed adjacent to the pool, then the ten foot (10') setback should be measured from the furthest edge of that item away from the waterline.		x			
5	Pool shall be placed at least six feet (6') from the residential dwelling. Provide cross-section drawings of the pool and any adjacent structure if the pool is within twelve feet (12') of that structure.		x			
6	Location of pool backwash discharge location graphically depicted on the plan.		x			

Item No.	Retaining Wall - Additional Items Required	Applicant Checklist		For Township Use Only		
		Yes	N/A	Yes	No	N/A
1	Proposed grades on top and bottom of wall including drainage patterns above and below the wall.		x			
2	If segmental block, provide name of manufacturer, specifications and details of the block and geotechnical fabric.		x			
3	If over thirty inches (30") high, provide design details and calculations.		x			
4	If over thirty inches (30") high, provide guard in accordance with IBC.		x			
5	Provide cross section detail of wall.		x			
6	No wall shall be placed within five feet (5') of the property line.		x			
7	The base of the wall shall not be greater than a four-to-one (4:1) slope from the property line.		x			
8	Walls shall be at least ten feet (10') from any swale area.		x			

Engineer's Name: Paul A Damiano NJ Lic. #: 11915
(please print) Architect

Engineer's Signature: [Signature] Date: 8.11.22


Seal

TOWNSHIP OF HOWELL - DIVISION OF ENGINEERING

(For Official Use Only, to be completed by Township Officials)

☐ **APPROVED**

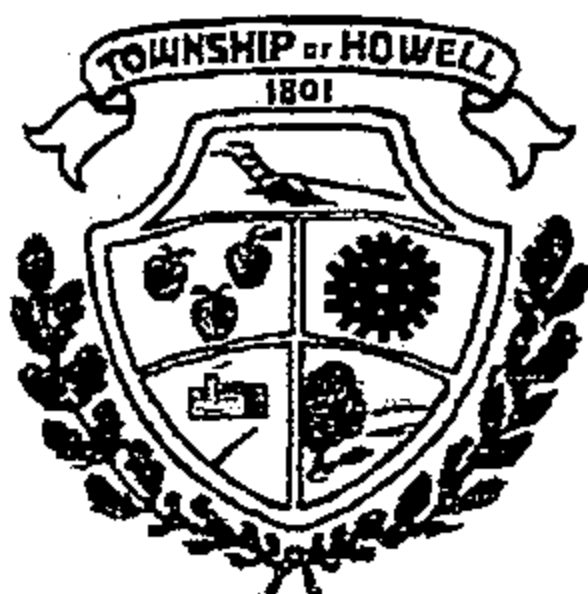
Comments / Special Conditions: _____

☐ **DENIED**

Comments / Reason for Denial: _____

Reviewer's Name: _____ Title: _____
(please print)

Reviewer's Signature: _____ Date: _____



TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE

DIVISION OF ENGINEERING

4567 Route 9 North, 2nd Floor

Post Office Box 580

Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300

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Web: www.twp.howell.nj.us

PLOT PLAN CHECKLIST

BLOCK: 66 LOT: 1 SITE ADDRESS: 169 Maxim Road, Howell, NJ 07731

OWNER NAME: Florentine Investment Group II, LLC APPLICANT NAME: [REDACTED]

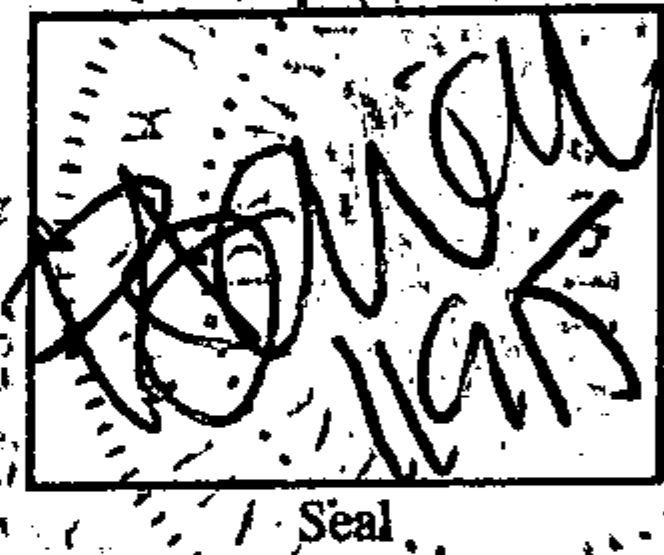
Item No.	Plot Plan - Item Required	Applicant Checklist		For Township Use Only		
		Yes	N/A	Yes	No	N/A
1	Plans provided on sheets no smaller than 8-1/2" x 11" or greater than 24" x 36".	x				
2	Plan drawn to scale, no larger than 1"=40'.	x				
3	Property lines shown, length in feet and hundredths, bearings in degrees, minutes and seconds.	x				
4	Area of parcel in square feet and acres, both to the nearest hundredth.	x				
5	Key map showing location of parcel to be considered in relation to surrounding area, within two hundred feet (200') (if applicable).	x				
6	Title block containing name of applicant, preparer, lot and block number, date prepared, date of last amendment and zoning district.	x				
7	Scale of map, both written and graphic.	x				
8	North arrow giving reference meridian.	x				
9	Names of property owners within two hundred feet (200') of subject property (if applicable).		x			
10	Topography of the site and at least fifty feet (50') around the improvements or property lines based on project. All elevations based on NAVD 1988 with source noted.	x				
11	Existing contours showing the natural drainage of the land. Proposed contours demonstrating there are no impacts to adjacent parcels when complete. Flow arrows shall be provided to help depict the direction of storm water runoff.	x				
12	Spot grades to supplement contours. Any high or low points must be shown for drainage review purposes. Include spot elevations at property corners, building corners, septic systems, etc. Provide basement, garage and finished floor elevations.	x				
13	Soil boring demonstrating the basement is at least two feet (2') above the seasonal high water table.	x				
14	Existing and proposed drainage swales, structures, basins and pipes must be shown including pipe size, type and slope. Show downspout locations. All drainage systems within fifty feet (50') of the property must be shown.	x				
15	Location of wetlands, wetland buffers, riparian areas, floodplains and any other environmental constraints on the property, with backup documentation from the approving agency.		x			
16	Location of existing and proposed structures and their setbacks from existing and proposed property lines. Overall limit of disturbance.	x				
17	Existing and proposed zoning setbacks and dimensions depicted graphically on plan.	x				
18	Location of easements or rights of way including power lines.	x				
19	Location of railroads, bridges, culverts, drain-pipes, water and sewer mains and other man-made installations affecting the parcel.		x			
20	Location of existing and proposed utility lines. Plan must show connection points. (Any work within right-of-way will require a road opening permit.)	x				
21	Location of existing and proposed wells and septic systems.	x				
22	Proposed septic approval from the Monmouth County Board of Health (if applicable).		x			
23	Location and description of monuments whether set or to be set (if applicable).	x				
24	Location, names and widths of all existing streets within two hundred feet (200') of the parcel.	x				
25	Street composition & width adjacent to the parcel.	x				
26	Existing and proposed centerline, gutter and top of curb elevations along the roadway. Include construction access point from Township right-of-way.		x			
27	Proposed roadway and curb details (if applicable).		x			
28	Existing and proposed sidewalk and driveway grades (if applicable).	x				
29	Proposed sidewalk and driveway details.	x				
30	Soil Erosion & Sediment Control Permit Approval (if required).		x			

Item No.	In-ground Swimming Pool - Additional Items Required	Applicant Checklist		For Township Use Only		
		Yes	N/A	Yes	No	N/A
1	No change in grade shall take place within five feet (5') of the property line.		X			
2	In-ground pool coping elevation and all dimensions from surrounding walkways to buildings, setbacks, other structures, etc.		X			
3	Pool equipment shall be placed at least ten feet (10') from any property line.		X			
4	Waterline shall be at least ten feet (10') from any property line unless a walkway, patio, deck, etc. is installed adjacent to the pool, then the ten foot (10') setback should be measured from the furthest edge of that item away from the waterline.		X			
5	Pool shall be placed at least six feet (6') from the residential dwelling. Provide cross-section drawings of the pool and any adjacent structure if the pool is within twelve feet (12') of that structure.		X			
6	Location of pool backwash discharge location graphically depicted on the plan.		X			

Item No.	Retaining Wall - Additional Items Required	Applicant Checklist		For Township Use Only		
		Yes	N/A	Yes	No	N/A
1	Proposed grades on top and bottom of wall including drainage patterns above and below the wall.		X			
2	If segmental block, provide name of manufacturer, specifications and details of the block and geotechnical fabric.		X			
3	If over thirty inches (30") high, provide design details and calculations.		X			
4	If over thirty inches (30") high, provide guard in accordance with IBC.		X			
5	Provide cross section detail of wall.		X			
6	No wall shall be placed within five feet (5') of the property line.		X			
7	The base of the wall shall not be greater than a four-to-one (4:1) slope from the property line.		X			
8	Walls shall be at least ten feet (10') from any swale area.		X			

Engineer's Name: Paul A Damiano NJ Lic. #: 11915
 (please print) Architect

Engineer's Signature: [Signature] Date: 8.11.22



TOWNSHIP OF HOWELL - DIVISION OF ENGINEERING

(For Official Use Only, to be completed by Township Officials)

☐ **APPROVED**

Comments / Special Conditions: _____

☐ **DENIED**

Comments / Reason for Denial: _____

Reviewer's Name: _____ Title: _____
 (please print)

Reviewer's Signature: _____ Date: _____

R.C. BURDICK, P.E. P.P. P.C.

1023 OCEAN RD. PT. PLEASANT, N.J. 08742

PHONE 732-892-5050

FAX 732-892-5888

SOIL BORING

169 Maxim Rd.

Lot 1, Block 66

Howell Township

Monmouth County, New Jersey

Project No. 22-8393

0 – 5"	Grayish brown sandy topsoil, 10 YR 5/2
5" – 3'0"	Brownish yellow sand, 10 YR 6/6
3'0" – 6'0"	Yellowish brown sand, 10 YR 5/4
6'0" – 8'0"	Pale brown sand, 10 YR 6/3 with light gray sand, 10 YR 7/1
8'0" – 10'0"+	Yellowish brown sand, 10 YR 5/6 with brownish yellow sand, 10 YR 6/6

Boring performed on 7/21/2022

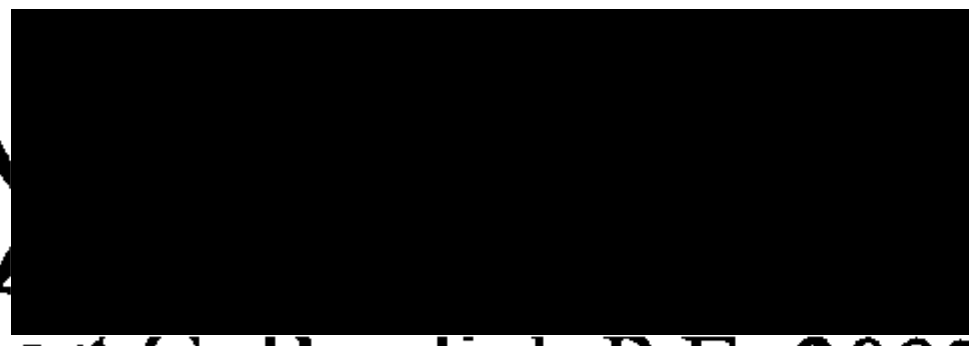
Boring location: 30' to rear of garage, 50' from end of driveway

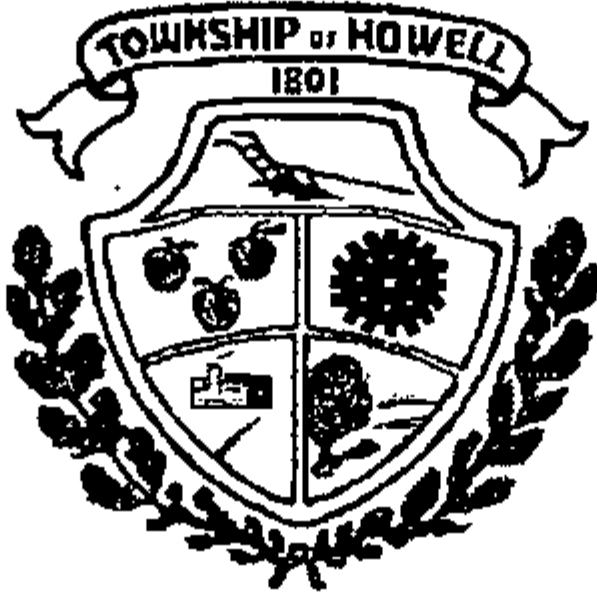
Seasonal high water not indicated

Standing water not encountered

Weather: 91° Sunny

Boring performed by R.C. Burdick P.E.P.P.P.C


Robert C. Burdick P.E. 30929



TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE DIVISION OF ENGINEERING

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Phone: (732) 938-4500 x2300
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Web: www.twp.howell.nj.us

PLOT PLAN CHECKLIST

BLOCK: 66 LOT: 1 SITE ADDRESS: 169 Maxim Road, Howell, NJ 07731

OWNER NAME: Florentine Investment Group II, LLC APPLICANT NAME: [REDACTED]

Item No.	Plot Plan - Item Required	Applicant Checklist		For Township Use Only		
		Yes	N/A	Yes	No	N/A
1	Plans provided on sheets no smaller than 8-1/2" x 11" or greater than 24" x 36".	x				
2	Plan drawn to scale, no larger than 1"=40'.	x				
3	Property lines shown, length in feet and hundredths, bearings in degrees, minutes and seconds.	x				
4	Area of parcel in square feet and acres, both to the nearest hundredth.	x				
5	Key map showing location of parcel to be considered in relation to surrounding area, within two hundred feet (200') (if applicable).	x				
6	Title block containing name of applicant, preparer, lot and block number, date prepared, date of last amendment and zoning district.	x				
7	Scale of map, both written and graphic.	x				
8	North arrow giving reference meridian.	x				
9	Names of property owners within two hundred feet (200') of subject property (if applicable).		x			
10	Topography of the site and at least fifty feet (50') around the improvements or property lines based on project. All elevations based on NAVD 1988 with source noted.	x				
11	Existing contours showing the natural drainage of the land. Proposed contours demonstrating there are no impacts to adjacent parcels when complete. Flow arrows shall be provided to help depict the direction of storm water runoff.	x				
12	Spot grades to supplement contours. Any high or low points must be shown for drainage review purposes. Include spot elevations at property corners, building corners, septic systems, etc. Provide basement, garage and finished floor elevations.	x				
13	Soil boring demonstrating the basement is at least two feet (2') above the seasonal high water table.	x				
14	Existing and proposed drainage swales, structures, basins and pipes must be shown including pipe size, type and slope. Show downspout locations. All drainage systems within fifty feet (50') of the property must be shown.	x				
15	Location of wetlands, wetland buffers, riparian areas, floodplains and any other environmental constraints on the property, with backup documentation from the approving agency.		x			
16	Location of existing and proposed structures and their setbacks from existing and proposed property lines. Overall limit of disturbance.	x				
17	Existing and proposed zoning setbacks and dimensions depicted graphically on plan.	x				
18	Location of easements or rights of way including power lines.	x				
19	Location of railroads, bridges, culverts, drain-pipes, water and sewer mains and other man-made installations affecting the parcel.		x			
20	Location of existing and proposed utility lines. Plan must show connection points. (Any work within right-of-way will require a road opening permit.)	x				
21	Location of existing and proposed wells and septic systems.	x				
22	Proposed septic approval from the Monmouth County Board of Health (if applicable).		x			
23	Location and description of monuments whether set or to be set (if applicable).	x				
24	Location, names and widths of all existing streets within two hundred feet (200') of the parcel.	x				
25	Street composition & width adjacent to the parcel.	x				
26	Existing and proposed centerline, gutter and top of curb elevations along the roadway. Include construction access point from Township right-of-way.		x			
27	Proposed roadway and curb details (if applicable).		x			
28	Existing and proposed sidewalk and driveway grades (if applicable).	x				
29	Proposed sidewalk and driveway details.	x				
30	Soil Erosion & Sediment Control Permit Approval (if required).		x			

Item No.	In-ground Swimming Pool - Additional Items Required	Applicant Checklist		For Township Use Only		
		Yes	N/A	Yes	No	N/A
1	No change in grade shall take place within five feet (5') of the property line.		x			
2	In-ground pool coping elevation and all dimensions from surrounding walkways to buildings, setbacks, other structures, etc.		x			
3	Pool equipment shall be placed at least ten feet (10') from any property line.		x			
4	Waterline shall be at least ten feet (10') from any property line unless a walkway, patio, deck, etc. is installed adjacent to the pool, then the ten foot (10') setback should be measured from the furthest edge of that item away from the waterline.		x			
5	Pool shall be placed at least six feet (6') from the residential dwelling. Provide cross-section drawings of the pool and any adjacent structure if the pool is within twelve feet (12') of that structure.		x			
6	Location of pool backwash discharge location graphically depicted on the plan.		x			

Item No.	Retaining Wall - Additional Items Required	Applicant Checklist		For Township Use Only		
		Yes	N/A	Yes	No	N/A
1	Proposed grades on top and bottom of wall including drainage patterns above and below the wall.		x			
2	If segmental block, provide name of manufacturer, specifications and details of the block and geotechnical fabric.		x			
3	If over thirty inches (30") high, provide design details and calculations.		x			
4	If over thirty inches (30") high, provide guard in accordance with IBC.		x			
5	Provide cross section detail of wall.		x			
6	No wall shall be placed within five feet (5') of the property line.		x			
7	The base of the wall shall not be greater than a four-to-one (4:1) slope from the property line.		x			
8	Walls shall be at least ten feet (10') from any swale area.		x			

Engineer's Name: Paul A Damiano NJ Lic. #: 11915
(please print) Architect

Engineer's Signature: [Signature] Date: 8.11.22

[Seal]
Seal

TOWNSHIP OF HOWELL - DIVISION OF ENGINEERING

(For Official Use Only, to be completed by Township Officials)

☐ **APPROVED**

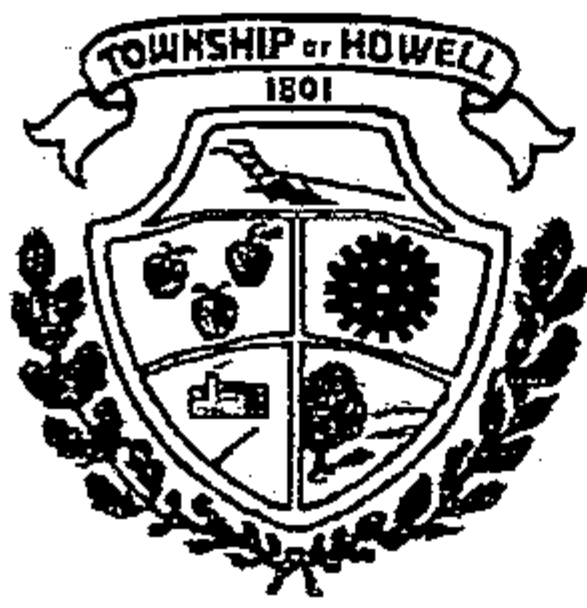
Comments / Special Conditions: _____

☐ **DENIED**

Comments / Reason for Denial: _____

Reviewer's Name: _____ Title: _____
(please print)

Reviewer's Signature: _____ Date: _____



TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE DIVISION OF ENGINEERING

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PLOT PLAN CHECKLIST

BLOCK: 66 LOT: 1 SITE ADDRESS: 169 Maxim Road, Howell, NJ 07731

OWNER NAME: Florentine Investment Group II, LLC APPLICANT NAME: [REDACTED]

Item No.	Plot Plan - Item Required	Applicant Checklist		For Township Use Only		
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19	Location of railroads, bridges, culverts, drain-pipes, water and sewer mains and other man-made installations affecting the parcel.		x			
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22	Proposed septic approval from the Monmouth County Board of Health (if applicable).		x			
23	Location and description of monuments whether set or to be set (if applicable).	x				
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27	Proposed roadway and curb details (if applicable).		x			
28	Existing and proposed sidewalk and driveway grades (if applicable).	x				
29	Proposed sidewalk and driveway details.	x				
30	Soil Erosion & Sediment Control Permit Approval (if required).		x			

Item No.	In-ground Swimming Pool - Additional Items Required	Applicant Checklist			For Township Use Only		
		Yes	N/A		Yes	No	N/A
1	No change in grade shall take place within five feet (5') of the property line.		X				
2	In-ground pool coping elevation and all dimensions from surrounding walkways to buildings, setbacks, other structures, etc.		X				
3	Pool equipment shall be placed at least ten feet (10') from any property line.		X				
4	Waterline shall be at least ten feet (10') from any property line unless a walkway, patio, deck, etc. is installed adjacent to the pool, then the ten foot (10') setback should be measured from the furthest edge of that item away from the waterline.		X				
5	Pool shall be placed at least six feet (6') from the residential dwelling. Provide cross-section drawings of the pool and any adjacent structure if the pool is within twelve feet (12') of that structure.		X				
6	Location of pool backwash discharge location graphically depicted on the plan.		X				

Item No.	Retaining Wall - Additional Items Required	Applicant Checklist			For Township Use Only		
		Yes	N/A		Yes	No	N/A
1	Proposed grades on top and bottom of wall including drainage patterns above and below the wall.		X				
2	If segmental block, provide name of manufacturer, specifications and details of the block and geotechnical fabric.		X				
3	If over thirty inches (30") high, provide design details and calculations.		X				
4	If over thirty inches (30") high, provide guard in accordance with IBC.		X				
5	Provide cross section detail of wall.		X				
6	No wall shall be placed within five feet (5') of the property line.		X				
7	The base of the wall shall not be greater than a four-to-one (4:1) slope from the property line.		X				
8	Walls shall be at least ten feet (10') from any swale area.		X				

Engineer's Name: _____

Paul A. Damiano
(please print)

NJ Lic. #: _____

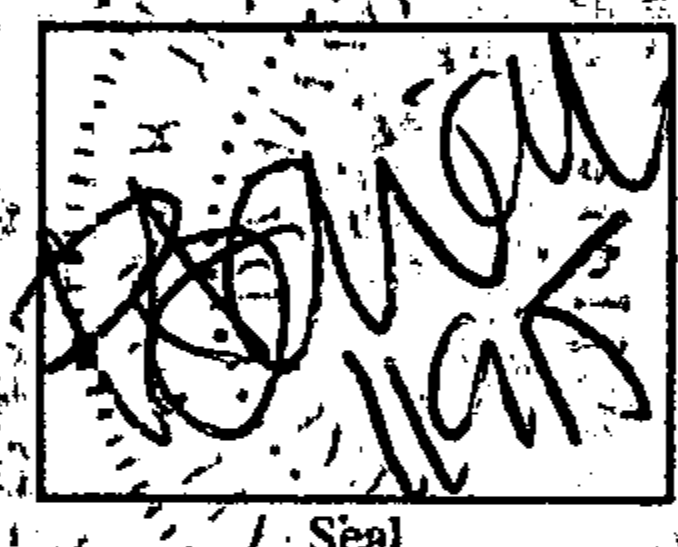
11915

Engineer's Signature: _____

[Signature]

Date: _____

8.11.22



TOWNSHIP OF HOWELL - DIVISION OF ENGINEERING

(For Official Use Only, to be completed by Township Officials)

☐ **APPROVED**

Comments / Special Conditions: _____

☐ **DENIED**

Comments / Reason for Denial: _____

Reviewer's Name: _____

(please print)

Title: _____

Reviewer's Signature: _____

Date: _____

R.C. BURDICK, P.E. P.P. P.C.

1023 OCEAN RD. PT. PLEASANT, N.J. 08742

PHONE 732-892-5050

FAX 732-892-5888

SOIL BORING

169 Maxim Rd.

Lot 1, Block 66

Howell Township

Monmouth County, New Jersey

Project No. 22-8393

0 – 5"	Grayish brown sandy topsoil, 10 YR 5/2
5" – 3'0"	Brownish yellow sand, 10 YR 6/6
3'0" – 6'0"	Yellowish brown sand, 10 YR 5/4
6'0" – 8'0"	Pale brown sand, 10 YR 6/3 with light gray sand, 10 YR 7/1
8'0" – 10'0"+	Yellowish brown sand, 10 YR 5/6 with brownish yellow sand, 10 YR 6/6

Boring performed on 7/21/2022

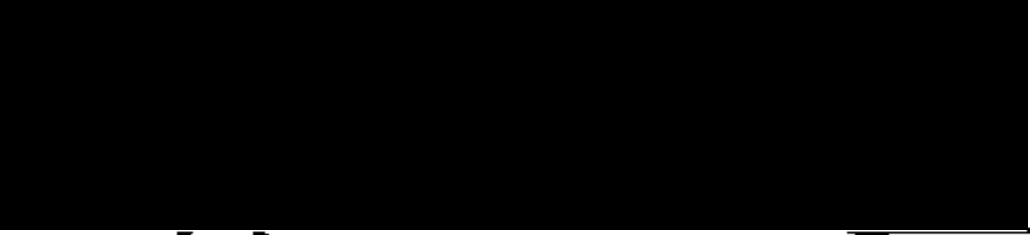
Boring location: 30' to rear of garage, 50' from end of driveway

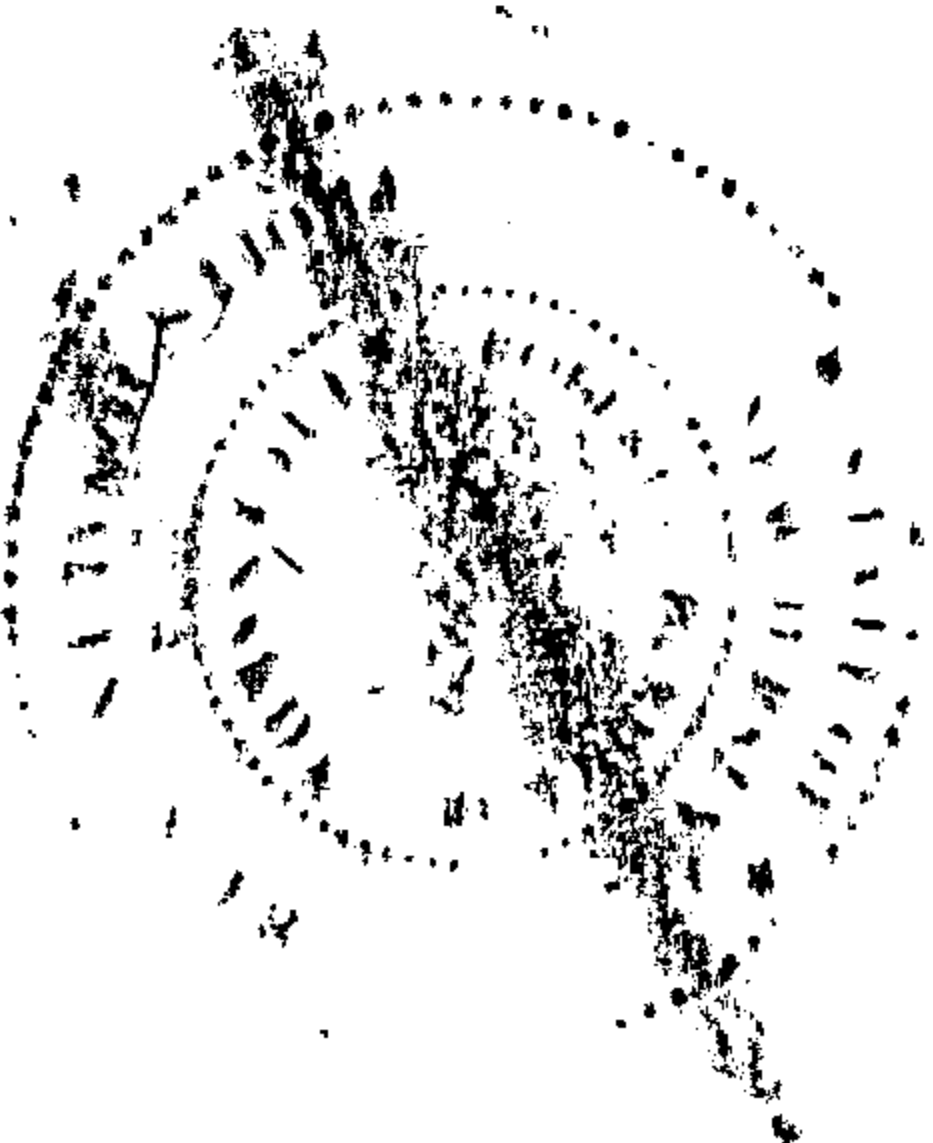
Seasonal high water not indicated

Standing water not encountered

Weather: 91° Sunny

Boring performed by R.C. Burdick P.E.P.P.P.C


Robert C. Burdick P.E. 30929



Township of Howell
Attn: Construction Dept.
4579 US-9
Howell, NJ 07731

Via Hand Delivery

September 25, 2023



RE: **169 MAXIM ROAD**

Applicant: Florentine Investment II, LLC
Block 66; Lot 1
Township of Howell, NJ

To Whom It May Concern;

The information contained below is the result of field visit on September 15, 2023, under my direct supervision. I certify to the best of my knowledge the calculated building height at the subject property is as follows:

Roof Peak Elevation = 123.65

Centerline crown of road elevation = 95.62

Calculated Roof Height based on centerline crown = 28.03'

*All elevations reference NAVD 88.

If you have any questions or require further information, please feel free to contact this office anytime.

Sincerely,
InSite Surveying, LLC

Justin J. Hedges, P.L.S
No. GS43362

InSite Surveying, LLC

1955 Route 34; Suite 1A • Wall, NJ 07719

732-531-7100 (ph) • 732-531-7344 (fx)

www.InSiteSurveying.net



NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Cari Fais
Acting Director
[Read Bio](#)



License Information

Accurate as of December 07, 2022 3:51 PM

[Return to Search Results](#)

Documents

No Public Documents

Business Name: JUST IN TIME CONTRACTING LLC
Owner Name: Justin Pettit
Address: [REDACTED]
Lake Como, NJ 07719

Doing Business As:

Profession: Home Improvement Contractors
License Type: Home Improvement Contractor
License No: 13VH11749400

License Status: Active
Issue Date: 9/27/2021

Status Change Reason: License Issuance
Expiration Date: 3/31/2023

Contractors needing information regarding registration contact the New Jersey Home Improvement Contractors registration section (973) 424-8150 prompt #2. For consumers requiring information concerning Contractor complaints contact the New Jersey Home Improvement Contractors complaints section (973) 424-8150 prompt #6.

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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		3/26/24RC							
☐ 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. _____	_____	_____	_____	_____

OFFICE DATE RECEIVED: _____

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☐ Certificate of Approval	No. _____	_____	_____	_____	_____
☒ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____