BLOCK 66 LOT 20 QUALIFICATION CODE _____ ADDRESS (SITE) 57 Maxim Road Howell PERMIT NO. _____

mR

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 57 Maxim Road Howell
2. Name of Owner in Fee: [redacted] Tel. [redacted]
   Address 57 Maxim Road Howell
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: owner Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun [redacted]
   Tel. [redacted] FAX: ( ) _____

Detached Garage 30x50

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	468 -		
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		52 -		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$			

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	16 ft.	
3. Area — Largest Floor	1500 sq. ft.	
4. New Building Area	1500 sq. ft.	
5. Volume of New Structure	19500 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☑ New Building	7000 -				3-21-05	CG			
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical					3-25-05				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

LDS HW-B 10107422

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature [redacted] Date 3/17/05

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

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

CERTIFICATE

Date Issued: 05/02/2006
Control #: 32713
Permit #: 20050911

IDENTIFICATION

Block: 66 Lot : 20 Qualification Code:

Work Site Location: 57 MAXIM ROAD
HOWELL

Owner in Fee: [redacted]

Address: 57 MAXIM ROAD
HOWELL NJ 07731

Telephone:

Agent/Contractor: [redacted]

Address: 57 MAXIM ROAD
HOWELL NJ 07731

Telephone:

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

Social Security No.:

Home Warranty No:

Type of Warranty Plan: [ ] State [ ] Private

Use Group: U

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use: DETACHED GARAGE 30 X 50, 1500 C.F.

[ ] **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.

[X] **CERTIFICATE OF APPROVAL**

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

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

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

C. Phillips 5/3/06
Chet Phillips Construction Official

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Fees $0.00
Paid[X]Check No. 0232
Collected by: MH

4-14-05

CONSTRUCTION PERMIT

Date Issued

Permit # 3273

20050911

IDENTIFICATION Block. 66 Lot 20 Qualification Code

Work Site Location 57 Maxin Road Howell NJ 07731

Owner in Fee [redacted]

Address 57 Maxin Road Howell

Tel. [redacted]

Contractor Self

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Detached Garage 50'X30'

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 $ 7000

Construction Official

4-14-05

Date

PAYMENTS (Office Use Only)

Building	468
Electrical	90
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	52
Cert. of Occupancy	
Other	
Total	610
Check No.	0232
Cash	
Collected by	

(see reverse side)

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

Permit Number: 20050911
Permit Date: 04/14/2005
Update Number:
Control Number: 32713
Application Date: 03/17/2005

CONSTRUCTION PERMIT

IDENTIFICATION

Block : 66 Lot : 20 Qualification Code:

Work Site Location: 57 MAXIM ROAD HOWELL

Owner In Fee: [redacted]

Address: 57 MAXIM ROAD
HOWELL NJ 07731

Telephone: () -

Use Group(s): U

Contractor [redacted]

Address: 57 MAXIM ROAD
HOWELL NJ 07731

Telephone: () -

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION

[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER

[ ]ELEVATOR DEVICES [ ]MECHANICAL

[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

DETACHED GARAGE 30 X 50

ESTIMATED COST OF WORK:

Cost of Construction:	7,300.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$7,300.00

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

Chet Phillips
Construction Official

4-14-05
Date

PAYMENTS (Office Use Only)	
Building	$468.00
Electrical	$90.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	$52.00
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$610.00**
All Fees Waived:	No
Amount to be Paid:	**$610.00**
Check Number:	0232
Check amount:	$610.00
Collected by:	MH
Receipt No:	
Total Cash Amount	
Total Check Amount	$610.00
Total CC Amount	
Grand Total	$610.00

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4-14-05
Control # 32713
Date Issued
Permit # 20050911

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

Block 66 Lot 20 Qualification Code
Work Site Location 57 Maxim Road Howell

Owner in Fee [redacted]
Address 57 Maxim Road Howell

Tel. [redacted]
Contractor owner
Address

Tel. ( ) FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	3-21-05	CG
[ ] Footing		GB
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 4/25/06
Approved by: GB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing	6-15-05		7/22/05	GB
Footing Bonding				
Foundation				
Slab			8/1/05	NHH
Frame	[redacted]		[illegible]	RH
Truss Sys./Bracing				
Barrier-Free				
Insulation			[illegible]	CM
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ Frame			4/24/06	NHH
Mechanical				
TCO				
Other				
Final			4/24/06	NHH
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R5/U
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 16 Ft.
Area — Largest Floor 1500 Sq. Ft.
New Bldg. Area/All Floors 1500 Sq. Ft.
Volume of New Structure 19500 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 6700
2. Rehabilitation $
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Steel Building Garage
Endwall to Be Built on site
see plans

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

FEE (Office Use Only)
$ 468-
State Permit Surcharge Fee $ 52-

Administrative Surcharge $
Minimum Fee $
TOTAL FEE $

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

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

6-15-05 missing page 1 of 5 from field plans
CG

6/16/05 CG PARTIAL (STICKER)

WRONG SHEET FOR BATHROOM

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4-14-05
Control # 32713
Date Issued
Permit # 20050911

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

Block 66 Lot 20 Qualification Code _____

Work Site Location 57 Maxim Road Howell

Owner in Fee [redacted]

Address 57 Maxim Road Howell

Tel. [redacted]

Contractor owner

Address. _____

Tel. (____) _____ FAX (____) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	____	____
[X] All	5-21-05	CG
[ ] Footing	____	CB
[ ] Foundation	____	____
[ ] Frame	____	____
[ ] Other	____	____

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R5/U
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 16 Ft.
Area — Largest Floor 1500 Sq. Ft.
New Bldg. Area/All Floors 1500 Sq. Ft.
Volume of New Structure 19500 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 6700
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

C. CERTIFICATION IN LIEU OF OATH

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

[redacted]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Steel Building for Pole End wall to be built on site see plans

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

FEE (Office Use Only)
$ 468-

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 52-
TOTAL FEE $ _____

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4-14-05
Control # 32713
Date Issued
Permit # 20050911

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

Block 66 Lot 20 Qualification Code

Work Site Location 57 Maxim Road Howell

Owner in Fee [redacted]

Address same 57 Maxim Road Howell

Tel [redacted]

Contractor self

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed New Garage

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

Building Occupied as Storage Garage Utility Co.

Est. Cost of Elec. Work $ 300

C. CERTIFICATION IN LIEU OF OATH

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

[redacted]

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
2		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 40
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	100	AMP Subpanels	50
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 90
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 3-28-05

Approved by:

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 5/06

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	4/24/05		4/28/05	XD
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

4/24/06 PM

need ground rod
@ panel ✓

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4-14-05
Control # 32713
Date Issued
Permit # 20050911

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

Block 66 Lot 20 Qualification Code

Work Site Location 57 Maxim Road Howell

Owner in Fee [redacted]

Address same 57 Maxim Road Howell

Tel [redacted]

Contractor self

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed New Garage

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

Building Occupied as Storage Garage Utility Co.

Est. Cost of Elec. Work $ 300

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
2		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 40
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	100	AMP Subpanels	50
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 90
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[~~ ~~] Elec. Plans Approved

Date: 3-28-05

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

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

PROPERTY: BLOCK 66 LOT(S) 20.21 STREET 57 Maxim Road

APPLICANT: NAME [redacted]

ADDRESS 57 Maxim Road Howell NJ 07731

PHONE [redacted] Cell [redacted]

PROPOSED USE:
- ____ Fence
- X Detached garage
- ____ Shed
- ____ Pool
- ____ Deck
- ____ Patio
- ____ Tennis Court
- ____
- ____ Antenna/Antenna Tower
- ____ Farm structure: Specify ____
- ____ Other: Specify ____

ZONE:

LOCATION OF STRUCTURE: Setback from right of way ____ feet (and ____ feet if a corner lot)
Side yard clearances 30 Feet feet and ____ feet
Rear yard clearances 700 Feet feet

DESCRIPTION OF STRUCTURE: Height 17' Feet feet to highest point
Length 50 feet Width 30 feet

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

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

[redacted] 2/11/05
SIGNATURE OF APPLICANT DATE

FOR OFFICE USE: CK. 0193
FEE: ____ $10.00 residential
FEE: ____ $20.00 non-residential

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

3/2/05
Date

Betty Lou Felton
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: In addition accessory detached
Private Garage to be located per plan submitted:
"Accessory structures to be used for storage purposes
that are accessory to residential use only" attached

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

Correspondence 50'x20'x19'. Receipt # 13206, ck# 0193

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE

Application For land use

February 11 2005
I have provided a profile of the proposed building along with a survey and location
And below is an explanation of the proposed use of the building.
Building type steel built by steel master Inc full planes will be provided to construction
Department upon land use acceptance

For the purposes of land use the proposed use for this garage is storage and homework shop. I have my belongs and an antique car and my yard tractor stored at other locations Since I recently moved to Howell my garage space was not what it was prior to moving And need to keep every thing in one place. This garage is to be used for my privet use only there will be.
No commercial use on this property

Thanks [redacted] 2/11/05

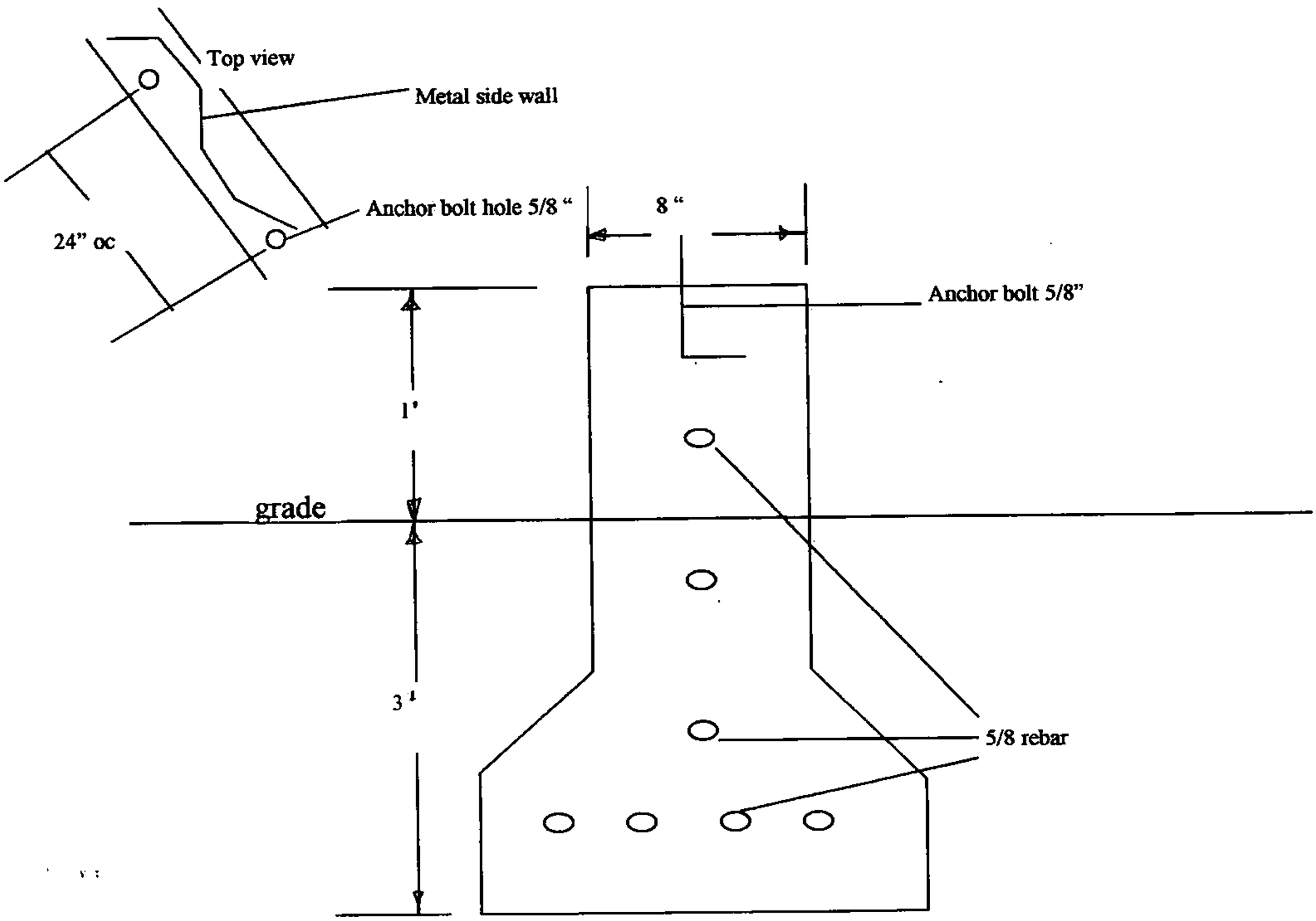
57 Maxim road Howell NJ 07731
[redacted] cell [redacted]

Foundation plan

Concrete to be one piece
3500 lb mix no block

FILE COPY

Metal base connector
Will be used to connect side walls
To foundation top no key way channel
Will be needed



Township of Howell
Construction Code Department
Phone released for Permit

Date: 3-21-05 **Permit #** _____
Block: 66 **Lot** 20
Sub-code Official CB

BY [redacted]

A COPY OF THESE PLANS
MUST BE KEPT ON CONSTRUCTION SITE UNTIL
FINAL APPROVAL
(732) 938-4500

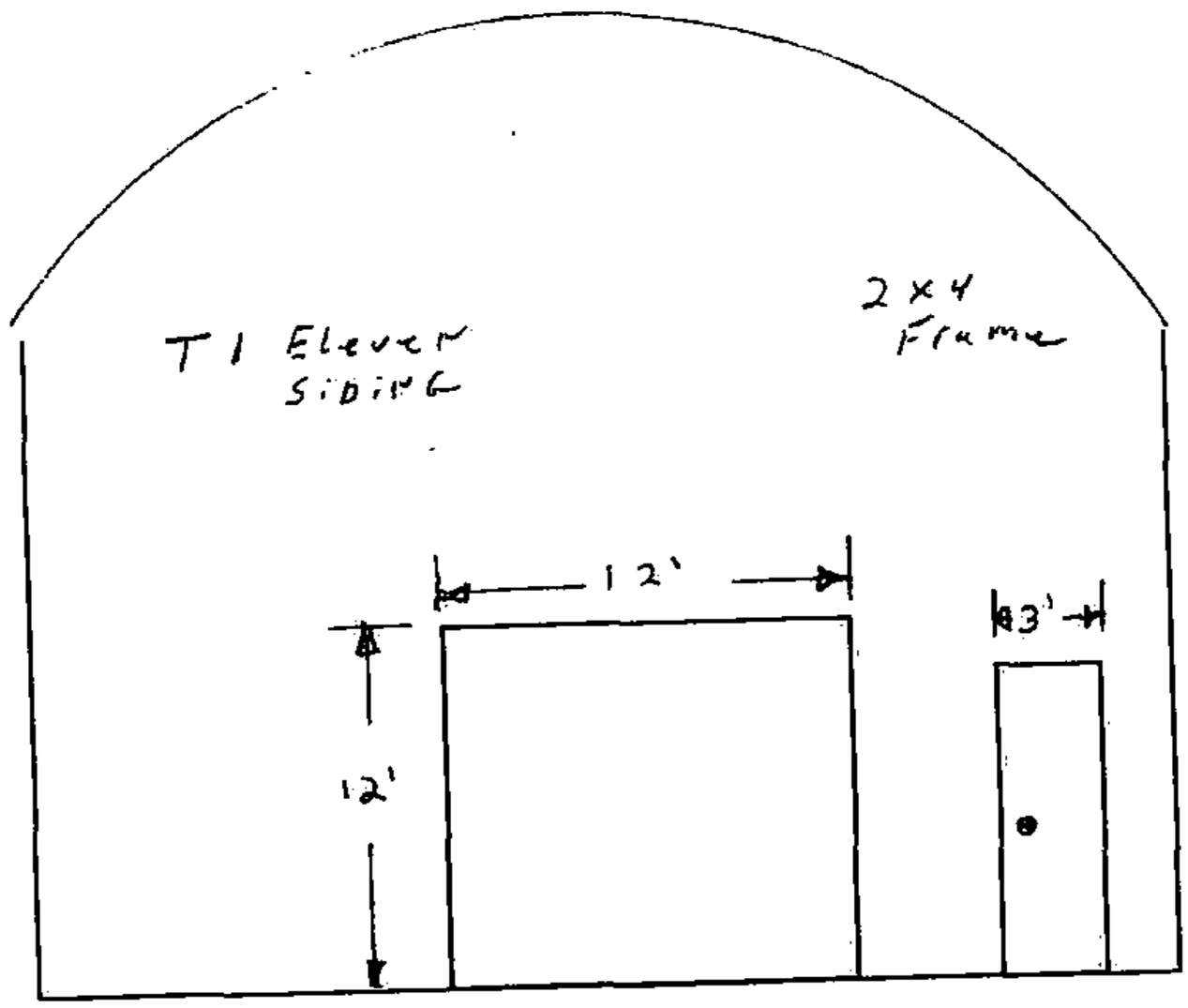
REVISED: _____

57 maxim road howell nj
07731

[redacted]

End wall plan

End wall will be framed using 2/4 16 inch on center
One paralam header over 12 foot door
One 12 foot wide by 12 foot high door in front
With a 3 foot wide door
In rear one 3 foot wide door
Siding will be T1 eleven



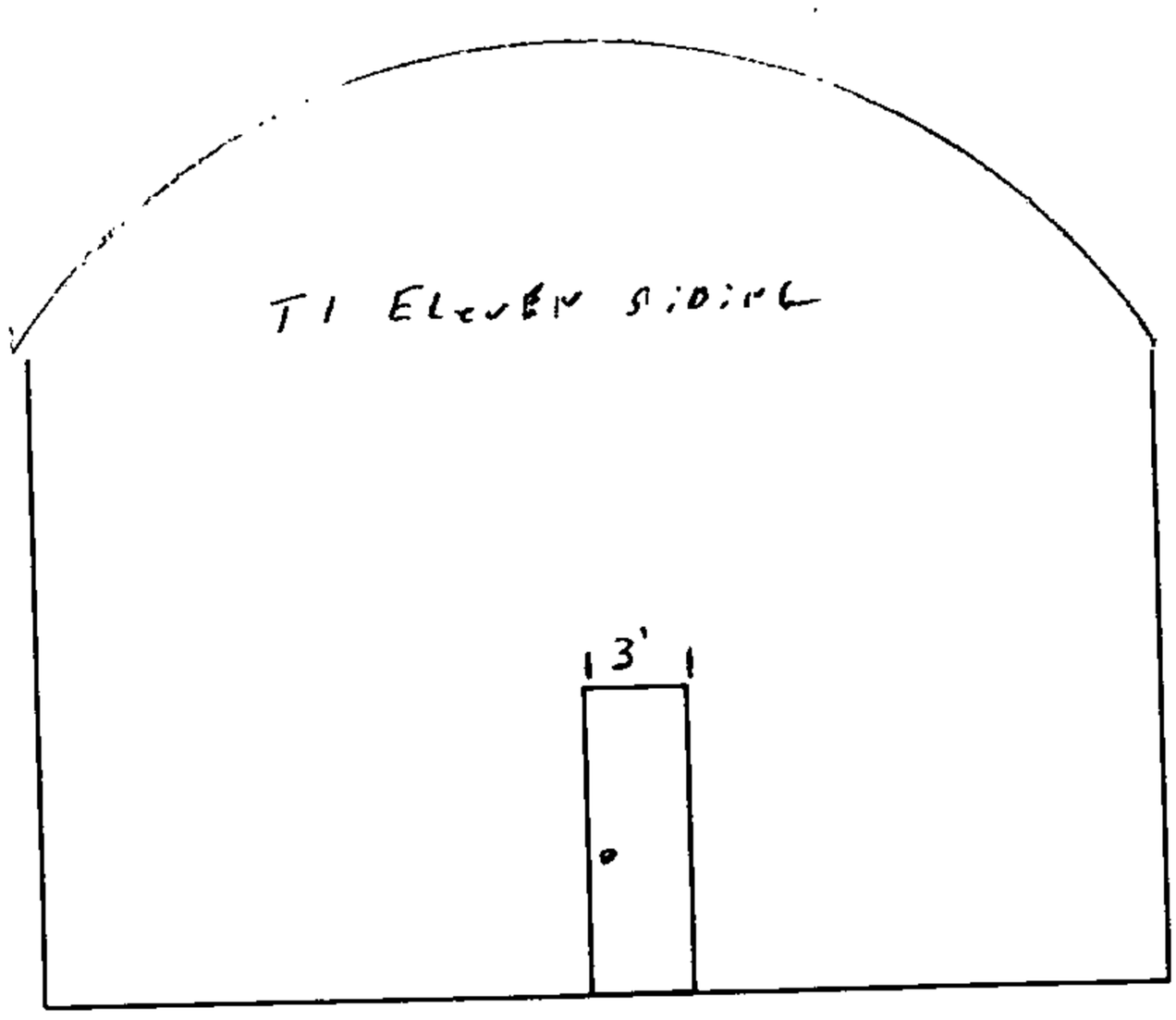
By [redacted] 57 maxim road
howell nj 07731

[redacted]

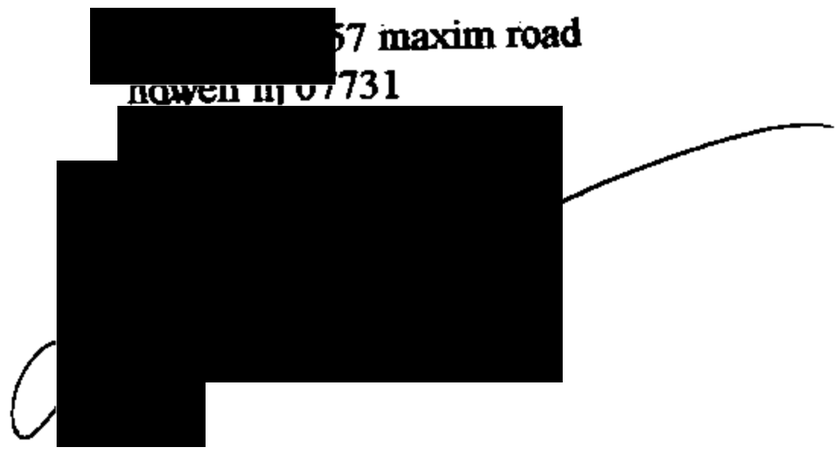
End wall plan

End wall will be framed using 2/4 16 inch on center
One paralam header over 12 foot door
One 12 foot wide by 12 foot high door in front
With a 3 foot wide door
In rear one 3 foot wide door
Siding will be T1 eleven

Rear view

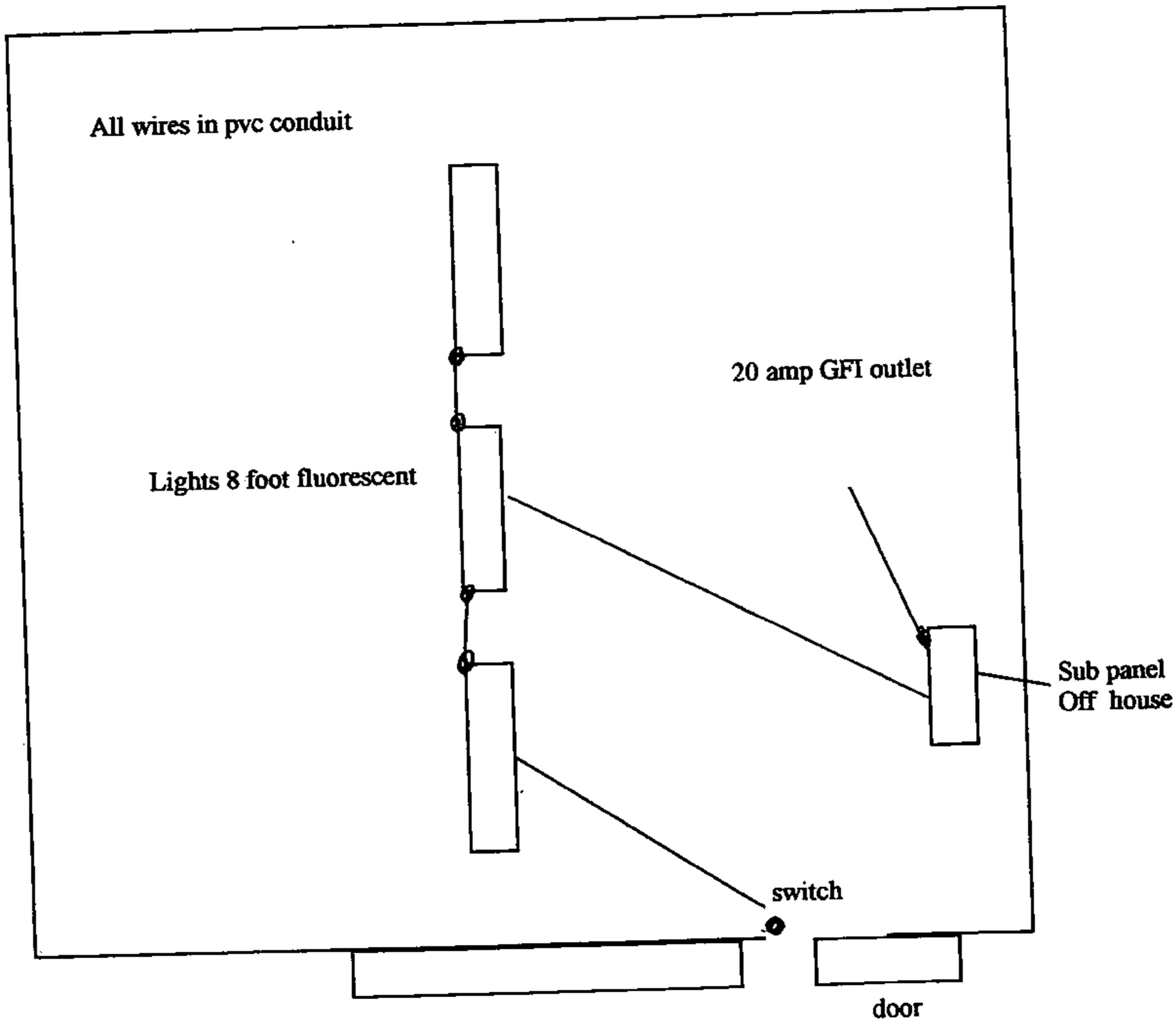


[redacted]57 maxim road
[redacted]owell nj 07731



Electric lighting layout

Electrical panel 100 amp sub off house feed 2 inch
Conduit under ground 2 feet deep
Lights 8 foot fluorescent



[redacted]
57 maxim road howell nj
07731
[redacted]

HOWELL TOWNSHIP
PLAN REVIEW CHECK LIST

NAME [redacted] BLOCK 66 LOT 20

ADDRESS 57 Main ZONING RELEASE

DATE SUBMITTED 3-17-05

TYPE OF WORK Garage

	REVIEWED BY	APPROVED	COMMENTS
FIRE			
BUILDING ✓	3-21-05 CG	OK	
ELECTRICAL ✓	3-28-05	OK	
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			

RECEIVED
MAR 17 2005
BUILDING DEPT

3713