Construction

From: Shuman, Jennifer
To: Florio, Kathy; Rhead Amy
Subject: RE: OPRA 20201117-002 Scerbo (100 Orben Dr; B9703-L1)
Date: Wednesday, November 18, 2020 4:02:26 PM
Attachments: 100 Orben Dr B9703 L1.pdf

Kathy,

Attached is the Construction Department's response to OPRA 20201117-002 Scerbo (100 Orben Dr; B9703-L1).

Have a nice day,
Jennifer Shuman
Administrative Assistant
Construction Department
Township of Roxbury
1715 Route 46
Ledgewood, NJ 07852
973-448-2011

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 3/2/2004
Control Number
Permit Number 03-1202
Permit Issue Date 10/7/2003
Certificate Number 03-1202

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 100 ORBEN DRIVE LANDING , NJ Block: 9703 Lot: 1 Qual:

Owner in Fee: KLEIN

Owner Address: 100 ORBEN DRIVE LANDING NJ 07850-

Telephone:

Contractor

Address

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - ROOF

Certificate Comments: ROOF

☐ **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**
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☐ **Certificate of Continued Occupancy**
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☐ **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:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 11/18/2020

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

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 6/19/2012
Control Number
Permit Number 04-0572
Permit Issue Date 6/1/2004
Certificate Number 04-0572

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 100 ORBEN DRIVE LANDING, NEW JERSEY , NJ Block: 9703 Lot: 1 Qual:

Owner in Fee: KLEIN, ROBERT

Owner Address: 100 ORBEN DRIVE LANDING NJ 07850-

Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor

Address

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - TWO SMOKE AND HEAT DETECTORS

Certificate Comments:

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This certificate has an expiration date of:
Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 11/18/2020

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

CONSTRUCTION PERMIT

Date Issued 7/12/2004
Control #
Permit # 04-0745

IDENTIFICATION Block: 9703 Lot: 1 Qualifier
Work Site Location: 100 ORBEN DRIVE LANDING, NEW JERSEY , NJ
Contractor
Address
Owner in Fee KLEIN, ROBERT
100 ORBEN DRIVE LANDING NJ 07850-
Telephone:
Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1
Lic. No. or Bldrs. Reg. No.
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:
TWO SMOKE/HEAT DETECTORS

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 $1,535

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$28
Plumbing	$0
Fire Protection	$35
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$4
Total	$69
Check No.	7078
Cash	$0
Credit	$0
Collected By	

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

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Inspection Activity Report

Inspections for Permit Number 04-0745

Permit Number

04-0745

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
07/21/2008	Final	Frank Lanza	Electrical	Pass	KLEIN, ROBERT 100 ORBEN DRIVE	Alteration		

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 6/19/2012
Control Number
Permit Number 05-1229
Permit Issue Date 10/17/2005
Certificate Number 05-1229

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 100 ORBEN DRIVE , NJ Block: 9703 Lot: 1 Qual:

Owner in Fee: KLEIN, ROBERT

Owner Address: 100 ORBEN DRIVE LANDING NJ 07850-

Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor

Address

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - VINYL SIDING ON EXISTING RESIDENCE

Certificate Comments:

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Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 11/18/2020

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

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 8/8/2008
Control Number C-08-00882
Permit Number 08-0779
Permit Issue Date 7/22/2008
Certificate Number 08-0779

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 100 ORBEN DR LANDING, NJ 07850 Block: 9703 Lot: 1 Qual:

Owner in Fee: KLEIN, ROBERT P & JOAN A

Owner Address: 100 ORBEN DR LANDING NJ 07850

Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor

Address

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - Replace Chimney and Replace Front Steps

Certificate Comments:

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Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 11/18/2020

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

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 11/21/2012
Control Number C-12-01369
Permit Number 12-1204
Permit Issue Date 11/13/2012
Certificate Number 12-1204

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 100 ORBEN DR LANDING, NJ 07850 Block: 9703 Lot: 1 Qual:

Owner in Fee: KLEIN, ROBERT P/JOAN A

Owner Address: 100 ORBEN DR LANDING NJ 07850

Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor

Address

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - INSTALL RADON SYSTEM

Certificate Comments:

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Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 11/18/2020

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

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 8/12/2014
Control Number C-14-00882
Permit Number 14-0872
Permit Issue Date 8/1/2014
Certificate Number 14-0872

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 100 ORBEN DR LANDING, NJ 07850 Block: 9703 Lot: 1 Qual:

Owner in Fee: HENAO/OLSON, DAVID/JESSICA

Owner Address: 100 ORBEN DR LANDING NJ 07850

Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor

Address

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT WATER HEATER

Certificate Comments:

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Check Number:
Collected By:

Construction Official

Date Printed: 11/18/2020

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

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 8/3/2017
Control Number C-17-00750
Permit Number 17-0747
Permit Issue Date 7/5/2017
Certificate Number 17-0747

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 100 ORBEN DR LANDING, NJ 07850 Block: 9703 Lot: 1 Qual:

Owner in Fee: HENAO/OLSON, DAVID/JESSICA

Owner Address: 100 ORBEN DR LANDING NJ 07850

Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor

Address

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - INSTALL 2 WATER TREATMENT SYSTEM

Certificate Comments:

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Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 11/18/2020

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

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 10/12/2017
Control Number C-17-01163
Permit Number 17-1132
Permit Issue Date 9/18/2017
Certificate Number 17-1132

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 100 ORBEN DR LANDING, NJ 07850 Block: 9703 Lot: 1 Qual:

Owner in Fee: GREG MONTELBONO

Owner Address: 100 ORBEN DR LANDING NJ 07850

Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor

Address

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - ADD TUB TO BASEMENT BATH, RELOCATE WASHER & DRYER, FRAME 2 PARTITION WALLS, DRYWALL

Certificate Comments:

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Fee: $0.00
Check Number:
Collected By:

Construction Official
Date Printed: 11/18/2020

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

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 12/6/2017
Control Number C-17-01372
Permit Number 17-1341
Permit Issue Date 10/30/2017
Certificate Number 17-1341

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 100 ORBEN DR LANDING, NJ 07850 Block: 9703 Lot: 1 Qual:

Owner in Fee: GREG SUTFIN

Owner Address: 100 ORBEN DR LANDING NJ 07850

Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor

Address

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - INSTALL WATER TREATMENT SYSTEM

Certificate Comments:

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☐ 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:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 11/18/2020

U.C.C. F260 (rev. 06/05)

Roxbury Township
Construction Department
1715 Route 46
Ledgewood, NJ 07852

Date Issued 11/30/2018
Control Number C-18-01508
Permit Number 18-1302
Permit Issue Date 11/26/2018
Certificate Number 18-1302

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 100 ORBEN DR LANDING, NJ 07850 Block: 9703 Lot: 1 Qual:

Owner in Fee: KATHLEEN MONTALBANO

Owner Address: 100 ORBEN DR LANDING NJ 07850

Telephone:

Contractor

Address

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - INSTALL INTERLOCK KIT

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:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 11/18/2020

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

Engineering

From: Johnson, Patricia
To: Florio, Kathy
Cc: Rhead Amy
Subject: RE: OPRA 20201117-002 Scerbo (100 Orben Dr; B9703-L1)
Date: Wednesday, November 18, 2020 10:29:56 AM

The Engineering Department does not have any information regarding this request.

Patricia A. Johnson
Engineering Department
Administrative Assistant
Township of Roxbury
1715 Route 46
Ledgewood, NJ 07852
973 448-2018

Fire Prevention

From: Vanklingeren, Crystal
To: Florio, Kathy
Cc: Rhead Amy; Pellek, Mike
Subject: FW: OPRA 20201117-002 Scerbo (100 Orben Dr; B9703-L1)
Date: Wednesday, November 18, 2020 9:28:58 AM

Property: 100 Orben Dr; B9703-L1

Please be advised that the Fire Prevention Bureau searched for any information on the above listed property, and have found no records currently exist in this office.

Thank you,
Crystal Van Klingeren
Fire Prevention Bureau

Township of Roxbury
1715 Route 46
Ledgewood, NJ 07852
Vanklingerenc@roxburynj.us
973-448-2012

Health

From: Montgomery Abigail
To: Florio, Kathy; Zachok Matt
Cc: Rhead Amy
Subject: RE: OPRA 20201117-002 Scerbo (100 Orben Dr; B9703-L1)
Date: Tuesday, November 17, 2020 5:40:35 PM
Attachments: 100 Orben Dr Landing septic and well file.pdf

Abigail M. Montgomery, SR. REHS
Roxbury Township Health Department
72 Eyland Avenue
Succasunna, NJ 07876
973-448-2028 Phone
973-252-6079 Fax

IC

232/12 100 Orben Dr. Landing

APPLICATION NO. A-6444

DEC 16 1975

BOARD OF HEALTH

TOWNSHIP OF ROXBURY
MORRIS COUNTY, N. J.

WATER SUPPLY SYSTEM

FEES

Filing of application and issuance of permit:	$10.00
Issuance of certificate of compliance as to installation of system:	$ 5.00
Reinspections of any installation failing to meet requirements and specifications:	$10.00

Ok to issue
WDC

These forms are based upon provisions of:

The Realty Improvement Sewerage and Facilities Act (1954), P. L. 1954, Chapter 199, R. S. 58:11-23, et seq.;

Standards for the Construction of Water Supply Systems for Realty Improvements, Promulgated by the State Commissioner of Health, December 13, 1956 (herein referred to as the State Standards); and

An Ordinance of the Township of Roxbury to Regulate and Control the Location, Construction and Use of Individual Sewage Disposal Systems and Individual Water Supply Systems with the Township, and Providing Penalties for the violation thereof, adopted by the Board of Health on December 18, 1958 (herein referred to as the Township Ordinance).

Return completed application to Sanitary Inspector during office hours.

APPLICATION

Date Dec. 16. 1975

☒ Construction of new water supply system

☐ Alteration or repair of existing system

Location of System

Street Address ORBEN Drive

Block 232 Lot 1C Section

Name of Subdivision, if any None.

Owner of Property Bema Construction Corp

Present Address 46. MAIN St Netcong

Name of Contractor D+F Well Drilling

Address Rt 206 Netcong.

1. TYPE OF BUILDING TO BE SERVED

(a) Dwelling
No. of bedrooms 3 Expansion attic: Yes ___ No X
Use: Yearly ___ Summer ___

(b) Other than dwelling
Specify type of building ___
Use or uses of building ___

(c) Estimated total requirements per day computed in accordance with Section 2.2 of State Standards
400 gallons.

2. SKETCH OF PROPERTY TO BE SERVED

Insert on next page or attach to this application a sketch of the property to be served by the water supply system. The sketch shall show:

(a) Lot dimensions and square foot area
(b) Location of proposed dwelling or building and all existing structures
(c) Location of any existing or proposed sewage disposal systems; and
(d) Location of proposed water supply system, including distances from dwelling or building, other structures, lot lines and any sewage disposal system. Refer to minimum distance table set forth in Section 3.2 of State Standards.

Permit A-6444

Form 998 (6-70)

RECEIVED JUN 7 1976

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
TRENTON, N. J.

Verification of
Permit No. 25/8,492

To LOCAL HEALTH OFFICER: This form bearing the dated approval stamp will verify that a permit has been issued by the Division for drilling of a well by a licensed driller for the owner named and for the purpose indicated:

Owner Howser Terrace
Address Orben Drive,
Roxbury Township, N. J.

Driller Don Bellentine Well Drilling
Address Liberty Corner Road,
For Hills, N. J. 07931

In compliance with R. S. 58:4A-14, permit is hereby issued to drill a well in

10 (lot #) 232 (block #) Roxbury Township, (municipality) Morris (county)

Use of well domestic (semi-public, domestic, industrial, public supply, test, etc.)

Diameter of Well 6 inches

Proposed Depth of Well 125 Feet

Proposed Capacity of Pump less than 20 G.P.M.

Method of Drilling rotary (cable-tool, rotary, jet, etc.)

May 28, 1976

The permit is applicable to a well to be used as the source or water for:

☒ an individual water supply

☐ a semi-public water supply

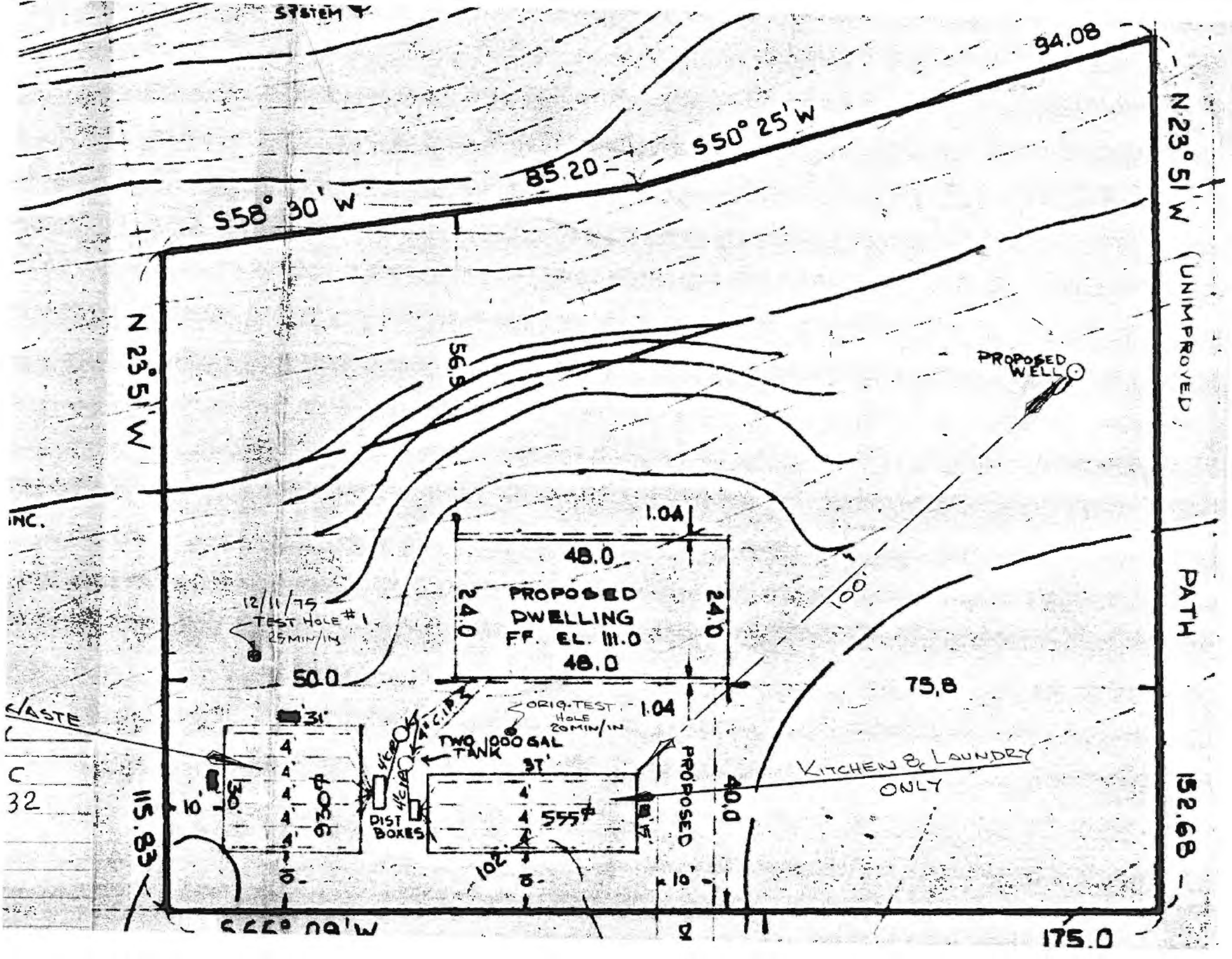
as defined in the Standards for the Construction of Water Supply Systems for Realty Improvements (Revised 1966) promulgated pursuant to Chapter 199, P.L. 1954, or in the ordinance and/or code of the local Board of Health.

This verification is intended to satisfy the requirement in the standards and the ordinance and/or code as aforedescribed relative to evidence that a Well Drilling Permit has been issued. It does not obviate the need for submission of the additonal data required for either certification or the issuance of a permit or license under such regulations as are being enforced locally.

USE THIS SPACE AND REVERSE SIDE FOR ADDITIONAL INFORMATION REQUIRED BY STANDARDS FOR CONSTRUCTION UNDER SECTION 7.2.1

This space for Approval Stamp

WELL PERMIT
APPROVED
JUN 3 1976
DEPT. ENV. PROTECTION
FOR THE DIV. WAT. RES.
KEMBLE WIDMER
STATE GEOLOGIST


94.08
S50° 25' W
85.20
S58° 30' W
N 23° 51' W (UNIMPROVED PATH
N 23° 51' W
56.9
PROPOSED WELL
1.04
48.0
PROPOSED DWELLING
FF. EL. 111.0
48.0
24.0
24.0
12/11/75
TEST HOLE #1
25 MIN/IN
50.0
100'
75.8
1.04
ORIG. TEST HOLE 20 MIN/IN
31'
TWO 1000 GAL TANK
4" C.I.P.
4" VENT
4" VENT
DIST BOXES
930#
555#
31'
KITCHEN & LAUNDRY ONLY
PROPOSED
40.0
10'
10'
102'
115.83
S 55° 09' W
175.0
152.68
INC.
ASTE
C
32

3. DESCRIPTION OF THE PROPOSED WATER SUPPLY SYSTEM

(a) Type of well or source of water supply (see Sections 4 and 5 of State Standards).

Drilled X Driven ____ Spring ____ Surface ____

Other ____

(b) Estimated depth of well 150'

(c) Method of sealing (see Section 4 of State Standards)

Hydraulic Grout.

(d) Description of pumping equipment (see Section 6 of State Standards) Submersible Pump

(e) Description of storage facilities 42. Gal Tank.

(f) Description of purification facilities, if required

~~Chlorinator~~

NOTE: Whenever application is made for certification for a water supply system to serve 11 or more realty improvements or whenever the property to be served does not front upon an existing "street", as that term is defined in Section 2 of the Municipal Planning Enabling Act of 1953, additional information must be furnished as provided in Section 7 of the State Standards.

CERTIFICATION OF LICENSED PROFESSIONAL ENGINEER

This is to certify that the undersigned, a professional engineer licensed in the State of New Jersey, has prepared or examined the within application and accompanying engineering data, if any, and that such application and data are in compliance with

The Realty Improvement Sewerage and Facilities Act (1954), P. L. 1954, Chapter 199, R. S. 58:11-23, et seq.:

Standards for the Construction of Water Supply Systems for Realty Improvements, Promulgated by the State Commissioner of Health, December 13, 1956, and

An Ordinance of the Township of Roxbury to Regulate and Control the Location, Construction and Use of Individual Sewage Disposal Systems and Water Supply Systems within the Township, and Providing Penalties for the Violation thereof, adopted by the Board of Health on December 18, 1958.

Date: 12/16

(SEAL)

Signature Fred A Brandes

NAME PRINTED FRED A. BRADES

Address CHESTER, N.J. 07930

Prof. Eng. License No. 12122

INSPECTION REPORT

Roxbury Township Board of Health
Succasunna, New Jersey

006783

Date of Assignment June 18, 1976 Assignment Number _____

Name Bema Construction

Address Block 232, Lot ~~1B~~ 10 (B70) Orben Drive

Person(s) Interviewed _____

Nature of Inspection Water line inspection. Permit A-6444

Findings water line inspection satisfactory

Recommendations _____

Inspector's signature

6/21/76
Date

10:10 A
Time

Reinspection scheduled for _____

5/11/76

INSPECTION REPORT

Roxbury Township Board of Health
Succasunna, New Jersey

Date of Assignment June XX 30, 1976 Assignment Number 006842

Name Bema Construction

Address Orben Dr., Block 232, Lot 1C Permit # A-6444

Person(s) Interviewed

Nature of Inspection Water Test

Findings ~~Took sample from tank~~

Results
negative for coliform
Hardness 175 ppm
pH 6.9
iron 0.0 ppm
Fluoride 0.45

Recommendations

Inspector's signature 6-30-76 Date 11:30 Time

Reinspection scheduled for

5/11/76

PUBLIC HEALTH LABORATORY
HEALTH DEPARTMENT
Borough of Madison
Madison, New Jersey 07940

Name Bema

Address Orhem - 1C
Roxbury Twp

Sample # 712

Collection Date 7/2/76

BACTERIOLOGICAL WATER ANALYSIS

COLIFORM GROUP

____ Multitube Fermentation:
Present in ____ of the ____ 10.0 ml.
____ of the ____ 1.0 ml.
____ of the ____ 0.1 ml.

Portions Examined
MPN per 100 ml. ____

✓ Membrane Filter:
0 per 100 ml.

Bacteria per ml. 0 (35°C 24 hour)

✓ SATISFACTORY - Meets bacteriological standards of the New Jersey State Department of Health for potable water.

____ UNSATISFACTORY - ____

CHEMICAL AND PHYSICAL WATER ANALYSIS

Turbidity ____
Color ____
Odor ____
Hardness 175.0 ppm
Chlorine ____
pH 6.9
Alkalinity ____
Sulfate ____
Flouride 0.45 ppm

A.B.S./L.A.S.(Detergent) ____
Iron 0.00 ppm
Copper ____
Nitrate ____
Chloride ____
Manganese ____
Others ____

REMARKS: ____

Theodora C. Baumgartner (M.P.)
Public Health Laboratory Technician
Lic No. - 0390

232/1.2

APPLICATION NO. A-6442

RECEIVED
DEC 15 1975

ROXBURY TOWNSHIP
BOARD OF HEALTH
121 Main Street
Succasunna, New Jersey 07876

APPLICATION FOR CERTIFICATION

SEWERAGE FACILITIES FOR REALTY IMPROVEMENTS

---

1. General

APPLICATION NUMBER A-6442 DATE ISSUED 12-19-75

☒ Construction of new sewage disposal system

☐ Alteration or repair of existing system

a. Location of System

Street address 1st ORBEMA. DRIVE Landing

Block 232 Lot 1.C Section

b. Owner of property BEMA Construction Corp.

Present address 46 MAIN St. Netcong N.J

c. Name of contractor Wm AURIEMMA

Address LANDING NJ

d. Type of building to be served

(1) No. of bedrooms 3 Expansion attic: Yes ___ No X

Use: Yearly X Summer ___ Garbage grinder: Yes ___ No. ___

(2) Other than dwelling

Type of building

Use or uses of building

Estimated total sewage flow per day 450 gallons.

e. Water Supply

Public ___ Semi-public ___ Private WELL

3. Design of proposed sewerage facilities

a. Building Sewer
Material: Cast Iron Yes

b. Grease Trap: Yes___ No X Location_____
Size_____ Material_____

c. Septic Tank
(1) Inside dimensions_____
(Height from bottom of tank to bottom of outlet).

(2) Liquid capacity: 1000 gallons.

(3) Material: Precast concrete X Perforated metal_____
Block___ Cinder block___ Brick___ Other_____

(4) Inlet and outlet devices:
(a) Inlet: Tee___ Straight baffle___
Semi-circular baffle X Other____

d. Disposal Area
(1) Disposal Field
Distribution box X
(a) Disposal trenches Kitchen + LAUNDRY ONLY
Width 15 feet. Length 37 feet. Area 555 sq. feet.
Linear feet of pipe 148.
Distance between line 4'.
Type of pipe ORANGE BURG.

(2) Disposal beds Septic WASTE ONLY
Width 31 feet. Length 30 feet. Area 930 sq. feet.
Linear feet of pipe 185'. (188')
Distance between lines 4'.
Type of pipe. ORANGE Burg.

(3) Seepage Pit
Percolating area_____ square feet.*
Number of pits_____. If built in place: Material_____
Depth from bottom_____feet. Diameter at bottom_____feet.
Height from bottom to inlet_____ feet.
Shape_____

e. Other specifications deemed appropriate ALL Distance between Pits WILL 24' OR Further

*Percolating area shall be considered as the outside surface of the seepage pit lining calculated below the inlet exclusive of any hardpan, rock, clay, or other impervious formations. The bottom area shall not be considered in making the calculation.

4. Soil Characteristics

a. Percolation test results

Hole No.	Time in minutes per inch	Number of preliminary tests made to determine apparent saturation	Depth	Type or types of soil and depth of each type
2	1" 20 MIN	3	8'6"	6" Top Soil 8' Sandy Loam with Some Clay.
4	1" 25 MIN	3	6'6"	6" Top Soil 6' Silt Sand, Loam and Some Clay.

Effect of recent rain or lack of rain None

Apparent moisture in the soil prior to the test None

Depth of ground water if encountered 8' - test taken At 3'

Remarks or other factors affecting test results Hole #4 1" 25 MIN

Water At. 6'6" Test taken at 3'

12-11-75 — Date conducted

Constansa — Board of Health Representative in attendance

b. Sub-soil and ground water determination

Test boring or Pit No.	Depth	Type and nature of soil	Depth to ground water, if encountered

Remarks or other factors affecting test results

Date conducted — Board of Health Representative in attendance

This is to certify that this application, accompanying plans, specifications, percolation tests, sub-soil ground water determinations and results set forth, were made by me in accordance with the State Standards for Construction of Sewerage Facilities for Realty Improvements promulgated by the State Commissioner of Health and effective ordinances of the Township of Roxbury.

Date:

(SEAL)

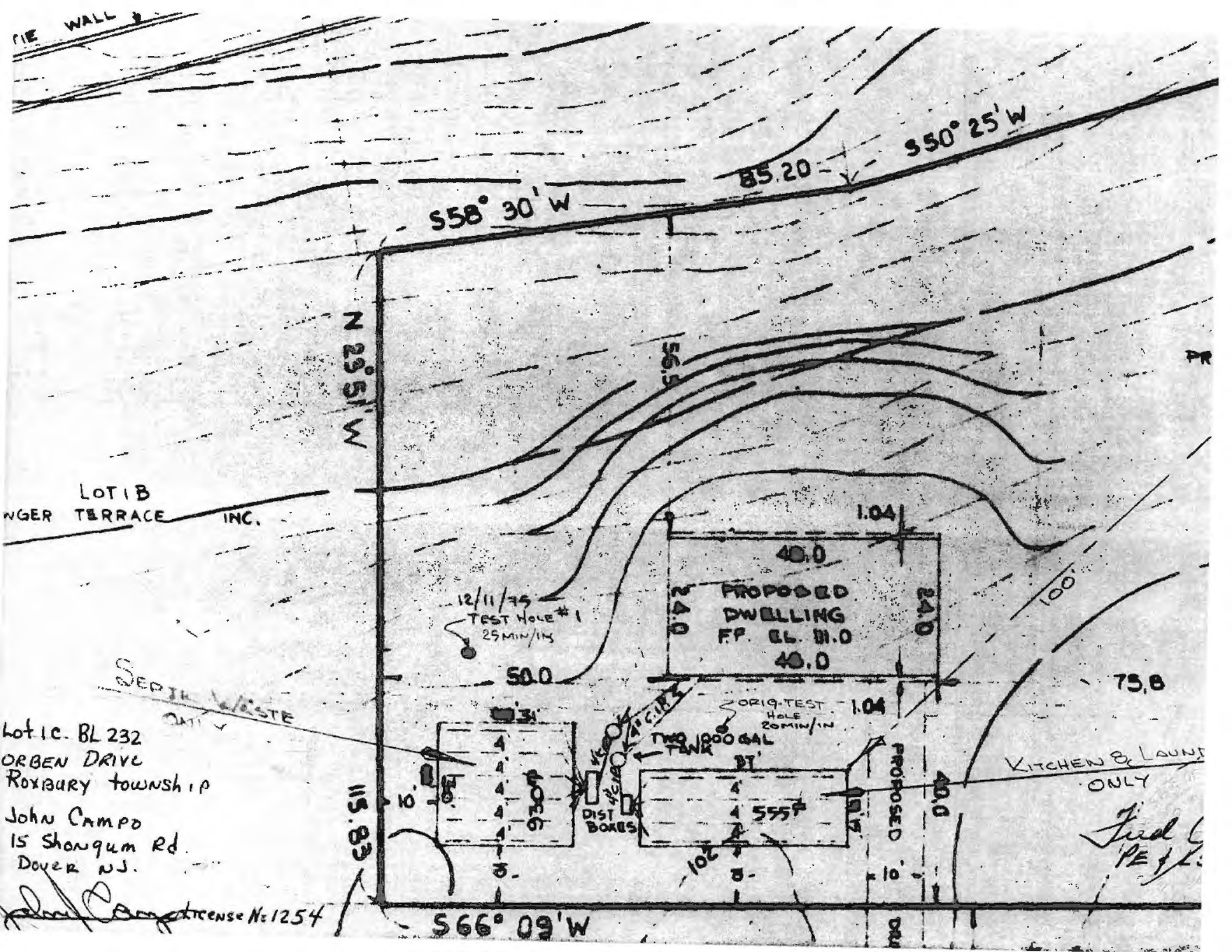
Signature John Campo

Name printed John Campo

Address 15 Shongum Rd Dover. NJ

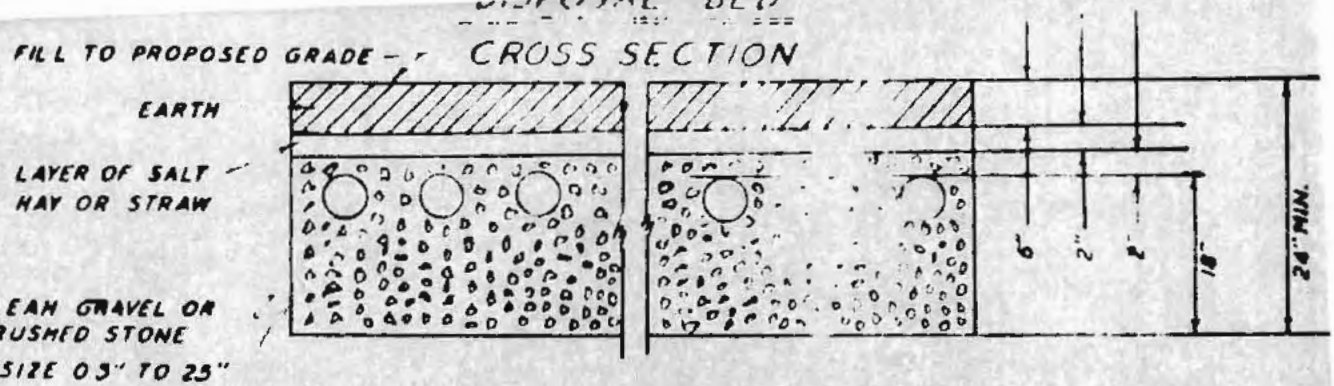
~~Professional Engineer's license no.~~ Sanitary Inspector 1st Grade 1254

Fred Grande
PE #13 12172
Cheeta, New Jersey 07930

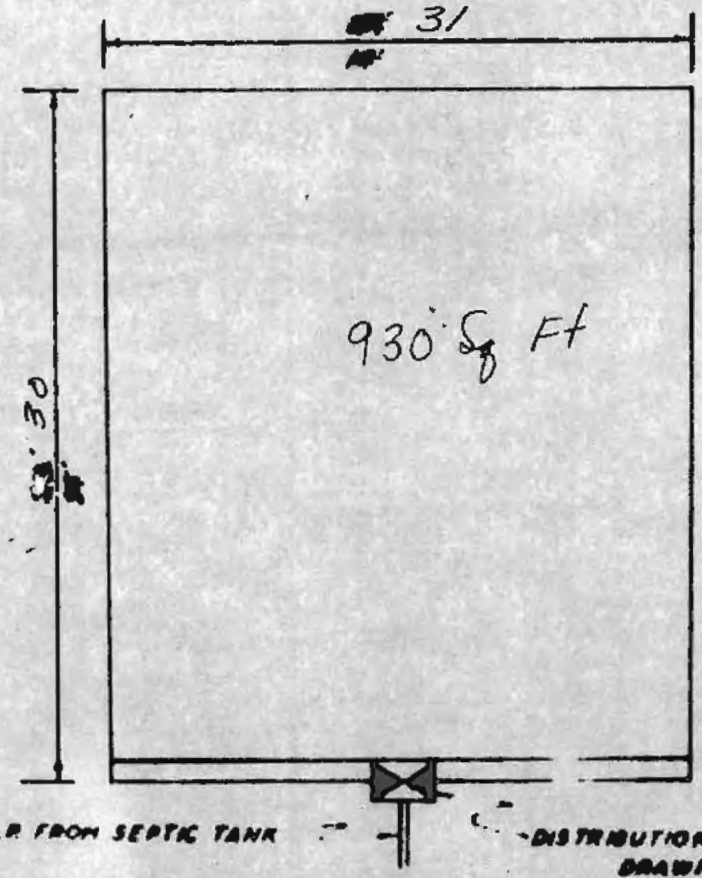

WALL
S50° 25' W
85.20
S58° 30' W
N 23° 51' W
115.83
S 66° 09' W
LOT 1B
NGER TERRACE INC.
1.04
40.0
PROPOSED
DWELLING
F.F. EL. 111.0
40.0
24.0
0.4
12/11/75
TEST HOLE #1
25 MIN/IN
50.0
75.8
SEPTIC WASTE
ORIG. TEST
HOLE
20 MIN/IN
1.04
TWO
TANK
DIST
BOXES
555 GAL
555 GAL
PROPOSED
40.0
KITCHEN & LAUNDRY
ONLY
10'
102'
10'
Lot 1C. BL 232
ORBEN DRIVE
Roxbury township
John Campo
15 Shongum Rd
Dover NJ.
License No. 1254

DISPOSAL BED

CROSS SECTION



TOP VIEW



NOTE

NOT DRAWN TO SCALE

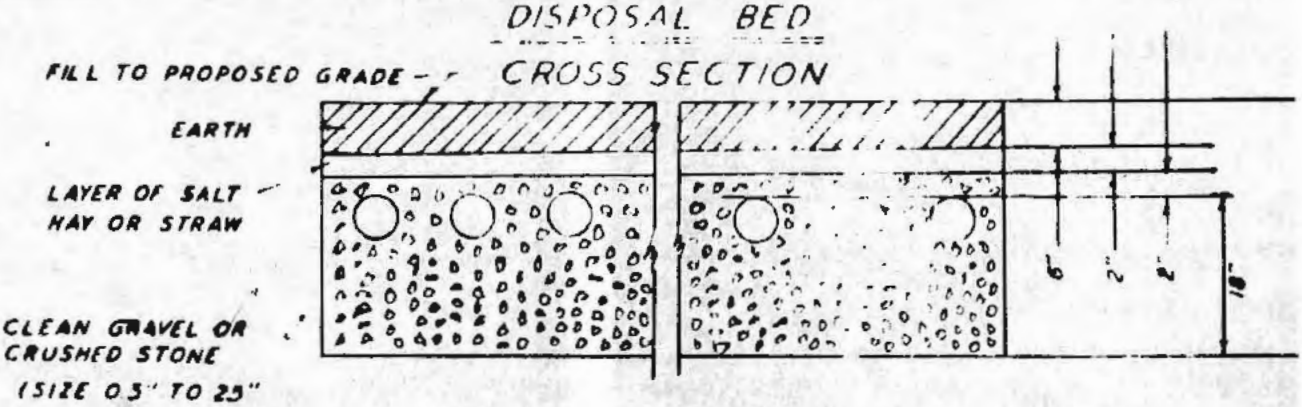
Lot 1c BLOCK 232
GREEN Drive
ROXBURY township

JOHN CAMPO
15 SHONGUM Rd
DOVER N.J.

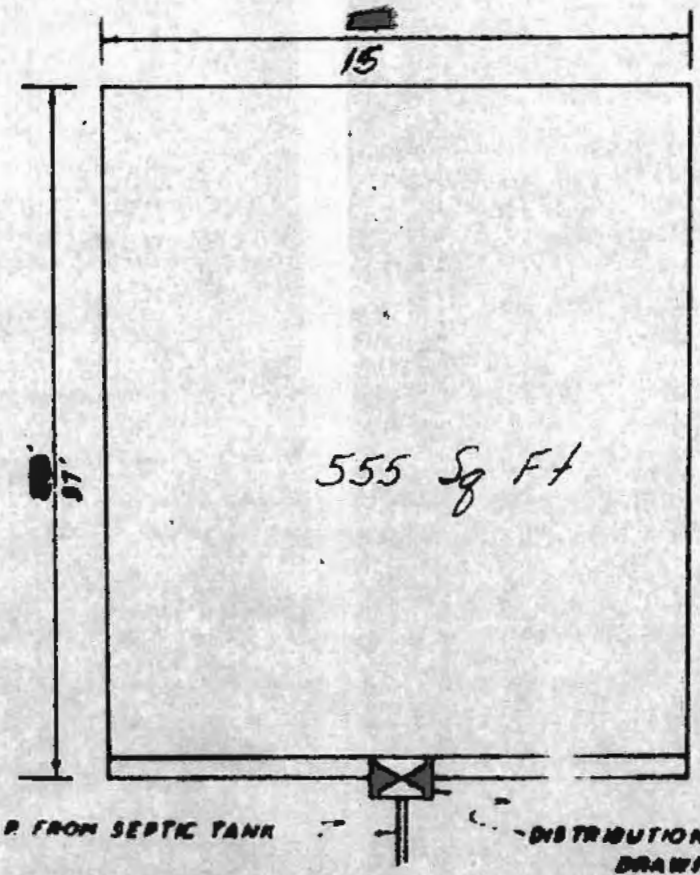
LICENSE No 1254

DISPOSAL BED

CROSS SECTION



TOP VIEW



Kitchen + Laundr
ONLY

NOTE

NOT DRAWN TO SCALE

Lot 1C Block 232
ORBEN Drive
Roxbury Township

John Campo
15 Shongum Rd
Dover. NJ

John Campo License No 1254

INSPECTION REPORT

Roxbury Township Board of Health
Succasunna, New Jersey

Date of Assignment Dec. 11, 1975 Assignment Number 006109

Name Bema Const.

Address Orban Dr. Bl. 232, Lot 1C

Person(s) Interviewed

Nature of Inspection Soil Log

Test #1

Surface rocks present

Findings

Soil log to 6½'
0-6" top soil
6"-6½' silt, sand, loam + rocks
6½' ground water encountered
no ledge encountered

Perc test at 4'
rate: 25 min./inch

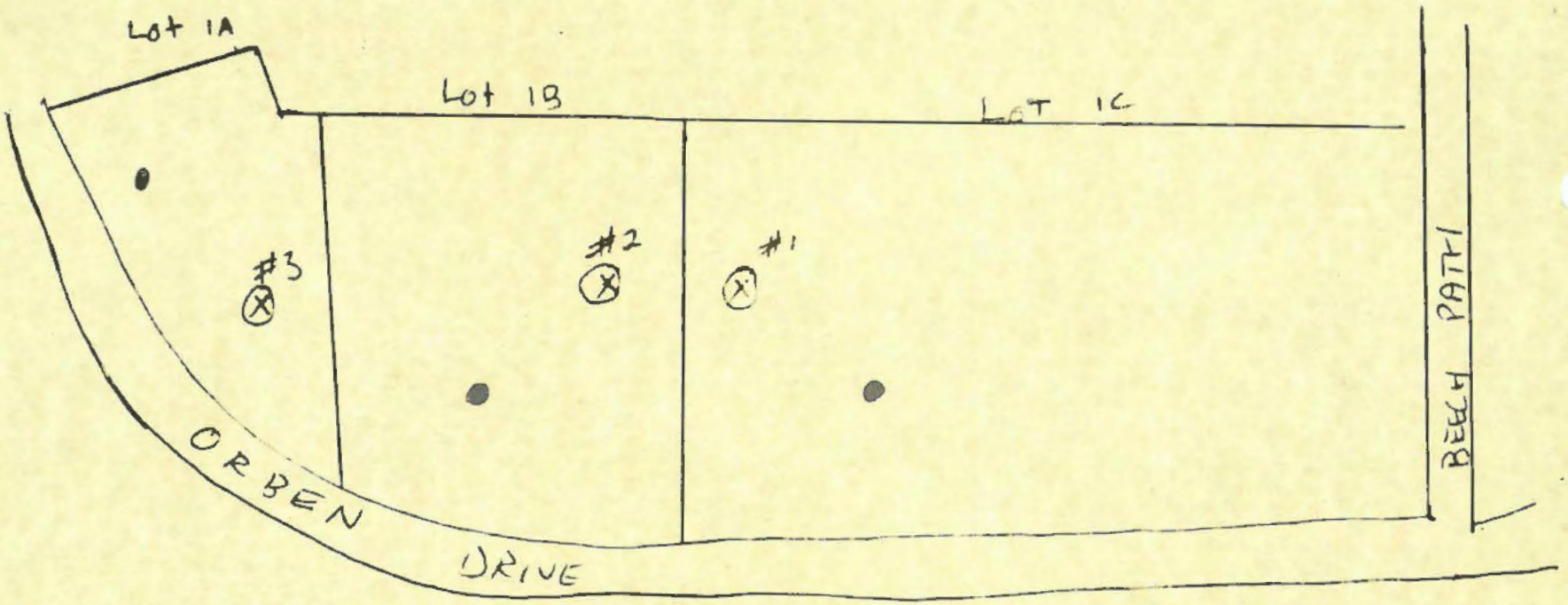
Recommendations

Donald R Costanzo
Inspector's Signature

Date 12-11-75 Time -

Reinspection scheduled for

7/28/75



● - original 3 tests

⊗ - new tests (12-11-75)

INSPECTION REPORT

Roxbury Township Board of Health
Succasunna, New Jersey

Date of Assignment June 30, 1975 Assignment Number 005500

Name Bema Const.

Address Orben Dr. Bl. 282, Lot 1C

Person(s) Interviewed

Nature of Inspection Perc Test

Findings

Soil Log 0-6" Topsoil
6"-8' Sandy loam
8' - Water

No bedrock encountered - Water table @ 8'.

Perc rate = 1"/20 minutes

Recommendations

James A Benson Date 6-30 Time
Inspector's Signature

Reinspection scheduled for

5/8/71

INSPECTION REPORT

Roxbury Township Board of Health
Succasunna, New Jersey

006785

Date of Assignment June 18, 1976 Assignment Number _____

Name Bema Construction

Address Block 232, Lot 1C Orben Drive

Person(s) Interviewed _____

Nature of Inspection "As-built" Inspection. Permit A-6442

Findings as built - septic satisfactory

Recommendations _____

Inspector's signature

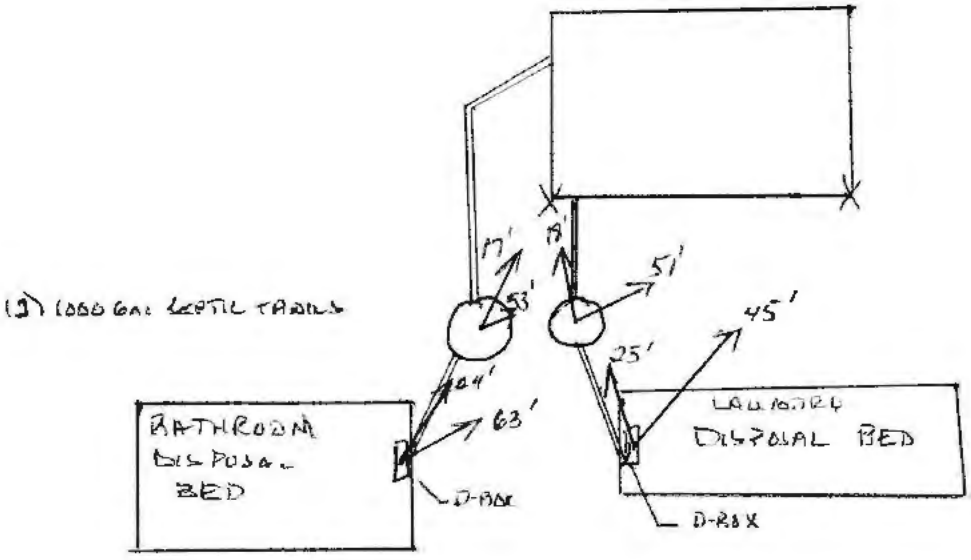
6/18/76
Date

3:40 PM
Time

Reinspection scheduled for _____

5/11/76

BLOCK 232 LOT 1C
ORBEN DRIVE

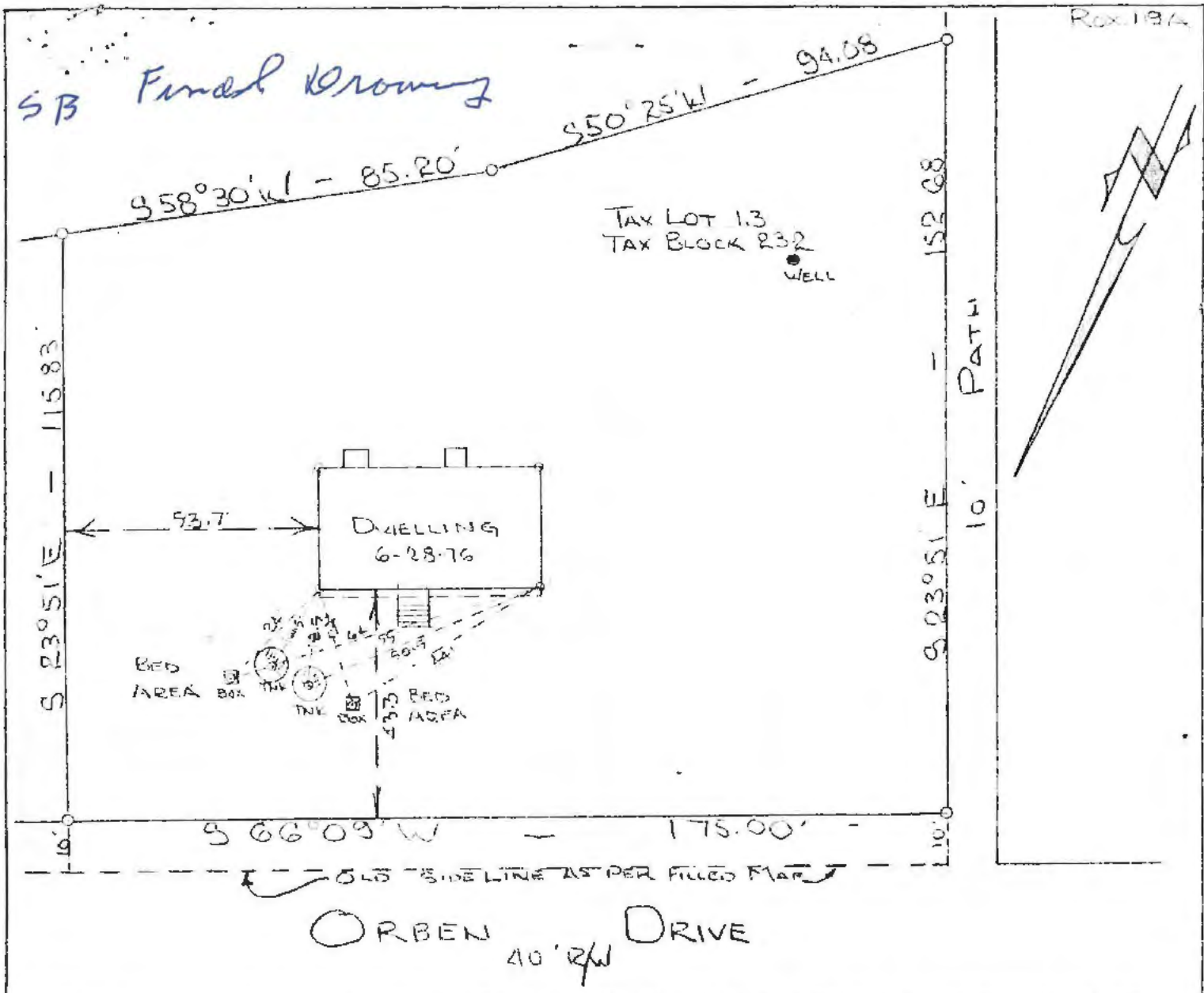


ORBEN DRIVE

AS-BUILT INSPECTION
6-18-76

Rox.119A

SB Final Drawing



Being known and designated as Lots 1, 2, 3 and 1/2 of Lot 4 in Block 12 as shown upon a certain map entitled "Map of Property of Mount Arlington Lakes Development Company, Morris County, New Jersey" Charles S. Orben, President.

6/29/76

I hereby certify to MR & MRS GEORGE A. STRONGHILOS, CHARTER SAVINGS & LOAN ASSOC., and to all current parties interested in title to premises surveyed that I made a survey of the above mapped property which is, to the best of my knowledge and belief, correct.

Walter B. Sarles, L. S.
N.J. Lic. No. 18605

MAP OF LOT 1.3
TAX BLOCK 232
IN THE
TOWNSHIP OF ROXBURY MORRIS CO., N.J.
JANUARY 6, 1976 — SCALE 1"=20'
WALTER B SARLES, L.S.
HOPATCONG, N.J.

Rox.119A

Rev. 6/23/76

ROXBURY TOWNSHIP HEALTH DEPARTMENT
72 Eyland Avenue
Succasunna, NJ 07876-1622
(973) 448-2028 - Fax (973) 252-6079

The Roxbury Township Health Department, having reviewed the application for facilities to be located at:

STREET: 100 Orben Drive

BLOCK: 9703

LOT: 1

Hereby issues Permit# B5547

TO: Robert Klein

To ***alter*** or ***repair*** the above sewage facilities in accordance with the information given in the application, or any amendments thereof or supplement thereto, subject to the following:

NO PART OF THE SEWAGE DISPOSAL SYSTEM EXPOSED TO VIEW UPON COMPLETION OF INSTALLATION SHALL IN ANY MANNER BE FILLED IN, AROUND OR COVERED FROM VIEW, UINTIL IT HAS BEEN INSPECTED AND APPROVED BY THE AUTHORIZED REPRESENTATIVE OF THE HEALTH DEPARTMENT.

October 19, 2012
Date

Health Department

OCT 19 2012
B5547

ROXBURY TOWNSHIP HEALTH DEPARTMENT

APPLICATION FOR PERMIT TO *CONSTRUCT / ALTER / REPAIR* AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

SEWAGE SYSTEM DESIGN APPROVED BY: ROXBURY TOWNSHIP HEALTH DEPT.
SIGNED Abigail M M
DATE 10/19/12

Form 1 – General Information

Type of Permit needed (check applicable categories):
-----New Construction
-----Alteration / No Expansion or Change of use
-----Alteration / Expansion or Change in use
-----Alteration / Malfunctioning System
-----Deviation from Standards
-X-Repairs to Existing System REPLACE OUTLET LINE TO D BOX & D BOX

Location of Project:
Street: 100 OLDEN DRIVE B: 7703 L: 1

Name of Applicant: ROBERT KLEIN
Address 100 OLDEN DR LANDING
Tele# _____ Cell# REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor Name: A M SEWER & SEPTIC
Address P/O BOX 301 VERNON N.J
Tele# 973 875 1030 Cell# 973 277 1249

Type of Facility:
-X-Residential
-----Commercial / Institutional
Specify Type of Establishment: _____

Types of wastes to be discharged:
-X-Sanitary Sewage
-----Industrial Wastes
-----Other, specify type: _____

Other Approvals / Certifications / Waivers / Exemptions: (attach to application)
-----Pinelands Commission
-----US Army Corps of Engineers
-----NJDEP, Bureau of Flood Plain management
-----Other (specify): _____

I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution. I also understand I am responsible to obtain any other relevant permits including, but not limited to plumbing, electrical, wetlands and road opening.

Signature of Applicant _____ Date 10/19/12

FOR HEALTH DEPARTMENT USE ONLY

-----Application DENIED. Reason for Denial / Citation of Rules Violated:

--✓-Application **APPROVED**
-----Application APPROVED subject to Approval by the NJDEP

Date of Action 10/19/12

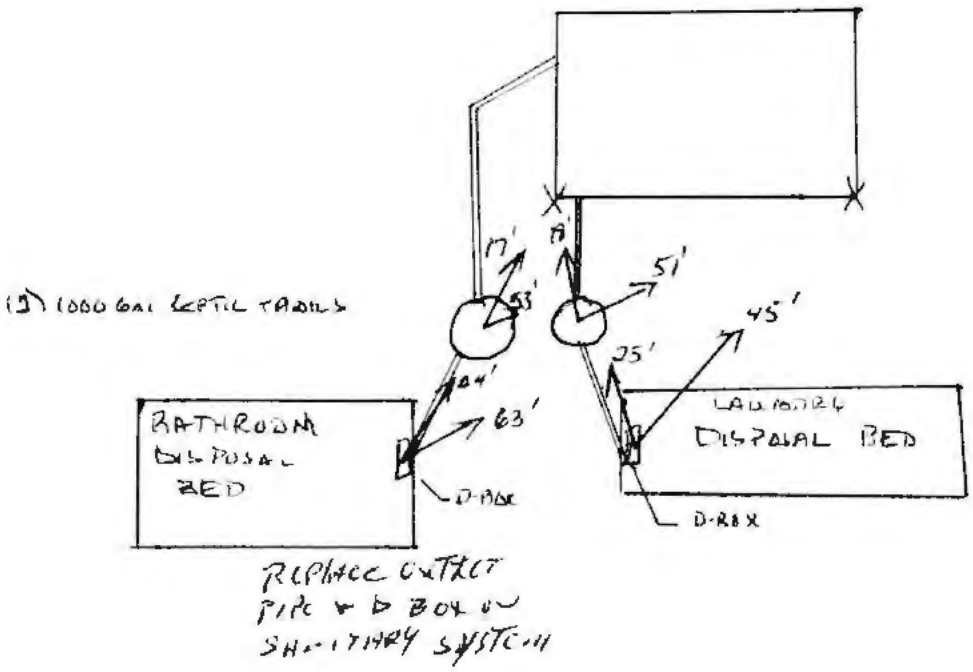
Signature of Authorized Agent _____

Title Abigail M. Montgomery, SR REHS

9703/1

BLOCK 232 LOT 1C
ORBEN DRIVE

B 5547



ROXBURY TOWNSHIP HEALTH DEPARTMENT
Sewage Disposal System Design Approved by
[signature] on 10/19/12

Requirements

Any change in design must be approved before construction. Problems encountered during construction must be reported to Health Department. Stop work and call 24 hours notice required for inspection. Call 201 448-2028.

☐ Excavations must be inspected before construction continues.

☑ Do not backfill any part of system until it has been inspected.

Roxbury Twp. Engineering Dept. requires a road opening permit if not accessing property from driveway

AS-BUILT INSPECTION
6-18-13

Roxbury Township Health Department
SDS Inspection Report

REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Date **10/22/12** Location **100 ORBEN DRIVE LANDING NJ 07850**

Owner **ROBERT KLEIN** Address **100 ORBEN DRIVE LANDING NJ07850**

Contractor Engineer **N/A**

Type Repair AT n/a Inspector Abigail Montgomery Block 9703 Lot 1

Reason for Permit Home Sale Component Replaced Pipe + Dbox

Site Inspection ☐

		Inspector	Passed	Failed / Partial Inspection
Excavation	☐			
Bank Run	☐			
Select Fill	☐			
Pump	☐			
Final	☒	AMM	10/22/12	
Alarm	☐			
Grading	☐			
Tank	☐			
Other	☐			

	Required	Received
Electrical Inspection	☐	☐
Certification of System	☐	☐
As-Built needed	☐	☐
Highlands Permit	☐	☐

FILE COPY

ROXBURY TOWNSHIP HEALTH DEPARTMENT
CERTIFICATE OF COMPLIANCE

Issued to Robert Klein (owner)

This is to certify that: (X) The Individual Sewage Disposal System

( ) The potable water supply

at Block 9703 **Lot** 1 100 Orben Drive
(No. and Street)

has/have been approved by the Township of Roxbury Health Department

October 23, 2012
Date

Health Officer or REHS

The issuance of this certificate shall not be construed as a guarantee that the system(s) will function satisfactorily, nor shall it in any way restrict the powers or responsibilities of the Health Department in the enforcement of any ordinance or law relating to the public Health.

This certificate of compliance has been issued for a simple repair only. No alteration of the disposal area has been made.

11/03/06

Planning/Zoning

From: Osetec, Tracy
To: Florio, Kathy
Cc: Tardive Dee; Rhead Amy
Subject: RE: OPRA 20201117-002 Scerbo (100 Orben Dr; B9703-L1)
Date: Thursday, November 19, 2020 4:24:08 PM
Attachments: OPRA - 100 Orben Drive, Block 9703, Lot 1.pdf

Kathy,

Attached, please find requested zoning information for property known as 100 Orben Dr; B9703-L1.

Regards,

Tracy Osetec
Zoning Board Secretary
Township of Roxbury
1715 Route 46
Ledgewood, NJ 07852
973-448-2008
osetect@roxburynj.us

Roxbury Township
Municipal Building
1715 Route 46
Ledgewood, NJ 07852
(973) 448-2013

Date Issued: 9/13/2017
Application Number: ZA-09-17-423
Application Date: 9/6/2017
Project Number:
Permit Number: ZP-09-17-0325
Fee: $30.00

Zoning Permit

Worksite **100 ORBEN DR**
Location: **Roxbury Township, NJ**

Block: **9703**
Lot: **1**
Qualifier:
Zone: **R-3**

Owner: **Greg Sutfin**
Address: **100 ORBEN DR**
LANDING, NJ 07850

Applicant: **Kurt Weber**
Address: **407 Mt. Airy Road**
Basking Ridge, NJ 07920

Application Approved Date: 9/13/2017

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential
Nonconforming Use is:

Work Description:

Rehabilitation - Add a bathtub to an existing 1/2 bath and add a kitchenette, cabinets and counter top in the basement area.

This area will only be used for an ederly mother of the residents of the main residence and the home shall be used as a single family dwelling. There shall be no stove installedand the applicant shall not use the area for a rental unit now or in the future and.

The applicant shall comply with all ordinances of the Township of Roxbury.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Patricia Fischer, Zoning Officer — 9/13/2017 Date

This zoning permit does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, Engineering approvals, or other permits as required by Municipal, County, State or Federal agencies. Additional permits will be required from: Engineering Dept.:____, Health Dept.: ___, Building Dept.: ✓

TOWNSHIP OF ROXBURY
APPLICATION FOR ZONING PERMIT

Date: 9/5/17 Block: 9703 Lot: 1 Zone: R3

Physical Location / Street Address: 100 Orben

Sewer ____ Septic ✓ Public Water ____ Well ✓ Historic District: yes ____ no ✓

A) Applicant's Name: Kurt Weber
Address: 407 Mt Airy Rd
City/State/zip: Basking Ridge NJ 07920
Phone Number: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1
Email: KLWeber415@aol.com

B) Owner's Name: Greg Suttin
Address: 100 Orben Dr
City/State/Zip: Landing NJ 07850
Phone Number: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1
Email: TVNEWZCAM@aol.com

Please send permit approval/denial via email ✓ regular mail ____ fax # ____

New Owner 7/5/17

C) Describe in detail the purpose for which Zoning Permit is requested (change in use / tenancy, addition, shed, pool and any new construction): (See attached checklist)
Adding bath tub to existing 1/2 bath also adding Kitchenette base cabs, sink + countertop for elderly mother.
NO Stove

D) Has the above-referenced property been subjected to any prior application to the Zoning or Planning Boards to the applicant's knowledge? (If so which Board, when and attach Resolution):
NO

E) Attach a current survey map or plot plan to scale showing size of property, lot dimensions and dimensions of all existing and proposed improvements. Label distances to all property lines and streets. All new construction; attach an elevation plan to scale showing number of stories; and below grade construction. Change in use/tenancy; attach a floor / seating plan and parking plan showing seating, parking stalls & dumpster location.

F) Percentage of Building Coverage: _____% Percentage Lot Coverage: _____%
Note: Building and Lot Coverage form must be filled in as required on checklist for new home construction, additions, covered decks, accessory structures (hot tubs, sheds, detached garages, gazebos, patios sidewalks and driveways. The form is attached and a custom formatted excel version is available at: http://www.roxburynj.us/71/Planning-and-Zoning-Forms.

G) I certify that the answers to the above-referenced questions and any statements made on the survey map, plot plan and seating and parking plans are true and complete to the best of my knowledge. I authorize Township Municipal Employees to conduct a site visit of the subject property. I understand that this permit does not exempt the bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits as required by municipal, county, state or federal agencies.

Kurt Weber — Signature of applicant — 9/5/17 Date
X ____ — Signature of owner — 9/5/17 Date

Application Permit Fee – Residential: $ 30.00 ✓ Commercial: $ 60.00 ____
Date paid: 9/6/17 Check #: 653 Collected By: ____ CJ: ____ No CJ: ✓

Approved: ✓ Denied: ____

Zoning Officer — 9/8/17 Date

See attached Zoning Permit for details

Rev 1-26-16

3-6 window 42"x42" 40" off floor

8-6

3-6 window 42"x42" 40" off floor

6"

FRONT DOOR

15'

window

8-5

3-4

3-6

4-6

Hearth

wood burn. stove

11-6

100 Arben Dr
Landing NJ
Blk 9703
Lot 1

Exist. Bedroom

exist closet

8'

Platform

Stairs up

Stairs up

Den

5'

21-8

1-11

30" Door

3'

30" Door

5-10

3-1

30" open doorway

DOORWAY

8'

3-8

4½

30" Door

WH

well

5-4

6-4

New base cabs, counters, sink

New walls

New 60x30 LH Tub

24" Refrig

Removing wall

exist

exist ½ bathroom

24" Door

existing Garage

Garage Door

30" Door

4½"

window

5-11

4½

5-4 slider

4-10

19-6

17-2

11-6

TOWNSHIP OF ROXBURY
USE PERMIT

ZONE: R-3
USE: Basement Reno
APPROVED ☑
APPROVED AS NOTED ☐
RESTRICTIONS:
DATE: 9-13-17
ZONING OFFICER:

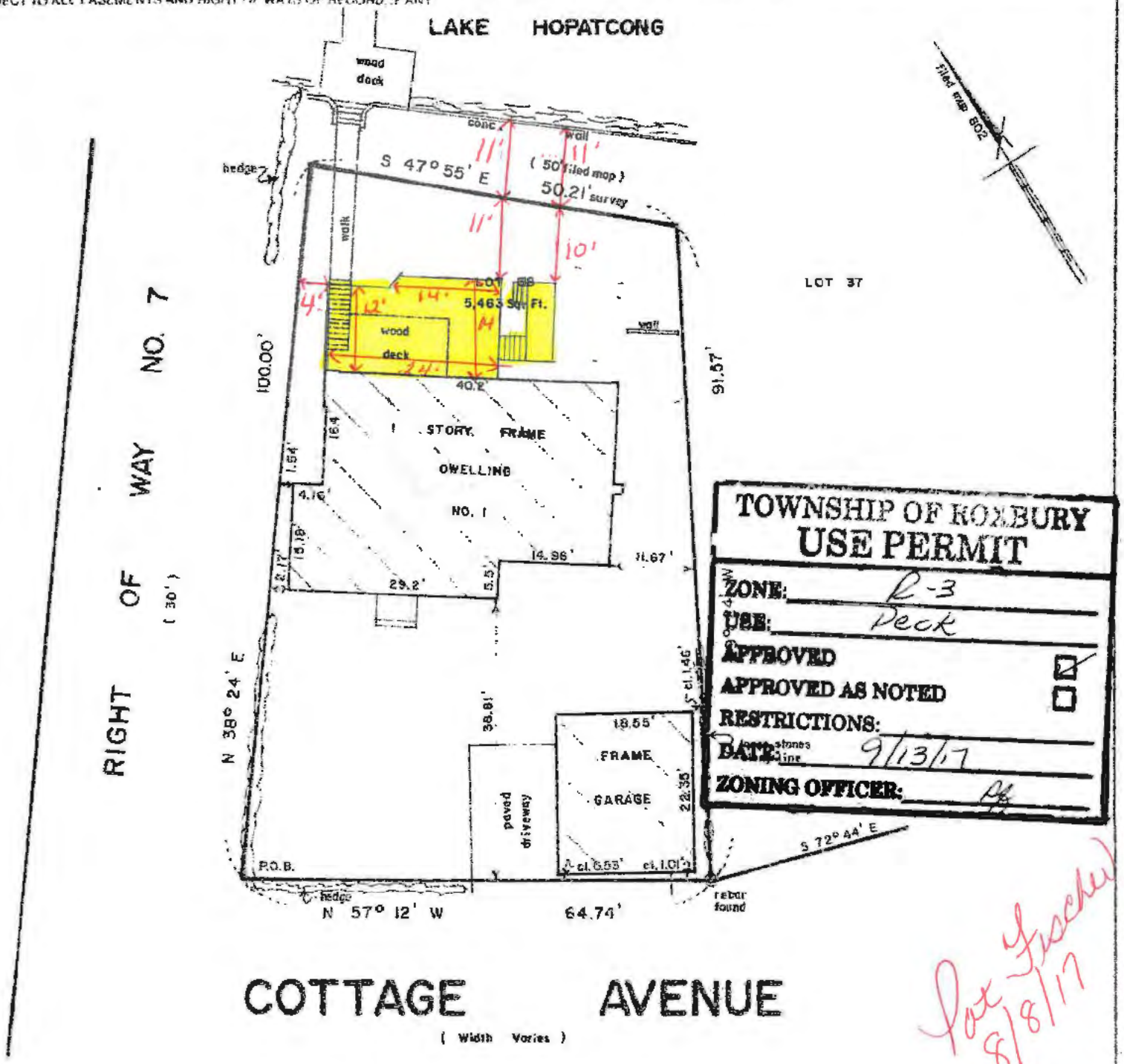
TITLE NO. 576-405

TAX MAP LOT 4
TAX MAP BL 61
F M LOT 38
F M BLOCK

LOCATION SURVEY - STAKES NOT REQUESTED BY CONTRACTUAL AGREEMENT Per Letter Dated 10-16-91

REFERENCE MAP:
"MAP OF PROPERTY OF KINS COVE ASSOCIATION IN ROXBURY TOWNSHIP, MORRIS COUNTY, N. J."
FILED IN THE M.C.C.O. ON JANUARY 3, 1928 AS MAP NO. 602.

BUILDING OFFSETS NOT TO BE USED FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.
SUBJECT TO ALL EASEMENTS AND RIGHT OF WAYS OF RECORD IF ANY



TOWNSHIP OF ROXBURY
USE PERMIT

ZONE: R-3
USE: Deck
APPROVED ☑
APPROVED AS NOTED ☐
RESTRICTIONS:
DATE: 9/13/17
ZONING OFFICER:

Lot Fischel 8/8/17

TO ALL PARTIES IN CURRENT INTEREST IN TITLE TO THESE PREMISES AND NEW JERSEY REALTY TITLE INSURANCE COMPANY; BRUCE K. BYERS, ESQ.; HUDSON CITY SAVINGS BANK, its successors and/or assigns.

THIS IS TO CERTIFY THAT THIS SURVEY IS ACCURATE AND THAT THIS DRAWING IS A TRUE REPRESENTATION OF ACTUAL CONDITIONS EXISTING ON THE PROPERTY. THIS SURVEY IS PREPARED SPECIFICALLY FOR THE INDIVIDUAL(S) IN THE TITLE AND/OR THE CERTIFICATION THE UNDERSIGNED WILL NOT BE RESPONSIBLE OR LIABLE FOR ANY ASSIGNMENT OF THIS SURVEY THROUGH A SURVEY AFFIDAVIT TO ANY PERSON NOT SO NAMED.

DATED OCTOBER 29, 1991

NJ LICENSED LAND SURVEYOR NO. 19921

SURVEY MAP PREPARED FOR AND CERTIFIED TO

WALTER AMOS AND
EDNA AMOS, HIS WIFE

TOWNSHIP OF ROXBURY
MORRIS COUNTY NEW JERSEY

SCALE 1" = 20'
BOOK H III
PAGE 55

JOHN HOOYMAN, JR.
HOOYMAN SURVEYING ASSOCIATES
15 WALNUT STREET MAHWAH, N.J.
201-891-4340

Roxbury Township
1715 Route 46

Ledgewood, NJ 07852
(973) 448-2008

Date Issued: 7/11/2008
Application Number: ZA-07-08-0301
Application Date: 7/8/2008
Project Number:
Permit Number: ZP-07-08-0256
Fee: $25

Zoning Permit

Worksite Location: **100 ORBEN DR**
LANDING, NJ 07850

Block: **9703**
Lot: **1**
Qualifier:
Zone: **R-3**

Owner: **KLEIN, ROBERT P & JOAN A**
Address: **100 ORBEN DR**
LANDING, NJ 07850

Applicant: **KLEIN, ROBERT P & JOAN A**
Address: **100 ORBEN DR**
LANDING, NJ 07850

Application Approved Date: 7/11/2008

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential
Nonconforming Use is:

Work Description:
Rehabilitation - Maintenance replace existing uncovered front landing and steps, no increase in size.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Additional Comments:

Joseph McDonnell, Zoning Officer — 7/11/2008 Date

This zoning permit does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, Engineering approvals, or other permits as required by Municipal, County, State or Federal agencies. Additional permits will be required from: Engineering Department ____, Health Department: ___, Building Department: ✓, Township Clerk: ___

Conditions:

TOWNSHIP OF ROXBURY
APPLICATION FOR ZONING PERMIT

Date: 7-7-2008 Block: 9703 Lot: 2 Zone: R-3

Physical Location / Street Address: 100 ORBER DR

Nearest Cross Street: _____

Sewer _____ Septic _____ Public Water _____ Well _____

A) Applicant's Name: ROBERT KLEIN
Street: 100 ORBER DR
City / State: LANDING - N.J.
Zip Code: 07850
Phone Number: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

B) Owner's Name: ROBERT KLEIN
Street: 100 ORBER DR
City / State: LANDING - N.J.
Zip Code: 07850
Phone Number: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

C) Describe in detail the purpose for which Zoning Permit is requested (change in use / tenancy, addition, shed, pool and any new construction): (See attached forms)
MAINTENANCE REPLACE EXISTING UNCOVERED FRONT LANDING & STEPS, NO INCREASE IN SIZE.

D) Has the above-referenced property been subjected to any prior application to the Zoning or Planning Boards to the applicant's knowledge (If so which board and when):
NO

E) Attach two current survey maps or plot plans to scale showing size of property, lot dimensions and dimensions of all existing and proposed improvements. Label distances to all property lines and streets. All new construction; attach two elevation plans to scale showing number of stories; and below grade construction. Change in use/tenancy attach a seating and parking plan showing seating, parking stalls & dumpster location. Building & impervious coverage worksheet must be submitted with application.

F) Percentage of Building Coverage: _____% Percentage Lot Coverage: _____%
Note: Building and Lot Coverage must be filled in; attached is a form for your assistance in calculating coverages. Include attached calculation form with submission of application.

G) I certify that the answers to the above-referenced questions and any statements made on the survey map, plot plan and seating and parking plans are true and complete to the best of my knowledge. I understand that this permit does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits as required by municipal, county, state or federal agencies.

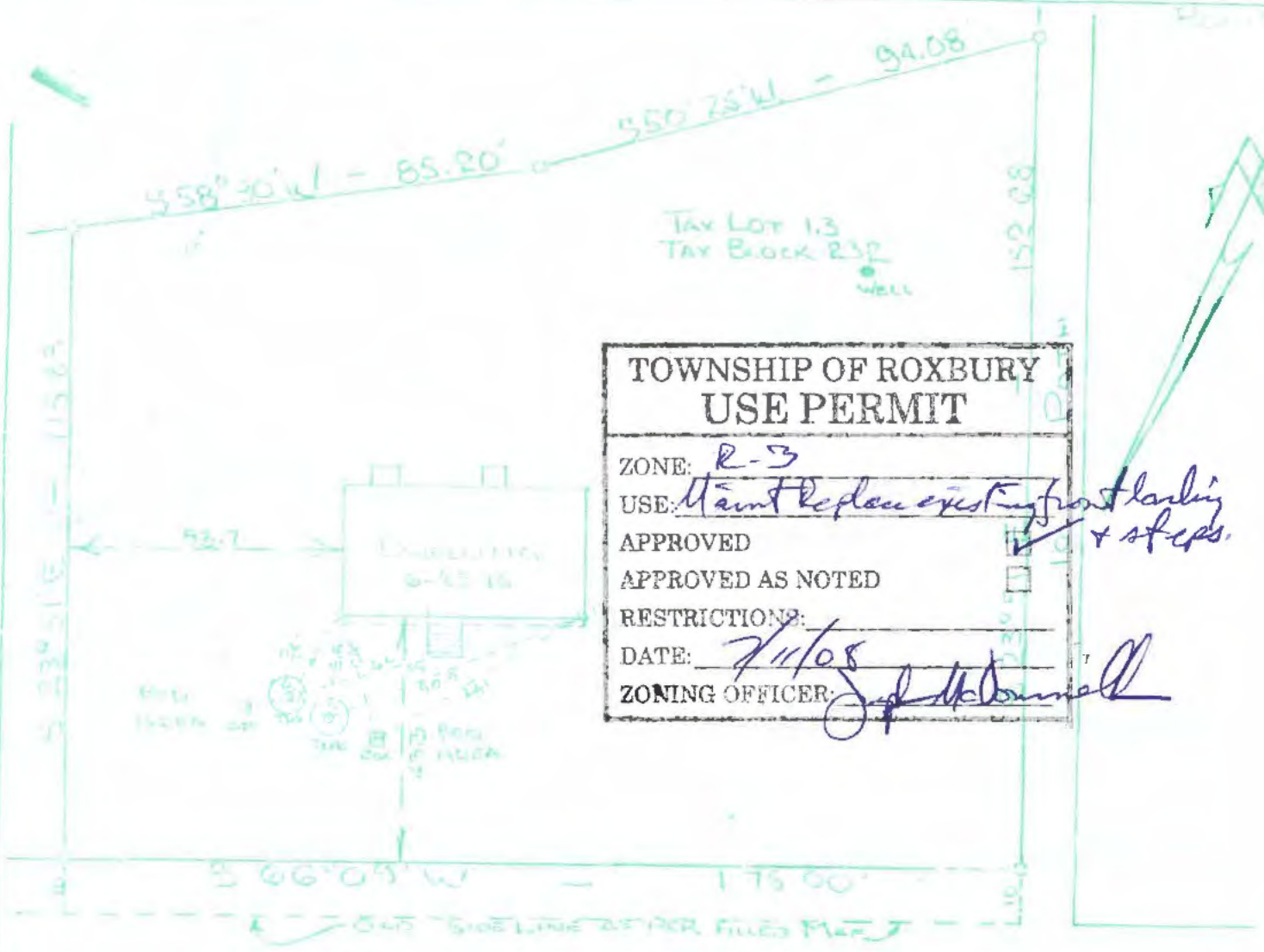
Robert Klein 7-7-2008 Robert Klein 7-7-2008
Signature of applicant Date Signature of owner Date

Application Permit Fee – Resident $ 25.00 Commercial $ 50.00 (fee must accompany application)

Paid: 25 CASH Date: 7/7/08
Collected By: JM
Approved: ✓ See Notes: _____
Denied: _____
Section: _____

John McDonnell 7/11/08
Zoning Officer Date

Note: _____



TOWNSHIP OF ROXBURY
USE PERMIT

ZONE: R-3
USE: Maint. Replace existing front landing + steps.
APPROVED ☑
APPROVED AS NOTED ☐
RESTRICTIONS: _____
DATE: 7/11/08
ZONING OFFICER: [signature]

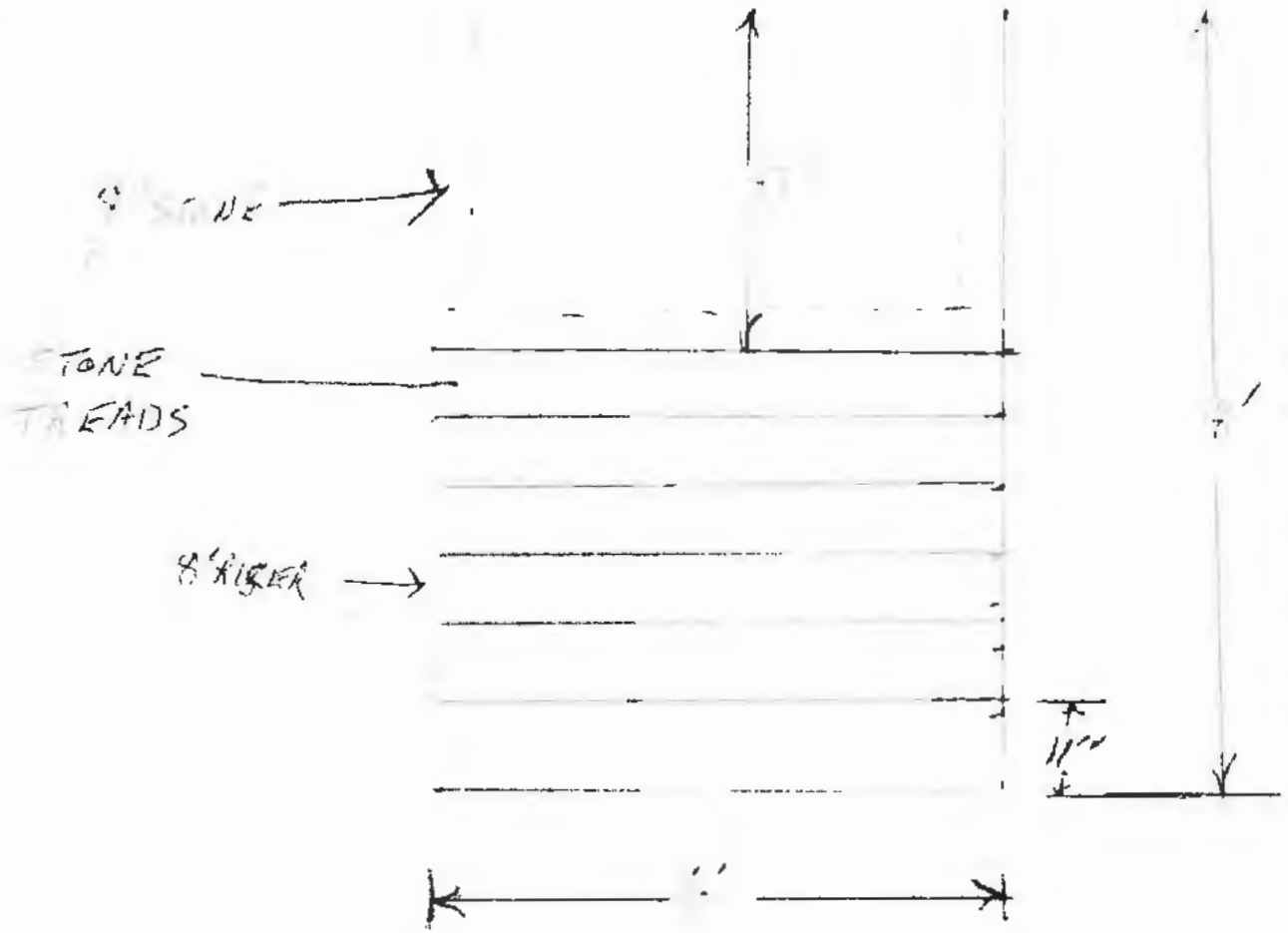
being known and designated as Lots 1, 2, 3 and 1/2 of Lot 4 in Block 12 as shown upon a certain map entitled "Map of Property of Mount Arlington Lakes Development Company, Morris County, New Jersey" Charles S. Orben, President.

6/29/76

I hereby certify to MR & MRS GEORGE A. STRONGHILOS, CHARTER SAVINGS & LOAN ASSOC., and to all current parties interested in title to premises surveyed that I made a survey of the above mapped property which is, to the best of my knowledge and belief, correct.

Walter B. Sarles, L. S.
N.J. Lic. No. 18[illegible]

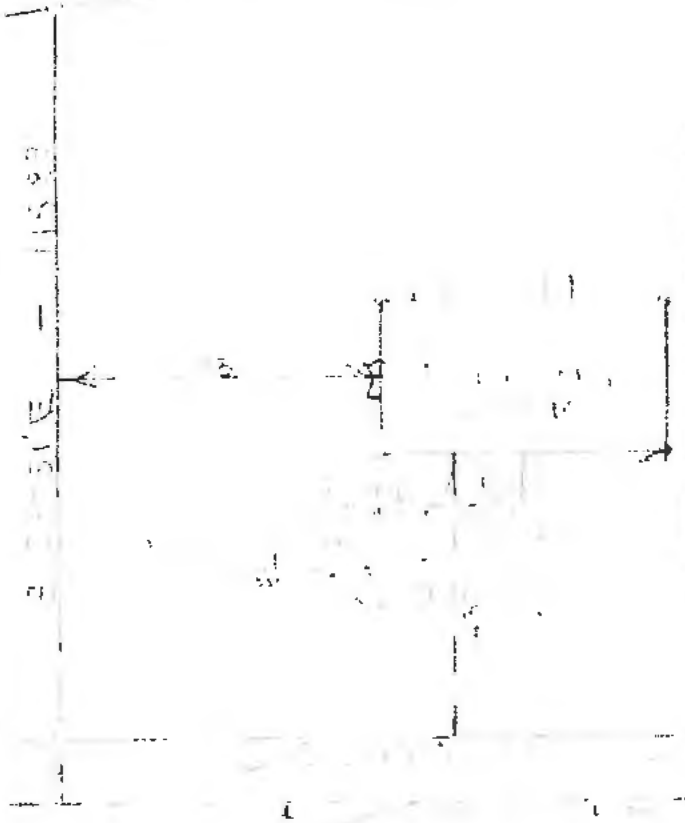
MAP OF LOT 13
TAX BLOCK 232
IN THE
TOWNSHIP OF ROXBURY MORRIS COUNTY
JANUARY 6, 1976 SCALE 1" = [illegible]
WALTER B SARLES L.S.
HOPATCONG, N.J.



TOWNSHIP OF ROXBURY
USE PERMIT

ZONE: R-3
USE: Maint. Replace existing uncovered front landing + steps
APPROVED ☐
APPROVED AS NOTED ☑
RESTRICTIONS:
DATE: 7/11/08
ZONING OFFICER: [signature]

SB Final Drawing



TOWNSHIP OF ROXBURY
USE PERMIT

ZONE: R-3
USE: Maint replace existing front landing & steps.
APPROVED ☑
APPROVED AS NOTED ☐
RESTRICTIONS:
DATE: 7/11/08
ZONING OFFICER: Jay McDonnell

Drive

1, 2, 3 Bl
"Map of
New Jersey"