

**HOWELL,
TOWNSHIP OF
(BUILDING DEPT.)**

**PERMIT WITHOUT
A JACKET**

Township of Howell
Certificate of Continued Occupancy NEA 8641
SMOKE DETECTORS CONFORM WITH NJ STATE
HOUSING CODE REQUIREMENTS

Date, October 9, 1992

Property Address: 20 Long Road Block 141.02 Lot 10

Property Owners Name: [REDACTED]

Address: Same

Person Making Application: Mildy Huzie

Attorney or Real Estate Broker: Century-21 Mack Morris Realty, PO Box 193, Marlboro

☒ DWELLING - 1FD/RESALE ☐ COMMERCIAL ☐ INDUSTRIAL

TO WHOM IT MAY CONCERN:

This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE 25.00

Inspected By Patricia L. Hoover

October 9, 1992

DATE ISSUED

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

HOWELL TOWNSHIP HOUSING DEPARTMENT

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

OWNER NAME

1. PRINT- Mailing Address (for C/C/O)

2. ACTUAL LOCATION FOR INSPECTION

Mail to
HILDA Nuzie
c/o Century 21 Mack Morris Rtrs.
P.O. Box 193, Rt. 9. South
MARLBORO, N.J. 07746

BLOCK 141.02 LOT 10
20 Long Road
Howell, NJ

BOARD OF HEALTH MUST BE CONTACTED FOR WELL and/or SEPTIC (908)431-7456

NO CERTIFICATES OF CONTINUED OCCUPANCY INVOLVING WELL AND/OR SEPTIC WILL BE ISSUED WITHOUT APPROVAL FROM THE MONMOUTH COUNTY HEALTH DEPARTMENT

3. Does Property Have: A) WELL NO SEPTIC SYSTEM NO BOTH (circle one)

B) CITY WATER CITY SEWER BOTH (circle one)

4. OCCUPANCY CHANGE DUE TO: SALE RENTAL (circle one)

5. Name/Address/Phone # (DAYTIME OF PERSON AVAILABLE FOR INSPECTION)

PHONE #

6. Name/Address/Phone # (ATTORNEY OR REALTOR)

Hilda Nuzie - Century 21 Mack Morris Rtrs. PHONE # 536-2228
Rt. 9. P.O. Box 193, Marlboro, NJ 07746

THE PURPOSE OF THE MUNICIPAL INSPECTION FOR A C/C/O IS TO DETERMINE IF THE HOUSING UNIT COMPLIES WITH THE MINIMUM REQUIREMENTS OF THE NEW JERSEY STATE HOUSING CODE. ALTHOUGH THE PROPERTY OWNER MIGHT INCIDENTALLY BENEFIT FROM THE INSPECTION, THE PROPERTY OWNER OR PURCHASER SHOULD INDEPENDENTLY PROTECT THEMSELVES WITH REGARD TO THE PREMISES BEING OCCUPIED, AN INSPECTION SUCH AS THESE REQUIRE JUDGEMENT IN DIFFICULT AREAS AND AS THE WHOLE AND NOT FOR THE BENEFIT OF THE PARTICULAR OWNER. THE MUNICIPALITY ASSUMES NO LIABILITY BY REASON OF THE ISSUANCE OF A C/C/O.

*PLEASE NOTE: There will be a RE-INSPECTION CHARGE of \$25.00 should third inspection be required due to non-compliance of responsible party meeting the scheduled inspection time, or causing the inspection to be delayed. (RE-SCHEDULING DONE ONLY AFTER RE-INSPECTION FEE PAID TO DEPT.)

FEE SCHEDULE IS AS FOLLOWS:

PAYMENT MUST ACCOMPANY APPLICATION

Residential-w/City Water & Sewer.....	\$25.00		☒	ENCLOSED
Residential-w/Well and/or Septic.....	\$35.00		☐	
Commercial-w/City Water & Sewer.....	\$50.00		☐	CASH
Commercial-w/Well and/or Septic.....	\$60.00		☐	CHECK ☒

I UNDERSTAND THE ABOVE, AND WILL ALLOW THE MUNICIPAL INSPECTOR ONTO THE ABOVE DESCRIBED PROPERTY AT ANY REASONABLE TIME.

Realtor
Cr Mack Morris

Date of Application

9/9/92

ALL COMMERCIAL C/C/O'S REQUIRE APPLICATION FROM THE HOWELL TOWNSHIP FIRE BUREAU PRIOR TO PROCESSING AND ISSUANCE

BECAUSE OF THE PROCESSING PROCEDURES, THERE WILL BE NO REFUNDS OF APPLICATION FEES IN THE EVENT OF CANCELLATION OF THE SCHEDULED INSPECTION.

Departments Required For Inspection

YOUR INSPECTION DATE WILL BE

OPEN PERMITS? YES ☒ NO ☐ (If yes, have they been finalized?)

251 Preventorium Road
Howell, N.J. 07731

(908) 938-4500
Fax 938-4818

TOWNSHIP OF HOWELL
OFFICE OF HOUSING INSPECTIONS

Housing Inspection Report of: _____ Date 9-24-92

NAME: _____ BLOCK _____ LOT _____

ADDRESS: 20 Long Rd. ZONE 1FD

Residential ☒

Commercial ☐

Well ☐

Septic ☐

City Water ☒

City Sewer ☒

Type of heat: gas Type of siding Abs. Siding

Basement N/A Garage 1 car

FIRST floor kitchen/living/dining/2 full bath/2 bedrooms/utility

SECOND floor _____

VIOLATIONS NOTED AT TIME OF INSPECTION:

replace missing shutter
replace rotted wood at garage door (trim)
repair hole in ceiling
opener (garage door) to be mounted properly

Note - rear deck

*THE ABOVE VIOLATIONS MUST BE CORRECTED WITHIN 30 DAYS. UPON COMPLETION OF THE ABOVE, NOTIFY THIS OFFICE 72 HOURS PRIOR TO SCHEDULING A RE-INSPECTION.

C/C/O will be mailed _____ C/C/O will be picked up _____

INSPECTOR [Signature] DATE 9-24-92

P. Howell
78.01
6
P 830 147 539

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	
Street and No.	
P.O., State and ZIP Code Howell, N.J. 07731	
Postage	\$ 25
Certified Fee	175
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	30
TOTAL Postage and Fees	\$ 280
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the 'RETURN TO' Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Howell, N.J.
07731 Bk. 78.01
Cc. 6

4. Article Number
P-830-147-539

Type of Service:
☒ Registered
☐ Certified
☐ Express Mail
☐ Insured
☐ COD
☐ Return Receipt for Merchandise

5. Signature - Addressee
☒ Signature - Agent
☒ Signature - Addressee

6. Signature - Agent

7. Date of Delivery

8. Address and Address of Addressee (ONLY if required fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT