BLOCK 141.02 LOT 10 QUALIF /CODE _____ ADDRESS (SITE) _____ PERMIT NO. [redacted]

# CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

## I. IDENTIFICATION

1. Proposed Work Site at: 20 Long Rd Howell 07731
2. Name of Owner in Fee [redacted] Tel. [redacted]
   Address: 20 Long Rd Howell 07731
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Duckett & Laird Tel. (732) 462-1044
   Address 71 Barnard St
   Freehold, NJ 07728
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. [redacted] Fax ( )
5. Architect or Engineer _____ Tel. ( )
   Address _____
6. Responsible Person in Charge of Work Larry Martin
   Tel. (732) 462-1044 Fax ( )

## V. FEE SUMMARY (for office use only)

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

## VI. BUILDING/SITE CHARACTERISTICS

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

## II. PROPOSED WORK

OPTIONAL (for office use only)

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| 1. ☐ Minor Work | | | | | | | | | |
| 2. ☐ New Building | | | | | | | | | |
| 3. ☐ Addition | | | | | | | | | |
| 4. ☐ Alteration | | | | | | | | | |
| 5. ☐ Fire Protection | | | | | | | | | |
| 6. ☐ Plumbing | | | | | 3/9/01 | AG | | | |
| 7. ☐ Electrical | | | | | | | | | |
| 8. ☐ Elevator Devices | | | | | | | | | |
| 9. ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. ☐ Demolition | | | | | | | | | |
| TOTAL COSTS | 1588.00 | | | | | | | | |

**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

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
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:

LDS HW-B 10414444

**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 _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Duckett & Laird

Address 71 Barnard St
Freehold, NJ 07728

Telephone (732) 462-1044 [redacted]

Signature [redacted]

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. | | | | |

Date Issued 7-25-01
Control #
Permit # 01-0438

# CERTIFICATE

IDENTIFICATION

Block 141.02 Lot 10
Work Site Location Same as below

Owner in Fee/Occupant [redacted]
Address 20 Long Rd
Howell, NJ 07731

Tele. ( ) [redacted]
Contractor Duckett and Laird
Address 71 Bannard Dr
Freehold, NJ

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Completion and approval of furnace installation

☐ **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.

XX **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 the owner will be subject to fine or order to vacate:

☐ **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 _____.

Edward S. Mark
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. F260
(rev. 3/96)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

Date Issued 7-25-01
Control #
Permit # 01-0438

# CERTIFICATE

IDENTIFICATION

Block 141.02 Lot 10
Work Site Location Same as below

Owner in Fee/Occupant [redacted]
Address 20 Long Rd
Howell, NJ 07731

Tele. ( ) [redacted]
Contractor Duckett and Laird
Address 71 Bannard Dr
Freehold, NJ

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Completion and approval of furnace installation

☐ **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.

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

☐ **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 _____.

Fee $
Paid [ ] Check No.
Collected by:

Edward S. Mack
CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 3/96)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

# PERMIT UPDATE

Date Update Issued
Control # 01-0438
Permit # 
Date Permit Issued 03-29-01

IDENTIFICATION Block 141.02 Lot 10

Work Site Location 20 Long Road
Howell 07731

Owner in Fee [redacted]

Address Same as above

Tel. [redacted]

Contractor Duckett & Laird

Address 71 Bannard St
Freehold NJ 077

Tel. (732) 462-1044

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No. [redacted]

**Is hereby granted permission to perform the following work:**

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

DESCRIPTION OF WORK:

Replace gas Furnace

**Estimated Cost of Work** $ 1588.00

Construction Official

Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | |
| Electrical | 10.00 |
| Plumbing | 10.00 |
| Fire Protection | 46.00 |
| Elevator Devices | |
| Other | |
| DCA Training Fee | 2.00 |
| Cert. of Occupancy | |
| Other | |
| Total | 68.00 |
| Check No. | 11703 |
| Cash | |
| Collected by | 3/29/01 |

U.C.C. F190
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

# ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3-29-01
Date Issued
Control #
Permit # 01-0438

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

Block 141.02 Lot 10
Work Site Location 20 Long RD
Howell J 07731
Owner in Fee/Occupant [redacted]
Address same as above
Tele. [redacted]
Contractor Duckett & Laird
Address 71 Bannard St
Freehold 07728
Tele. (732) 462-1044 Fax ( )
Lic. No.
Federal Emp. No. [redacted]

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 500.00

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [✓] No Plans Required | | |
| Joint Plan Review Required: | | |
| [ ] Building [ ] Plumbing | | |
| [ ] Fire [ ] Elevator | | |
| [ ] Elec. Plans Approved | | |
| Date: 3/12/01 | | |
| Approved by: C. Phillips | | |

| INSPECTIONS Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 7-23-01 | N |

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 7/23/01
Approved by: C. Phillips

**C. CERTIFICATION IN LIEU OF OATH**

I he[redacted]and am authorized to m[redacted]this application.

App[redacted]

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| ✓ | | gas Furnace - replace | $10 |

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| DCA Training Fee | $ |
| TOTAL FEE | $ |

U.C.C. F120 (rev. 3/96)

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

# ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3-29-01
Date Issued
Control #
Permit # 01-0438

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

Block 191.02 Lot 10
Work Site Location 20 Long RD
Howell 07731
Owner in Fee/Occupant [redacted]
Address Same as above
[redacted]
Tele [redacted]
Contractor Duckett & Laird
Address 71 Barnard St
Freehold 07728
Tele. (732) 462-1044 Fax ( )
Lic. No. [redacted]
Federal Emp. No. [redacted]

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 500.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3/29/01
Approved by:

INSPECTIONS — Dates (Month/Day)

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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

**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 Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | ..... | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| ✓ | | gas Furnace - replace | 70/- |
| | | ..... | |

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| DCA Training Fee | $ |
| TOTAL FEE | $ |

U.C.C. F120 (rev. 3/98)

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

# FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3-29-01
Date Issued
Control #
Permit # 01-0438

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

Block 141.02 Lot 10

Work Site Location 20 Long RD
Howell 07731

Owner in Fee [redacted]

Address same as above

Tele [redacted]

Contractor Duckett & Laird

Address 7 Bannard St
Freehold, NJ 07728

Tele. (732) 462-1044 Fax ( )

Lic. No.

Federal Emp. No. [redacted]

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [✓] Existing [ ] HVAC

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

[ ] Other _____

Location: MAIN LEVEL

Total Cost of Fire Protection Work $ 500.00

Fire Alarm System

New [ ] Existing [ ]

Location of Panel: _____

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve: _____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 3-29-01

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 7/23/01

Approved by: _____

| INSPECTIONS Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Final | | 7/23/01 | | |
| Other | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized

[redacted]

Signature

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

UCC/PRO F-140 (REV3/96)
Professional Printing
(856) 468-7933

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:** Replace gas Furnace

**Water Supply Source** _____

**Method of Alarm/Suppression System Supervision** _____

| | | FEE (Office Use Only) |
|---|---|---|
| **Storage Tanks** | | |
| Type: [ ] Flammable Liquid [ ] Combustible Liquid | | |
| [ ] LPG [ ] LNG Capacity ____ Fuel ____ | | |
| **Alarm Systems** [ ] 110v Interconnected | **NUMBER** | |
| [ ] System | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices _____ | | |
| TOTAL | | |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| Halon Suppression | | |
| Other _____ | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Gas [✓] or Oil [ ] Fired Appliances | | |
| Other _____ | | |

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| DCA Training Fee | $ |
| TOTAL FEE | $ |

# FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 3-29-01
Control #
Permit # 01-0438

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

Block 141.02 Lot 10
Work Site Location 20 Long RD
Hillsdale 07731
Owner in Fee [redacted]
Address same as above
Tele. ([redacted]
Contractor Dockett & Lewis
Address 71 Bennett St
Freehold NJ 07728
Tele. (732) 462-1544 Fax ( )
Lic. No.
Federal Emp. No. [redacted]

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [✓] Existing [ ] HVAC
Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location: [illegible]
Total Cost of Fire Protection Work $ [illegible]

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 3-29-01
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized

[redacted]

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

UCC/PRO F-140 (REV3/96)
Professional Printing
(856) 468-7933

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**
replace gas Furnace

**Water Supply Source**
**Method of Alarm/Suppression System Supervision**

| **Storage Tanks** | | **FEE (Office Use Only)** |
|---|---|---|
| Type: [ ] Flammable Liquid [ ] Combustible Liquid | | |
| [ ] LPG [ ] LNG Capacity ____ Fuel ____ | | |
| **Alarm Systems** [ ] 110v Interconnected | **NUMBER** | |
| [ ] System | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices | | |
| TOTAL | | |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| Halon Suppression | | |
| Other | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Gas [ ] or Oil [ ] Fired Appliances | | |
| Other | | |

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| DCA Training Fee | $ |
| TOTAL FEE | $ |

| DATE | JOB CONDITION / COMMENTS |
| --- | --- |
| | |
| | |
| |

18-E.15

# PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3-29-01
Date Issued
Control #
Permit # 01-0438

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

Block 14602 Lot 10
Work Site Location 20 Long RD
Howell 07731
Owner in Fee [redacted]
Address Same as above
Tele. [redacted]
Contractor Duckett & Laird
Address 71 Barnard St
Freehold, NJ 07728
Tele. (732) 462-1044 Fax ( )
Lic. No.
Federal Emp. No. [redacted]

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 500.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 3/9/01
Approved by: Allen Garrett

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/24/01
Approved by: Allen Garrett

| INSPECTIONS Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| FINAL | | | 7/23/01 | |

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA (List of all fixtures.)**

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| | Water Closet | $ |
| | Urinal/Bidet | |
| | Bath Tub | |
| | Lavatory | |
| | Shower | |
| | Floor Drain | |
| | Sink | |
| | Dishwasher | |
| | Drinking Fountain | |
| | Washing Machine | |
| | Hose Bibb | |
| | Water Heater | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| ✓ | Other Gas Furnace-replace | 10 |
| | Other | |
| | Other | |

| | |
|---|---|
| Administrative Surcharge | $ 10 |
| Minimum Fee | $ |
| DCA Training Fee | $ |
| TOTAL FEE | $ |

U.C.C. F130 (rev 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

# PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3-29-01
Date Issued
Control #
Permit # 01-0438

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

Block 14102 Lot 10
Work Site Location 20 Long RD
Howell 07731
Owner in Fee [redacted]
Address same as above
[redacted]
Tele. [redacted]
Contractor Duckett & Laird
Address 71 Cannon St
Freehold, NJ 07728
Tele. (732) 462-1044 Fax ( )
Lic. No.
Federal Emp. No. [redacted]

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 500.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 3/9/01
Approved by: [illegible]

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

| INSPECTIONS Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| Solar | | | | |
| TCO | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA (List of all fixtures.)**

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) $ |
|---|---|---|
| | Water Closet | |
| | Urinal/Bidet | |
| | Bath Tub | |
| | Lavatory | |
| | Shower | |
| | Floor Drain | |
| | Sink | |
| | Dishwasher | |
| | Drinking Fountain | |
| | Washing Machine | |
| | Hose Bibb | |
| | Water Heater | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| ✓ | Other gas Furnace-replace | 10 |
| | Other | |
| | Other | |

| | |
|---|---|
| Administrative Surcharge | $ 10 |
| Minimum Fee | $ |
| DCA Training Fee | $ |
| TOTAL FEE | $ |

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# PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3-27-01
Date Issued
Control #
Permit # 01 0438

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

Block 14102 Lot 10
Work Site Location 20 Long RD
Wall NJ 07731
Owner in Fee [redacted]
Address same as above
Tele. [redacted]
Contractor Duckett & Laird
Address 71 Brinckle St
Freehold NJ 07728
Tele. (732) 462-1044 Fax ( )
Lic. No.
Federal Emp. No. [redacted]

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 500.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 3/9/01
Approved by: MO. Massel

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

| INSPECTIONS Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| Solar | | | | |
| TCO | | | | |

**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]

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA (List of all fixtures.)**

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| | Water Closet | $ |
| | Urinal/Bidet | |
| | Bath Tub | |
| | Lavatory | |
| | Shower | |
| | Floor Drain | |
| | Sink | |
| | Dishwasher | |
| | Drinking Fountain | |
| | Washing Machine | |
| | Hose Bibb | |
| | Water Heater | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| ✓ | Other Gas Furnace-replace | 10 |
| | Other | |
| | Other | |

| | | |
|---|---|---|
| Administrative Surcharge | $ | 10 |
| Minimum Fee | $ | |
| DCA Training Fee | $ | |
| TOTAL FEE | $ | |

U.C.C. F130 (rev 3/96)

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

BUILDING/CODE

# TOWNSHIP of HOWELL

251 Preventorium Road
Post Office Box 580 · Howell, New Jersey 07731

[redacted]
20 Long Rd
~~Howell, NJ 07731~~

HOWELL TOWNSHIP
Encourages Recycling

HOWELL NJ JUL 26 '01

PM 23 JUL 2001

0.34
U.S.POSTAGE

☐ INSUFFICIENT ADDRESS
☐ NO SUCH STREET ☐ NUMBER
☐ NO MAIL RECEPTACLE ☐ VACANT
☐ MOVED LEFT NO ADDRESS
☐ ATTEMPTED NOT KNOWN
☐ REFUSED ☐ UNCLAIMED
☐ RETURNED FOR [illegible] ADDRESS
☐ NOT DELIVERABLE [illegible] ADDRESS
UNABLE TO FORWARD

# CHIMNEY CERTIFICATION
# FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 141.02 LOT 10 PERMIT # _____

WORK SITE ADDRESS 20 Long RD Howell

Applicant [redacted]

Certifying Individual Larry Martin Company Duckett + Laird

Address 71 Bennard St (Street) Freehold (City) NJ (State) 07728 (Zip Code)

Tel. (732) 462-1044

**Check the Appropriate Box**

**Type of Replacement:**

- [ ] Oil to Gas Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

**Existing Vent/Chimney:**

- [✓] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other [redacted]

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

## CERTIFICATION

**For Oil to Gas Conversions:**

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature _____ Date _____

**Oil to Oil or Gas to Gas Replacements:**

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for th[redacted]

Signature _____ Date 2/23/01

**Certification Not Submitted:**

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

Signature _____ Date _____

**Direct Vent Appliance:**

No certification required:

Signature _____ Date _____

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)

Permits

# PROPOSAL

## Duckett and Laird, Inc.

71 Bannard Street, Freehold, New Jersey 07728-1698

**(732) 462-1044**

| | | |
|---|---|---|
| PROPOSAL SUBMITTED TO: [redacted] | DATE: 2-09-01 | JO[redacted] |
| STREET: 20 LONG ROAD | JOB NAME: | PHONE: |
| CITY, STATE AND ZIP CODE: ~~FREEHOLD~~ HOWELL N.J. 07728 | JOB LOCATION: | JOB PHONE: |

**EQUIPMENT**

| | | | | | | |
|---|---|---|---|---|---|---|
| One (1) | | Model # | | Air-Cooled Condensor | tons | S.E.E.R. |
| One (1) | | Model # | | Matching Coil | tons | |
| One (1) | BRYANT | Model # | 383KAV042091 | Heating Unit 91,000 | BTU | A.F.U.E. 80% |
| One (1) | | Model # | | Air-Cooled Condensor | tons | S.E.E.R. |
| One (1) | | Model # | | Matching Coil | tons | |
| One (1) | | Model # | | Heating Unit | BTU | A.F.U.E. |

Includes all necessary labor and materials for completion of above installation. A COMPLETE CLEAN-UP OF ALL WORK AREAS.

**PROPOSED SPECIFICATIONS AND ESTIMATES FOR:**

REMOVE AND DISCARD EXISTING FURNACE, INSTALL NEW FURNACE TO EXISTING DUCTWORK. INSTALL DRIP LEG ON GAS PIPE, CHECK FRONT SHEET OF PLENUM: RECONNECT TO EXISTING

REBATE APPLY 88%

(X) MUNICIPAL PERMIT . . . HOMEOWNERS WILL BE RESPONSIBLE FOR ALL FINAL INSPECTIONS . . *PERMITS WILL BE BILLED SEPARATELY AT COST*

TOTAL JOB PRICE ☞ $ 1533.00

Payment Terms - 1/2 Deposit On Signing ☞ $

Balance Due On Completion ☞ $ 1533.00

OR Amount To Be Financed ☞ $

(X) One year parts and labor warranty on all new parts installed by Duckett and Laird, Inc.

**MANUFACTURERS EXTENDED WARRANTY**

AIR CONDITIONER Compressor _____ Heat Exchanger FURNACE 20 YEAR

HOT WATER HEATER Tank _____ Cast Iron Sections BOILER _____

Other 5 YEARS ON PARTS -

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate.
All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

NOTE: This proposal may be withdrawn by us if not accepted within 60 days.

All work to be completed within 30 days of receiving signed contract and deposit unless other arran[redacted]

Authorized Signa[redacted]

**ACCEPTANCE OF PROPOSAL** - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do work as specified. Payment will be made as outlined above. ALL RETURNED CHECKS ARE SUBJECT TO A $25.00 CHARGE.

Signature (X) [redacted]

Signature _____

Date of Acceptance: _____

Sign and Return Original (White) Copy; Retain Yellow Copy.

PLAN REVIEW RECORD

MONTH: 03 HOWELL TOWNSHIP FIRE BUREAU YEAR: 2001

DATE: 3/12/01 TYPE: Residential DIST#: 2

BLOCK: 141.02 LOT: 10 PERMIT#: 01-0438

ADDRESS: 20 Long Road

NAME: [redacted]

COMMENTS Replace Gas Furnace

REVIEWERS CODE: 0

FRAME INSPECTION REPORT

SCHEDULE DATE: REMARKS

REINSPECTION DATE: REMARKS

REINSPECTION DATE: COMMENTS

****DATE FRAME PASSED: INSPECTORS CODE:

FINAL INSPECTION REPORT

SCHEDULE DATE: COMMENTS

REINSPECTION DATE: COMMENTS

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPROVED: INSPECTORS CODE:

OTHER INSPECTION REPORT

TOPIC: Furnace

SCHEDULE DATE: 7/23/01 COMMENTS: Final-Furn-Approved

REINSPECTION DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

****DATE OTHER WAS COMPLETED: 7/23/01 INSPECTORS CODE: 2

HISTORY

# TOWNSHIP OF HOWELL CONSTRUCTION DEPARTMENT

## PLAN REVIEW CHECK LIST

NAME [redacted] BLOCK 141-02 LOT 10

ADDRESS 20 Long Rd ZONING RELEASE _____

DATE SUBMITTED 3-8-01 Furnace

DEVELOPMENT (If any) _____

| | Reviewed By: | Approved | Comments |
|---|---|---|---|
| FIRE ✓ | 3/9/01 | ok | |
| BUILDING | | | |
| ELECTRICAL ✓ | 3/12/01 | ok | |
| PLUMBING ✓ | 3/9/01 AL | ok | |
| MECHANICAL | | | |
| OTHER | | | |
| SEPTIC | | | |

RECEIVED MAR - 8 2001

Rev. 1/01