Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 6/2/2015
Control Number 14556
Permit Number 20010666
Permit Issue Date 4/25/2001
Certificate Number 20010666

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 61 BRENT DRIVE Howell Township, NJ Block: 35.70 Lot: 107 Qual:

Owner in Fee: TREXLER, CAROL ANN

Owner Address: 61 BRENT DR HOWELL NJ 07731

Telephone:

Contractor H F URUBEL CONTRACTORS

Address 22 FRANKLIN ST. W. KEANSBURG NJ

Telephone: (732) 495-9754 Fax: (732) 495-4573

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: DECK, SUNROOM SUNROOM 11 X 22 AND DECK 10 X 10

Certificate Comments: INCLUDES UPDATE

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 6/2/2015

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Bldg only

Date Received 4-25-01
Date Issued
Control #
Permit # 01-0666

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

Block 35.20 Lot 107
Work Site Location 61 Brant DR
Howell
Owner in Fee Chris Gadbois
Address 61 Brant Dr
Tele. ( )
Contractor H & F Lakebel
Address 22 Franklin Ave
W. Keansburg
Tele. (732) 495-9754 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Roof over Deck (Sunroom) 292 sq'
Deck 120 sq'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4/18/01	GB
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 9/18/06
Approved by: GB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing			5/10/01	E.C.K.
Foundation				
Slab				
Frame Deck			5/9/01	CG
Barrier-Free Roof + Walls			5/30/01	CG
Insulation				
Finishes				
~~Energy~~ Roof	5/18/01	5/23/01	5/30/01	CG
Mechanical			5/14/01	MJO
~~TCO~~ w/Allowable				
Other				
Final			9/7/06	
Barrier-Free				

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

[ ] Demolition

FEE (Office Use Only)

$	
	48.-
	22.-
Administrative Surcharge	$
Minimum Fee	$ 4.-
DCA Training Fee	$ 1.-
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-3
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 292 Sq. Ft.
Volume of New Structure 2650 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft. Deck 120 sq

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ 1200 Deck
3. Total (1+ 2) $ 2000

U.C.C. F110
(rev. 3/96)

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

RECEIVED
MAY 24 2001

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

Date Received
Date Issued
Control #
Permit #

5-2401
4-25-01
01-0666-1

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

Block 35.70 Lot 107

~~Work Site Location~~ 61 Brent Dr

Owner in Fee/Occupant Gabois

Address 61 Brent Drive
Howell NJ

Tele. ( )

Contractor VK Electric

Address 104 Fulton St
Keyport 07735

Tele. ( ) 264-6794 Fax ( )

Lic. No. 3446

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as R-3 Utility Co.

Est. Cost of Elec. Work $ #800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 5-24-01

Approved by: OV

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 10/7/02

Approved by: C Phillips

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough	5-25-01 OV		10-7-02	OV
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-7-02	OV

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

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.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
4		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ 36
		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	
		.....	
		.....	

Administrative Surcharge	$	36
Minimum Fee	$	
DCA Training Fee	$	1 00
TOTAL FEE	$	37.00

Check # 1214
5-24-01 SM

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

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