PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

~~Date Update Issued~~
Permit # 13-51
Date Permit Issued 4/30/13

IDENTIFICATION Block 30 Lot 9 Qualification Code N/O

Work Site Location 1115 & 1117 East Blvd

Owner in Fee Downs Sal. Jr.

Address 160 Blackbrook Rd, Hampton, NJ

Tel. ( )

Contractor

Address

Tel. ( )

Lic. No. or Bldrs. Reg. 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: Replace Front Porch Columns & Rails & Decking.

Estimated Cost of Work $ $1500.00

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

Construction Official

Date 4/30/13

PAYMENTS (Office Use Only)

Building	36.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
State Permit Surcharge Fee	3.00
Cert. of Occupancy	
Other	
Total	39.00
Check No.	# 2847
Cash	
Collected by	KS

U.C.C. F190 (rev. 1/04)

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

Reorder from OCS Printing (609) 398-4375

BLOCK 30 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

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: 1115-1117 East Blvd Alpha
2. Name of Owner in Fee: Donna Schaal
   Tel. (908) 3100629 e-mail schaal2sll@yahoo.com
   Address 160 Blackbrook (street) Hampton (municipality) NJ 08827 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Homeowner Tel. (908) 3100629
   Address 160 Blackbrook e-mail _____
   Hampton NJ. 08827
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 36.00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	3.00		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 39.00		

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. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

IIa. PROPOSED WORK

- ☑ Minor Work
- ☑ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	150.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units:

	Total Units	*Income-restricted*
Gained, Sale		
Gained, Rental		
Lost, Sale		
Lost, Rental		

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

8/26/13

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(f)1.ix:

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 Donna Schaal Date 4/27/13

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

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

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

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

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

( ) Check if contractor.

Agent Name Donna Schaal
Address 160 Blackbrook
Hampton NJ 08827
Telephone (908) 310 0625
Signature Donna Schaal

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/30/13
Control #
Date Issued 4/30/13
Permit # #13-51

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

Block 30 Lot 9 Qualification Code
Work Site Location 1115 - 1117 East Blvd
Alpha NJ
Owner in Fee: Donna Schaal
Tel. (908) 310 0629 e-mail schaal2scu@yahoo.com
Address 100 Blackbrook (street) (municipality) (zip code)
Contractor: Homeowner Tel. (Same
Address e-mail
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

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

Repair porch Replace handrails
Replace columns New Decking

Balusters spacing ≤ less than 4"

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required	4/30/13	KD
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8/26/13
Approved by: KD

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8/26/13	KD
Barrier-Free				

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

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$ 36.00
State Permit Surcharge Fee	$ 3
TOTAL FEE	$ 39.00

#2847

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories 2
Height of Structure 24 ft.
Area — Largest Floor 250 sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 1,500
3. Total (1+ 2) $ 1,500

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/10/96
Control #
Permit # 96-25

IDENTIFICATION Block 30 Lot 9

Work Site Location 1115 & 1117 E. Blvd.

Owner in Fee Bill Mentan

Address Sky Manor Rd. Pittstown,

Tele. (908) 996-4160

Contractor Tom Gefell

Address 180 Mt. Rd., P. Burg N.J.

Tele. ( )

Lic. No. or Bldrs. Reg. No. 6539 Exp. Date

Federal Emp. No.

or Social Security No. 112-32-2167

is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Replace (2) Water Services.

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 $ 700.00

Kevin R. Duddy

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	90.00
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	1.00
Cert. of Occ.	
Other	
Total	$91.00
Check No.	# 707
Cash	
Collected By:	KD

U.C.C. Form F-170A

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

(see reverse side)

WARREN COUNTY PLUMBING SUBCODE SERVICES
Parkview Building
481 Memorial Parkway
Route 22 East - First Floor
Phillipsburg, New Jersey 08865
Telephone: 908-454-1152 • Fax: 908-454-3425

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4/10/96
Date Issued
Control # 1163
Permit # 96-25-AL

Pd, we 5/96

(2) Special Devices

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

Block 30 Lot 9
Work Site Location 1115 East Blvd Alpha NJ
Owner in Fee Bill Merlin
Address
Tele. ( )
Contractor Joseph Gepes
Address 180 Mt Rd Pbks NJ
Tele. 908-995-7963
Lic. No. 6539
Federal Emp. No. or Social Security No. 112-32-2167

B. PLUMBING CHARACTERISTICS Two Family.
Use Group Present R-3 Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 700

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5/12/96
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 5/12/96

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water			5/12/96	RMK
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.

Joseph Gepes
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	$ 1.00
2	Water Service Connection	90.00
	Active Solar System	
	Other	

Paid [✓] Check # 707
Collected by: KS

Administrative Surcharge	$
Minimum Fee	$ 90.00
DCA Training Fee	$ 1.00
TOTAL	$ 91.00

U.C.C. Form F-130B

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 10/1/02
Control #
Permit # 02-128

IDENTIFICATION Block 30 Lot 9
Work Site Location 1115-1117 East Blvd. Alpha, N.J. 08865
Owner in Fee Bill Martin
Address Same
Tel. (908) 692-6469

Contractor Dean Heating + Tank Maint
Address 75 Dawn Rd. Milford NJ 08848
Tel. (908) 995-0773
Lic. No. or Bldrs. Reg. No. 15054251 3

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) [X] OTHER _____

DESCRIPTION OF WORK: Tank Removal - GAS 550 gals

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 $ 1375.00

Kevin R. Duddy
Construction Official

10/1/02
Date

PAYMENTS (Office Use Only)

Building 40.00
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total 40.00
Check No. #3425
Cash
Collected by

(see reverse side)

U.C.C. F170
(rev. 5/2K)

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit #

IDENTIFICATION Block 30 Lot 9

Work Site Location 1115 EAST BLVD ALPHA NJ 08865

Owner in Fee MR WM. MARTIN

Address 100 PINE HURST DR. WASHINGTON

Tele. (___) 908-835-8146

Contractor HUNTINGTON OIL CO INC

Address 625 HAWK AVE ALPHA NJ 08865

Tele. (___) 454-6677

Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____

Federal Emp. No. 222159118

or Social Security No. ____

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER DEMO.

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

ABANDON 500 GALLON OIL TANK IN THE GROUND

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 $ 1000 —

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

(see reverse side)

U.C.C. Form F-170C

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 30 Lot 9
Work Site Location 1115 EAST BLVD
ALPHA, NJ 08865
Owner in Fee MR WM MERTIN
Address 100 PINEHURST DR.
WASHINGTON, NJ 07882
Tele. ( ) 908-835-8146
Contractor HUNTINGTON OIL CO INC
Address 625 HAWK AVE
ALPHA, NJ 08865
Tele. ( ) 454-6677 Fax ( ) 454-2606
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 222159118

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Permit Application Withdrawn

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 1000

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

ABANDON 500 GALLON OIL TANK IN THE GROUND

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

FEE (Office Use Only)
$

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

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

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

ALPHA BUILDING DEPARTMENT
1001 EAST BLVD.
ALPHA, N.J. 08865

CERTIFICATE

Cert. No. 0427
Date Issued 11/9/02
Control #
Permit # 02-128

IDENTIFICATION

Block 30 Lot 9
Work Site Location 1115-1117 East Boulevard.

Owner in Fee William Mentew
Address 100 Pinehurst Dr. Washington, N.J. 07882
Tele. (908) 672-6489
Contractor Weand Heating & Tank Maintenance.
Address 75 Dawan Rd., Milford, N.J. 08848
Tele. (908) 995-0773
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group R-3
Maximum Live Load
Description of Work/Use:
550 gal. Tank Removal. "Diesel"

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification 5B
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☑ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ 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 OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Fee $ 0
Paid [ ] Check No.
Collected by: KD

Kevin R. Dudley
CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

PRO 123

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/18/02
Date Issued 11/1/02
Control #
Permit # 02-128

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

Block 30 Lot 9
Work Site Location 1115-1117 East Blvd.
Alpha, NJ 08865
Owner in Fee Bill Mertin
Address Same
Tele. (908) 672-6489
Contractor Wean Heating + Tank Maint
Address 75 Dawn Rd
Milford, NJ 08848
Tele. (908) 995-6773 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 150542513

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required 11/1/02 KD
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11/1/02
Approved by: KD

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO Tank Removal			11/4/02	KD
Other			11/6/02	KD
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 1375.00

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.
Rick Wean
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tank Removal
550 gals.
GAS

(To be determined on site)
maybe diesel DEPE will direct action.
Afterward if necessary.

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

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 40.00

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

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

WEAN HEATING & TANK MAINTENANCE

75 DAWN ROAD MILFORD, NJ 08848

PHONE*(908) 995-0773 * FAX

FAX COVER SHEET

NO. OF PAGES INCLUDING COVER PAGE 6

TO: Boro of Alpha DATE 10/4/02

ATT: Kevin Oakley

MESSAGE:

Hi Kevin, I am Faxing you all the paperwork for the 550 gallon Diesel tank Removal for Bill Merten 1115-1117 East Blvd Alpha. Block-30, Lot-9, Permit # 02-128

(1) Fill Dirt Receipt
(2) 20 gallon made Diesel oil sheet
(3) waste oil manifest
(4) tank Disposal sheet
(5) tank Disposal Receipt

P.S. Could you please mail or Fax Final ctc asap

FROM: Thanks
Rick Wean

Fill Dirt Receipt
Bill Merten
Permit # 02-128

23957

DURNAN BROS., INC.
SAND - GRAVEL - FILL

, BOX 247
0-982-5195

UPPER BLACK EDDY, PA 18972-0247

DATE 5-17-02

LD TO Wean Heat & Tank Maint

DRESS

RIVER [illegible] | TRUCK NO.

	SAND	
	GRAVEL	
	FILL Subsoil @ 5.50 pt	
	GROSS 77720 : 25.61 tons	
1500	TARE 77480 :	
	NET 79640 :	
	78160 :	
	78720 :	
	77600 :	
	78100 :	
	76300 : TAX	
	TOTAL	

RECEIVED BY [signature]

WEAN HEATING & TANK MAINTENANCE

75 DAWN ROAD MILFORD, NJ 08848

(908) 995-0773 * FAX

TO: DEPARTMENT OF COMMUNITY AFFAIRS, Alpha Boro

DATE: 11/4/02

SUBJECT: WASTE GALLONS

NAME: Bill Martin

TOWNSHIP: Boro of Alpha

BLOCK: 30 LOT: 9

PERMIT: 02-128 20 GALLONS REMOVED ON: 11/4/02 Diesel Fuel

PICKED UP BY: LORCO PETROLEUM SERVICES

DATE: 11/4/02

MANIFEST ATTACHED.

FROM: RICK WEAN

WEAN HEATING & TANK MAINT.

450 South Front St.
Elizabeth, NJ 07202
(908) 820-8800
(800) 734-0910
FAX: (908) 820-8412

LORCO
PETROLEUM SERVICES
www.lorcopetroleum.com

STANDARD COLLECTION ORDER FORM
421770

SALES ORDER #

GENERATOR/LOCATION

NAME: Wear Heating & Tank Maintenance
INFORMATION/ATTENTION LINE: Shop
ACCOUNT APPROVAL CODE
DELIVERY ADDRESS: Hamilton Ave
CITY: Milford
STATE: NJ ZIP: 08848
PHONE NUMBER: 908-995-0773
PURCHASE ORDER NUMBER
TIME IN
TIME OUT

BILL TO (IF DIFFERENT FROM LOCATION)

NAME
INFORMATION/ATTENTION LINE
ACCOUNT APPROVAL CODE
DELIVERY ADDRESS
CITY
STATE ZIP
PHONE NUMBER
PURCHASE ORDER NUMBER

MANIFEST NUMBER 65283

MATERIAL INFORMATION

This is to certify that the below named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation

SALES REPRESENTATIVE

NO.	TYPE	QTY.	UNIT	US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

SERVICE SECTION

SALES CODE	DESCRIPTION	WASTE CODE	QUANTITY	UNIT PRICE	PRICE	TAX	LINE TOTAL
40500	USED OIL REMOVAL	JA72	300				n/c
40300	ANTI-FREEZE REMOVAL						
40501	OILY WATER DISPOSAL						
40502	SLUDGE DISPOSAL						
41001	GASOLINE/WATER						
41501	DRUM DISPOSAL						
41504	TANK ENTRY						
40600	OIL FILTER REMOVAL						
40800	PARTS WASHER SERVICE						
41511	NEW 55 GAL DRUM / 17H						
41503	QAQC ANALYTICAL TESTING						
42001	DEXSIL TEST KIT TAX						
41509	TRANSPORTATION						
				TOTAL			

PARTS WASHER SERVICE INTERVAL _____ DAYS.
USED OIL CUSTOMER SERVICED EVERY 30 DAYS UNLESS OTHERWISE INDICATED.
USED OIL SERVICE INTERVAL _____ DAYS.

GENERATOR WARRANTS AND REPRESENTS THAT THE MATERIALS PROVIDED LORCO HEREUNDER HAVE NOT BEEN MIXED, COMBINED, OR OTHERWISE BLENDED IN ANY QUANTITY WITH MATERIALS CONTAINING POLYCHLORINATED BIPHENYLS (PCB) OR ANY OTHER MATERIAL DEFINED AS HAZARDOUS WASTE UNDER APPLICABLE LAWS, INCLUDING BUT NOT LIMITED TO 40 CFR PART 261. GENERATOR AGREES TO INDEMNIFY AND HOLD LORCO HARMLESS FOR ANY DAMAGES, COSTS, ATTORNEY'S FEES, ETC. ARISING OUT OF OR IN ANY WAY RELATED TO A BREACH OF THE ABOVE WARRANTY BY THE GENERATOR.

Generator certifies that the waste is ☐ used oil ☐ used antifreeze ☐ oily water ☐ Other Fuel oil (Description)

In accordance the N.J.A.C. 7:26-12.1 et seq, LORCO has the required permits to accept the above described waste.

X Rick Wear
Print Name — Title

X [signature]
Signature — Date 11/4/02

GENERATOR'S INITIALS

CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR CERTIFICATION

I certify that this generator generates less than 100 kilograms of hazardous waste per month, as defined at 40 C.F.R. 261, and does not accumulate more than 1,000 kilograms of such waste during the month.

X RW
GENERATOR'S SIGNATURE

NON CONDITIONALLY EXEMPT LARGE QUANTITY GENERATOR CERTIFICATION

DEXSIL CDT TEST RESULTS

X _____ PPM

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT SECTION. INVOICES REFLECTING CHARGES TO CUSTOMER ARE SUBJECT TO AN INTEREST RATE OF THE LESSER OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY INVOICES THAT ARE NOT PAID WITHIN 30 DAYS. IN THE EVENT OF DEFAULT, LORCO SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES. INITIAL _____ $

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED
CHECK NUMBER	

In accordance with NJAC7:26-8.7b + 40CFR PART 279 LORCO has notified the US EPA of its location and used oil management activities.

X G BRACEX
Print Name

X G Bracex 11/4/02
Signature — Date

Tank disposal receipts
Bill Merten
Permit # 02-128

Phone
(908) 859-1990

Fax
(908) 213-1690

Ray Craft & Sons, Inc.

Recycling

16 McKeen Street Phillipsburg, New Jersey 08865

ON______ OFF /

Customer [illegible signature] Date 11-4-02

Description	Gross	Tare	Net	Price	Amount
#1 Cu					
#2 Cu					
Lt. Cu					
Ashy Cu Wire					
Red Brass					
Yellow Brass					
Aluminum Cast					
Aluminum O/S					
Aluminum UBC					
Aluminum Turnings					
Cu Car Rads					
Cu Car Rads W/Fe					
ACR					
ACR W/Fe					
Lead					
Stainless Steel Solids					
Tank	20060	19120	940	50	5.00
TOTAL					5.00

CFC CERTIFICATE:
In accordance with Section 608 (b)(1) and 608 (c) if the 1990 Clean Air Act, the undersigned certifies that all CFC refrigerants have been properly evacuated from any recyclables contained in this transaction.

I hereby state that I am the lawful owner of the material described herein, that I have a right to sell same, that all State redemption material listed is in fact valid State redemption material and that for payment received in full, hereby acknowledged, I sell and convey title of same to: Ray Craft & Sons, Inc.

Print Name__________ Signature [signature]

WEAN HEATING & TANK MAINTENANCE
75 DAWN RD. MILFORD, NJ 08848
PHONE/FAX (908)995-0773

Date: 11/4/02

TANK DISPOSAL FORM

Tank Removed To:

RAY CRAFT & SONS
SCRAP IRON & METAL

16 MCKEEN STREET
PHILLIPSBURG, NJ 08865

Tank Removed From:

Name: Bill Mertin
Address: 1115-1117 East Blvd.
Municipality: Boro of Alpha
Block: 30 Lot: 9 PERMIT: 02-128
Number of Tank(s) 1
Size of Tank(s) 550 gals.
Original Contents: Diesel Fuel

The decommissioned tank has been cleaned of petroleum products. RAY CRAFT & SONS has purchased this tank from Wean Heating & Tank Maintenance for scrap purposes only. Please sign one copy of this form and return to Wean Heating & Tank Maintenance.

Cindy Wean, Vice President
Wean Heating & Tank Maintenance

Signature
Title

Date 11/4/02

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11/27/06

Permit # 06-159

IDENTIFICATION Block 30 Lot 9 Qualification Code

Work Site Location 1117 East Blvd.

Owner in Fee Donna & Kenny Schaaf

Address 160 Black Brook Rd. Hampton, N.J. 08827

Tel. ( ) 310-0629

Contractor Price Power Systems LLC

Address 8 Glenn Ave Glen Gardner, N.J. 08865

Tel. ( ) 268-5970

Lic. No. or Bldrs. Reg. No. 13617

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:

Outlets & Miscall work.

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 $ 4000

Kenny R Dunday
Construction Official

11/28/06
Date

PAYMENTS (Office Use Only)

Building	
Electrical	36.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	5.00
Cert. of Occupancy	
Other	
Total	41.00
Check No.	# 1102
Cash	
Collected by	KS

(see reverse side)

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/27/06
Control #
Date Issued 11/27/06
Permit # 06-159

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

Block 30 Lot 9 Qualification Code
Work Site Location 117 East Blvd. Alpha NJ 08865
Owner in Fee Donna / Kenny Sahagal
Address 160 Black Brook Rd Hampton NJ 08827
Tel (908) 310-0629
Contractor Price Power Systems LLC
Address 8 Elmora Ave Glen Gardner NJ 08826
Tel (908) 268-5470 FAX (908) 537-7382
Contractor License No. E-13617
Federal Emp. No. 34-2010802

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 4000

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4	120/15A	Lighting Fixtures	
		Receptacles	
1		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	
		update devices + bonding	

Administrative Surcharge $
Minimum Fee $ 36.00
State Permit Surcharge Fee $ 5.00
TOTAL FEE $ 41.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[✓] No Plans Required	11/27/06	KD

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 4/24/09
Approved by: KD

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	4/20/09		4/24/09	KD
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03)

(1) Ungrounded #
(2) Box out from wall
(3) S/D Box not P/S 4.

#1102

ALPHA BUILDING DEPARTMENT
CERTIFICATE OF CONTINUED OCCUPANCY

1346-02 (was during 1234-3) DATE ISSUED 1/15/03
CCO NUMBER
69

THIS WILL CERTIFY THAT: Ken & Donna Schaal
Owner

AT: 160 Blackbrook Rd., Hampton, N.J. 08827
Address

ADDRESS OF PROPERTY REQUIRING CERTIFICATE:
1115 East Boulevard. APT. NO. ____

BLOCK 30 LOT 9

HAS COMPLIED WITH THE "ALPHA CODE", CHAPTER 124 ARTICLE VIII, SECTION 124-50 B., AND IS HEREBY AWARDED A CERTIFICATE OF CONTINUED OCCUPANCY.

FOR APARTMENT NUMBER ____ FLOOR ____

THIS CERTIFICATE IS FOR Verrala & Beadsley ONLY.
Tenant or Owner Name

FOR USE AS Single Family Dwelling Unit. ONLY.

Ken R. Dodd
ALPHA HOUSING INSPECTOR

NOTE

ANY TENANT OR OWNER CHANGE AFTER DATE LISTED ON THIS CERTIFICATE ISSUANCE WILL REQUIRE A NEW CERTIFICATE AND ALL REQUIRED FEES AND INSPECTIONS FROM THE ALPHA BUILDING DEPARTMENT.

Alpha Building Department
1001 East Blvd.
Alpha, N.J. 08865
(201) 454-[redacted]2275

CONSTRUCTION PERMIT

Date Issued 4/26/94
Control #
Permit # 94-18
No [redacted]

IDENTIFICATION Block 30 Lot 9

Work Site Location 1115 East Blvd, Alpha, N.J.
Owner in Fee Mr + Mrs. William Mertz
Address Pittstown N.J.
Tele. (908) 996-4160

Contractor E. Waters.
Address 519 Moore St. Hampton, N.J.
Tele. (908) 537-2672
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. 22-3209666
or Social Security No. _____

is hereby granted permission to perform the following work:
[✓] BUILDING [✓] PLUMBING [ ] OTHER _____
[✓] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK: Removal - Repair - upgrade 2 floor Apt. @ 1115 East Boulevard.

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 $ 50,000.00

Kevin R. Dudley
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS **(Office Use Only)**

Building	390.00
Plumbing	25.00
Electrical	102.00
Fire Protection	65.00
Other 15/0 BSC.	4.00
Other	
DCA Training Fee	40.00
Cert. of Occ.	62.00
Other	
Total	688.00
Check No. #452	Received 4/21/94
Cash	
Collected By:	KD

(see reverse side)

PRO 106

WR# 0052135

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/25/94
Date Issued 3/29/94
Control #
Permit # 94-18

Check Received 4/21/94

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

Block 30 Lot 9
Work Site Location 1115 EAST BLVD
ALPHA Blvd.
Owner in Fee WILLIAM MERTEN
Address RD SKY MANOR ROAD
PITTSTOWN NJ 08867
Tele. ( ) 735-4160
Contractor Mt. Salem Electric Co. Inc.
Address RD3 Box 80
PITSTOWN NJ
Tele. ( ) 735-6136
Lic. No. 7071
Federal Emp. No. 22-3209666 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Dwelling Utility Co. JCPL
Est. Cost of Elec. Work $ 5,000.00 FIRE DAMAGE

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 3/29/94
Approved by: KD

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA Service
Date: 3/29/94
Approved by: KD

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service			3/29/94	KD
Final				

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

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.

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Fixtures (1)	
10		Receptacles (2)	
4		Switches (3)	
24		Total 1 + 2 + 3	36.00
1		Range	10
		Oven(s)	
		Surface Unit	
1		Dishwasher	10
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
6		Smoke Detectors	Incl.
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	100	Service Entrance INSPECT ONLY	$ 46.00
		Other	

FIRE DAMAGE

Paid [✓] Check # 452
Collected by: KD

Administrative Surcharge	$
Minimum Fee	$ $ 102.00
TOTAL FEE	$

U.C.C. Form F-120A

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

PRO 103

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/25/94
Date Issued 4/26/94
Control #
Permit # 94-18

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

Block 30 Lot 9
Work Site Location 1115/1117 EAST Blvd.
Owner in Fee William Merten
Address Sky Manor Road Pittstown N.J. 08867
Tele. ( ) 996-4960
Contractor Mt. Salem Electric Co. Inc.
Address RD3 Box 80 Pittstown N.J. 08867
Tele. ( ) 908 / 735-6136
Lic. No. 7891
Federal Emp. No. 22-3209666 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Two Family Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ Incl. w/Elec. [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 4/26/94
Approved by: RD.

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	6	120 Volt Interconnected. Battery Backup. On every floor level in Side Bedrooms - 1 Bedroom Hallway
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Paid [✓] Check # 452 Administrative Surcharge $
Collected by RD. Minimum Fee $ $65.00
TOTAL FEE $

U.C.C. Form F-140A

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

CARL F. DIEFFENBACH
PLUMBING SUBCODE OFFICIAL
575 ELDER AVENUE BOX #4
PHILLIPSBURG, N.J. 08865
908-454-1152 - FAX 908-454-3425

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/25/94
Date Issued
Control #
Permit # 94-18

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

Block 30 Lot 9
Work Site Location 1115 EAST BLVD., ALPHA

Owner in Fee MR & MRS WILLIAM MERTEN
Address 77 SKY MANOR RD
PITTSTOWN, N.J. 08867
Tele. (908) 996-4160
Contractor STASHLUK MECHANICAL CONTRACTORS
Address 998 CROTON RD
PITTSTOWN N.J. 08867
Tele. (908) 788-3611
Lic. No. 24006
Federal Emp. No. 22-2261872 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer ✓ Private Septic
Water Service Size Public Water ✓ Private Well
Estimated Cost of Plumbing Work $ ~~4805~~ 00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	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.

James W Stashluk
Signature—Contractor Seal

X Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.) MISC. PLBG REPAIRS AS A RESULT OF KITCHEN FIRE.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	7 00
	Urinal/Bidet	
1	Bath Tub	5 00
1	Lavatory	
	Shower	
	Floor Drain	5 00
1	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	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Paid [✓] Check # 452
Collected by: KD

Administrative Surcharge $ 4 00
Minimum Fee $
DCA Training Fee $ 25 00
TOTAL $ $29 00

U.C.C. Form F-130B

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

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Received 3/29/94
Date Issued 4/27/94
Control #
Permit # 94-18

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

Block 30 Lot 9
Work Site Location 1115 East B'WAY. ALPHA, N.J.
Owner in Fee MR & MRS William Merten.
Address 77 Sky Manor. Rd. Pittstown, NJ.
Tele. ( )
Contractor E. Waters
Address 519 Moore. ST. Hampton, N.J.
Tele. (908) 537-2672.
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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

Replace & up grade - 1/2 - duplex - on 1115 East Boulevard

"All affected areas To be brought up To 1994 BOCA Nat. Bldg. Code.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Req. 4/27/94 RS
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[✓] Siding
[✓] Other Face Replacement
[✓] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Minimum Fee $ $30.00
TOTAL FEE $ $30.00

Paid [✓] Check # 452
Collected by: RS

B. BUILDING CHARACTERISTICS

Use Group Present Rental Proposed Same
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 23' Ft.
Area—Largest Floor 500 Sq. Ft.
Total Bldg. Area/All Floors 10000 Sq. Ft.
Volume of Structure 8640 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ $3925.00
3. Total (1+2) $ $3925.00

U.C.C. Form F-110A — 1 White=Inspector Copy, 2 Canary=Office Copy, 3 Pink=Office Copy, 4 Gold=Applicant Copy

PRO 102

CARL F. DIEFFENBACH
PLUMBING SUBCODE OFFICIAL
575 ELDER AVENUE BOX #4
PHILLIPSBURG, N.J. 08865
908-454-1152 - FAX 908-454-3425

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3/25/94
Date Issued
Control # 1081-
Permit # 94-18-AL

(4) Fixtures Alter/Res

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

Block 30 Lot 9
Work Site Location 1115 EAST BLVD., ALPHA
Owner in Fee MR & MRS WILLIAM MERTEN
Address 77 SKY MANOR RD
PITTSTOWN, N.J. 08867
Tele. (908) 996-4160
Contractor STASHLUK MECHANICAL CONTRACTORS
Address 99B CROTON RD
PITTSTOWN N.J. 08867
Tele. (908) 788-3611
Lic. No. 24006
Federal Emp. No. 22-2260572 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer ✓ Private Septic
Water Service Size Public Water ✓ Private Well
Estimated Cost of Plumbing Work $ ~~4805.00~~ 1,

D. TECHNICAL SITE DATA (List all fixtures.) MISC. PLBG REPAIRS AS IA RESULT OF KITCHEN FIRE.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	7 15.00
1	Bath Tub	5.00
1	Lavatory	
	Shower	
	Floor Drain	5.00
1	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	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5/5/94
Approved by: (D)

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By: (D)
Date: 8/16/94

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			6/3/94	(D)
Water				
Sewer				
Fixtures			8/15/94	(D)
Gas Equipment				
Gas Piping				
Solar				
TCO				

Paid [✓] Check # 452
Collected by: KD

Administrative Surcharge	$ 4.00
Minimum Fee	$
DCA Training Fee	$ 25.00
TOTAL	$ 29.00

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.

James H Stashluk
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. Form F-130B

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

CARL F. DIEFFENBACH
PLUMBING SUBCODE OFFICIAL
575 ELDER AVENUE BOX #4
PHILLIPSBURG, N.J. 08865
908-454-1152 - FAX 908-454-3425

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/25/94
Date Issued
Control # 1081-
Permit # 94-18-AL

Paid 6/94 WCHD

(4) Fixtures Alter/Res

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

Block 30 Lot 9
Work Site Location 1115 EAST BLVD., ALPHA
Owner in Fee MR & MRS WILLIAM MERTON
Address 77 SKY MANOR RD
PITTSTOWN, N.J. 08867
Tele. (908) 996-4160
Contractor STASHLUK MECHANICAL CONTRACTORS
Address 998 CROTON RD
PITTSTOWN N.J. 08867
Tele. (908) 735-3611
Lic. No. 24006
Federal Emp. No. 22-2261572 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer ✓ Private Septic
Water Service Size Public Water ✓ Private Well
Estimated Cost of Plumbing Work $ ~~4805~~ 00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[8] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5/5/94
Approved by: [illegible]

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

INSPECTIONS Type:	Dates (Month/Day) Failure	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

James M. Stashluk
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

2006

D. TECHNICAL SITE DATA (List all fixtures.) MISC. PLUMBING REPAIRS AS A RESULT OF KITCHEN FIRE.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	7 15 00
1	Urinal/Bidet	
1	Bath Tub	5 00
1	Lavatory	5 00
	Shower	
	Floor Drain	
1	Sink	5 00
	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	3 00
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Paid [✓] Check # 452
Collected by: KD

Administrative Surcharge	$ 4 00
Minimum Fee	$
DCA Training Fee	$ 25 00
TOTAL	$ 29 00

U.C.C. Form F-130B

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

CARL F. DIEFFENBACH
PLUMBING SUBCODE OFFICIAL
575 ELDER AVENUE BOX #4
PHILLIPSBURG, N.J. 08865
908-454-1152 - FAX 908-454-3425

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/25/94
Date Issued
Control #
Permit # 94-18

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

Block 30 Lot 9
Work Site Location 1115 EAST BLVD., ALPHA
Owner in Fee MR & MRS WILLIAM MERTEN
Address 77 SKY MANOR RD
PITTSTOWN, N.J. 08867
Tele. (908) 996-4160
Contractor STASHLUK MECHANICAL CONTRACTORS
Address 99B CROTON RD
PITTSTOWN N.J. 08867
Tele. (908) 788-3611
Lic. No. 24006
Federal Emp. No. 22-2261872 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer ✓ Private Septic
Water Service Size Public Water ✓ Private Well
Estimated Cost of Plumbing Work $ 4805.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	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.

James H Stashluk
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.) MISC. PLUG REPAIRS AS A RESULT OF KITCHEN FIRE.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	7.00 15
	Urinal/Bidet	
1	Bath Tub	5.00
1	Lavatory	
	Shower	
	Floor Drain	
1	Sink	5.00
	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	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	
	Administrative Surcharge	4.00
	Minimum Fee	
	DCA Training Fee	25.00
	TOTAL	$29.00

Paid [✓] Check # 452
Collected by: KD

U.C.C. Form F-130B

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

UCC NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/29/94
Date Issued 4/27/94
Control #
Permit # 94-18

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

Block 30 Lot 9
Work Site Location 1115 East BLVD. ALPHA, NJ.
Owner in Fee MR + MRS William Marten.
Address 77 Sky Manor Rd. Pittstown, NJ.
Tele. (____)
Contractor E. WATERS.
Address 519 Moore ST. HAMPTON, NJ.
Tele. (905) 537-2672
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. ______ or Social Security 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]
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Replace + up grade - 1/2 - duplex - on 1115 East Boulevard -

"All Affected areas To be brought up To 1994 BOCA Nat. Bldg. Code.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
[✓] No Plans Req. 4/27/94 [initial]
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other ______
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 8/15/94
Approved By: [initial]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	6/7/94		6/13/94	[initial]
Insulation			6/13/94	[initial]
Finishes:				
Energy				
Mechanical			8/15/94	[initial]
TCO				
Other				
Final	8/11/94			

For Stop. Stop + Framing Kit Sink.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[X] Siding
[X] Other
[X] Demolition
[ ] Miscellaneous
[ ] Fence ______ Height
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other ______

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present Rental Proposed Same
Constr. Class Present ______ Proposed ______
No. of Stories 2
Height of Structure 23' Ft.
Area—Largest Floor 500 Sq. Ft.
Total Bldg. Area/All Floors 10000 Sq. Ft.
Volume of Structure 8640 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ —
2. Alteration $ 39395.00
3. Total (1+2) $ 39395.00

Paid [✓] Check # 452
Collected by: [initial]
Administrative Surcharge $
Minimum Fee $
TOTAL FEE $ 390.00

U.C.C. Form F-110A
1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

PRO 102

WR # 0052135

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/25/94
Date Issued 3/29/94
Control #
Permit #

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

Block 30 Lot 9
Work Site Location 1115 EAST BLVD
ALPHA BLVD.
Owner in Fee WILLIAM MERTEN
Address RD SKY MANOR ROAD
PITTSTOWN NJ 08867
Tele. ( ) 735-4160
Contractor MT. SALEM ELECTRIC CO. INC.
Address 203 BOX 80
PITTSTOWN NJ
Tele. ( ) 735-6126
Lic. No. 7071
Federal Emp. No. 22-3209666 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as DWELLING Utility Co. JCPL
Est. Cost of Elec. Work $ 5,800.00 FIRE DAMAGE

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 3/29/94
Approved by: RD

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 8/15/94
Approved by: RD

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Rough			6/7/94	RD
Temporary				
Constr. Serv.			8/19/94	RD
TCO				
Other				
Service	8/11/94		3/29/94	RD
Final			8/15/94	

Temp. Cut-in-Card Date Issued 3/29/94
Final Cut-in-Card Date Issued
Line Dept.

Service Card. Good To Energized.

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.

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE		FEE (Office Use Only)
10		Fixtures (1)	
19		Receptacles (2)	
4		Switches (3)	
24		Total 1 + 2 + 3	$ 36.00
1		Range	10
		Oven(s)	
		Surface Unit	
1		Dishwasher	10
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
6		Smoke Detectors	Incl.
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	$
1	100	Service Entrance	$ 46.00
		Other	

Paid [✓] Check # 452
Collected by: RD

Administrative Surcharge	$
Minimum Fee	$ 102.00
TOTAL FEE	$

INSPECT ONLY

U.C.C. Form F-120A

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

PRO 103

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/25/94
Date Issued 4/26/94
Control #
Permit # 94-18

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

Block 30 Lot 9
Work Site Location 1115/1117 EAST Blvd.
Owner in Fee William Merton
Address Sky Manor Road, Pittstown N.J. 08867
Tele. ( ) 996-4960
Contractor M.F. Sment Electric Co. Inc.
Address 103 Box 80 Pittstown, N.J. 08867
Tele. ( ) 908 735-6186
Lic. No. 7891
Federal Emp. No. 22-3208666 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Two Family Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ Incl. w/Elec. [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 4/26/94
Approved by: KD
SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date: 8/11/94
Approved by: [signature]

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test			8/11/94	
Smoke Test				
Mechanical	8/11/94			
TCO				
Other Locations			8/16/94	KD
Other				
Other			8/4/94	KD

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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number
Wet Sprinkler Heads	
Dry Sprinkler Heads	
TOTAL	
Smoke Detectors	6
Heat Detectors	
TOTAL	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
CO_2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
OTHER	

FEE (Office Use Only)

120 Volt Interconnected. 2 Battery Back-up On every Floor Level In Side 1 Bedrooms - 1 Bathroom Hallway

Paid [✓] Check # 452
Collected by KD

Administrative Surcharge	$	
Minimum Fee	$	65
TOTAL FEE	$	65

U.C.C. Form F-140A

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

ALPHA BUILDING DEPARTMENT
1001 EAST BLVD.
ALPHA, N.J. 08865

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Cert. No. 0242
Date Issued 9/29/94
Control #
Permit # 94-18

IDENTIFICATION

Block 30 Lot 9
Work Site Location 1115 East Blvd.

Owner in Fee Mr William Mountain
Address 77 Sky Manor Rd.
Pittstown, N.J. 08867
Tele. ( ) 996-4160
Contractor E Waters
Address 519 Moona St.
Hampton, NJ
Tele. ( ) 537-2672
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group R-3
Maximum Live Load
Description of Work/Use:
Renovations Fire Damaged Dwelling. (Right Side)

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification 5B
Maximum Occupancy Load

Final Certificate:

CERTIFICATE OF OCCUPANCY/APPROVAL

☑ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL** Porch Rails

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Fee $ 62.00 #752
Paid [ ] Check No.
Collected by: KD

Kevin R. Duddy
CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

PRO 123

ALPHA BUILDING DEPARTMENT
1001 EAST BLVD.
ALPHA, N.J. 08865

CERTIFICATE

Cert. No. [illegible]
Date Issued 8/16/94
Control #
Permit # 94-18

IDENTIFICATION

Block 30 Lot 9
Work Site Location 1115 East Blvd.

Owner in Fee Mr. William Merten
Address 77 Sky Manor Rd.
Pittstown N.J. 08867
Tele. (908) 996-4160
Contractor E. Watens
Address 519 Moore St.
Hampton, N.J.
Tele. (908) 537-2672
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group R-3
Maximum Live Load
Description of Work/Use:
Renovations Fire Damaged
Right Side Dwelling Unit.

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification 5B
Maximum Occupancy Load

Temporary/Conditional Certificate pending completion of:
1) Front Porch Repairs
2) Repair Cracked Window To Attic.
3) Dumpster Enclosure Debris Removal must be accomplished by 8/19/94

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ 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 OCCUPANCY 45 days.

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than 9/30, 19 94 or the owner will be subject to a fine or order to vacate:

Fee $ 62.00
Paid [✓] Check No. #452
Collected by: KJS

Kevin R. Dunbar
CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

PRO 123

ALPHA BUILDING DEPARTMENT
1001 EAST BLVD.
ALPHA, N.J. 08865

CERTIFICATE

Cert. No. [illegible]
Date Issued 8/16/94
Control #
Permit # 94-18

IDENTIFICATION

Block 30 Lot 9
Work Site Location 1115 East Blvd.

Owner in Fee Mr. William MacTear
Address 77 Sky Manor Rd.
Pittstown N.J. 08867
Tele. (908) 996-4160
Contractor E. Watens
Address 519 Moore St.
Hampton, N.J.
Tele. (908) 537-2672
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group R-3
Maximum Live Load
Description of Work/Use: Renovations Fire Damaged Right Side Dwelling Unit.

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification 5B
Maximum Occupancy Load

Temporary/Conditional Certificate pending completion of (a) Front Porch Repairs (b) Repair Cracked Window To Attic. (c) Dumpster Extension Debris Removal must be accomplished by 8/19/94

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY** 45 days.

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than 9/30, 19 94 or the owner will be subject to a fine or order to vacate:

Fee $ 62.00
Paid [✓] Check No. #452
Collected by: KJ

Kevin R. Duddy
CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

PRO 123

Alpha Building Department
1001 East Blvd.
Alpha, N.J. 08865
(201) 454-9593 2275

CONSTRUCTION PERMIT

Date Issued 3/29/94
Control #
Permit # 94-17
No. [illegible]

IDENTIFICATION Block 30 Lot 9

Work Site Location 1117 East Blvd.

Owner in Fee William Mantear
Address Sky Manor Rd
Pittstown, N.J.
Tele. ( ) 996-4160

Contractor MT. Salem Electric Co.
Address RD#3 Box 80
Pittstown, N.J. 08867
Tele. (908) 735-6126
Lic. No. or Bldrs. Reg. No. 7011B Exp. Date
Federal Emp. No.
or Social Security No. 22-3209661

s hereby granted permission to perform the following work:
[✓] BUILDING [ ] PLUMBING [ ] OTHER
[✓] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
Service & Electrical.
C/C/O Inspection

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 $ 300.00

Kevin R. Dudley
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	#46.00
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	#46.00
Check No.	#452 Received 4/21/94
Cash	
Collected By:	KD

U.C.C. Form F-170A

(see reverse side)

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

PRO 108

WR# 0052138

CUT-IN-CARD

MUNICIPALITY Borough of Alpha.
LOCATION 1117 East Blvd. UTILITY CO
BLK 30 LOT 9
OWNER William Mantear. OCCUPANT Tenant.

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☐ FINAL ☑ TEMPORARY This approval void after 90 days

DESCRIPTION OF SERVICE 100 Amp Service.
INSTALLED BY MT. Salem Elec. LICENSE NO 7071
DATE 3/29/94 PERMIT # 94-17 INSPECTOR KDudley
☐ CALLED IN / / Lic. No: 4681

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

Alpha
MUNICIPALITY

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3/28/94
Date Issued 3/29/94
Control #
Permit # 94-17

Check Received - 4/24/94

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

Block 30 Lot 9
Work Site Location 1117 EAST Blvd. Alpha NJ
Owner in Fee William MERTEN
Address Sky MANOR ROAD PITTSTOWN, N.J.
Tele. (____) 996-4160
Contractor Mt. Salem Electric Co. Inc
Address RD3 Box 80 PITTSTOWN, N.J. 08867
Tele. (____) 735-6170
Lic. No. 7071
Federal Emp. No. 22-3209766 or Social Security No. ____

WR# 0052138

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Two Family Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as Dwelling Utility Co. JCPL
Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3/29/94
Approved by: K.D.

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 3/29/94
Approved By: K.D.

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other			3/29/94	K.D.
Service			3/29/94	K.D.
Final				

Temp. Cut-in-Card Date Issued 3/29/94
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.

Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

MDIA INSPECTOR

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	____	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
✓	___ Amp	Service Entrance electric	
	____	Other CCO - Sealed	46.00

Paid [✓] Check # 452
Collected by: K.D.

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ ____
TOTAL FEE	$ 46.00

U.C.C. Form F-120B

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

MDIA

Alpha
MUNICIPALITY

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/28/94
Date Issued 3/29/94
Control #
Permit # 94-17

Check Received - 4/21/94

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

Block 30 Lot 9
Work Site Location 1117 EAST Blvd.
Owner in Fee Alpha NJ William Merten
Address Sky Manor Road
Pittstown, N.J.
Tele. (___) 996-4160
Contractor Mt. Salem Electric Co. Inc
Address RD3 Box 80
Pittstown, N.J. 08867
Tele. (___) 735-6120
Lic. No. 7077
Federal Emp. No. ~~00~~-3209666 or Social Security No.

WR# 0052138

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Two Family Proposed
[ ] Pole/Pad # [✓] Temporary [ ] Other
Building Occupied as Dwelling Utility Co. JCPL
Est. Cost of Elec. Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3/29/94
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 3/29/94
Approved By: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service			3/29/94	[signature]
Final				

Temp. Cut-in-Card Date Issued 3/29/94
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.

[signature]
Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

MDIA OFFICE

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___Kw	Range	
	___Kw	Oven(s)	
	___Kw	Surface Unit	
	___hp	Dishwasher	
	___hp	Garbage Disposal	
	___Kw	Dryer	
	___Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___hp	Whirlpool/spa	
		Pool Bonding	
	___hp	Pool Filter Motor	
		Pool Lights	
	___Kw	Water Heater(s)	
	___Kw	Central heat: oil, gas or elec.	
	___Kw	Baseboard Heat Units	
		Thermostats	
	___hp	Heat Pump	
	___hp	Pump(s)	
	___Amp	Motor Control Center/Sub Panels	
		Signs	
	____	Light Standards	
	___hp	Motors—Fractional H.P.	
	___hp	Motors—All Others	
	___Kw	Transformers	
	___Kw	Generators	
✓	___Amp	Service Entrance electric	
	____	Other CCO - Service	46.00

Paid [✓] Check # 452
Collected by: [signature]

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	# 46.00
TOTAL FEE	$	

U.C.C. Form F-120B

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

BOROUGH OF ALPHA

1001 EAST BLVD.
ALPHA, NEW JERSEY 08865
PHONE: 908-454-0088 FAX: 908-454-0076

ZONING PERMIT APPLICATION INSTRUCTIONS

The Zoning Ordinance of the Borough of Alpha requires that any person, corporation or agent thereof must **FIRST** apply for a zoning permit **PRIOR** to constructing, moving, altering or changing the use of any building (structure) or the use of any land.

For example if you are going to construct a: deck, porch, swimming pool, fence, addition to an existing building, construct a new building, create off street parking, erect a sign on the ground or attached to a building; you will be required to file an application for a zoning permit.

[redacted]

WE *ASK THAT YOU PROVIDE A COPY OF YOUR PROPERTY SURVEY.* On the survey, please indicate the location where you will be constructing or erecting any of the above. You will also need to indicate the **dimensions** and in all cases how far from your home and/or property lines, your project will be. **YOU NEED TO BE VERY SPECIFIC.** If you do not provide enough information, your application will be denied based on lack of information, which will delay your project.

In most cases you will also be required to file an application for a Construction permit.

THIS ADVICE DOES NOT GUARANTEE AN APPROVAL.

Paid #1115
$25.00

FOR OFFICE USE ONLY:

Date Received: 9/26/13

Application # 13-09-13

Approved
KS

Fee: $25.00
(Payable at time of submission of application)

BOROUGH OF ALPHA
1001 EAST BLVD.
ALPHA, NEW JERSEY 08865
PHONE: 908-454-0088 FAX: 908-454-0076

Borough of Alpha
APPLICATION FOR A ZONING PERMIT

The Zoning Ordinance of the Borough of Alpha requires that any person, corporation or agent thereof must **FIRST** apply for a zoning Permit **PRIOR** to constructing, moving, altering or changing the use of any building (structure) or use any land.

Property Address: 1115 EAST BLVD, ALPHA, N.J. 08865

Block: 30.01 Lot: 9 Owner(s) of Property: DONNA & KEN SCHAAL

Phone: (908) 310-0629 Owner(s) Address: 480 JANES RD, MILFORD, NJ 08848

City: MILFORD State: N.J. Zip Code: 08848

Applicant's Name: DEBORAH FERRY (TENANT) Phone: (908) 303-6276

Applicant's Address: 1115 EAST BLVD

City: ALPHA State: N.J. Zip Code: 08865

I hereby certify to the filing of this application as the owner of the above referenced property.

Property Owner's signature: Donna Schaal

Applicant's signature: Deborah Ferry

Property Road Frontage: (Lineal Feet) _____ Corner Lot: ( ) Interior Lot: ( )

Property dimensions: _____ X _____

Property Area: Square Footage: _____ Acreage: _____

Zoning District: R-1 _____ R-1A _____ R-2 _____ R-3 _____ R-4 _____

R-5 _____ B-1 _____ B-2 ~~R-5~~ B-3 _____ I _____ MF _____ AH _____

Current Use of the Property:

Check off the appropriate box(s) and describe below the **EXACT** nature and locations of the use(s) currently existing in the building or on the property.

Single Family Home: _____ Two Family Home: ✓ Multi-Family: _____ Units: _____

Rooming House: _____ Number of Units: _____

General Office Use: _____ Professional Office: _____ Medical Office: _____

Retail Sales: _____ Service Business: _____ Restaurant/Tavern: _____

Auto Fuel Sales: _____ Automotive Repair: _____ Warehouse: _____ Storage Yard: _____

Transportation/Trucking Business: _____ Factory: _____ Mixed Use: _____

Religious Assembly: _____ Recreational Assembly: _____ Other Uses: _____

Description of the existing use:

RESIDENTIAL

This application is hereby made for the purpose of obtaining a Zoning Permit in accordance with Chapter 410 of the Municipal Zoning Ordinance # 00-08 to:

(A) Construct a new building

(B) Construct an addition to an existing building

(C) Erect a swimming pool

(D) Erect a fence

(E) Construct a deck or a porch

(F) Erect a sign on the ground or attached to the building

(G) Change the use of the building

(H) Introduce additional uses into the building or on the property

(I) Use vacant land

(J) Operate a home occupation

(K) Park vehicles on vacant land

(L) Demolish a building or structure

(M) Change the site characteristics of the property

(N) Subdivide or re-subdivide the property

(O) Create new or additional parking spaces or a parking pad

(P) Other

Describe below the **EXACT** nature of your request for (1) The construction, alteration, erection, repair, remodeling, conversion, removal or demolition of any building or structure; (2) The use and occupancy of any building, structure or land and (3) The subdivision or re-subdivision of any land; (4) and any alterations of the site or lands.

Along with this application you **MUST** provide adequate information in the way of plans, specifications, dimensions, details, surveys, plot plans, floor plans, building elevation plans, or site plans for a determination by the Zoning Officer/Administrative officer as to whether your proposal conforms to the Land Use Regulations of the Borough of Alpha.

YOUR FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN A DENIAL OF THIS APPLICATION FOR A ZONING PERMIT.

Description of the proposed construction or use of the building or lands:

ERECTING A CHAIN LINK FENCE, 4 FT HIGH, PRIMARILY TO CONTAIN 2 DOGS. 20FT X 40FT X 20FT. MORE THAN 25 FT AWAY FROM STREETS.

AREA FOR DIAGRAM

SEE ATTACHED (OVER)

***Or attach copy of survey, drawing, etc.

ANCHOR FENCE COMPANY, INC.

AUTHORIZED DEALER

OF THE LEHIGH VALLEY

906 S. FOURTH STREET, ALLENTOWN, PA 18103
610-797-2900 • FAX 610-797-5213
www.anchorfenceinc.com

HIC# PA006329

JOB NUMBER

DATE: 9 | 5 | 18

Interest at the rate of 1 ½ % per month will be charged on all past due accounts.

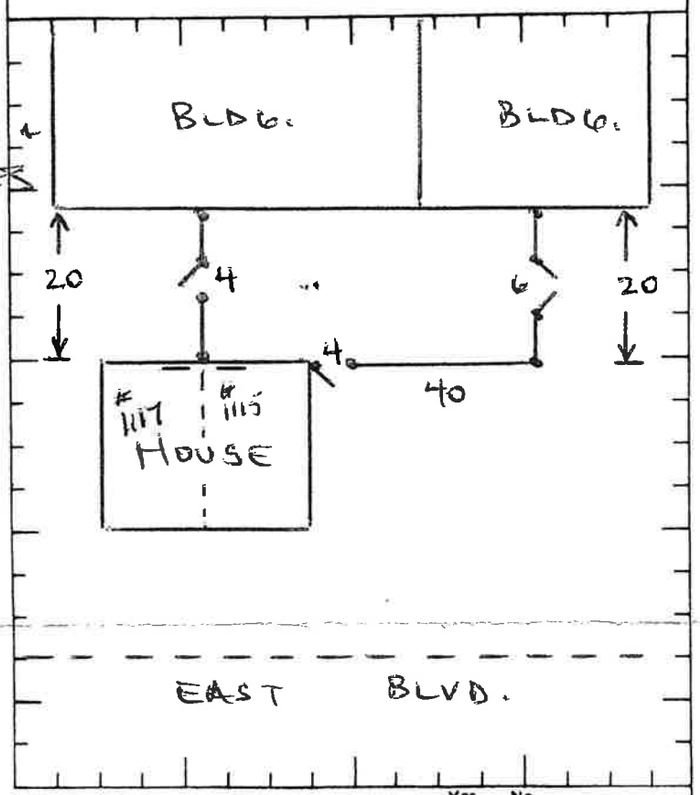
We propose to sell and to install on your property an **ANCHOR FENCE** in accordance with sketch and quantities listed below

TYPE CHAIN LINK FABRIC	SIZE OF LINE POSTS	PLACED ON	SIZE OF TOP RAIL	HEIGHT OF FENCE	TYPE OF FRAMEWORK
2" x 9g GREEN	1 5/8" O.D	10 SPACINGS	1 3/8 "OD.	(FOUR) 4 FT.	GALVANIZED

NAME: DEBBIE FERRY
ADDRESS: 1115 EAST BLVD.
ALPHA, NJ 08865 ZIP CODE
PHONE: 908-303-6276
STYLE OF WOOD/ALUM/PVC:

QUANTITY	DESCRIPTION
84	FT OF 4FT HIGH
	CHAINLINK FENCE INCL.
1	6FT WIDE DOUBLE GATE
2	4FT WIDE SINGLE GATES
*	2" O.D. GATE & TERMINAL POSTS
*	INCLUDES A 1 3/8" O.D BOTTOM RAIL
*	PERMITS / PROPERTY LINES BY HOMEOWNER
*	NJ1-CALL BY ANOTHER FENCE CO.

SKETCH



TOTAL $2595.00
Down Payment $865.00
BALANCE $1,730.00

*Electric & Telephone Service Buried? Yes ☐ No ☒

Fence Posts to be Set In: ☒ Anchors ☑ Concrete ☐ Compact Back-Fill (GATE POSTS)

Top Rail of Fence To: ☒ Follow Ground ☐ Be Level

"You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction.
Subject to terms and conditions on reverse side.

ACCEPTED BY: X _____

BY _____ Representative

TERMS: 1/3 DOWN DEPOSIT — BALANCE DUE UPON COMPLETION

FULLY LICENSED AND INSURED

Alpha Building Department
1001 East Blvd.
Alpha, N.J. 08865
(201) 454-9593

CONSTRUCTION PERMIT

Date Issued 7/8/92
Control #
Permit # 92-51

No. [illegible]

IDENTIFICATION Block 30 Lot 9

Work Site Location 1115-1117 EAST BLVD
ALPHA, N.J.
Owner in Fee MR. BILL MERTEN
Address RD #2 BOX 37
PITTSTOWN, N.J.
Tele. ( ) 996-4160

Contractor HUNTINGTON OIL CO INC
Address 625 HAWK AVE.
ALPHA, N.J.
Tele. ( ) 454-6677
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. 222159118
or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

INSTALL 2 HOT WATER BOILERS AND
2-OIL TANKS

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 $ 5000.00

Kevin R Dudley
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	10.00
Plumbing	85.00
Electrical	
Fire Protection	
Other 15%	13.00
Other C/O	10.00
DCA Training Fee	
Cert. of Occ.	
Other	
Total	$118.00
Check No.	#13947
Cash	
Collected By:	KD

U.C.C. Form F-170A

(see reverse side)

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

PRO 108

PERMIT UPDATE

Date Update Issued 8/12/92
Control #
Permit # 92-51 A
Date Permit Issued 7/8/92

IDENTIFICATION Block 30 Lot 9
Work Site Location 1115-1117 East Blvd
Owner in Fee Mr. Bill Merten
Address RD #2 Box 37
Pittstown NJ 08867
Tele. ( ) 996 4160

Contractor Huntington Oil Co.
Address 625 Hawk Ave.
Alpha, NJ.
Tele. ( ) 454-6677
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 222-159118
or Social Security No. _____

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] Other _____
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Rebuild Chimney from Attic Floor
Through Roof
$900.00

Estimated Cost of Work $ _____

Kevin R Dudley
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	$10.00
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	$10.00
Check No.	14077
Cash	
Collected By:	KD

U.C.C. Form F-190A

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

Alpha Building Department
1001 East Blvd.
Alpha, N.J. 08865
(201) 454-9593

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued 2/17/92
Control #
Permit # No. 1313-92

IDENTIFICATION Block 30 Lot 9

Work Site Location 1115/1117 E. Blvd.

Owner in Fee WILLIAM MERTEN
Address RD# 2 Box 37
Pittstown, N.J. 08867
Tele. ( ) 996-4160

Contractor OWNER
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

STRUCTURAL REPLACEMENT ON FRONT PORCH.

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 $ 200.00

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**	
Building	$) 10.00
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	$10.00
Check No.	252
Cash	
Collected By:	

U.C.C. Form F-170A

(see reverse side)

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

PRO 108

ALPHA BUILDING DEPARTMENT
1001 EAST BLVD.
ALPHA, N.J. 08865

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 2-17-92
Control #
Permit # 1312-92

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

Block 30 Lot 9
Work Site Location 1115 / 1117 E. Blvd
Owner in Fee Wm Merten
Address RD # 2 Box 37 Pittstown, N.J. 08867
Tele. ( ) 996 4160
Contractor Skip Stansell Texaco
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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 William Merten

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

General Porch Repairs

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			10/31/92	

Miscell. Repairs.

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence Height
  - [ ] Sign Sq. Ft.
  - [ ] Pool
  - [ ] Elevator
  - [ ] Asbestos Abatement
  - [ ] Other

(Office Use Only)

FEE	
$	10—
Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$ 10—

Paid [✓] Check # 252
Collected by: [illegible]

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 200.00
3. Total (1+2) $

U.C.C. Form F-110A

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

PRO 102

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/8/92
Date Issued
Control #
Permit # 92-51

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

Block 30 Lot 9
Work Site Location 1115-1117 EAST BLVD. ALPHA, N.J.
Owner in Fee MR. BILL MORTON
Address RD #2 BOX 37 PITTSTOWN, N.J.
Tele. ( ) 996-4160
Contractor HUNTINGTON OIL CO INC
Address 625 HAWK AVE. ALPHA, N.J
Tele. ( ) 454-6677
Lic. No.
Federal Emp. No. 222159118 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 45000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date:
Approved by:

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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.

M. P. Chmel
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
	Gas Piping	
2	Fuel Oil Piping (TANKS)	15.00
	Water Heater	
	Steam Boiler	
2	Hot Water Boiler	70.00
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [✓] Check # 13947 Minimum Fee $ 85.00
Collected by: TOTAL $

U.C.C. Form F-130A

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

Alpha Boro

Prudential 7/92

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/8/92
Date Issued
Control # 1006
Permit # 92-51-AL

(2) Fixture Alter/Rep (1) Special Device

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

Block 30 Lot 9
Work Site Location 1115-1117 EAST BLVD. ALPHA, N.J.
Owner in Fee MR. BILL MORTEN
Address RD #2 BOX 37 PITTSTOWN, N.J. 08867
Tele. ( ) 996-4160
Contractor HUNTINGTON OIL CO INC
Address 625 HAWK AVE. ALPHA, N.J.
Tele. ( ) 454-6677
Lic. No.
Federal Emp. No. 222159118 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 4500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 7/10/92
Approved by: (JA)

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved by: (JA)
Date: 7-30-92

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TOP Boilers			7/30/92	MK

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.

M. O'Connell
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
	Gas Piping	
2	Fuel Oil Piping (TANKS)	15.00
	Water Heater	
	Steam Boiler	
2	Hot Water Boiler	70.00
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [✓] Check # 13947 Minimum Fee $ 85.00
Collected by: TOTAL $

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Received
Date Issued 7/8/92
Control #
Permit # 92-51

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

Block 30 Lot 9
Work Site Location 1115-1117 EAST BLVD ALPHA, N.J.
Owner in Fee MR. BILL MERTEEN
Address RD #2 BOX 37 PITTSTOWN, N.J.
Tele. ( ) 996-4160
Contractor HUNTINGTON OIL CO. INC.
Address 625 HAWK AVE ALPHA, N.J. 08865
Tele. ( ) 454-6677
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 222159118 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Req. 7/8/92 KD
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA 10/2/92
Date:
Approved By: KD

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			Mike Emrick Visit Made	
Insulation			10/2/92	KD
Finishes:				
Energy				
Mechanical				
TCO				
Other TANK Removal/Closure.			About 7/29/92	KD
Final				

7/28/92 Cement Flows & Chimney updated.

B. BUILDING CHARACTERISTICS

Use Group Present — Proposed Two Family.
Constr. Class Present — Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ $500.00
3. Total (1+2) $

C. CERTIFICATION IN LIEU OF OATH

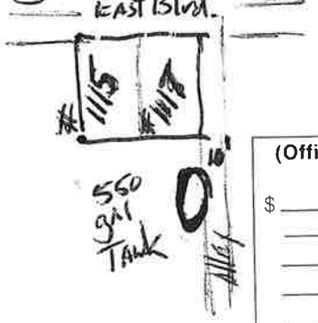
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

M. O'Connor
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal ① Underground storage Tank. 550 gal.



TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[✓] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)

FEE

Administrative Surcharge	$
Minimum Fee	$ $10.00
TOTAL FEE	$

Paid [✓] Check/# 13947
Collected by: KD

U.C.C. Form F-1100 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Cleaned & * Filled with sand.

PRO 102

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/10/15
Control #
Date Issued 11/10/15
Permit # # 15-098

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

Block 36 Lot 9 Qualification Code
Work Site Location 1105-1117 East Blvd Alpha N.J.
Owner in Fee Donna + Ken Schaal
Address 160 Black Brook Rd Hampton N.J. 08827
Tel. (908) 537-9112.
Contractor Same as above
Address
Tel. (908) 3108357 FAX ( )
Contractor License No. or Builder Registration 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.

Kenneth Schaal
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 40ft of Sidewalk

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[✓] No Plans Required	11/10/15	KD
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11/23/15
Approved by: KD

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab Forms.			11/18/15	KD
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/23/15	KD
Barrier-Free				

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

FEE (Office Use Only)

$	
Administrative Surcharge $	
Minimum Fee $	36.00
State Permit Surcharge Fee $	5.00
TOTAL FEE $	$41.00

B. BUILDING CHARACTERISTICS

Use Group Present K-3 Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $2500.00
3. Total (1+ 2) $

#6235

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

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11/10/15

Permit # # 15-098

IDENTIFICATION Block 30 Lot 9 Qualification Code

Work Site Location 1115-1117 East Blvd. Contractor Owner.

Owner in Fee Donna & Ken Sibaal. Address

Address 160 Black Brook Rd. Hampton, N.J. 08827

Tel. (908) 537-9112 Tel. ( )

Lic. No. or Bldrs. Reg. 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:

Replace

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 $ 2500

Construction Official

Date 11/10/15

PAYMENTS (Office Use Only)

Building 36.00

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 5.00

Cert. of Occupancy

Other

Total 41.00

Check No. # 6235

Cash

Collected by KS

(see reverse side)

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

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

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 4/26/96
Control #
Permit # 96-78

IDENTIFICATION Block 30 Lot 9
Work Site Location 1115-1117 East Blvd.
Owner in Fee William MacTaw
Address 77 Sky Manor Rd. Pittstown, N.J. 08867
Tele. ( ) 996-4166

Contractor Erwin Watkins
Address 519 Moore St. Hampton N.J.
Tele. ( ) 537-2672
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
Re Roofing All Main & Panel Roofs.

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 $ 1500.00

Kevin R. Dunkley
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)

Building	15.00
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	1.00
Cert. of Occ.	10.00
Other	
Total	$26.00
Check No.	#1145
Cash	
Collected By:	KD

(see reverse side)

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7/26/96
Control #
Permit # 96-78

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

Block 30 Lot 7
Work Site Location 1115-1117 EAST BLVD
ALPHA N.J.
Owner in Fee WILLIAM MARTEN
Address 77 SKY MANOR RD.
PITTSTOWN N.J. 08867
Tele. (908) 996-4166
Contractor ERWIN WATERS
Address HAMPTON, N.J. ~~~~
519 MOORE ST.
Tele. (908) 537-2672
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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.

William Marten
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Re roof (entire roof)
a few sheets of plywood replaced.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Req.	7/26/96	WJ
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11/23/96
Approved By: WJ.

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			11/23/96	WJ

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [✓] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other _____
  [ ] Other _____
[ ] Demolition

(Office Use Only)
FEE

Administrative Surcharge	$ 00
Minimum Fee	$ 15.00
DCA TRAINING FEE	$ 1.00
TOTAL FEE	$ 16.00

Paid [✓] Check # 1145
Collected by: WJ.

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 1500.00

U.C.C. Form F-110B

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

Alpha Building Department

PROPERTY MAINTENANCE INSPECTION REPORT

Application for a Certificate of Continued Occupancy
Per Ordinance #489

Tenant: Emily Vargas

Paid in full for this new tenancy #402

BOROUGH of ALPHA
1001 EAST BOULEVARD
ALPHA, NJ 08865
(908) 454-~~2275~~ 0089 ext 176

File No. 1346-02 & 1347-02

Date 10/19, 2002

Property 1115 & 1117 East Blvd. Block 30 Lot 9

Owner Keyes Donna Schaal Address 160 Blackbrook Rd, Hampton. Tel. (908) 537-9112
OPP 27

Lessee _____ Tel. _____

Multi Family ☐ Single Family ☐ Two Family ☑ Business ☐

	Pass		Fail		Pass		Fail
Exterior Property Areas	☐	303.0	☐	Mechanical & Heating	☐	601.0	☑
Exterior Structure	☐	304.0	☑	Electrical	☐	604.0	☑
Interior Structure	☐	305.0	☑	Fire Safety	☐		☑
Light & Ventilation	☐	401.0	☐	Sanitary Condition	☐	701.0	☑
Plumbing	☐	501.0	☑	Other	☐		☐

No.	Violations/Correction List	Abatement Date
604	Install ① Receptacle on the w/Rear corner of the left rear bedroom	
604	" ① " " " " " " middle bedroom.	
604	" ① " " " " R/side wall of the front bedroom	
305	Secure Flooring in Front bedroom	
604	Install ① Receptacle on the w/Rear Corner of the dining Room	
604	Replace all worn & broken ungrounded Receptacles with new. check Switches. [501] Check Plumbing [601] Check for	
305	Flooring & Tub Finishes in Bathroom [305] Repair Broken servicing of boiler.	
305	Clean & Sanitize unit Paint Walls. Repair walls etc. → Stair Treads.	
F.S.	Provide Smoke ~~Detector~~ Detectors on all Floor levels battery	
305	Install ① layer of dry wall on common attic wall. & Remove door To #1115 side & dry wall opening.	
604	GFIC Receptacles not operable on Kitchen Counter Top	
604	Replace Receptacle on Front wall on Rear bedroom.	
F.S.	Replace missing hard wired detectors & replace batteries.	
604	Replace grounding receptacle conductor To water pipe.	
305	Repair Chimney in attic.	
601	Cap off old oil lines under stairway. & Investigate possible oil tank in Rear yard.	
701	Clean debris from Rear Crawl Space of Both sides.	
604	Secure GFIC on Rear of house	
304	Miscell Exterior. Scrape & Painting	
601	Check Boiler [501] Check Plumbing.	
	No Occupancy until c/o is issued.	
	Boiler serviced 9/6/02 #1115 side.	

First Notice

Second Notice

Summons Date

Report Received By

Date 10/19/02

Inspector