Manchester Township
1 Colonial Drive
Manchester NJ 08759
732-657-8121

CERTIFICATE

Date 4/22/2005

IDENTIFICATION

Block 1184 Lot 22 Qualification Code:

Work Site Location 913 LARCHMONT ST
MANCHESTER

Owner or Tenant STOUP, PH GREGG & WENDY

Address 913 LARCHMONT ST
TOMS RIVER NJ 08757

Telephone: 732 736-9928

Agent/Contractor POINT BAY FUEL, INC

Address 71 OOMS AVE
TOMS RIVER NJ 08753

Telephone: 732 349 5052

Lic. No./ Bldrs Reg No: Federal Emp. No: 22-1817388

Social Security No:

Home Warranty No
Type of Warranty Plan [ ] State [ ] Private
Use Group R-5
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Certificate Exp Date
Description of Work/Use
Alteration OIL BOILER REPLACEMENT

Date of Use

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than or will be subject to the cease and desist order to vacate

[ ] CERTIFICATE OF CLEARANCE LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(years) see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Michael P Martin Construction Official

Fees: $0.00
Paid[X]Check No: 225112
Collected by: MB

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Manchester
PLUMBING SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION - APPLICANT

Date Received 5-31-05
Certificate # 54230
Date Issued 7/18/05

Manchester Township
1 COLONIAL DRIVE
MANCHESTER, NJ 08759
732 - 657-8121

Permit Number: 20051054
Permit Date: 07/18/2005
Update Number:
Control Number: 54230
Application Date: 05/31/2005

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 1.184 Lot: 22 Qualification Code:
Work Site Location: 913 LARCHMONT ST MANCHESTER

Owner in Fee: STROMPH, GREGG & WENDY
Address: 913 LARCHMONT ST
TOMS RIVER NJ 08757
Telephone: (732) - 736-9928
Use Group(s): R-5

Contractor: POINT BAY FUEL, INC
Address: 71 IRONS ST
TOMS RIVER NJ 08753
Telephone: (732) - 349-5059
Lic. No. / Bldrs. Reg. No.:
Federal Empl. No.: 22-[illegible]388

is hereby granted permission to perform the following work:

[ ] BUILDING
[ ] ELECTRICAL
[ ] ELEVATOR DEVICES
[ ] ASBESTOS ABATEMENT
(Sub-[illegible])

[X] PLUMBING
[ ] FIRE PROTECTION
[ ] MECHANICAL
[ ] LEAD HAZARD ABATEMENT

[ ] DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:
Alteration OIL BOILER REPLACEMENT

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	3,000.00
Cost of Demolition:	0.00
Total Cost:	3,000.00

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.

Michael P. Martin
Construction Official

Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	$45.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$5.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$50.00
All Fees Waived:	No

Amount to be Paid: $50.00
Check Number: 225112
Check amount: $50.00

Collected by: MB
Receipt No: 2[illegible]
Total Cash Amount:
Total Check Amount: $50.00
Total CC Amount:
Grand Total: $50.00

Note:

UCC F170 (rev. 1/04)

5-31-05

PLUMBING SUBCODE

Manchester Township
1 COLONIAL DRIVE
MANCHESTER, NJ 08759
732 - 657-8121

Permit Number 20010296
Permit Date 05/14/2001
Update Number
Control Number 40717
Application Date 05/14/01

CONSTRUCTION PERMIT

OWNER/PROPERTY DETAILS

Block 1184 Lot 22 Qualifier
Work site Location 913 LARCHMONT ST
Owner In Fee ARCHER
Address 913 LARCHMONT ST
Manchester NJ 08757
Telephone ( ) -
Use Group(s) R-3

Contractor ADT SECURITY SERVICES
Address 14200 EAST EXPOSITION AVE
AURORA CO 80012
Telephone (800) - 662-5378
Lic No / Bldrs Reg No
Federal Emp No

is hereby granted permission to perform the following work

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITION
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT
(Subcontractor's only)

DESCRIPTION OF WORK:

ALARM SYSTEM

ESTIMATED COST OF WORK:

Cost of Construction	$0.00
Cost of Mechanical	$0.00
Cost of Demolition	$0.00
Total Cost	$0.00

PAYMENTS (Office Use Only)

Building	
Electrical	$35.00
Plumbing	
Fire Protectio	
Elevator Devices	
Mechanical	
VolFee (DCA)	
MFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$35.00
All Fees Waived	No

Amount to be Paid: $ 35.00

Check Number 120
Check amount $35.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void

Vincent Lupo
Construction Official

Date

Failure to obtain all required inspections may result in administrative action
Final inspection is required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

Collected by STS
Receipt No 20010296
Total Cash Amount
Total Check Amount $35.00
Total CC Amount
Grand Total $35.00

Note: INSPECTIONS SHALL BE MONDAYS THRU FRIDAYS. CALL BEFORE 1:00PM FOR NEXT DAY INSPECTION.

Date Received
Date Issued

ELECTRICAL SUBCODE

20010296

Manchester Township
1 Colonial Drive
Manchester NJ 08759
732/657-8121

CERTIFICATE

IDENTIFICATION

Date Issued: 12/19/2001
Control #: 40717
Permit #: 20010296

Block 1301 Lot: 22 Qual:
Work Site 913 LARCHWOOD ST
Owner in Fee: ARCHER
Address 913 LARCHWOOD ST
Manchester NJ 08757
Telephone
Agent/Contractor ADT SECURITY SERVICES
Address 1501 OLYMPIC EXPO (I-95 AV)
AURORA CO 80012
Telephone 800 662 5378
Tax Sub Adm Reg No: Federal Emp No:
Social Security No:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private:
Use Group: R-3
Maximum Live Load: 0
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work Use: ALARM SYSTEM

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance the following conditions must be met no later than or the owner will be subject to fine or other action.

[ ] CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on a written certification, lead abatement was performed as per NJAC 5:17 to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period ___ years, see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Vincent Lepre
Municipal Construction Official

Fees $0.00
Paid [X] Check No 158
Collected by STS

rev. 10/00 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE

Date Received
Date Issued
Control #

20010296

ENVIRONMENTAL PROFILE LABORATORIES
ROUTE 37 BUSINESS PARK
SUITE 13
TOMS RIVER, NJ 08755
OFFICE: (908) 244-6278
FAX: (908) 244-6372

DRINKING WATER ANALYSIS FOR OCEAN COUNTY

BOB KEIFER
3230 JOHNSON AVENUE
LAKEHURST, NJ 08733
LOT: N/A BLOCK: N/A
TOWNSHIP: MANCHESTER

SAMPLE ID# 09079401
DATE OF COLLECTION: 09/07/94 TIME: 0850
ANALYSIS START: 09/07/94
ANALYSIS COMPD: 09/12/94
REASON FOR ANALYSIS: PERSONAL
COLLECTED BY: ENVIRONMENTAL PROFILE LABS

TEST PARAMETERS:	RAW	COND	RETEST	RETEST
DRAWN FROM:	KT			
COND: ON/OFF	NONE			
DATE:(TEST)				
TIME OF TEST:				
Trace Metals Expressed as mg/L (ppm)				
Mercury (Hg)	ND			

BT=BATHROOM TAP
HB=HOSE BIB
OS=OUTSIDE SPIGOT
KT=KITCHEN TAP

MDL	MAXIMUM LEVEL
0.0005	0.002

CONDITIONING EQUIPMENT: NONE

MDL=METHOD DETECTION LIMIT NLE=NO LIMIT ESTABLISHED <=LESS THAN
ND=LESS THAN MDL OR DETECTION LIMIT B= ALSO FOUND IN METHOD BLANK
NA=NOT APPL NEW SYSTEM INSTALLED:

* RESULTS ARE IN ACCORDANCE WITH THE PARAMETERS SET FORTH IN THE NJ DEP CLEAN DRINKING WATER ACT.

DANIEL R. WRIGHT, LABORATORY DIRECTOR

NEW YORK DOH CERT #11269
NEW JERSEY DEP CERT # 15526
PENNSYLVANIA DER CERT # 68-395

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Herbert W. Rueschke
Public Health Coordinator

September 29, 1994

Mr. Kiefer
3230 Johnson Avenue
Lakehurst, NJ 08733

RE: Water Analysis
Block 34 Lot 107.4
Township Manchester

Dear Mr. Kiefer:

This agency has recently analyzed a sample of water from the above stated parcel. The substances that were investigated are listed on the copy of the laboratory analysis form that is enclosed.

Please be advised that the results do not exceed maximum contaminant levels. If you have any questions, please feel free to contact this department.

Respectfully,

Bruce R. Forman, R.S.
Principal Sanitary Inspector

BRF/cad

enc.

cc: Manchester Township Mayor, Manchester Township Administrator, Manchester Township Board of Health, Manchester Township Emergency Management, Ocean County Planning Board-Stefany, NJDEP-Environmental Claims Division-Anne McClung, NJDEP-Site Assessment, NJDEP-Site Management-Rocky Richards

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

MANCHESTER TOWNSHIP
Community Development
Phone: (908)657-8127

Date Issued: 04/1?/96
Control #:
Permit #: 9600218-000

IDENTIFICATION: Block: 00054 Lot: 00004 Qual:

Work Site Location: [illegible] JOHNSON AVE

Owner in Fee: KIEFER ROBERT & [illegible]
Address: 3234 JOHNSON AVE
LAKEHURST N J [illegible]
Tele.: (908)657-[illegible]

Contractor: [illegible]
Address: [illegible]
[illegible]
Tele.: [illegible]
[illegible] No. or State Reg. No.: [illegible]
Federal Emp. No.: [illegible]
or Social Security No.:
[illegible]

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [illegible]
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: WATER [illegible]

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: $ [illegible]

CONSTRUCTION OFFICIAL

Building:	[illegible]
Plumbing:	[illegible]
Electrical:	[illegible]
Fire Protection:	[illegible]
Elevator:	[illegible]
Other:	[illegible]
DCA Training Fee:	[illegible]
Cert. of Occ.:	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
Total:	[illegible]

U.C.C. Form F-170A

MLS#
2000970
2002132
9040274
9046615
9046883
9048927

Copyright

MANCHESTER TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

Account Number

PERMIT

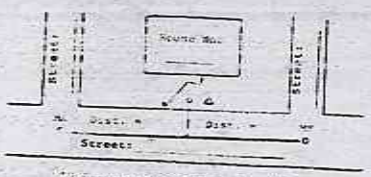
Water: _____ Block: 54

Sewer: _____ Lot: 4

Name / Address: _____

Billing Address (if different from above): _____

Installation Sketch:



*Location Trans-Address

Water: Left _____ ft.

Right _____ ft.

Size _____

Sewer: Left _____ ft.

Right _____ ft.

Size _____

*Indicate installed distances from left and right house corners to water meter pit (Δ) or curb stop and sewer cleanout (o). Note pipe size and distances between all C.O.'s, permit, etc.

Fee Record:

	Water	Sewer
Connection Fee	Total 1093 Sewer well #1.11	
Permit Fee		

Applicant/Plumber (including License No.)

Signature _____ Issue Date 5-17-71

Building Inspector:

Signature _____ Date _____

Board of Health

Signature _____ Date _____

Applicant retains Pink Copy. Return all others to MMUA after signed and final approval granted.

NICOLLET AVE
41'
700
701
703
BLOCK 5
LOT 4
117 FT
FOUNDATION ONLY
TOP ELEV: 62.9
N 43° 52' W
395.71'
S 46° 08' E
127.50'
S 43° 52' W
401.78'
N 46° 08' W
128.04'
16.15'
498'
598 JOHNSON ST NE

NICOLLETTI ROAD
41.6'
700
701
703
BLOCK 5
LOT 4
1.17 AC.
S 46° 08' E
127.90
N 43° 52' E
395.11
395.71
N 43° 52' W
401.78
N 46° 25' W
128.04
645'
49.8'
30'
FOUNDATION ONLY
TOP ELEV. = 65.9
MON
IRF
IP
SOUTHSON
AVE.