CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9-17-19

Permit # H2-1911076

IDENTIFICATION Block 1200 Lot 3704 Qualification Code

Work Site Location 343 DELAWARE ROAD Contractor GARDEN STATE ENERGY

Address

Owner in Fee EARLE

Address

Tel. 908 2554733

Tel. 973 271 7593

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:

HEAT PUMP & AIR HANDLER

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 $ 17600

Construction Official

8/27/19

Date

PAYMENTS (Office Use Only)

Building	
Electrical	30
Plumbing	106 —
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	14 —
Cert. of Occupancy	
Other	
Total	150
Check No.	2640
Cash	
Collected by	

(see reverse side)

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

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

Hope twp

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11-29-95
Date Issued 11-29-95
Control #
Permit # 104-95

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

Block 1200 Lot 3T04
Work Site Location 41 Del. Rd
X Owner in Fee David Ricker
Address Box 110
Hope NJ 0
Tele. ( )
Contractor
Address Same
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1 Replace shingles on roof

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 [X] CA		
Date: 5/14/96		
Approved By:		

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

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R-4
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 $ 450
3. Total (1+2) $ ____

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing @14
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other ____
[ ] Other ____
[ ] Demolition

(Office Use Only)

FEE

$ ____
____
____
25
____
____
____
____
____
____
____
____
____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ DCA TRAINING FEE $ 0
TOTAL FEE $ 25

U.C.C. Form F-1108

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

WARREN COUNTY HEALTH DEPARTMENT
Post Office Box 337
Washington, New Jersey 07882
Tel.: 689-6693

EMMETT E. LANDIAK
Public Health Coordinator

E. JOYCE SCHEUERMAN, R.N.,M.A.
Director of Division of
Personal Health Services

NOTICE OF COMPLETION

MRS. NICHOLAS DANYLUK	1200	3704	HOPE TOWNSHIP
(Owner)	(Block)	(Lot)	(Municipality)

Dear Construction Official:

This letter will testify that:

The Underground Disposal System has been installed as per the application. (If Validated Below)

The Water Supply has been installed and tested as provided in N.J.A.C. 7:10-1.1 et seq. (If Validated Below)

Further, the Warren County Health Department considers the installation complete, and the issuance of a Certificate of Occupancy in order.

SEPTIC
INVALID UNLESS VALIDATED

HEALTH DEPT.

AUG 01 1985

COMPLETED

WELL
INVALID UNLESS VALIDATED

HEALTH DEPT.

AUG 01 1985

COMPLETED

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING
BUREAU OF CONSTRUCTION CODE ENFORCEMENT
NEW HOME WARRANTY PROGRAM
CN 805
Trenton, New Jersey 08625

CERTIFICATE OF PARTICIPATION

in New Home Warranty Security Fund

PURCHASER

1
NAME: Nicholas & Loretta Dzwyluk
STREET AND NO.: P.O. Box 164, Hope Delaware Rd.
CITY: Hope STATE: N.J. ZIP: 07844

BUILDER

2
NAME: [illegible]
STREET AND NO.: P.O. Box 164 Hope Delaware Rd.
CITY: ~~Hope~~ [illegible] STATE: [illegible] ZIP: 1806[illegible]

PHONE NUMBER: (215) 395-2600

SELLING PRICE*: $54,500.00

Amount of Premium: $218.00
(.4 x 1% x Selling Price)

N.J. BLDR. REGISTRATION #: 06176

Joseph E. [illegible] Pres.
Registered Builder's Signature

*Any change in the selling price & premium must be reported to the Bureau along with supplemental payment if applicable.

NEW DWELLING UNIT LOCATION

3
STREET NAME AND NUMBER: P.O. Box 164 Hope Delaware Rd.
CITY: Hope N.J. ZIP: 07844
BLOCK NUMBER: 1700 LOT NUMBER: 37.04
MUNICIPALITY: Hope COUNTY: Warren

COMMENCEMENT DATE OF WARRANTY

4
COMMENCEMENT DATE (month day year): 2 - [illegible] - 85

(The date of closing or first occupancy, whichever occurs first.)

NOTE: Any change in the commencement date must be reported to the Bureau.

MORTGAGEE INFORMATION

5
NAME OF MORTGAGEE: NONE
STREET AND NUMBER:
CITY: STATE: ZIP:

CHECK TYPE OF HOME:

SINGLE FAMILY ☒ **TWO-FAMILY** ☐ **CONDOMINIUM** ☐ **TOWNHOUSE** ☐

PURCHASER: If you disagree with any of the above information please notify this office in writing as soon as possible.

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, Chapter 46:3B–1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years subject to the terms and conditions of the Act and Regulations.

NOTE: See reverse side in case of sale of property.

Charles M. Decker
Charles M. Decker, Chief
Bureau of Construction
Code Enforcement

VALIDATION STAMP
CERTIFICATE NUMBER
37451 JUL 29 85

PLEASE REMOVE ALL CARBON PAPER BEFORE RETURNING

MUNICIPAL COPY

Hope Twp.
Warren County.

NEW JERSEY UNIFORM CONSTRUCTION CODE CERTIFICATE

PERMIT NO. 74
DATE ISSUED
Block 1200 Lot 3704
Subdivision

IDENTIFICATION

Owner Nicholas Danyluk
Address Box 164
Hope, NJ 07844
Tel. ( )
Agent
Address
Tel. ( )
Work Site Address Hope Delaware Rd.
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $ 74
☐ Check No.
☐ Cash
☐ Other
Collected By CH
Date 8-14-85

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ 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.

E. 9/11/85 H.O.W. 37457 July 29. 85
P. 4/26/85 B. Health 4/26/85

B. ☐ 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.

C. ☐ 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:

D. DESCRIPTION OF WORK: 2 story dwelling with basement under half and 2 car garage attached. Brick faced.

USE GROUP R3A FIRE GRADING 5B

MAXIMUM LIVE LOAD 30 LL MAXIMUM OCCUPANCY LOAD 200 : 1

SPECIFIC USE Single Family Dwelling

FINAL COST OF CONSTRUCTION: $ 54,000

Chas Hoff
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy