



NEW JERSEY
UNIFORM CONSTRUCTION
CODE

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 24 Highview Terr - Wharton, NJ 07885

2. Name of Owner in Fee: [Redacted] Tel. ()

Address 24 Highview Terr Wharton NJ 07885

street municipality zip code

3. Ownership in Fee: Public Private ☒

4. Principal Contractor: Owner Tel. [Redacted]

Address

License No. OR, if new home, Builder Reg. No. Exp. Date

Federal Employee No. FAX: ()

5. Architect or Engineer Tel. ()

Address

6. Responsible Person in Charge of Work

Tel. () FAX ()

RECEIVED

11/4/04 - Lab

clasp- 11/11/04

V. FEE SUMMARY (for office use only)			
		Update	Update
1. Building	\$ 554		
2. Electrical	26	46	
3. Plumbing	210		
4. Fire Protection	45		
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	52		
10. Subtotal			
11. Cert. of Occupancy	45.00		
12. Other			
13. TOTAL	\$ 983		

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

II. PROPOSED WORK		Est. Cost	OPTIONAL (for office use only)							
			Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
								Approval	Rejection	
1. ☐ Minor Work										
2. ☐ New Building										
3. ☐ Addition										
4. ☐ Alteration										
5. ☐ Fire Protection										
6. ☒ Plumbing						11-11-04	11-16-04			
7. ☐ Electrical										
8. ☐ Elevator Devices										
9. ☐ Asbestos Abat. Subch. 8										
10. ☐ Lead Hazard Abatement										
11. ☐ Demolition										
TOTAL COSTS										

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	5. ☐ Cross-Connections/Backflow Preventers
2. ☐ High Pressure Boilers	6. ☐ Hazardous Uses/Places of Assembly
3. ☐ Pressure Vessels	7. ☐ Sprinklers
4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
	9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)

2. ☐ Multi-Family (R-2)

3. ☐ Two-Family (R-3) BOCA

4. ☐ Two-Family (R-4) CABO

5. ☐ One-Family (R-3) BOCA

6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:



Jefferson Township
1033 Weldon Road
Lake Hopatcong, NJ 07849

Certificate

Construction Code Division
(Certificate of Occupancy)

Date Issued	2/8/2024
Control Number	15079
Permit Number	20041325
Permit Issue Date	12/10/2004
Certificate Number	20041325

Identification

Block: 299 Lot: 83 Qual: _____
Work Site Location: 24 HIGH VIEW TER Jefferson Township, NJ

Owner in Fee: _____
Owner Address: HIGHVIEW TERR. WHARTON NJ 07885
Telephone: _____

Contractor: _____
Address: HIGHVIEW TERR. WHARTON NJ 07885
Telephone: (_____) _____ Fax: _____
License Number or Builders Registration Number: _____
Federal Emp. Number: _____

☒ **Certificate of Occupancy**

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

☐ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

Construction Official

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

Fee: \$45.00

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: _____ Use Group: R-3

Maximum Occupancy Load: _____ Maximum Live Load: _____

Description of Work/Use:
2ND STORY ADDITION AND 2ND STORY BUMP OUT 3 BEDROOMS REMAIN 3 BEDROOM
WET BAR IN BASEMENT

Certificate Comments:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Check Number: 1003

Collected By: RC

Date Printed: 9/3/2024

Page 1



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

12/10/04
04-1325

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

Block 299 Lot 83
Work Site Location 24 Highview Terr.
Wharton, NJ 07885
Owner in Fee [REDACTED]
Address 24 Highview Terr.
Wharton, NJ 07885
Tele. [REDACTED]
Contractor OWNER
Address _____
Tele. (____) _____ Fax (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of
[REDACTED] application.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2nd story addition +
2-story Bump out addition

3 Bedroom → 3 Bedroom

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[] No Plans Required				Type:	Failure	Approval	Initial
☒ All		12/9/04		Footing	✓	5/12/05	SM
[] Footing				Foundation	✓	6-1-05	SM
[] Foundation				Slab	✓	7-13-05	SM
[] Frame				Frame	✓	7-21-05	SM
[] Other				Barrier-Free			
Joint Plan Review Required:				Insulation			
☒ Elec.	☒ Plumb.	☒ Fire	[] Elevator	Finishes			
SUBCODE APPROVAL				Energy			
☒ CO	☒ CCO	[] CA		Mechanical			
Date:	4-9-16			TCO			
Approved by:	[Signature]			Other			
				Final	1-12-16	7-17-09	
				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5
Constr. Class Present _____ Proposed 5B
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 1,716 Sq. Ft.
Volume of New Structure 19.039 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 58,000
2. Alteration \$ 2,000
3. Total (1+ 2) \$ 60,000

TYPE OF WORK:

- [] New Building
☒ Addition 19.039 CUFT x 0.27
☒ Alteration 2,000 x 20 =
[] 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)

\$ 514.00
40.00
45.00

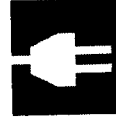
Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ 53.00
TOTAL FEE \$ 652.00

U.C.C. F110
(rev. 3/06)

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

12/10/04
04-1325

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

Block 299 Lot 83 Qualification Code _____

Work Site Location 24 Highview Terr
Wharton NJ 07885

Owner in Fee _____
Address 24 Highview Terr - Wharton NJ 07885

Tel _____

Contractor Owner

Address _____

Tel (_____) _____ FAX (_____) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: 11-16-04

Approved by: RA

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 2-15-03

Approved by: GR

INSPECTIONS

Type:

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

Dates (Month/Day)

Failure Failure Approval Initial

4-21-04

4-17-16 4-14-16

4-21-16 5-18-16

2-15-23 SM

Final

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.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
<u>12</u>	<u>18</u>	Lighting Fixtures
<u>600</u>	<u>32</u>	Receptacles
<u>10</u>	<u>17</u>	Switches
<u>8</u>		Detectors
<u>1</u>		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

76

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 other permit
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 76

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

76.00

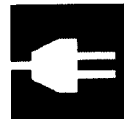
SEE NOTES

FILE

✓
1003



ELECTRICAL SUBCODE
TECHNICAL SECTION



Chl # 23104 Date Received
Control #

4/21/09

Date Issued
Permit #

20041325(1)

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

Block 299 Lot 83 Qualification Code _____

Work Site Location 24 Hickview Terr

Wharton NJ

Owner in Fee _____

Tel. _____

Address 24 Hickview Terr Wharton 07885

Contractor: _____ Tel. (____) _____

Address Owner e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)		
				Type:	Failure	Failure	Approval	Initial
[] No Plans Required				Rough				
Joint Plan Review Required:				Barrier-Free				
[] Building	[] Plumbing			Trench				
[] Fire	[] Elevator			Temp. Serv.				
[] Elec. Plans Approved				Constr. Serv.				
Date: <u>4-21-09</u>				TCO				
Approved by: <u>[Signature]</u>				Other				
				Service				
				Final				
				Barrier-Free				
SUBCODE APPROVAL				Temp. Cut-in-Card Date Issued				
[] TCO	[] CCO	[] CA		Final Cut-in-Card Date Issued				
Date: <u>2-15-23</u>				Annual Pool Inspection				
Approved by: <u>[Signature]</u>				Date of Grounding and Bonding Certification				

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

DESCRIPTION OF WORK

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

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

12/10/04
04-1325

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

Block 299 Lot 83
Work Site Location 24 Highview Terr
Wharton, NJ 07885
Owner in Fee [Redacted]
Address 24 Highview Terr
Wharton, NJ 07885
Tele. [Redacted]
Contractor [Redacted]
Address 24 Highview Terr
Wharton, NJ 07885
Tele. [Redacted] Fax ()
Lic. No. [Redacted]
Federal Emp. No. [Redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic ☒
Water Service Size _____ Public Water ☒ Private Well ☒
Est. Cost of Plumbing Work \$53000⁰⁰ (addition)

JOB SUMMARY (Office Use Only)

PLAN REVIEW

- ☐ No Plans Required
Joint Plan Review Required:
☐ Building ☐ Electric
☐ Fire ☐ Elevator
☒ Plumbing Plans Approved

Date: 1-11-04

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 2-1-04

Approved by: [Signature]

INSPECTIONS

Type:	Failure	Approval	Initial
<u>Slab</u>		<u>7-15-09</u>	<u>[Signature]</u>
Rough			
Water			
Sewer			
Fixtures			
Gas Equipment			
Gas Piping <u>4-21-16</u>			
Solar			
TCO <u>1-12-16</u>			
<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>

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 [Redacted]

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>2</u>	Water Closet	\$ <u>20</u>
<u>2</u>	Urinal/Bidet	<u>20</u>
<u>2</u>	Bath Tub	<u>30</u>
<u>1</u>	Lavatory	<u>10</u>
<u>1</u>	Shower	<u>10</u>
<u>1</u>	Floor Drain	<u>10</u>
<u>1</u>	Sink	<u>10</u>
<u>1</u>	Dishwasher	<u>10</u>
<u>1</u>	Drinking Fountain	<u>40</u>
<u>1</u>	Washing Machine	<u>10</u>
<u>1</u>	Hose Bibb	<u>10</u>
<u>1</u>	Water Heater <u>Blaze</u>	<u>20</u>
<u>2</u>	Fuel Oil Piping	<u>20</u>
<u>1</u>	Gas Piping	<u>10</u>
<u>1</u>	Steam Boiler	<u>10</u>
<u>1</u>	Hot Water Boiler	<u>10</u>
<u>1</u>	Sewer Pump	<u>10</u>
<u>1</u>	Interceptor/Separator	<u>10</u>
<u>1</u>	Backflow Preventer	<u>10</u>
<u>1</u>	Greasetrap	<u>10</u>
<u>1</u>	Sewer Connection	<u>10</u>
<u>1</u>	Water Service Connection	<u>30</u>
<u>1</u>	Stacks	<u>30</u>
<u>1</u>	Other	
<u>1</u>	Other	
<u>1</u>	Other	

Administrative Surcharge \$ 210.
Minimum Fee \$
DCA Training Fee \$
TOTAL FEE \$

(gas to be tested)

failed for
numerous violations 1003
4-21-16

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

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



FIRE
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

12/10/04
04-1325

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

Block 299 Lot 83
Work Site Location 24 Highview Terr
Wharton NJ 07885
Owner in Fee [REDACTED]
Address 24 Highview Terr
Wharton NJ 07885
Tele. [REDACTED]
Contr. [REDACTED]
Address 24 Highview Terr
Wharton NJ 07885
Tele. [REDACTED] Fax ()
Lic. No. [REDACTED]
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems ☐ New ☒ Existing ☐ HVAC
Type: ☐ Gas ☒ Oil ☐ Electric ☐ Solar
☐ Other
Location:

Fire Alarm System

New ☐ Existing ☐

Location of Panel:

Fire Suppression/Standpipe System

New ☐ Existing ☐

Location of Main Control Valve:

Total Cost of Fire Protection Work \$ 1300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Plumbing

☐ Electric ☐ Elevator

☐ Fire Plans Approved

Date: 11-19-04

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 1-11-05

Approved by: [Signature]

INSPECTIONS

Type:

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Final

Other

Dates (Month/Day)

Failure Failure Approval Initial

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:

Water Supply Source
Method of Alarm/Suppression System Supervision

Storage Tanks

Type: ☐ Flammable Liquid ☐ Combustible Liquid
☐ LPG ☐ LNG Capacity Fuel

Alarm Systems ☐ 110v Interconnected **NUMBER**
☐ System

Alarm Devices (i.e., smoke, heat, pulls, water/flow) 4

Supervisory Devices (i.e., tampers, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

Halon Suppression

Other

Kitchen Hood Exhaust System

Smoke Control System

Gas ☒ or Oil ☒ Fired Appliances 2

Other

FEE (Office Use Only)

Administrative Surcharge \$
Minimum Fee \$
DCA Training Fee \$
TOTAL FEE \$ 45

U.C.C. F140
(rev. 3/96)

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



PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

4/21/09
2004/3251

IDENTIFICATION Block 299 Lot 83

Work Site Location 24 Highview Ter
Wharton NJ

Contractor OWNER

Owner in Fee [REDACTED]

Address SEMER

Address SEMER

Tel. [REDACTED]

Tel. [REDACTED]

Lic. No. or Bldg. Reg. No. [REDACTED]

Fed. Emp. No. [REDACTED]

Is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
| (Subchapter 8 only) | | |

DESCRIPTION OF WORK: Sub Pannel ON 2nd fl
Master Bed Room

Estimated Cost of Work \$ 20000

Construction Official

Date

U.C.C. F190
(rev. 3/98)

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

PAYMENTS (Office Use Only)

Building _____
Electrical 46
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occupancy _____
Other _____
Total 193 416
Check No. _____
Cash _____
Collected by JD



CONSTRUCTION PERMIT

Date Issued

12/10/04

Permit #

04-1325

IDENTIFICATION Block 299 Lot 83 Qualification Code _____
Work Site Location 94 Highway 200 Contractor _____
Wheaton, WI 53085 Address _____
Owner in Fee _____
Address 94 Highway 200 Tel. () _____
Tel. () _____ Lic. No. or Bldrs. Reg. No. N/D

Is hereby granted permission to perform the following work:

☒ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

addition - 2nd story - 2 story bump out

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 \$ 60,000

Construction Official

Date

12/10/04

U.C.C. P170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

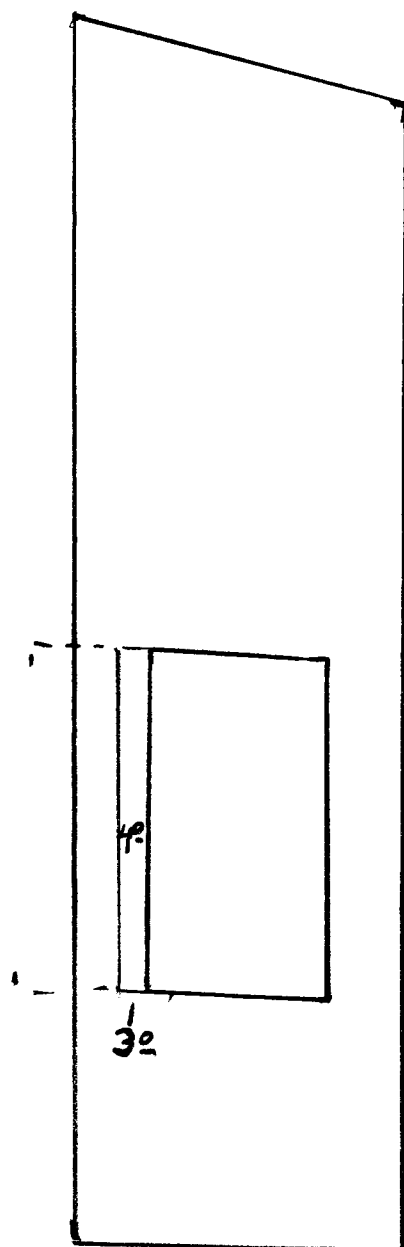
3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

PAYMENTS (Office Use Only)	
Building	<u>\$54</u>
Electrical	<u>76</u>
Plumbing	<u>210</u>
Fire Protection	<u>45</u>
Elevator Devices	
Other	
DOA State Permit Fee	<u>52</u>
Cert. of Occupancy	<u>45</u>
Other	
Total	<u>983</u>
Check No.	<u>1003</u>
Cash	
Collected by	<u>[Signature]</u>

(Date stamp only)

Proposed
Prefab
BRICK wall



LOT 83 Block 299
24 Highview TERR



Jefferson Township
1033 Weldon Road
Lake Hopatcong, NJ 07849

Certificate
Construction Code Division
(Certificate of Occupancy)

Date Issued 2/8/2024
Control Number 15079
Permit Number 20041325
Permit Issue Date 12/10/2004
Certificate Number 20041325

Identification

Block: 299 Lot: 83 Qual: _____
Work Site Location: 24 HIGH VIEW TER Jefferson Township, NJ
Owner in Fee: _____
Owner Address: HIGHVIEW TERR. WHARTON NJ 07885
Telephone: _____
Contractor _____
Address HIGHVIEW TERR. WHARTON NJ 07885
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____
Federal Emp. Number: _____

- ☒ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.
- ☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.
- ☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.
- ☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than _____
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

Construction Official

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

Fee: \$45.00

Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: _____ Use Group: R-3
Maximum Occupancy Load: _____ Maximum Live Load: _____
Description of Work/Use:
2ND STORY ADDITION AND 2ND STORY BUMP OUT 3 BEDROOMS REMAIN 3 BEDROOM
second kitchen?
archived. Plumbing violations, never called for reinspection. property sold.
Certificate Comments:

- ☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file
- ☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file
- ☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____
- ☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than _____
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

Check Number: 1003

Collected By: RC

Date Printed: 2/8/2024

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☒ I further certify that I will perform or supervise the following work:

☒ Building ☒ Fire Protection

I further certify that I will perform the following work:

☒ Electrical ☒ Plumbing

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

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

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

Signature _____

Date

9/7/04

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☐ Check if contractor.

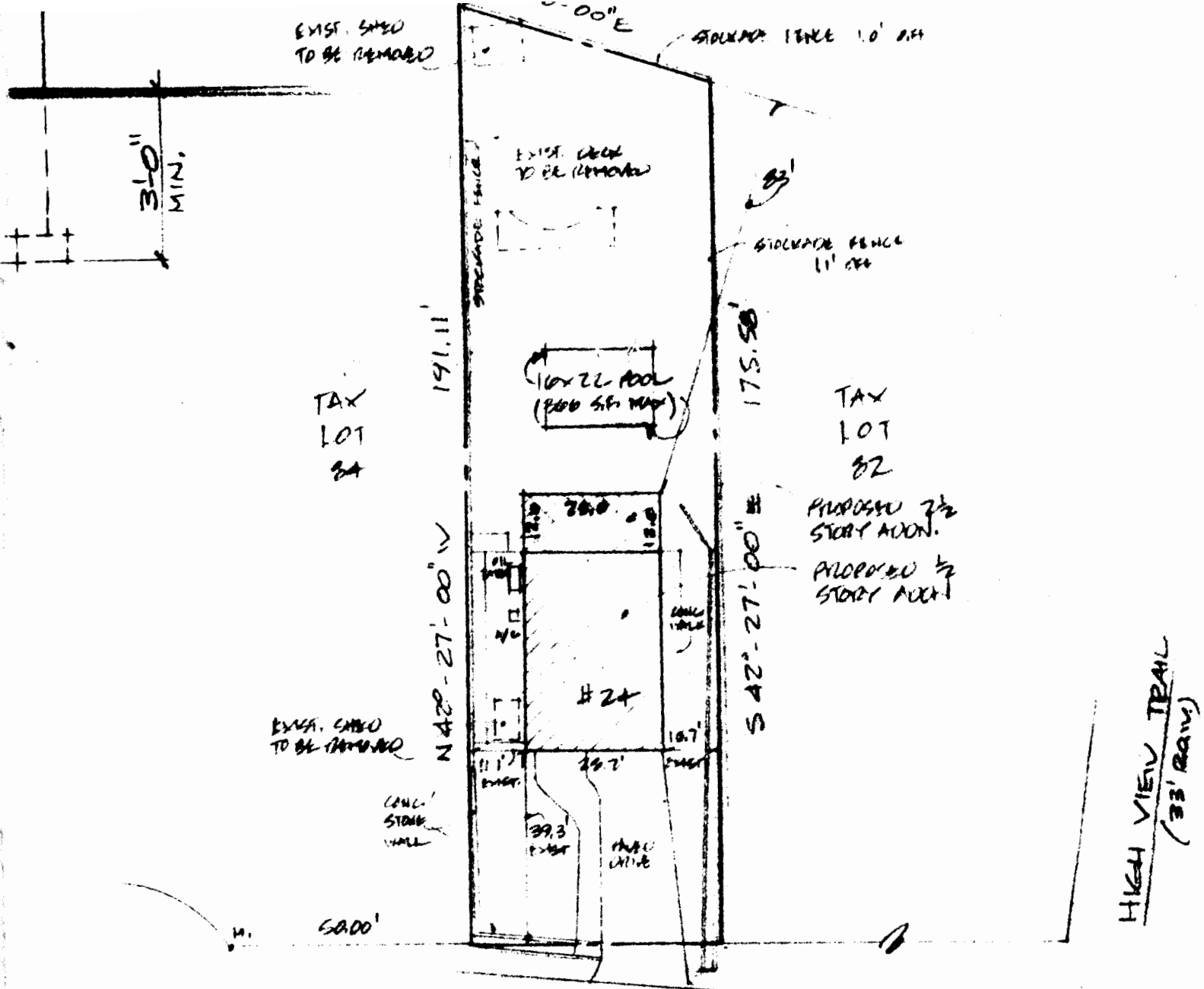
Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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



S 47°-33'-00" W 50.00'
HIGH VIEW TERRACE (33' ROW)

PLOT PLAN

SCALE: 1" = 30'-0"

INFORMATION TAKEN FROM SURVEY BY

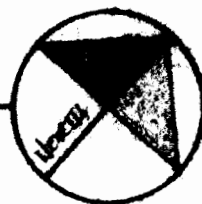
CHARLES P. BROZUSKI

PROF. LAND SURVEYOR LIC. # 33520

DATED: 5/25/04

211 ESPANOLA RD LAKE HORTON NJ.

LOT 33 BLOCK 2073

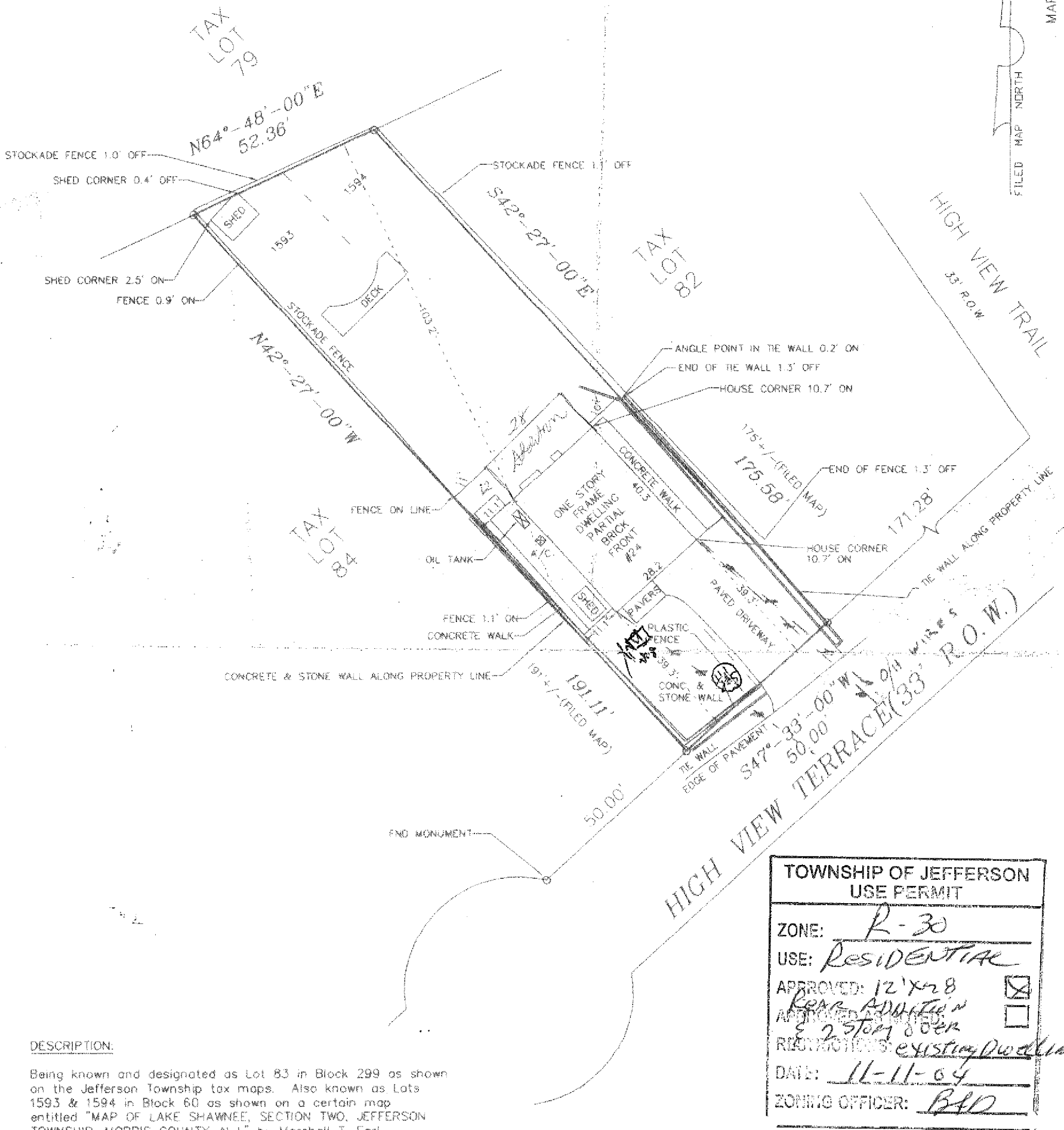


DRAWN: SS DATE: 5/16/04	PROPOSED ALTERATION AND ADDITION TO RESIDENCE FOR  24 HIGHVIEW TERRACE, JEFFERSON TWP, N.J.	PROJ # 14004L SHEET 1 OF 4
	FRANK D. MILETO A.I.A. 14 BEAVER BROOK DRIVE, LONG VALLEY, N.J. 07863 (908) 878-8400 Fax (908) 878-8455 ARCHITECT-PROFESSIONAL PLANNER	

NOTE: THIS SURVEY IS SUBJECT TO ANY EASEMENTS OF RECORD AND TO ANY OTHER PERTINENT FACTS WHICH A TITLE SEARCH MAY DISCLOSE.
NOTE: A written waiver and direction NOT to set corner markers has been obtained from the ultimate user.

LOT AREA = 9,168 SQ.FT. or 0.2105 ACRES

N
FILED MAP NORTH
MAP NO. 1188-E



DESCRIPTION:

Being known and designated as Lot 83 in Block 299 as shown on the Jefferson Township tax maps. Also known as Lots 1593 & 1594 in Block 60 as shown on a certain map entitled "MAP OF LAKE SHAWNEE, SECTION TWO, JEFFERSON TOWNSHIP, MORRIS COUNTY, N.J." by Marshall T. Earl, Surveyor, dated July 1948, and filed in the Morris County Clerk's Office on June 21, 1949 as map no. 1188-E.

REFERENCE:

Jefferson Township tax maps.
Filed Map no. 1188-E
Deed Book 5864, Page 57.
Deed Book 5487, Page 35.

ZONING APPROVED

SIGNATURE

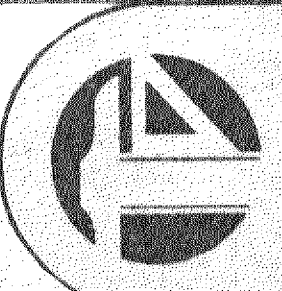
DATE

BY *Bruce Seeh*
11-11-04

This survey certified to

REVISIONS
CHARLES P. BROZUSKI
NEW JERSEY
PROFESSIONAL LAND SURVEYOR
Lic. No. 33520
PROFESSIONAL PLANNER
Lic. No. 4330

PROPERTY SURVEY
TAX LOT 83 TAX BLOCK 299
JEFFERSON TOWNSHIP, MORRIS COUNTY, NEW JERSEY
BENCHMARK LAND SURVEYORS, INC.
211 ESPANONG ROAD, LAKE HOPATCONG, NEW JERSEY 07849
TEL. (973) 663-4242 FAX (973) 663-4469
N.J. STATE BOARD FOR P.E. & P.L.S. CERTIFICATE OF AUTHORIZATION No. 24CA28Q54600
DATE: May 25, 2004 SCALE: 1"=30' CHK. BY: PG: JT-2278-04

DRAWING	PROPOSED ALTERATION AND ADDITION TO RESIDENCE FOR	PERM# 14004L
DATE: 5/16/04		SHEET
	24 HIGHVIEW TERRACE, JEFFERSON TWP, N.J.	1 OF 4
	FRANK D. MILETO A.I.A. 14 BEAVER BROOK DRIVE, LONG VALLEY, N.J. 07853 (908) 876-9400 fax (908) 876-9455 ARCHITECT-PROFESSIONAL PLANNER	