APR 26 1984
TOWNSHIP OF WALL
2500 MUNICIPAL COURT
WALL, NEW JERSEY 07719

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE TECHNICAL SECTION

DATE ISSUED 4-26-84
REVISION DATE
Block 20 Lot 4
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Parcher Smith
Address 1613 W. Pine Tree Rd.
W. Belmar NJ
Tel. ( )
Work Site Address Same
WALL TWP.

Contractor Lubeck Co. South, Inc.
Address 479 Hwy. 35 N
Manto Loking, NJ
Tel. ( ) 793 6611
Lic.No./Bus. Permit. 6508
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other Town	10.00
	Bonding, Pool/Vault			Other	
1	Service/Feeders	12.50		Other	
	COLUMN 1	$ 12.50		COLUMN 2	$ 10.00

Fee	
COLUMN 1	$ 12.50
COLUMN 2	10.00
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee (Greater of Minimum or Subtotal)	$ 22.50

TOWN ORD 12.50

G.S. 12.50

SPEC 4-11-8483

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: _____ Amps _____ Phase _____ System Type

_____ Wire _____ Volts _____ Wiring Method

Total No. of Meters: _____

Estimated Cost of Electrical Work: $ 1,500.00

D. COMMENTS

N.C. 6-13-84 - T. Ballard
Final - 7-25-84

☐ Partial Releases ☐ Prototype Processing

CR 12.50
7-31-84

TOWNSHIP OF WALL
2500 MUNICIPAL COURT
WALL, N.J. 07719
(201) 681-6300

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Issued 11-21-90
Control #
Permit # 90-1077

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

Block 70 Lot 4
Work Site Location 1613 PINETREE WAY, WALL, NJ.
Owner in Fee SAME PARKER SMITH
Address
Tele. ( ) 363-1020, 3PP-9774 (LEAVE MESSAGE)
Contractor SAME
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No. 142-32-1021

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 12/18/90
Approved by: MD

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.			FINAL	
TCO				
Other				
Service				
Final			12/18/90	MD

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.

X Parker Smith 11/20/90
Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
3		Fixtures (1) (LIGHTS) (1-100 W. EXT.)	25.00
1		Receptacles (2) (G.F.)	
4		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		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	
		Service Entrance	
		Other SMOKE DETECTORS	

Administrative Surcharge $
Paid [X] Check # 1027 Minimum Fee $ 33.00
Collected by: TOTAL FEE $

U.C.C. Form F-120A

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

WALL, N.J. 07719
(201) 681-6300

SUBCODE
TECHNICAL SECTION

Date Issued 7-11-91-10
Control #
Permit # 90-1077

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

Block 20 Lot 4
Work Site Location 1613 PINE TREE WAY, WALL
Owner in Fee PARCHER SMITH
Address (SAME)
Tele. ( ) 363-1020 (LEAVE MESSAGE) or 312-9224
Contractor
Address (SAME)
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No. 149-32-1221

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 2150 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test	7-25-91			JM
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

NO ACCESS 7-25-91
NO ACCESS 8/13/91

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
10/2/90

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source CITY
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	3	
Heat Detectors		
TOTAL	3	
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	1	
OTHER HARD WIRED SMOKE DET.		

Paid [X] Check # 102
Collected by
Administrative Surcharge $ 33.00
~~Minimum Fee~~ $
TOTAL FEE $

U.C.C. Form F-140A

1 White = Office Copy
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4 Hard = Inspector Copy

2700 ALLAIRE ROAD
WALL, N.J. 07719
(201) 449-8444

BUILDING
SUBCODE
TECHNICAL SECTION

Date Issued 11-21-90
Control #
Permit # 90-1077

L 4

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

Block 20 Lot 4
Work Site Location 1613 PINE TREE WAY WALL, NJ.
Owner in Fee CARL & ARCHER SMITH
Address
Tele. ( ) SAME (363-1000, 308-9224 LEAVE MESSAGE)
Contractor
Address
SELF
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. 148-32-1221

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11/16/90	
[ ] 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	4/23/91	4/24/91	5/7/91	
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

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 12 x 14 x 10 Cu. Ft. 1364
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 15,000.-
3. Total (1+2) $

plan in file

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.

Carl Archer Smith 11/20/90
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
(REPLACING 7'x9' ADDITION WITH A 12'x14' ADDITION)

No Access
2-1-00 PDM.

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

Bldg
Trailer
C/O

(Office Use Only)
FEE

	$
	33.00
	2.00
	46.00
Administrative Surcharge	$
Minimum Fee	$ 81.00
TOTAL FEE	$

Paid [X] Check # 1077
Collected by:

U.C.C. Form F-110A
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3 Pink = Applicant Copy
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NEW JERSEY UNIFORM CONSTRUCTION CODE — BUILDING SUBCODE TECHNICAL SECTION

Date Received 10-28-91 L 4
Date Issued
Control #
Permit # 91-1004

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

Block 20 Lot 4
Work Site Location 1613 PINETREE WAY
W. BERLMAR NJ 07719
Owner in Fee PARCHER SMITH
Address 1613 PINE TREE WAY
W. BERLMAR
Tele. (908) 363-1020
Contractor HJE CONTRACTORS
Address 705 SYDNEY AVE
UNION BEACH NJ
Tele. (908) 739-6252
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3060775 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
½ SIDEING of LOWER SECTION of HOUSE
NEW WOOD FRONT STEPS CAP OVER OLD.
& VINYL REPLACEMENT WINDOWS UPPER.
NEW ASPHALT ROOF
LEADERS & GUTTERS
SOME INSULATION

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: 11/26/91		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			11/26/91	

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. $ 0
2. Alteration $ 4975
3. Total (1+2) $ 4975

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

8-11-93
F R-10

(Office Use Only)

FEE	
	$
Administrative Surcharge	$
Minimum Fee	$ N/F
TOTAL FEE	$

Paid [ ] Check #
Collected by:

NO plan

95-821
F 1-29-96

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

PRO 102

WALL, N.J. 07719
(201) 449-8444

SUBCODE
TECHNICAL SECTION

Date Issued ~~10/20/94~~
Control #
Permit # 91-1004

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

Block 20 Lot 4
Work Site Location ~~1605~~ 1613 Palm Tree Way West Belmar
Owner in Fee PARSHA - SMITH
Address 1613 Palm Tree Way 363-1020
Tele. ~~(908) 449-0600~~
Contractor C & C AIR CONDITIONING INC
Address 354 WAY 36 S BRIELLE NJ
Tele. (908) 495-0600
Lic. No.
Federal Emp. No. 22-2469219 or Social Security No.

Comm Dev.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 2,700. [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Failure	Dates (Month/Day) 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		
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 FURNACE Replacement
OTHER

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $

N/F

U.C.C. Form F-140A

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2 Canary = Office Copy
4 Hard = Inspector Copy

TOWNSHIP OF WALL
2700 ALLAIRE ROAD
WALL, N.J. 07719
(908) 449-8444

UNIFORM CONSTRUCTION CODE

CERTIFICATE OF OCCUPANCY/APPROVAL

Date Issued 1-29-96 Building Permit No. 91-1004

Control # _____ Zoning Permit No. N/A

IDENTIFICATION Block 20 Lot 4

Work Site Location 1613 Raintree Way

Owner in Fee Parker Smith

Address same

Tele. ( ) 363-1020

Contractor A&L Contr.

Address 705 Sydney Ave
Manasquan Beach, NJ

Tele. ( ) 739-6252

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

Federal Emp. No. 22-3060775

or Social Security No. _____

☐ **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, all applicable land use ordinances and Township approvals, and that the property 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:

Type of Warranty Plan: [ ] State [ ] Private

Construction Classification _____

Maximum Occupancy Load _____

Zone _____

Land Use Designation 3FD

ESTIMATED COST $ 4,975.

Home Warranty No. N/A

Use Group R3

Maximum Live Load _____

Description of Work/Use: Siding lower section of house, new windows front steps, vinyl replacement windows, roof.

Dates: 1-29-96

Dated: 1-29-96

Construction Official, Township of Wall

Land Use Officer, Township of Wall

C.O. No. 95-821

4

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/16/95
Date Issued
Control #
Permit # 95-301

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

Block 70 Lot 4
Work Site Location 1613 PINETREE WAY
WALL, NJ.
Owner in Fee PARKER SMITH
Address SAME
Tele. (908) - 681-9127
Contractor SELF
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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK REPLACE 4' FENCE WITH 6' FENCE AS PER ZONING
2
1 - WH

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: 2/1/00
Approved By: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			2-1-00	RDM

Dates (Month/Day)

TYPE OF WORK:

TYPE OF WORK	(Office Use Only) FEE
[ ] New Building	$
[ ] Addition	
[ ] Alteration	
[ ] Roofing	
[ ] Siding	
[X] Fence ______ Height (6' or over)	33.00
[ ] Sign ______ Sq. Ft.	
[ ] Pool	
[ ] Asbestos Abatement	
[ ] Other	
[ ] Other	
[ ] Demolition	

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: 8
1. New Bldg. $ 4-300 R9.5 of
2. Alteration $
3. Total (1+2) $ 800.

9420828

Paid [X] CASH. ~~Check #~~
Collected by: [signature]

Administrative Surcharge	$
Minimum Fee	$ 33.00
DCA TRAINING FEE	$ 1.00
TOTAL FEE	$ 34.00

00.104

alea to file

U.C.C. Form F-110B

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

TOWNSHIP OF WALL
2700 ALLAIRE ROAD
WALL, N.J. 07719
(732) 449-8444

CERTIFICATE OF OCCUPANCY/APPROVAL

Date Issued 2-14-00 Building Permit No. 95-301

Control # _____ Zoning Permit No. N/A

IDENTIFICATION Block 20 Lot 4

Work Site Location 1613 Pine Tree Way Contractor Owner
Wall, NJ Address _____

Owner in Fee Barbara Smith _____

Address _____ Tele. (_____) _____

Same Lic. No. or Bldrs. Reg. No._____ Exp. Date_____

Tele. (_____) 681-9127 Federal Emp. No._____

or Social Security No._____

☐ **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, all applicable land use ordinances and Township approvals, and that the property 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:

Type of Warranty Plan: [ ] State [ ] Private

Construction Classification_____

Maximum Occupancy Load_____

Zone R7.5

Land Use Designation Single family dwelling

ESTIMATED COST $ 800.-

Home Warranty No. N/A

Use Group U

Maximum Live Load_____

Description of Work/Use: Replace 4' fence with 6' fence.

Dates: 2-14-00 _____
Construction Official, Township of Wall

Dated: 2-14-00 _____
Land Use Officer, Township of Wall

C.O. No. 00-104

CERTIFICATE OF OCCUPANCY

7098
Permit No.

I, Robert W. Crowther, Building Inspector of the Township of Wall, in the County of Monmouth, Pursuant to Section 30 of an ordinance of the Township of Wall entitled, "An Ordinance to Regulate, Control and Prescribe the Method and Manner of Building, Constructing, Altering and Repairing Houses and all other Buildings and Structures to be Erected in the Township of Wall, Appointing a Building Inspector and Prescribing his Duties and Powers," do hereby certify that the building

erected by Allen Smith

at 1613 W. Pinetree Way-1

Type of structure Roof

Block No. 20, Lot No. 4 and the proposed use thereof are in conformity with the provisions of the aforesaid ordinance in my determination.

Dated 5-6, 1974

$675
Estimated Cost

Robert W. Crowther
Building Inspector

Office of Building Inspector — Township of Wall

BUILDING PERMIT

..... Plate

No 7098

....., 19....

Permission is hereby granted to .....

to .....

building on Block ..... Lot .....

Street .....

in accordance with plans and specifications on file in my office, made by .....

Zone ..... Estimated Cost of Work $.....

Fee for Permit - - - $.....

This permit is issued subject to the provisions of the Building Code; all Township Ordinances and the rules and regulations of the Board of Health of the Township of Wall, New Jersey.

.....

Building Inspector

B
C/

TOWNSHIP OF WALL CERTIFICATE OF OCCUPANCY 1866

Building Permit No. 1119

OWNER Parcher H. Smith LOT NO. 4 BLOCK NO. 20

ADDRESS OF PROPERTY 1613 Pine Tree Way ZONE R-10

ESTIMATED COST $ 2,500.00

TYPE OF STRUCTURE 12 x 18 addition to garage.

USE Single family dwelling

1. I, Robert W Crowther, Construction Official of the Township of Wall, do hereby certify that in my determination the above described building has been completed in accordance with the provisions of the State Uniform Construction Code and all applicable ordinances of the Township of Wall.

2. I, Freda G. Mercer, Land Use Officer of the Township of Wall, do hereby certify that in my determination the above described project and the proposed use thereof comply with the Zoning Ordinances of the Township of Wall and the conditions imposed by the appropriate governmental agencies of the Township of Wall.

3. By the issuance of this permit, neither the Township of Wall nor any of its officers, agents or employees make any representation or warranty, either express or implied with respect to the premises described above.

Dated: June 16 1982

Robert W Crowther
Construction Official, Township of Wall

Dated: 7/13/82

Freda G. Mercer
Land Use Officer, Township of Wall

BUILDING PERMIT - TOWNSHIP OF WALL

BUILDING PERMIT NO. 1119

DATE: 10-21-81

Permission is hereby granted to Parker H. Smith to 12x18 addition to garage building on Block 20, Lot 4, Street Address 1613 Pine Tree Way, in accordance with plans on file in the office of the Construction Official of the Township of Wall made by _____ and dated 10-21-81.

Zone R-10

Zoning Permit Issued 10-21-81

Estimated Cost of Work $ 2,500.00

Fee for Permit $ ~~25.00~~ $1.43 Surcharge

This permit is issued subject to the provisions of the State Uniform Construction Code; all applicable Township Ordinances and regulations of the Board of Health of the Township of Wall, New Jersey. This permit shall expire if the authorized work is not commenced within one (1) year of the date of issuance hereof, or if the authorized work is suspended or abandoned for a period of six (6) months after the time of commencing the work.

PLEASE CALL FOR ALL NECESSARY INSPECTIONS

Robert W. Crowther RO

Construction Official

PLATE No. ..... BLOCK 20 LOT 4

Application For Building Permit

Wall Township, N. J., 1-29-74

THE UNDERSIGNED, in compliance with the Building Code and Zoning Ordinances of the Township of Wall, N. J., hereby makes application for a permit for the following described construction:

1. General Description Reroof
2. Location 1613 West Sixteen Mile
3. Estimated Value $675 Fee 25.00 (C) Permit # 7098
4. From Side Property Lines, ... Ft. From Rear Property Lines, ... Ft.
   From Side Property Lines, ... Ft. From Front Property Lines, ... Ft.
5. Zone Classification: R10
6. Contractor Coast Roofing Co. Phone No. .....
7. Address Manasquan, N.J.
8. I, Allen Smith, the owner of a structure located in Blk. 20, Lot 4, in the Township of Wall, hereby agree to pay the cost of the inspection of any plans or specifications or the progress of any work in connection therewith by the Municipal Engineer.
9. If construction is of such character that Plans and Specifications are not necessary give detail description below:

Regardless of any variation in plans as submitted, we hereby agree to perform such construction, as described above in accordance with the Building Code and Zoning Ordinance of the Township of Wall, N. J.

..... Owner

..... Address

Robert B. Crowther
Building Inspector

Paul mac Mellan Agent

..... Address

PLATE No. ..... BLOCK 20 LOT 4

Application For Building Permit

Wall Township, N. J., Oct. 21, 1981

THE UNDERSIGNED, in compliance with the Building Code and Zoning Ordinances of the Township of Wall, N. J., hereby makes application for a permit for the following described construction:

1. General Description ~~1613 Pine Tree Way~~ 12X18 addition to gara
2. Location 1613 Pine Tree Way
3. Estimated Value $2,500.00 Fee $25.00 Permit # 1119
   Surcharge $1.43 Cubic Ft. 2,376. C.O. —
4. From Side Property Lines, ... Ft. From Rear Property Lines, ... Ft.
   From Side Property Lines, ... Ft. From Front Property Lines, ... Ft.
5. Zone Classification: R-10
6. Contractor Owner Phone No. .....
7. Address .....
8. I, Parker H. Smith, the owner of a structure located in Blk. 20, Lot 4, in the Township of Wall, hereby agree to pay the cost of the inspection of any plans or specifications or the progress of any work in connection therewith by the Municipal Engineer.
9. If construction is of such character that Plans and Specifications are not necessary give detail description below:

   Zoning
   Plan Attached

✓

Regardless of any variation in plans as submitted, we hereby agree to perform such construction, as described above in accordance with the Building Code and Zoning Ordinance of the Township of Wall, N. J.

Parker H. Smith Owner

..... Address

Robert E. Crowther Agent

Building Inspector mc ..... Address