



Township of Tewksbury  
108 Fairmount Road West  
Tewksbury, NJ 07830  
908 - 8325552

\*OPEN \*  
PERMIT

Permit Number: 20140129  
Update Number:  
Control Number: 13122  
Application Date: 04/07/2014  
Permit Date: 04/21/2014

CONSTRUCTION PERMIT

OWNER/PROPERTY DETAILS

|                                                    |                        |                              |
|----------------------------------------------------|------------------------|------------------------------|
| Block: 16                                          | Lot: 26.03             | Qualification Code:          |
| Work Site Location: 91 FAIRMOUNT RD EAST TEWKSBURY |                        |                              |
| Owner In Fee:                                      | MAZZATTA               | Contractor: AIR GROUP LLC    |
| Address:                                           | 91 FAIRMOUNT ROAD EAST | Address: ONE PRINCE ROAD     |
|                                                    | CALIFON NJ 07830       | WHIPPANY NJ 07961            |
| Telephone:                                         | ()                     | Telephone: (800) 545-1020    |
| Use Group(s):                                      | R-5                    | Lic. No. / Bldrs. Reg. No.:  |
|                                                    |                        | Federal Emp. No.: 22-3620908 |

IDENTIFICATION

is hereby granted permission to perform the following work :

- ☐ BUILDING ☒ PLUMBING ☐ DEMOLITION
- ☒ ELECTRICAL ☒ FIRE PROTECTION ☐ OTHER
- ☐ ELEVATOR DEVICES ☐ MECHANICAL
- ☐ ASBESTOS ABATEMENT ☐ LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:  
INSTALLATION OF 20KW GENERATOR

ESTIMATED COST OF WORK:

Cost of Construction: 0.00  
Cost of Rehabilitation: 18,000.00  
Cost of Demolition: 0.00

Total Cost: \$18,000.00

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.

Ralph Price  
Construction Official

Date

Collected by: RB  
Receipt No:  
Total Cash Amount:  
Total Check Amount: \$406.00  
Total CC Amount:  
Grand Total: \$406.00

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

Note:

| PAYMENTS         | (Office Use Only) |
|------------------|-------------------|
| Building         |                   |
| Electrical       | \$260.00          |
| Plumbing         | \$65.00           |
| Fire Protection  | \$50.00           |
| Elevator Devices |                   |
| Mechanical       |                   |
| VolFee (DCA)     |                   |
| AltFee (DCA)     | \$31.00           |
| DCA Minimum Fee  | \$0.00            |
| Other Fees       |                   |
| CO Fee           |                   |
| CCO Fee          |                   |
| Minimum Fee      |                   |
| Total            | \$406.00          |
| All Fees Waived: | No                |

Amount to be Paid: \$406.00  
Check Number: 103051  
Check amount: \$406.00



# CERTIFICATE

Date Issued 6-6-02  
Control #  
Permit # 00-400

## IDENTIFICATION

Block 16 Lot 26.03  
Work Site Location 91 Fairmount Rd E  
Owner in Fee/Occupant Stickel Construction Inc  
Address PO Box 101  
Pittstown, NJ 08867  
Tele. ( 908 ) 735-4399  
Contractor Owner  
Address \_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

Home Warranty No. \_\_\_\_\_  
Type of Warranty Plan: [ ] State [ ] Private  
Use Group \_\_\_\_\_  
Maximum Live Load \_\_\_\_\_  
Construction Classification \_\_\_\_\_  
Maximum Occupancy Load \_\_\_\_\_  
Description of Work/Use: \_\_\_\_\_

Barn

### ☐ 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.

### ☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than \_\_\_\_\_, 19\_\_\_\_ or the owner will be subject to fine or 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:

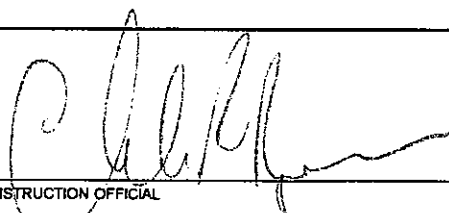
[ ] Total removal of lead-based paint hazards in scope of work  
[ ] Partial or limited time period ( \_\_\_\_\_ years); see file

### ☐ 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 potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until \_\_\_\_\_.

  
CONSTRUCTION OFFICIAL

Fee \$ \_\_\_\_\_  
Paid [ ] Check No. \_\_\_\_\_  
Collected by: \_\_\_\_\_



CONSTRUCTION PERMIT

Date Issued  
Control #  
Permit #

12-20-00  
00-400

IDENTIFICATION Block 16 Lot 26.03

Work Site Location 91 Fairmount Rd. East  
Tewksbury  
Owner in Fee Stichel Construction, Inc.  
Address P.O. Box 101  
Pittstown, NJ 08867  
Tele. (908) 735-4399

Contractor Stichel Construction, Inc.  
Address P.O. Box 101  
Pittstown, NJ 08867  
Tele. (908) 735-4399  
Lic. No. or Bldrs. Reg. No. 026270 Exp. Date 6/01  
Federal Emp. No. 62-142673D

is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ OTHER  
☐ ELECTRICAL ☐ FIRE PROTECTION  
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Footings only for 28x24  
Storage barn - see plans

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 \$ 3,000

John R. Mulaick  
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

| PAYMENTS (Office Use Only) |         |
|----------------------------|---------|
| Building                   | 25      |
| Electrical                 |         |
| Plumbing                   |         |
| Fire Protection            |         |
| Elevator Devices           |         |
| Other                      |         |
| DCA Training Fee           | 2.      |
| Cert. of Occ.              | 50.     |
| Other                      |         |
| Total                      | \$77.00 |
| Check No.                  | 2440    |
| Cash                       |         |
| Collected By:              | LJW     |

(see reverse side)



CONSTRUCTION PERMIT UPDATE

Date Issued  
Control #  
Permit #

3-12-01  
00-400+A

IDENTIFICATION Block 16 Lot 26.03

Work Site Location 91 Fairmount Rd. East  
Owner in Fee Stichel Construction, Inc.  
Address P.O. Box 101  
Pittstown, NJ 08867  
Tel. (908) 735-4399

Contractor Stichel Construction, Inc.  
Address P.O. Box 101  
Pittstown, NJ 08867  
Tel. (908) 735-4399  
Lic. No. or Bldrs. Reg. No. 026270  
Fed. Emp. No. 62-142673D

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:

Barn (footings & fdtm earlier)  
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 \$ 3,000.00

John R. Mulaick  
CONSTRUCTION OFFICIAL  
Date 3/2/01

U.C.C. F170  
(rev 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)

| PAYMENTS (Office Use Only) |         |
|----------------------------|---------|
| Building                   | 25.     |
| Electrical                 |         |
| Plumbing                   |         |
| Fire Protection            |         |
| Elevator Devices           |         |
| Other                      |         |
| DCA Training Fee           | 13.     |
| Cert. of Occupancy         |         |
| Other                      |         |
| Total                      | \$38.00 |
| Check No.                  | 2756    |
| Cash                       |         |
| Collected by               | LJW     |



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received 12-20-00  
Date Issued \_\_\_\_\_  
Control # 00-400  
Permit # COMMUNICATIVE

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

Block 16 Lot 26.03  
Work Site Location 91 Fairmount Rd. East  
Tewksbury  
Owner in Fee Stickel Construction, Inc.  
Address P.O. Box 101  
Pittstown, NJ 08867  
Tele. (908) 735-4399  
Contractor Stickel Construction, Inc.  
Address P.O. Box 101  
Pittstown, NJ 08867  
Tele. (908) 735-4399  
Lic. No. or Bldrs. Reg. No. 026270  
Federal Emp. No. 62-1426730 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], President SCF

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**

Footings only for 28x24  
Storage barn - see plans

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                  | Date           | Initial    | INSPECTIONS | Dates (Month/Day)                |
|----------------------------------------------------------------------------------------------|----------------|------------|-------------|----------------------------------|
| <input type="checkbox"/> No Plans Req.                                                       | _____          | _____      | Type:       | Failure Failure Approval Initial |
| <input type="checkbox"/> All                                                                 | _____          | _____      | Footing     | _____                            |
| <input checked="" type="checkbox"/> Footing                                                  | <u>12/5/00</u> | <u>JES</u> | Foundation  | <u>1-17-01</u>                   |
| <input checked="" type="checkbox"/> Foundation                                               | <u>12/5/00</u> | <u>JES</u> | Slab        | _____                            |
| <input type="checkbox"/> Frame                                                               | _____          | _____      | Frame       | _____                            |
| <input type="checkbox"/> Other                                                               | _____          | _____      | Insulation  | _____                            |
| Joint Plan Review Required:                                                                  |                |            | Finishes:   | _____                            |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |                |            | Energy      | _____                            |
| SUBCODE APPROVAL                                                                             |                |            | Mechanical  | _____                            |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         |                |            | TCO         | _____                            |
| Date: _____                                                                                  |                |            | Other       | _____                            |
| Approved By: _____                                                                           |                |            | Final       | _____                            |

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed R-3 Bca Est. Cost of Bldg. Work:  
Constr. Class Present \_\_\_\_\_ Proposed R-3 Bca 1. New Bldg. \$ 3000  
No. of Stories 1 2. Alteration \$ \_\_\_\_\_  
Height of Structure 24 Ft. 3. Total (1+2) \$ 3,000  
Area—Largest Floor 572 Sq. Ft.  
New Bldg. Area/All Floors 572 Sq. Ft.  
Volume of New Structure 8064 Cu. Ft.  
Total Land Area Disturbed 1000 Sq. Ft.

**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 \$ \_\_\_\_\_  
Paid ☐ Check # \_\_\_\_\_ Minimum Fee \$ 25  
Collected by: \_\_\_\_\_ DCA TRAINING FEE \$ 2  
TOTAL FEE \$ 27

TEWKSBURY TWP



# BUILDING SUBCODE TECHNICAL SECTION

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

Block 116 Lot 26-03

Work Site Location 91 Fairmount Rd East Tewksbury

Owner in Fee Stickel Construction, Inc

Address P.O. Box 101

Pittstown, NJ 08867

Tele. (908) 735-4399

Contractor Stickel Construction, Inc.

Address P.O. Box 101

Pittstown, NJ 08867

Tele. (908) 735-4399 Fax (908) 735-5399

Lic. No. or Bldrs. Reg. No. 020270

Federal Emp. No. 62-1426730

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                         |                   | Date                     | Initial  | INSPECTIONS  |         | Dates (Month/Day) |          |
|-------------------------------------|-------------------|--------------------------|----------|--------------|---------|-------------------|----------|
|                                     |                   |                          |          | Type:        | Failure | Failure           | Approval |
| <input type="checkbox"/>            | No Plans Required |                          |          | Footings     |         |                   |          |
| <input checked="" type="checkbox"/> | All               | 3/6/01                   | JS       | Foundation   |         |                   |          |
| <input type="checkbox"/>            | Footings          |                          |          | Slab         |         |                   |          |
| <input type="checkbox"/>            | Foundation        |                          |          | Frame        |         |                   |          |
| <input type="checkbox"/>            | Frame             |                          |          | Barrier-Free |         |                   |          |
| <input type="checkbox"/>            | Other             |                          |          | Insulation   |         |                   |          |
| Joint Plan Review Required:         |                   |                          |          | Finishes     |         |                   |          |
| <input type="checkbox"/>            | Elec.             | <input type="checkbox"/> | Plumb.   | Energy       |         |                   |          |
| <input type="checkbox"/>            | Fire              | <input type="checkbox"/> | Elevator | Mechanical   |         |                   |          |
| SUBCODE APPROVAL                    |                   |                          |          | TCO          |         |                   |          |
| <input type="checkbox"/>            | CO                | <input type="checkbox"/> | CCO      | Other        |         |                   |          |
| <input type="checkbox"/>            | CA                |                          |          | Final        |         |                   |          |
| Date: <u>3/6/01</u>                 |                   |                          |          | Barrier-Free |         |                   |          |
| Approved by: <u>[Signature]</u>     |                   |                          |          |              |         |                   |          |

## B. BUILDING CHARACTERISTICS

Use Group Present R3-BCCA Proposed R3-BCCA Est. Cost of Bldg. Work:

Constr. Class Present R3-BCCA Proposed R3-BCCA 1. New Bldg. \$ 8000

No. of Stories 1 2. Alteration \$

Height of Structure 26-6 Ft. 3. Total (1+2) \$

Area — Largest Floor 672 Sq. Ft.

New Bldg. Area/All Floors 672 Sq. Ft.

Volume of New Structure 8064 Cu. Ft.

Total Land Area Disturbed 800 Sq. Ft.



Date Received 3-12-01  
Date Issued  
Control #  
Permit # 00-400 + A

## 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], president.

Signature

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Storage Barn - See plans

### 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 \$ 25  
DCA Training Fee \$ 13  
TOTAL FEE \$ \_\_\_\_\_



# CERTIFICATE

Date Issued 10-24-01  
Control #  
Permit # 00-126

## IDENTIFICATION

Block 16 Lot 26.03  
Work Site Location 91 Fairmount Rd E  
Owner in Fee/Occupant Stickel Construction Inc  
Address PO Box 101  
Pittstown, NJ 08867  
Tele. ( 908 ) 735-4399  
Contractor Michael Stickel  
Address PO Box 101  
Pittstown, NJ 08867  
Tele. (                      ) Fax (            )  
Lic. No. or Bldrs. Reg. No. 020270  
Federal Emp. No. 62-1426730

Home Warranty No. N/A  
Type of Warranty Plan: [ ] State [ ] Private  
Use Group R-3  
Maximum Live Load  
Construction Classification 5B  
Maximum Occupancy Load  
Description of Work/Use:

One Family dwelling

### ☒ 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.

### ☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than                     , 19       or the owner will be subject to fine or 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:

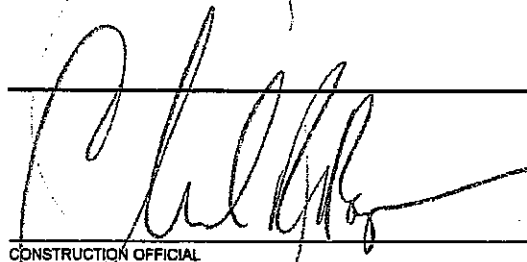
- [ ] Total removal of lead-based paint hazards in scope of work  
[ ] Partial or limited time period (        years); see file

### ☐ 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 potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until                     .

  
CONSTRUCTION OFFICIAL

Fee \$                       
Paid [ ] Check No.                       
Collected by:



# CONSTRUCTION PERMIT

Date Issued 4-26-00  
Control #  
Permit # 00-126

IDENTIFICATION Block 16 Lot 26.03  
Work Site Location 91 Fairmount Rd. East Contractor Stichel Construction, Inc.  
Calison, NJ 07830 Address P.O. Box 101  
Owner in Fee Stichel Construction, Inc. Pittsboro, NJ 08867  
Address P.O. Box 101 Tel. ( 908 ) 735-4399  
Pittsboro, NJ 08867 Lic. No. or Bldrs. Reg. No. 620270  
Tel. ( 908 ) 735-4399 Fed. Emp. No. 62-4246730

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:

New Home

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 \$ 229,000

Alan R. Shindler 4/24/00  
\_\_\_\_\_  
Date

U.C.C. F170  
(rev. 3/96)  
\_\_\_\_\_  
Inspector

| PAYMENTS (Office Use Only) |           |
|----------------------------|-----------|
| Building                   | 2296.     |
| Electrical                 | 226.      |
| Plumbing                   | 369.      |
| Fire Protection            | 125.      |
| Elevator Devices           |           |
| Other                      |           |
| DCA Training Fee           | 193.      |
| Cert. of Occupancy         | 50.       |
| Other                      |           |
| Total                      | \$3259.00 |
| Check No.                  | 1095      |
| Cash                       |           |
| Collected by               | LJM       |

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)



# BUILDING SUBCODE TECHNICAL SECTION

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

Block 116 Lot 26-03  
Work Site Location 91 Fairmount Road East  
Calton, NJ 07830  
Owner in Fee Stickel Construction, Inc.  
Address P.O. Box 101  
Pittstown, NJ 08867  
Tele. ( 908 ) 735-4399  
Contractor Stickel Construction, Inc.  
Address P.O. Box 101  
Pittstown, NJ 08867  
Tele. ( 908 ) 735-4399 Fax ( 908 ) 735-5399  
Lic. No. or Bldrs. Reg. No. 020270  
Federal Emp. No. 62-1426730

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                         |                   | Date                     | Initial   | INSPECTIONS              |         | Dates (Month/Day)        |                   |
|-------------------------------------|-------------------|--------------------------|-----------|--------------------------|---------|--------------------------|-------------------|
| <input type="checkbox"/>            | No Plans Required |                          |           | Type:                    | Failure | Failure                  | Approval Initial  |
| <input checked="" type="checkbox"/> | All               | <u>4-24-00</u>           | <u>JS</u> | Footing                  |         |                          | <u>6-1-00 JS</u>  |
| <input type="checkbox"/>            | Footing           |                          |           | Foundation               |         |                          | <u>7-12-00 JS</u> |
| <input type="checkbox"/>            | Foundation        |                          |           | Slab                     |         |                          |                   |
| <input type="checkbox"/>            | Frame             |                          |           | Frame                    |         |                          |                   |
| <input type="checkbox"/>            | Other             |                          |           | Barrier-Free             |         |                          |                   |
| Joint Plan Review Required:         |                   |                          |           | Insulation               |         |                          | <u>12-4-00 JS</u> |
| <input type="checkbox"/>            | Elec.             | <input type="checkbox"/> | Plumb.    | <input type="checkbox"/> | Fire    | <input type="checkbox"/> | Elevator          |
| SUBCODE APPROVAL                    |                   |                          |           | Finishes                 |         |                          |                   |
| <input type="checkbox"/>            | CO                | <input type="checkbox"/> | CCO       | <input type="checkbox"/> | CA      |                          |                   |
| Date:                               |                   |                          |           | Energy                   |         |                          |                   |
| Approved by:                        |                   |                          |           | Mechanical               |         |                          |                   |
|                                     |                   |                          |           | TCO                      |         |                          | <u>9-27-00 JS</u> |
|                                     |                   |                          |           | Other <u>thrust</u>      |         |                          |                   |
|                                     |                   |                          |           | Final                    |         |                          |                   |
|                                     |                   |                          |           | Barrier-Free             |         |                          |                   |

## B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed R-3 BOCA Est. Cost of Bldg. Work:  
Constr. Class Present \_\_\_\_\_ Proposed R-3 BOCA 1. New Bldg. \$ 200,000  
No. of Stories 2 2. Alteration \$ \_\_\_\_\_  
Height of Structure 33 3. Total (1+2) \$ 200,000  
Area — Largest Floor 3090 Sq. Ft.  
New Bldg. Area/All Floors 6103 Sq. Ft.  
Volume of New Structure 120,818 Cu. Ft.  
Total Land Area Disturbed 8,000 Sq. Ft.



Date Received  
Date Issued  
Control #  
Permit #

4-26-00  
100-126

## 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

New Home - See plans

### 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)

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ 2296  
DCA Training Fee \$ \_\_\_\_\_  
TOTAL FEE \$ 193

7 Rte. 517  
Oldwick, New Jersey 08858  
(908) 439-9224



# PLUMBING SUBCODE TECHNICAL SECTION



Date Received 4-26-00  
Date Issued  
Control #  
Permit # 60-126

Block 16 Lot A-65  
Work Site Location 11 Fairview Rd. East  
Calien, N.J. 07830  
Owner in Fee Michael Construction Inc.  
Address 500 Hwy 101  
Fairview, NJ 07847  
Tele. ( 908 ) 785-9449  
Contractor H.F. Hildebrand Co. Inc.  
Address 101 Park Ridge Rd.  
Calien, NJ 07830  
Tele. ( 908 ) 876-4750 Fax (        )         
Lic. No. 4172  
Federal Emp. No. 22-2245733

|                            |          |          |
|----------------------------|----------|----------|
| Use Group                  | Present  | Proposed |
| Building Sewer Size        | _____    | _____    |
| Water Service Size         | _____    | _____    |
| Est. Cost of Plumbing Work | \$ _____ | _____    |

|                                              |                                   |                             |         |                          |               |
|----------------------------------------------|-----------------------------------|-----------------------------|---------|--------------------------|---------------|
| <b>PLAN REVIEW</b>                           |                                   | <b>INSPECTIONS</b>          |         | <b>Dates (Month/Day)</b> |               |
| <input type="checkbox"/> No Plans Required   |                                   | Type:                       | Failure | Failure                  | Approval      |
| Joint Plan Review Required:                  |                                   | Slab                        | _____   | _____                    | _____         |
| <input type="checkbox"/> Building            | <input type="checkbox"/> Electric | Rough                       | _____   | _____                    | 11-15-00 \$50 |
| <input type="checkbox"/> Fire                | <input type="checkbox"/> Elevator | Water                       | _____   | _____                    | _____         |
| <input checked="" type="checkbox"/> Plumbing | Plans Approved                    | Sewer                       | _____   | _____                    | _____         |
| Date: 4-19-00                                |                                   | Fixtures                    | _____   | _____                    | _____         |
| Approved by: _____                           |                                   | Gas Equipment               | _____   | _____                    | 7-27-00 15    |
|                                              |                                   | Gas Piping                  | _____   | _____                    | 11-15-00 \$50 |
|                                              |                                   | Solar                       | _____   | _____                    | _____         |
| <b>SUBCODE APPROVAL</b>                      |                                   | TCO                         | _____   | _____                    | _____         |
| <input type="checkbox"/> CO                  | <input type="checkbox"/> CCO      | <input type="checkbox"/> CA | _____   | _____                    | _____         |
| Date: _____                                  |                                   | House total                 | _____   | _____                    | 11-8-00 \$50  |
| Approved by: _____                           |                                   |                             | _____   | _____                    | _____         |

| NO. | FIXTURE/EQUIPMENT        |
|-----|--------------------------|
| 4   | Water Closet             |
|     | Urinal/Bidet             |
| 7   | Bath Tub                 |
| 7   | Lavatory                 |
|     | Shower                   |
|     | Floor Drain              |
| 5   | Sink                     |
| 1   | Dishwasher               |
|     | Drinking Fountain        |
| 1   | Washing Machine          |
| 1   | Hose Bibb                |
| 1   | Water Heater             |
|     | Fuel Oil Piping          |
| 4   | Gas Piping               |
|     | Steam Boiler             |
| 1   | Hot Water Boiler         |
|     | Sewer Pump               |
|     | Interceptor/Separator    |
|     | Backflow Preventer       |
|     | Greasetrap               |
|     | Sewer Connection         |
| 1   | Water Service Connection |
| 3   | Stacks <i>at kitchen</i> |
|     | Other                    |
|     | Other                    |
|     | Other                    |

38  
14  
44  
14  
21  
7  
7  
38  
45  
~~45~~  
45  
45  
45  
21

|                          |    |       |
|--------------------------|----|-------|
| Administrative Surcharge | \$ | _____ |
| Minimum Fee              | \$ | _____ |
| DCA Training Fee         | \$ | _____ |
| <b>TOTAL FEE</b>         | \$ | _____ |

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's Seal**

☒ Licensed Plumbing Contractor      ☐ Exempt Applicant

# Township of Tewksbury

7 Rte. 517  
Oldwick, New Jersey 08858  
(908) 439-9224



## ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received  
Date Issued 4-26-00  
Control #  
Permit # 00-126

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

Block 16 Lot 46-03  
Work Site Location 91 Fairmount Rd East  
Camden NJ 07834  
Owner in Fee/Occupant Shelby Construction Inc.  
Address 100-100 101  
Camden NJ 07834  
Tele. ( 609 ) 725-4299  
Contractor Hickmeyer Electric Inc.  
Address 29 CH. ST. 234 GLEN GARDNER, NJ 08826  
234 MT AIRY RD  
Tele. ( 908 ) 234-1242 Fax ( )  
Lic. No. 0048  
Federal Emp. No. 22-3321787

### B. ELECTRICAL CHARACTERISTICS

Use Group Present 16 Proposed RS BCLA  
[ ] Pole/Pad # [ ] Temporary [X] Other 200 Amp  
Building Occupied as Residence Utility Co. GEI  
Est. Cost of Elec. Work \$ 15,000

### JOB SUMMARY (Office Use Only)

| PLAN REVIEW                 | Date    | Initial | INSPECTIONS   | Dates (Month/Day)                |
|-----------------------------|---------|---------|---------------|----------------------------------|
| [ ] No Plans Required       |         |         | Type:         | Failure Failure Approval Initial |
| Joint Plan Review Required: |         |         | Rough         |                                  |
| [ ] Building [ ] Plumbing   |         |         | Temp. Serv.   |                                  |
| [ ] Fire [ ] Elevator       |         |         | Constr. Serv. |                                  |
| [ ] Elec. Plans Approved    | 4/17/00 |         | TCO           |                                  |
| Date:                       |         |         | Other         |                                  |
| Approved by:                |         |         | Service       |                                  |
|                             |         |         | Final         |                                  |

### SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

House to bank

11-8-00 SD

### 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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

### D. TECHNICAL SITE DATA

| QTY. | SIZE | ITEMS                          |
|------|------|--------------------------------|
| 10   |      | Lighting Fixtures              |
| 10   |      | Receptacles                    |
| 10   |      | Switches                       |
| 10   |      | Detectors                      |
| 10   |      | Light Poles                    |
| 10   |      | Motors—Fract. HP               |
| 10   |      | Emergency & Exit Lights        |
| 10   |      | Communications Points          |
| 10   |      | Alarm Devices/F.A.C. Panel     |
| 10   |      | TOTAL NUMBERS                  |
| 10   |      | Pool Permit with UW Lights     |
| 10   |      | Storable Pool/Spa/Hot Tub      |
| 10   |      | KW Elec. Range/Receptacle      |
| 10   |      | KW Oven/Surface Unit           |
| 10   |      | KW Elec. Water Heater          |
| 10   |      | KW Elec. Dryer/Receptacle      |
| 10   |      | KW Dishwasher                  |
| 10   |      | HP Garbage Disposal            |
| 10   |      | KW Central A/C Unit            |
| 10   |      | HP/KW Space Heater/Air Handler |
| 10   |      | KW Baseboard Heat              |
| 10   |      | HP Motors 1/+ HP               |
| 10   |      | KW Transformer/Generator       |
| 10   |      | AMP Service                    |
| 10   |      | AMP Subpanels                  |
| 10   |      | AMP Motor Control Center       |
| 10   |      | KW Elec. Sign/Outline Light    |

### FEE (Office Use Only)

\$ 84  
10  
30  
90  
10  
236

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

Township of Tomsbury  
Rte. 517  
Oldwick, New Jersey 08858  
(908) 439-9224



FIRE  
SUBCODE  
TECHNICAL SECTION

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

Block 11 Lot 26-03  
Work Site Location 91 Tomsbury Rd East  
Callion NJ 07010  
Owner in Fee Level Construction Inc.  
Address P.O. Box 101  
Callion NJ 07010  
Tele. ( 908 ) 736-4294  
Contractor Tracy Electric  
Address ~~234 Mt Airy Rd~~ 234 MT AIRY RD  
~~Callion NJ 07010~~ GLEN GARDNER 08826  
Tele. ( 908 ) 246-1202 Fax ( )  
Lic. No. 126418  
Federal Emp. No. 22-3336787

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed R-300A Fire Alarm System  
Constr. Class. Present \_\_\_\_\_ Proposed R-300A New ☒ Existing ☐  
Heating Systems ☒ New ☐ Existing ☐ HVAC Location of Panel: \_\_\_\_\_  
Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar Fire Suppression/Standpipe System  
☐ Other \_\_\_\_\_ New ☐ Existing ☐  
Location: in room Location of Main Control Valve: \_\_\_\_\_  
Total Cost of Fire Protection Work \$ None

JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                          |  | INSPECTIONS      |         | Dates (Month/Day) |                    |
|--------------------------------------------------------------------------------------|--|------------------|---------|-------------------|--------------------|
| <input type="checkbox"/> No Plans Required                                           |  | Type:            | Failure | Failure           | Approval Initial   |
| Joint Plan Review Required:                                                          |  | Alarm System     |         |                   |                    |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing                  |  | Suppression Sys. |         |                   |                    |
| <input type="checkbox"/> Electric <input type="checkbox"/> Elevator                  |  | Standpipe        |         |                   | <u>12-18-00 PD</u> |
| <input checked="" type="checkbox"/> Fire Plans Approved                              |  | Fire Pump        |         |                   | <u>12-18-00 PD</u> |
| Date: <u>12-18-00</u>                                                                |  | Pre-Eng. System  |         |                   | <u>12-18-00 PD</u> |
| Approved by: <u>[Signature]</u>                                                      |  | Mechanical       |         |                   |                    |
| SUBCODE APPROVAL                                                                     |  | Smoke Control    |         |                   | <u>12-18-00</u>    |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |  | TCO              |         |                   |                    |
| Date: _____                                                                          |  | Final            |         |                   |                    |
| Approved by: _____                                                                   |  | 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 [Signature]



Date Received  
Date Issued 4-26-00  
Control #  
Permit # 00-126

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) \_\_\_\_\_

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 \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

Halon Suppression \_\_\_\_\_

Other \_\_\_\_\_

Kitchen Hood Exhaust System \_\_\_\_\_

Smoke Control System \_\_\_\_\_

Gas [ ] or Oil [ ] Fired Appliances 4

Other \_\_\_\_\_

FEE (Office Use Only)

Administrative Surcharge \$  
Minimum Fee \$  
DCA Training Fee \$  
TOTAL FEE \$ 125



# CERTIFICATE

Date Issued 8-5-04  
Control #  
Permit # T-01-370

## IDENTIFICATION

Block 16 Lot 26.03  
Work Site Location 91 Fairmount Rd E  
Owner in Fee/Occupant Michael Stickle  
Address 91 Fairmount Rd E  
Califon, NJ 07830  
Tele. (                      )  
Contractor Blue Haven Pools & Spas  
Address 713 Bethlehem Pike  
Colmar, PA 18915  
Tele. ( 215 ) 996-0660 Fax (            )  
Lic. No. or Bldrs. Reg. No.                       
Federal Emp. No.                     

Home Warranty No.                       
Type of Warranty Plan: [ ] State [ ] Private  
Use Group                       
Maximum Live Load                       
Construction Classification                       
Maximum Occupancy Load                       
Description of Work/Use:                     

In-Ground Pool

### ☐ 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.

### ☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than                     , 19           or the owner will be subject to fine or 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:

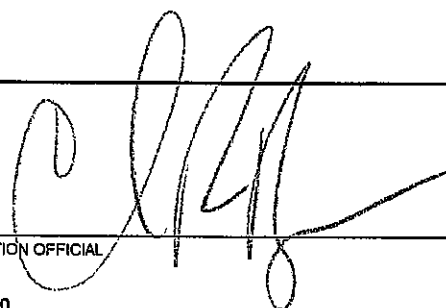
- [ ] Total removal of lead-based paint hazards in scope of work  
[ ] Partial or limited time period (            years); see file

### ☐ 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 potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until                     .

  
CONSTRUCTION OFFICIAL

Fee \$                       
Paid [ ] Check No.                       
Collected by:



# CONSTRUCTION PERMIT

Date Issued **9-3-01**  
Control #  
Permit # **T-01-370**

IDENTIFICATION Block 16 Lot 26.03  
Work Site Location 91 Fairmount Rd e Contractor Blue Haven Pools  
Owner in Fee Mike Stickel Address 713 Bethlehem Pike  
Address 91 Fairmount RD E Tel ( 215 ) Colmar, PA 18915  
Tel ( Califon, NJ 07830 ) Lic. No. or Bids. Reg. No. 996-0660  
Fed. Emp. No. \_\_\_\_\_

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:

In-Ground Pool

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 \$ 42,000.00

*act's Dan W. J. Jr.* 8/29/01  
Construction Official Date

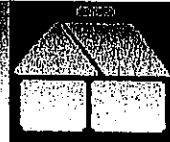
U.C.C. F170  
(rev. 3/98)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)

| PAYMENTS (Office Use Only) |          |
|----------------------------|----------|
| Building                   | 200.     |
| Electrical                 | 138.     |
| Plumbing                   | 90.      |
| Fire Protection            | 20.      |
| Elevator Devices           |          |
| Other                      |          |
| DCA Training Fee           | 34.      |
| Cert. of Occupancy         |          |
| Other                      |          |
| Total                      | \$482.00 |
| Check No.                  | 562-1    |
| Cash                       |          |
| Collected by               | L.J.W.   |



# BUILDING SUBCODE TECHNICAL SECTION



DATE RECEIVED

Date Issued

Control #

Permit #

9-4-01

T-01-390

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

Block 16 Lot 26-03  
Work Site Location 01 FAIRMONT RD., EAST  
LANE, NJ 08850  
Owner in Fee MIKE STICKLE  
Address SAME  
Tele. ( ) [REDACTED]  
Contractor BLUE HAVEN POOLS  
Address 713 BETHLEHEM PIKE  
CHAMPAIGN, PA 18915  
Tele. ( ) 215-996-0660 Fax ( ) 215-997-5505  
Lic. No. or Bldrs. Reg. No. [REDACTED]  
Federal Emp. No. 22-3417587

## 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

INGROUND CONCRETE SWIMMING POOL  
36' X 44'  
FENCE BY OWNER

Barrier must comply with 96 Boco  
Locate as per plot plan

### JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                    | Date | Initial | INSPECTIONS  | Dates (Month/Day) |         |          |         |
|--------------------------------------------------------------------------------------------------------------------------------|------|---------|--------------|-------------------|---------|----------|---------|
| <input type="checkbox"/> No Plans Required                                                                                     |      |         | Type:        | Failure           | Failure | Approval | Initial |
| <input type="checkbox"/> All                                                                                                   |      |         | Footing      |                   |         |          |         |
| <input type="checkbox"/> Footing                                                                                               |      |         | Foundation   |                   |         |          |         |
| <input type="checkbox"/> Foundation                                                                                            |      |         | Slab         |                   |         |          |         |
| <input type="checkbox"/> Frame                                                                                                 |      |         | Frame        |                   |         |          |         |
| <input checked="" type="checkbox"/> Other Pool + Barrier 2/27 DW                                                               |      |         | Barrier-Free |                   |         |          |         |
| Joint Plan Review Required:                                                                                                    |      |         | Insulation   |                   |         |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |      |         | Finishes     |                   |         |          |         |
| SUBCODE APPROVAL                                                                                                               |      |         | Energy       |                   |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           |      |         | Mechanical   |                   |         |          |         |
| Date: _____                                                                                                                    |      |         | TCO          |                   |         |          |         |
| Approved by: _____                                                                                                             |      |         | Other        |                   |         |          |         |
|                                                                                                                                |      |         | Final        |                   |         |          |         |
|                                                                                                                                |      |         | Barrier-Free |                   |         |          |         |

### TYPE OF WORK:

- ☐ New Building  
☒ Addition POOL  
☒ Alteration  
☐ Roofing  
☐ Siding  
☒ Fence \_\_\_\_\_ Height (exceeds 6')  
☒ Sign \_\_\_\_\_ Sq. Ft.  
☒ Pool INGROUND  
☐ Asbestos Abatement Subchapter 8  
☐ Lead Haz. Abatement NJAC 5:17  
☐ Other \_\_\_\_\_  
☐ Demolition

### FEE (Office Use Only)

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 2210 Sq. Ft.

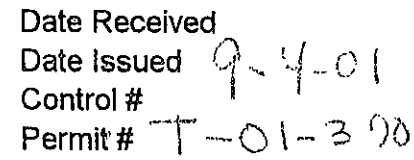
### Est. Cost of Bldg. Work:

1. New Bldg. \$ 42,000  
2. Alteration \$ \_\_\_\_\_  
3. Total (1+ 2) \$ 42,000

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ 200  
DCA Training Fee \$ \_\_\_\_\_  
TOTAL FEE \$ 34

UCC/PRO F-110 (REV3/96)  
Professional Printing  
(856) 468-7933

1. White/Inspector Copy  
3. Pink/ Office Copy  
2. Canary/Office Copy  
4. White Tag



Block 16 Lot 26-03  
Work Site Location 91 FAIRMONT RD., EAST  
TEWKSBURY, NJ 08858

Tele. ( ) [REDACTED]

Tele. ( ) Fax ( )

Federal Emp. No. \_\_\_\_\_

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 100.00

| PLAN REVIEW                                              |              | Date | Initial | INSPECTIONS   | Dates (Month/Day) |         |          |         |
|----------------------------------------------------------|--------------|------|---------|---------------|-------------------|---------|----------|---------|
| [ ] No Plans Required                                    |              |      |         | Type:         | Failure           | Failure | Approval | Initial |
| Joint Plan Review Required:                              |              |      |         | Rough         | _____             | _____   | _____    | _____   |
| [ ] Building                                             | [ ] Plumbing |      |         | Temp. Serv.   | _____             | _____   | _____    | _____   |
| [ ] Fire                                                 | [ ] Elevator |      |         | Constr. Serv. | _____             | _____   | _____    | _____   |
| <input checked="" type="checkbox"/> Elec. Plans Approved |              |      |         | TCO           | _____             | _____   | _____    | _____   |
| Date: <u>2/25/10</u>                                     |              |      |         | Other         | _____             | _____   | _____    | _____   |
| Approved by: <u>[Signature]</u>                          |              |      |         | Service       | _____             | _____   | _____    | _____   |
|                                                          |              |      |         | Final         | _____             | _____   | _____    | _____   |

[ ] CO    [ ] CCO    [ ] CA                      Final Cut-in-Card Date Issued \_\_\_\_\_

Date: 11/11/2011

Approved by: [Signature]

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 Electrical Contractor      ☐ Exempt Applicant

| QTY.        | SIZE | ITEMS                      |
|-------------|------|----------------------------|
| <u>6</u>    |      | Lighting Fixtures          |
| <u>1</u>    |      | Receptacles                |
| <u>1</u>    |      | Switches                   |
| <u>    </u> |      | Detectors                  |
| <u>    </u> |      | Light Poles                |
| <u>    </u> |      | Motors—Fract. HP           |
| <u>    </u> |      | Emergency & Exit Lights    |
| <u>    </u> |      | Communications Points      |
| <u>    </u> |      | Alarm Devices/F.A.C. Panel |

                     TOTAL NUMBERS

~~YES~~ Pool Permit/with UW Lights

7 L. 5 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 Handle

1 2 KW Baseboard Heat

1 283 HP Motors 1/+ HP

\_\_\_\_ KW Transformer/Generator

AMP Service

1 30A AMP Subpanels  
AMP Main Control

**AMP Motor Control Center**

KW Elec. Sign/Outline Light

[illegible][illegible]

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ 125

DCA Training Fee \$ 175

TOTAL FEE \$ 1

UCC/PRO F-120 (REV3/96)

Professional Printing

(856) 468-7933



**PLUMBING  
SUBCODE  
TECHNICAL SECTION**

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

Block 16 Lot 26.03  
Work Site Location 91 FAIRMONT ROAD, EAST  
TEWKSBURY, NJ 08858  
Owner in Fee MIKE STICKLE  
Address SAME  
Tele. ( ) [REDACTED]  
Contractor SAME AS ABOVE  
Address \_\_\_\_\_  
Tele. ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic Y  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well Y  
Est. Cost of Plumbing Work \$ 100

**JOB SUMMARY (Office Use Only)**

**PLAN REVIEW**

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

Date: 8-16-01

Approved by: [Signature]

**SUBCODE APPROVAL**

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

**INSPECTIONS**

| Type:         | Failure | Failure | Approval | Initial |
|---------------|---------|---------|----------|---------|
| Slab          |         |         |          |         |
| Rough         |         |         |          |         |
| Water         |         |         |          |         |
| Sewer         |         |         |          |         |
| Fixtures      |         |         |          |         |
| Gas Equipment |         |         |          |         |
| Gas Piping    |         |         |          |         |
| Solar         |         |         |          |         |
| TCO           |         |         |          |         |



Date Received

Date Issued 9-4-01

Control #

Permit # T-01-370

**D. TECHNICAL SITE DATA (List of 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 <u>POOL HEATER</u>           | _____                 |
|     | Fuel Oil Piping <u>NATURAL GAS HOOKUP</u> | _____                 |
|     | Gas Piping                                | _____                 |
|     | Steam Boiler                              | _____                 |
|     | Hot Water Boiler                          | _____                 |
|     | Sewer Pump                                | _____                 |
|     | Interceptor/Separator                     | _____                 |
|     | Backflow Preventer                        | _____                 |
|     | Greasetrap                                | _____                 |
|     | Sewer Connection                          | _____                 |
|     | Water Service Connection                  | _____                 |
|     | Stacks                                    | _____                 |
|     | Other _____                               | _____                 |
|     | Other _____                               | _____                 |
|     | Other _____                               | _____                 |

|                          |              |
|--------------------------|--------------|
| Administrative Surcharge | \$ _____     |
| Minimum Fee              | \$ _____     |
| DCA Training Fee         | \$ _____     |
| TOTAL FEE                | \$ <u>90</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.

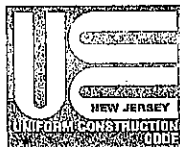
[Signature]  
Signature — Contractor's Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

UCC/PRO F-130 (REV3/96)  
Professional Printing  
(856) 468-7933

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy



FIRE  
SUBCODE  
TECHNICAL SECTION

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

Block 16 Lot 26.03  
Work Site Location 91 FAIRMONT RD., EAST  
WILKESBURY, NJ 08858  
Owner in Fee MIKE STICKLE  
Address SAME

Tele. ( ) [REDACTED]  
Contractor BLUE HAVEN POOLS  
Address 713 BETHLEHEM PIKE  
COLMAR, PA 18915  
Tele. ( ) 215-996-0660 Fax ( ) 215-997-5505  
Lic. No. \_\_\_\_\_  
Federal Emp. No. 22-3417587

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fire Alarm System  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_ New [ ] Existing [ ]  
Heating Systems [ ] New [ ] Existing [ ] HVAC Location of Panel: \_\_\_\_\_  
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar Fire Suppression/Standpipe System  
[ ] Other \_\_\_\_\_ New [ ] Existing [ ]  
Location: \_\_\_\_\_ Location of Main Control Valve: \_\_\_\_\_  
Total Cost of Fire Protection Work \$ 100 -

JOB SUMMARY (Office Use Only)

| PLAN REVIEW                 | INSPECTIONS      | Dates (Month/Day) |         |          |         |
|-----------------------------|------------------|-------------------|---------|----------|---------|
| [ ] No Plans Required       | Type:            | Failure           | Failure | Approval | Initial |
| Joint Plan Review Required: | Alarm System     | _____             | _____   | _____    | _____   |
| [ ] Building [ ] Plumbing   | Suppression Sys. | _____             | _____   | _____    | _____   |
| [ ] Electric [ ] Elevator   | Standpipe        | _____             | _____   | _____    | _____   |
| [ ] Fire Plans Approved     | Fire Pump        | _____             | _____   | _____    | _____   |
| Date: _____                 | Pre-Eng. System  | _____             | _____   | _____    | _____   |
| Approved by: _____          | Mechanical       | _____             | _____   | _____    | _____   |
| SUBCODE APPROVAL            | Smoke Control    | _____             | _____   | _____    | _____   |
| [ ] CO [ ] CCO [ ] CA       | TCO              | _____             | _____   | _____    | _____   |
| Date: _____                 | Final            | _____             | _____   | _____    | _____   |
| Approved by: _____          | Other _____      | _____             | _____   | _____    | _____   |

C. CERTIFICATION IN LIEU OF OATH

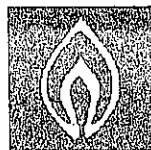
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature \_\_\_\_\_

UCC/PRO F-140 (REV3/96)

Professional Printing

(856) 468-7933



Date Received

Date Issued 9-3-01

Control #

Permit # T-01-370

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

HOOKUP OF HEATER

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) \_\_\_\_\_

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 \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

Halon Suppression \_\_\_\_\_

Other \_\_\_\_\_

Kitchen Hood Exhaust System \_\_\_\_\_

Smoke Control System \_\_\_\_\_

Gas [X] or Oil [ ] Fired Appliances T

Other \_\_\_\_\_

FEE (Office Use Only)

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

DCA Training Fee \$ \_\_\_\_\_

TOTAL FEE \$ 20



# CERTIFICATE

Date Issued 9-28-04  
Control #  
Permit # T-02-147

## IDENTIFICATION

Block 16 Lot 26 03

Work Site Location 91 Fairmount Rd E

Owner in Fee/Occupant Mary Stickel

Address 91 Fairmount Rd E

PO box 604, Oldwick, NJ 08858

Tele. ( )

|            |       |
|------------|-------|
| Contractor | Owner |
|------------|-------|

### Address

Tele. ( ) Fax ( )

**Lic. No. or Bldrs. Reg. No.**

Federal Emp. No.

Home Warranty No.

Type of Warranty Plan:    ☐   State        ☐   Private

**Use Group**

### Maximum Live Load

### Construction Classification

### Maximum Occupancy Load

**Description of Work/Use:**

Basement Alteration (no additional bedrooms)

☐ **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.

## TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than \_\_\_\_\_, 19\_\_\_\_ or the owner will be subject to fine or 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 potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Fee \$ \_\_\_\_\_

Paid ☐ Check No. \_\_\_\_\_

Collected by: \_\_\_\_\_

CONSTRUCTION OFFICIAL

U.C.C. F260  
(rev. 3/96)

1 WHITE — APPLICANT

2 CANARY — OFFICE

3 PINK — TAX ASSESSOR



# CONSTRUCTION PERMIT

Date Issued 4-16-02  
Control #  
Permit # T-02-147

IDENTIFICATION Block 16 Lot 26.03  
Work Site Location 91 Fairmount Rd. East Contractor Mary Shubel  
Tewksbury Address P.O. Box 104  
Owner in Fee Mary Shubel Tel. ( ) 617-885-0858  
Address P.O. Box 104 Lic. No. or Bldgs. Reg. No. \_\_\_\_\_  
Dudman, VT 08858 Fed. Emp. No. \_\_\_\_\_

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:

Finishing basement - See plans

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 \$30,000 Date 4/18/02  
[Signature]  
Construction Official

U.C.C. F170  
(rev. 3/95)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)

| PAYMENTS (Office Use Only) |          |
|----------------------------|----------|
| Building                   | 378.     |
| Electrical                 | 46.      |
| Plumbing                   | 50.      |
| Fire Protection            |          |
| Elevator Devices           |          |
| Other                      |          |
| DCA Training Fee           | 23.      |
| Cert. of Occupancy         |          |
| Other                      |          |
| Total                      | \$497.00 |
| Check No.                  | 244      |
| Cash                       |          |
| Collected by               | LJM      |

## TEWKSBURY TWP

FIRE  
SUBCODE  
TECHNICAL SECTION

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

Block 16 Lot 26-03  
Work Site Location 91 Fairmount Rd East  
Tewksbury, NJ 08858  
Owner in Fee Mary Stickel  
Address P.O. Box 104  
Oldwicks, NJ 08858  
Tele. ( 609 ) 226-1240  
Contractor Homeyer Electric Inc  
Address 234 Mt Airy Rd  
Oldwicks, NJ 08858  
Tele. ( 609 ) 226-1240 Fax ( 609 ) 226-1240  
Lic. No. 13049  
Federal Emp. No. 22-3326781

## B. FIRE PROTECTION CHARACTERISTICS

Use Group Present    Proposed     
Constr. Class Present    Proposed     
Heating Systems    New    Existing     
Type:    Gas    Oil    Electric    Solar     
Location     
Total Cost of Fire Protection Work \$ 1,000

Fire Alarm System  
New ☐ Existing ☐  
Location of Panel:     
Fire Suppression/Standpipe System  
New ☐ Existing ☐  
Location of Main Control Valve:   

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                  |                                   | INSPECTIONS      |           | Dates (Month/Day) |           |
|----------------------------------------------|-----------------------------------|------------------|-----------|-------------------|-----------|
| <input type="checkbox"/> No Plans Required   | Joint Plan Review Required:       | Type:            | Failure   | Approval          | Initial   |
| <input type="checkbox"/> Building            | <input type="checkbox"/> Plumbing | Alarm System     | <u>  </u> | <u>  </u>         | <u>  </u> |
| <input type="checkbox"/> Electric            | <input type="checkbox"/> Elevator | Suppression Sys. | <u>  </u> | <u>  </u>         | <u>  </u> |
| <input type="checkbox"/> Fire Plans Approved |                                   | Standpipe        | <u>  </u> | <u>  </u>         | <u>  </u> |
| Date: <u>  </u>                              |                                   | Fire Pump        | <u>  </u> | <u>  </u>         | <u>  </u> |
| Approved by: <u>  </u>                       |                                   | Pre-Eng. System  | <u>  </u> | <u>  </u>         | <u>  </u> |
| SUBCODE APPROVAL                             |                                   | Mechanical       | <u>  </u> | <u>  </u>         | <u>  </u> |
| <input type="checkbox"/> CO                  | <input type="checkbox"/> CCO      | Smoke Control    | <u>  </u> | <u>  </u>         | <u>  </u> |
| <input type="checkbox"/> CA                  |                                   | TCO              | <u>  </u> | <u>  </u>         | <u>  </u> |
| Date: <u>  </u>                              |                                   | Final            | <u>  </u> | <u>  </u>         | <u>  </u> |
| Approved by: <u>  </u>                       |                                   | Other            | <u>  </u> | <u>  </u>         | <u>  </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.

Signature   



Date Received  
Date Issued  
Control #  
Permit #

## 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

Alarm Systems ☒ 110v Interconnected    NUMBER     
☐ System    Existing   

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

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   

CO<sub>2</sub> Suppression   

Foam Suppression   

Halon Suppression   

Other   

Kitchen Hood Exhaust System   

Smoke Control System   

Gas ☐ or Oil ☐ Fired Appliances   

Other   

## FEE (Office Use Only)

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

TEWKSBURY TWP



# **BUILDING SUBCODE TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

4-16-02  
T-02-147

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

Block 16 Lot 26-03  
Work Site Location 91 Fairmount Rd East  
Tewksbury  
Owner in Fee Mary Stuckel  
Address P.O. Box 604  
Blauvelt NJ 08858  
Tele. ( )  
Contractor Mary Stuckel  
Address P.O. Box 604  
Blauvelt NJ 08858  
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 record and am authorized to make this application.

Mary Stuckel  
Signature

## **D. TECHNICAL SITE DATA**

### **DESCRIPTION OF WORK**

Finishing basement

See Plans

No Additional Bedrooms

### **JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                                                    | Date    | Initial | INSPECTIONS  | Dates (Month/Day)                |
|--------------------------------------------------------------------------------------------------------------------------------|---------|---------|--------------|----------------------------------|
| <input type="checkbox"/> No Plans Required                                                                                     | ___     | ___     | Type:        | Failure Failure Approval Initial |
| <input type="checkbox"/> All                                                                                                   | ___     | ___     | Footing      | ___                              |
| <input type="checkbox"/> Footing                                                                                               | ___     | ___     | Foundation   | ___                              |
| <input type="checkbox"/> Foundation                                                                                            | ___     | ___     | Slab         | ___                              |
| <input type="checkbox"/> Frame                                                                                                 | ___     | ___     | Frame        | ___                              |
| <input checked="" type="checkbox"/> Other                                                                                      | 4/16/02 | DW      | Barrier-Free | ___                              |
| Joint Plan Review Required:                                                                                                    |         |         | Insulation   | ___                              |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |         |         | Finishes     | ___                              |
| SUBCODE APPROVAL                                                                                                               |         |         | Energy       | ___                              |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           |         |         | Mechanical   | ___                              |
| Date: 7/1/02                                                                                                                   |         |         | TCO          | ___                              |
| Approved by: <u>[Signature]</u>                                                                                                |         |         | Other        | ___                              |
|                                                                                                                                |         |         | Final        | 6/3/03 DW                        |
|                                                                                                                                |         |         | Barrier-Free | 6/29/01 DW                       |

## **B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed R3-BOCA Est. Cost of Bldg. Work:  
Constr. Class Present \_\_\_\_\_ Proposed R3-BOCA 1. New Bldg. \$ \_\_\_\_\_  
No. of Stories \_\_\_\_\_ 2. Alteration \$ 21,000  
Height of Structure \_\_\_\_\_ Ft. 3. Total (1+2) \$ 21,000  
Area — Largest Floor \_\_\_\_\_ Sq. Ft.  
New Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.  
Volume of New Structure \_\_\_\_\_ Cu. Ft.  
Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

### **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 basement  
☐ Demolition

### **FEE (Office Use Only)**

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ 378  
DCA Training Fee \$ \_\_\_\_\_  
TOTAL FEE \$ 17

TEWKSBURY TWP



# **ELECTRICAL SUBCODE TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

4-16-02  
T-02-147

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

Block 16 Lot 26-03  
Work Site Location 91 Fairmount Rd East  
Tewksbury, NJ  
Owner in Fee/Occupant Mary Stikel  
Address P.O. Box 604  
Oldwick, NJ 08858  
Tele. ( ) \_\_\_\_\_  
Contractor Upmeyer Electric Inc  
Address 234 Mt Airy Rd  
Paterson, NJ 07656  
Tele. ( ) 908-226-1242 Fax ( ) \_\_\_\_\_  
Lic. No. 913048  
Federal Emp. No. 22-3326787

## **B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed R-3 BOCA  
[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary Other  
Building Occupied as residence Utility Co. 940  
Est. Cost of Elec. Work \$ 3,000

## **JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)  
[ ] No Plans Required Type: \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_  
Joint Plan Review Required: Rough 6/5 Failure \_\_\_\_\_ Approval 6-7 Initial D.M.  
[ ] Building [ ] Plumbing Temp. Serv. \_\_\_\_\_  
[ ] Fire [ ] Elevator Constr. Serv. \_\_\_\_\_  
[ ] Elec. Plans Approved TCO \_\_\_\_\_  
Date: 6/18/04 Other \_\_\_\_\_  
Approved by: [Signature] Service \_\_\_\_\_  
Final \_\_\_\_\_

## **SUBCODE APPROVAL**

[ ] CO [ ] GCO [X] CA  
Date: 6-18-04  
Approved by: [Signature]

Temp. Cut-in-Card Date Issued \_\_\_\_\_  
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.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

## **D. TECHNICAL SITE DATA**

QTY. SIZE ITEMS  
26 Lighting Fixtures  
20 Receptacles  
10 Switches  
1 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

## **FEE (Office Use Only)**

\$ 42

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

TECHNICAL TWP



PLUMBING  
SUBCODE  
TECHNICAL SECTION

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

Block 16 Lot 26.03  
Work Site Location 91 Fairmount Rd East  
Levesburg  
Owner in Fee Mary Shickel  
Address P.O. Box 604  
Oldwiscasset, NJ 08858  
Tele. ( ) 908-876-4700 Fax ( ) 908-876-4700  
Lic. No. 4002  
Federal Emp. No. 22-2295733

B. PLUMBING CHARACTERISTICS

Use Group Present 44 Proposed P-3 BOCA  
Building Sewer Size 4" Public Sewer        Private Septic X  
Water Service Size        Public Water        Private Well X  
Est. Cost of Plumbing Work \$ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 4-4-02

Approved by: Bob Connor

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 6-22-04

Approved by: Bob Connor

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

Solar

TCO

Failure

Failure

Approval

Initial

Dates (Month/Day)

5-14-02

5-14-02

6-22-04

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02

5-14-02



Date Received  
Date Issued  
Control #  
Permit #

4-16-02

401-370

T-02-147

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

| NO. | FIXTURE/EQUIPMENT                |
|-----|----------------------------------|
| 1   | Water Closet                     |
| 1   | Urinal/Bidet                     |
| 1   | Bath Tub                         |
| 1   | Lavatory                         |
| 1   | Shower                           |
| 1   | Floor Drain                      |
| 1   | Sink (Bar)                       |
| 1   | Dishwasher                       |
| 1   | Drinking Fountain                |
| 1   | Washing Machine                  |
| 1   | Hose Bibb                        |
| 1   | Water Heater                     |
| 1   | Fuel Oil Piping                  |
| 1   | Gas Piping                       |
| 1   | Steam Boiler                     |
| 1   | Hot Water Boiler                 |
| 1   | Sewer Pump                       |
| 1   | Interceptor/Separator            |
| 1   | Backflow Preventer               |
| 1   | Greasetrap                       |
| 1   | Sewer Connection                 |
| 1   | Water Service Connection         |
| 1   | Stacks                           |
| 1   | Other <u>Hot water baseboard</u> |
| 1   | Other                            |
| 1   | Other                            |

FEE (Office Use Only)

\$

Administrative Surcharge

\$

Minimum Fee

\$

DCA Training Fee

\$

TOTAL FEE

\$

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's Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

2023 FINAL/2024 PRELIMINARY TAX BILL

| BLOCK NUMBER |  | LOT NUMBER           |  | QUALIFICATION  |  | EXPLANATION OF TAXES |  |
|--------------|--|----------------------|--|----------------|--|----------------------|--|
| 16           |  | 26.03                |  |                |  | RATE PER \$100       |  |
| Property     |  | 91 FAIRMOUNT RD EAST |  |                |  | AMOUNT OF TAX        |  |
| Building     |  | 25F                  |  |                |  | 0.357                |  |
| Additional   |  |                      |  |                |  | 0.035                |  |
| Land         |  | Dinens, 14.28 AC.    |  |                |  | 0.034                |  |
| Bank         |  | Mortgage             |  | Tax Acct 1178  |  | 0.891                |  |
|              |  |                      |  |                |  | 0.593                |  |
|              |  |                      |  |                |  | 0.402                |  |
|              |  |                      |  |                |  | 0.050                |  |
| LAND: 387800 |  | IMPROVEMENTS: 925100 |  | TOTAL: 1312900 |  |                      |  |
| EXEMPTIONS:  |  | NET TAXABLE VALUE:   |  | 1312900        |  |                      |  |

MAZZATTA, MARK & MICHELE MCHUGH-  
91 FAIRMOUNT RD EAST  
CALIFON NJ 07830

2023 TOTAL TAX

2023 NET TAX  
LESS 2023 PREV. BILLED  
BALANCE OF 2023 TAX

2.362

31010.70

31010.70  
10921.11  
16889.59

| INFORMATION FOR TAXPAYERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                 |  | 2024 PRELIMINARY TAX                                             |  |                                 |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|------------------------------------------------------------------|--|---------------------------------|-------------|
| 2023 3RD QTR<br>DUE AUG 1, 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 2023 4TH QTR<br>DUE NOV 1, 2023 |  | 2024 1ST QTR<br>DUE FEB 1, 2024                                  |  | 2024 2ND QTR<br>DUE MAY 1, 2024 |             |
| 7,874.12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 8,215.47                        |  | 7,752.68                                                         |  | 7,752.67                        |             |
| MAKE CHECK<br>PAYABLE TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                 |  | PRELIMINARY TAX IS<br>EQUAL TO ONE HALF OF<br>2023 TOTAL NET TAX |  |                                 |             |
| MAIL TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                 |  | 15,505.35                                                        |  |                                 |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                 |  | DISTRIBUTION OF TAXES BEFORE REAP                                |  |                                 |             |
| <p>The original bills were mailed in September. There is a 10 day grace period for each qtr. Postmark is not accepted. Interest is retroactive to the 1st.</p> <p>Pay Online: <a href="http://www.townsburytwp.net">www.townsburytwp.net</a></p> <p>Thank you,<br/>Rossana E. Gutierrez, CTC<br/><a href="mailto:taxcollector@townsburytwp.net">taxcollector@townsburytwp.net</a></p>                                                                                                                                                                                                                                 |  |                                 |  | County Taxes                                                     |  | 18.03%                          | \$ 5592.95  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                 |  | School Taxes                                                     |  | 62.83%                          | \$ 19483.44 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                 |  | Municipal Taxes                                                  |  | 19.14%                          | \$ 5934.31  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                 |  |                                                                  |  |                                 |             |
| STATE AID USED TO OFFSET LOCAL PROPERTY TAXES: The budgets of government agencies funded by this tax bill include State aid used to reduce property taxes. State aid offset information for the current year municipal tax bills will start becoming available at the end of July. Access the Division of Local Government Service' website at <a href="http://www.nj.gov/dca/divisions/dlgs/resources/property_tax.html">http://www.nj.gov/dca/divisions/dlgs/resources/property_tax.html</a> to find (based on assessed value of this parcel) the amount of State aid used to offset property taxes on this parcel. |  |                                 |  |                                                                  |  |                                 |             |

2024-2  
TAX COLLECTOR'S STUB - DETACH AND RETURN WITH YOUR CHECK  
2024 2ND QUARTER TAX DUE MAY 1, 2024

| BLOCK NUMBER                                             | LOT NUMBER      | QUALIFICATION  | BANK CODE |
|----------------------------------------------------------|-----------------|----------------|-----------|
| 16                                                       | 26.03           |                |           |
| TAX ACCOUNT NUMBER                                       | TAX BILL NUMBER | TAX AMOUNT DUE |           |
| 1178                                                     |                 | 7752.67        |           |
|                                                          |                 |                |           |
| INTEREST                                                 |                 |                |           |
| CASH                                                     |                 |                |           |
| CHECK                                                    |                 |                |           |
| TOTAL                                                    |                 |                |           |
| MAZZATTA, MARK & MICHELE MCHUGH-<br>91 FAIRMOUNT RD EAST |                 |                |           |



2024-1  
TAX COLLECTOR'S STUB - DETACH AND RETURN WITH YOUR CHECK  
2024 1ST QUARTER TAX DUE FEBRUARY 1, 2024

| BLOCK NUMBER                                             | LOT NUMBER      | QUALIFICATION  | BANK CODE |
|----------------------------------------------------------|-----------------|----------------|-----------|
| 16                                                       | 26.03           |                |           |
| TAX ACCOUNT NUMBER                                       | TAX BILL NUMBER | TAX AMOUNT DUE |           |
| 1178                                                     |                 | 7752.68        |           |
|                                                          |                 |                |           |
| INTEREST                                                 |                 |                |           |
| CASH                                                     |                 |                |           |
| CHECK                                                    |                 |                |           |
| TOTAL                                                    |                 |                |           |
| MAZZATTA, MARK & MICHELE MCHUGH-<br>91 FAIRMOUNT RD EAST |                 |                |           |



2023-4  
TAX COLLECTOR'S STUB - DETACH AND RETURN WITH YOUR CHECK  
2023 4TH QUARTER TAX DUE NOVEMBER 1, 2023

| BLOCK NUMBER                                             | LOT NUMBER      | QUALIFICATION  | BANK CODE |
|----------------------------------------------------------|-----------------|----------------|-----------|
| 16                                                       | 26.03           |                |           |
| TAX ACCOUNT NUMBER                                       | TAX BILL NUMBER | TAX AMOUNT DUE |           |
| 1178                                                     |                 | 8215.47        |           |
|                                                          |                 |                |           |
| INTEREST                                                 |                 |                |           |
| CASH                                                     |                 |                |           |
| CHECK                                                    |                 |                |           |
| TOTAL                                                    |                 |                |           |
| MAZZATTA, MARK & MICHELE MCHUGH-<br>91 FAIRMOUNT RD EAST |                 |                |           |



2023-3  
TAX COLLECTOR'S STUB - DETACH AND RETURN WITH YOUR CHECK  
2023 3RD QUARTER TAX DUE AUGUST 1, 2023

| BLOCK NUMBER                                             | LOT NUMBER      | QUALIFICATION  | BANK CODE |
|----------------------------------------------------------|-----------------|----------------|-----------|
| 16                                                       | 26.03           |                |           |
| TAX ACCOUNT NUMBER                                       | TAX BILL NUMBER | TAX AMOUNT DUE |           |
| 1178                                                     |                 | 7874.12        |           |
|                                                          |                 |                |           |
| INTEREST                                                 |                 |                |           |
| CASH                                                     |                 |                |           |
| CHECK                                                    |                 |                |           |
| TOTAL                                                    |                 |                |           |
| MAZZATTA, MARK & MICHELE MCHUGH-<br>91 FAIRMOUNT RD EAST |                 |                |           |







B1243 P0167

24

Easement

The undersigned, Stickel Construction, Inc. whose address is P.O. Box 101 Pittstown, NJ 08876 (the "Grantor"), is the owner of certain lands located in the Township of Tewksbury, County of Hunterdon State of NJ, known and designated as Block, 16 Lot 26.03, and recorded in The Office of The Clerk of Hunterdon County, On 05/24/99, in Deed Book 1211, page 0427, referred to as the property.

Grantor, hereby grants and conveys to Grantee Jersey Central Power & Light Co. d/b/a GPU Energy and Sprint of New Jersey Inc., both New Jersey Corporations, (the "Grantee") for valuable consideration, the receipt of which is hereby acknowledged, and intending to be legally bound, has requested a permanent easement and uninterrupted right, from time to time, to construct, reconstruct, operate, inspect, renew, replace, improve, maintain, redesign, alter, relocate, extend and remove overhead, underground and ground level facilities described below (the "Facilities") as may be deemed necessary or convenient by Grantee for electric, CATV and communication purposes for the use and benefit of the Land and/or adjacent lands on, over, under and across along and beyond the property, the course of said facilities to run as follows:

Generally in a Southerly direction from Existing Pole UT32TT Located Along the Southerly Side Line of Fairmount Road thence entering lands of grantor traveling underground a distance of 350' +- to new GPU Energy Padmount Transformer 197667-68847 (located on Lot 26.02) and thence traveling underground 630 +- to new GPU Energy Padmount Transformer 197644-68806, together with necessary service to house.

The Facilities may include, without limitation, poles (with or without crossarms), guy wires, guy stubs, anchors, street lights and standards, transformers, transformer pads, switching compartments, conduits, conductors, ducts, wires, cables, fibers, pedestals, terminal boxes, manholes, hand-holes and other related equipment and apparatus from time to time deemed necessary or convenient by Grantee to accomplish the above purpose.

Grantor further grants and conveys to Grantee the right, from time to time, to trim, cut and/or remove such trees, tree branches, shrubs, roots, vegetation, structures and/or other objects or obstructions which in the sole judgment of the Grantee interfere with the installation of, or in the safe, proper or convenient use, maintenance, operation of, or access to, the Facilities including, without limitation, the removal of such trees, and/or tree branches which overhang or endanger any of the Facilities. Further, Grantee shall have the right to make such excavations to accomplish the above purposes and to enter upon the land without notice for all the purposes hereof.

Grantor covenants not to construct, place, maintain or use structures of any kind, or plant shrubs or trees within eight feet of either side of the center line of the underground Facilities, if any, as installed, raise or lower the ground elevation of the land above or beneath the Facilities; grow beneath overhead Facilities any vegetation or trees, except farm crops or other compatible species identified by Grantee; or obstruct access to, remove structural support from, divert or impound water to or on, or otherwise interfere with, the Facilities.

The rights and obligations hereunder shall be binding upon and inure to the benefit of the Grantor and Grantee and their heirs, executors, administrators, successors and assigns, Licensees and Lessees, as the case may be.

Witness/Attest

Secretary - Michael D. Stickel

Stickel Construction, Inc.

President - Michael D. Stickel

BI243 P0168

RECORDED

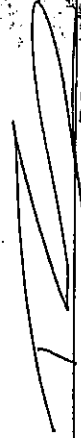
STATE OF NEW JERSEY, COUNTY OF Somerset

JUL 12 12 51 PM '00

HUNTERDON COUNTY  
DOROTHY K. TROPK  
CLERK

I certify that on MAY 3, 2000, Michael D. Stickel personally appeared before me and acknowledged to my satisfaction that he:

- (a) He is the PRESIDENT OF Stickel Construction, Inc., the corporation named in the attached instrument;
- (b) He executed the instrument;
- (c) He was authorized to execute the instrument on behalf of the corporation; and
- (d) He executed the instrument as the act of the corporation.



Notary Public of New Jersey  
**ROBERT B. ZEDERBAUM**  
NOTARY PUBLIC OF NEW JERSEY  
My commission expires Jan. 18, 2004

120989

County: Hunterdon

Dated: 5/3, 2000, W/R# 100055052

RECORD AND RETURN TO:  
JERSEY CENTRAL POWER AND LIGHT COMPANY  
d/b/a GPU ENERGY

RIGHT OF WAY DEPARTMENT  
105 E. MCFARLAN STREET  
DOVER, N.J. 07801

RECORDED  
HUNTERDON COUNTY, N.J.

JUL 12 2000

BOOK 1243 PAGE 1167  
OF Deed  
DOROTHY K. TROPK  
COUNTY CLERK

END OF DOCUMENT

Prepared by: Robert L. Alexander

NJDEP File No. \_\_\_\_\_

### DECLARATION OF RESTRICTION FOR FRESHWATER WETLANDS AREA

THE DECLARATION of Deed Restriction is made this 16 day of May, 1999, by George S. Wetteland, married and Solid Wood Construction, LLC, a New Jersey Limited Liability Company, having an office at or residing at Post Office Box 672, Oldwick, New Jersey 08858, hereinafter referred to as "Declarant."

#### WITNESSETH:

WHEREAS, the Declarant is the owner of certain real property located in the Township of Tewksbury, Hunterdon County, New Jersey, designated as Lot 26, Block 16, on the official Tax Map of the Township of Tewksbury, (hereinafter "the Property"); and after subdivision will be Lots 26, 26.01, 26.02, and 26.03 in Block 16.

WHEREAS, wetlands play a significant role in the maintenance of environmental quality on a community, regional, and statewide level; and

WHEREAS, wetland areas are integral portions of a freshwater wetlands ecosystem; and

WHEREAS, the Declarant has obtained subdivision approval from Tewksbury and

WHEREAS, the subdivision approval issued to the declarant is conditioned upon the declarant's recording of an approved deed restriction to preclude subsequent development of the Freshwater Wetlands Areas as defined in N.J.S.A. 13:9B-3 and as delineated on the minor subdivision plat of Block 16, Lot 26, Tewksbury Township, Hunterdon County, prepared by Ferriero Engineering, Inc. and last revised on January 15, 1999.

WHEREAS, the declarant desires and intends to restrict subsequent development of that Freshwater Wetland Area in accordance with the covenants, conditions, and restrictions set forth herein;

NOW THEREFORE, in consideration of the facts recited above and the mutual covenants, terms, conditions and restrictions contained herein, the declarant, for itself, its

DECLARATION OF JOINT DRIVEWAY AND UTILITY EASEMENT

FOR

FAIRMOUNT ROAD EAST, BLOCK 16, LOTS 26.02 AND 26.03

DATED: May 6<sup>th</sup>, 1999

Prepared By: [Signature]  
Robert L. Alexander, Esq.  
An Attorney at Law of the  
State of New Jersey

RECORD AND RETURN TO:

Robert L. Alexander, Esq.  
Alexander & Bartlett, LLP  
Post Office Box 5449  
Clinton, New Jersey 08809

24

See Block 16 26.02

Prepared by:

Robert L. Alexander  
ROBERT L. ALEXANDER, ESQ.

## CONSERVATION EASEMENT (TREE PRESERVATION)

THIS INDENTURE is made as of May 6<sup>th</sup>, 1999, between GEORGE S. WETTELAND and SOLID WOOD CONSTRUCTION, LLC, having an address of Post Office Box 672, Oldwick, New Jersey 08858, hereinafter referred to as the "Grantor", and THE TOWNSHIP OF TEWKSBURY IN THE COUNTY OF HUNTERDON, a municipal corporation of the State of New Jersey, whose address is 60 Water Street, Lebanon, New Jersey 08833, (hereinafter "Grantee" or "Tewksbury"), and unto its successors and assigns, an easement for the preservation and conservation of certain tracts of land within the Township of Tewksbury, County of Hunterdon, State of New Jersey, which are more specifically described in Schedule A attached hereto (said tract being referred to herein as the "Tree Easement Area".)

### WITNESSETH:

Tax Map Identification (NJSA 48:1502.1) County of Hunterdon, Township of Tewksbury, a portion of Lot 26.03, Block 16.

The Grantor, for and in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration in hand paid, receipt of which is hereby acknowledged, has granted, conveyed, and confirmed and by these presents does grant, convey and confirm unto the Grantee and unto its successors and assigns, an easement for the preservation and conservation of a certain tract of land within the Township of Tewksbury, County of Hunterdon, State of New Jersey, which is a portion of the lot listed above and is more specifically described in Schedule A attached hereto (said tract being referred to herein as the "Tree Easement Area".)

This Easement is conveyed to Grantee pursuant to and in satisfaction of conditions of the preliminary and final subdivision approvals granted by the Township of Tewksbury Planning Board (the "Board") for the project known as Fairmount Road East, Block 16, Lot 26, as shown on the Minor Subdivision Plat prepared by Ferriero Engineering, Inc..

The purpose of this Easement is the preservation of the existing trees and hedgerows in the Tree Easement Area. Within the Tree Easement Area described on Schedule A and shown on the Minor Subdivision Plat, the following terms and conditions shall apply:

- (1) The Grantor, and its successors and assigns, shall have the continuing obligation to

## SCHEDULE A

**Legal Description**  
**Tree Conservation Easement**  
**Lot 26.03, Block 16**  
**Tewksbury Township, Hunterdon County, New Jersey**

That area designated as a Tree Conservation Easement, being a portion of Lot 26.03 in Block 16 as shown on a map entitled "Minor Subdivision Plat, Fairmount Road East", Block 16, Lot 26, Tewksbury Township, Hunterdon County, New Jersey, dated March 9, 1998 as prepared by Ferriero Engineering Inc. Chester NJ 07930 being more particularly described as follows;

Beginning at a point in the new southerly right-of-way line of Fairmount Road, said point being the most northeasterly corner of Lot 26.03, Block 16, also being distant the following course from a monument found at the most northwesterly corner of Lot 25.03, Block 16 South 07°59'15" West 13.57 feet, and from said point of beginning runs;

1. South 07°59'15" West, 792.35 feet to a monument found, thence;
2. South 85°12'58" West, 17.94 feet, thence;
3. North 07°59'15" East, 798.49 feet to a point in the said new southerly right-of-way line of Fairmount Road (County Route 512), thence;
4. Along said southerly right-of-way line South 74°55'06" East, 17.63 feet to the point and place of beginning.

Containing 0.3195 acres as described.

The above description is in accordance with a survey prepared by Ferriero Engineering, Inc., 95-B Route 24, P.O. Box 571, Chester, NJ 07930.

Dated: March 16, 1999

  
Glenn A. Robinson  
N.J. Licensed Land Surveyor No. 34490  
Ferriero Engineering Inc.

maintain the existing trees and hedgerows in a natural and undisturbed state. The Grantor shall neither damage, injure, cut down or disturb said trees or hedgerows or prune same without the express written approval of the Tewksbury Township Engineer.

- (2) No topsoil, sand, gravel, rock or material shall be excavated, dredged or removed from the Tree Easement Area except with the written approval of the Township Engineer, or except as required for the construction or maintenance of a driveway. The location of the driveway must be approved by the Township Planner, in writing.
- (3) No buildings, structures, fences or other improvements shall be erected or placed within the Tree Easement Area; and no roads, drives or trails for motorized vehicles shall be constructed or maintained within the Tree Easement Area, or except as required for the construction or maintenance of a driveway. The location of the driveway must be approved by the Township Planner, in writing.
- (4) No dumping or placing of soil or other substances or material as landfill, and no dumping or placing of trash, waste, or unsightly or offensive material for disposal or otherwise shall be permitted with the Tree Easement Area.
- (5) No solid or liquid materials which might pollute or otherwise adversely affect the flow or quality of the water in any watercourse within or near the Tree Easement Area shall be kept or stored within the Tree Easement Area or placed in or discharged into any watercourse traversing or protected by the Tree Easement Area.
- (6) No activities shall be permitted within the Tree Easement Area which might be detrimental to drainage, flood control, springs, water conservation, water quantity or quality protection, erosion control, soil conservation or vegetation or scenic protection, and no other act or uses detrimental to the preservation of the Tree Easement Area shall be permitted by any person.
- (7) Grantee, by its officials, employees and agents shall have the right, but not the duty, to enter upon the Tree Easement Area for purposes of inspection and protection, but this right does not evidence nor create any agreement or obligation upon the Township of Tewksbury to inspect or protect the Tree Easement Area. No act of the Township of Tewksbury for inspection or protection shall give rise to any obligation on the part of the Township of Tewksbury for further or other inspection or protection.
- (8) Although the conservation easement hereby granted and conveyed to the Township of Tewksbury is created for the benefit of the general public by the protection of water and land resources and natural beauty, nothing herein contained shall be construed to convey to the public any right of access to or use of the Tree Easement Area, and the Grantor shall, subject to the general and specific terms and conditions of this indenture, retain the exclusive use of the Tree Easement Area for those uses not inconsistent with the purposes of the within

easement.

(9) The Grantor, its successors and assigns, may convey, mortgage, lease or otherwise transfer title or interest in the lands subject to this easement; provided, however, the covenants and conditions contained herein shall remain superior to such conveyance, mortgage, lease or transfer, it being the intention of the parties that this easement and its terms and conditions shall become a part of the chain of title and shall run with the land.

(10) In the event of noncompliance with the terms and conditions contained herein, the Grantor and the Township of Tewksbury may avail themselves of any and all legal remedies to enforce the within terms and conditions. In the event of a breach by the Grantor, the Township of Tewksbury may seek specific performance to correct, modify, ameliorate, change, and restore the property, watercourses, ponds, soil, vegetation and other features of the Tree Easement Area impacted by the Grantor's breach.

(11) In the event that Tewksbury Township seeks legal redress on account of a breach by the Grantor, or its successors or assigns, and/or in the event Tewksbury Township is required to take steps on account of a breach of the terms or conditions hereof by the Grantor or its successors or assigns, then all reasonable and necessary costs and expenses incurred by the Township, including reasonable legal fees and costs and related costs (including but not limited to witnesses and expert witnesses) and all other costs caused by the breach, may be recovered against the property owner and other responsible parties in an action to enforce the terms and conditions hereof brought by the Township in a court of competent jurisdiction.

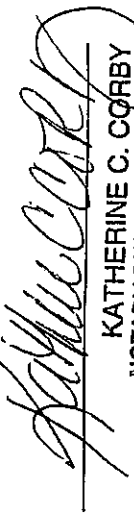
(12) No advertising signs or structures shall be located within the Tree Easement Area.

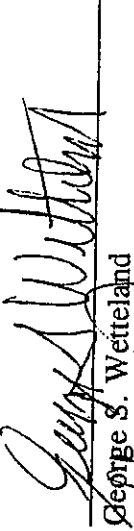
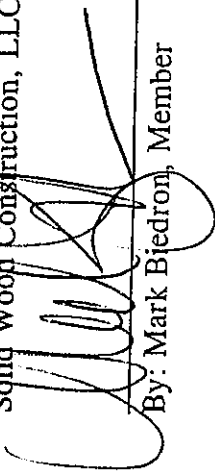
The Grantor promises that the Grantor has done no act to encumber the

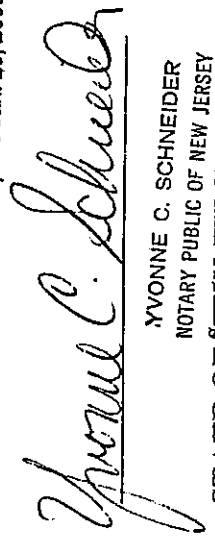
Easement Areas. This promise is called a 'Covenant as to Grantor's Acts' (NJSA 46:4-6). This promise means that the Grantor has not allowed anyone else to obtain any legal rights which are superior to those granted to the Grantee herein with respect to the Easement Areas.

IN WITNESS WHEREOF, the Grantor has executed this Indenture on the day and year first above written.

Witnessed by:

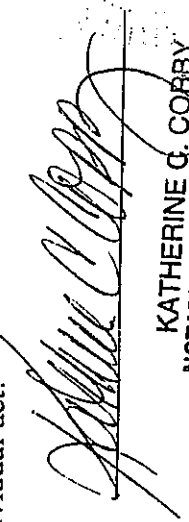
  
KATHERINE C. CORBY  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires Jan. 26, 2003

  
George S. Wetteland  
Solid Wood Construction, LLC  
  
By: Mark Biedron, Member

  
YVONNE C. SCHNEIDER  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 5/14/2002  
STATE OF NEW JERSEY  
COUNTY OF HUNTERDON SS:

I CERTIFY that on 5/6, 1999, George S. Wetteland personally came before me and stated to my satisfaction that this person (or if more than one, each person):

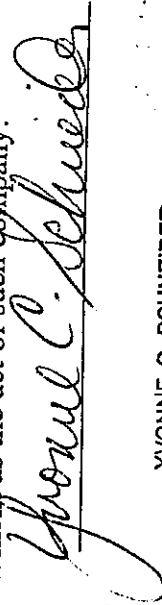
- (a) was the maker of the Indenture;
- (b) executed this Indenture as his or her own individual act.

  
KATHERINE C. CORBY  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires Jan. 26, 2003

STATE OF NEW JERSEY,  
COUNTY OF HUNTERDON SS:

I CERTIFY that on May 6<sup>th</sup>, 1999, Mark Biedron personally came before me and stated to my satisfaction that this person (or if more than one, each person):

- (a) was the person who executed the attached instrument as authorized member of Solid Wood Construction, LLC, the LLC named in this Indenture;
- (b) he acknowledged that he was authorized to execute this instrument on behalf of Solid Wood Construction, LLC, and that he executed the instrument as the act of such company.



RECORDED

Record & Return:

Alexander & Bartlett, LLP  
Post Office Box 5449

MAY 7 10 47 AM '99

CLINTON, New Jersey 08809 HUNTERDON COUNTY  
DORTHY K. TIRFOK  
CLERK

YVONNE C. SCHNEIDER  
NOTARY PUBLIC OF NEW JERSEY  
Commission Expires 5/14/2002

END OF DOCUMENT

B1205 P1045

RIGHT-OF-WAY EASEMENT

SCHEDULE "A"

24

THIS INDENTURE made the \_\_\_\_\_ day of \_\_\_\_\_ 1999  
BETWEEN Name: George S. Wetteland, married and Solid Wood Construction, LLC, a  
New Jersey Limited Liability Company,  
(Grantor or corporation)

Address: Post Office Box 672, Oldwick, New Jersey 08858

hereinafter designated as the grantor (the masculine singular is used throughout this instrument to refer to the grantor whether there may be one grantor or more, and whether or not the grantor may be a corporation),

AND THE COUNTY OF HUNTERDON, a public corporation of the State of New Jersey, having its county seat at Flemington, New Jersey, and its principal office at the County Administration Building, One East Main Street, Flemington, New Jersey 08822-1200, the grantee, hereinafter referred to as the County.

WITNESSETH THAT the grantor in order to comply with applicable provisions of laws or ordinances, or for the purpose of improving the County road adjacent to premises owned by the grantor, or both, (and for no money paid by the County to the grantor) does by these presents grant and convey to the County for purposes of the aforesaid County road an easement over premises in the Township of Tewksbury known as Lots 26, 26.01, 26.02, and 26.03, Block 16,

(town, township, etc.)

in the County of Hunterdon and State of New Jersey, more particularly described as set forth in Schedule A annexed hereto.

On said premises the County may build, widen, improve and repair the County road including such bridges, culverts, slope and drainage facilities as it may see fit, and the County may also permit the installation, repair, maintenance and removal of such public utility wires, pipes and other devices and facilities as it may see fit, and may also build, maintain repair and remove or permit the building, maintaining, repairing and removing of such entrances as it may see fit.

The easement rights and powers hereby granted and conveyed to the County may be granted and conveyed by the County to any succeeding public corporation or entity.

IN WITNESS WHEREOF, the grantor has hereunto set his hand and seal, or if a corporation, has caused these presents to be executed by the grantor's proper corporate officer's the day and year first above written.

Witness: George S. Wetteland (signature)

Grantor(s):

(signature)

(Signature(s))

George S. Wetteland  
(typed or printed)

George S. Wetteland

(typed or printed)

Address: 524 Main Rd Address: Post Office Box 672

Oldwick, New Jersey 08858

Oldwick, New Jersey 08858

Witness:

(signature)

Grantor(s):

(Signature(s))

Solid Wood Construction, LLC

See 16/26 for full

16/26-03