RECEIVED
MAR 29 2010
RARITAN TWP PLANNING DEPT.

Township of Raritan

Application for Zoning Permit

See Attached for Fees

Municipal Complex
Flemington, NJ 08822
(908) 806-6100/806-8031 (fax)

Permit #	139-2010
Date Filed	3/29/2010

Owner and Contractor Information

Owner: Estate of Robert Yard Cathie Smith, Co-Exec

Mailing Address: 171 Penna Ave

City: Flemington | State: NJ | Zip: 08822

Phone #: [redacted] | Fax #:

Contractor: Preferred Environmental

Address of Contractor: 177 Sargeant Ave

City: Clifton | State: NJ | Zip: 07013

Phone # [redacted] | Fax #:

Construction Site Address and Information

Street Address: 171 Penna Ave | Block: 27 | Lot(s): 36

Development/Subdivision Name: | Unit #:

Homeowners Association	☐ Yes	☒ No	*Attach copy of HOA approval for project (if HOA requires approval)*
Sewage Supply:	☐ Public Sewer	☒ Septic	***Hunterdon County Health Dept. Approval is required for most applications serviced by Septic Systems and/or on-site wells.***
Water Supply:	☐ Public Water	☒ On-Site Well	

Construction Details

(3 Copies of each plan required, See Attached For Additional Requirements)

☐ Shed/ Detached Garage	Attach plot plans (survey) drawn to scale showing location, setback from property lines, and height and size of shed.
☐ Pool	Attach plot plans (survey) drawn to scale showing location and setback from property lines of pool, patio surround or decking, and equipment.
☐ Sprinkler System	Attach plot plan (survey) drawn to scale showing location of sprinkler system. System may not extend into road right of way.
☐ Deck	Attached plot plan (survey) drawn to scale showing location of deck on property and plan showing height and size of deck.
☐ Fence	Attach plot plan (survey) drawn to scale showing location of fence. Indicate height and type of fence on form.
☐ Finish Basement	Attach floor plan and letter indicating area will not be used as a bedroom.
☐ Addition	Attach plot plans (survey) drawn to scale, floor plans, building elevations and other information as necessary (see attached).
☐ New Construction	Attach plot plans (survey) drawn to scale, floor plans, and additional information as necessary (see attached).
☐ Repair/ Alteration	Attach plot plan (survey) drawn to scale and floor plan showing extent of alteration or repair.
☐ Demolition	Attach plot plan (survey) drawn to scale showing building(s) to be demolished. Hunterdon County Health Dept. approval is required.
☒ Fuel Tank Installation	Attach plot plan (survey) drawn to scale showing location of tank (for exterior only). Indicate size of tank in gallons on form, indicate total # of gallons on site.
☐ Other	Attach plot plans (survey) drawn to scale, floor plans, and other information as necessary (please call if you have any questions).

Description of Use

☑ Residential	Present # of Dwelling Units		☐ Retail	
	Proposed # of Dwelling Units			
☐ Industrial			☐ Office	
☐ Wholesale			☐ Other	

Description of Work to Done

Install 275 gal above ground fuel oil tank

I, the undersigned hereby certify that the information given herein is correct and I bind myself to comply with all ordinances pertaining to or governing the construction, repair, alteration or building or use of land, and hereby authorize any reasonable inspection of this property related to this application or the use of this property at any future time.

Applicant's Signature

3/29/2010
Date

Please be advised that any information submitted will become a public record.

Township Use Only

Comments and Conditions:

Zone: I-2	Date:	3/30/10	
☑ Approved	☐ Denied		

Peter Bell
Signature

4/2006

DEPARTMENT OF HEALTH
Rt. 12 COUNTY COMPLEX, BLDG. # 1, 2nd Floor
P.O. BOX 2900
FLEMINGTON, NJ 08822
www.co.hunterdon.nj.us/health.htm
908-788-1351 Fax: 908-782-7510

RECEIVED
MAR 26 2010
HUNTERDON COUNTY HEALTH DEPARTMENT

RECEIPT # 50965
Fee: $15.00

HUNTERDON COUNTY HEALTH DEPARTMENT
CONSTRUCTION PERMIT REFERRAL FORM

MUNICIPALITY: Raritan Twp BLOCK: 27 LOT: 36

OWNER'S NAME: Estate of Robert Yard / Callie Smith Co-Executor

MAILING ADDRESS: 171 Penna Ave, Flemington, NJ 08822

WORK PHONE: [redacted] HOME PHONE: [redacted]

FACILITY LOCATION (if different from above): _____

CONTRACTOR NAME: Preferred Environmental PHONE NUMBER: [redacted]

MAILING ADDRESS: 177 Sargeant Ave, Clifton NJ 07013

All proposed work must be shown on a copy of the septic design, if available, with distances from the well, septic tank and disposal field to the proposed construction. If septic design is not available, copy of survey with all the above shown is also acceptable. See numbered notes below.

When completed:
- ☐ Mail to owner
- ☐ Mail to contractor
- ☒ Hold for pick-up

___ **Residential - Bedroom Addition** – 2, 4 & Complete Form A

___ **Residential Building with no intent to add bedroom** – 2, 4, Complete Form A & check next line
☐ Addition ☐ Remodeling

___ **Commercial** *(other than retail food)* – 2, 4 & check next line
☐ Addition ☐ Remodeling

___ **Retail Food Establishment** – 3, 4 & check next line
☐ New ☐ Renovation

___ **Commercial Swimming Facility** – 3 & 4
☐ New Construction ☐ Alteration

X **Underground Storage Tank** – No location plan needed & check next line
☒ Removal ☐ Abandonment

___ **Demolition** – 4 & Complete Form B Replacing w/ 1 above ground tank

___ **Residential Swimming Pool** – 4 & check next line
☐ Installation ☐ Abandonment (plastic liner must be removed)

___ **Other** – 4 : _____ ☐ **Shed** – 4 ☐ **Fence** – 4 ☐ **Kennel** – 3,4

1. If there is public water or sewer connection to the structure, please mark box and show location(s) ☐
2. Drawings of existing and proposed floor plans, with all rooms labeled, must be attached to this form.
3. Architectural drawing with equipment specs must be included with form.
4. Locate distances per instructions above

Note: ***For East Amwell Township*: well and on-site sewage connections to farm and accessory buildings will need approval from the East Amwell Township Board of Health.**

The owner and/or applicant is responsible for obtaining all other required Federal, State or Municipal approvals prior to the commencement of work under this approval, including but not limited to, NJDEP permits to conduct activities in freshwater wetlands, freshwater wetland transition areas, or flood plain jurisdictions. Failure to obtain these permits prior to conducting regulated activities within these areas may result in removal of the improvements and or the assessment of significant civil penalties.

OWNER/CONTRACTOR SIGNATURE: _____ DATE: 3/24/2010

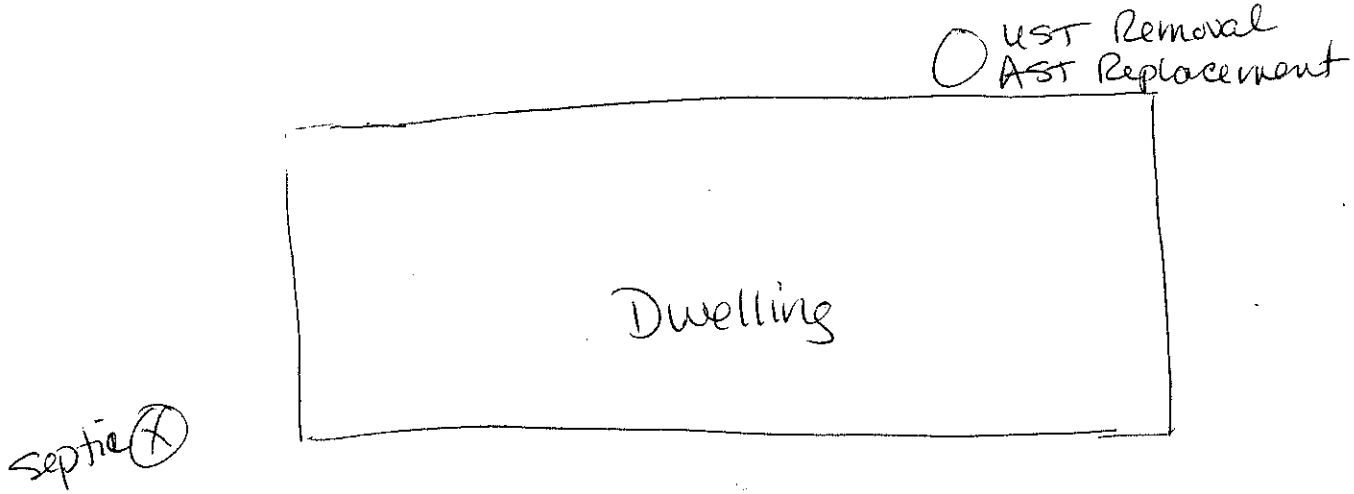
FOR HEALTH DEPARTMENT USE:

Hunterdon County Health Department Comments: CALL WHEN READY FOR INSPECTION

☒ APPROVED ☐ REJECTED DATE: 3-29-10

Signature/Title: _____

☐ OTC ☐ MI


UST Removal
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