22-290

Donna Belton

From: Dennis Mark Interdonato <opra+request-29844-37cbaf0d@requests.opramachine.com>
Sent: Monday, February 28, 2022 12:41 PM
To: clerkforms
Subject: OPRA request - Looking to obtain all permits, architectural plans and surverys available for 23 Maple Ln in Howell, NJ 07731

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Howell Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:
- all permits on file for construction and zoning - open/closed
- any architectural plans on file for construction — NOT Homeowner
- any surveys on file for the property

BL 101
L 7

Yours faithfully,

Dennis Mark Interdonato
732-598-2672
DennisMark@KW.com

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-29844-37cbaf0d@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,VUIZXubDRJyhhrqta1oh2NiOHtaZ4nYs5zb6LQZK7xEMaCTjvifuWiBpJ6M52l2DyB4ZxRcYnyiK6yCSpz-IjYTgkxnzNfEmNK3Avfio5BQ9dYqVlta0wQ,,&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,NjaagviP_Ey1q4fqq8lcdF6AwusAaAQ8uMpbkOwWPt7pjKYXdAL3mxriyIFmVbaVbrDf8TB-_Nj00UEKhGWon98G27JMcyCFkWAklZD8QgwAp_utmvw,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2flooking_to_obtain_all_permits_ar&c=E,1,A8tAZoqxUJSWPJNOD05uet5g_CpgRtwxzkf6yD1wGOY6aOve_OTTRaetdjKVE0ILatp3-07IbAUJmPnkvrKkYZQ0WUX9ODQSbHjjkjhCdWP3BXJjUKYbbYBA&typo=1

Donna Belton

From: Janine Martuscelli
Sent: Monday, February 28, 2022 1:25 PM
To: Donna Belton
Cc: Justin Meyer
Subject: RE: OPRA 22-290
Attachments: BLK101 - L7 Land Use Certificate & Survey Shed-2015-06-09.pdf; BLK101 - L7 CA REPLACE EXTERIOR CONDENSING UNIT, REPLACEMENT AC A-COIL, REPLACEMENT FURNACE-2019-03-18.pdf; BLK101 - L7 CA Shed-2016-02-12.pdf

Donna

Attached are all closed permits for construction, land use and engineering. There are no open permits. Survey is attached to the land use permit for the shed.

Janine

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Monday, February 28, 2022 12:53 PM
To: Todd Morgano <tmorgano@twp.howell.nj.us>; Janine Martuscelli <jmartuscelli@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>
Subject: OPRA 22-290

Good Morning,

Attached please find OPRA 22-290 for your review. I will be out of the office starting tomorrow please forward your response to Angela no later than 3/9/2022.

Thank you.

Regards,

Donna Belton
Administrative Assistant
Clerk's Office
4567 Route 9 North
Howell, NJ 07731
732-938-4500, ext. 2000
dbelton@twp.howell.nj.us

TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE
DIVISION OF LAND USE AND PLANNING

4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2330
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

LAND USE CERTIFICATE

BLOCK: 101 LOT: 17 SITE ADDRESS: 23 Maple Lane

OWNER NAME: Armstrong APPLICANT NAME: same

THE CONSTRUCTION OR INSTALLATION OF A/(AN):

☐ NEW BUILDING	☐ ADDITION	☐ ALTERATION	☐ DECK
☐ PORCH	☐ FENCE	☐ TREE REMOVAL	☐ CLOTHING BIN
☐ SIGN	☐ BANNER	☐ WIND FLAG	☐ IN-GROUND POOL
☐ ABOVE GROUND POOL	☐ OUTDOOR DISPLAY OF GOODS	☒ OTHER: Shed	

IS HEREBY APPROVED BY THE DIVISION OF LAND USE AND PLANNING.

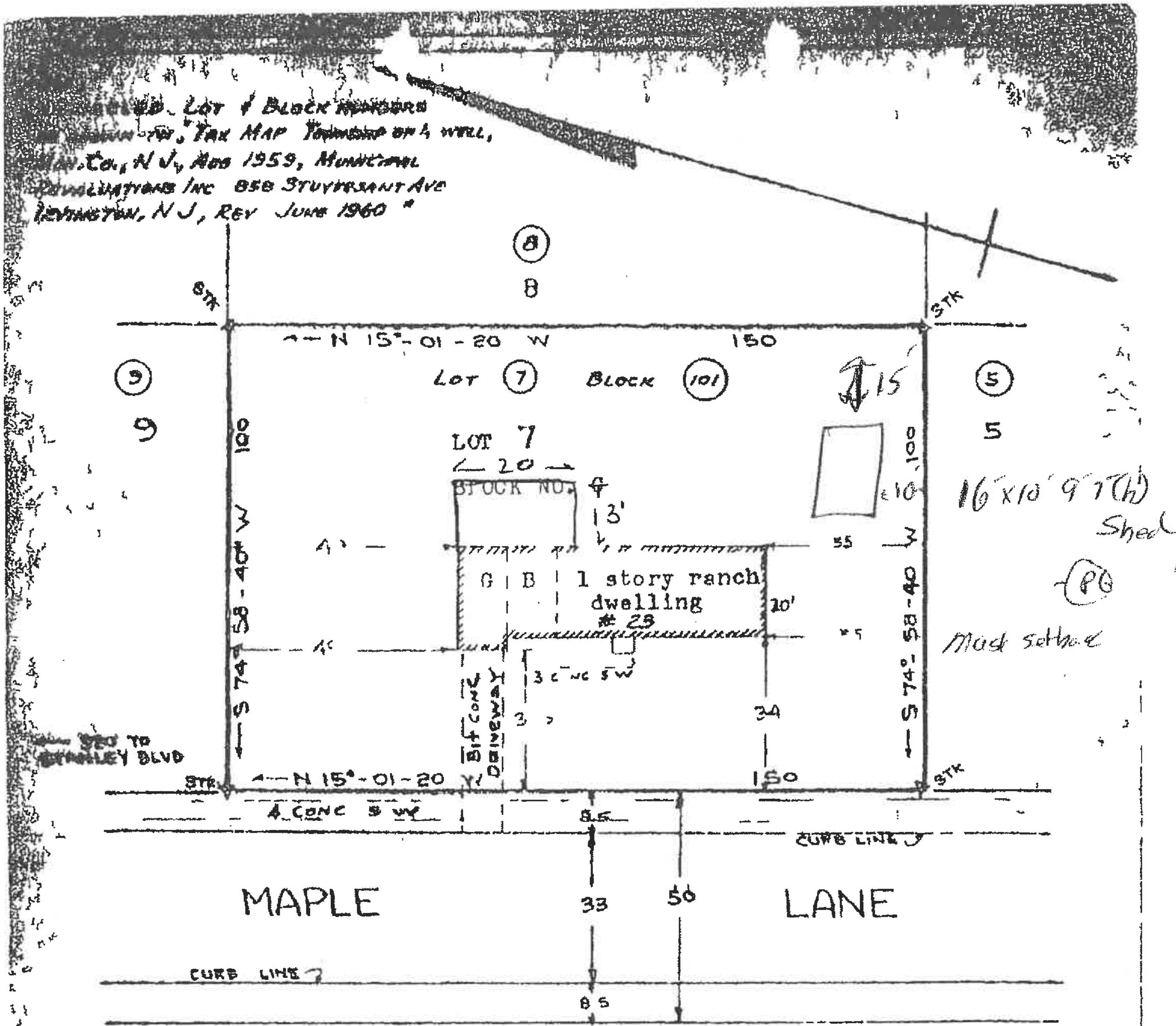
COMMENTS / SPECIAL CONDITIONS:
Permit #ZP-15-00450: 16'x10'x9'7'(h) shed - as per submitted plan

IMPORTANT NOTE: **Based upon the application presented to the Township of Howell, all of which the applicant swears to be true, the proposed usage is found to be in accordance with the Land Use Ordinance of the Administrative Code of the Township of Howell.**

TOWNSHIP OF HOWELL – DIVISION OF LAND USE AND PLANNING

Land Use Officer's Name: Patrick Gorman
(please print)

Land Use Officer's Signature: Patrick Gorman Date: 6/9/15



SURVEY OF PROPERTY

SITUATE IN

HOWELL TOWNSHIP MONMOUTH COUNTY, N J

Scale: 1" = 50'

Date December 4, 1958
Revised August 1, 1959

LOT NO. 7

BLOCK NO C

SECT NO 6B Land O Pines

Lot & Block designations as shown on "Subdivision Map of Sec 6B Land O Pines Howell Twp Mon Co N J, J W Seaman & Sons Engrs-Land Surveyors Long Branch, N J, May 2 1957" Filed in Mon Co Clerks Office Dec 5, 1957, in Case 64-10

Survey Continued to Date July 7, 1965 by Jersey Engineering Co Prof. Engrs & Surveyors, Long Branch, N J

J W SEAMAN & SONS
ENGINEERS – SURVEYORS

This survey is certified to Richard A. & Virginia Briggs.

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 3/1/2019
Control Number C-44936
Permit Number 20190005
Permit Issue Date 1/2/2019
Certificate Number 20190005

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 23 MAPLE LANE HOWELL, NJ 07731 Block: 101 Lot: 7 Qual:

Owner in Fee: ARMSTRONG, JENNIFER

Owner Address: 23 MAPLE LANE HOWELL NJ 07731

Telephone: [redacted]

Contractor MID-STATE HEATING & COOLING

Address 413 OAK GLEN ROAD HOWELL NJ 07724

Telephone: (732) 842-7199 Fax: (732) 758-9466

License Number or Builders Registration Number: Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACE EXTERIOR CONDENSING UNIT, REPLACEMENT A/C A-COIL, REPLACEMENT FURNACE

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/1/2019

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1-2-19
Control # 44936
Date Issued
Permit # 2019-0005

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

Block 101 Lot 7 Qualification Code

Work Site Location 23 MAPLE AVENUE HOWELL, NJ 07731

Owner in Fee: MAX EKELMANN Jennifer Armstrong

Tel. (732) 610-6420 e-mail

Address SAME
street municipality zip code

Contractor: MID-STATE ELECTRICAL SERVICES INC. Tel. (732) 842-7199

Address 413 OAK GLEN ROAD e-mail
HOWELL, NJ 07731

Contractor License No. 12838A Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 464073522 FAX: (732) 758-9466

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-19-18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1-22-19
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-22-19	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Michael Hanak

Print name here: MICHAEL HANAK

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACE CONDENSER, COIL, & FURNACE; NEW DISCONNECT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		NEW DISCONNECT	
1		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	
1	528	KW Central A/C Unit / COIL	
		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	
1		FURNACE	

Administrative Surcharge $	85
Minimum Fee $	6
State Permit Surcharge Fee $	
TOTAL FEE $	91

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

101-7

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 1-2-19
Control # 44936
Date Issued
Permit # 2019-0005

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

Block 101 Lot 7 Qualification Code Maple Leaf

Work Site Location 23 MAPLE AVENUE HOWELL, NJ 07731

Owner in Fee: MAX EKELMANN Jennifer Armstrong

Tel. (732) 610-6420 e-mail

Address SAME
street municipality zip code

Contractor: MID-STATE HEATING & COOLING Tel. (732) 842-7199

Address 413 OAK GLEN ROAD e-mail

HOWELL, NJ 07731

Contractor License No. 19HC00724400 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH00590600

Federal Emp. ID No 222420659 FAX: (732) 758-9466

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[-] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 1-21-19
Approved by: Allen Bartel
SUBCODE APPPROVAL for CERTIFICATE
[✓] CA [ ] CCO
Date: 3-1-19
Approved by: Jim Duffy Final

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.			OK	AC
Other Detector				
Final	1-22-19		3-1-19	JD

↳ see attached

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: RBifani

Print name here: ROBERT BIFANI

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE CONDENSER, COIL, & FURNACE.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
1	Fireplace A/C / COIL	20
1	Generator FURNACE	50
	Other	

Administrative Surcharge $
Minimum Fee $ 85
State Permit Surcharge Fee $ 6
TOTAL FEE $ 91

U.C.C. F145 (rev. 10/17) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 101 LOT 7 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 23 MAPLE AVE HOWELL, NJ 07731

Owner in Fee MAX EKELMANN

Verifying Individual ROBERT BIFANI Company MID-STATE HEATING & COOLING, INC.

Address 413 OAK GLEN ROAD, HOWELL, NJ 07731
Street City State Zip Code

Tel: ([redacted]) Fax: (732) 758-9466

Check the Appropriate Box(es):

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas to Oil Conversion
[✓] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney: **Size** _____

[ ] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

[✓] Chimney-Interior
[ ] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	FURNACE	Oil / Gas / Other: GAS	40,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ _____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

RB Bifani 12/12/18
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ _____
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ _____
Signature Date

FOR MINOR AND EMRGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

U.C.C. F370 (rev. 01/12)

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 2/12/2016
Control Number C-30891
Permit Number 20151533
Permit Issue Date 7/6/2015
Certificate Number 20151533

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 23 MAPLE LANE Howell Township, NJ 07731 Block: 101 Lot: 7 Qual:

Owner in Fee: ARMSTRONG, JENNIFER

Owner Address: 23 MAPLE LANE HOWELL NJ 07731

Telephone: [redacted]

Contractor HOME BRANDS INC

Address 300 CONSTITUTION AVENUE PORTSMOUTH NH 03801

Telephone: (603) 868-1300 Fax: (603) 501-3510

License Number or Builders Registration Number: 13VH02419200 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: 5B

Maximum Live Load: 40 Maximum Occupancy Load: 0

Description of Work/Use: SHED 10 X 16

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 2/12/2016

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7-6-15
Control # 30891
Date Issued
Permit # 20151533

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

Block 101 Lot 7 Qualification Code
Work Site Location 23 Maple ln Howell 07731

Owner in Fee: Jennifer Armstrong
Tel. ([redacted]) e-mail [redacted]
Address 23 Maple ln (street) Howell (municipality) 07731 (zip code)

Contractor: Home Brands Inc Tel. (603) 868-1300
Address 300 Constitution Ave e-mail
Portsmouth, NH 03831
Contractor License No. or Builder Registration No. 13VH02419200 Exp. Date 3/31/16
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: (603) 501-3510

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[X] Exterior	6/15/15	SA
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 6-18-15
Approved by: CG

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12-14-15
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12/15/15	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed U
No. of Stories 1
Height of Structure 8 ft.
Area — Largest Floor 160 sq. ft.
New Bldg. Area/All Floors 160 sq. ft.
Volume of New Structure 1,280 cu. ft.
Max. Live Load 40
Max. Occupancy Load

Constr. Class Present ____ Proposed VB

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $ 4000
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110 (rev. 11/09)

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.
Sign here: Jennifer L Armstrong
Print name here: Jennifer R. Armstrong

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Contractor to install 10 x 16 shed.

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other Shed
[ ] Demolition

FEE (Office Use Only)
$ 65 -

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 6 -
TOTAL FEE $ 71 -