DCCA Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received: 03/27/2023
Permit No.: 23-06021
Date Issued: 03/27/2023
Version: Base

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

Block 33 Lot 1 Qualification Code

Work Site Location 15 OLD FORGE ROAD

Owner in Fee WALLACE SMITH

Address 15 OLD FORGE ROAD, HELMETTA, NJ 08828

Owner Telephone [redacted] E-mail

Contractor 1800 HEATERS, INC.

Address 2 Gourmet Lane, Units G & H, Edison, NJ 08837

Telephone (732) 970-8074 E-mail

License No. 36BI01235200 Exp Date 06/30/24

Home Imprv. Reg No.

Exempt Reason: Licensed Trade

Federal Emp ID No. [redacted] FAX

Responsible Person

Telephone

B. MECHANICAL CHARACTERISTICS

Code/Use Group: Present ICC R-5

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

Type [ ]Hydronic [ ]Hot Air

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

Estimated Cost of Mechanical Work: $2,009

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
[ ] Mechanical Plans

Joint Plan Review Required:
[ ] Building [ ] Electric [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: March 27, 2023
Approved by: DAVID PANGALDI

SUBCODE APPROVAL for CERTIFICATE
[X] CA [ ] CO
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Approval	Initial
Gas Piping			
Appliance and Connec			
Chimney/Vent			
Oil Piping			
Oil Tank			
LPG Tank			
Hydronic Piping			
Fireplace			
Chimney Certification			
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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE WATER HEATER

Qty/Size and/or Cost	Fixture/Equipment	Fee Amount
1	Devices (Grouped)	$60.00
1	Water Heater	
	Administrative Fee	$0.00
	Total Subcode Fee	$60.00
		$60.00

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CONSTRUCTION PERMIT

Date Issued 03/27/2023
Permit # 23-06021

IDENTIFICATION Block 33 Lot 1 Qualifier

Work 1Site	15 OLD FORGE ROAD	Contractor	1800 HEATERS, INC.
	HELMETTA BORO, NJ 08828	Address	2 Gourmet Lane, Units G & H
Owner in Fee	WALLACE SMITH		Edison, NJ 08837
Address	15 OLD FORGE ROAD	Telephone	(732) 970-8074
	HELMETTA, NJ 08828	Lic./Reg. No.	[redacted]
Telephone	[redacted]		

Is hereby granted permission to perform the following work:

[ ]BUILDING [ ]PLUMBING [ ]LEAD HAZARD ABATEMENT
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ]DEMOLITION
[ ]ELEVATOR DEVICES [ ]ASBESTOS ABATEMENT [X]MECHANICAL

DESCRIPTION OF WORK:
REPLACE WATER HEATER

V. FEE SUMMARY (Office Only)

1. Building	$0.00
2. Electrical	$0.00
3. Plumbing	$0.00
4. Fire Protection	$0.00
5. Mechanical	$60.00
6. Elevator	$0.00
7. Plan Review	$0.00
8. Subtotal	$60.00
9. DCA State Fee	$3.82
10. Subtotal	$63.82
11. Certificate	$0.00
12. Subtotal	$63.82
13. Exemption	$0.00
TOTAL	$64.00

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.

Estimated Cost of Work for Selected Subcode(s) $2,009

Construction Official Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the requirements of the Uniform Construction Code.
The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions of the adopted subcodes; Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5.23-3.5, "Posting Structures".

☐ A complete copy of released plans must be kept on the job site.

Reports for Permit 23-06021

Current Permit Status Active
Date of Application 03/27/2023

Permit/Update Forms

Permit	Date Issued	Status	Date Status Changed
Base	03/27/2023	Issued	N/A

Cumulative Permit Forms & Reports

Permit Fee Summary [View]
Contractor History [View]
Change Status History [View]

Certificates

Type	Set-Up For	Date Issued	Certificate	Description
CA	Entire Permit	Not Issued	Preview	

Other Information

Payments [View]

Payment Receipts

Transaction No.	Payment Type	Date Payment	Amount Paid	Method
792391	Permit Fee For Permit 23-06021	Received: 03/27/2023 Posted: 03/29/2023	$64.00	Check No. 88230 Check Amount $64.00

[Return]

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. _____

DATE ISSUED _____

Block 33 Lot 1

Subdivision _____

A. IDENTIFICATION

Owner DAVID MORRISON

Address 15 OLD FORGE RD HERMETTA, N.J. 08828

Tel. [redacted]

Work Site Address same

Agent _____

Address _____

Tel. ( ) same

Lic. No. same

Federal Emp. No. [redacted]

PAYMENTS

Permit Fee $ _____

Fees Remitted $ _____

☐ Check No. _____

☐ Cash

☐ Other _____

Collected By: _____

Date: _____

is hereby granted permission to perform the following work:

☐ BUILDING ☐ ELECTRICAL

☑ PLUMBING ☐ FIRE PROTECTION

☐ OTHER _____

Description of work:

install water meter

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: $ _____

_____
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 33 Lot 1
Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner DAVID MORRISON
Address 15 OLD FORGE ROAD HERMETTA, N.J. 08828
Tel. [redacted]
Work Site Address same

Contractor _____
Address _____
Tel. (___) _____
Lic.No./Bus. Permit [redacted]
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure	
	Domestic Boiler/			Backflow Device	

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 193-815-C
DATE ISSUED 9/20/11
REVISION DATE
Block 33 Lot 1
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, please notify this office

Owner DAVID C. MORRISON
Address 15 OLD FORGE ROAD
HERMETTA, N. J. 08828
Tel. [redacted]
Work Site Address SAME AS ABOVE.

Agent C+R Plumbing
Address 12 County Rd. East
Colts Neck N.J. 07722
Tel. (201) 918-9595
Lic. No. 7893
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

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

AGENT NAME

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: Sewer Connection

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other Alt.	35-
✓	Sewer Util. Connection	50-		Other	
	Hose Bib			Other	
	Water Cooler			Other	
	COLUMN 1	$ 50-		COLUMN 2	$ 35-

Fee	
COLUMN 1	$ 50-
COLUMN 2	$ 35-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 85-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Current _____ Proposed

Drainage — Material _____ Size _____
Building Sewer— Material Sch 40 Size 4"
Water Service— Material _____ Size _____
Venting — Material _____ Size _____

Estimated Cost of Plumbing Work: $ 1,995.00

D. COMMENTS

Public Sewer Connection
Interior Piping Alterations

☐ Fast-Track Processing ☐ Prototype Processing

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 193-88-C
DATE ISSUED 9/26/91
Block 33 Lot 1
Subdivision

A. IDENTIFICATION

Owner DAVID C. MORAISON
Address 15 OLD FORGE ROAD
HELMETTA, N.J. 08828
Tel. [redacted]

Agent C+R PLUMBING
Address 128 COUNTY ROAD
E. COLTS NECK N.J. 07722
Tel. (201) 938-9595
Lic. No. #2893
Federal Emp. No. [redacted]

Work Site Address SAME AS ABOVE

PAYMENTS

Permit Fee $ 85.—
Fee Remitted $ 85.—
☑ Check No. 361
☐ Cash
☐ Other
Collected By: M/ Wilson
Date: 9-22-91

is hereby granted permission to perform the following work:

☐ BUILDING ☐ ELECTRICAL
☒ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Public Sewer Connection
Interior Piping Alterations

BOROUGH OF HELMETTA
Construction Department
60 Main Street
Helmetta, New Jersey 08828
(908) 521-0386

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/6/98
Date Issued 11/6/98
Control #
Permit # 982

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

Block THIRTY THREE Lot ONE
Work Site Location 15 OLD FORGE ROAD HELMETTA, N.J. 08828
Owner in Fee DAVID C. MORRISON
Address 15 OLD FORGE ROAD HELMETTA, N.J. 08828
Tele. [redacted]
Contractor FENCES UNLIMITED, INC.
Address 4185 ROUTE 27 PRINCETON, N.J. 08540-1410
Tele. (800) 346-0249 OR 732-359-2699
Lic. No. or Bldrs. Reg. No. N/A
Federal Emp. No. [redacted] Security No.
TAX ID #

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 11/15/98		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			11/15/98	

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5-B Proposed 5-B
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 ZERO Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 3,843.00
3. Total (1+2) $ 3,843.00

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.

David C. Morrison
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

APPROX. 170 FEET OF PRIVACY FENCE 6 FEET HIGH

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
$ 40.00

Paid [✓] Check # 190
Collected by: Nancy Lee

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$ 4.00
TOTAL FEE	$ 44.00

U.C.C. Form F-110B

1 White — Inspector Copy
2 Canary — Office Copy
3 Pink — Office Copy
4 Card — Applicant Copy

BOROUGH OF HELMETTA
Construction Department
60 Main Street
Helmetta, New Jersey 08828
(908) 521–0386

CONSTRUCTION PERMIT

Date Issued 1/6/98
Control #
Permit # 98-2

IDENTIFICATION Block 33 Lot 1

Work Site Location David Morrison
15 Old Forge Road, Helmetta, NJ
Owner in Fee David Morrison
Address 15 Old Forge Road
Helmetta, NJ 08828
Tele. ([redacted]

Contractor Fences Unlimited Inc.
Address 4185 Route #27
Princeton, NJ 08540
Tele. (800) 346-0249
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. [redacted]
or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

6 Foot fence installation

PAYMENTS (Office Use Only)	
Building	40.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4.00
Cert. of Occ.	
Other	
Total	44.00
Check No.	190
Cash	
Collected By:	Nancy Metz

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 $ 3,843.00

CONSTRUCTION OFFICIAL WILLIAM BURHAN

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

BOROUGH OF HELMETTA
Construction Department
60 Main Street
Helmetta, New Jersey 08828
(908) 521-0386

CERTIFICATE

Date Issued 1/22/98
Control #
Permit #98-2
CA # 98-1

IDENTIFICATION

Block 33 Lot 1
Work Site Location 15 Old Forge Road
Helmetta, NJ 08828
Owner in Fee David C. Morrison
Address 15 Old Forge Road
Helmetta, NJ 08828
Tele. (___) [redacted]
Contractor Fences Unlimited
Address 4165 Route #27
Princeton, NJ 08540
Tele. (___) 732-422-9696
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]
or Social Security No.

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

INSTALLATION OF FENCE

☐ **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.

☐ **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/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:

Permit Fee $ 44.00
Paid [X] Check No. 190
Collected by: Nancy Metz

CONSTRUCTION OFFICIAL WILLIAM SUCHAN

U.C.C. Form F-260B

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

BOROUGH OF HELMETTA
Construction Department
60 Main Street
Helmetta, New Jersey 08828
(732) 521-0386

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 33 Lot 1
Work Site Location #15 Old Bridge Rd. Helmetta
Owner in Fee Morrison
Address SAME
Tele. (732) 521-1177
Contractor Emilio Capre
Address 68 W. Red Rd Apt.
Jamesburg NJ
Tele. (732) 521-4427 Fax ( ) [redacted]
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Re-Roof - tearing off 1 layer + roofing
No Asbestos

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 9/6/02
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			9/6/02	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing 24 @ 91,000
[ ] 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)

$	
	144
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 6
TOTAL FEE	$ 150

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 6500

24 per thousand

U.C.C. F110
(rev. 3/96)

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

9/6/02 Carol Martin

BOROUGH OF HELMETTA
60 MAIN STREET
732-521-0386

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/09/2002
Date Issued 09/10/2002
Control #
Permit # 020096

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

Block 33 Lot 1 Qual

Work Site Location 15 MORRISON AVENUE
HELMETTA, NJ 08828

Owner in Fee MORRISON, DAVID

Address 15 OLD FORGE ROAD
HELMETTA, NJ 08828-

Tele.( )

Contractor EMILIO CAPRIO

Address 68 WEST RAILROAD AVENUE
JAMESBURG, NJ 08831-

Tele.(732)521-4421 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. [redacted]

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

REROOFING

White / Grey

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 9.26.02
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			9.26.02	JS
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 6,500
3. Total (1+2)$ 6,500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other ROOFING	144
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 144
DCA State Permit Fee	$ 6

Paid [X] Check # Cash
Collected by: NM

U.C.C. F110 (rev. 3/96)

BOROUGH OF HELMETTA
60 MAIN STREET
732-521-0386

Date Issued 09/10/2002
Control #
Permit # 020096

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 33 Lot 1 Qual

Work Site Location 15
HELMETTA, NJ 08828
Owner in Fee MORRISON, DAVID
Address 15 OLD FORGE ROAD
HELMETTA, NJ 08828-
Telephone ( )

Contractor EMILIO CAPRIO
Address 68 WEST RAILROAD AVENUE
JAMESBURG, NJ 08831-
Telephone (732)521-4421
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

[X] BUILDING	[ ] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:
REROOFING

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 $ 6,500

Construction Official JOHN AMABILE, ACTING CONSTRUCTION OFFICIAL

09/10/2002
Date

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

PAYMENTS (Office Use Only)

Building	144
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	6
Cert. of Occupancy	0
Other	
Total	150
Check No.	
Cash	X
Collected By	NM

BOROUGH OF HELMETTA
60 MAIN STREET
732-521-0386

Date Issued 10/02/2002
Control #
Permit # 020096

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 33 Lot 1 Qual
Work Site Location 15 MORRISON AVENUE
HELMETTA, NJ 08828
Owner in Fee/Occupant MORRISON, DAVID
Address 15 OLD FORGE ROAD
HELMETTA, NJ 08828-
Telephone ( )
Contractor EMILIO CAPRIO
Address 68 WEST RAILROAD AVENUE
JAMESBURG, NJ 08831-
Telephone [redacted] Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REROOFING

[ ] 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.

[X] 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 _____, ___ 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 _____, ___.

10/2/02

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

BRIAN MITCHELL
CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. Cash
Collected by: NM

ELECTRICAL SUBCODE
TECHNICAL SECTION

UPDATE
Installa

Date Received
Control #

Date Issued
Permit # 2011-0006

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

Block 53 Lot 1 Qualification Code

Work Site Location 15 OLD FORGE
HELMETTA NJ

Owner in Fee: DAVE MORRISON

Tel. [redacted] e-mail

Address

Contractor: TEK Electric Inc Tel. (732) 5804705
(street) (municipality) (zip code)

Address ONE PARK PLACE e-mail
HELMETTA NJ 08828

Contractor License No. 13877 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: (732) 521-5925

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as 1FAM Utility Co. JCP&L

Est. Cost of Elec. Work $ 1200

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: 3/10/11
Approved by: K.P.

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

LIGHTS IN KIT + BR

QTY.	SIZE	ITEMS	FEE (Office Use Only)
8		Lighting Fixtures	
2		Receptacles	
5		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
15		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	15
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 12/07) Reorder from OCS Printing 609-390-1400

BOROUGH OF HELMETTA
Construction Department
60 Main Street
Helmetta, New Jersey 08828
(908) 521–0386

PERMIT UPDATE

Date Update Issued
Control #
Permit # 200 [illegible]
Date Permit Issued

IDENTIFICATION Block 33 Lot 1
Work Site Location 15 Old Bridge Rd
Helmetta NJ 08828
Owner In Fee Dave Mac C
Address [illegible]
Tele. [redacted]

Contractor J & K Electric Inc
Address [illegible]
Helmetta, NJ 08828
Tele. (____) [illegible]
Lic. No. or Bldrs. Reg. No. 13612
Federal Emp. No. [redacted]
or Social Security No. ____

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ____
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: [illegible]

Estimated Cost of Work $ 300.

3/10/11
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	75.
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2.
Cert. of Occ.	
Other	
Total	77.
Check No.	
Cash	CC
Collected By:	[illegible]

U.C.C. Form F-190B

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

Date Received 3/[illegible]
Control #

Date Issued
Permit # 3011.0036

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 93 Lot 1 Qualification Code

Work Site Location 15 Old Forge Rd.
Helmetta NJ 08828

Owner in Fee: David C. Morrison

Tel. ([redacted] e-mail

Address Same as above
street municipality zip code

Contractor: Owner Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[✓] No Plans Required	[illegible]		Footing				
[ ] All			Footing Bonding				
[ ] Footings/Foundations			Foundation				
[ ] Structural/Framework			Slab				
[ ] Exterior			Frame				
[ ] Interior			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator			Insulation				
			Finishes -Base Layer				
SUBCODE APPROVAL for PERMIT			Finishes -Final				
Date:			Energy				
Approved by:			Mechanical				
SUBCODE APPROVAL for CERTIFICATE			TCO				
[ ] CO [ ] CCO [ ] CA			Other				
Date:			Final				
Approved by:			Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 3500.00

U.C.C. F110 (rev. 12/07)
Internet version

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.

x David C. Morrison
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove 2-Db Hg. Windows
Install 6'-0"x6'8" Sliding Door
Remove 5'-7"x3'-4"-30° Bay Window
Install 3'-0"x3'-4" Db Hg Window
Existing Headers – [illegible]

TYPE OF WORK:
[ ] 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
[ ] Demolition

FEE (Office Use Only)
$
75.00

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/1/11
Control #

Date Issued
Permit # 201.0000

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

Block 33 Lot 6 Qualification Code

Work Site Location 15 OLD FORGE RD
HELMETTA NJ 08828

Owner in Fee: DAVE C MORRISON

Tel. ([redacted]) e-mail

Address SAME
street municipality zip code

Contractor: TEK ELECTRIC INC Tel. ( )

Address 1 PARK PLACE e-mail
HELMETTA NJ 08828

Contractor License No. 13877 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: 732 521 5975

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as 1 FAM Utility Co. JCPL

Est. Cost of Elec. Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 2/24/11
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

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

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. Fred Kamp

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remodel K.T & BATH

QTY.	SIZE	ITEMS	FEE (Office Use Only)
12		Lighting Fixtures	
6		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP EXHAUST	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	75
1	7	KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	30
		KW Elec. Water Heater	15
		KW Elec. Dryer/Receptacle	
1	8	KW Dishwasher	15
		HP Garbage Disposal	
		KW Central A/C Unit	20
		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	1.3	KW WIRLPOOL TUB	

Administrative Surcharge $
Minimum Fee $ 150.
State Permit Surcharge Fee $
TOTAL FEE $

BOROUGH OF HELMETTA
Construction Department
60 Main Street
Helmetta, New Jersey 08828
(908) 521–0386

PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

IDENTIFICATION Block _____ Lot _____
Work Site Location _____
_____
Owner in Fee _____
Address _____
_____
Tele. ([redacted] _____

Contractor _____
Address _____
_____
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Estimated Cost of Work $_____

_____
CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190B

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/1/11
Control #
Date Issued
Permit # 2011.0006

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

Block 33 Lot 1 Qualification Code ____

Work Site Location 15 Old Forge Rd. Helmetta NJ 08828

Owner in Fee: David C. Morrison

Tel. [redacted] e-mail ____

Address Same as above (street / municipality / zip code)

Contractor: Owner Tel. ( ) ____

Address ____ e-mail ____

Contractor License No. or Builder Registration No. ____ Exp. Date ____

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	3/17/11	
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: ____
Approved by: ____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

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

(Dates (Month/Day) over Failure / Failure / Approval)

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load ____
Max. Occupancy Load ____

Constr. Class Present ____ Proposed ____
If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Rehabilitation $ ____
3. Total (1+ 2) $ 3500.00

U.C.C. F110 (rev. 12/07)
Internet version

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.

x David C. Morrison
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove 2 - Db Hg. Windows
Install 6'-0" x 6'8" Sliding Door
Remove 5'-7" x 3'-4" - 30° Bay Window
Install 3'-10" x 3'-1" Db Hg Window
(Existing Header - 6 - ... (with update ...)

TYPE OF WORK:
[ ] 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 ____
[ ] Demolition

FEE (Office Use Only)
$ ____
75.00 (Rehabilitation)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Helmetta

Date Received 4/6/11
Control #
Date Issued
Permit # [illegible]

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

Block 35 Lot 1 Qualification Code ______

Work Site Location 15 Old Forge Rd [illegible] 08828

Owner in Fee: David [illegible] Morrison

Tel. [redacted] e-mail ______

Address ______ (street) ______ (municipality) ______ (zip code)

Contractor: Owner Tel. ( ) ______

Address ______ e-mail ______

Contractor License No. or Builder Registration No. ______ Exp. Date ______

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

Federal Emp. ID No. ______ FAX: ( ) ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	3/11/[illegible]	[illegible]
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

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

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load ______
Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______

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

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.

William [illegible] [signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Revised Plans

TYPE OF WORK:	FEE (Office Use Only)
[ ] 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 Revisions	57.00
[ ] Demolition	

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

U.C.C. F110 (rev. 12/07)
Internet version

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

CONSTRUCTION PERMIT

Date Issued 4/6/11
189
Permit # 2011-0006(1)

IDENTIFICATION Block 33 Lot 1 Qualification Code

Work Site Location 12 Old Forge Rd. Contractor Owner
Absecon NJ 08201 Address

Owner In Fee David C. Marcucci

Address Same Tel. ( )

Lic. No. or Bldrs. Reg. No.

Tel. [redacted]

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: Revised 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 $

Construction Official

3/21/11
Date

PAYMENTS (Office Use Only)

Building 97
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total 97
Check No.
Cash
Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 3/1/11

Date Issued / Permit # 2011.0006

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

Block 33 Lot 1 Qualification Code

Work Site Location 15 OLD FORGE RD HELMETTA NJ 08828

Owner in Fee: DAVE C MORRISON

Tel. [redacted] e-mail

Address SAME

Contractor: JEK Electric INC (street, municipality, zip code) Tel. ( )

Address 1 PARK PLACE HELMETTA NJ 08828 e-mail

Contractor License No. 13877 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: 732 521 5975

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as 1 FAM Utility Co. JCPL

Est. Cost of Elec. Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 2/24/11

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 11/14/11

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6/14/11	
Barrier-Free				

Dates (Month/Day)

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. Fred Ramp

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remodel KIT + BATH

QTY.	SIZE	ITEMS	FEE (Office Use Only)
12		Lighting Fixtures	
6		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP EXHAUST	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	75
1	7	KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	30
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	15
1	08	KW Dishwasher	15
		HP Garbage Disposal	
		KW Central A/C Unit	20
		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	1.3	KW WIRLPOOL TUB	

Administrative Surcharge	$
Minimum Fee	$ 155.00
State Permit Surcharge Fee	$
TOTAL FEE	$

BUILDING SUBCODE
TECHNICAL SECTION

Helmetta

Date Received / Control # 4/6/11

Date Issued / Permit # 2011 0006 (1)

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

Block 33 Lot 1 Qualification Code

Work Site Location 15 Old Forge Rd.
Helmetta NJ 08828

Owner in Fee: David C. Morrison

Tel. [redacted] e-mail

Address
street municipality zip code

Contractor: Owner Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	3/31/11	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [✓] CCO [ ] CA
Date: 4/13/11
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			4/14/11	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

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

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

Revised Plans

TYPE OF WORK:
- [ ] 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 Revisions
- [ ] Demolition

FEE (Office Use Only)

$ 57.00

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

U.C.C. F110 (rev. 12/07)
Internet version

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

HELMETTA BOROUGH
49 Dolan Street
Sayreville, NJ 08872
732-3907077

CERTIFICATE
IDENTIFICATION

Date Issued: 01/20/2016
Control #: 188
Permit #: 20110006

Block: 33 Lot :1

Work Site Location: 15 OLD FORGE ROAD
HELMETTA

Owner in Fee: MORRISON, DAVID
Address: 15 OLD FORGE ROAD
HELMETTA NJ 08828
Telephone: [redacted]

Agent/Contractor: MORRISON, DAVID
Address: 15 OLD FORGE ROAD
HELMETTA NJ 08828
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
Remodel Kitchen & Bath

Update Desc. of Wk/Use:
Revised Plans

[ ] **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.

[X] **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 or will be subject to fine or order to vacate:

1/20/16
Kirk J. Miick Construction Official

[ ] **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

Fees: $0.00
Paid[X]Check No.: 0
Collected by: tr

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

PLEASE COMPLETE TOP PORTION AND RETURN WITH CHECK FOR $100.00 PAYABLE TO THE BOROUGH OF HELMETTA

BOROUGH OF HELMETTA

51 MAIN STREET, HELMETTA, NEW JERSEY 08828

Code Enforcement Construction Department
(732) 521-0386, Ext. 109
Fax: (732) 521-1263

APPLICATION FOR CERTIFICATE

Date: APRIL 18, 2017

IDENTIFICATION

Block 33 Lot 1
Street Address 15 OLD FORGE ROAD
HELMETTA, N.J. 08828-1206
Owner in Fee DAVID C. MORRISON
Address 15 OLD FORGE ROAD
HELMETTA, N.J. 08828-1206
Tele. [redacted]
Selling Price $315,000.00

Current Use of Property RESIDENTIAL
Proposed Change of Use of Property
Closing Date
Requested By
Owner ☑ DAVID C. MORRISON
Agent ☐ CAROLINE ROBINSON
Signature David C. Morrison

CERTIFICATE

Certification Expires 90 days after issue date

Date Issued: 4/18/17

BOROUGH OF HELMETTA
Construction Department
51 Main Street • Helmetta, New Jersey 08828
(732) 521--0386, Ext. 109

IDENTIFICATION

Block 33 Lot 1
Street Address 15 OLD FORGE ROAD
HELMETTA NJ 08828
Building Use RESIDENTIAL
Owner in Fee DAVID C MORRISON
Address SAME
Federal Emp. No. Social Security No.
Tele. ( )
Agent
Address
Tele. ( )

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.

Inspected By Construction Official

WHITE COPY: APPLICANT CANARY COPY: OFFICE