



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 3/3/1994
Control Number _____
Permit Number 570-90
Permit Issue Date 6/12/1990
Certificate Number 570-90

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 513 LAKE SHORE DRIVE HEWITT, NJ 07421 Block: 1905 Lot: 2 Qual: _____
Owner in Fee: LEITGEB, FRANK
Owner Address: 513 LAKE SHORE DRIVE HEWITT NJ 07421-
Telephone: 201/8537627
Contractor _____
Address _____
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: - ROOF

Certificate Comments: REROOF

☐ **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.

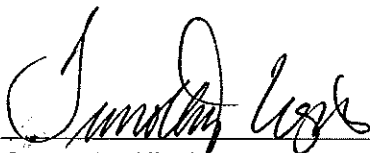
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **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: _____



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 9/10/1997
Control Number _____
Permit Number 97-0998
Permit Issue Date 9/8/1997
Certificate Number 97-0998

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 513 LAKE SHORE DRIVE HEWITT, NJ 07480 Block: 1905 Lot: 2 Qual: _____
Owner in Fee: GOODYEAR, JON P.
Owner Address: 513 LAKE SHORE DRIVE HEWITT NJ 07421-
Telephone: 973/8537027
Contractor: GOODYEAR, JON P.
Address: 513 LAKE SHORE DRIVE HEWITT NJ 07421
Telephone: 973/8537027 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: HO-

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - INSTALL WOOD STOVE

Certificate Comments: INSTALL WOOD STOVE

☐ **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.

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☐ **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**

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

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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: _____



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 6/8/1998
Control Number _____
Permit Number 98-0170
Permit Issue Date 2/18/1998
Certificate Number 98-0170

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 513 LAKE SHORE DRIVE HEWITT, NEW JERSEY 07421, NJ Block: 1905 Lot: 2 Qual: _____
Owner in Fee: GOODYEAR, JON P.
Owner Address: 513 LAKE SHORE DRIVE HEWITT NJ 07421-
Telephone: 973/8537027
Contractor: GOODYEAR, JON P.
Address: 513 LAKE SHORE DRIVE HEWITT NJ 07421
Telephone: 973/8537027 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: HO-

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - ENCLOSED PORCH 10 X 14

Certificate Comments: ENCLOSE PORCH 10 X 14

☒ **Certificate of Occupancy**

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Conditions to be met:

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

☐ **Certificate of Compliance**

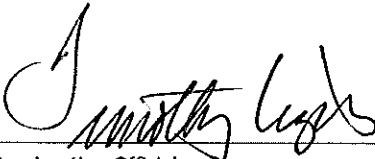
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **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: \$25.00
Check Number: 284
Collected By: _____



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 1905 Lot 2 Qualification Code _____
Work Site Location: 513 LAKE SHORE DRIVE HEWITT, NJ 07421, NJ

Owner in Fee: LEITGEB, FRANK
Address 513 LAKE SHORE DRIVE HEWITT NJ 07421-
Tel. 201/8537627 Email _____
Contractor: _____
Address NJ Email _____
Tel. _____ Fax _____
Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required	_____	_____
☐ All	_____	_____
☐ Footing/Foundation	_____	_____
☐ Struct/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		Dates (Month/Day)	
Type:	Failure	Failure	Approval
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	If Industrial Building:	State Approved	HUD
Constr. Class	Present	Proposed			
Number of Stories	_____	_____			
Height of Structure	_____	_____			
Area - Largest Floor	_____	_____			
New Bldg. Area / All Floors	_____	_____			
Volume of New Structure	_____	_____			
Total Land Area Disturbed	_____	_____			

Est. Cost of Bldg. Work:

1. New Bldg.	\$6,750
2. Rehabilitation	\$2,300
3. Total (1+2)	\$2,300

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

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

Date Received 6/12/1990
Control # _____
Date Issued 6/12/1990
Permit # 570-90

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ROOF

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)

\$25

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$25



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 1905 Lot 2 Qualification Code

Work Site Location: 513 LAKE SHORE DRIVE HEWITT, NJ 07480, NJ

Owner in Fee: GOODYEAR, JON P.

Address 513 LAKE SHORE DRIVE HEWITT NJ 07421- Email

Tel. 973/8537027

Contractor: GOODYEAR, JON P. Tel. 973/8537027

Address 513 LAKE SHORE DRIVE HEWITT NJ 07421 Email

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. HO- Fax:

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3 Fuel Type ☐ Flammable or ☐ Combustible Capacity

Constr. Class Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing ☐ New or ☐ Existing Location of Panel:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

Fire Suppression/Standpipe System: ☐ New or ☐ Existing

Location: ☐ WOOD STOVE Location of Main Control Valve:

Total Cost of Fire Protection Work \$500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building

☐ Electrical

☐ Plumbing

☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: by:

INSPECTIONS

Type:

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Flam/Cumbust Tank

Fireplace Venting

Final

Other

Dates (Month/Day)

Failure

Failure

Approval

Initial

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's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL WOOD STOVE

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

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

Supervisory Devices (tamper, low/high air)

Signaling Devices (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

CO2 Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fire Appliances ☐ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other WOOD STOVE \$35

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE \$35



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 1305 Lot 2 Qualification Code
Work Site Location: 513 LAKE SHORE DRIVE HEWITT, NEW JERSEY 07421, NJ

Owner in Fee: GOODYEAR, JON P.
Address 513 LAKE SHORE DRIVE HEWITT NJ 07421-
Tel. 973/8537027 Email
Contractor: GOODYEAR, JON P.
Address 513 LAKE SHORE DRIVE HEWITT NJ 07421
Tel. 973/8537027 Fax
Contractor License No. or, if new home, Bldrs Reg. No. Exp.
Home improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. HQ.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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	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	If Industrial Building:
Constr. Class	Present	Proposed	State Approved
Number of Stories	1		HUD
Height of Structure	12		Est. Cost of Bldg. Work:
Area - Largest Floor	140		1. New Bldg. \$4,000
New Bldg. Area / All Floors	140		2. Rehabilitation
Volume of New Structure	1680		3. Total (1+2) \$4,000
Total Land Area Disturbed	9		Sq. Ft.

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

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

Date Received 2/13/1998
Control #
Date Issued 2/13/1998
Permit # 98-0170

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ENCLOSED PORCH 10 X 14

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)

\$22

Administrative Surcharge
Minimum Fee \$70
State Permit Surcharge Fee \$2
TOTAL FEE \$72

