



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

Date Issued 8/13/2015
Control Number C-15-1026
Permit Number 15-0931
Permit Issue Date 8/10/2015
Certificate Number 15-0931

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1 SMITHVILLE RD HEWITT, NJ 07421 Block: 705 Lot: 9 Qual: _____
Owner in Fee: GRAY, CHRISTOPHER & CASEY
Owner Address: 1 SMITHVILLE RD HEWITT NJ 07421
Telephone: (973) 865-3515
Contractor: EASTERN PROPANE CORP.
Address: 255 OAK RIDGE ROAD OAK RIDGE NJ 07438-
Telephone: (973) 697-3111 Fax: (973) 208-7849
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-1578942

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - INSTALL 1-100 GAL LP TANK AND RUN GAS LINE TO RELOCATE TANK

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: _____



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

Date Issued 2/1/2016
Control Number C-15-1863
Permit Number 16-0004
Permit Issue Date 1/5/2016
Certificate Number 16-0004

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1 SMITHVILLE RD HEWITT, NJ 07421 Block: 705 Lot: 9 Qual: _____
Owner in Fee: GRAY, CHRISTOPHER & CASEY
Owner Address: 1 SMITHVILLE RD HEWITT NJ 07421
Telephone: (862) 666-0001
Contractor ALL PRO HEATING AND PLUMBING
Address PO BOX 2029 27 LAUREL DR OAK RIDGE NJ 07438
Telephone: (973) 747-4918 Fax: _____
License Number or Builders Registration Number: 19HC00096000 Federal Emp. Number: 47-229211

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - REPLACE OIL FIRED WARM AIR FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**

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☒ **Certificate of Approval**

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☐ Partial or limited time period (_____ years); see file

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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 4/6/2015
Control Number _____
Permit Number 06-0568+A
Permit Issue Date 10/18/2006
Certificate Number 06-0568+A

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1 SMITHVILLE ROAD HEWITT NJ 07421 , NJ Block: 705 Lot: 9 Qual: _____
Owner in Fee: TOMASEWICZ, HENRY
Owner Address: 4 KELLER COURT PARK RIDGE NJ
Telephone: _____
Contractor VAN RIPER ELECTRIC CO. INC
Address 15 BIRCH ROAD KINNELON NJ 07405-
Telephone: 973/8384682 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - ADDITIONAL ELECTRIC

Certificate Comments:

☐ **Certificate of Occupancy**

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Conditions to be met:

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☐ 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

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☐ **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 4/6/2015
Control Number _____
Permit Number 06-0568
Permit Issue Date 5/16/2006
Certificate Number 06-0568

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1 SMITHVILLE ROAD HEWITT NJ 07421 , NJ Block: 705 Lot: 9 Qual: _____
Owner In Fee: TOMASEWICZ, HENRY
Owner Address: 4 KELLER COURT PARK RIDGE NJ
Telephone: _____
Contractor GLENN BOUGHTON
Address 253 GERMANTOWN ROAD WEST MILFORD NJ 07480-
Telephone: 973/6971227 Fax: _____
License Number or Builders Registration Number: 222287347 Federal Emp. Number: 22-2287347

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - RENOVATE EXISTING BATHS, INSTALL NEW SIDING AND A NEW ROOF

Certificate Comments:

☐ **Certificate of Occupancy**

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☒ **Certificate of Approval**

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- ☐ 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

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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**

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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 11/4/2005
Control Number _____
Permit Number 05-1497
Permit Issue Date 10/26/2005
Certificate Number 05-1497

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1 SMITHVILLE ROAD HEWITT, NJ 07421 , NJ Block: 705 Lot: 9 Qual: _____
Owner in Fee: TOMASENWICS, HENRY
Owner Address: 2-NAT MARK COURT WOODCLIFF LAKE NJ
Telephone: _____
Contractor: GLENN BOUGHTON
Address: 253 GERMANTOWN ROAD WEST MILFORD NJ 07480-
Telephone: 973/6971227 Fax: _____
License Number or Builders Registration Number: 222287347 Federal Emp. Number: 22-2287347

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - 550 GALLON TANK ABANDONMENT

Certificate Comments: 550 GALLON TANK ABANDONMENT LEAKER DEP# 05-1103-13-26-24

☐ **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**

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☐ **Certificate of Continued Occupancy**

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☐ **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 11/4/2005
Control Number _____
Permit Number 05-1498
Permit Issue Date 10/26/2005
Certificate Number 05-1498

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1 SMITHVILLE ROAD HEWITT, NJ 07421 , Block: 705 Lot: 9 Qual: _____
NJ
Owner in Fee: TOMASENWICS, HENRY
Owner Address: 2-NAT MARK COURT WOODCLIFF LAKE NJ
Telephone: _____
Contractor: GLENN BOUGHTON
Address: 253 GERMANTOWN ROAD WEST MILFORD NJ 07480-
Telephone: 973/6971227 Fax: _____
License Number or Builders Registration Number: 222287347 Federal Emp. Number: 22-2287347

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - NEW 275 GALLON AST OIL TANK IN BASEMENT

Certificate Comments: NEW 275 GALLON AST OIL TANK IN BASEMENT

☐ **Certificate of Occupancy**

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- ☐ 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 4/29/1991
Control Number _____
Permit Number 310-91
Permit Issue Date 4/24/1991
Certificate Number 310-91

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1 SMITHVILLE ROAD , NJ Block: 705 Lot: 9 Qual: _____
Owner in Fee: KRUSE, W.
Owner Address: NJ
Telephone: _____
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:

☐ **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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- ☐ 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.

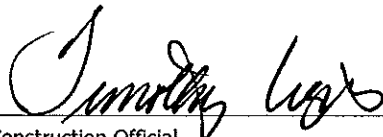
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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☐ **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: \$10.00
Check Number: 306
Collected By: _____



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 705 Lot 9 Qualification Code _____

Work Site Location: 1 SMITHVILLE RD HEWITT NJ 07421

Owner in Fee: TOMASIEWICZ HENRY

Address 1 SMITHVILLE RD HEWITT NJ 07421

Tel. (201) 637-3345 Email _____

Contractor: KEVIN'S PLUMBING AND HEATING

Address PO BOX 149 GLENWOOD NJ 07418

Tel. (973) 764-4120 Email _____ Fax _____

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

Contractor License No. 9792 Expiration Date: _____

Federal Employee No. 20-1024614

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

☐ Licensed Plumbing Contractor

☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

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

Date Received 6/9/2015
Control # C-15-0695
Date Issued 6/10/2015
Permit # 15-0649

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 and perform the work listed on this application.

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

D. TECHNICAL-SITE DATA

DESCRIPTION OF WORK
INSTALL UV LIGHT

pen

NO. FIXTURE/EQUIPMENT

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventor _____

Greasetrap _____

Sewer Connector _____

Water Service Connection _____

Stacks _____

Other UV LIGHT _____

\$80

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee _____

TOTAL FEE _____

\$82