Bedy 47

4711

Downstairs
2 units

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Hearthwood at No Brunswick NORTH BRUNSWICK
2. Owner Name: No Brunswick Manor Tel. (201) 297 1702
   Address 900 Woodbridge Center Dr Woodbridge NJ 07095
3. Principal Contractor: SAME Tel. ( ) RECEIVED JAN 12 1989
   Address
   Lic. No. or Builder Reg. No. 16106 Federal Emp. No. 22-2027533 BUILDING REGULATIONS
4. Architect or Engineer: R. Wells Assoc Tel. ( ) 261 2255
   Address Oradell NJ
5. Responsible Person in Charge of Work Charles Mathuck Tel. ( ) 2971702

143 / 4.11

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☑ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit Category		Estimated
1. ☑	Building/ Structural	$
2. ☑	Plumbing	
3. ☑	Electrical	
4. ☑	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☑ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☑ Multi-Family (R–2)
   HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units

If other than new construction, enter no. of dwelling units:
Before Construction:
After Construction:
Net Gain (or loss):

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use:

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☑	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☑ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☑ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 1
15. Height of Structure 17 Ft.
16. Area–Largest Floor 1170 Sq. Ft.
17. Bldg. Area–All Fls. 2340 Sq. Ft.
18. Volume of Structure 15,720 Cu. Ft.
19. Total Land Area Disturbed Sq. Ft.

LDS NB 10601811

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

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

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ **Check if contractor.**

AGENT NAME Charles Matlock TEL.( ) 297-1707

ADDRESS 719 Birchwood Ct

No. Brunswick NJ

SIGNATURE Charles Matlock

BLOCK NO. 193 LOT NO. 1804A SUBDIVISION NB MANOR PERMIT NO. 1484

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other:																	
☐																	
☐																	
☐																	
☐																	
☐																	
☐																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings		☐ Mechanical		☐ Flood Hazard	
☑ Building	1987 Boca Code	☐ Energy		☐ As Built Elevation Certification	
☐ Electrical		☐ Barrier Free		☐ Other	
☐ Plumbing		☐ Other			

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other grade			2/14/88		
☑	PLUMBING			2/17/88		
☑	ELECTRICAL			2/16/88		
☑	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

☐ Temporary Certificate of Occupancy — _____
Date Expired _____
☐ Temporary Certificate of Occupancy — _____
Date Expired _____
☐ Certificate of Occupancy — _____
No. _____
☐ Certificate of Continued Occupancy — _____
No. _____
☐ Certificate of Approval — _____
No. _____
☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 172.80
PLUMBING	135.—
ELECTRICAL	129.—
FIRE PROTECTION	15.—
OTHER Eng	60.00
SUBTOTAL	$ _____
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x 19,200 CE	= 11.52
CERTIFICATE OF OCCUPANCY	_____
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 543.32

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ _____
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	$ _____

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERT. NO. 14,842
DATE ISSUED 8-21-89

Block 143 Lot 18.08A
Subdivision

IDENTIFICATION

Owner HEARTWOOD
Address 900 WOODBRIDGE CENTER DR.
WOODBRIDGE, N.J.
Tel. ( )
Work Site Address
4711 BOICE DRIVE

Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $ 25.00
☑ Check No. 10685
☐ Cash
☐ Other
Collected By: K.L.
Date: 8-21-89

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ **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.

C. ☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than ____________, 19______ or the owner will be subject to a fine or order to vacate:

D. **DESCRIPTION OF WORK:**

~~CONDO TYPE, HAS CRAWL SPACE AND PARTIAL BRICK VENEER~~

CONDO WITH FULL BASEMENT WITH X PARTIAL VENEER

USE GROUP 3-R **FIRE GRADING** 1HR.

MAXIMUM LIVE LOAD 8,865 CU. FT. **MAXIMUM OCCUPANCY LOAD** 6 PEOPLE

SPECIFIC USE CONDO

FINAL COST OF CONSTRUCTION: $ ____________

Harry A. Agin
CONSTRUCTION OFFICIAL

4711

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 14,842
DATE ISSUED 3-4-88
REVISION DATE

Block 143 Lot 18.04A
Subdivision N.B. MANOR

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Henthwood N.B. MANOR Contractor Same
Address 900 Woodbridge Center Dr. Address
Woodbridge N.J.
Tel. ( ) 297-1702 Tel. ( )
Work Site Address Boise Dr Lic. No.
N. Brunswick N.J. Federal Emp. No. 22-2027533

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.

Charles McClusky
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Wood Frame
Part Brick Veneer

☑ See Plans

TYPE OF WORK:

- ☑ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
New Building		$ 172.80
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 172.80

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1 Total Building Area–All Floors 2340 Sq. Ft.

Height of Structure 12 Ft. Volume of Structure 18720 Cu. Ft.

Area–Largest Floor 1170 Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☑ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☑ Other Brooks	2/4/88	CA

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 8/18/89

Inspected By: CA

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				5/11/88
☐ Slab				
☒ Frame				2/8/89
☐ Architectural				
☒ Insulation				2/21/89
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other FINAL				8/18/89

U.C.C. Form F-110 (8/83)

4711

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 14,842
DATE ISSUED 3-4-88
REVISION DATE

Block 143 Lot 18.04A
Subdivision NB MANOR

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner N. Brunswick Manor
Address 900 Woodbridge Center Dr
Woodbridge NJ
Tel. ( ) 297 1702
Work Site Address Boise Dr
N. Brunswick

Contractor Monroe Elec.
Address 311 Englishtown Rd
Spotswood NJ
Tel. ( ) 251 3555
Lic.No./Bus. Permit. P682
Federal Emp. No. 22-1992096

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.

Charles Dunkel
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
14	Switching Outlets	$		H.V.A.C. Equipment	$
9	Lighting Outlets			Switching Devices	
28	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
1	Dryer, Electric				
	Water Heater, Electric		1	FAN	
	Heating, Electric		1	HOOD	
	Switches		1	Other D/W	
	Lighting Fixtures		1	Other A/C	
	Receptacles		1	Other FURN	
	Bonding, Pool/Vault		2	Other SMOKE DET	
	Service/Feeders				
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 129

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: 400 Amps SIN Phase _____ System Type

3 Wire 240 Volts U/G Wiring Method

Total No. of Meters: 13

Estimated Cost of Electrical Work: $

D. COMMENTS

1987 Code

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 2/6/89
Approved By:

INSPECTIONS FINAL

☐ CO ☑ CCO ☐ CA
Date: 2/9/89
Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Rough				FEB 2 1989
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card	FEB 2 1989	

4711

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 14842
DATE ISSUED 3-4-88
REVISION DATE
Block 143 Lot 12.04A
Subdivision NB MANOR

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner N. Brunswick Manor
Address 900 Woodbridge Center Dr
Woodbridge NJ 07095
Tel. ( ) 297 1702
Work Site Address Boise Dr
N. Brunswick

Contractor T. Harmazin
Address 64 Heald St
Carteret NJ
Tel. ( ) 541-2230
Lic.No./Bus. Permit 4769
Federal Emp. No.

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
2	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
1	Bathtub			Air Conditioner Unit	
2	Lavatory/Sink			Indirect Connection	
—	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine			Grease Trap	
1	Dishwasher			Interceptor	
—	Commercial Dishwasher			Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
—	Domestic Boiler/ Furnace	15—	1	Vent Stack	
—	Steam Boiler			Solar System	
1	Water Util. Connection			Other Apartment	75—
1	Sewer Util. Connection	15—		Other Water Test	25—
—	Hose Bibb			Other Sewer Test	25—
—	Water Cooler			Other	
	COLUMN 1	$30—		COLUMN 2	$125—

Fee	
COLUMN 1	$ 30—
COLUMN 2	$ 125—
SUBTOTAL	$ 155—
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 155—

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage – Material ABS Size 1½-4
Building Sewer – Material ABS Size 4"
Water Service – Material COPPER Size 1½
Venting – Material ABS Size 1½-3
Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☑ Prototype Processing

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 2/24/88
Approved By: [signature]

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date: _____
Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☑ Rough				11/23/89
☐ Water				
☐ Sewer				
☐ Energy Gas				1/4/89
☐ Mechanical				
☐ TCO				
☐ Other Final				9/28/89

U.C.C. Form F-130 (8/83)

4711

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 17-8755
DATE ISSUED 3-29-88
REVISION DATE
Block 143 Lot 18.01A
Subdivision NB MANOR

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Hearthwood N.B MANOR
Address 900 Woodbridge Center Dr.
Woodbridge N.J
Tel. ( ) 297-1702
Work Site Address Boise Dr
N.B. N.J.

Contractor Same
Address
Tel. ( )
Lic. No.
Federal Emp. No. 22-2027533

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

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM SMOKE

TYPE: ☐ Manual ☑ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work : $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

Subtotal

Minimum Fire Protection Fee (If Applicable)

Total Fire Protection Fee (*Greater of Minimum or Subtotal*)

$ 75

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☑ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

1987 Code

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved Onto

Date: 2/6/19

Approved By:

INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA

Date: 8/19/19

Inspected By:

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

FEB 2 1999

U.C.C. Form F-140 (8/83)

REQUEST FOR PERMIT FOR THE USE OF WATER
DURING CONSTRUCTION

APPLICANT The [illegible] Manor

BLOCK 143 LOT(S) 18.04 A

ADDRESS [illegible]

FEE: Water [illegible]

Water Meter [illegible]

FRAME Water Conn 700.00 BRICK

Sewer Conn 1200.00

№ 1762

14842

PERMIT NO. 14842
DATE ISSUED 3-4-88
Block 143 Lot 18.04A
Subdivision

CONSTRUCTION PERMIT PLACARD

Address: 4711 Bowie Ave

AUTHORIZED FOR:

- [x] **BUILDING**
- [x] **ELECTRICAL**
- [x] **PLUMBING**
- [x] **FIRE PROTECTION**
- [x] **OTHER** Engineer

This placard shall be posted conspicuously at the work site and shall remain so until issuance of a certificate

U.C.C. Form F-180 (8/83)

SPEED LETTER

Crawford
CRAWFORD & COMPANY

Crawford & Company
1544 Kuser Road, C-5
P.O. Box 3125
Trenton, NJ 08619
(609) 585-7272
Fax (609) 585-0710

SEND TO:
Municipal Building
711 Hermann Road
North Brunswick, NJ 08902
Att: Building and Codes Inspector

CLAIM NUMBER: _____ INSURED: North Brunswick Manor DATE LOSS: 7/24/87 DATE: 7/21/89

POLICY NUMBER: CLAIMANT: Ron MacGauley OUR FILE NO: 186-80782

Dear Sir:

We are the insurance representatives for the North Brunswick Manor/Garden Homes Mgmt. and are presently investigating a fire loss at North Brunswick Manor, Rt. 1 North Brunswick. We would like to request the municipal codes, and or regulations for fire alarms, sprinklers, ect. On July 24, 1987 there was a fire loss at the above address and there have been allegations made that the landlord may have been negligent. We would like to clear this matter up one way or the other. Any information you may have would be appreciated. Please forward a bill if in fact there is a charge for this information. If there are any questions concerning our request please not hesitate to contact this writer. We appreciate your anticipated cooperation in this matter. Thank you.

Sincerely,

Kathleen Dowd

Kathleen Dowd

Casualty Adjuster

SO015

HOME BUYERS WARRANTY
1001C GREENTREE EXECUTIVE CAMPUS
MARLTON, NJ 08053
(609) 596-6501 (800) 342-0056

2-10 Home Buyers Warranty®

CERTIFICATE OF PARTICIPATION IN NEW HOME WARRANTY PLAN OF HOME BUYERS WARRANTY

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PLEASE PRINT OR TYPE:

1. Homebuyer(s): James & Joyce Tanzillo
   Address of Home Enrollment: 4711 BOICE DR N. BRUNSWICK, NJ 08902
   (Street / City / State / Zip Code)
   18.11/143 (Lot/Block) — Subdivision — Middlesex (County)

2. Builder Name: HEARTHWOOD AT NORTH BRUNSWIC HBW Builder No. 4200-0726

3. Effective Date of Warranty ____/____/____ (Mo / Day / Year) (The Date of Closing or First Occupancy, whichever occurs first)

4. Sales Price of Home $ 121,990.00 Total Rate Paid $ 158.58

A. Rate formula for amount of sales price up to $150,000:

If Price Does Not Include Lot Multiply by 1.25		+ 1,000 =		x		=		-		=	
	121,990 Sales Price (Up To $150,000)		121,99		1.30 Rate		158.58 Cost		0 Initial Fee		158. Amount Due

B. Rate formula for amount of sales price exceeding $150,000:

If Price Does Not Include Lot Multiply by 1.25		+ 1,000 =		x		=	
	Sales Price (Amount Over $150,000)				1.50 Rate		Additional Amount Due

C. Rate formula for Five Year Extended Structural Coverage:

If Price Does Not Include Lot Multiply by 1.25		+ 1,000 =		x		=	
	Sales Price				.45 Rate		Additional Amount Due

NOTICE: By completing rate formula calculation C above, the Builder and Homeowner(s) are accepting the Extended Five (5) Year Structural Warranty Program.

5. If Condominium, Effective Date of Common Elements Coverage: ____/____/____ (Mo / Day / Year)

6. Type of Home: (Check One) ☐ Single Family Detached ☐ Townhouse
   ☐ Low Rise (2 story) ☐ Mid Rise (3-5 Story) ☐ High Rise (6 Story or greater)
   ☐ Rental Apt ☒ Other (Describe) CONDO

7. Mortgagee Name: _____
   Street: _____
   City: _____ State: _____ Zip Code: _____

CERTIFICATION OF ENROLLMENT

THIS CERTIFIES THAT THE ABOVE-DESCRIBED DWELLING UNIT IS ENROLLED IN THE HOME BUYERS WARRANTY NEW HOME WARRANTY PLAN AND THAT THE WARRANTY COST, RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, HAS BEEN PAID IN FULL TO NATIONAL HOME INSURANCE COMPANY (A RISK RETENTION GROUP). THE CERTIFICATE OF INSURANCE FOUND ON THE REVERSE SIDE OF THIS FORM VERIFIES THE INSURANCE COVERAGE PROVIDED BY THE INSURER.

CHECK ONE: (If applicable)
☐ FHA ☐ VA ☐ FmHA
CASE # _____

HOME BUYERS WARRANTY CORPORATION

Date: 4/16/89 (Mo / Day / Year)

HBW 202GG 4/15/87

White - Homeowner Goldenrod - Municipality Pink, Green - District HBW Yellow - Builder Blue - Mortgagee

CERTIFICATE OF INSURANCE

HOME WARRANTY INSURANCE POLICY
NATIONAL HOME INSURANCE COMPANY
(A Risk Retention Group)
1210 S. Parker Road, Suite 103
Denver, Colorado 80231

N.H.I.C. 0100
Policy Number

Item 1. Named Insured	**Item 2. Policy Period**
The Builder as listed on the Application for Home Enrollment Form HBW #202.	12:01 a.m. Standard time at the address of the named Insured as stated herein, except see paragraph B below, from the effective date of warranty until the warranty period expires.

SCHEDULE OF COVERAGE

The insurance afforded is only with respect to the following coverage. The limit of the Company's liability against such coverage shall be as stated herein, subject to all the terms of the policy from which this Certificate of Insurance is issued.

Residential Warranty Insurance Coverage	**Limit of Liability Per Home**
Coverage applies to Approved Home Warranty Enrollment Forms issued by the named Insured.	Original purchase price of the Home as shown on the Application for Home Enrollment Form HBW #202. (No aggregate limit under this policy is applicable)

A. This certificate verifies that as of the date indicated, an insurance policy is in effect and the name of the Certificate Holder has been added to the Schedule of Certificate Holders whose Approved Home Warranty Enrollment Forms are insured under the policy number indicated above.

B. In the event that the above insurance policy is cancelled for any reason, the Company will remain liable under the terms and conditions of the insurance policy until all Approved Home Warranty Enrollment Forms have expired under their terms.

C. The above schedule of coverage is a brief description of the Home Warranty Insurance Policy. The complete policy is on file at the Home Buyers Warranty District Office and is available for review.

Nora Palmer
Witness

John A. Nunn
Authorized Signature

FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)
211 FREEHOLD ROAD
MANALAPAN, NEW JERSEY 07726
Tel: (201) 446-2300

REPORT OF COMPLIANCE

TO: Construction Official MUNICIPALITY: North Brunswick

PROJECT: North Brunswick Manor

Application No. 88-209

Block No.(s) 143 Lot No.(s) 18.04 A Bldg. 1-3 (Block 47, 48, & 49)

Block No.(s) _____ Lot No.(s) _____

Complete Compliance ☐ *Partial Compliance ☒

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Freehold Soil Conservation District and required by The Soil Erosion and Sediment Control Act of 1975 as amended (N.J.S.A. 4:24-39 et seq.)

Date 7/19/89 SC Authorized Signature _____

*Subject to attached conditions * Pending establishment of permanent vegetation on all exposed soils by 9/19/89

DISTRIBUTION: WHITE - Municipal Construction Official CANARY - Developer PINK - District GOLDENROD - Other *A4848

TOWNSHIP OF NORTH BRUNSWICK

DEVELOPMENT REVIEW REPORT

DATE: 1/15/88

FROM: J. Sechrethar

TO: H. Agin

APPLICANT: Heathwood at No. Bruns. Manor

ADDRESS: 4711 Boice Drive

TELEPHONE: 297-1702

PROJECT: Bldg #47

LOCATION:

BLOCK: 140

LOT: 18.04A

4711

DOCUMENTS: App. Plan - Survey

ID 14842

DETERMINATIONS: App. for Zoning: 2/4/88

J. Sechrethar Jr.

43

NORTH BRUNSWICK TOWNSHIP GRADING PERMIT

APPLICANT No Brunsw. Manor

ADDRESS Boise Ave

PROJECT Grade # 4711

PHONE#

NORTH BRUNSWICK TWSP.
RECEIVED
JAN 12 1988
BUILDING REGULATIONS

PERMIT#

FEES 60.00

BLOCK 143

LOT 18.04A

PRELIMINARY APPROVAL APPROVED BY SK FOR MP DATE RECEIVED 1/20/88

DATE APPROVED 2/4/88 DATE RETURNED 2/11/88

CONDITIONS & COMMENTS

Approved in accordance with the attached plans entitled " Proposed minor subdivision Prepared for North Brunswick Manor ", dated February 9, 1988, by Carr Engineering Associates, P.A. SK 2/10/88.

FINAL APPROVAL

DATE APPROVED 8/9/89 DATE RECEIVED 8/9/89

APPROVAL BY MM for AJV DATE RETURNED 8-9-89

CONDITIONS & COMMENTS -NONE-

14842

AMOUNT OF ESCROW HELD $ Ø

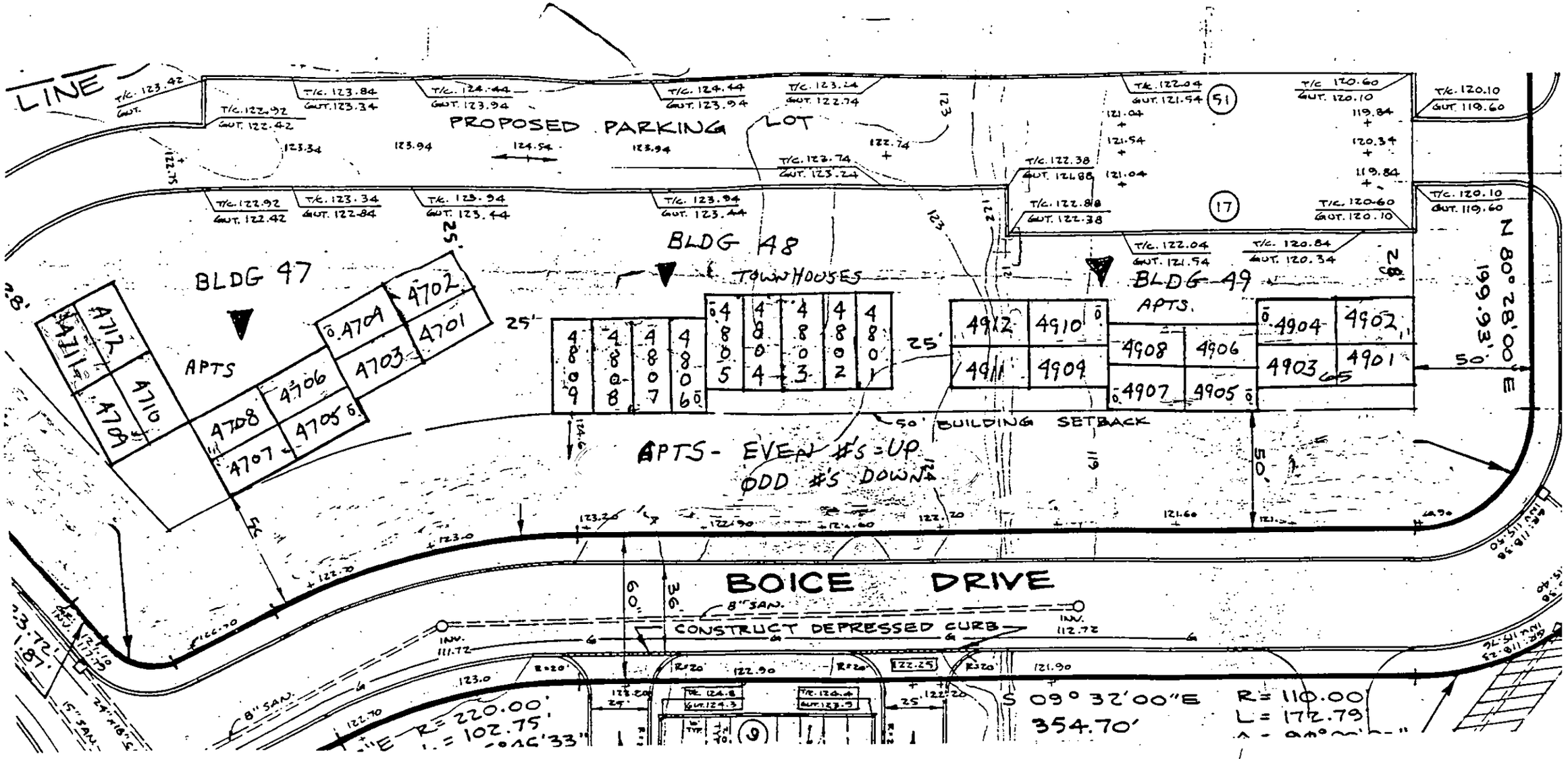
RELEASE OF ESCROW

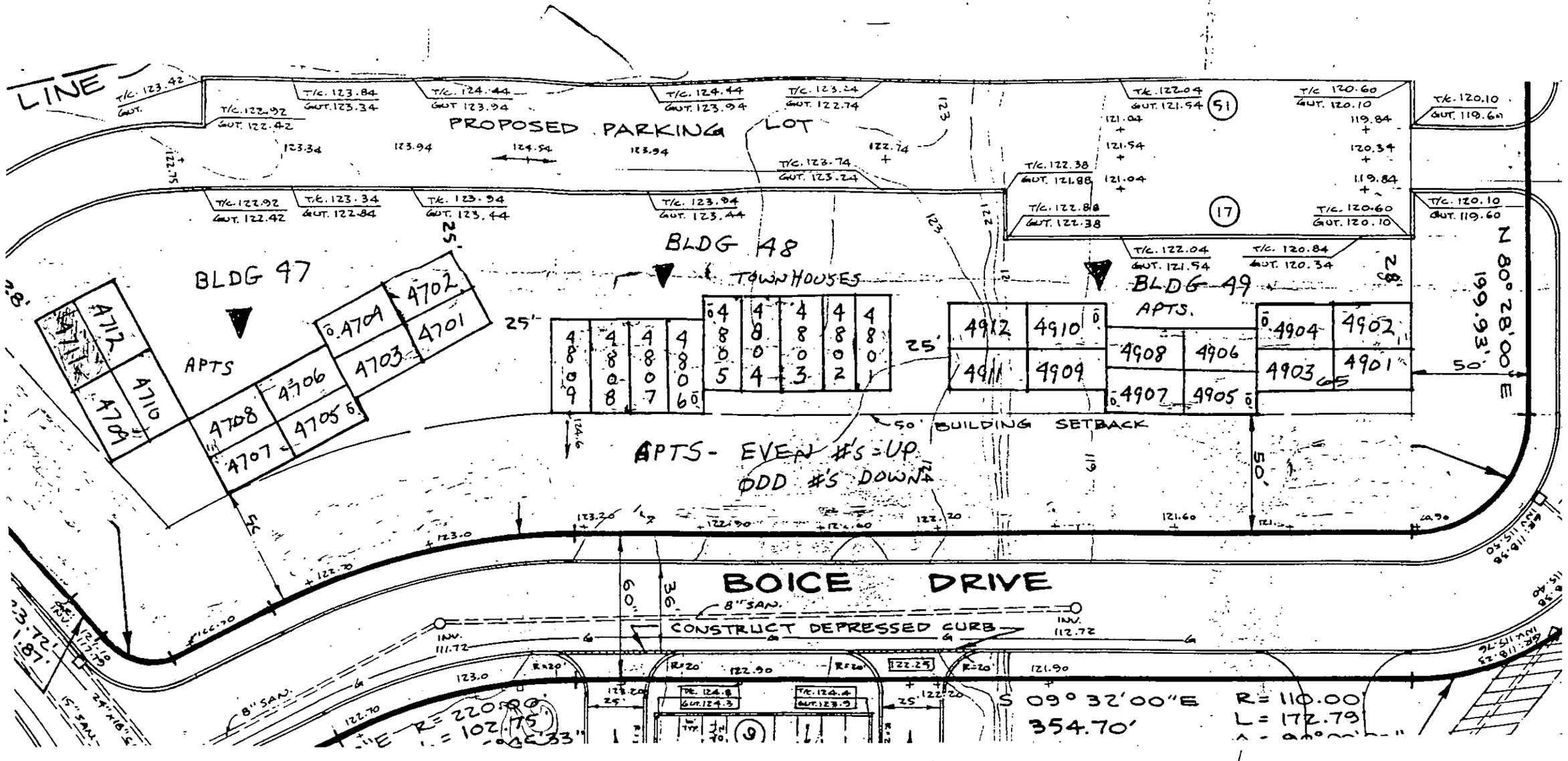
DATE OF RELEASE DATE RECEIVED

RELEASED BY DATE RETURNED

AMOUNT RELEASED $ DATE REJECTED

CONDITIONS & COMMENTS


PROPOSED PARKING LOT
BLDG 47
APTS
4712
4711
4710
4709
4708
4707
4706
4705
4704
4703
4702
4701
BLDG 48
& TOWNHOUSES
4809
4808
4807
4806
4805
4804
4803
4802
4801
BLDG 49
APTS.
4912
4910
4911
4909
4908
4906
4907
4905
4904
4903
4902
4901
50' BUILDING SETBACK
APTS - EVEN #'S = UP
ODD #'S DOWN
BOICE DRIVE
8" SAN.
CONSTRUCT DEPRESSED CURB
INV. 112.72
INV. 111.72
S 09° 32' 00" E
354.70'
R = 110.00
L = 172.79
R = 220.00'
= 102.75'
N 80° 28' 00" E
199.93'
T/C. 123.42
GUT.
T/C. 123.84
GUT. 123.34
T/C. 124.44
GUT. 123.94
T/C. 123.24
GUT. 122.74
T/C. 122.92
GUT. 122.42
T/C. 123.34
GUT. 122.84
T/C. 123.94
GUT. 123.44
T/C. 122.74
GUT. 123.24
T/C. 122.38
GUT. 121.88
T/C. 122.88
GUT. 122.38
T/C. 122.04
GUT. 121.54
T/C. 120.84
GUT. 120.34
T/C. 120.60
GUT. 120.10
T/C. 120.10
GUT. 119.60
T/C. 124.8
GUT. 124.3
T/C. 124.4
GUT. 123.9
LINE


PROPOSED PARKING LOT
BLDG 47
APTS
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4711
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4708
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4706
4705
4704
4703
4702
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